A DAY IN THE LIFE OF BETH SHEEHAN
MANAGING THE 500 MILES CENTRE IN LILONGWE, MALAWI

RESEARCH TO PRACTICE
ALL YOU NEED TO KNOW ABOUT THE LARGEST EXERCISE AND SPORTS SCIENCE CONFERENCE IN THE SOUTHERN HEMISPHERE

EXERCISE RIGHT
LEARN ALL ABOUT ESSA’S NEW DIGITAL MEDIA PLATFORM

www.essa.org.au
Welcome to the March 2016 issue of Activate, and I hope this message finds you all happy and healthy.

2016 is starting to heat up, just like our Australian summer.

This year promises to be one of ESSA’s busiest to date and is packed full of major events, industry changes and milestones.

In April we will see a mass of exercise and sports science professionals converge on Melbourne for what promises to be one of the largest conferences ESSA has been part of – Research to Practice 2016. My congratulations must go to the conference committee and ESSA staff who have been working tirelessly behind the scenes to put together what will be a truly world class event.

Speakers of the highest calibre have been eager to make their way to Melbourne to impart their knowledge that will help strengthen all of our professions. I must take the time to also thank our major sponsor, Monark by Bodytastic, who have come on board for a second time, your support is truly appreciated.

2016 is also shaping up to be huge for our professions in terms of industry changes. The Government health review will see activities such as the Primary Health Care Review, Medicare Items Review, Private Health Insurance Review, increased focus on Primary Health Networks as purchases of health services are just a few of the major changes that could have a direct impact on our members and Accredited Exercise Physiologists. However, please be assured, the ESSA team will be dedicated to ensuring the best interest of our members and accredited professionals are met.

In terms of milestones, 2016 will see ESSA’s 25th anniversary and just look how far we have come. From a small group of passionate professionals to an influential association of over 6000 members, ESSA has jumped in leaps and bounds and I hope to share more on our growth and history in the coming months.

Finally, I wanted to take the time to thank you, our members. As an association we have grown together through many ups and downs, yet I truly believe we always come out the other side as a much stronger, diverse and passionate group. Thank you for all your work and dedication, and I hope to share a successful 2016 with you.

See you in Melbourne.

Nathan Reeves
ESSA National President

INTRODUCING THE NEW MONARK LC7TT TRAINER

EXCITING NEWS FROM SWEDEN

BodyTastic and Monark launching the NEW Monark LC7TT Trainer at Research to Practice in Melbourne, 14-16 April

Be the first to try one of the most sophisticated Sports Science bikes ever made - The Monark LC7TT. In addition, BodyTastic and Monark will be showcasing the rest of the Monark range, up to 8 new models of bikes, upper body ergometers and treadmills will be showcased at the Research to Practice conference. Monarks are designed for the sports medicine, rehabilitation and testing markets. Different models offer different protocols both in sub maximal and maximal tests as well as the ability to customise your own testing protocols. The products cater from the de-conditioned to elite athletes.

Information also available on Rehabilitation Treadmills and Bodymetrix Ultra sound Body fat testing device, the new skinfold callipers!

www.bodytastic.com.au
Research to Practice 2016 – to be held at the Melbourne Convention Exhibition Centre, in Melbourne, Australia from the 14th to 16th of April 2016.

This conference led by Exercise & Sports Science Australia is arguably the leading applied exercise, nutrition and sports science conference in the world. In April 2016 we hope to attract 1500 delegates to Melbourne Convention Exhibition Centre to be exposed to the latest scientific research, and to engage with colleagues in discussions designed to improve evidence-based practice in the application of exercise, nutrition and sports science.

During this, our 7th conference, we will introduce exciting innovations and initiatives. One of our aims is to promote gender equality in the exercise and sports science professions. To this end, we have committed to ensuring that at least 50% of our invited speakers are female (along with our scientific committee). We have also increased the number of keynote speakers, along with more than a doubling of the number of slots available for 10-minute oral presentations. Once again, this conference will offer the highest value conference prizes worldwide for the exercise and sports science industry.

We hope to bring you exciting updates on the program and speakers, as well as invite colleagues to submit abstracts and enter the various awards we have on offer.

The countdown has well and truly started to Melbourne 2016. Keep an eye on twitter for regular updates...follow @essanews and #RTP16

Kind regards
Prof. David Bishop and Prof. Nuala Byrne
Research to Practice 2016
Conference Co-Chairs

TO REGISTER VISIT
WWW.RESEARCHTOPRACTICE2016.COM.AU/REGISTRATION/
CHARITY PARTNER

Research to Practice official charity partner is The McGrath Foundation supporting individuals affected by breast cancer.

LOCATION

Stylish, arty Melbourne is a city that’s both dynamic and cosmopolitan, and proud of its place as Australia’s cultural capital.

The Venue will be the Melbourne Convention Exhibition Centre (MCEC) and is located on the banks of the iconic Yarra River in South Wharf.
PROFESSOR JOAN DUDA
European College of Sport Sciences

PROFESSOR KATHRYN H. SCHMITZ
University of Pennsylvania’s School of Medicine

PROFESSOR STUART M. PHILLIPS
McMaster University

DR. JONATHAN MYERS
Palo Alto Veterans Affairs Health Care System

PROFESSOR JOHN HAWLEY
Bond University

SPEAKERS

SPEAKERS
## DAY 1

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<th>TIME</th>
<th>EXERCISE SCIENCE &amp; HEALTH</th>
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<th>SPORTS SCIENCE</th>
<th>RESEARCH TO PRACTICE</th>
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<tr>
<td>8:00 - 8:30</td>
<td>Opening Ceremony</td>
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<tr>
<td>8:30 - 9:30</td>
<td>Keynote Presentation</td>
<td>Exercise - how much can the heart handle?</td>
<td>Endurance training: lessons from the lab and the field - do they agree?</td>
<td>Nutrition Oral Presentations</td>
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<tr>
<td>9:30 - 10:30</td>
<td>Prof Stuart M Phillips</td>
<td>Prof Keith George</td>
<td>Prof David Oxborough</td>
<td>Prof David Bishop</td>
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<td>Prof David Oxborough</td>
<td>A/Prof Andrew Maiorana</td>
<td>Dr Philo Saunders</td>
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<td>Mr Tim Henwood</td>
<td>Prof Caryl Nowson</td>
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<td>10:30 - 11:00</td>
<td>Morning tea</td>
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<td>11:00 - 12:30</td>
<td>Early Career Researcher</td>
<td>Practitioner Award</td>
<td>Early Career Researcher</td>
<td>Team Sports I Oral Presentations</td>
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<td>Exercise Science and Health</td>
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<td>Sport Science</td>
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<td>12:30 - 13:30</td>
<td>Lunch</td>
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<tr>
<td>13:30 - 14:30</td>
<td>Exercise Science Lecture</td>
<td>Cardiovascular Oral Presentations</td>
<td>Evidence-based strategies to improve team-sport performance</td>
<td>Early Career Advice</td>
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<td>Prof Bronwyn Kingwell</td>
<td>Can exercise influence survival following cancer?</td>
<td>Prof Aaron Coutts</td>
<td>Dr Shona Halson</td>
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<td>Dr Sandi Hayes</td>
<td>Dr Sophia Nimphius</td>
<td>Dr Charli Sargent</td>
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<td>Prof Rob Newton</td>
<td>Prof Damian Farrow</td>
<td>Ms Tania Gallo</td>
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<td>Prof Katie Schmitz</td>
<td>Ms Tania Gallo</td>
<td>Ms Michelle Cort</td>
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<tr>
<td>14:30 - 15:30</td>
<td>Afternoon tea</td>
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<td>15:30 - 16:00</td>
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<tr>
<td>16:00 - 17:00</td>
<td>Keynote Presentation</td>
<td>Fit and Fat: Does weight loss really matter?</td>
<td>Latest recovery strategies to enhance performance</td>
<td>Technology Oral Presentations</td>
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<td></td>
<td>Prof Joan Duda</td>
<td>Prof Nuala Byrne</td>
<td>Dr Shona Halson</td>
<td>Dr Charli Sargent</td>
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<td>Dr Louise Naylor</td>
<td>Dr Charli Sargent</td>
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<td>Helen Jones</td>
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<td>17:00 - 18:00</td>
<td>ESSA Annual General Meeting</td>
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<tr>
<td>18:00 - 19:30</td>
<td>Welcome Function + Posters Presentations</td>
<td>Maintaining/improving quality of life in aged care</td>
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## DAY 2  PINK FRIDAY

