

SCIENTIFIC BASES OF PRESCRIPTION OF PHYSICAL EXERCISE FOR CURATIVE AND PREVENTIVE SCOPE

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Abstract

Introduction

The purpose of this PhD thesis is to present as explicitly as possible the importance of prescribing physical exercise (PMEF) in general and of patients with cardiovascular disease, curative and preventive.

This work is structured in two parts, a general part and a part of personal contributions. The general part consists of two chapters presenting the current state of knowledge about the physical importance of exercise as a sanogenic factor, respectively those essential elements of the current level of knowledge related to the primary and secondary prevention of chronic disease and cardiovascular diseases, the consequences of these steps for public health.

From the structure point of view, the first part of the paper deals with the theoretical milestones that form the conceptual framework of research.

The first chapter of the general part presented the general aspects of physical exercise as a sanogenetic factor, the morpho-functional characteristics of the organs of the locomotor system, the physical effort as a system of adaptation in the exercise and the training, the benefits of the physical effect and possible adverse reactions as a result of the practice sport through sporting activities or permanent training.

The second chapter covers general aspects of the main cause of morbidity, CVD, according to specialist statistics, numerous assessments of lifestyle, individual peculiarities, and the most common chronic diseases. Interventions related to lifestyle, diet, training (volume, intensity, frequency, type of effort) in primary and secondary prevention and medical preservation of physical effort for the expected benefits are currently an important intervention at the level of the European Commission, Health and Food Safety, DG Sante (Health Promotion, Disease Prevention, Healthy Lifestyle Support). Chronic diseases remain the leading cause of death worldwide, far above all other causes of combined disease, and their determinant factors remain inappropriate diets and physical reactivity of the population. These factors cause diseases such as obesity, cardiovascular disease, some cancers. Obesity, an epidemic in the last 10 years, is one that affects young people and children more and is responsible for severely altering the quality of life, health systems, and our approach to medical preservation of physical effort can be integrated into helpful interventions for health systems in reducing those risks. Prescription of physical activity is mandatory from the point of view of policies promoted by the EC through current policies, actions to increase interventions for healthy nutrition and physical activity according to the needs of the population.

The personal contributions part consists of 5 studies. The first study presents the assessment of the needs of healthy or apparently healthy young people (students) through an online lifestyle questionnaire, the second study presents the study of a cohort of patients admitted to a clinical monospecialization unit in cardiovascular

disease from the perspective the use of medical services and the medical prescription of physical effort in the primary and secondary prevention of their afflictions through a lifestyle questionnaire. With regard to Study 3, assessing the opinion of patients with cardiovascular disease through a Minnesota questionnaire on quality of life wishes to investigate the needs felt to improve its life in order to structure the next study with number 4. Based on the patient's perceived needs and specialists, we approached information and counseling in prescribing exercise for therapeutic purposes to patients with cardiovascular disease.

Promoting healthy behaviors related to physical activity and lifestyle is the goal of the intervention based on the understanding of the values, needs and experiences of the healthy population or of the chronic disease population, through research at the population level, tailored to its needs and values.

The limited number of studies in this area supports this assertion, and at the same time prevents us from identifying the existence and even more the functioning of health promotion processes at both national and local levels through the medical prescription of physical effort.

Justify the theme

New health trends encourage prophylactic actions to be more beneficial for both individuals and the system. Thus, areas such as health promotion, health education have gained recognition, however, literature shows that there is still a problem with the full understanding of this area by those working in the health field. In general education, and more specific health education, by promoting the benefits of healthy behavior, individuals can adopt it or not. This method is one that attempts to inform public opinion of the benefits of new behavior, but it does not offer them, and the public is the one who explores them in the future. Education does not suggest an exchange, it does not offer the benefit of exchange explicitly. On the other hand, legislation implies changing behaviors in a non-voluntary manner and conditional upon coercive measures or encouraged by positive, motivating provisions. Social marketing, instead, attempts to manage behavior by creating alternatives that generate a conscious behavioral change, and provide a benefit immediately after the new behavior is adopted.

The purpose of the research

More and more, motion scientists and sports medicine specialists are concerned about promoting the health of the general population by stimulating or provoking an active lifestyle. National literature provides us with a limited number of studies on health promotion, and more so in the prophylaxis and therapy of prescribing physical exercise for health.

Involve physical exercise as a sanogenic factor in the context of the reality when primary prophylaxis of chronic illness can not be conceived without a healthy lifestyle when the strongest evidence demonstrates that physical inactivity increases the risk of many negative health conditions such as diseases cardiovascular (worldwide 30% of coronary heart disease is due to physical inactivity), metabolic-obesity (as pathology generated by sedentarism), those that reduce life expectancy (oncological diseases) motivate us on the one hand to promote / medical prescription of physical effort.

It is not enough to encourage the population through media and public health services to move, patient physician talks, patient coach have a much greater

psychological impact because they can understand patients' psychology and their resistance to exercise.

Healthcare professionals have the responsibility of screening, assessing patients, prescribing exercise and tracking progress, and fitness / physical therapy therapist's role in setting up and pursuing the exercise program.

The main study focused on the impact of consignment for physical activity recommended to young people by physical education and sports professionals as our first attempt to influence people to move, to create a reflex of the movement, to make them understand that sport is the major factor in diminishing their physical decline and maintaining them within physiological limits, which is their first step towards delaying the installation of coronary diseases.

Conclusion

The benefits of systematic physical exercise in the prophylaxis and management of chronic diseases are certain for the pathology generated by sedentary, obesity, low cardiorespiratory fitness. Involvement of physical exercise as a sanogenic factor and as a primary prevention for chronic diseases, especially for cardiovascular causes of major mortality in the world.

The sports doctor is responsible for evaluating the patients, prescribing the exercise and following the progression after the scrutineering and recommendation of the family doctor or the specialist doctor who has the patient's treatment, and the fitness trainer, the physical therapist is responsible for setting and following the exercise program .

The prescription for the exercise is signed by the doctor and the patient, who is recalled for control after a maximum of 6 weeks of training to assess the evolution and adaptation to the patient's effort. The exercise should be included in any anamnesis and recorded in the patient's medical file - DES, by the family doctor or specialist or recovery physician.

All those involved in the scientific direction of physical activities (sports doctors, coaches, specialists, physical education and sports teachers) must make sport a lifestyle. In order to be able to achieve this, they need to be creative in convincing that every patient or healthy, ageless person remain active, enjoy physical activity with family or friends.

The promotion of research results will influence the decisions of health authorities to interpret medical prescription of effort in controlling risk factors.