

Can exercise advice be 'made to stick'? Combining psychology and technology to improve patient uptake of physical activity prescription

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We are clinicians with various degrees of experience, training in three different countries, and a compelling goal of promoting physical activity. However, the physicians feel (shh!) less than expert at confidently prescribing exercise and the physiotherapist feels concerned that inappropriate prescription could lead to a major adverse event. Professor Garry Jennings (*see page 994*) provides a practical eight-step programme that will allow you to prescribe exercise with confidence.¹ These were not things learnt from a textbook or in medical school: they were learnt at UWE, the University of Wealth of Experience.

We would love to see his tips shared during medical school training and in all physiotherapy courses. We particularly appreciated the point that 'good communication' should be defined by the patient. The optimum number of words is in the ear of the beholder—ask any spousal pairing. There is no 'level of evidence' for running a consultation, and this speaks to the emotional connection between clinician and patient.

Emotion: not to be forgotten in the time of EBM

Have you ever watched television? How do Nike, Apple and Coke promote their products? PowerPoint slide after slide of text

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and pinhead graphs? Evidence trumping evidence? Hardly! Around 90% of the decision-making process is emotional—hence images of frolicking in Botswanian sand dunes sells 'Love and Other Catastrophes'—the Fruitopia juice of the month.

How would marketing experts sell physical activity? Heath and Heath, the authors of *Made to Stick*² share an acronym for SUCCESS. Importantly, it is based on empirical psychology experiments! Powerful messages are; (S) simple, (U) unexpected, (C) concrete, (C) credible, (E) emotional and (S) stories.³ In their world, level 5 evidence—the clinical story—packs more punch than the systematic review of systematic reviews. Interesting! As is often the case, in medio stat virtus, we need to look at both sides of the coin. This is not a difficult ask—clinicians are skilled, humane and often gifted at storytelling.

Thus, it may make sense to apply our evidence-based skills to make the diagnosis and prioritise treatment options in our minds; then it might be time to switch to our right hemisphere to engage the patient and 'sell' healthy behaviours with an engaging story! ('You'll never believe how the patient just before you dropped dead in here just now... pretty young too, nice house. And I had been telling him.... "Ya gotta do some exercise mate"').

Not just for 'Wired' magazine: embracing technology in healthcare

We have come far since Osler's teaching and the historic one-on-one patient

visit. Email advice is increasingly common, telemedicine is connecting rural patients with urban specialists, and there is a lot of great medicine for free on the web. BJSM's physical examination videos (<http://www.youtube.com/user/BJSMVideos>) on YouTube have gone platinum, and many other excellent sites provide great value (<http://www.skadefri.no/Skadefri/>, <http://www.smsmf.org/donate>, <http://www.fifa.com/aboutfifa/developing/medical/the11/index.html>). At the same time, entrepreneurs strive to monetise exercise videos and computer animations.

But a lot more can be done, particularly if we focus on physical activity prescription compliance⁴. Telephone, text messaging and email reminders have all proven worthwhile in at least some settings. Group medical visits are coming to a clinic near you, given that all nations are struggling to contain health costs. iPhone apps with automatic reminders already exist. And in the spirit of the digital age, Twitter (BJSportsMed_BMJ) gives you daily updates of sports medicine news. Enjoy this digital issue of BJSM if you are among the 1.5 million annual page viewers online. And if you have a lovely, shiny, print page in your hand, enjoy the emotion of sitting in your favourite chair with a cup of tea.

Provenance and peer review Not commissioned; not externally peer reviewed.

Accepted 29 September 2010

Br J Sports Med 2010;44:993. doi:10.1136/bjism.2010.080135

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