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<thead>
<tr>
<th>TIME</th>
<th>EXERCISE SCIENCE &amp; HEALTH</th>
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<th>SPORTS SCIENCE</th>
<th>RESEARCH TO PRACTICE</th>
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<tbody>
<tr>
<td>8:30 - 9:30</td>
<td>Keynote Presentation</td>
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<tr>
<td>9:30 - 10:30</td>
<td>Exercise Intervention</td>
<td>Fit and Fat: Does weight loss really matter?</td>
<td>Latest recovery strategies to enhance performance</td>
<td>Technology Oral Presentations</td>
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<td></td>
<td>Oral Presentations</td>
<td>Prof Nuala Byrne</td>
<td>Dr Shona Halson</td>
<td>Dr Charli Sargent</td>
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<td>Dr Louise Naylor</td>
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<td>Ms Michelle Cort</td>
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<td>Helen Jones</td>
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<tr>
<td>10:30 - 11:00</td>
<td>Morning tea</td>
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<tr>
<td>11:00 - 12:30</td>
<td>Young Investigator Award</td>
<td>Clinical Education &amp; Workplace Intervention</td>
<td>Young Investigator Award</td>
<td>Recovery / Injury Oral Presentations</td>
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<td>Exercise Science and Health</td>
<td>Oral Presentations</td>
<td>Sport Science</td>
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### DAY 2

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<tr>
<th>TIME</th>
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<th>SPORTS SCIENCE</th>
<th>RESEARCH TO PRACTICE</th>
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</thead>
<tbody>
<tr>
<td>13:30 -14:30</td>
<td>Exercise, diet and weight control in Breast Cancer</td>
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<tr>
<td>14:30 -15:30</td>
<td>Topical Issues in Cardiac Science</td>
<td>Topical Issues in Cardiac Science</td>
<td>Topical Issues in Cardiac Science</td>
<td>Topical Issues in Cardiac Science</td>
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<tr>
<td>15:30 -16:00</td>
<td>Exercise, pregnancy &amp; fertility</td>
<td>Exercise, pregnancy &amp; fertility</td>
<td>Exercise, pregnancy &amp; fertility</td>
<td>Exercise, pregnancy &amp; fertility</td>
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<tr>
<td>16:00 -17:00</td>
<td>Evidence-based practices to improve football performance I</td>
<td>Evidence-based practices to improve football performance I</td>
<td>Evidence-based practices to improve football performance I</td>
<td>Evidence-based practices to improve football performance I</td>
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<tr>
<td>17:00 -18:00</td>
<td>Evidence-based practices to improve football performance II</td>
<td>Evidence-based practices to improve football performance II</td>
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<td>Exercise and Mitochondrial Health</td>
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<th>RESEARCH TO PRACTICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30 -9:30</td>
<td>Metabolic Health Oral Presentations</td>
<td>Metabolic Health Oral Presentations</td>
<td>Metabolic Health Oral Presentations</td>
<td>Metabolic Health Oral Presentations</td>
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<tr>
<td>9:30 -10:30</td>
<td>Topical Issues in Cardiac Science Cardiovascular Special Interest Group</td>
<td>Topical Issues in Cardiac Science Cardiovascular Special Interest Group</td>
<td>Topical Issues in Cardiac Science Cardiovascular Special Interest Group</td>
<td>Topical Issues in Cardiac Science Cardiovascular Special Interest Group</td>
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<tr>
<td>10:30 -11:00</td>
<td>Sleep &amp; Health</td>
<td>Sleep &amp; Health</td>
<td>Sleep &amp; Health</td>
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<td>11:00 -11:30</td>
<td>Young Investigator Award</td>
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<td>11:30 -12:30</td>
<td>Latest training and athlete monitoring strategies to reduce injuries</td>
<td>Latest training and athlete monitoring strategies to reduce injuries</td>
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<td>Latest training and athlete monitoring strategies to reduce injuries</td>
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<td>12:30 -13:30</td>
<td>Evidence-based practices to improve football performance I</td>
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<tr>
<td>15:30 -16:00</td>
<td>Combination of topics Oral Presentations</td>
<td>Combination of topics Oral Presentations</td>
<td>Combination of topics Oral Presentations</td>
<td>Combination of topics Oral Presentations</td>
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<tr>
<td>16:00 -16:30</td>
<td>The science of muscle strength and hypertrophy: evidence- vs. belief-based paradigms</td>
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<tr>
<td>16:30 -17:00</td>
<td>Current Diet fads - sorting the wheat from the coconut oil</td>
<td>Current Diet fads - sorting the wheat from the coconut oil</td>
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<td>Current Diet fads - sorting the wheat from the coconut oil</td>
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<tr>
<td>17:00 -17:15</td>
<td>Lunch</td>
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<tr>
<td>18:30 -23:30</td>
<td>Conference Award Ceremony</td>
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PROFESSIONAL DEVELOPMENT NEWS

IMPORTANT NEWS

2016 CPD POINT GUIDELINES & POINT SYSTEM

If you are an accredited professional, ensure you are aware of your 2016 requirements and plan your professional development 2016 calendar now!

The 2016 CPD point guidelines for all accreditation types, the CPD point system and electronic (or manual) logbook can be found at ESSA Professional Development Centre > Continuing Professional Development (CPD) Points Guidelines.

COMPLIMENTARY PODCAST OR WEBINAR VOUCHER!

Are you an ESSA Member?

If yes, your voucher for a complimentary podcast or webinar was sent to you in your renewal pack for 2016. This is valid for ANY of ESSA’s webinars or podcasts for 2016 (one only).

Check out the calendar regularly at ESSA Professional Development Centre!

WORKSHOPS

POST-OPERATIVE MANAGEMENT FOLLOWING COMMON ORTHOPAEDIC HIP SURGERIES: EVIDENCE-BASED & CLINICALLY DESIGNED REHABILITATION LEADS TO BETTER OUTCOMES

This workshop is designed to provide participants with the tools needed to appropriately rehabilitate patients following a wide array of common orthopaedic hip surgeries, including hip arthroscopy, labral tears and repair, femoroacetabular impingement, greater trochanteric pain syndrome and hip arthroplasty.

Following workshop completion, patients will have a better understanding of pertinent hip anatomy, biomechanics and relevance to optimal hip function, injury mechanism, clinical assessment and the wide array of orthopaedic hip complaints and associated surgery employed to address these common pathological conditions. Post-operative management for these surgeries will be covered, including initial assessment measures and progressive exercise prescription.

PRESENTED BY: Dr Jay Ebert, PhD ESSAM

TRAVELLING TO: Sydney, Brisbane & Melbourne

WHEN: June – October 2016

TARGET AUDIENCE: Accredited Exercise Scientist, Accredited Exercise Physiologist or Sports Scientist

PROFESSIONAL DEVELOPMENT POINTS:

REGISTRATION: ESSA Professional Development Centre > Upcoming ESSA Professional Development

PODCAST LIBRARY

ESSA is growing a library of podcasts, ranging in topics – make sure you check out the latest podcasts! All podcasts will earn 1 CPD point upon successful completion of an assessment.

To register for any of our podcasts, please visit the ESSA Professional Development Centre > Podcasts.

UPCOMING WEBINARS

ESSA holds a minimum of 1 webinar per month, with the exception of April 2016. Keep up to date with all webinars at ESSA Professional Development Centre > Upcoming ESSA Professional Development.
If you wish to work within the WorkCover NSW system with Functional Capacity Evaluations (FCE) or Workplace Assessments (WPA) as an AEP, you must complete this professional development in full (3 modules). An alternate pathway is not available.

If you wish to register for this professional development, please note the below registration closing dates:

- Full Workplace Rehabilitation (3 Modules) 30 June 2016
- Module 1 only 30 June 2016
- Module 2 only* 30 November 2016
- Module 3 only** 31 March 2017

*Registration only available for those who have registered for module 1
**Registration only available for those who have registered for modules 1 and 2

If you are currently registered, but have not yet completed any module/s, please ensure you enrol and submit your assignments by the final dates listed below:

- Enrolment closing dates
  - Module 1 only 15 July 2016
  - Module 2 only 15 December 2016
  - Module 3 only* 30 April 2017

*Only available for those who have successfully completed modules 1 & 2

- Final assessment dates
  - Module 1: 5 December 2016
  - Module 2: 10 March 2017
  - Module 3: 4 August 2017

For full information regarding Workplace Rehabilitation, including registration information and the full list of assessment dates, please visit the ESSA Professional Development Centre. Alternatively, please contact Sarah Hall, Professional Development Officer on 07 3862 4122 or email sarah.hall@essa.org.au.

