THE COLLABORATION OF
EXERCISE PHYSIOLOGISTS AND DIETITIANS
IN CHRONIC DISEASE MANAGEMENT

AUSTRALIAN ASSOCIATION FOR EXERCISE AND SPORTS SCIENCE

A Joint Position Statement of the Australian Association for Exercise and Sport Science (AAESS) and the Dietitians Association of Australia (DAA).

Approved by the Boards of AAESS and DAA - March 2008

DAA Dietitians Association of Australia

Introduction

Considerable knowledge has accumulated over the last two decades concerning the significance of exercise and nutrition interventions in the treatment of a large number of chronic diseases. It is well established that the costs associated with these diseases are placing a substantial burden on the Australian healthcare system and that appropriate exercise and nutrition interventions can reduce these costs. Accredited Exercise Physiologists (AEPs) and Accredited Practising Dietitians (APDs) are widely recognised as the highest qualified health professionals in the design and delivery of exercise and nutrition services respectively. Empirical evidence supports exercise physiology and dietetic services as an essential component in the management of chronic disease in collaboration with a team of medical and other allied health professionals.

In response to the growing emphasis on exercise physiology and dietetic services in the management of chronic disease, the Australian Association for Exercise and Sport Science (AAESS) and the Dietitians Association of Australia (DAA) have developed a Position Statement for the collaboration of AEPs and APDs in the management of chronic disease. Improving collaboration between the professions, enhancing mutual respect and understanding, and advancing patient outcomes is the tenet underpinning this position statement.

What is an Accredited Exercise Physiologist?

An Accredited Exercise Physiologist (AEP) describes a university-trained and AAESS accredited exercise specialist who possesses the knowledge, skills and competency to design and deliver general physical activity advice and clinical exercise prescription for apparently healthy persons and for those persons with chronic and complex diseases. The aim of the intervention is to facilitate long-term behaviour change by encouraging the self-management of health through exercise and other lifestyle modifications, with a view to preventing and treating disease.

What is an Accredited Practising Dietitian?

An Accredited Practising Dietitian (APD) describes a university-trained and DAA accredited dietitian and nutritionist who possesses the knowledge, skills and competency to provide expert nutrition and dietary advice. APDs design and deliver Medical Nutrition Therapy (MNT) which forms an integral part of the management of people with chronic and complex diseases. The aim of the intervention is to facilitate long term behaviour change by encouraging the self-management of health through nutrition, diet and other lifestyle modifications, with a view to preventing and treating disease.

General physical activity advice and general nutrition advice

General physical activity advice provides general guidelines for physical activity suitable for most people, including those with solitary and uncomplicated chronic disease with a view to improving general health and wellbeing and may be delivered by both AEPs and APDs (e.g. National Physical Activity Guidelines).

General nutrition advice provides general guidelines for healthy eating and covers a range of nutrition topics suitable for most people but is not sufficient for those who require specific nutrition therapy as part of the management of their chronic disease. General nutrition advice may be delivered by both AEPs and APDs (e.g. Dietary Guidelines for Australian Adults: A Guide to Healthy Eating).

Clinical exercise prescription and medical nutrition therapy

Clinical exercise prescription builds on general physical activity advice and is developed and delivered by AEPs. It involves individualised assessment, exercise advice, prescription, behavioural change counselling and support for people with chronic and/or complex disease(s).

Clinical exercise prescription is based on evidence based research and may include cardiorespiratory and/or resistance exercise advice and support for increasing incidental exercise, balance, agility, coordination and strategies for reducing sedentary behaviours. The prescription would incorporate an individualised combination of these modalities which would be balanced with patients' goals, readiness to change, knowledge, skills and access to resources.

Medical nutrition therapy is a clinical intervention delivered by APDs which builds on general nutrition advice to achieve improved clinical and health outcomes through nutrition assessment, dietary advice, knowledge and skills development and behavioural counselling.

Medical nutrition therapy is evidence based and includes a detailed individualised nutrition assessment, setting individual goals and priorities, practical dietary advice and counselling with follow-up for the purpose of disease management. The advice and counselling provided takes into account the patients' goals, readiness to change, knowledge, skills and access to resources.

Exercise prescription and *medical nutrition therapy* are designed to directly target an individual's clinical presentation with a secondary aim of improving general health and wellbeing.

Fostering interprofessional collaboration

AAESS and the DAA recommend the following in order to foster quality interprofessional collaboration:

- develop an active and interdependent partnership with health professionals in your area;
- make a commitment to understand the skills, knowledge and competencies of other health professions and professionals;
- collaboratively determine systems for streamlined cross referral and communication with other medical and allied health professionals involved in the management of your patients;
- organise joint professional development opportunities (e.g. workshops, seminars, case discussions);
- use information technology to enhance interprofessional practice.

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MODEL OF COLLABORATION - Diabetes Example

	ACCREDITED PRACTISING DIETITIAN	ACCREDITED EXERCISE PHYSIOLOGIST
Common Assessment	**Assessment** • Medical history • Chronic disease history e.g. diabetes • Previous care/education • Biomedical profile e.g. (lipids/HbA1c/BP) • Anthropometry • Current activity level • Smoking/alcohol status • Medications • Current self care • Special needs **Behavioural History & Readiness for Change** • Motivational interviewing • Readiness for change • Goal setting • Barriers and enablers to change with respect to diet & exercise	
Profession Specific Assessment	**General Exercise History** • Current or previous leisure time activity • Occupational, household, incidental activity • Have they seen an AEP? **Detailed Diet History** • Previous APD input? • Previous dietary modifications/hx • Detailed eating pattern • Food types/brands • Detailed serving sizes • Food frequency • Cooking methods/skills • Limitations/practical issues • GIT conditions	**General Diet History** • Dietary habits • Regular eating patterns • Core food groups • Have they seen an APD? **Detailed Exercise History** • Previous AEP input? • Previous exercise experience • Contraindications or barriers to exercise • Particular consideration to cardiovascular, metabolic, neurological or musculoskeletal conditions that may affect exercise capacity/ maintenance • Pre-exercise screening & risk factor stratification • Measurement of physiological parameters
Profession Specific Implementation & Plan	**PROFESSIONAL PARTNERSHIP, CROSS REFERRAL OR JOINT PROGRAM DELIVERY MODEL**	
	Medical Nutrition Therapy • Detailed eating pattern including timing of meals • Food types/brands • Detailed serving sizes and amounts, frequency • Foods to avoid or limit • Cooking methods/skills • Practical solutions • Reducing the risk of complications (acute & chronic) • Treating complications e.g. hypoglycaemia • Eating before and after exercise • Provision of appropriate health information and resources **Diabetes Specific Considerations** • Glycaemic index and glycaemic load • Weight loss • Hyperlipidaemia and hypertension • Other diabetes complications	**Clinical Exercise Prescription** • FITTA (Frequency, Intensity, Time, Type, Adherence) • Instruction/skill acquisition/progression • Home, gym or AEP Practice support • Pharmacological exercise interactions • Overcoming mobility limitations • Provision of appropriate health information and resources **Diabetes Specific Considerations** • Neuropathy (balance, wound risk) • Claudication management • Cardiovascular (eg. autonomic neuropathy) • Education and guidance to reduce risk of adverse events such as exercise-induced hypoglycaemia and dehydration • Other diabetes complications
	SCHEDULE REVIEW AND FACILITATE REFERRAL	