

The LESS Initiative Tutorial

Origin of the LESS Initiative

In October, 1997, SETMA attended the Medical Group Management Association meeting to preview electronic-health-record (EHR) solutions. In March, 1998, SETMA signed a contract with NextGen to purchase their EHR and their EPM (enterprise practice management system). We deployed the EPM side of the system in August, 1998 and the EHR on January 26, 1999. By Friday, January 29th, we documented every patient encounter in the EHR. In May, 1999, three seminal events transformed SETMA's healthcare vision and delivery.

The first event led to the LESS. We concluded that EHR was too hard and too expensive if all we gained was the ability to document an encounter electronically. EHR was only "worth it," if we leveraged electronics to improve care for each patient; to eliminate errors which were dangerous to the health of our patients; and, if we could develop electronic functionalities for improving the health and the care of our patients. We also recognized that healthcare costs were out of control and that EHR could help decrease that cost while improving care. Therefore, we began designing disease-management and population-health tools, which included "follow-up documents," allowing SETMA providers to summarize patients' healthcare goals with personalized steps of action through which to meet those goals. We transformed our vision from how many x-rays and lab tests were done and how many patients were seen, to measurable standards of excellence of care and to actions for the reducing of the cost of care. We learned that excellence and expensive are not synonyms.

After developing several disease management tools, we realized that in the plan of care for each, we identified three life-style changes which we wanted everyone to make. One of them was to stop smoking. Whether it was for diabetes, cholesterol, hypertension or others, it was critical that our patients decrease the inflammatory burden on their cardiovascular systems by avoiding primary, secondary and now tertiary tobacco products. We want patients to decrease their risk by losing weight and to increase their cardiovascular health with routine, regular aerobic exercise, strengthening and stretching exercise.

To address these issues with one patient is not problem, but how to do it with 400+ patients a day and how to know that you are doing it, is a different matter. As a result we designed the LESS Initiative (Lose weight, exercise, stop smoking). The program included a diabetes risk assessment, a diabetes screening assessment and a hypertension prevention program.

This tutorial explains the LESS and other tutorials explain the Diabetes and Hypertension Prevention programs. Those can be found on the web site under Prevention Tools, also.

The premiere primary preventive health initiative of SETMA is the LESS Initiative. LESS is an acronym for: lose weight, exercise, and stop smoking. Included in the LESS Initiative are diabetes prevention, hypertension prevention and insulin resistance risk analyses. The following procedure is the proper way to complete the LESS Initiative.

The LESS Initiative contains the following templates, pop-ups and links:

1. At the top of the AAA Home Template there are three hyperlinks:
 - a. The LESS Initiative hyperlink launches the LessInitiative.
 - b. The Diabetes Prevention hyperlink launches an analysis of diabetes screening with eight pop-ups which will be explained below
 - c. Hypertension Prevention hyperlink

2. Completed properly and explained to the patient properly, the LESS Initiative is an effective tool in SETMA's commitment to excellent in the care of our patients.

SOUTHEAST TEXAS MEDICAL ASSOCIATES, P.L.L.C.

Patient: Jonny ZTest Sex: M Age: 46 Patient's Code Status: Full Code
 Home Phone: (409)833-9797 Date of Birth: 06/30/1965
 Work Phone: (409)833-9797

Reportable Conditions **Pre-Vist/Preventive Screening** **Bridges to Excellence View**

Preventive Care	Template Suites	Disease Management	Last Updated	Special Functions
SETMA's LESS Initiative I Last Updated: 12/05/2011	Master GP I	Diabetes I	11/08/2011	Lab Present
Preventing Diabetes I Last Updated: 07/07/2011	Pediatrics	Hypertension I	11/08/2011	Lab Future I
Preventing Hypertension I	Nursing Home I	Lipids I	11/08/2011	Lab Results I
Smoking Cessation I	Ophthalmology	Acute Coronary Syn I	//	Hydration I
Care Coordination Referral	Physical Therapy	Angina I	12/14/2009	Nutrition I
PC-MH Coordination Review	Podiatry	Asthma	10/07/2010	Guidelines I
Needs Attention!!	Rheumatology	Cardiometabolic Risk Syn I	03/23/2011	Pain Management I
HEDIS NQF PQRS	Hospital Care	CHF I	08/19/2010	Immunizations
Elderly Medication Summary	Hospital Care Summary I	Diabetes Education	//	Information
Exercise	Daily Progress Note	Headaches	11/08/2011	Charge Posting Tutorial
Exercise I	Admission Orders I	Renal Failure	08/04/2011	Drug Interactions I
CHF Exercise I		Weight Management I	//	E&M Coding Recommendations
Diabetic Exercise I				Insulin Infusion

Pending Referrals I

Status	Priority	Referral	Referring Provider
Completed	Immediate	SETMA Infectious Disease	Ahmed
Completed	Routine	PFT	Holly
Completed	Stat	Adenosine Cardioliite	
Completed	Routine	SETMA Cardiology	Abdullah
Completed	Immediate	SETMA	Sims

Chart Note

- Return Info
- Return Doc
- Email
- Telephone
- Records Request
- Transfer of Care Doc

Patient's Pharmacy: Bruce's Pharmacy
 Phone: (409)962-4431
 Fax: (409)962-0723

Rx Sheet - Active
 Rx Sheet - New
 Rx Sheet - Complete
 Home Health

Last Updated 12/05/2011

SETMA's LESS Initiative

10-15 pounds of excess weight places a person at a higher risk for developing diabetes, but 10-15% decrease in weight, even if a person is obese, decreases that risk significantly. The bad news is that more people are at greater risk of developing diabetes than think they are, but the good news is that a person can help decrease their risk without attaining their ideal body weight.

You are pounds overweight which places you at a higher risk for developing Diabetes.

If you lose to pounds, you will significantly reduce your risk of developing Diabetes.

[Limitations](#) [Weight Management](#) [Exercise](#) [CHF Exercise](#) [Diabetic Exercise](#) [Smoking Cessation](#)
[Which Exercise Prescription?](#)

Elements of Preventing Diabetes

1. Family History

- Family History of Type II Diabetes? Yes No
- Family History of Hypertension? Yes No
- Family History of Hyperlipidemia? Yes No

2. Is the patient overweight or obese? Yes No

- BMI Body Fat %
- Is the adiposity in the abdominal area, as indicated by the waist circumference? Yes No
(Males > 38" or Females > 35")
- inches

3. Did the patient have a low birth weight? Yes No

- (< 5 lbs 5 oz)
- lbs oz

4. Is the patient's BP elevated? Yes No

(> 130/80 mmHg)

/ mmHg

5. Are the patient's lipids abnormal? Yes No

HDL

Triglycerides

Cholesterol

6. Non-Caucasian Ethnicity? Yes No

Based on your age, body composition indicators (BMI or body fat), and the risk factors listed above you have a risk of developing diabetes. You must lose weight, exercise, stop smoking and/or avoid inhaling other people's smoke, and you need to maintain your weight loss through continuing to exercise. We will continue to monitor your blood pressure, blood sugar and lipids on a regular basis.

- We will provide you with follow-up counseling to help you stay on track towards health lifestyles.
- We will monitor you annually for the development of diabetes.

