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Appendix A: Descriptions of Various Behavioral Psychotherapeutic Approaches

Terms: Behavioral Therapy, Cognitive Behavioral Therapy, Acceptance & Commitment Therapy, Dialectical

From Vitoula et al, 2018

Table 1 Evolution of behavioral psychotherapeutic approaches

	Behavioral psychotherapy type	Theoretical background
First wave	Behavioral therapy	Behavior analysis takes into consideration every behavior, including overt and covert The therapist focuses on specific learned behaviors and how the environment influences such behaviors
Second wave	Cognitive behavioral therapy	CBT focuses on the development of individual strategies aimed to solve current problems and to change unhelpful patterns in cognitions (i.e., thoughts and beliefs), behaviors, and emotional regulation
Third wave	Acceptance and commitment therapy Dialectical behavioral therapy Integrative behavioral couples therapy Behavioral activation Cognitive behavioral analysis	Third wave therapies prioritize the holistic promotion of health and well-being and are less focused on reducing psychological and emotional symptoms. These therapies abandon key assumptions associated with traditional cognitive therapy and is informed by emerging research in cognitive psychology and neuroscience. Concepts such as metacognition, acceptance, mindfulness, personal values, and spirituality are frequently incorporated into what might otherwise be considered traditional behavioral interventions

Appendix B: Themes of PT Perceptions on Training & Use of Biopsychosocial Interventions

Holopainen et al, 2020

Table 2

Overview of themes and subthemes.

Themes	Subthemes
1. Changed understanding and practice	Biopsychosocial understanding and application Person-centered care Enhanced therapeutic alliance and communication Wider application of new skills
2. Professional benefits	Increased confidence as a result of new skills Effective practice Increased job satisfaction
3. Clinical challenges	Discomfort when dealing with psychosocial factors Consideration of professional role Resistance/questioning the new approach Overwhelmed by amount of new information Difficulty changing practices Patients' beliefs and expectations Time constraints
4. Learning requirements	Structured learning, diverse learning methods during workshops Ongoing process, support

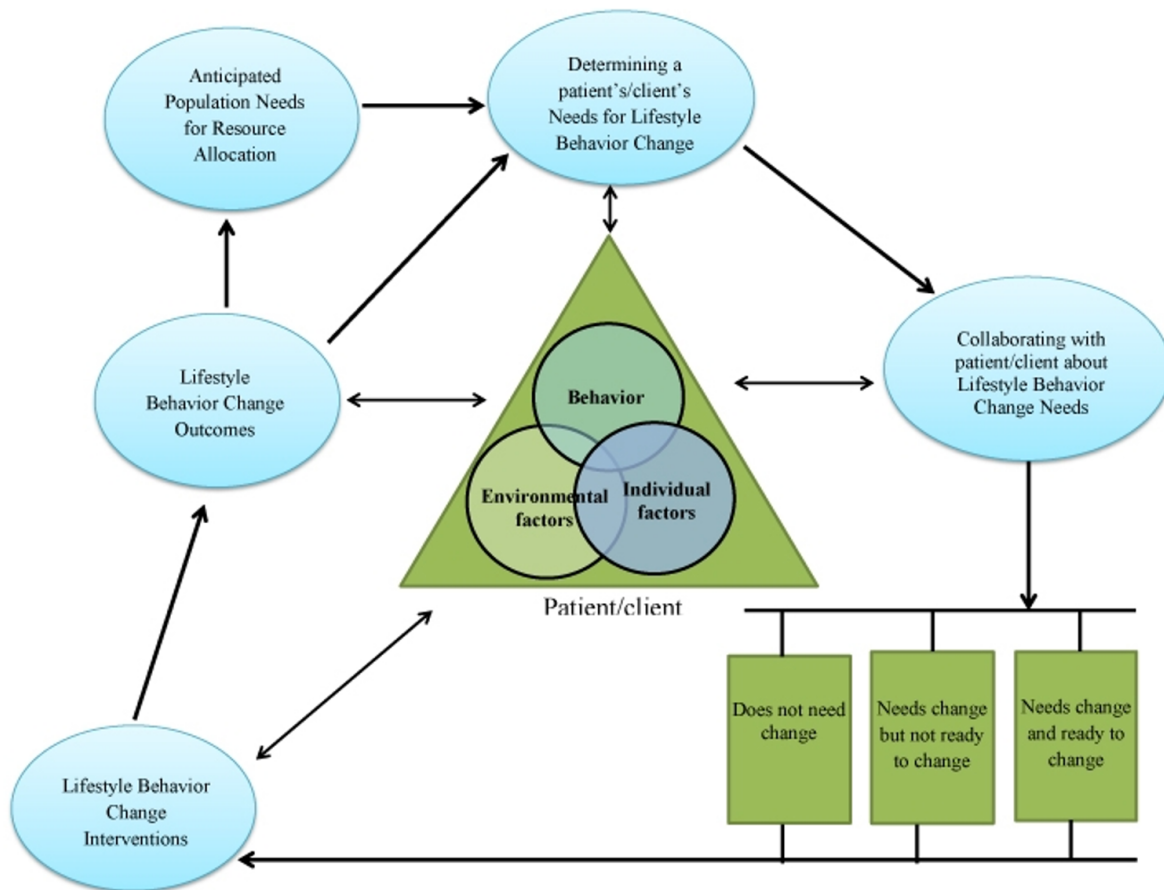
Appendix C: Assumptions, Constructs, & Related Activities from the Health Focused Physical Therapy Model Considered by Delphi Process Participants