If you have any direct queries on your professional development, please contact ESSA’s Professional Development Team on education@essa.org.au.
Assists to decrease pain
Assists to reduce swelling
Allows full range of movement
Water Resistant
Can be worn for up to 5 days
Hypoallergenic - no zinc oxide

ACCREDITED KINESIOLOGY TAPING
FULL DAY COURSES

Sydney
6th March

Gold Coast
12th March

Brisbane
19th March

Melbourne
6th March

Perth
19th March

Canberra
19th March

See our website for course dates and locations, including half day, full day and our advanced courses.

PH. 08 9379 3400  SALES@ROCKTAPE.COM.AU  WWW.ROCKTAPE.COM.AU
Firstly, I am an Accredited Exercise Physiologist. Oh, a physio you say! No, an exercise physiologist. A university trained clinician that utilises exercise as the first and foremost mode of treatment. We often work with individuals with chronic conditions, to complement their various treatments, medications and lifestyles. When treating disability in the 500 Miles clinics in Malawi, I am often involved in case discussions where an individual’s gait with a device is not optimal. Together with Prosthetists/Orthotists perspective we try collectively to optimise daily activities and functioning by providing basic yet effective exercise to enhance mobility and quality of life.

A case that specifically springs to mind was a two year old who hadn’t long been walking and had a through ankle amputation. When provided with her devices, the adaption to walking again was somewhat confusing. It was clear that she needed gluteal strengthening, balance work as well as gait training using parallel bars. How does one achieve this with a two year old that doesn’t speak English and has only really just begun to walk without the prosthesis? We incorporated dance and mum walking “above” her, rather than in front, to mimic upright alignment and squat like dance posture. Six months later she was running, kicking balls and when wearing trousers no one knows she has a prosthetic foot. Sometimes it’s the small things from an exercise perspective that make the biggest impact.

However clinical cases are not the main focus of my role with 500 Miles. I am currently the Lilongwe clinic manager and my days involve a variety of things. Some rewarding and some excessively challenging. The cultural context, understanding and willing to ‘just roll with it’ occur on a daily basis. From the driving through Lilongwe City and area two which is a hive of activities of markets, trading, carts and bicycles, as well as people creating new and innovative road rules, to simply collect a packet of staples – to the complex and challenging conversations with the Ministry of Health and hospital hierarchy. One can never complain of two days ever being the same.

As part of my role I am required to liaise with a variety of organisations requiring P&O services for their communities. Each organisation is run differently, has different goals and require different funding abilities, yet all require our services. The challenge is to ensure that those requiring our services are seen in some shape or form. From the leprosy colony, to the refugees in rural communities, those with disabilities are still a long way off from receiving adequate health care and services compared to the rest of Malawi. The uplifting part of this role however, is seeing multitudes of clients coming in from these various organisations and walking out again with smiles on their faces. No challenge is too big if this is the reward! Whilst rewarding there are also the cases where we realise we don’t have all the answers or clinical skills. The cases of those with TB who simply are getting a device for easing bed transfers, to the refugee that has suffered a spinal injury from unspeakable means, to the child that has a congenital disorder yet the parents and community throw the devices in the bin because there’s no instant walking as a result. Education to our partner organisations and their wider community is a constant battle that needs to be revisited time and time again.

From a personal perspective, my goal has for a long time been to work in a developing country and to utilise my clinical skills. The opportunity has allowed me to work on my organisational skills, my thirst for travel and experiencing new cultures as well as improve my clinical skills. The case amount of knowledge I have gained in the last nine months is irreplaceable. I am looking forward to the new challenges that the next few months bring and to see what else 500 Miles has in store!

(Note: Article was featured in Bapomag, Issue 3, 2015)
Editor's note: We stumbled across the great work Jessica was up to via the ESSA Facebook NSW State Chapter Group and we felt we had to have a chat with her and find out more about her fascinating work.

Jess, thanks for speaking with us, can you give us a little on your background and what you are currently up to?

I currently work within the Specialist Disability Health Team as part of the Children’s Hospital Westmead (NSW), however we are located offsite in Fairfield as a community-based/outpatient service. We are a multidisciplinary team – development paediatrician, clinical nurse consultant, registrar, social worker, dietitian and myself (we also have a project manager and secretary).

The Child Development Unit provides comprehensive multidisciplinary care to children with complex developmental problems. Special Interests Developmental Disorders are treated, such as severe language impairment, autism, neurodevelopmental disorders associated with medical conditions requiring neuropsychological assessment and complex learning difficulties associated with comorbidity.

The Disability Specialist Unit (DSU) is a tertiary, multidisciplinary diagnostic and assessment team. DSU provides a diagnostic service for children suspected to have a significant delay/disability. The team aims to identify factors which may have an impact on a child’s development or adult’s functioning, recognise and diagnose disorders (such as autism), document an individual’s areas of strength and development, as well as areas of difficulty and help the client, family and other professionals in the planning of interventions and services.

I, jointly, run the weight management clinic (with our dietitian). We see children and adolescents (7-18 years) who have been diagnosed with moderate – severe intellectual disability (ID) as well as obesity. We run family consultations to educate and empower them to make healthier lifestyle choices. Being an EP, my focus is on exercise prescription and delivery and reducing sedentary behaviour. I perform physiological assessments on initial consultation and provide tailored exercise prescription (for either home, school or respite service locations). We educate parents (and adolescents) on goal setting, barrier identification and hurdles and maintenance phases as well.

I run consultations in our clinic in Fairfield, but also attend Schools for Specific Purposes (SSPs) and homes to complete consultations and some exercise delivery for those families who struggle with transportation (and behaviours). As many of our families are socio-economically disadvantaged and come from CALD backgrounds, the clientele we service is very diverse. Multiple support pathways need to be catered for and a holistic approach of the child’s (and family’s) health must be included.

Conjointly, I am in the midst of wrapping up my Masters (via Research) at UNSW in this same area. I have recently completed two 6-month exercise interventions assessing the feasibility of a school-based group exercise intervention in children with moderate – severe ID. Each intervention had 10 participants with a range of diagnosed intellectual disabilities (autism spectrum disorder, ADHD, down syndrome, as well as a multitude of genetic disorders) who all differ in their cognitive and physical functioning (some being completely non-verbal, extremely poor fundamental movement skill development, severe challenging behaviour – biting, scratching, kicking, spitting etc.).

I found that it is feasible to run an intervention through the use of fundamental movement skill development, multiple communications strategies (visual cue cards, routine boards, social stories, sign language etc.) and social interaction. Fundamental movement skills improved significantly, as did aerobic capacity. I can send you a poster on this, or an abstract if this helps. I have also run a qualitative survey-based study on parental knowledge and attitudes towards physical activity, screen time and nutrition in relation to their children with intellectual disabilities.

You obviously work with many different communities, what do you think are the main struggles you face?

The varying levels of knowledge and perceptions of what it means to lead a healthy lifestyle is definitely one of the main struggles I am faced with in working with a variety of communities. Many of the families and cultures that I work with have differing views on what it means to be healthy and unaware and/or unwilling to take on new information on the true benefits of exercise and the risks of being sedentary. Respecting cultural views on diet and exercise means tailored approaches to lifestyle change, which involve more than just the immediate family if possible. We often see many of the complex cases who have been pushed around from service to service and whose health issues are quite severe. All of these families just want to be heard and would like assistance for their child and family. This often requires linking families in with multiple support services and NGO’s in order to assist in creating the best suitable outcome. Sometimes, all of this needs to be put in place before we even start on targeting the main health concern – obesity. The challenging behaviours of the children faced by these families, often leads to passive discipline approaches – meaning that in order to manage the behaviour the majority of parents give in to the child’s demands – whether this be junk food or sedentary/screen time activities. Many families speak English as a second language (if at all) and therefore communication in general is difficult, let alone attempting to communicate evidence based research in a basic environment. Most families come from low socio-economic background (we are now seeing an increase in refugees) and therefore access to support services is also a major barrier to increasing physical activity and social support.

