Limiting our daily sitting/lying to just 23.5 hours: too ambitious?

Karim Khan

Thank you to BJSM guest editor Steven Blair’ and all our January and February authors (http://bjsm.bmj.com/content/vol43/issue1; http://bjsm.bmj.com/content/vol43/issue2). If we apply Bono’s battle cry “There has been a lot of talk, maybe too much talk”…to the subject of physical inactivity, we can now proclaim it’s time for action. The January and February BJSM issues bring together global authorities and focus on practical steps. Medical clinicians will be interested in the analysis by Erica Frank and colleagues (see page 124) of the activity levels of medical students and their propensity to prescribe physical activity (or not!).2 Is it time to add a physical activity question to the medical student selection process? Should the Medical College Admission Test ask for a shuttle run/beep test score?

EXERCISE PHYSIOLOGISTS, PHYSIOTHERAPISTS AND FAMILY PHYSICIANS: DOING YOUR PART?


Inconvenient truths for city planners. Larry Frank and colleagues,7 including Billie Giles-Corti and Abby King bring a two-nation perspective to the environment’s role across the lifespan.8

Inconvenient truths for city planners. Larry Frank and colleagues, including Jim Sallis, report rare original data on the role of food outlet visits in a study of >10 000 participants. BJSM is delighted to start to bring these important determinants of health to readers’ attention.

MORE INNOVATIONS IN THIS PRACTICAL ISSUE: USING COMPUTER-BASED INTERVENTIONS

Now here’s a case of poacher turned gamekeeper! Or is a “jiu-jitsu move” a better analogy? Why not use the scrouge of physical inactivity — computers — to promote activity! Bess Marcus, who put Rhode Island back on the world map after Newport lost its claim to the America’s Cup competition, shares evidence and makes practical suggestions.9 Ready to use. No down time.

AND THE COVER STORY: DON’T TAKE IT SITTING DOWN!

As the late night knife advertisements say: “all this and much, much more!” Physical activity is a legitimate medical therapy; when will we treat it as the magic bullet and polypill it is?3 Avoiding inactivity is also crucial! Sedentary behaviour itself is an independent risk factor for chronic disease. Epidemiologists Owen, Brown and Bauman10 provide the steak for BMJ cartoonist Malcolm Willett’s “sizzle”3: the cover of this issue. The same authors also review how this field has developed over 50 years. Editorial Board member George Santayana suggested we accept that paper because “those who cannot remember the past are condemned to repeat it”.

So speaking of history (http://www.youtube.com/watch?v=Eih_ybkDvXU), don’t forget to check back to the January issue for the supersized version of BJSM Physical Activity. Also, you probably missed the December issue when you were busy baking, and wrapping gifts. December’s BJSM focused on back pain and included Paul Hodges’ rare summation of a decade that traverses 150 studies.11 Those three concise pages are compulsory reading — even if you have to sit for a few moments to do it.

Also, please do check out the BJSM blog (http://blogs.bmj.com/BJSM), keep an eye (ear?) out for our monthly podcasts. They’ll be signalled on the home page. But in the meantime, let’s all try to limit our sitting down and sedentary behaviour to just 23.5 hours per day. Perhaps even to 23 hours a day for the real zealots! Or is that just too high a price for years of improved quality of life?

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REFERENCES


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