Lein et al, 2017

Part 1: The Health Focused PT Model

Health-Focused Physical Therapy Model Schematic Considered by Delphi process participants

Health - Focused Physical Therapy Practice Model



Part 2: Assumptions

Lein et al, 2017

Health -Focused Physical Therapy Model Assumptions, Constructs, and Construct Related Activities Considered by Delphi Process Participants

Assumptions
All health care professionals have an integral role in prevention and management of chronic diseases
The physical therapy profession agrees that physical therapists should be incorporating health focused practices. However, there has been little discussion on how this should be done, therefore, a model would be helpful.
While the physical therapist may engage in community (i.e. population-based) health wellness and prevention endeavors, this model pertains to individual level health wellness and prevention
The individual is regarded as the expert in being knowledgeable of his/her values, needs, preferences within the context of his/her life and therefore a patient-centered focus should be used in all interactions with the individual.
This model emphasizes lifestyle behaviors most commonly associated with prevention of prevalent chronic disease conditions (e.g. physical activity, optimal nutrition, weight management, alcohol moderation, smoking cessation, adequate sleep)
The model should be integrated into and compatible with the <i>Guide to Physical Therapist Practice's</i> Patient/Client Management Model
The model should consider individual factors (e.g. beliefs, attitudes, values, self-efficacy), environmental factors and behavior management/prevention intervention principles
The model should be applicable to all practice settings and individuals
Behavior change activities may occur at any point in patient's/client's episode of care and beyond
The activities are integrated into usual and customary clinical practice

Part 3: Related Activities by PTs for Promoting Lifestyle Behavior Change (LBC)

Lien et al, 2017

Determining a Patient's/Client's Needs for Lifestyle Behavior Change (LBC)

Related Activities

- Identify needs for LBC using any or all combinations of:*
 - Self-report strategies to obtain a personal health profile
 - Follow-up questions during patient interview
 - Tests and measures
 - Assessment of health beliefs and motivation to change
 - Assessment of environmental factors associated with LBC
- Evaluate findings to determine:
 - Presence and extent of need for lifestyle change
 - Patient's/client's desire and capacity to change
 - Potential strategies and resources that could promote positive lifestyle change

Collaborating with Patient/Client about Lifestyle Behavior Change Needs

Related activities:

- Share findings, educate, and explore ambivalence to change to enhance motivation and negotiate a management plan with patient/client.
- The management plan is influenced by patient's/client's status related to needs and readiness to change:
 - The patient/client does not need change
 - The patient/client needs to change but is not ready to change
 - The patient/client needs to change and is ready to change

Lifestyle Behavior Change Outcomes

Related activities

- Create and maintain health focused care database systems
- Analyze clinical outcomes and patient/client satisfaction
- Modify practices based on evidence