Have there been any highlights of your work so far? Any great outcomes you have helped achieve?

There have been many success stories within the clinic and my research. Those that truly resonate with me are those families in which you empower through education, demonstration and support to change not just the child’s life, but the family’s life to create a positive, healthier, happier environment. Those children and adolescents who have not only decreased their metabolic risk, but improved their family relationship, improved their behaviour management in both the home and school, and have connected with a small physical activity community, are the standouts. Providing education through the school system to both parents and teachers highlighting the benefits of exercise and the risks of sedentary behaviour, and monitoring small changes throughout the years, provides hope that yes, we can change the outcome of this population. One by one, we can reduce obesity and create a healthy home and school environment. Additionally, the opportunity to present at the ASICS Sports Medicine Australia Conference in Sanctuary Cove this year was definitely a highlight of my career to date. The opportunity to share my knowledge with other like-minded people and discuss collaborative approaches, was an inspiration.

What are your thoughts on the growing obesity rates among children in Australia? If you were Prime Minister – what do you think you would do to help fix the situation?
The growing obesity rates among Australian children is alarming to say the least. The media is concerned with the USA and obesity levels there, little concern/highlight is on the growing problem here. It is our responsibility as adults, and especially as the main physical activity promoters to keep children safe, keep them happy and provide every opportunity to let them live a happy AND healthy long life. Not only should we thinking about the impact that childhood obesity is already having on the health system, but how this will exponentially increase with time (and age). This is only one aspect. Think about the quality of life.

Children should not have to worry about having to wear a CPAP mask at night when they want to go on a sleepover, having to excuse themselves from school assembly because they need to inject themselves with insulin every few hours, making up excuses to avoid high school physical education because either they do not have the competence to complete core fundamental skills or because they are embarrassed about their body image. Children should be spending long afternoons playing in the park with friends, not wanting to go back to class after sports class, and not worrying about what others think about their body image – because they are healthy. The now ‘norm’ for children is to have access to multiple screens, not allowed to play in the park down the road due to safety concerns and schools decreasing the necessary time spent participating in physical activity. Australia’s perception of what is ‘normal’ needs to change, and it needs to change now! There needs to be a greater focus on media campaigns focussing on recreational family-based physical activity, increasing in school willingness (potentially through incentive) to provide increased physical activity participation, and potentially making it mandatory of parents to attend healthy lifestyle ‘courses’ – interactive workshops designed to re-educate parents about preparing healthy meals, providing innovative ideas to family engagement in physical activity and highlighting the risks of sedentary activity time. As children and adolescents spend the majority of time in schools, these should be the catalysts for change and the leading arrow in the push for change. Healthy canteens/ no canteens, rules about what is expected in lunch boxes etc. should also be incorporated.

What made you want to become an AEP in the first place?

I loved sport and physical activity as a child and still do as an adult. I also loved trying to ‘fix’ someone, or myself when I got hurt. I loved PE at school, not just because it meant going outside and running around like crazy for a few hours, but as disease management and health promotion. I soon realised that my young childhood dream of competing at the Olympics in about 10 different sports (because I hadn’t decided on a specific yet), may not come true but that there were other professions that I may enjoy even more. When I first learnt what an AEP was, I knew it was the profession for me. What better way to ‘help’ people than to provide exercise as a form of medicine?

I had spent a lot of time working with children and was immediately very keen in developing my career in the area of paediatrics. I was lucky enough to spend some time on practicum placement through university at the Children’s Hospital Westmead with an amazing team. My time there learning and observing the difference AEPs can make to these children’s lives sold it to me that this was the area for me.

What advice would you give students who are currently studying, either in relation to study or choosing what career pathway to take?

Plain and simple – in life nothing comes easy, you need to work extremely hard to get where you want. For those currently studying – do not stop reading! Do not just read what is compulsory or what is provided, go beyond that – find an area that leaps out to you and shouts, ‘you can make a difference here’. I would strongly suggest getting as much exposure and experience as possible in EVERY field of exercise physiology. Not only will this help you to narrow a field of expertise, but it will make you a better clinician, better researcher and better person. Every practising AEP has something to offer, utilise them, we are here to teach you and help you become a teacher of the future.

What is the most satisfying thing about your work?

I think the most rewarding thing about being an AEP is the fact that you have the ability to educate and empower someone to change their life for the better. What you can provide each client is endless and it is the relationships you build within your practice (both with colleagues and patients) that keep you going back every day knowing that it will be a great day and you could save someone’s life. When you do provide that support for a family and see the positive effect that you created, it’s an amazing feeling!
CONSENSUS STATEMENT

ON THE ROLE OF ACCREDITED EXERCISE PHYSIOLOGISTS WITHIN THE TREATMENT OF MENTAL DISORDERS A GUIDE FOR MENTAL HEALTH PROFESSIONALS

INTRODUCTION:

This document provides a consensus statement on the role of Accredited Exercise Physiologists (AEPs) within mental health. Exercise Physiologists (EPs) are university-qualified health professionals, trained in providing evidence-based exercise interventions to individuals at high-risk of developing, or with existing, chronic and complex medical conditions and injuries. Exercise & Sports Science Australia (ESSA) is the peak body providing national accreditation of Accredited Exercise Physiologists (AEPs). AEPs are allied health clinicians who work in a range of private and public settings. They deliver clinical services to clients across the full range of inpatient (acute) and community (subacute) care settings. AEPs qualify for provider status through Medicare Australia, the Department of Veterans’ Affairs and most Private Health Insurers and compensation schemes[1].

AEPs have experience and expertise in the assessment, design, and delivery of exercise and behaviour change interventions. This includes working with those living with, or at risk of chronic conditions, including mental illness.

AEPs represent a growing workforce within the mental health sector. With increasing opportunities for AEPs in mental health, it is essential that the broader mental health sector is aware of the types of interventions, modes of delivery, and likely benefits to service users associated with the utilisation of AEP interventions.

Specifically this document will:

- Define the scope and capacity of AEPs practising in the mental health sector
- Raise awareness of AEP services and identify referral pathways available to mental health professionals
- Describe the benefits of AEP interventions for individuals utilising mental health services.

This statement has been developed in consultation with AEPs with expertise in mental health, mental health clinicians and academics.
DEFINING THE NEED FOR AEP SERVICES WITHIN MENTAL HEALTH

- Mental illness represents the third highest disease burden behind cancer and cardiovascular disease, with nearly one-half of Australians experiencing mental illness at some stage in their life [1].
- Mental illness is associated with poor physical health outcomes. People living with severe mental illness (e.g. schizophrenia, bipolar affective disorder) experience twice the risk of cardiometabolic diseases, including obesity, type 2 diabetes mellitus (T2DM), metabolic syndrome and cardiovascular diseases (CVD) [2-4].
- Australians living with severe mental illness face a 15-20 year reduction in life expectancy, primarily due to preventable lifestyle-related conditions [5]. This gap is comparable to that seen in indigenous Australians, and continues to widen as life expectancy increases in the general population.
- High levels of sedentary behaviour, low levels of physical activity, poor dietary habits, high rates of tobacco use and substance misuse are key modifiable risk factors contributing to the increased burden of cardiometabolic diseases seen in this population [6-10].

AEP SCOPE OF PRACTICE AND MENTAL HEALTH:

- AEPs place emphasis on implementing individualised lifestyle modification strategies that are both achievable and sustainable. These strategies can be achieved through empowering individuals towards greater independence and self-management of personal health and wellbeing. Examples of chronic conditions that may benefit from AEP interventions include diabetes, cardiovascular disease, cancer, musculoskeletal disorders and chronic pain. Mental health is an area of growing prominence for AEP practice. There is an increasing body of evidence regarding the efficacy of exercise interventions for both physical and mental health outcomes of people experiencing mental illness [15-19].
- Despite the growing evidence supporting exercise interventions within targeted mental health settings, AEPs remain an underutilised resource [20, 21]. The inclusion of AEPs as part of the multidisciplinary mental health team will lead to improved physical and mental health outcomes for people with mental illness.