Information

- [Preventing Diabetes](#)
- [Pre-diabetes](#)
- [SETMA's LESS Program](#)
- [Diabetic Risk Factors](#)

LESS Initiative Template

1. When the LESS Initiative hyperlink is single clicked, if the patient's vital signs have not been completed (particularly blood pressure and pulse), a pop-up will appear which states, "The patient's vital signs must be completed before proceeding to the LESS template."



You will automatically be taken to the Vital Signs template.



Once the vital signs have been completed including the patient's:

- Blood pressure
- Pulse
- Respiratory rate
- height,
- weight,
- percent body fat,
- abdomen
- waist,
- hips and
- chest
- BMR
- pulse oximeter (if indicated)
- Glucose (if indicated)
- Tidal volume (if indicated)

you are ready to complete the LESS Initiative by single clicking the return button on the vital signs template and then single click the "LESS Initiative" hyperlink again (note: at this point a pop up will appear reminding you to ask the patient about their tobacco use)

PDM **HPI** ROSE HISTORIES HEALTH QUIZES HPI ROS P.E. X-RAY ASSESS PLAN PROCS

Vital Signs Vitals/Time Red = Required Field

Temperature °F °C

Pulse Regular Irregular

Resp Rate/Min Shallow Retracting

Weight lb kg

Height in //

BMI

Body Fat % //

BMR cal/day

Protein Req grams/day

Pulse Oximetry % Room Air Oxygen

Glucose Level

Last Menstrual Period //

Year of Menopause

Last Tetanus //

Carotid Intima Media Thickening (CMT)
Left mm Right mm

Nursing Notes

Blood Pressure Pulse Pressure

Trial 1 / mmHg

Trial 2 / mmHg

Trial 3 / mmHg

Check if unable to measure blood pressure.

Mid-Arm Circumference // Cuff Used Today

Recommended Cuff Size Adult Standard Adult Large Adult Thigh Cuff

Orthostatics Pulse

Lying / mmHg

Sitting / mmHg

Standing / mmHg

Visual Acuity With Glasses No Glasses

20 / OS 20 /

20 / OD 20 /

20 / OU 20 /

Peak Flow

Trial 1 Predicted Avg

Trial 2 If <60% institute therapy.

Trial 3 Percentage

Proportion Cardiovascular Risk Ratio

Waist Abdomen

Hips Chest //

Ratio Neck

Return

- remember, all but the patient's weight, blood pressure and pulse are in demographic fields, which means that once they are done, they will copy forward in subsequent visits and only need to be repeated if the patient loses or gains a significant amount of weight, or gains or loses height. Of course, the glucose, pulse oximeter, and tidal volume values are not carried forward to subsequent visits either.

2. If the patient has had the LESS Initiative completed within the past two months, a pop-up will appear which will indicate that the patient has had this material given to them in that time frame and it is not necessary to do it again at this time. It is permissible and perhaps ideal to give it to the patient again, but it is not required.



3. The LESS Initiative template is divided into four parts:

- a. At the top is a statement about the contribution which excess weight makes to diabetes risk and the benefit of weight loss to the decreasing of that risk. When the Weight Management Assessment is access (see below), numbers will be added to the blank spaces indicating how much overweight the patient is and how much weight they need to lose in order to reduce their risk of developing diabetes.

SETMA's LESS Initiative

10-15 pounds of excess weight places a person at a higher risk for developing diabetes, but 10-15% decrease in weight, even if a person is obese, decreases that risk significantly. The bad news is that more people are at greater risk of developing diabetes than think they are, but the good news is that a person can help decrease their risk without attaining their ideal body weight.

You are pounds overweight which places you at a higher risk for developing Diabetes.

**** Proceed to the weight management templates and complete the assessment to calculate the excess body weight. ****

If you lose to pounds, you will significantly reduce your risk of developing Diabetes.

[Limitations](#) [Weight Management](#) [Exercise](#) [CHF Exercise](#) [Diabetic Exercise](#) [Smoking Cessation](#)

Elements of Preventing Diabetes

1. Family History

Family History of Type II Diabetes? Yes No

Family History of Hypertension? Yes No

Family History of Hyperlipidemia? Yes No

2. Is the patient overweight or obese? Yes No

27.22 BMI Body Fat %

Is the adiposity in the abdominal area, as indicated by the waist circumference? Yes No

(Males > 38" or Females > 35")

inches

3. Did the patient have a low birth weight? Yes No

(< 5 lbs 5 oz)

lbs oz

4. Is the patient's BP elevated? (> 130/90 mmHg) Yes No

120 / 75 mmHg

5. Are the patient's lipids abnormal? Yes No

HDL

Triglycerides

Cholesterol

6. Non-Caucasian Ethnicity? Yes No

We will provide you with follow-up counseling to help you stay on track towards health lifestyles.

We will monitor you annually for the development of diabetes.

- b. The second part of the LESS template contains six hyperlinks:
 1. Limitations - this hyperlink launches a pop-up which allows for the notation that the patient either "refused to be weighed" or "could not be weighed."
 2. Weight Management - this launches the Weight Management Assessment template
 3. Exercise - this launches the Exercise template
 4. CHF Exercise - this launches the CHF Exercise template
 5. Diabetes Exercise - this launches the Diabetes Exercise template
 6. Smoking Cessation - this launches the Smoking Cessation template.

7. Details of these six hyperlinks will be given below.

Last Updated //

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[Limitations](#) [Weight Management](#) [Exercise](#) [CHF Exercise](#) [Diabetic Exercise](#) [Smoking Cessation](#)

Elements of Preventing Diabetes

Which Exercise Prescription?

Information
[Preventing Diabetes](#)
[Pre-diabetes](#)
[SETMA's LESS Program](#)
[Diabetic Risk Factors](#)

1. Family History

Family History of Type II Diabetes? Yes No

Family History of Hypertension? Yes No

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120 / 75 mmHg

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HDL

Triglycerides

Cholesterol

6. Non-Caucasian Ethnicity? Yes No

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c. The third part of the LESS template contains the risk factors for the development of diabetes. There are six for males and seven for females. These are automatically noted. Under the following circumstances;

Last Updated //

SETMA's LESS Initiative

10-15 pounds of excess weight places a person at a higher risk for developing diabetes, but 10-15% decrease in weight, even if a person is obese, decreases that risk significantly. The bad news is that more people are at greater risk of developing diabetes than think they are, but the good news is that a person can help decrease their risk without attaining their ideal body weight.

You are [] pounds overweight which places you at a higher risk for developing Diabetes.

**** Proceed to the weight management templates and complete the assessment to calculate the excess body weight. ****

If you lose [] to [] pounds, you will significantly reduce your risk of developing Diabetes.