Part 4: Lifestyle Behavior Change Interventions

Lein et al, 2017

Lifestyle Behavior Change Interventions

Related activities

- Does not need LBC
 - Reinforce healthy behavior
 - Explore relapse management
 - Express availability of follow-up
- Needs change but is not ready to change
 - Acknowledge and respect patient/client decision
 - Offer written materials regarding benefits of LBC
 - Express willingness to assist patient/client when ready to change
- Needs change and is ready to change
 - LBC intervention referral (i.e., physical therapist does not provide LBC services)
 - Complete referral for LBC intervention informed by patient/client's preferences, resources, and needs
 - Facilitate follow-through with referral by helping patient/client overcome barriers such as paperwork, transportation, and time
 - Reinforce LBC on subsequent physical therapist visits
 - Maintain open lines of communication with referral source(s) and patient to optimize outcomes
 - LBC intervention collaboration (i.e., physical therapist may provide all or part of the LBC services)
 - Consult, assist, or supervise other professionals or community programs to deliver LBC intervention
 - Maintain open communication with all parties to optimize patient/client outcomes
 - Provide a supportive environment for change
 - Support LBC strategies and provide relapse prevention/management
 - Set goals with patient and monitor progression toward goal attainment
 - Use effective education and behavior management strategies to affect successful LBC
 - LBC intervention delivery (physical therapist provides all LBC interventions)
 - Provide a supportive environment for change
 - Support LBC strategies and provide relapse prevention
 - Set goals with patient and monitor progression toward them
 - Use effective education and behavior management strategies to affect successful LBC

Appendix D:

Part 1: Intervention Details & Descriptions

Ben-Ami et al, 2017

TABLE 1	DETAILS OF THE INTERVENTION*	
Standardized Protocol	Individualized Protocol	Classification Into Stages of Change
<ol style="list-style-type: none"> 1. Two standard statements were delivered to all patients: <ol style="list-style-type: none"> a. It is easy to reduce pain. The problem is ensuring that it does not return. b. It is important that the body is strong and flexible. <ul style="list-style-type: none"> – Both statements led to a discussion of the value of physical activity in preventing and managing LBP 2. Physical therapists were instructed to use their enhanced skills to build the therapeutic alliance, with an emphasis on communicating empathy and practicing active listening 3. The following information was delivered to all patients: physical activity is the most powerful intervention for LBP, and is backed by international research, supported by the WHO. Any aerobic physical activity will do (no prescribed activity). As soon as pain starts, increasing levels of physical activity will help, and once pain has subsided it is important to use the full range of movements, for example, both flexion and extension 4. See exercises in APPENDIX 	<ol style="list-style-type: none"> 1. Matching stages of change: <ol style="list-style-type: none"> a. Use set criteria⁴² to establish stage of change b. Adapt the process of the intervention to match stage of change. Specifically: <ul style="list-style-type: none"> – Contemplators: focus on increasing awareness; pros and cons verbalized by patient, physical therapist neutral – Preparation: (1) specific commitments to engage in physical activity (when, where, how), (2) communicating the commitment to others, and (3) agreeing to level of effort and coaching in healthy walking c. In the next consultation, for those who failed to carry out their commitment, use a set of questions based on self-efficacy, as specified by Miller and Rollnick, <i>Motivational Interviewing: Preparing People to Change Addictive Behavior</i>. New York, NY: The Guilford Press; 1992. If responses score low, change routine to be extremely easy 2. For those who feared walking and said it increased their pain,¹ the physical therapists used exposure through speed walking in the physical therapy setting, down a corridor 	<ol style="list-style-type: none"> 1. Precontemplation: patients explicitly express unwillingness or reluctance to engage in physical exercise 2. Contemplation: patients express a willingness to discuss change but do not set a plan or a time to effect change in the immediate 6 months 3. Preparation: patients express a plan to implement change within 1 month 4. Action: patients report that they have engaged in physical activity at least 3 times a week on a regular basis for less than 6 months 5. Maintenance: patients report that they have engaged in physical activity at least 3 times a week on a regular basis for longer than 6 months 6. Typical work in the contemplation stage involved discussions and evaluation of the proposed action, its effect on others, raised awareness of emotions, and contemplation of a changing self-image. Preparation involved making a commitment, planning for social support, and substituting unhealthy conditioning
<p><i>Abbreviations: LBP, low back pain; WHO, World Health Organization.</i></p> <p><i>*This component only applied to patients who chose walking as their activity but failed to engage in it due to fear of pain. Physical therapists specifically asked about engagement and reasons for not engaging in the chosen activity.</i></p>		

Part 2: Example Patient Handout for Self-Managing LBP

Ben-Ami et al, 2017



"Rescuer" extension exercise



Every half hour, stand up and stretch your back



Relax: with legs up



Release: tilt pelvis back and forth



Release: pull knees toward abdomen



Release: side-to-side knee rotation

In case of back pain, no need to panic.

