Movement for movement: exercise as everybody's business?

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Exercise as medicine, is well established.[1] However, the art of knowledge transfer and implementation of exercise/physical activity (PA) remains poorly embedded in society, strategy and clinical practice in all aspects of health.[2] The reality of this situation is grim. Insufficient PA is 1 of the 10 leading risk factors for death worldwide, so exercise professionals and PA advocates have much work to do.

The purpose of this editorial is to point towards a strategic plan which responds to the clear limitations of the current multiagency infrastructure for PA. We propose that this strategy should now consider how stakeholders can meet the calls of existing collaborative plans by working specifically as a community of practice[3] (figure 1).

If the projected healthcare burden[4] is realised, there will be no shortage of patients, in terms of healthcare 'business'. Musculoskeletal problems and non-communicable diseases will dominate the landscape of tomorrow's patient care models.[5] We will need all expert hands on deck to support patients and organisations.[2] This will require the greatest leadership and vision to combine talents, skills, expertise, science, medicine, strategy and focus to meet future patient care and health economy need. Success would be a knowledgeable and capable workforce, enabling patients, individuals and nations to promote and protect health.

A CASE FOR CHANGE?

Why is it that the anticipated gains of many PA strategies and consensus statements are not being fully realised? We suggest that one convincing explanation may be that while these national activity plans set out a proposal for multisector collaborative approaches, they fall short because they fail to address how professionals and stakeholders develop and deepen an understanding of PA promotion. Specifically, they fail to consider 'shared' learning and development, in order to create a body of 'common' knowledge, practice, resources, approaches and 'established ways of interacting'.[6] As such, in practice, individual stakeholders continue to work, learn and influence in relative silos. We argue here that a potential solution to this problem is to develop a true community of practice, as described by Etienne Wenger.[7]

SOCIAL LEARNING

Communities of practice 'transcend' the notion of a group of individuals with a shared interest or passion and, instead, are characterised by "*collective pursuit of an enterprise/practice over a period of time in order to share significant learning and in some instances create new knowledge*" (p6).[6] Learning in this collaborative manner has implications for professional identity—creating "*personal histories of becoming in the context of [that] community*" (p5).[8] This 'social learning' has the potential to eradicate interprofessional barriers constructed as a result of historical professional hierarchies and tensions.

Communities of practice have been demonstrated to positively impact on many factors which will be critical to achieving the WHO Member States pledge to reduce physical inactivity by 10% by 2025. These include improving: standards of interventions; knowledge exchange and learning; problem solving; rate of knowledge/innovation diffusion and translation; generation of knowledge from practice; unification of the multiprofessional team and ownership and sustainability of practice change.[6] Furthermore, the social, professional and organisational capital generated by communities of practice has been proposed as a viable option for upscaling professional development in developing countries, thereby addressing inequalities in health.[6]

MOVING FORWARDS?

It is now time to consider how we create a meaningful community of practice[7] which, in order to effectively reduce ill health and suffering, must be inclusive of all stakeholders. We envisage that this community should include sport and exercise doctors and clinicians; physiotherapists; physical therapists; kinesiologists; exercise physiologists; sport and exercise

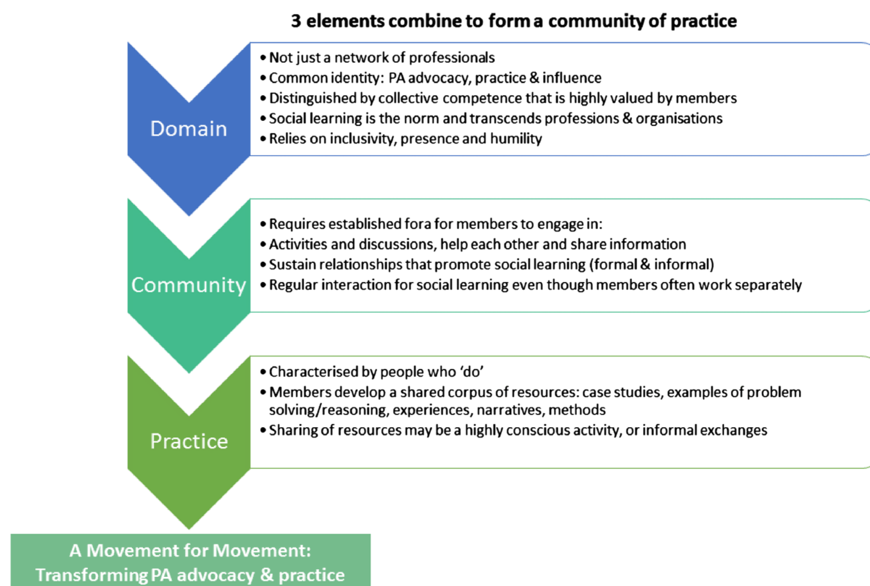

Figure 1 A community of practice for exercise and physical activity (PA). Based on Wenger-Trayner and Wenger-Trayner.[3]

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Br J Sports Med: first published as 10.1136/bjsports-2016-096857 on 20 October 2016. Downloaded from http://bjsm.bmj.com/ on July 22, 2021 at Univ Of West Ontario GSTR10174936 Serials Acquisitions Unit. Protected by copyright.

scientists; public health specialists; healthcare and fitness professionals; community outreach workers; charity workers and practitioners interested in all aspects of societal health and humanity,[2] to align itself to the vision of reducing physical inactivity.

Now we need to catalyse the impetus for change and realise these values in practice.

Crafting the narrative is key to engaging and mobilising action.[9] The idiom *exercise as medicine* has been a valuable tool for this narrative and has served a purpose thus far. However, there may be restrictions to framing exercise as medicine that could potentially preclude the engagement of a diverse, global and connected community of practice. The authors propose that the global narrative is reframed in a way that reflects all professionals and professions' efforts, and initiates a discourse around a *Movement for Movement*, where the health of nations, communities and individuals is everyone's mission and vision. A *Movement for Movement*, owned by all, free from restrictive influences and able to deliver on the huge challenges ahead.

A MOVEMENT FOR MOVEMENT

Building a community of practice will break down the silos in thought and action by generating a social infrastructure that engenders bottom-up, rather than top-down, approaches. A collaborative learning and development 'platform' constructed in this way can facilitate leadership and knowledge translation. A *Movement for Movement* will attract an international audience. It is the vehicle with which stakeholders will be engaged and inspired. A movement that delivers. A legacy that makes every contact count and every influence matter.

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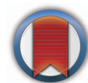
Competing interests ABG is CEO of Exercise Works! and a Member of The World Heart Federation Emerging Leaders Programme.

Provenance and peer review Not commissioned; externally peer reviewed.

▸ Additional material is published online only. To view please visit the journal online (http://dx.doi.org/10.1136/bjsports-2016-096857).



To cite Gates AB, Kerry R, Moffatt F, *et al*. *Br J Sports Med* 2017;**51**:767–768.

Accepted 3 October 2016
Published Online First 20 October 2016

Br J Sports Med 2017;**51**:767–768.
doi:10.1136/bjsports-2016-096857

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