Societal trends in occupation, transportation, household management, and non-physical leisure activity (e.g. increased television viewing and computer games) have contributed to physical inactivity worldwide. In Singapore, this trend is evident as well. In this issue of the Singapore Medical Journal, Teh and Ong describe the physical activity patterns in Singaporeans\(^1\). Their survey shows that between 1997 and 2001, the amount of time Singaporeans spent on physical activities fell by 31\%. Work-based physical activity fell 72\% from 200 minutes per week to 56 minutes, as work became more sedentary in nature, and the amount of time Singaporean women spent on housework fell by more than one-half. Unfortunately, this fall in work-based physical activity and housework was only partially offset by a slight increase in non-discretionary activities such as walking and stair climbing. There was no significant difference in the time spent on sports between 1997 and 2001.

This decrease in physical activity level is taking place despite an ever-increasing body of evidence to support the health benefits of physical activity and exercise\(^2\). Exercise prevents heart disease, stroke, type 2 diabetes, obesity, gallstones, and as many as 12 types of cancer. It builds stronger bones, reduces resting blood pressure, improves plasma lipid levels, and improves strength, endurance, flexibility and agility. There are also the postulated benefits of decreased anxiety and depression, and enhanced feelings of well-being. Moreover, physical activity is beneficial to those who have existing "lifestyle diseases", as exemplified by patients with acute myocardial infarct who undergo cardiac rehabilitation exercises as a component of secondary prevention.

To reverse the decline in physical activity level is taking place despite an ever-increasing body of evidence to support the health benefits of physical activity and exercise\(^2\). Exercise prevents heart disease, stroke, type 2 diabetes, obesity, gallstones, and as many as 12 types of cancer. It builds stronger bones, reduces resting blood pressure, improves plasma lipid levels, and improves strength, endurance, flexibility and agility. There are also the postulated benefits of decreased anxiety and depression, and enhanced feelings of well-being. Moreover, physical activity is beneficial to those who have existing "lifestyle diseases", as exemplified by patients with acute myocardial infarct who undergo cardiac rehabilitation exercises as a component of secondary prevention.

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With the limited contact time in the clinic setting, it is not easy for doctors to encourage their patients to exercise. To motivate, set tangible exercise targets, encourage self-monitoring, and facilitate compliance to exercise recommendations, a tool that is useful to both doctor and patient is the pedometer\(^9\). Also known as a stepometer, this is an affordable (S$15-50), unobtrusive instrument worn like a pager. It detects movement throughout the day. Some come with a calorie counter, FM radio or even a heart rate monitor. The first commercial pedometer originated in Japan in 1965. It has since been a popular tool in various national physical activity initiatives such as the “10,000 Steps Rockhampton Project” in Australia, the “First Step Program” in Canada, and the “Colorado on the Move” campaign and “Step It Up Week” programme in the United States of America. In Singapore, the “Step With It, Singapore!” programme was launched in primary schools in 2003 and adapted for workplace health promotion in 2004. At this year’s National Healthy Lifestyle Day, 12,500 pedometers were distributed to participants.

Though user-friendly, the use of pedometers will be limited unless accompanied by appropriate guidelines and targets. As a baseline, individuals who record <5000 steps per day may be classified as “sedentary”, 5,000-7,499 steps/day as “low active”, 7,500-9,999 steps/day as “somewhat active”, >10,000 steps/day as “active”, and >12,500 steps/day as “highly active”\(^9\). The magic target that is appropriate for the majority of the public seems to be 10,000 steps per day\(^9\). The Japanese named the pedometer “manpo-kei”, which literally translated means “ten thousand steps meter.” This level of activity works out to an energy expenditure of 300-400 kcal/day (depending on walking speed and body mass) and more than meets the amount of physical activity recommended by the U.S. Surgeon General. Studies have shown that accumulating an average of 10,000 steps per day was associated with reduced body fat\(^{10}\), lower blood pressure\(^{11}\), and improved glucose tolerance\(^{12}\).

While a fixed target of 10,000 steps per day is easy to remember and provides a concrete goal, it is probably not sustainable for the elderly and those with chronic diseases. This target is also too low for children. Wang et al. (unpublished data) reported in 2003 that Singaporean primary school children were already averaging a baseline (pre-intervention) count of 9,169 steps per day. Hence, for certain sub-populations such as the elderly, children, and those with medical problems, doctors could instead set an incremental target of approximately 2,500 steps or more above the baseline\(^9\). Limitations of the pedometer include the inability to quantify exercise intensity, and poor sensitivity to non-impact activities such as swimming, cycling and resistance training. Despite these, pedometers have nevertheless been an invaluable adjunct to the promotion of physical activity.

In summary, physical activity will continue to gain further prominence in disease prevention, disease management, and public health. Exercise prescription will become even more refined and complex. As a result, doctors will need to be more involved in exercise prescription and the promotion of physical activity. We need to aim at providing holistic care for their patients.\(^{13}\)

REFERENCES


Physical activity and exercise can have immediate and long-term health benefits. Most importantly, regular activity can improve your quality of life. A minimum of 30 minutes a day can allow you to enjoy these benefits. Benefits of regular physical activity. If you are regularly physically active, you may To maintain health and reduce your risk of health problems, health professionals and researchers recommend a minimum of 30 minutes of moderate-intensity physical activity on most, preferably all, days. Physical activity guidelines. Australiaâ€™s physical activity and sedentary behaviour guidelines. state that: Doing any physical activity is better than doing none. If you currently do no physical activity, start by doing some, and gradually build up to the recommended amount. Risk stratify patients before recommending a return to physical activity in people who have had covid-19. Patients with ongoing symptoms or who had severe covid-19 or a history suggestive of cardiac involvement need further clinical assessment. Only return to exercise after at least seven days free of symptoms, and begin with at least two weeks of minimal exertion. Physical inactivity levels are rising in many countries with major implications for the prevalence of noncommunicable diseases (NCDs) and the general health of the population worldwide. The focus of the Global recommendations on physical activity for health is primary prevention of NCDs through physical activity at population level, and the primary target audience for these recommendations are policy-makers at national level. The recommendations set out in this document address three age groups: 5â€“17 years old; 18â€“64 years old; and 65 years old and above. A section focusing on each age group.i Regular physical activity is one of the most important things people can do to improve their health. Moving more and sitting less have tremendous benefits for everyone, regardless of age, sex, race, ethnicity, or current fitness level. The second edition of the Physical Activity Guidelines for Americansexternal icon provides science-based guidance to help people ages 3 years and older improve their health through participation in regular physical activity. Download this page pdf icon [PDF-432KB]. Preschool-Aged Children (3-5 years). *Aim for the recommended activity level but be as active as one is able. Source: Physical Activity Guidelines for Americans, 2nd editionpdf iconexternal icon [PDF-14.4MB]. Available at https://health.gov/paguidelines/second-editionexternal icon. Furthermore, the recommendations for physical activity promotion differen-tiate between settings, e.g. kindergarten, school, workplace or the home, to support the following process of dissemination. Alfred Rütten & Klaus Pfeifer (Eds.) Â German University Sports Federation BAG Umbrella Organization of Patient Organizations Association of the German Sporting Goods Industry Federal Association for Prevention and Health Promotion. Federal Centre for Health Education German Federation of Sportsmedicine and Prevention.Â Recommendations for physical activity relate to the nature, duration, intensity and volume of physical activity, with newer recommendations also taking into account the avoidance of sedentary behavior.