- Try out the "rescuer" exercise: Lie down prone and extend your back 10 times.
- If you feel an improvement, you can repeat it as much as needed.
- You can also try out the 3 "release" exercises.
- Please remember: avoid bending your back forward and avoid sitting as much as possible.
- Try to rest and walk daily.
- When your pain decreases, continue with daily half-hour brisk walking to prevent future attacks.
- Take care of yourself.

Appendix E: Proposed PT Competencies

Referenced CAPTE Elements for Accreditation of Physical Therapist Education Programs^{a33}

CAPTE Element	Description
7D11	Identify, evaluate, and integrate the best evidence for practice with clinical judgment and patient/client values, needs, and preferences to determine the best care for a patient/client
7D14	Advocate for the profession and the health care needs of society through legislative and political processes
7D19h	Select and competently administer tests and measures appropriate to the patient's age, diagnosis, and health status, including, but not limited to, those that assess environmental factors
7D20	Evaluate data from the examination (history, health record, systems review, and tests and measures) to make clinical judgments
7D23	Determine patient/client goals and expected outcomes within available resources (including applicable payment sources) and specify expected length of time to achieve the goals and outcomes
7D34	Provide physical therapy services that address primary, secondary, and tertiary prevention; health promotion; and wellness to individuals, groups, and communities
7D39	Participate in patient-centered interprofessional collaborative practice
7D40	Use health informatics in the health care environment
7D41	Assess health care policies and their potential impact on the health care environment and practice

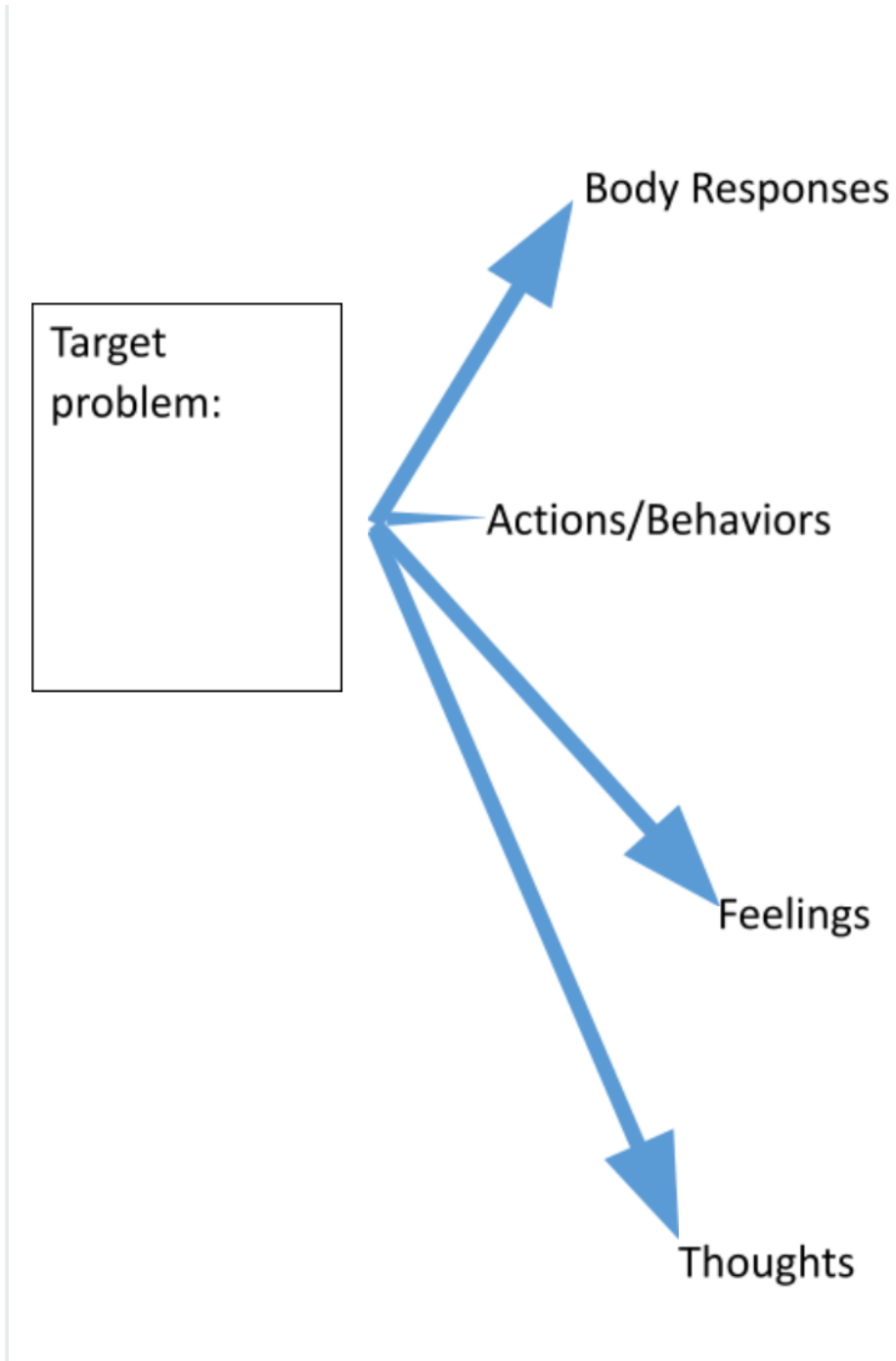
^aCAPTE = Commission on Accreditation in Physical Therapy Education.