[Home](#)
[Document](#)

Information
[Preventing Diabetes](#)
[Pre-diabetes](#)
[SETMA's LESS Program](#)
[Diabetic Risk Factors](#)

[Limitations](#) [Weight Management](#) [Exercise](#) [CHF Exercise](#) [Diabetic Exercise](#) [Smoking Cessation](#)
[Which Exercise Prescription?](#)

Elements of Preventing Diabetes

1. Family History

Family History of Type II Diabetes? Yes No

Family History of Hypertension? Yes No

Family History of Hyperlipidemia? Yes No

2. Is the patient overweight or obese? Yes No

[27.22] BMI [] Body Fat %

Is the adiposity in the abdominal area, as indicated by the waist circumference? Yes No
(Males > 38" or Females > 35")

[] inches

3. Did the patient have a low birth weight? Yes No
(< 5 lbs 5 oz)

[] lbs [] oz

4. Is the patient's BP elevated? Yes No
(> 130/80 mmHg)

[120] / [75] mmHg

5. Are the patient's lipids abnormal? Yes No

HDL []

Triglycerides []

Cholesterol []

6. Non-Caucasian Ethnicity? Yes No

[]

[Calculate Conclusion](#)

We will provide you with follow-up counseling to help you stay on track towards health lifestyles.
 We will monitor you annually for the development of diabetes.

On the History Template, there is an "Ext Fam Hx" (Extended family history) button at the bottom of the template. On this template, there are check boxes for noting whether the patient has a family history of Diabetes II, Other Endocrine disorders, Hypertension, Lipid abnormalities.

PDM NURSE HISTORIES HEALTH QUIZES HPI ROS P.E. X-RAY ASSESS PLAN PROC

Reviewed pt's history today

Source
 Patient Family member Caregiver

Habits
 Tobacco Alcohol Drugs Caffeine Exercises regularly Toxic Substances

Habit Details
 Living Arrange/Assist Devices

Social
 Ethnicity: _____ Occupation: _____
 Sexuality: _____ Marital Status: _____

Family
 Adopted Unknown

Social History Past History _____ Family History Cardiac History _____ Comments _____

Child

Hospital

Surgical

Previous Illness

Return
 Nursing
 Health
 Questionnaires
 HPI Chief
 System Review
 Physical Exam
 Radiology
 Assessment
 Plan
 Procedures

If this function has been completed, it will automatically populate this section of the LESS Initiative. We do not capture the information for questions number three (birth weight), or number seven (gestational diabetes, only for females obviously), therefore these two pieces of information need to be added. These two data points are in demographic fields so if they are added, in that they never change, they will always copy forward.

- d. The fourth part of the LESS template is the Calculate Conclusion button, which analyzes all of the information above and determines whether the patient has a high or a low risk of developing diabetes. In order for this to be completed it is necessary to click on the Calculate Conclusion button.

Last Updated //

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You are [] pounds overweight which places you at a higher risk for developing Diabetes.

**** Proceed to the weight management templates and complete the assessment to calculate the excess body weight. ****

If you lose [] to [] pounds, you will significantly reduce your risk of developing Diabetes.

[Limitations](#) [Weight Management](#) [Exercise](#) [CHF Exercise](#) [Diabetic Exercise](#) [Smoking Cessation](#)

Elements of Preventing Diabetes

1. Family History

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[27.22] BMI [] Body Fat %

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(Males > 38" or Females > 35")

[] inches

3. Did the patient have a low birth weight? Yes No

(< 5 lbs 5 oz)

[] lbs [] oz

4. Is the patient's BP elevated? Yes No

(> 130/80 mmHg)

[120] / [75] mmHg

5. Are the patient's lipids abnormal? Yes No

HDL []

Triglycerides []

Cholesterol []

6. Non-Caucasian Ethnicity? Yes No

[]

[]

We will provide you with follow-up counseling to help you stay on track towards health lifestyles.

We will monitor you annually for the development of diabetes.

Information

[Preventing Diabetes](#)

[Pre-diabetes](#)

[SETMA's LESS Program](#)

[Diabetic Risk Factors](#)

Successfully completing the LESS Initiative: The Six hyperlinks on the second part of the template.

1. Limitations hyperlink is the first hyperlink which is explained above. If an option is checked, it excuses the completion of the weight management part of the LESS, but the Exercise and the Smoking Cessation should be completed.

Last Updated //

SETMA's LESS Initiative

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You are [] pounds overweight which places you at a higher risk for developing Diabetes.

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If you lose [] to [] pounds, you will significantly reduce your risk of developing Diabetes.

[Limitations](#) [Weight Management](#) [Exercise](#) [CHF Exercise](#) [Diabetic Exercise](#) [Smoking Cessation](#)

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3. Did the patient have a low birth weight? Yes No

(< 5 lbs 5 oz)

[] lbs [] oz

4. Is the patient's BP elevated? Yes No

(> 130/80 mmHg)

[120] / [75] mmHg

5. Are the patient's lipids abnormal? Yes No

HDL []

Triglycerides []

Cholesterol []

6. Non-Caucasian Ethnicity? Yes No

[]

We will provide you with follow-up counseling to help you stay on track towards health lifestyles.

We will monitor you annually for the development of diabetes.

Information

[Preventing Diabetes](#)

[Pre-diabetes](#)

[SETMA's LESS Program](#)

[Diabetic Risk Factors](#)

- Weight Management hyperlink is the second hyperlink, which accesses the Weight Management templates. In order to properly complete this part of the LESS, the three "calculate" buttons in the third column must be checked. Then click return, which will take you back to the LESS Template.

Weight Management

Risk Factors

Patient: Jon ZZZZZZOwe
 Age: 3 Sex: M

Cardiovascular

- Hypertension
- Congestive Heart Failure
- Cor pulmonale
- Varicose Veins
- Pulmonary Embolism
- Coronary Artery Disease

Endocrine

- [Metabolic Syndrome](#)
- Type II Diabetes
- Dyslipidemia

Gastrointestinal

- Gastroesophageal Reflux Disease (GERD)
- Non-Alcoholic Fatty Liver
- Cholelithiasis
- Hernias
- Colon Cancer

Genitourinary

- Urinary Stress Incontinence
- Obesity-Related Glomerulopathy
- Hypogonadism (male)

Integumentary

- Striae Distensae (Stretch Marks)
- Status Pigmentation of Legs
- Lymphedema
- Cellulitis
- Intertrigo, Carbuncles
- Acanthosis Nigricans, Skin Tags

Musculoskeletal

- Hyperuricemia and Gout
- Immobility
- Osteoarthritis (Knees, Hips)
- Low Back Pain

Neurologic

- Stroke
- Idiopathic Intracranial Hypertension
- [Meralgia Paresthetica](#)

Psychological

- Depression/Low Self Esteem
- Body Image Disturbance
- Social Stigmatization

Respiratory

- Dyspnea
- Obstructive Sleep Apnea
- Hypoventilation Syndrome
- Pickwickian Syndrome
- Asthma

Height: 72.00 in
 Weight: 200.00 lbs
 Waist: in
 Hips: in
 Neck: in
 Blood Pressure: 120 / 75
[Risk Ratio](#)
[Body Fat](#) %
 Protein Req: 109 g/day
[BMR](#) cal/day
[BMI](#) 27.22
Overweight

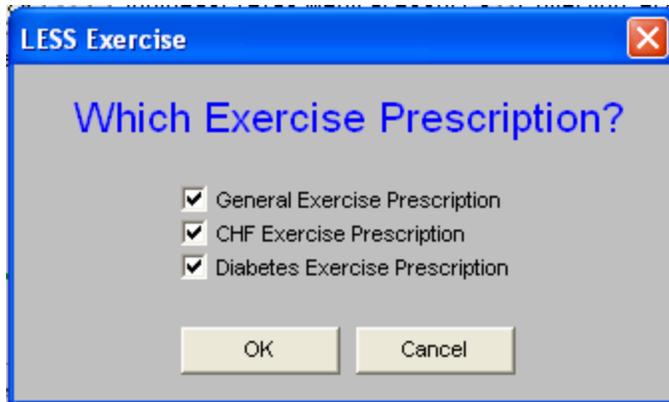
Disease Risk Level
 Assessment
 Treatment

Navigation

Information (Auto-Print)

-
-
-
-
-
-
-

3. Exercise hyperlink is next.
 - a. Note: It is necessary and appropriate only to complete one form of exercise prescription, not all three.
 - b. If you complete the standard Exercise prescription which is this one, do not complete the other two.
 - c. If the patient has CHF or physical limitations, complete only the CHF Exercise prescription.
 - d. If the patient has diabetes, complete only the diabetes exercise prescription.
 - e. If you inadvertently complete more than one Exercise prescription, in order to make sure that only one of them prints, click the hyperlink entitled "Which Exercise Prescription?," which is just below the Exercise/CHF Exercise hyperlinks and only the one you check in the pop-up will print on your LESS Initiative document which you will give to the patient.



