

Physical Activity Counseling in Primary Care: 5As Framework by Decision Biases^a

5A COMPONENT ^b	PRESENT TIME BIAS ^c	STATUS QUO BIAS ^c
<p>Assess</p> <p>Assess physical activity levels at baseline and at each visit.</p>	<ul style="list-style-type: none"> • Ask the patient about self-control problems; briefly explain this phenomenon, and emphasize how common it is; emphasize that strategies will be provided to help achieve activity goals. 	<ul style="list-style-type: none"> • Be aware that patients' perceptions of the status quo regarding physical activity could impact their reported activity.
<p>Advise</p> <p>Advise on increasing physical activity levels; relate patient's laboratory results/symptoms to physical inactivity.</p>	<ul style="list-style-type: none"> • Increase patients' awareness of the link between physical activity levels and improved health; relating laboratory results to health behavior increases the saliency of the benefits of activity. 	<ul style="list-style-type: none"> • Use positive and simple language to deliver the public health message of physical activity; frame activity as fun. • Mention success stories of individuals similar to your patient.
<p>Agree</p> <p>Agree on a physical activity plan that is tailored to the patient's interests and preferences; jointly set goals and milestones.</p> <p>Provide detailed counseling on the frequency, intensity, and type of activity.</p>	<ul style="list-style-type: none"> • Discuss the challenges often encountered when executing future plans. • Agree with patients that the future health benefits of physical activity are real and valuable. 	<ul style="list-style-type: none"> • Reinforce that physical activity is the social norm; identify specific elements of the plan that are commonly undertaken by others.

5A COMPONENT^b**PRESENT TIME BIAS^c****STATUS QUO BIAS^e****Assist**

Provide pertinent strategies to overcome impediments to meeting physical activity goals.

- Encourage the use of precommitment contracts (eg, predepositing money), and binding “contracts” with family/friends or personal trainer to engage in physical activity regularly.[d](#)

- Suggest using temptation bundling: combine “want” behaviors (eg, TV viewing on iPad) with “should” behaviors (eg, walking on treadmill).

- Suggest the use of pedometers or other monitoring device (eg, Fitbit) and set to a specific goal (eg, 10,000 steps a d); this provides tangible feedback that may buffer the immediate gratification of “want” behaviors.

- Actively enroll patients in an activity of their choice (eg, walking club); this will reduce the “costs,” eg, costs for the patient associated with registration.

- Inquire about your patient's daily routine and help them identify common opportunities for increased activity as the default option, such as worksite wellness programs, stair usage, the use of sit-stand workstations, and joining a physical activity program (eg, “Walk with a Doc”).

- Encourage lifestyle changes for the whole family; this will change the social norms and set the default as an active lifestyle.

- Set activity monitors to meet a goal, such as setting prompts on the Fitbit for standing up and moving about every 30 min during a day at the office. This will facilitate changing the status quo from sedentary to more active.

Arrange

Arrange follow-up visits and reminders.

- Arrange follow-up meetings pertaining to meeting physical activity goals before patients leave

- Establish that physical activity should be the status quo, and maintain this “theme” throughout all follow-up visits.

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	<p>the clinic; this will precommit patients to come back.</p> <ul style="list-style-type: none"> • Draw salient connections between patients' behavioral changes and health outcomes (eg, weight maintenance) during the follow-up meetings. 	<ul style="list-style-type: none"> • Arrange to have reminders sent to patients to engage in activities with others that are physically active to reinforce that physical activity is the status quo.

^aThe 5As (assess, advise, agree, assist, arrange) is a framework used to provide physical activity counseling. ^bBased on Estabrooks PA, Glasgow RE, Dziewaltowski DA. Physical activity promotion through primary care. JAMA. 2003;289:2913-2916.²¹ ^cIndividuals deviating from their time-consistent plan are regarded as having present time bias, with self-control problems arising from temptations that result in immediate, gratifying behavior. Status quo bias is a decision error in which individuals tend to take the "path of least resistance"; that is, they are often unable to make decisions that deviate from what is the default option.

^dPrecommitment contracts (or devices) consist of self-imposed, present day costs or restrictions that are aimed at increasing one's welfare in the future