FROM THE EDITOR'S DESK

The Magic Potion Is Staying in Motion

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In July, President Donald Trump issued an executive order to emphasize fitness in U.S. schools.[1] He and Secretary of Health and Human Services Robert F. Kennedy, Jr. have suggested we bring back the Presidential Fitness Test. This program was originally created by President Dwight D. Eisenhower in the 1950s, and in fact, this continued emphasis on physical education should be lauded, as multicomponent goal-directed interventions to increase exercise likely improve participation and lead to positive, measurable long-term health outcomes.[2]

To be clear, our leaders should extend their vision to support adequate and quality nutrition interventions as well, rather than, for example, reducing SNAP-funded free and reduced-price lunches. Yet, few would argue that continued emphasis on physical education is negative. We are in the midst of an obesity epidemic with well-known adverse implications, and the prohibitive costs and risks associated with weight-loss medications reassure us that lifestyle interventions are still necessary, even vital.

At the same time, advice regarding diet alone to improve health is not sufficient. A literature review reveals that an emphasis by physicians to improve fruit and vegetable consumption has only marginal effect on actual intake and probably no meaningful impact on overall health.[3]

How valuable is exercise? Let's set aside the obvious benefit that a physically active lifestyle can have on almost every chronic orthopedic and rheumatologic disorder. Cardiac rehabilitation is recommended for almost every patient who has had a cardiac event or intervention.[4] In addition, exercise improves atrial fibrillation recurrence, symptom burden and severity, as well as the mental components of quality of life.[5]

In people with pulmonary hypertension, exercise programs increase exercise capacity, pulmonary arterial pressure, and quality of life.[6] Exercise prescriptions for older individuals can reduce the rate of falls and the number of people who fall.[7] Exercise improves walking distance and pain in people living with claudication.[8] It significantly improves sugar control, visceral adipose tissue, and plasma triglycerides in people with type 2 diabetes, even if they do not lose weight.[9] Pulmonary rehabilitation results in meaningful improvements in functional exercise capacity and quality of life in adults with asthma and improves exercise capacity and quality of life in people with COPD.[10,11]

In the realm of mental health and neurology, study results indicate that exercise has positive short-term effects on self-esteem in children and mental health scores among pediatric patients with anxiety and depression.[12,13] In addition, exercise is moderately more effective than control for reducing symptoms of depression in adults.[14] Physical exercise improves functional capacity and reduces pain scores in all comers with chronic pain, and improves many parameters of health in cancer survivors, including fatigue and depression.[15-17]

Study results further indicate that regular exercise programs have positive effects on both the physical and mental health of individuals with schizophrenia.[18] Additionally, physical activity likely has beneficial effects on the severity of motor signs as well as quality of life for people living with Parkinson's disease, although, as in most studies, it is not clear what, if any, is the best type of exercise to achieve these benefits.[19]

Exercise, performed for about 45 to 60 minutes each time, three times per week or more, regardless of intensity, may also provide a clinically significant reduction in menstrual pain intensity,[20] and it helps avert bone loss in postmenopausal women.[21] Further, exercise reduces the risks of developing gestational diabetes and having a caesarean section when combined with diet interventions during pregnancy.[22]

Being physically active reduces the severity of symptoms and the number of symptom days among patients with acute respiratory infections,[23] and it improves symptoms in people diagnosed with irritable bowel syndrome.[24] Finally, prehabilitation may result in improved symptoms preoperatively and postoperatively in patients who will undergo colorectal procedures, and physical interventions and multidisciplinary interventions increase the likelihood that people with cancer can return to work.[25,26]

The American College of Sports Medicine offers recommendations about how to write exercise prescriptions,[27] but based on the results of much of the literature, recommendations do not need to be terribly specific. In truth, people exercise for different reasons. Part of good history-taking reveals whether patients are competitive, exercise to be social, or because their body tells them that it needs to move. Understanding this aspect of one's character may help us advise on how to engage. We as clinicians should embrace this moment of national attention to help our patients make positive change.

Studies reveal that the more frequently patients hear advice to exercise, the more likely they are to participate.[28] Thus, at the very least, Americans should be encouraged to exercise 150 minutes per week,[29] and medical education and continuing education should emphasize ways to accomplish this. In addition, physical activity level should be measured like a vital sign at every clinical encounter, and clinicians should find ways to advise regarding activity during nearly every patient encounter.

Time should be set aside for exercise every day, just as it is for sleeping, hygiene, and spiritual introspection. Thus, I applaud Mr. Trump and Mr. Kennedy for their attention to this subject and would encourage more public emphasis be placed on making environments safe and accessible for exercise. Let's continue to fund the nation's parks and even incentivize physical activity — for example, OSHA standards could stipulate space and 30-minute breaks to exercise just as we are already given the opportunity to eat.

Clearly there's more to do. Let's keep moving.

REFERENCES

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JLGH Summer 2025 Recap

Q&A for Extended Learning

The Summer issue of The Journal of Lancaster General Hospital *offered articles on transitioning pediatric patients to adult care, vaccine-preventable pediatric illnesses and vaccine hesitancy, GLP-1 receptor agonist safety considerations, and other practice recommendations. Review the questions and answers below to see how much you remember from the issue. Need a refresher? All issues of* JLGH *are available at JLGH.org.*

Q **List tools and methods that can help pediatric patients with complex medical conditions successfully transition to adult care.**

A Implementing intentional programming, using medical workbooks to help identify goals, creating and developing a transition plan, and appointing a transition coordinator are initiatives that may help lead to a smooth and successful transition.

Q **What is the "3A" approach to help clinicians counsel patients regarding the risks and benefits of vaccines in the new era of social media myths?**

A *Avoid fear tactics* when counseling parents during a well-child visit, *ask for permission* to debunk myths in the office, and *adapt language* and key phrases to use with every family.

Q **Compounded versions of GLP-1 receptor agonists have gained popularity among consumers. How should clinicians advise patients before they purchase these products?**

A Patients should understand that compounded drugs do not undergo FDA premarket review for safety, effectiveness, or quality. Prescriptions should be filled at state-licensed compounding pharmacies using the base form of the drug obtained from FDA-registered facilities. Pharmacies should be able to ensure compounding sterility and avoid the addition of other ingredients that may cause interactions. Pharmacists should be both FDA registered and credentialed to compound.

Q **Parents should keep communication channels open and be an example regarding their children's use of electronic devices. What recommendations can clinicians offer adolescents?**

A Devices should be put away one hour before bedtime. Device features such as "Do Not Disturb" and "Notifications" should be set to control usage. Children should be encouraged to spend less time on devices to allow more time for other activities like exercising and spending time with family.

Q **Foreign bodies ingested by adults might pass through without harm, although complications may occur. Name some emergent complications and treatment options.**

A Intestinal perforation, bleeding, sepsis, compression necrosis, and obstruction are the most likely complications, especially if an object has a diameter >5 cm or a sharp edge. Endoscopy, including enteroscopy or colonoscopy, may be warranted.