To properly complete the Exercise Prescription, click on Exercise:

- f. If the patient is currently exercising, complete the type, speed, duration and frequency of their exercise. Then click "calculate."
- g. This will calculate how many aerobic points they are getting each week. The standard is that they should get at least 27 a week for females and 32 for males.
- h. Then click on "running/walking/jogging," then click the calculate button. This will place on the exercise prescription a minimal goal for the patient to reach. Then click return which will take you back to the front page.

Red = Required Field **Exercise Assessment**

Current Exercise Activity

Running/Walking/Jogging Calories **Outdoor Cycling** **Swimming**

Distance in Miles Distance in Miles Distance in Yards

Minutes Exercised Minutes Exercised Minutes Exercised

Times per Week Aerobic Units Aerobic Units

Units per Session

Units per Week Superior

Tennis **Rowing** **Golf**

Singles Doubles Rate of 20 strokes per minute Walking and Carrying Bag

Minutes Exercised Minutes Exercised Holes Played

Aerobic Units Aerobic Units Aerobic Units

Exercise Prescription

Running/Walking/Jogging Distance in Miles Units per Session

Outdoor Cycling Duration in Minutes Units per Week

Swimming Times per Week Fitness Classification Good

Tennis

Rowing

Target Heart Rate

Resting Heart Rate Target Heart Rate Range

Max Heart Rate to bpm

Heart Rate Reserve

Help Information
(Automatically Prints)

Weekly Recommendations

Fitness Classification	Men	Women
Very Poor	less than 10	less than 8
Poor	10-20	8-15
Fair	21-31	16-26
Good	32-40	27-40
Excellent	51-74	41-64
Superior	75+	65+

4. CHF Exercise hyperlink is next. If you have completed the Exercise prescription and if the patient is not severely limited, then skip this hyperlink. If the patient has serious limitations and/or has CHF, complete this exercise prescription as follows.
 - a. Click on the CHF Exercise hyperlink
 - b. Click on the Exercise Prescription hyperlink which appears on the CHF Exercise template. This creates the CHF exercise prescription document which will appear on the LESS Initiative Document.

CHF and Exercise

Please complete the resting and maximum heart rates below and click the "Exercise Prescription" button.

Information

Resting Heart Rate

Maximum Heart Rate

60-80% Maximum to

5. Diabetes Exercise hyperlink is next. **Once again, if you have completed either the Exercise or the CHF Exercise template do not complete this one.** If the patient is a long-standing diabetic with complications, use this template.
 - a. This is the most complex of all of the Exercise prescriptions. However, even in its complexity, it is relatively easy to use. If you follow the hyperlinks down the left hand side of the template it will guide you.

Diabetes and Exercise

Possible Contraindications to Exercise

Risk Factors for CVD

Age > 35 and...

Type 2 Diabetes > 10 years

Type 1 Diabetes > 15 years

Presence of risk factors for CAD

Hypertension

Obesity

Dyslipidemia

Sedentary lifestyle

Presence of microvascular disease

[Retinopathy](#)

[PAD/PVD](#)

[Peripheral Neuropathy](#)

[Autonomic Neuropathy](#)

[Nephropathy](#)

Conclusion Recommendation

[Cardio Evaluation](#) [Cardio Physical Exam](#)

The following should be performed before recommending an exercise program...

EKG Order This Test

Stress Test

Echocardiogram

Stress echocardiogram

Double-Click To Order Referrals

Referring First	Referring Last	Referral

Return

Print Rx

[Diabetes and Exercise Over](#)
[Elderly Diabetics and Exerc](#)
[Exercise and Type 2 Diabet](#)
[Exercise and Type 1 Diabet](#)

Recommended Exercise Intensity Level

<input type="radio"/> Very Light <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Hard <input type="radio"/> Very Hard <input type="radio"/> Maximal	% Vo2 Max <input type="text"/>	% Maximum Heart Rate <input type="text"/> to <input type="text"/>	Borg Rating Percieved Exertion <input type="text"/>
	Patient's Max Heart Rate <input type="text"/> bpm		Target Range <input type="text"/> to <input type="text"/> bpm

- b. The first column is entitled "Possible Contraindications to Exercise," under which there are four categories:

Diabetes and Exercise

Possible Contraindications to Exercise

Risk Factors for CVD

Age > 35 and...

Type 2 Diabetes > 10 years

Type 1 Diabetes > 15 years

Presence of risk factors for CAD

Hypertension

Obesity

Dyslipidemia

Sedentary lifestyle

Presence of microvascular disease

[Retinopathy](#)

[PAD/PVD](#)

[Peripheral Neuropathy](#)

[Autonomic Neuropathy](#)

[Nephropathy](#)

Conclusion Recommendation

[Cardio Evaluation](#) [Cardio Physical Exam](#)

The following should be performed before recommending an exercise program...

EKG

Stress Test

Echocardiogram

Stress echocardiogram

Double-Click To Order Referrals

Referring First	Referring Last	Referral

[Diabetes and Exercise Over Elderly Diabetics and Exercise and Type 2 Diabetes and Type 1 Diabetes](#)

Recommended Exercise Intensity Level

Very Light % Vo2 Max % Maximum Heart Rate Borg Rating Perceived Exertion
 Light to
 Moderate
 Hard
 Very Hard Patient's Max Heart Rate Target Range
 Maximal bpm to bpm

1. Risk Factors for Cardiovascular Disease
2. Presence of Risk Factors for CAD
3. Presence of Microvascular Disease – There are five conditions under this heading. They are:
 - a. Retinopathy

Diabetes Exretino [X]

Retinopathy and Exercise

For patients who have proliferative diabetic retinopathy (PDR) that is active, strenuous activity may precipitate vitreous hemorrhage or traction retinal detachment. These individuals should avoid anaerobic exercise and exercise that involves:

- * straining,
- * jarring, or
- * Valsalva-like maneuvers.

On the basis of the Joslin Clinic experience, the degree of diabetic retinopathy has been used to stratify the risk of exercise, and to individually tailor the exercise prescription.

Select the appropriate level of retinopathy below to view recommended and non-recommended activities.