INTERGRATION OF AEPs WITHIN THE MULTIDISCIPLINARY MENTAL HEALTH TEAM

AEPs working in mental health:

- Have an understanding of symptoms of mental illness, and can identify and appropriately respond to symptom driven behaviour or changes in symptom presentation, and initiate a referral to mental health professionals.
- Recognise and appreciate that symptomatology, side effects of medication and possible reluctance to engage present as common barriers in this population.
- Incorporate various evidence-based strategies to overcome barriers including: rapport building, barrier identification, motivational interviewing, education and goal setting.
- Understand the relative and absolute contraindications to exercise for individuals with mental illness.
- Understand the roles of other members of the multidisciplinary mental health team, and work in liaison to provide a holistic approach to client-centred care.

WHAT ARE THE ROLES OF AEP LED INTERVENTIONS WITHIN MENTAL HEALTH SERVICES?

- Design and implement evidence-based physical activity interventions to improve the physical health profile and prevent/manage the development of metabolic and cardiovascular disease [1].
- Work as part of a multidisciplinary team to conduct and promote regular physical health screening and metabolic monitoring (body weight, body mass index (BMI), waist circumference, blood glucose levels and blood pressure) [22] as part of standard care and in line with treatment guidelines.
- Provide individual and group education sessions, outlining the benefits of physical activity for people experiencing mental illness.
- Consider clinical outcomes, risk factors and comorbidities such as cardiometabolic health, aerobic fitness, strength, movement capacity, and other health parameters (e.g. medication side-effects, sleep, fatigue and/or pain) that will inform the appropriateness and specificity of exercise interventions.
- Play a key role in the prevention/management of psychotropic-induced weight gain by increasing physical activity levels, reducing sedentary behaviour [23] and providing basic healthy eating advice.
- Contribute to the mental health team through a client-centred approach incorporating recovery and strength-based models to achieve client-specific health related goals.

- Incorporate health coaching techniques such as motivational interviewing, physical activity education sessions (individual or group-based) regarding the benefits of physical activity, and goal-setting strategies to encourage effective and sustainable behaviour change for people with mental illness [24]. Using such strategies will aid in empowering independent physical activity/ exercise participation.
- Promote ‘Healthy Active Lives’ for people experiencing mental illness, to achieve the physical activity targets outlined in the HeAL declaration [25], developed by an international working group comprising clinicians, researchers and consumers, which was endorsed in 2014 by Exercise & Sports Science Australia (more information available at http://www.ipsys.org.au/).
- Work collaboratively with mental health clinicians and other health professionals involved in the multi-disciplinary team to provide a holistic and integrated approach to care. This would meet the International Organization of Physical Therapy in Mental Health (OPTMH) call for ‘shared responsibility’ of health care providers, general practitioners, psychiatrists, policy makers and society as a whole to promote healthy and active lifestyles [26].
- Facilitate linkages with general practitioners (GPs), other allied health professionals (e.g. dietitians, occupational therapists and social workers), community gyms and sports teams that can assist with a multidisciplinary approach to better health management.
- Assist in reducing the stigma and minimizing barriers for community based clients utilising mental health services. Exercise is a normalised activity, particularly for young people, and therefore can act as a facilitator ensuring greater engagement with mental health services [27, 28].

- Psychotropic medication-induced weight gain further contributes to the high rates of cardiometabolic diseases [29].
- People experiencing mental illness often experience considerable barriers to initiating and maintaining behaviour change including; mental health symptoms such as amotivation, avolition, sedative effects of medication, and a lack of access to resources and services [30].
- Mental illness has a significant impact on overall psychosocial functioning and requires a holistic approach to treatment that addresses a variety of factors including symptomatology, social and occupational functioning, sleep behaviour, physical health and quality of life.
- Access to physical health care services may be less than optimal within mental health facilities. Service users often feel their physical health is neglected once they are diagnosed with a mental illness, referred to as diagnostic overshadowing [31].
- Mental health service users are entitled to quality, evidence-based care and treatment for all aspects of their health, including their physical health [32]. AEP interventions remain an underutilised resource, despite service users believing that exercise can make a valuable contribution to their recovery [33].
INTEGRATION OF AEPS WITHIN THE MULTIDISCIPLINARY MENTAL HEALTH TEAM

• Incorporate health coaching techniques such as motivational interviewing, physical activity education sessions (individual or group-based) regarding the benefits of physical activity, and goal-setting strategies to encourage effective and sustainable behaviour change.

• Design and implement accessible group exercise programs to encourage and enable higher levels of participation.

• Conduct exercise and functional capacity assessments.

• Conduct and promote regular physical health screening and metabolic monitoring (body weight, body mass index (BMI), waist circumference, blood glucose levels and blood pressure).

• Provide access to interventions using assertive outreach strategies to engage with individuals in the community, as a means of improving service utilisation.

• Provide basic healthy eating advice in the absence of a dietitian.

• Provide in-service training for the mental health workforce on the implementation of exercise and physical activity in mental health settings.

• Consult with mental health clinicians and GPs on the most effective strategies to improve the health of clients including basic physical activity recommendations and referral pathways.

• Conduct information and training seminars on the role of physical activity in mental health for people with mental illness, their carers, friends and family, and interested community members.

By achieving these roles listed above, AEPs can apply clinical skills and knowledge to increase physical activity and exercise participation in order to assist service users to achieve a range of positive outcomes including;

PHYSICAL HEALTH OUTCOMES

• Weight management (weight loss, maintenance and prevention of weight gain)[23, 29-32]

• Reduce the risk of chronic disease (i.e. cardiovascular disease, metabolic syndrome & T2DM)[4, 28, 31, 34]

MENTAL HEALTH OUTCOMES

• Decrease symptoms of depression, anxiety, stress and schizophrenia[16, 17, 41-43]

• Decrease social isolation[16]

• Improve sleep quality[46] 

• Increase engagement with treatment and service utilisation[31-33]

• Reduce cravings and withdrawal in substance use disorders (SUD) and alcohol addiction[47-49]

• Increase self-esteem[16]

• Improve quality of life[16, 51, 52]

Evidence to date has focused on interventions for adult populations, however it is acknowledged that there is likely to be scope for AEP intervention for children experiencing mental illness. Likewise the evidence regarding the benefits of exercise for healthy aging and neurological disorders is growing, highlighting the potential role for AEP interventions for this population.

REFERRAL PATHWAYS TO COMMUNITY-BASED AEP SERVICES:

• Medicare Chronic Disease Management Plan (formerly Enhanced Primary Care or EPC) – For patients with chronic and complex health, defined as two or more medical conditions lasting 6 months or longer, a GP can set up a Team Care Arrangement and coordinate treatment plans. Medical conditions may include cardiovascular diseases, obesity, diabetes or chronic musculoskeletal conditions, all of which are common comorbidities in patients with serious mental illness. A treatment plan can include referral to various care providers including AEPs for a specified number of sessions, determined by the GP (up to 5 sessions per year).

• Discharge planning for transition from inpatient settings into community-based physical health services. For example private exercise physiologists, community based mental health services that incorporate a physical health program or Community Managed Organisations (CMOs) e.g. The Personal Helpers and Mentors program (PHaMs), NEAMI and Young People’s Outreach Program (Y-POP).

• Direct referrals via private psychologist/psychiatrists represent further opportunities for AEPs to contribute to the multidisciplinary health care team. For individuals who may have private health insurance, they may be eligible for rebate, as most private health insurers recognise AEPs services.

REFERENCES

Full reference list can be found here:

The benefits of regular physical activity are well established, and the advice to “move more” can be offered to most individuals with little risk. Exercise, where there is a structured movement challenge or stress test, and making a judgement about risk on the basis of the available medical history is not always appropriate. Further, the GP may have limited information about the intended exercise program, and who will be responsible for the patient’s wellbeing. Indeed, patients themselves may not know the answer to these questions. GPs have been actively discouraged from providing clearance-to-exercise certificates on the basis that such a clearance represents a transfer of medicolegal responsibility from the exercise or fitness professional to the GP.

In 2011, a new adult pre-exercise screening system (APSS) was developed by Exercise & Sports Science Australia, Sports Medicine Australia, and Fitness Australia. This system removes the requirement for higher-risk clients to seek a medical clearance. It has been replaced with an instruction to seek “guidance” from an appropriate medical or allied health professional. This reflects a shared responsibility for client care where exercise practitioners have a responsibility to satisfy themselves that they have sufficient information to provide a safe service for the client. However, problems with the use of the tool remain that require interprofessional collaboration and resolution to achieve further progress towards this goal.

