2020 physical activity guidelines acsm guidelines chart 2018 free

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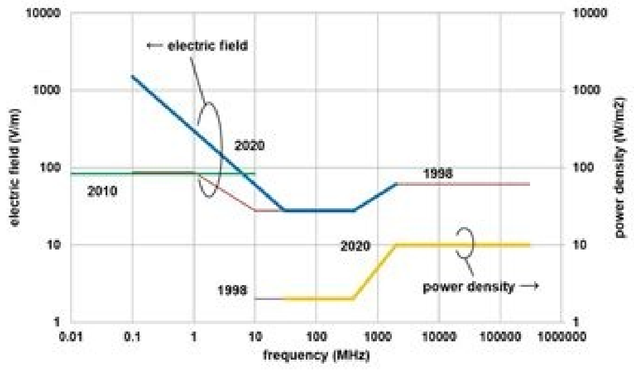
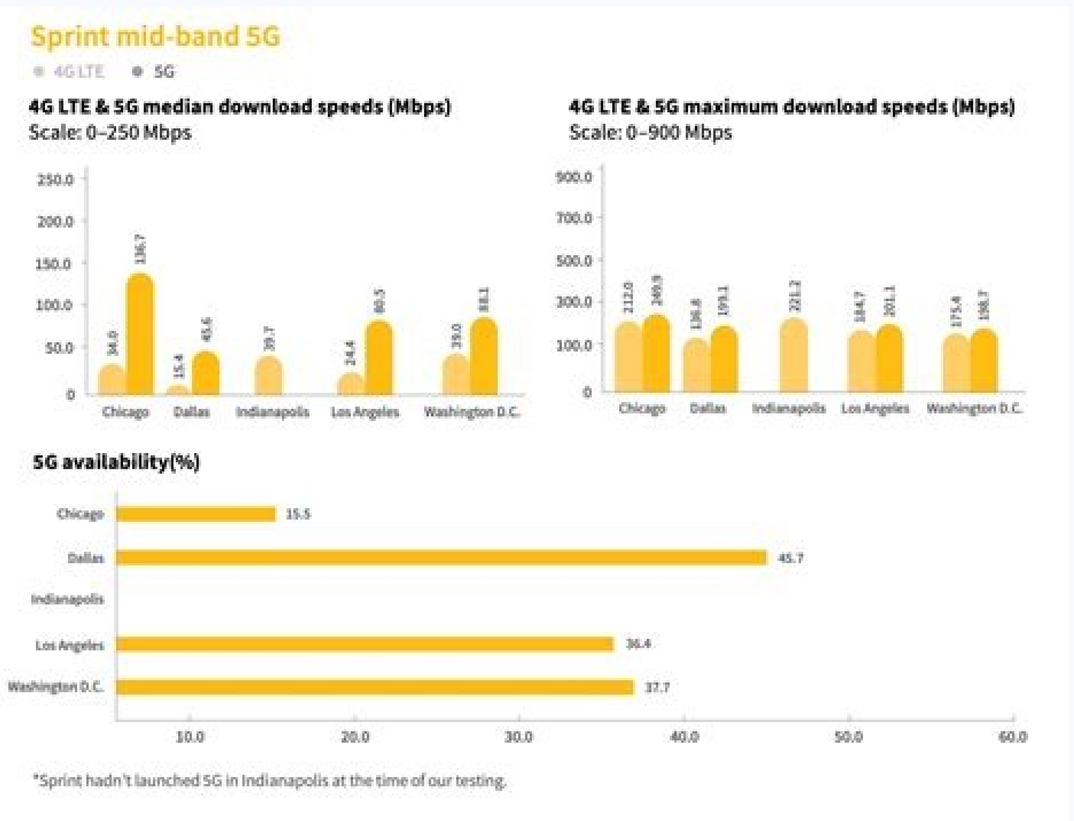


Figure 1. Whole body average reference levels for the general public for the ICNIRP (1998), ICNIRP (2010) and ICNIRP (2020) guidelines, for the 100 kHz to 300 GHz frequency range. Note that the units of the two y-axes (i.e. electric field and power density) are independent of each other.