<p><input type="radio"/> No DR</p> <p><input type="radio"/> Mild NPDR</p> <p><input type="radio"/> Moderate NPDR</p> <p><input type="radio"/> Severe NPDR</p> <p><input type="radio"/> PDR</p>	<p>Acceptable Activities</p> <div style="border: 1px solid black; height: 100px; width: 150px; margin: 0 auto;"></div>	<p>Discouraged Activities</p> <div style="border: 1px solid black; height: 100px; width: 150px; margin: 0 auto;"></div>	<p>Ocular Re-evaluation</p> <div style="border: 1px solid black; height: 100px; width: 150px; margin: 0 auto;"></div>
<p><input type="button" value="OK"/> <input type="button" value="Cancel"/></p>			

b. PAD/PVD



PAD/PVD and Exercise

Evaluation of peripheral arterial disease (PAD) is based signs and symptoms, including...

- intermittent claudication
- coldness of the extremities
- decreased or absent pulses [Neurological Exam](#) [Extremity Exam](#)
- atrophy of subcutaneous tissues
- hair loss on extremities

The basic treatment for intermittent claudication is...

- nonsmoking and
- a supervised exercise program

The presence of a dorsalis pedis and posterior tibial pulse does not rule out ischemic changes in the forefoot. If there is any question about blood flow to the forefoot and toes on physical examination, toe pressures as well as Doppler pressures at the ankle should be carried out.

OK

Cancel

Pe Neurological X

Neurological Exam

Mental Status

Cognitive Abilities Normal Defer to Psychiatric

Emotional Stability Normal Defer to Psychiatric

Motor Exam

Cranial Nerves

Sensory Function

Coordination Normal

Fine Motor Skills Normal

Sensory Response Normal

Balance & Gait Normal

Romberg + Romberg - Romberg

Superficial and Deep Tendon Reflex

	Right	Left
Reflexes	<input type="checkbox"/> Normal <input type="text"/>	<input type="checkbox"/> Normal <input type="text"/>
Deep Reflexes	<input type="checkbox"/> Normal <input type="text"/>	<input type="checkbox"/> Normal <input type="text"/>
Touch	<input type="checkbox"/> Normal <input type="text"/>	<input type="checkbox"/> Normal <input type="text"/>
Vibratory	<input type="checkbox"/> Normal <input type="text"/>	<input type="checkbox"/> Normal <input type="text"/>

Bicep Absent +1 +2 +3 +4

Tricep Absent +1 +2 +3 +4

Patella Absent +1 +2 +3 +4

Ankle Absent +1 +2 +3 +4

Babinski Sign + -

Kernig's Sign + -

Comments

Pe Neuro Motor X

Motor Exam

Upper Extremities

most Strength least

Left 5/5 4+/5 4/5 4-/5 3/5 2/5 1/5 0/5 Tone

Right 5/5 4+/5 4/5 4-/5 3/5 2/5 1/5 0/5 Tone

Lower Extremities

Left 5/5 4+/5 4/5 4-/5 3/5 2/5 1/5 0/5 Tone

Right 5/5 4+/5 4/5 4-/5 3/5 2/5 1/5 0/5 Tone

Cranial Nerves

1 Olfactory Intact Not Intact

Each nostril smells familiar odors

2 Optic Intact Not Intact

Snellen visual acuity WNL Red/green colour vision unimpaired Rosenbaum near vision WNL Peripheral vision WNL

3 Oculomotor Intact Not Intact

PEARLA bilaterally No eyelid ptosis Extraocular eye movements WNL (LR4/SO6)

4 Trochlear Intact Not Intact

Eye movement upward and downward WNL

5 Trigeminal Intact Not Intact

Corneal reflex brisk bilaterally Facial sensation normal Jaw clench strong Jaw moves against lateral resistance

6 Abducens Intact Not Intact

Eyes move laterally

7 Facial Intact Not Intact

Sweet/sour/bitter/salty anterior tongue intact Eyebrow elevation symmetrical Frown/smile symmetrical Squeezes eyes shut Shows teeth Able to whistle Puffs out cheeks

8 Acoustic Intact Not Intact

Hears whispered voice at 2' distance Hears watch tick at distance similar to the examiner Weber: no lateralization Rinne: air conduction > bone conduction Finger - Nose apposition WNL No postural deviation with feet together

9 Glossopharyngeal Intact Not Intact

Uvula elevates at midline Gag reflex intact Perceives touch to pharyngeal tissue

10 Vagus Intact Not Intact

Speaks without hoarseness or difficulty No swallowing or breathing difficulty

11 Accessory Intact Not Intact

Equal bilateral shrug against resistance Turns head from side to side Opposes resistance against chin

12 Hypoglossal Intact Not Intact

Tongue protrudes at midline No tremors, fasciculations of tongue No atrophy of tongue Pronounces R sound without difficulty

OK

Cancel

Pe Extremity X

Extremity Exam

	Location	Intensity	
		R	L
Pulses	dorsalis pedis	<input type="text"/>	<input type="text"/>
	posterior tibial	<input type="text"/>	<input type="text"/>
	femoral	<input type="text"/>	<input type="text"/>
	popliteal	<input type="text"/>	<input type="text"/>

	Location	Lesions	Color	Shape	Distribution	Size(cm)
Skin lesions	<input type="text"/>					
	<input type="text"/>					

None

Xanthomata Tendinous Xanthomata

	Location	Touch	Vibratory	Deep tendon reflexes
Neuro	R	<input type="text"/>	<input type="text"/>	<input type="text"/>
	L	<input type="text"/>	<input type="text"/>	<input type="text"/>

Normal

Comments

c. Peripheral Neuropathy

Peripheral Neuropathy and Exercise

Peripheral Neuropathy

Peripheral neuropathy (PN) may result in loss of protective sensation in the feet. Significant PN is an indication to limit weight-bearing exercise.

- * Repetitive exercise on insensitve feet can ultimately lead to ulceration and fractures.
- * Evaluation of PN can be made by checking the:
 1. deep tendon reflexes
 2. vibratory sense [Neurological Exam](#) [Extremity Exam](#) [Foot Exam](#)
 3. position sense
- * Touch sensation can best be evaluated by using monofilaments.
 1. The inability to detect sensation using the 5.07 (10 g) monofilament is indicative of the loss of protective sensation.

Peripheral Neuropathy Present? Yes No

Exercises for diabetic patients with loss of protective sensation

(select those which you would like to recommend or exclude)

Contraindicated Exercises

- Treadmill
- Prolonged walking
- Jogging
- Step exercises

Recommended Exercises

- Swimming
- Chair exercises
- Bicycling
- Arm exercises
- Rowing
- Non-weight-bearing exercises

Pe Feet X

Foot Exam

Normal

Pulses

	Right	Left
Femoral	<input type="text"/>	<input type="text"/>
Popliteal	<input type="text"/>	<input type="text"/>
Posterior Tibial	<input type="text"/>	<input type="text"/>
Dorsalis Pedis	<input type="text"/>	<input type="text"/>
Peroneal Artery	<input type="text"/>	<input type="text"/>

Doppler Exam

	Right	Left
Posterior Tibial	<input type="text"/>	<input type="text"/>
Dorsalis Pedis	<input type="text"/>	<input type="text"/>
Peroneal Artery	<input type="text"/>	<input type="text"/>

Direction

	Right	Left
Posterior Tibial	<input type="text"/>	<input type="text"/>
Dorsalis Pedis	<input type="text"/>	<input type="text"/>
Peroneal Artery	<input type="text"/>	<input type="text"/>

Cap Refill Immediate Delayed

Digital Hair Present Absent

Dep Rudor Present Absent

Extremity Exam

Monofilament Exam

Risk Assessment

Thick nails

Ingrown nails

Nails too long

Absence of hair

Abnormal shape in left foot

Abnormal shape in right foot

Skin between toes checked

Skin condition of feet

Comments

Click here if you are unable to complete the foot exam due to medical reasons.
(eg. Patient has bilateral amputation, etc.)