Competency	Round 1		Round 2		Round 3		Final Competency
	Median	% Ext or V Relevant	Median	% Ext or V Relevant	Median	% Ext or V Relevant	
Clinical and community preventive services and health promotion							
Integrate evidence-based prevention and health promotion recommendations with every patient, client, or caregiver as needed	5	94.4%					Yes
Recognize individual, family, community, organizational, and societal barriers that impact achievement of optimal health and function	5	94.4%					Yes
Organize and participate in clinic or community-based screening programs in accordance with evidence-based national and international agencies (eg, US Preventive Services Taskforce, Centers for Disease Control, Special Olympics, WCPT) ^b	—	—	—	—	5	92.3%	Yes
Engage in positive health behaviors in accordance with evidence-based national guidelines	5	91.7%					Yes
Recognize risk factors for diseases and the potential impact of these diseases on activities, participation, and quality of life	5	91.7%					Yes
Function as a member of an inter-professional team of health professionals, community health workers, public health professionals, and others to reduce disease risk and improve health among individuals and populations	5	88.9%					Yes
Communicate nutritional guidelines, set forth by the federal government, to clients as a means of promoting healthy eating ^c	—	—	4	69.4%			
Communicate nutritional recommendations set forth by state, national, and international agencies as a means of promoting healthy eating patterns ^b	—	—	—	—	5	88.5%	Yes
Apply evidence-based principles of movement, function, and exercise as a means of promoting physical activity, reducing sedentarism, and improving individual and population health	5	86.1%					Yes
Identify community resources and supports for priority health behaviors (active living, healthy eating, injury prevention, stress management, smoking cessation, healthy sleeping, alcohol moderation, and substance-free living)	5	86.1%					Yes
Communicate prevention and health promotion information in a way that recognizes and respects clients' values, priorities, and communication needs ^b	—	—	5	86.1%			Yes
Provide evidence-based education and behavior change strategies in the following APTA and USNPS priority areas: active living, healthy eating, injury prevention, stress management, smoking cessation, healthy sleeping, alcohol moderation, and substance-free living	5	83.3%					Yes
Assess your clients' health literacy and readiness to change and their health-related goals, risks, and assets	5	83.3%					Yes
Establish and foster client-centered and inter-professional collaborations that empower individuals and populations	5	80.6%					Yes

