Invited Clinical Commentary On: Wellness Aging Model Related to Inactivity, Illness, and Injury (WAMI-3): A Tool to Encourage Prevention in Practice

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The title of this Special Interest article indicates the introduction of "A Tool to Encourage Prevention in Practice." The Wellness Aging Model Related to Inactivity, Illness, and Injury (WAMI-3) effectively establishes guidelines for clinicians, helping them develop the mindset and language needed to tackle the complex topics of aging, sickness, and debility. It supplies screening questions to identify the need for additional physical activity (PA) recommendations. This tool provides structure to support clinicians, offering them a framework to educate patients about the benefits of PA for staying healthy and independent. However, the WAMI-3 does not present solutions for how to best set up our patients for long-term success after we identify a need.

THE WAMI-3 TOOL

There are several aspects of the WAMI-3 tool that will be very effective in both clinical and academic settings. First, it successfully translates the complex journey of aging into a visual format. We know that a picture is worth a thousand words, and this is no exception. With the simple use of a graph, we can describe to our patients visually and in words what "normal" aging looks like. The use of visual aids to communicate complex information takes into consideration and benefits patients who may have lower levels of health literacy. Older adults with low health literacy may not be able to make positive health changes due to lack of education and limited understanding of the problems and treatment options available to them.[1]

To simplify the chart even further and make it more effective, I would suggest replacing the vertical axis ("Systems, Cells, and Functions of the Body, Functional Mobility") with "Physical Health and Independence." The original terms may be meaningful to clinicians, but not to the lay person. We often get lost in our clinical jargon and diminish the impact of our message. To be successful, we need to make the information meaningful to those whom we aspire to assist with positive health changes.

The second relevant aspect of the WAMI-3 tool is that it provides a concrete framework to educate both patients and clinicians that aging is not a disease process. As we age, there are some expected, inevitable changes we all experience. Those normal age-related changes alone do not cause loss of our health and independence. It is when we are faced with the additional challenges of inactivity, illness, and injury that we experience accelerated declines. The WAMI-3 communicates this in a very clear and concise manner.

Having the skill to be able to separate out each of these 3 factors into distinct areas, and understanding they may happen separately, or simultaneously, will better target the true problem area. It is vital we understand it is not the aging process alone, but rather the compounding effects of multiple contributors that lead to the downhill slide most people accept as normal aging. Once we embrace this concept, recommending appropriate treatments based on the specific deficits will become easier and more individualized to the issues identified.

The third way the WAMI-3 tool is helpful for clinical use is that, in addition to visually presenting the deleterious effects of inactivity, it plainly depicts the benefits of exercise. From my experience, few older adults truly understand the sizeable impact that adding more movement into their daily lives can have on their aging trajectory. No one has ever taken the time to explain this to them in meaningful terms they can grasp. The supplemental tables offered by the authors give clinicians the additional tools necessary for successful education of older adults about the benefits of PA.

IMPLEMENTATION INTO DAILY PRACTICE

Change is hard. This holds true for our patients, and for us as clinicians. Our patients need to be convinced of the benefits of adding more PA to their daily lives. Similarly, clinicians need to embrace the role we play in identifying

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the need for, educating about, and assisting our clients to be successful in making positive lifestyle changes. I suggest that a single practitioner will have great difficulty implementing this process alone. The transformation needs to start with the mindset and culture of the practice or facility. Implementation of the WAMI-3 on a practice level will have numerous benefits. It ensures consistent performance of the process, holds clinicians accountable, and supports long-term success. Practical suggestions include providing proper initial and ongoing training on how to clinically apply the tool. This may be accomplished by video tutorials, use of scripts, and role playing. Embedding questions into the electronic medical record to prompt clinicians, both during the initial evaluation and follow-up sessions, will improve consistency. Performing regular documentation reviews to hold staff accountable will also increase adherence to PA screening.

IDENTIFY AND EDUCATE, THEN WHAT?

The WAMI-3 tool does a great job of starting the conversation about prevention and wellness, which is a vital first step. We have other similar screening tools already in our repertoire: the Patient Health Questionnaire-2[2] to identify risk for depression, body mass index[3] to assess for healthy weight, blood pressure,[4] and heart rate to monitor cardiovascular status. With each of these screening tools, we identify the concerning values, educate about the high-risk area within our scope of practice, and continue to monitor. Each of these tools also has specific guidelines about when to refer out to other health care providers for additional treatment and support.[2-4] To my knowledge, there are no current standards or cut-off scores for when to refer out specifically for PA. Recommendations exist from the World Health Organization, which identify minimum amounts of activity.[5] However, there are no preset scores to determine who is at high risk for additional health and mobility issues due to lack of activity. How will we make this determination? When we do, to whom will we refer? This is where the gap in clinical translation becomes apparent to me. There are limited options for older adults to participate in opportunities specifically designed to support their success at increasing PA levels long-term. Current options include referring to organizations that participate in programs like Silver Sneakers or connecting patients with Senior Centers that may offer exercise options. The best offerings are yet to be developed on a large scale, and physical therapists and assistants can help meet that need.

SUMMARY

As a profession, we could better serve the aging population. The first step in this journey is fully embracing our role in prevention and wellness, and the WAMI-3 makes positive strides in this direction. Although prevention and wellness may not be the primary role in which many of us see ourselves, there is a significant need for increased professional emphasis on preventive care, and a delivery gap that needs to be filled: we have the perfect skillset to fill that gap. As physical therapy practitioners, we have the education and expertise to work with deconditioned and medically complex patients and help them to regain health and independence. That journey should not automatically come to a stop when they complete their physical therapy plan of care. We are perfectly positioned to make a more positive impact on the health of our aging community if we only dare to accept the challenge.

REFERENCES

1. Office of Disease Prevention and Health Promotion. National action plan to improve health literacy. US Department of Health and Human Services. Published 2010. https://health.gov/communication/HLActionPlan/pdf/Health_Literacy_Action_Plan.pdf
2. Kroenke K, Spitzer RL, Williams JB. The Patient Health Questionnaire-2: validity of a two-item depression screener. *Med Care*. 2003;41(11):1284-92. doi:10.1097/01.MLR.0000093487.78664.3C
3. Centers for Disease Control and Prevention. Assessing Your Weight. https://www.cdc.gov/healthyweight/assessing/
4. American Heart Association. Understanding Blood Pressure Readings. https://www.heart.org/en/health-topics/high-blood-pressure/understanding-blood-pressure-readings
5. Bull FC, Al-Ansari SS, Biddle S, et al. World Health Organization 2020 guidelines on physical activity and sedentary behaviour. *Br J Sports Med*. 2020;54(24):1451-1462. doi:10.1136/bjsports-2020-102955