VHA PROSTHETIC CLINICAL MANAGEMENT PROGRAM (PCMP)

CLINICAL PRACTICE RECOMMENDATIONS
PEDOMETERS

I. Background

a. VHA’s Prosthetic and Sensory Aids Service Strategic Healthcare Group was directed by the Under Secretary for Health to establish a Prosthetic Clinical Management Program (PCMP). The objectives are to coordinate the development of guidelines for prosthetic prescription practices and contracting opportunities to assure technology uniformity and ease of access to prosthetic prescriptions and patient care that will lead to valid outcome measures and analysis for research purposes.

b. A work group with input from selected clinicians and consumers was formed to develop clinical practice recommendations for the use, training and issuance of pedometer devices.

c. Pedometers are defined as instruments that count steps taken by responding to the body motion at each step.

d. Regular physical activity is associated with lower health risks for adults, including the risk of death from heart disease, the risk of developing diabetes and colon cancer, and the reduction of high blood pressure. Many groups of people have low rates of physical activity, such as people with lower incomes and less education (compared to those with higher incomes and education), older people, and people with disabilities (compared to those without disabilities). Current public health recommendations are that adults should engage in moderate-intensity physical activities for at least 30 minutes on 5 or more days of the week. For some people, using a pedometer may facilitate goal setting and self-monitoring of physical activity and assist them in achieving the recommended level of activity. Current medical literature, however, is of insufficient quality and extent to reach definitive conclusions regarding the efficacy of, or indications for, pedometers. Current medical literature is growing regarding efficacy of, or indications for, pedometers. The Health-E Vet initiative also endorses use of pedometers as part of a comprehensive weight management/physical activity program and provides purchase options for pedometers from their website.

e. Pedometers are not currently available at VA medical centers. A co-payment is not involved in the acquisition of a pedometer.
II. Policy

The purpose of these clinical practice recommendations is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective prescribing.

III. Clinical Practice Recommendations

a. Patient Eligibility Criteria

1. Veteran is willing and interested in participating in measuring number of steps and conveying the same to his VA health care team.

2. Veteran has demonstrated ability to operate the pedometer by reading the numbers, recording information, resetting the device, and changing the batteries.

3. Healthcare provider determines that patients would benefit by using pedometers.

b. Indications/Contraindications

1. Indications: Veterans participating in cardiac or pulmonary rehabilitation programs, diabetes programs, and other weight management, health promotion or increased physical activity initiatives.

2. Contraindications: Veterans with physical disabilities preventing them from walking may be considered for other electronic activity measuring devices as they become available.

c. Provider Responsibilities

1. Before a pedometer can be dispensed by Prosthetics and Sensory Aids Service, whose responsibility it is to stock and issue pedometers, the veteran must receive training, individually or in group settings, about how and when to use the device. Qualified individuals, as determined at each facility, may provide training.

2. The clinician responsible for the comprehensive program in which the veteran is participating may write the prescription for a pedometer.
3. When considering writing a prescription for a pedometer, the clinician may review with how the patient is expected to record the pedometer readings, the expected frequency of use, and how the information will be used in subsequent clinic visits.

4. The clinician and veteran should also establish achievable goals, specific to the veteran, incorporating use of the pedometer in conjunction with other program strategies/interventions. Examples of goals or patient specific outcome measures include: increase movement from baseline activity level; or maintain current weight.

IV. References


b. Iwane, M; Arita, M; Tomimoto, S; Satani, O; Matsumoto, M; Miyashita, K; Nishio, I. Walking 10,000 steps/day or more reduces blood pressure and sympathetic nerve activity in mild essential hypertension. *Hypertens Res* 2000 Vol. 23, No. 6: 573-580.


e. Tudor-Locke, CE; Myers, AM; Rodger, NW. Development of a theory-based daily activity intervention for individuals with type 2 diabetes. *Diabetes Educ.* 2001 Jan-Feb; 27