OK

Cancel

d. Autonomic Neuropathy

Diabetes Exneuro X

Autonomic Neuropathy and Exercise

Autonomic Neuropathy

The presence of autonomic neuropathy may limit an individual's exercise capacity and increase the risk of an adverse cardiovascular event during exercise. Cardiac autonomic neuropathy (CAN) may be indicated by:

resting tachycardia (> 100 beats per min) Today's Pulse

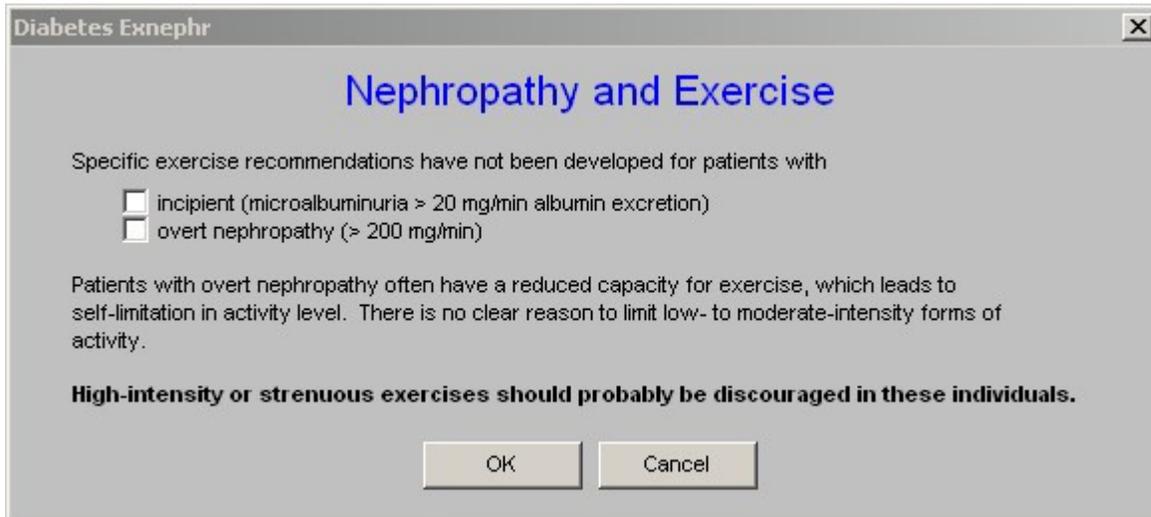
orthostasis (a fall in SBP > 20 mmHg upon standing)

other disturbances in autonomic nervous system function involving the skin, pupils, gastrointestinal, or genitourinary systems

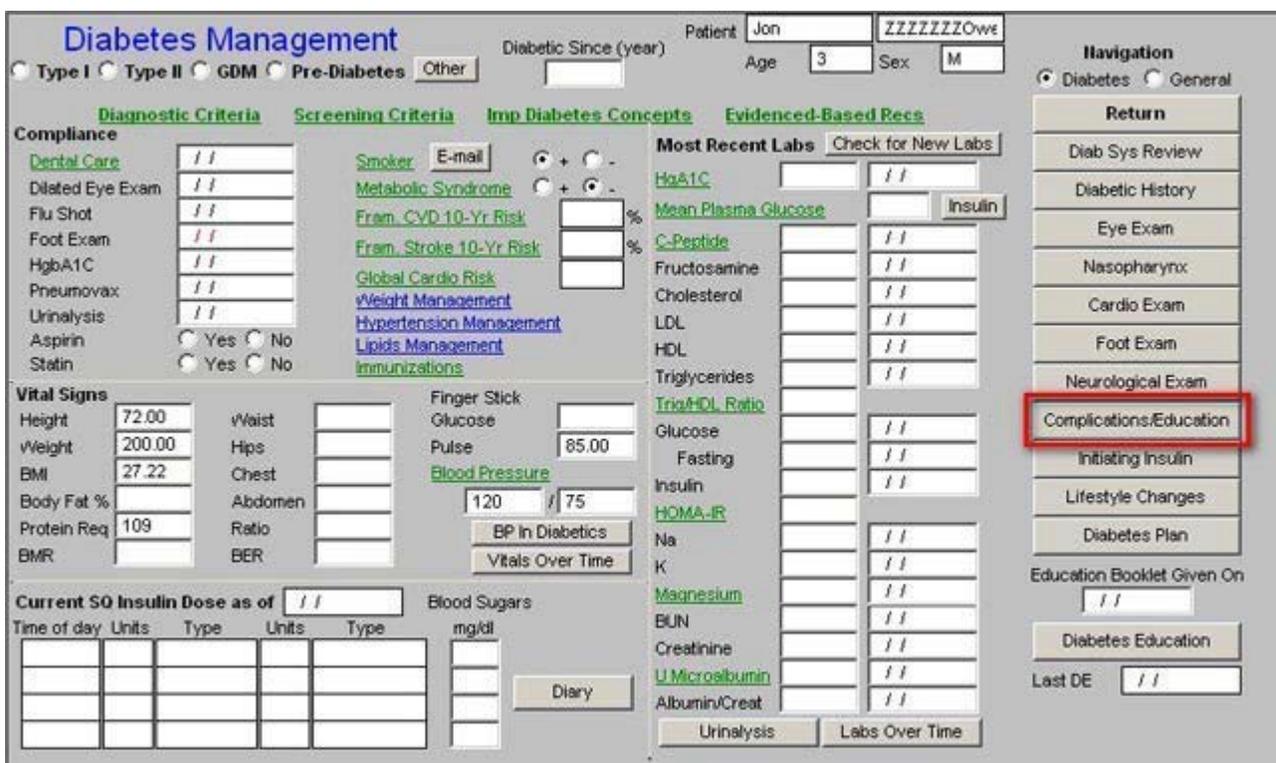
OK

Cancel

e. Nephropathy



On the Diabetes Disease Management Templates, the eighth button down on the right is entitled "Complications/Education."



If the diabetic complications were documented there, they will automatically note which of the five categories of complications are positive in this patient. You will then be able to click on that hyperlink and assess how that particular complication limits the physical activity of this patient.

1. Recommended Exercise Intensity – based on the recommendations from the result of the first three sections of the Diabetes Exercise Templates, you will select an intensity of exercise, which will then add the following to the patient’s exercise prescription:
 - a. %VO2Max
 - b. %Maximum Heart Rate
 - c. Borg Perceived Exertion – the exercise prescription will explain this concept and how to use it.
 - d. Patient’s Maximum Heart Rate
 - e. Target Heart Rate Range

Diabetes and Exercise

Possible Contraindications to Exercise

Risk Factors for CVD

Age > 35 and...