Notably, a recent survey of fitness centres suggests that, in practice, the uptake of the new screening tool within the fitness industry has been poor. Of those fitness centres that responded (~10%), only 55% regularly applied the APSS tool, with only 65% regularly using any form of pre-screening at all. It is also unclear what type of “guidance” should be sought from medical or allied health professionals. For example, should a GP be providing instruction, and particularly restrictions, on the mode, intensity, duration and frequency of exercise? Or are they simply to provide an indication of the current clinical status of an individual? The former is likely beyond a GP’s role, whereas the latter involves an exercise practitioner’s scope and training; the latter beyond the expertise of the non-clinically trained exercise practitioner to safely interpret. It is clear that an integrated risk-mitigation process remains to be developed. In the interim, it is necessary that GPs have some insight into the goals and limitations of the current system to support their decision making when asked to provide a medical clearance or guidance; or indeed when referring or advising a patient toward engagement in exercise. As a minimum, it is worthwhile for GPs to become aware of the risk-screening protocols and staffing profiles of fitness centres in their communities and to direct patients toward the most appropriate options. GPs can manage the many uncertainties around this process by actively engaging their clinical allies in this field — accredited exercise physiologists and physiotherapists.

The best model ultimately involves strong referral networks, and shared responsibility for patient risk and outcomes between the medical, allied health and fitness sectors. It is clear that an integrated risk-mitigation process remains to be developed. In the interim, it is necessary that GPs have some insight into the goals and limitations of the current system to support their decision making when asked to provide a medical clearance or guidance; or indeed when referring or advising a patient toward engagement in exercise. As a minimum, it is worthwhile for GPs to become aware of the risk-screening protocols and staffing profiles of fitness centres in their communities and to direct patients toward the most appropriate options. GPs can manage the many uncertainties around this process by actively engaging their clinical allies in this field — accredited exercise physiologists and physiotherapists.
Posture Medic is a dynamic postural solution for patients of all ages. It is designed to be worn for short periods as a postural reminder, but also allows stretching and strengthening exercises to be performed.

BEFORE

AFTER

STRETCH  STRENGTHEN  STABILISE

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AEPs working within NSW Health commonly operate as sole practitioners and report to line managers outside of their discipline (e.g. dietetics, physiotherapy and nursing). Historically this has presented significant barriers to communication, limited opportunities to participate in broader allied health initiatives and potentially impacted the growth and recognition of AEPs as allied health professionals.

In response to this, in 2014, a group of clinicians across the State formed the NSW Health Exercise Physiology Network (NEPN). Initially an informal telephone network group, the NEPN is now endorsed by the Directors of Allied Health with representatives from each Local Health District (LHD).

The NEPN provides a collaborative mechanism for exercise physiologists to network, advise and assist LHD Directors of Allied Health develop relevant workforce strategies to support workforce innovation and development.

OBJECTIVES

- To discuss and develop strategies that address exercise physiology workforce issues in line with the goals and objectives of the NSW Health Professionals Workforce Plan.
- To propose agreed strategies to achieve common goals in discipline specific areas and contribute to multidisciplinary service delivery and patient care.
- To assist in providing expert feedback on policies, procedures, guidelines and other relevant advice which impact on the efficient delivery of exercise physiology services.
- To advise on best practice in current and future workforce and clinical service development.
- To act as a clearing-house for information and innovation.
- To foster networking and cross-district communication with profession colleagues.
- To provide assistance and advise on the development, collection and effective use of relevant workforce information, statistics and data.
- To provide input and act as a resource to LHD Directors of Allied Health, and the chair(s) of the Directors of Allied Health network.
- Provide clinical supervision opportunities for exercise physiologists across NSW Local Health Districts.
- Liaise with exercise physiology peak industry and professional bodies.

The NEPN has representatives from each LHD who act as the “point of contact” between the NEPN, the Directors of Allied Health and the clinicians it represents.

INTRODUCING THE NSW HEALTH EXERCISE PHYSIOLOGY NETWORK GROUP

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The NEPN has provided a cohesive response to a variety of major projects ensuring inclusion of exercise physiology in the build of Allied Health Forms for the electronic medical record, the Allied Health minimum dataset and Clinconnect.

We will be providing bi-monthly updates to our members, via LHD representatives, following our meetings. We also hope to form working parties for various projects, so please contact your LHD representative if you would like to be involved. Please also contact us if you would like to raise any issues or require support.

In May 2015 the NEPN group hosted a one day continued professional development (CPD) workshop for NSW Health AEPs on the HealthChange® methodology. This workshop was the result of a successful grant application by the NEPN to the Health Education and Training Institute (HETI). The annual HETI program supports allied health professional CPD. Only 33/215 applications were funded this year and 1/9 received $5000. 18 AEPs from across the state attended the workshop which coincided with the inaugural face to face meeting for the group and both were very well received and positively evaluated. The NEPN would also like to thank ESSA NSW State Chapter who provided a further $1500 contribution to workshop.

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The Exercise Right blog is a vehicle for Accredited Exercise Physiologists, Exercise Scientists and Sports Scientists to write on a range of exercise topics that are targeted towards a general audience.

This includes articles that come out of new research, topical issues, listicles, interviews, Q & As, client success stories, specific exercise tips or thought-leadership style posts on emerging trends in the exercise/health space.

Through inspiring stories and evidence-based tips and articles using up-to-date scientific research in the field of exercise and sports science, Exercise Right wants to empower people to exercise right for who they are and their condition.

We want Exercise Right to be the first source that people consult for all exercise related health and lifestyle content. At times, fitness culture and mass media can often deliver and perpetuate inaccurate and harmful information. Exercise Right however is expertly compiled by professionals in the field, making it a trusted source of information whilst continuing to position Accredited Exercise Physiologist, Exercise Scientists and Sports Scientists as the experts of exercise and sports science in the health and fitness fields. Living in the digital age where everyone has a voice, qualified or unqualified, we see a lot of content around exercise and health distributed every day. Although it’s great to see articles that motivate people to move, some of this advice is not helpful and runs the risk of sending the wrong message.

A recent example of this was the widespread media attention surrounding Michelle Bridges and her recommended post-partum exercise regime, where Bridges was criticised by women’s health experts for providing irresponsible advice about post-partum jogging. Exercise Right used this opportunity to cut through the hype and highlight how getting the right advice and following evidence-based professional guidelines for postpartum exercise can help you to experience a multitude of benefits, whilst staying safe. What to do and when to start exercise following childbirth can be confusing for a new mum, but if done safely can provide a multitude of benefits for a new mum. Unsurprisingly, this particular blog received over 500 hits in less than 24 hours.

This time of year is also when fad exercise regimes are popular, so discussing the downside of these and an alternative, safer and more scientifically sound approach is an important message of Exercise Right. We are not fitspiration – we aren’t ‘exercise to look good’. Instead it is about exercising right for you – what makes you feel good, improves your mental health, eases your pain, reduces your risk of chronic illness, makes your body healthier and most importantly enriches your life.

Exercise Right is all about inspiring people to live happier and healthier lives. We want to empower people to move, and we aim to do this through expert and scientifically based advice, the sharing of inspiring stories, handy tips and relevant and engaging content to help spread the Exercise Right message.

We currently live in an age where most information is sourced online and we are offering the chance for ESSA Members to be positioned as the expert voice on all things to do with exercise and health. If you would like to be involved please feel free to email the ESSA Marketing team on marketing@essa.org.au

Help us raise the standard on information online and build the profile of our professions.
A SELECTION OF CURRENT EXERCISE RIGHT BLOGS

20 FITNESS TIPS FOR OLDER MEN:

EXERCISE TO PREVENT BOWEL CANCER

EXERCISE FOR OLDER ADULTS:

TURNING HOUSEHOLD JOBS INTO A WORKOUT

TAKE THE NEXT STEP THIS RUNNING SEASON

FROM HABITS TO BACK PAIN

5 BENEFITS OF GREAT POSTURE

5 WAYS TO REDUCE ANXIETY NATURALLY

OVERCOMING ANXIETY IS A MARATHON, NOT A SPRINT

POWER TO GIVE OR YOU CAN CHOOSE TO MOVE.

WHAT IS MEN’S SPECIFIC Issue FOR NOT EXERCISING?

