

Sri Lanka Journal of Physiotherapy and Rehabilitation Sciences

Editorial

Exercise for prevention and rehabilitation: A call for systemic integration in Sri Lanka's health policy

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Introduction

If a medication existed that could lower blood pressure, control blood glucose, improve mental health, reduce the risk of falls, and extend lifespan with minimal side effects, it would be the most prescribed drug in the world. That "polypill" exists; it is physical activity. Yet, physical inactivity remains a "silent pandemic," emerging as one of the most pressing public health challenges of the 21st century. The country is undergoing a profound epidemiological transition, characterised by rising rates of non-communicable diseases (NCDs), multimorbidity, and functional decline (1).

Against this backdrop, the need for system-level solutions that are sustainable, cost-effective, and widely accessible has never been more urgent. While clinical management often emphasises pharmacological treatment, a vast body of evidence confirms that regular, structured physical activity is a cornerstone intervention for both the prevention and management of chronic disease (2). This editorial advocates for the systematic incorporation of exercise prescription into Sri Lanka's healthcare system, drawing on international evidence-based guidelines, emerging local epidemiological data, and the specialised clinical competencies of physiotherapists to advance population health outcomes.

The global imperative and local burden: Aligning guidelines with Sri Lankan reality

Global guidelines have evolved from simple "movement" advice to specific dosage recommendations. The World Health Organization (WHO) 2020 Guidelines on Physical Activity and Sedentary Behaviour recommend (3):

- *Adults:* 150–300 minutes of moderate-intensity or 75–150 minutes of vigorous-intensity aerobic physical activity per week, plus muscle-strengthening activities on two or more days.
- *Older adults:* The above, plus multicomponent physical activity emphasising functional balance and strength training on three or more days to prevent falls.
- *Children & adolescents:* An average of 60 minutes per day of moderate-to-vigorous intensity activity (3).

These guidelines are underpinned by robust evidence showing that physical inactivity is a leading risk factor for mortality and contributes significantly to the burden of NCDs (4).

In Sri Lanka, the burden of NCDs accounts for an estimated 83% of all deaths (5). National surveys

further report a high prevalence of diabetes (14.3%), hypertension (21.6%), and obesity (15.2%) among females (13). Data from the Sri Lanka Health and Ageing Study (SLHAS) further highlight the functional consequences, including high rates of mobility limitations and frailty among the elderly (6). This dual challenge of rising NCD incidence and associated disability underscores the critical need to reposition exercise from an optional lifestyle choice to a core, non-negotiable component of clinical and public health practice.

The deepening NCD burden in Sri Lanka

Findings from recent national surveys and SLHAS reveal that cardiovascular diseases, diabetes, cancers, and chronic respiratory illnesses are the leading causes of mortality and morbidity (6). Beyond prevalence, the impact is multifaceted, leading to significant personal suffering, functional decline, premature mortality, and escalating economic costs for both families and the healthcare system. A critical, and often under-addressed, aspect of this burden is multimorbidity, the co-occurrence of two or more chronic conditions, such as diabetes, hypertension, and osteoarthritis, in a single individual (7). This complexity challenges the traditional, single-disease model of care and emphasises the urgent need for holistic, non-pharmacological interventions such as structured physical activity, which can simultaneously address multiple risk factors and improve overall functional capacity.

Multifaceted benefits of physical activity across the lifespan

The therapeutic power of regular physical activity is profound and universal. For children and adolescents, it is foundational for healthy growth, cognitive development, academic performance, and establishing lifelong habits. In adults, it is a primary preventive tool, significantly reducing the risk of developing major NCDs by improving cardiometabolic health, managing weight, enhancing

mental well-being, and reducing stress (8). For older adults and those living with chronic conditions or disabilities, the benefits shift towards vital rehabilitation and management. However, tailored exercise prevents functional decline, improves mobility and balance to reduce fall risk, manages symptoms like pain and fatigue, enhances independence, and improves quality of life. Moreover, these benefits span the entire prevention–rehabilitation continuum, hence making physical activity a uniquely effective intervention for maintaining population health and restoring function following disease onset.