Type 2 Diabetes > 10 years

Type 1 Diabetes > 15 years

Presence of risk factors for CAD

Hypertension

Obesity

Dyslipidemia

Sedentary lifestyle

Presence of microvascular disease

[Retinopathy](#)

[PAD/PVD](#)

[Peripheral Neuropathy](#)

[Autonomic Neuropathy](#)

[Nephropathy](#)

Conclusion Recommendation

[Cardio Evaluation](#) [Cardio Physical Exam](#)

The following should be performed before recommending an exercise program...

EKG

Stress Test

Echocardiogram

Stress echocardiogram

Double-Click To Order Referrals

Referring First	Referring Last	Referral

[Diabetes and Exercise Overview](#)

[Elderly Diabetics and Exercise](#)

[Exercise and Type 2 Diabetes](#)

[Exercise and Type 1 Diabetes](#)

Recommended Exercise Intensity Level

<input type="radio"/> Very Light <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Hard <input type="radio"/> Very Hard <input type="radio"/> Maximal	% Vo2 Max: <input type="text"/>	% Maximum Heart Rate: <input type="text"/> to <input type="text"/>	Borg Rating Perceived Exertion: <input type="text"/>
	Patient's Max Heart Rate: <input type="text"/> bpm		Target Range: <input type="text"/> to <input type="text"/> bpm

2. Then click on the button labeled Print Rx. This will make all of the Diabetes Exercise Prescription material print on the LESS Initiative document.

Diabetes and Exercise

Possible Contraindications to Exercise

Risk Factors for CVD

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[Elderly Diabetics and Exercise](#)

[Exercise and Type 2 Diabetes](#)

[Exercise and Type 1 Diabetes](#)

Recommended Exercise Intensity Level

Very Light % Vo2 Max: % Maximum Heart Rate: to Borg Rating Perceived Exertion:
 Light
 Moderate
 Hard
 Very Hard Patient's Max Heart Rate: bpm Target Range: to bpm
 Maximal

3. There are several other features on the Diabetes Exercise Template, which are:
 - a. Conclusion and Recommendation – often, before a diabetic should exercise, certain testing should be obtained.

Diabetes and Exercise

Possible Contraindications to Exercise

Risk Factors for CVD

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Type 2 Diabetes > 10 years

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[Elderly Diabetics and Exercise](#)

[Exercise and Type 2 Diabetes](#)

[Exercise and Type 1 Diabetes](#)

Recommended Exercise Intensity Level

Very Light % Vo2 Max: % Maximum Heart Rate: to Borg Rating Perceived Exertion:
 Light
 Moderate
 Hard
 Very Hard Patient's Max Heart Rate: bpm Target Range: to bpm
 Maximal

- b. The appropriate tests and/or referrals can be ordered from this template.

Diabetes and Exercise

Possible Contraindications to Exercise

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Stress echocardiogram

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[Elderly Diabetics and Exercise](#)

[Exercise and Type 2 Diabetes](#)

[Exercise and Type 1 Diabetes](#)

Double-Click To Order Referrals

Referring First	Referring Last	Referral

Click in this area to launch the Referrals template

Recommended Exercise Intensity Level

Very Light % Vo2 Max: % Maximum Heart Rate: to Borg Rating Perceived Exertion:
 Light
 Moderate
 Hard
 Very Hard Patient's Max Heart Rate: bpm
 Maximal Target Range: to bpm

Diabetes and Exercise

Possible Contraindications to Exercise

Risk Factors for CVD

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[Peripheral Neuropathy](#)

[Autonomic Neuropathy](#)

[Nephropathy](#)

Conclusion Recommendation

[Cardio Evaluation](#) [Cardio Physical Exam](#)

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Stress echocardiogram

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Recommended Exercise Intensity Level

Very Light % Vo2 Max: % Maximum Heart Rate: to Borg Rating Perceived Exertion:
 Light
 Moderate
 Hard
 Very Hard Patient's Max Heart Rate: bpm
 Maximal Target Range: to bpm

[Click here to learn How to Complete a Referral](#)

- c. Also, there are four documents on this template concerning diabetes and exercise.

Diabetes and Exercise

Possible Contraindications to Exercise

Risk Factors for CVD

Age > 35 and...

Type 2 Diabetes > 10 years

Type 1 Diabetes > 15 years

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[Peripheral Neuropathy](#)

[Autonomic Neuropathy](#)

[Nephropathy](#)

Recommended Exercise Intensity Level

Very Light

Light

Moderate

Hard

Very Hard

Maximal

% Vo2 Max:

% Maximum Heart Rate: to

Borg Rating Perceived Exertion:

Patient's Max Heart Rate: bpm

Target Range: to bpm

Conclusion Recommendation

[Cardio Evaluation](#) [Cardio Physical Exam](#)

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Stress echocardiogram

Double-Click To Order Referrals

Referring First	Referring Last	Referral

[Diabetes and Exercise Overview](#)

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[Exercise and Type 2 Diabetes](#)

[Exercise and Type 1 Diabetes](#)

d. Then click on "Return" to take you back to the LESS Initiative Template.

Smoking Cessation

Red = Required Field

Last Chest X-Ray:

Patient currently smokes? Yes No

Check here if patient has quit!

Pipe? Yes No

Smokeless Tobacco? Yes No

Date stopped smoking?

Packs per day? Years?

Patient exposed to second hand smoke at home or work? Yes No

Has the patient committed to quit? Yes No

On what date did they commit?

What is the goal stop date?

Ask

At every visit, ask all patients about tobacco use, and document their response.

Patients who have never used tobacco or who stopped using it years ago do not need repeated assessments.

Advise

Let patients know, in a clear, strong, and personalized manner, that you urge them to quit.

Men who smoke cut their lives short by 13.2 years
Women smokers lose 14.5 years of life

Assess

Find out whether patients are willing to quit now or at least within the next 30 days.

Assist

Help patients plan to quit by...

setting a date

reviewing past attempts to quit

providing practical counseling

Prescribe pharmacotherapy.

Provide educational materials on smoking cessation.

anticipating challenges such as [nicotine withdrawal symptoms](#)

urging total abstinence

Arrange Follow-Up

Smokers trying to quit are at high risk of relapse, particularly during the first 2 weeks after the quit date. Follow up in person or by telephone during this time.

[Email Ticker File](#) Scheduled Date?

Information

[General Information](#)

[Process of Quitting Smoking](#)

[Second Hand Smoke](#)

4. Smoking Cessation – this is the sixth hyperlink

- a. Every patient must be confronted about whether they smoke and/or whether they are exposed to second hand smoke (also called environmental or side-stream smoke)
- b. The first section of this template involves smoking and environmental smoke.
 1. There are five questions on each of these subjects in two columns.
 2. All questions must be answered.
- c. The second section consists of four steps of action to help the patient make the decision to stop smoking.
 1. Ask
 2. Advise
 3. Assess
 4. Assist
- d. The third section of this template is entitled "Arrange Follow-up"
 1. Function to establish an electronic tickler file is present
 2. Send your unit clerk and yourself an e-mail by clicking on the hyperlink "email tickler file."
 3. Follow the instructions for sending the e-mail and delaying the delivery for one month.