LACK OF TIME

LACK OF MOTIVATION

LACK OF INTEREST

ACTIVATE | MARCH 2016
**WHAT IS BDNF?**

Brain Derived Neurotrophic Factor (BDNF) has been referred to as a fertilizer for your brain. It is a substance that is found in your brain and helps to maintain the life of your brain cells, as well as grow new ones. You’ve probably heard all about ‘neuroplasticity’ and how we used to think our brains, once adult, were like a lump of concrete – unable to change and grow. Scientists now believe our brains are more like plastic – able to adapt, grow and change depending on what we do with them. BDNF is widely accepted as being a key player in this ‘plastic’ ability of the brain – its presence has been shown to make brain cells in petri dishes sprout new branches (necessary activity for a cell to make new connections!).

Low levels of BDNF have been associated with depression, anxiety, poor memory and brain degeneration as seen in conditions such as Alzheimer’s and dementia.

**WHY WOULD YOU WANT MORE BDNF?**

- Improved learning and memory
- May trigger the production of more serotonin (hello happy feelings!)
- Helps with new skill acquisition
- Improved mood (exercise increases BDNF as much or even more than taking antidepressants does)
- Lower rates of Alzheimer’s disease and dementia in older age may be related to higher levels of BDNF.
- Are you getting the picture? Better mood, better mental performance, healthier brain as you age…

**HOW DO YOU GET MORE BDNF?**

One word: STIMULATION. Stimulation of your brain and all its cells can come in many forms. Of course, traditional brain exercise has been thought of as activities such as cross words and Sudoku (which are definitely good!) but here’s another aspect you can add to the list: exercise. As little as 30 minutes of jogging on three days a week has been shown to improve brain functioning, but even better gains have been suggested with more complex activity, which requires you to build or acquire a skill. An example of this is exercise that challenges your balance or thinking, like rock climbing or dancing.

The ultimate brain booster? A bit of aerobic exercise (at least ten minutes) to increase levels of BDNF and other neurotransmitters, as well as all those other wonderful benefits of aerobic exercise, followed by a skill-based exercise to get the new brain cells creating new networks with each other.

**TIP:** Want to maximize the increased learning capacity of your brain? Don’t try to learn something while exercising (stop taking your study notes to the spin bike!) – blood flow increases to the brain post-exercise, while BDNF levels are still increased, meaning immediately after exercise is the perfect time to take in new information. Put on that French language podcast on the way home from the gym…

**REFERENCES:**


Hagerman, Eric, & Ratey, Dr John J. (2010). Spark! How Exercise Will Improve the Performance of Your Brain (Kindle Edition ed.).

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**EXERCISE PROGRAM SOFTWARE**

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**EXERCISE RIGHT’S FIVE FAVOURITE WAYS TO MOVE FOR MORE BDNF**

- Indoor rock-climbing – especially if you actively commute to the rock wall!
- Trail running – something with twists, turns and great views is awesome
- Dancing – where you’re learning new moves and also working your fitness
- Functional movement – wait until the after school rush has finished then go check out (and play on) your nearest playground – think monkey bars, crawling through tunnels and balancing on beams
- Team sports – they require you to be getting great aerobic gains by running around, whilst also working your brain in terms of strategy and quick thinking

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**Louise Pontin, Accredited Exercise Physiologist and Exercise Right Blogger**
When I speak to allied health professionals the one major question is – how can I find more clients? The only problem with this question is one of the hardest to answer, basically, how long is a piece of string?

Finding those elusive ‘clients’ can be tough, tough work in the current cluttered marketplace. This leads up to the topic of this article – is it better to diversify or specialise in terms of your service offerings?

What do we mean by diversify or specialise? Example one – John Smith is an AEP who works out of a number of different multidisciplinary clinics offering a range of different services. Example two – Jill Jones is an AEP who only works with adolescents out of her home clinic.

Who do you think has more clients? It’s a hard one to call - would the AEP who can provide multiple services to a wider range of clients be more successful than the AEP who has a very niche market?

If you are thinking of where your future lies and are considering diversifying or specialising, here are a few things to consider.

**HOW BIG IS MY POTENTIAL MARKET?**

Take your time to research your target market and its needs. Are you looking into a niche that has potential to attract enough clients? If you are going to diversify, how many competitors are around you offering the same service? Other aspects to consider are location, seasonal work and the changing demographics of your location.

**CAN YOU DELIVER TOP NOTCH SERVICE?**

Success is based on service, as we all know the best form of marketing is word of mouth, so ask yourself this – will you be able to provide amazing service if you diversify or specialise? If you think you have the tools, knowledge and attitude for either then it could be a success.

If you are considering a niche business, you may want to consider if you have enough expertise, personality and experience in this area. For example, if Jill Jones is working with adolescents then she would have to have the patience and energy to work with teenagers. (A tough task!)

**CAN YOU SUPPORT A WIDE RANGE OF SERVICES?**

If you have decided that you can provide great service to a wide range of people, are you confident that you have the means to support this business model? Do you have the time or man power to get everything done?

**DO YOU HAVE THE CAPABILITY TO UNDERTAKE ADEQUATE MARKETING?**

Especially in terms of specialising, a lot of time and effort must go into building your brand and services. Do you have the time and expertise for this? Equally, if you are going to provide a broad range of activities, you have to provide even more marketing to target a larger audience.

**THE PROS AND CONS OF BOTH:**

**WHAT ARE THE BENEFITS IN SPECIALISING?**

- You know your specialty inside and out. In the absence of trying to be great at all things, you can really hone your skills in one specific area and you live and breathe that skill set.
- By not spreading yourself too thin, you can focus all of your education needs toward becoming the best at that one service category. You can learn the intricacies of your chosen niche and excel.
- You can build your business more quickly since you’re only concentrating on one area. This can help bring you recognition in the media and in your community as people begin to recognize you as the leading expert in your niche.
- Because you are a specialist, you will stand out from your competition. If a client is looking for help with let’s say diabetes, you’ll be top of mind as the area’s diabetes focused practitioner.
- As a niche business, you can market yourself differently and charge higher prices since your clients will know they’re getting a very dedicated professional service.

**WHAT ARE THE BENEFITS IN DIVERSIFYING?**

- As a jack-of-all-trades, you’re able to offer a variety of service options to your clients. You benefit from multiple service bookings with your best clients because you assist with all their needs.
- Having multiple sources of income allows you to shift your priorities if something happens to one of those sources. You’re protected if one service type falls out of favour with your clients.
- Diversification is the best protection against a change in trends or attitudes toward certain services. You’ll be better prepared to adapt or drop a service if all of your eggs aren’t in one basket.
- You can pick up your business and go anywhere. If you aren’t pigeon-holed into one segment of the industry, you’ll have more choices when changing locations.
- You’re seen as a one-stop-shop, which in our busy world can definitely be a plus. When hurried clients can get several things done at once, you’re making their lives easier and you’ll retain their business.

At the end of the day, any potential business needs the right research to be a success. So before heading down one or other path, ask yourself those key questions and then go out and push it hard!

Chris McCarroll – Director, Allied Health Marketing

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MENTORING TO SUCCESS

ESSA is delighted to announce that it will be continuing the Mentorship Program for all members in 2016.

Mentoring relationships are complimentary to other workplace relationships such as those within the line management function and with peers. However, mentoring relationships have the following special features:

- Mentoring relationships are not a tool for managing performance issues, and are not designed to provide coaching in relationship to technical, on-the-job skills – these areas are the responsibility of the relevant team leader/manager. Additionally, mentoring is not counselling or personal therapy.

- Mentoring relationships as part of a structured mentoring program do not take place between a team leader/manager and their direct reports. While this relationship may include elements of informal mentoring, formal mentoring relationships are identified as being ‘off-line’ in nature. This helps to ensure that supervision or appraisal do not become part of the mentoring activities and fosters networking and communication across the organisation.

Mentoring relationships benefit both the mentee and the mentor. Benefits may include:

**For mentees:**
- The opportunity to receive advice, encouragement and support focussed on their own specific professional development needs.
- The opportunity to give and receive feedback from someone outside the traditional manager/employee relationship.
- The opportunity to gain a better understanding of the organisation/profession and the potential career and professional development pathways available.
- The chance to develop a new and/or different perspective.

**For mentors:**
- The opportunity to gain ‘hands on’ experience as a formal mentor.
- The opportunity to reflect on their own professional practice particularly in the areas of communication, leadership and modelling.
- Recognition within Exercise & Sports Science Australia of their skills, knowledge and experience.
- A greater understanding of the barriers and opportunities experienced in other areas of the organisation.
- The chance to build stronger networks with staff outside their normal work group, and to experience a different point of view/perspective.

