



Editorial

Implementation of physical activity in the health care setting

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Today, the health care system faces an enormous task in combatting the tidal wave of noncommunicable disease, as highlighted by the UN and WHO (1). Many disorders, including obesity, diabetes mellitus, cardiovascular disease (1), osteoporosis and mental disorders, are lifestyle related. The scientific evidence for the benefits of physical activity (PA) has accumulated, and today we know that regular PA will decrease the risk for non-communicable disease substantially, lowering the risk of premature cardiovascular death (2), but also having proven effects in cancer (3) and pre-surgery (4). In the last decades, a decrease in the level of PA of many populations worldwide have taken place, and simultaneously an increase in sedentary time. This trend is expected to increase even more in the future (5).

PA in everyday health care, is however still under-utilized in relation to the proven effects. This is despite an almost universal presence of PA-recommendations in national and international guidelines, often as first-line treatment for a great number of various disorders (6). The scientific knowledge of the efficacy of PA as prevention and treatment of disorders have been collected in reference books, such as the Swedish FYSS-book (PA in prevention and treatment of disease) (7), as well as being channelled into international initiatives, such as exercise is medicine (EIM) and similar entities.

In 2012, the Task Force on Health Enhancing Physical Activity in Hospitals and Health Services (HEPA) was established within the international Health Promotion Hospital Network (HPH). The Task Force has run for four years with the aim of promoting the implementation of

PA as a part of regular health care as an efficient treatment modality option for a multitude of diseases.

This supplement aims to present a number of papers, helping to aid clinicians and administrators on planning and executing implementation measures of PA into health care. The supplement, includes short papers on the ethics of lifestyle behavioural change, the barriers and facilitators of PA implementation, how to assess PA, health economical aspects as well as clinical examples of the use of PA for treatment (the Swedish model of physical activity on prescription).

We hope you will enjoy the supplement!

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Leader of the HPH Task Force on Health Enhancing Physical Activity in Hospitals and Health Services (2012-16).

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