

# Meeting movement guidelines in meetings

The Canadian Academy of Sport and Exercise Medicine (CASEM) recently published a position statement reminding medical professionals that our own physical activity habits influence our physical activity counseling practices, and recommending that “clinicians lead by example and integrate physical activity into their own lives, for their own health and well-being, and to provide further credibility and empathy for the challenges patients face.”<sup>1-2</sup> Ergo, it is in the best interests of physicians and patients to apply this recommendation to the new Canadian 24-Hour Movement Guidelines, which, by 2020, will replace the Canadian Physical Activity Guidelines.

*Movement* is a deliberate term that reflects an important paradigm shift in the field. Public health professionals are learning that placing explicit limits on sedentary behavior may be just as important as promoting physical activity. In other words, we should be sitting less and moving more. Research has demonstrated that uninterrupted sitting time increases the risks of premature death, cardiovascular disease, obesity, metabolic disease, inflammatory disease, musculoskeletal disorders, cancer, and mental illness, often in settings where recommended physical activity levels have been met.<sup>3-6</sup> In light of this, how can we lead by example? How can we

integrate more movement into our own lives? How can we sit less and move more? Of the many and varied solutions, a relatively simple one is to introduce active workplace meetings.

Active workplace meetings, walking meetings in particular, have been popularized in recent years, largely by professionals and publications in the business, technology, art, and design sectors. While the health benefits are occasionally acknowledged, it is the purported improvements in creativity, learning, engagement, and productivity that garner most attention in these spheres. Popular media

tends to spotlight anecdotal evidence on this matter, and meander into (albeit fascinating) philosophical theory.<sup>7</sup> That being said, we can acknowledge with scientific confidence that health and productivity are not mutually exclusive endeavors, and propose a few recommendations.<sup>8</sup>

## Our own physical activity habits influence our physical activity counseling practices.

### General recommendations

- Provide notice of the activity to ensure colleagues are prepared (e.g., have appropriate dress/footwear).
- Be considerate of physical limitations or disabilities.
- Acknowledge that activity may not be appropriate for all types of meetings.

### Walking meetings

- Limit them to a maximum of two or three colleagues.
- Limit them to meetings that require minimal (if any) reference materials.
- Conduct them in a comfortable outdoor/indoor environment.
- Be cognizant of patient confidentiality in public spaces.

### In-room meetings

- Incorporate standing/stretching breaks.
- Offer a variety of sit-stand stations and allow colleagues, perhaps at scheduled intervals, to move between stations.

As research evolves so too will our understanding of how physical activity, sedentary behavior, and sitting time relate to health outcomes, cognitive performance, and work productivity. At the very least, I hope you'll consider CASEM's call to lead by example and table a motion for motion at your next clinic meeting.

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