Design evidence-based injury prevention programs to make homes, communities, schools, and worksites safer ^b	—	—	—	—	5	80.7%	Yes
In developing prevention and health promotion programs, attend to the needs of clients who experience health disparities (eg, racial/ethnic, socioeconomic, geographic, gender, disability) as a means of advancing health equity ^b	—	—	—	—	5	80.7%	Yes
Integrate knowledge of personal and environmental factors into a prevention/health promotion plan of care ^b	—	—	5	80.1%			Yes
Integrate evidence-based relaxation strategies (eg, mindfulness, meditation, breathing techniques) to reduce client stress and anxiety as appropriate ^{c,d}	—	—	4	77.8%			Yes
Summarize key constructs underlying behavior change theories and models (eg, Social Cognitive Theory, Theory of Planned Behavior, Transtheoretical Model) and integrate evidence-based behavior change strategies with every patient, client, or caregiver as needed ^{c,d}	—	—	5	75.0%			Yes
Foundations of population health							
Define population health and justify the physical therapist's role in prevention and health promotion	5	94.4%					Yes
Recognize the multiple determinants of health (eg, genetics/genomics, healthcare access and quality, individual health behaviors, social and physical environments, policy) and how they interact to influence individual and population health	5	91.7%					Yes
Identify key health indicators (eg, physical activity, BMI, educational attainment, income, neighborhood risk) used to monitor population health ^b	—	—	5	86.1%			Yes
Access sources of population health data (eg, CDC, County Health Rankings, HealthData.gov) to guide the development of prevention and health promotion services ^{b,d}	—	—	4	61.1%	4	75.4%	Yes
Health systems and policy							
Advocate for the health needs of society	5	94%					Yes
Advocate for the integration of healthy behaviors into educational and community-based settings ^b	—	—	5	82.2			Yes
Describe the role of health sector (ie, medical and public health systems) and non-health sector (eg, transportation, housing, urban planning, etc.) agencies in increasing or decreasing health vis-à-vis social determinants ^b	—	—	4	63	4	80.8%	Yes

Appendix F: Resources from Zachary Stearns

Part 1-Adaptation Model Handout



Part 2- Health Coaching Structure

Session Opening

Asks how the client is right now "in the moment."

Shows understanding of client's state.

Asks the client to share a "best thing"

Reflects with positive affirmation

Weekly Goal Review

Asks client permission to discuss prior Behavioral Goal

Inquires about what was successful

Explores full experience with goal

Responds to client challenges with judgment-free reflections and inquiries

Asks what the client learned from his/her experience

Affirms the client's strengths, choices, and/or situation

Three-Month Intended Outcome Review

Validates alignment & relevance of the client's Vision Intended Outcomes and Behavioral Goals

Asks about the client's learning or growth experience-to-date

Asks about the client's commitment with I.O.s and whether he/she wants to revise them

Affirms the client's strengths, abilities, or growth.

Generative Exploration

Collaborates with the client to identify the topic to work on, where he/she has aroused emotional energy and interest

Asks for permission to explore and work on the topic now

Encourages the client to describe what he/she really wants now, in relation to the topic

Explores the strengths or values the client can leverage to move forward

Explores the environments the client can leverage to move forward

Explores decisional balance and develops discrepancy when the client demonstrates ambivalence

Engages the client in creative brainstorming of pathways forward

Expresses confidence in the client's ability to move forward

Behavioral Goal Setting (2 BGs)
--

Asks the client to choose a Behavioral Goal to pursue next week

Assists the client to refine goal to be a SMART behavioral goal

Uses confidence ruler <i>to improve</i> confidence in reaching that goal
--

Explores resources needed to ensure success

Asks client to restate goals

Affirms client's ability to achieve his/her goals

Session Close

Acknowledges client's work in the session

Inquires and reflects what the client will take from the session
--

Asks for feedback on how future coaching sessions would best support client's path
--

Schedule next session

Part 3-Scripts

Value Based Goal Setting

Many people find it helpful to identify longer term goals they would like to work towards.

When thinking about your longer-term goals it is helpful to think about the things you value in life.

There are many domains for our values—many different areas of meaning. These areas include:

- Family relations
- Physical wellbeing
- Citizenship and community involvement
- Spirituality
- Recreation and hobbies
- Education
- Employment
- Friendships and social relationships
- Parenting
- Marriage or your intimate relationships

Values are what gives your life meaning, what is really important to you. Values are different from goals. Goals (like passing this class) can be achieved. Whereas this goal sits within the larger realm of “education”.

Think about those different areas of life. Now pick 1 area that is especially important to you.

Let’s brainstorm goals related to this area. The more ideas, the merrier. Even if it seems unrealistic, write down that idea. Take a minute or two to write down at least 10 goals in this area.

Now that you have this list of goals, think about how we can set specific goals that are realistic to achieve within the next few months. Goals should be about our behavior, measurable, realistic, meaningful, and time-specific. Pick one goal from this list that you would like to achieve within the next few months.

Now, write two actions that you can do this week to work toward your goal. Place your list of actions somewhere that will remind you of your plan for this week. These are your actions, which follow a goal, which is aligned with your values. This is what’s called “values-based goal-setting.”