Smoking Cessation Pharmacotherapy

Because tobacco dependence clearly meets all criteria for a drug dependence disorder, the guideline panel concluded that it is inappropriate to reserve pharmacotherapy until patients have tried to quit on their own, because 95% of these unaided quit attempts fail.

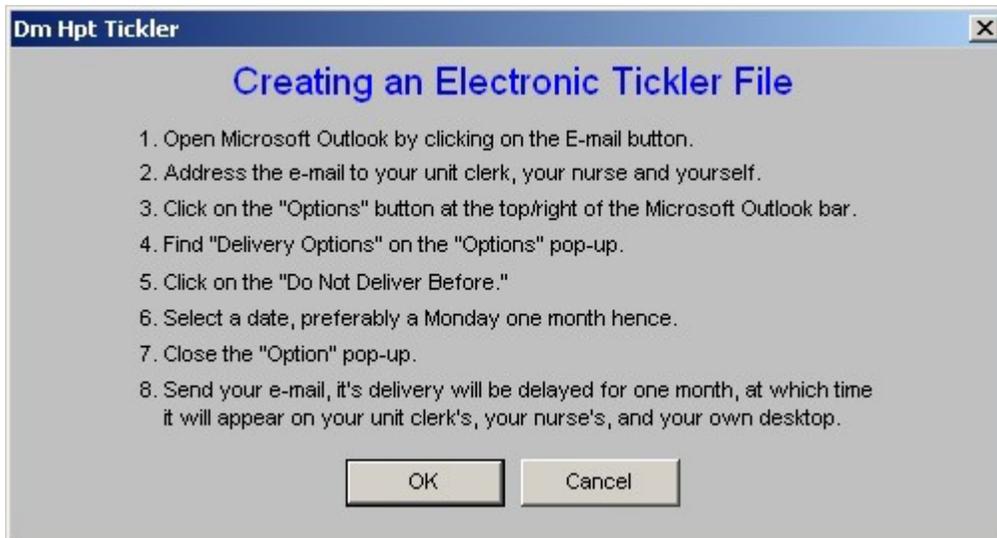
Return

<p>First-Line Pharmacotherapies</p> <p>Bupropion, sustained-release (SR)</p> <p>Nicotine patch</p> <p>Nicotine polacrifex (gum)</p> <p>Nicotine inhaler</p> <p>Nicotine nasal spray</p> <p>Nicotine lozenge</p>	<p>Second-Line Recommended Therapies</p> <p>Although clonidine and nortriptyline can be effective for treating tobacco dependence, they are not FDA approved for this indication and side effects may be greater than with first-line treatments. They should only be considered when first-line therapies have failed or are contraindicated.</p> <p style="text-align: center;"> Clonidine Nortriptyline </p>
--	---

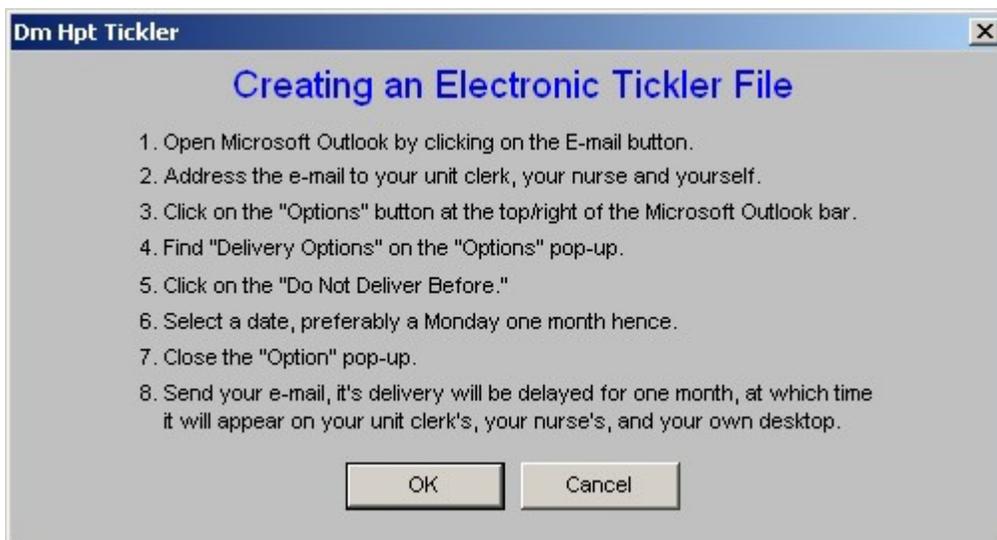
Prescribing Pharmacotherapies

[Avoid Pharmacotherapy](#) [Safety, Weight Gain, Women](#) [Drug Dosing](#)

- e. If the patient requires pharmacological treatment for smoking cessation, and most will, the provider can access the information on the drugs used in smoking cessation by clicking on the "Pharmacotherapy" button to the right of the template.



- f. Once you have done the e-mail tickler file, click on return.



Conclusion

- When you are back at the LESS Initiative Template, click the button entitled "document," which is the second button in the right hand column on the template.
- This creates a document which will contain:
 1. All of the material on the LESS template
 2. All of the material on the Weight Management Assessment
 3. All of the material on the Exercise Prescription which you chose
 4. All of the appropriate material from the Smoking Cessation template, if any.



SETMA I - 2005 Collier, Suite 100
SETMA II - 3570 College, Suite 200
SETMA West - 2010 Dowlan
(409) 833-6707
www.setma.com

SETMA's LESS Initiative

Patient: Test IBM Serv AAA
DOB: 01/11/1932
Age: 73 years
Date: 06/23/2005 9:15 AM

10-15 pounds of excess weight places a person at a higher risk for developing diabetes, but 10-15% decrease in weight, even if a person is obese, decreases that risk significantly. The bad news is that more people are at greater risk of developing diabetes than think they are, but the good news is that a person can help decrease their risk without attaining their ideal body weight.

Risk Factors for Developing Diabetes

1. Family History?

You do not have a family history of Type II Diabetes which does not represent a risk factor for the development of diabetes.
You have a family history of hypertension which increases your risk of developing diabetes.
You have a family history of hyperlipidemia which increases your risk of developing diabetes.

2. Overweight/Obese?

You have abnormal body composition indicators which increase your risk of developing diabetes.
BMI - .00
Body Fat - 31.2 %
You have an elevated waist circumference which indicates adiposity in the abdominal area which increases your risk of developing diabetes.
Waist Circumference - 40.00 inches

3. Did You Have A Low Birth Weight?

Your birth weight is normal and does not represent a risk factor for the development of diabetes

- This document automatically prints to your default printer.

Explaining the LESS Initiative to your patient

- Now that you have this wealth of information in your hands, you need to get it to the patient.
- If you simply hand it to them, most will not read it, but if you introduce it and then if you follow-up at your next visit and ask if they understood the material, you will increase its usefulness.
- Here is a suggested introduction of the LESS Initiative to your patient:
 - "This is SETMA's LESS Initiative. We give this to every patient we see. LESS stands for "lose weight, exercise and stop smoking and/or avoid second-hand smoke." No matter what your age or health, these are the three most important things you can do for yourself.

Please read this. Ask your healthcare provider why this is important; he/she will be happy to discuss this with you. And, the next time I see you, I would like to know if you have been successful in losing weight, exercising and avoiding tobacco smoke."