*Sprint hadn't launched 5G in Indianapolis at the time of our testing.

2018 EULAR recommendations for physical activity in people with inflammatory arthritis and osteoarthritis

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ABSTRACT

Regular physical activity (PA) is increasingly promoted for people with rheumatic and musculoskeletal diseases as well as the general population. We evaluated if the public health recommendations for PA are applicable for people with inflammatory arthritis (iA; Rheumatoid Arthritis and Spondyloarthritis) and osteoarthritis (hip/knee OA) in order to develop evidence-based recommendations for advice and guidance on PA in clinical practice. The EULAR standardised operating procedures for the development of recommendations were followed. A task force (TF) (including rheumatologists, other medical specialists and physicians, health professionals, patient-representatives, methodologists) from 16 countries met twice. In the first TF meeting, 13 research questions to support a systematic literature review (SLR) were identified and defined. In the second meeting, the SLR evidence was presented and discussed before the recommendations, research agenda and education agenda were formulated. The TF developed and agreed on four overarching principles and 10 recommendations for PA in people with iA and OA. The mean level of agreement between the TF members ranged between 9.8 and 8.8. Given the evidence for its effectiveness, feasibility and safety, PA is advocated as integral part of standard care throughout the course of these diseases. Finally, the TF agreed on related research and education agendas. Evidence and expert opinion inform these recommendations to provide guidance in the development, conduct and evaluation of PA-interventions and promotion in people with iA and OA. It is advised that these recommendations should be implemented considering individual needs and national health systems.

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INTRODUCTION

Physical activity (PA) is defined as "any bodily movement produced by skeletal muscles that results in energy expenditure above resting (basal) levels. PA broadly encompasses exercise, sports and physical activities done as part of daily living, occupation, leisure and active transportation".[1 2] Exercise is a subcategory of PA "that is planned, structured and repetitive and [that] has, as a final or intermediate objective, the improvement or maintenance of one or more dimensions of physical fitness".[1 2] PA-interventions can be provided or performed individually or in groups, supervised or non-supervised, in acute or chronic health states, but should always include behavioural change techniques (BCT) to promote long-term adherence.[3 4]

To promote the health benefits of PA in the general population, the WHO[5] and American College of Sports Medicine (ACSM)[2] have provided internationally accepted recommendations for PA (table 1). In this manuscript, the term PA always includes both physical activity and exercise according to the definitions above.

Inflammatory arthritis (iA, in this manuscript encompassing rheumatoid arthritis (RA) and spondyloarthritis (SpA)) and osteoarthritis (OA) (in this manuscript encompassing hip/knee OA (HOA/KOA)) are major causes of pain and disability worldwide.[6] There is strong evidence for the benefits of PA on improvements on disease activity,[7] activities and participation; however, people with rheumatic and musculoskeletal diseases (RMDs) are in general less active compared with healthy controls.[8–10] Possible underlying reasons could be that healthcare providers (HCP, including rheumatology health professionals (eg, physiotherapist (PT), occupational therapist (OT), nurse, podiatrist, psychologist), physical education professions and medical doctors (rheumatologists and other specialists)) and people with iA and OA may be reluctant towards engaging in PA, fearing flare-up or joint damage by exercising.[11] Furthermore, current clinical management recommendations such as the European League Against Rheumatism (EULAR) recommendations on the management of RA,[12] SpA[13] or HOA/KOA[14] and the ACSM guidelines for exercise testing and prescription[15] recommend exercise and/or PA, but none of these is specific regarding the required type and dosage. Therefore, it is not clear how these recommendations should be used in routine clinical care. In particular, the evidence on the effectiveness and safety of exercise and PA to a level that meets public health (PH) recommendations has not yet been clearly examined and defined in people with RMDs. A EULAR task force (TF) was therefore set up (1) to evaluate if the PH recommendations for PA are applicable for people with iA and OA; (2) to

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