Pleasant Imagery

Imagery is using your imagination to create a pleasant scene, similar to when you daydream, and it is a very effective technique for reducing stress and tension.

Imagery can help you in two ways:

- 1) It distracts you from unpleasant thoughts or experiences.
- 2) It can help you relax.

You can use any images that are pleasant for you, but – for relaxation – it is best to choose an image that is calming and peaceful.

Try to see this image or place through your own eyes rather than as if you were watching yourself in a movie. Try to be in your imaginary scene as much as possible. This will become easier with practice.

So let's try it now. Get as comfortable as you can. Settle into the chair and relax. If you feel comfortable, you can even let your eyes close for a few seconds as you allow yourself to relax and focus on the sensations of relaxation. Give yourself at least 30 seconds to a minute on each section as you progress through this activity.

Now, I would like you to imagine that you are in a pleasant and peaceful place. This might be a place that you have been before or would like to visit. Just imagine what it might be like to be in this place.

Imagine what you see in this situation...what does it look like? Look in all directions... imagine what the quality of the light is like, what might be around you... spend a minute simply focusing on what you might see.

Now think about what you might hear... Focus on all the different sounds you might hear in this place.

Focus now on what you might feel on your skin in this situation... is it warm, mild, or cool? Can you feel the wind blowing, or the sun shining on your body? Simply focus on the feelings that you might have while you are in this pleasant and peaceful place.

Now imagine what you might smell in this situation... imagine any pleasant smells that might be present, like the smell of grass or flowers if you are outside.

Think about any taste you might experience in this situation... imagine savoring any pleasant tastes that might occur.

Spend a few moments just enjoying being in this pleasant and relaxed scene.

When you feel ready, begin to think of bringing your attention back to where you are now. Slowly and gradually let the imagery fade as you bring yourself back to the present and enjoy the benefits of relaxation that you have provided for yourself.

Mindful Breathing

Mindful breathing is a way to direct our attention to the breath. This can be a way of distraction from feelings or thoughts that bother us. This can also help to release tension in our body, which could help with pain or doing activities despite pain.

Let's try it together.

First, with eyes open or closed (depending on what's most comfortable), begin to notice the simple fact that you are breathing.

{PAUSE 10 secs}

Begin to notice the qualities of the breath at present. The breath may feel shaky or smooth...deep or shallow... cool or warm.

{PAUSE 10 secs}

Notice where the breath is most clearly felt. For some, this could be the tip of nose or the nostrils; for others it may be in the sinuses or the throat. Sometimes it is most clearly felt in the chest or deeper in the torso. Take a moment to feel where it is most clear.

{PAUSE 20 secs}

Now allow your attention to rest on the natural rise and fall of the breath without trying to guide or control the breath in any way.

{PAUSE 45 secs}

If your attention wanders, bring attention back to the breath with the gentleness you would use to take the hand of someone you love.

{PAUSE 45 secs}

Just feel the breath flow in and feel the breath flow out.

{PAUSE 45 secs}

Notice the thoughts as if they are leaves flowing with a stream of water. Bring your attention back to the breath, noticing the rising and falling.

{PAUSE 45 secs}

When you are ready, open your eyes.

Brief Relaxation

These brief relaxation practices can be done in 30 seconds or less, and they can be done anywhere and at any time: sitting, standing, walking, etc. Developing this skill can be very helpful when you are feeling increased tension.

So let's try it.

Begin by sitting or standing, and allow the surface you are on to support your weight.

Take a slow, deep breath, allowing your lungs to fill slowly and fully, and then exhale.

On your next inhale, pause at the top of your breath for a few seconds... and slowly exhale for a few seconds and let go of any excess tension in your muscles.

Then, allow your body to breathe at a natural, easy pace.

Begin to focus on the sensations of relaxation flowing from the top of your head down through your body.

Feel the relaxation spreading from the top of your head into your face and down through your jaw.

Allow sensations of heaviness and relaxation to flow downward through your shoulders...

Now down through your arms and hands...

Down into your chest ...and stomach...

And into your legs.... and feet...

On your next inhale, pause at the top of your breath for a few seconds... and slowly exhale for a few seconds and let go of any excess tension in your muscles.

Now allow your body to breathe at a natural, easy pace.

Notice what you are feeling and thinking, and recognize how your body can continue to rest without tension as you get back to what you were previously doing.