Ultimately – mentoring is a rewarding and unique opportunity for mentors, mentees and the organisation.

To learn more about the ESSA Mentorship Program, visit www.essa.org.au/essa-mentorship-hub/

"The ESSA Mentorship Program has been a great success, and as we move into our third year it’s been fantastic to see so many experience ESSA members put their hand up to share their knowledge, experience and skills with our newer members.

-Alex Lawrence, ESSA Industry Development Officer."
Hi Robert, can you give us an idea of what the QUT Health Clinic provides?

The QUT Health Clinic’s aim is to provide quality clinical education to the next generation of healthcare professionals and quality patient care to the community. Services offered include exercise physiology, optometry, eating disorders, podiatry, psychology and counselling, nutrition and dietetics and family medication. The exercise physiology clinic provides specialised clinical exercise interventions for persons at risk of developing, or with existing chronic and complex medical conditions and injuries. Lungs in Action, Cardiac Rehabilitation, exercise for the management of Diabetes, Parkinson’s disease, lower back pain and Post Traumatic Stress Disorder are a few of our notable clinics. The cost is minimal to the public and free parking is available on site.

How did you first learn about Lungs in Action and how long has it been running at the QUT Health Clinic?

I have been aware of the Lungs in Action program for quite some time as I formerly taught exercise prescription and programming for cardiorespiratory conditions in an undergraduate and post graduate program at UQ from 2008-2013. It wasn’t until 2013 though that I moved to QUT and undertook the Lungs in Action training. From this time, the QUT Health Clinic has been running Lungs in Action classes for the community and accepts direct referral from the Royal Brisbane and Women’s Hospital Pulmonary Rehabilitation Program.

Do you mind sharing your thoughts on your experience with the Lungs in Action online and practical training?

The online training is comprehensive and utilises evidence based resources and language that assists learning, program implementation and client interaction. The practical component is a great way to meet other health practitioners, clients with lung conditions and experience first-hand the application of the online theory.

As an Exercise Physiologist with a background in heart failure rehabilitation programs, you have a lot of experience in working with people with heart failure and COPD. What are some of the key benefits you’ve observed with people becoming involved with exercise maintenance classes such as Lungs in Action?

Clients often begin to decondition after completion of a rehabilitation program if they do not keep up the same volume and intensity of exercise. This can be challenging for many individuals, especially those with heart and lung conditions, as they can experience periodic changes in the health status, that require modification to their exercise regime and changes that require supervision. Additionally, supervised programs offer motivation and social support and the opportunity to ask questions, be monitored and have technique corrected. These factors can be difficult to manage alone. The good news is that with appropriate maintenance exercise, most people can maintain their gains or even improve their level of fitness, which can have a significant effect on their symptoms i.e. breathlessness, fatigue, confidence, walking distance, upper and lower body strength.

You’re also a lecturer for QUT’s Bachelor of Clinical Exercise Physiology with a Bachelor and Master degree as well as a Graduate Certificate in Academic Practice. This has helped you to incorporate student involvement with the Health Clinic as part of their practicum. Students observe a broad range of classes tailored to accommodate various clinical populations in the Health Clinic. What do you think are the key learnings that students might take away from observing participants exercise in Lungs in Action under the guidance of an accredited instructor and how do you feel this experience prepares them?

A lot of university training focuses on the theory of conditions anatomy, physiology, and management and applied this with the use of simulation, other students and apparently healthy individuals. It is really important to expose students to real clients with real concerns. To participate in the human experience and consider engagement with people rather than a transaction and interact with clients rather than instruct. The Exercise Physiology Clinic at QUT is an outstanding facility, supported by the University Faculty of Health and is able to provide a synergy of theory and practice for students in a real world environment, at the same time as delivering high quality health care to the community.

How do you think having a Medicare Benefits Scheme (MBS) item number allocated to pulmonary rehabilitation and pulmonary maintenance exercise would influence management of lung disease across Australia?

The benefits of appropriate exercise and education for people with lung conditions has been well documented. Like most therapies for chronic conditions exercise requires ongoing management to continue to receive the positive gains. The MBS item will improve access, improve accountability of programs, increase client confidence in community programs and improve communication between health care providers. Probably the most important outcome will be that those with lung...
conditions, who access this ongoing service, will experience a better quality of life and potentially reduced hospital readmission. Thanks very much for your time and support for Lungs in Action.

Lung Foundation Australia has applied to the Medical Services Advisory Committee (MSAC) for pulmonary rehabilitation (PR) programs and follow-up pulmonary maintenance exercise (PME) programs (e.g. Lungs in Action) for patients with COPD and other chronic lung diseases to be subsidised on the Medicare Benefits Schedule (MBS).

To learn more about Lungs in Action, please visit www.lungsinaction.com.au or contact lungsinaction@lungfoundation.com.au.
Exercise is crucial for a healthy Australia, however more than half of Australians are not sufficiently active. Furthermore, physical inactivity is the fourth leading cause of death due to non-communicable disease worldwide, contributing to over three million preventable deaths annually.

Over 85% of Australians visit a general practitioner at least once a year, so there is potential for GPs to have an important role in identifying opportunities to increase physical activity. However many patients are not offered advice and support of sufficient intensity to help them change their behaviour.

Understandably, GPs can be reluctant to raise issues if they are not convinced they have a management option which is going to help. This is especially the case given the time pressured nature of general practice, where the average consultation length is approximately 14 minutes. The time available for discussing issues not directly related to the person’s presenting complaints has been estimated to be one to two minutes, so brief interventions in primary care settings, such as the EIM framework, are an effective way of increasing physical activity among adults.

Exercise is Medicine Australia launched the inaugural EIM in Practice initiative earlier this year. GP practices in Queensland, Victoria, South Australia and Western Australia are on board to fully implement the EIM Framework over the coming months and champion the EIM message in their local community.

EIM provided education and resources to participating practices to ensure clinicians are well equipped to engage patients in a conversation about physical activity and begin the process of long-term behaviour change. Data collection occurs at baseline; and one, three and six month follow-ups.

During EIM in Practice, participating clinicians are encouraged to:

- Attend an in-clinic EIM workshop facilitated by an AEP
- Ask patients about physical activity levels using the Best Practice or Medical Director physical activity menu items as appropriate
- Provide patients with a ‘take home’ message
- Screen for contraindications and refer as appropriate
- Work in a team based approach where appropriate

EIM in Practice aims to improve the quality of physical activity advice provided in GP practices.

Exercise is Medicine Australia empowers primary healthcare providers to effectively counsel patients about physical activity leading to sustained behaviour change, and promotes evidence based screening to easily identify when and how to refer patients to appropriately trained allied health professionals to deliver exercise treatment services. Find out more about EIM Australia on our website www.exerciseismedicine.org.au

For further information about EIM in Practice contact Exercise is Medicine Australia at info@exerciseismedicine.org.au

BASELINE DATA ANALYSIS: GP ASSESSMENT OF PATIENT PHYSICAL ACTIVITY

Data pulled from medical software in participating practices shows an average of 95.5% of patient consultations over the past six months have not recorded any physical activity assessment (see figure 1). Many participants report not knowing about the specific physical activity assessment tools available within their software so we anticipate this number to improve as EIM in Practice progresses.

Self-reported data from the same group indicates that up to 40% of consultations include physical activity advice, however clinicians also report limited knowledge of available resources and referral options. Knowledge of physical activity guidelines and assessment principles is generally low.

Physical Activity Assessment in Primary Care

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
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<tr>
<td>Sufficient</td>
<td>95%</td>
</tr>
<tr>
<td>Insufficient</td>
<td>1%</td>
</tr>
<tr>
<td>Sedentary</td>
<td>2%</td>
</tr>
<tr>
<td>Nothing Recorded</td>
<td>2%</td>
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</table>

Figure 1
Leading the Way in Sports Science

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Sam Coad
Bachelor of Sports Science (Honours) Alumnus, current PhD student and Assistant Strength and Conditioning Coach - Wolverines Football Team, University of Michigan Athletic Department

To find out more about our Bachelor of Exercise and Sports Science program and Master of Sports Science program, visit bond.edu.au/hsm.
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