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### Implementation of Physician Referral Process Into an Established EIM-OC Program at Slippy Rock University

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Promoting physical activity and exercise has become essential with the rising incidence of sedentary behavior and its associated health risks. Although exercise offers many benefits and reduces the risk of chronic disease, people often struggle with maintaining exercise programs. Through receiving referrals from local physician offices, the Exercise Is Medicine on campus (EIM-OC) at SRU aims to reach community members who can benefit from exercise. To date, referrals have only been received from the Student Health Center. **PURPOSE:** The purpose of this project was to evaluate the referral process from Slippy Rock Family Medicine (SRFM) into the established EIM-OC program at Slippy Rock University. **METHODS:** The EIM-OC referral program at SRU has expanded to partner with SRFM. Healthcare providers agreed to screen patients for exercise participation at every visit. Patients who were eligible were given medical clearance and referred to EIM-OC. Exercise sessions were supervised by an EIM-OC Graduate Assistant or Exercise Science Intern and consisted of a one-hour individualized exercise prescription, three days per week. Health/wellness questionnaires, volume of exercise, and exercise adherence were assessed pre-post 8-week exercise intervention and at 2 and 3-month follow-ups. **RESULTS:** Referrals were accepted for 15 participants (7 males, 8 females; age  $52.5 \pm 7.3$  y). Average weekly aerobic volume significantly increased (PRE-  $37.7 \pm 81.2$  v. POST-  $196.1 \pm 68.9$  min/week;  $P < 0.05$ ) by the end of the exercise intervention, whereas self-reported sedentary time remained the same (PRE-  $10.6 \pm 3.9$  v.  $9.0 \pm 2.9$  hours/day;  $P > 0.05$ ). There was 97.5% compliance to the exercise intervention in our cohort, though the average body weight remained the same (PRE-  $102.8 \pm 20.5$  v. POST-  $101.6 \pm 20.0$  kg;  $P > 0.05$ ). Eight of 15 participants submitted two-month follow-up data compared to 5 who submitted three-month follow-up data. Self-reported physical activity at two months ( $176.9 \pm 84.4$  min/week;  $P < 0.05$ ) and three months ( $201.0 \pm 89.6$  min/week;  $P < 0.05$ ) was significantly greater than baseline ( $37.7 \pm 81.2$  min/week). However, self-reported physical activity remained the same at two months ( $176.9 \pm 84.4$  min/week;  $P > 0.05$ ) and three months ( $201.0 \pm 89.6$  min/week;  $P > 0.05$ ) compared to post ( $196.1 \pm 68.9$  min/week). **CONCLUSIONS:** Incorporating physician referrals into the EIM-OC program was feasible and created a positive relationship with SRFM. The program was successful in increasing the volume of exercise in adults with various comorbidities. **SIGNIFICANCE/NOVELTY:** To our knowledge, few universities have established an EIM-OC referral program by which members of the community are referred for exercise intervention by their physicians. These findings provide valuable insights for universities looking to promote physical activity within their communities.