Appendix G: Healthy Eating, Physical Activity, & Sleep Hygiene (HEPAS)- Consideration of Clinical Practice in Patients with or at Risk of Psychiatric Disorders

Part 1: Chart of Behaviors

Healthy eating in neuropsychiatry practice

- Do not skip breakfast
- Avoid sugar-sweetened beverages
- Eat complex carbohydrates (eg, whole grain pasta, rice, or bread) more than once a day
- Eat vegetables and fruits more than once a day, following seasonality
- Rotate second courses with meat, fish, legumes, dairy products, or eggs
- Prefer vegetable oils (eg, olive oil) other than animal fats, such as butter or lard
- Avoid fast-food (eg, hamburger) restaurants, commercially baked goods, pastries, sweets
- Avoid unnecessary dietary supplements, which may cause drug-nutraceuticals interactions
- Do not eat excessively
- Try to eat always at the same hours
- Share meals with family members or friends

Physical activity in neuropsychiatry practice

- Keep an active lifestyle to achieve over 150 mins of moderate-intensity aerobic exercise per week
- Adopts tricks to increase physical activity at home, at work, at school, in the community (eg, park the car away from the workplace, get off public transport a few stations before)
- Do sports that you are allowed to do and that you enjoy
- Little structured physical activity is much better than too much and unfocused
- Do physical activities not close to meals or bedtime
- Move with family members or friends

Sleep hygiene in neuropsychiatry practice

- Sleep at least 7 hrs per night, avoiding unnecessary daytime naps
- Try to go to bed and wake up always at the same hours
- Limit the use of mobile phones and television during bedtime
- Make sure that the sleep environment is relaxing (eg, no light or noise, comfortable bed)
- Do not sleep excessively: a good nap is better than a bad sleep
- Avoid heavy food or strenuous physical activity close to bedtime
- Avoid methylxanthines (eg, coffee, tea, guarana, energy drinks), smoking, or alcohol

Part 2- Patient Handout



Healthy Eating, Physical Activity, and Sleep hygiene (HEPAS)

Steering group:
Matteo Briguglio, Mauro Porta, Bernardo Dell'Osso, and Ira David Glick.

The winning triad for sustaining physical and mental health in patients at risk for or with neuropsychiatric disorders



Adopt a healthy and balanced diet



- Diet quality: consume a proper food variety
- Diet quantity: do not eat excessively
- Food timing: try to eat always at same hours
- Food environment: share meals with family/friends



Keep in touch with doctors



- Undergo periodic health screenings
- Maintain a high adherence to the pharmacological therapy
- Avoid unnecessary dietary supplements
- Feedback your doctor about doubts and concerns



Get enough resting sleep



- Sleep quality: a good nap is better than a bad sleep
- Sleep quantity: sleep enough, but not too much
- Sleep timing: try to maintain bedtime at same hours
- Sleep environment: prep bedroom to aid sleep



Stay daily active



- Physical activity quality: do what you are allowed to do
- Physical activity quantity: try to move every day
- Physical activity timing: move not close to meals or bedtime
- Physical activity environment: move with friends/family



Appendix H: Patient/Client Resources

The Academy of Neurologic Physical Therapy is a good source of resources for Patient/Client Handouts and resources: [Patient/Client Resources and Tools](#)

[Values, Goals, & Action Planning for Physical Activity](#)

[Value Clarification Resource](#)

[National Council on Aging Map of Programs](#)

[Evidence-Based Falls Prevention for Older Adults](#) Evidence Based Falls Prevention Program

[US Preventative Services Task Force](#) list of evidence-based health screening recommendations & guidelines

[Health for Older Adults](#) Various resources for each domain of health & wellbeing

[Foundational Learning and Key Articles](#) Other learning links

[Tame The Beast — It's time to rethink persistent pain](#) Pain Neuroscience Education

Nutrition:

[MyPlate | US Department of Agriculture](#) This website has helpful tip sheets and they now have an app- *Start Simple with myPlate*.

Mental Health & Wellbeing:

[NIMH » Home](#) provides information on mental health & wellbeing, and how to find help

Smoking Cessation & Substance Abuse Help:

[Smokefree: Home](#)

Physical Activity:

[NCHPAD - Building Healthy Inclusive Communities](#) The National Center on Health, Physical Activity, & Disability

[Current Guidelines](#)