Bridging the guideline-practice gap

Despite all the guidelines, the stark reality in Sri Lanka is the significant guideline-practice gap. National data suggest a high prevalence of physical inactivity, particularly among women and older adults (9). This highlights the critical need not only for public awareness but for a system-supported approach where healthcare providers are equipped to assess, advise, and refer patients, transforming these global recommendations into achievable, personalised action plans within the Sri Lankan context (10).

The "Exercise is Medicine" framework: A model for Sri Lankan adaptation

The global "Exercise is Medicine" (EIM) initiative, spearheaded by the American College of Sports Medicine, provides a proven framework (11). It advocates for the systematic inclusion of physical activity assessment and exercise prescription in healthcare delivery. For Sri Lanka, adopting and localising this concept is a strategic opportunity. Given the strong preventive and primary care focus within the Sri Lankan health system, a contextualised framing such as "Exercise for Prevention and Rehabilitation" may be more resonant. This reflects the dual mandate of preventing NCDs and managing their disabling consequences, aligning perfectly with national strategies such as the National Multisectoral

Action Plan for the Prevention and Control of NCDs.

The physiotherapist: A pivotal agent for change in primary and community care

Physiotherapists are experts in movement science, uniquely trained to conduct functional assessments, prescribe individualised, safe, and effective exercise regimens, and monitor progress, especially for those with chronic conditions, disabilities, or age-related frailty (12). A significant barrier to implementing this vision is the underutilisation of physiotherapists in primary and community health settings. Their integration into Medical Officer of Health (MOH) units, Healthy Lifestyle Centres (HLCs), elderly care programs, and hospital outpatient departments can guide implementation of comprehensive NCD prevention and control programmes at rural health care settings. Moreover, physiotherapists can lead community-based group exercise programmes while encouraging a sustainable and healthy behaviour change of the community at the grassroot level.

Building a systemic pathway: From screening to sustained participation

Systemic integration requires concrete steps:

1. *Routine screening:* Embedding a simple physical activity vital sign (e.g., two questions on duration and frequency) into primary care checklists alongside BP and BMI measurements.
2. *Clear referral pathways:* Developing formal protocols for primary care providers to refer "inactive" or at-risk patients to physiotherapy-led services within the same healthcare network.
3. *Culturally relevant programming:* Leveraging Sri Lanka's community assets such as temple grounds, community halls, school playgrounds, and senior citizen clubs to host accessible, low-cost, and

socially engaging exercise programs like walking groups, Sri Lankan traditional dance-based aerobics, or strength training sessions.

4. *Digital Health Integration:* Utilizing tele-rehabilitation, mobile health apps with local language support, and activity trackers to extend reach, provide remote supervision, and enhance adherence, particularly for rural populations.

Interprofessional collaboration and policy advocacy

A successful national strategy hinges on collaboration. Medical officers, physiotherapists, public health midwives, nurses, and nutritionists must deliver a consistent, evidence-based message: "Movement is essential for health." The development and dissemination of Sri Lankan Clinical Practice Guidelines for Exercise Prescription for common conditions (diabetes, post-stroke rehabilitation, osteoarthritis, chronic obstructive pulmonary disease, and hypertension) would standardise and legitimise the practice. Professional bodies, including the Sri Lanka Society of Physiotherapy, must actively contribute to policy changes that recognise and fund exercise as a core health intervention.

Conclusion

The "Exercise for Prevention and Rehabilitation" paradigm represents a profound opportunity for cultural and systemic shift within Sri Lankan healthcare. It is a call to action to translate overwhelming evidence into daily practice. The nation's strong primary care foundation provides the ideal platform. By formally integrating physiotherapists into primary healthcare teams, establishing clear referral systems, creating community-centric programs, and fostering interprofessional collaboration, Sri Lanka can build a more resilient health system. As rehabilitation

professionals, physiotherapists are uniquely positioned to lead this transformation. By championing the integration of movement into every layer of healthcare, physiotherapists can help shape a future where exercise is a fundamental, accessible, and culturally embedded pillar of wellbeing for all Sri Lankans. Movement is not just lifestyle; it is medicine, and it is time we prescribed it as such.

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