XERCISE IS A MIRACLE DRUG. I’M SUCH A BELIEVER THAT it’s the key to health, wellness and longevity that I prescribe it to every patient I see.

Take it often, and you’ll live a longer, healthier life. Your medical costs will be lower, you’ll sleep better at night, and your workdays will be more productive. Your mood will improve, and your risk of developing almost any chronic disease will drop.

It works for just about everyone who takes it, young or old, and if done correctly, it has few or no negative side effects. Every dose is 100% effective—even small ones. It’s the most powerful, readily available drug in the world. And it’s free.

As a sports medicine physician at the Hospital for Special Surgery in New York, plus an athlete and fitness instructor, I know how far the field of medicine is from embracing this prescription. Health care in the United States is, in practice, more like “sick care.” We spend much more money treating an increasingly unhealthy population years down the line, after disease has set in, instead of investing in preventive ways to avoid it in the first place.

But over the past 60 years, scientific research has provided irrefutable evidence of the medicinal value of exercise. For the country to reduce health-care costs and enhance well-being, the worlds of fitness and medi-
The Science of Exercise • A True Medicine

The powerful medicine of exercise does more than just make you feel better after a jog or spin class. It works across the entire body to help shield it from disease.

Modern medicine got a taste of this potential in 1955, when a study published in the scientific journal The Lancet showed that British postmen tended to die less from heart attacks and heart failure than people like mail sorters, who were employed in more sedentary jobs. Early studies like these established the link between activity and disease prevention and inspired further research.

We now have proof that several diseases respond strongly to exercise. Active people have lower blood pressure, stroke rates and heart attack risk than those who do not exercise regularly, suggesting that exercise is a powerful force against heart disease, the number-one killer in the U.S. It even affects a person’s risk for cancer. A 2016 study of more than 14 million people showed regular exercise decreases the risk for 13 types of cancer, including breast, ovarian and colon cancer. Diabetes—the most expensive disease in the U.S., costing more than $100 billion per year and affecting 30 million Americans—is both preventable and treatable with regular exercise.

The known benefits of exercise even apply to elderly patients. Studies have shown lower rates of anxiety, depression and memory loss among regular exercisers, compared with people who don’t move around much. Exercise is currently the most effective known way to prevent the much-feared conditions of dementia and Alzheimer’s disease and to slow their progression.

EVERYONE CAN EXERCISE

Thankfully, you don’t need to take mega-doses of this drug to get the benefits. A little bit goes a long way.

The American College of Sports Medicine recommends 150 minutes of exercise per week—just about 30 minutes, five days a week. More is better, but this seems to be the sweet spot. Anything from brisk walking to joggin to hightailing it up the stairs counts. And the harder you’re willing to push yourself, the less time you’ll have to commit to enduring it. You can get away with half of the recommended dose of exercise by exercising at high intensity, like in the popular workout of high-intensity interval training, or HIIT.

Nearly everyone can add more exercise into their lives—even people whose bodies have been through a lot. Five years ago, I started a full-body workout class, called IronStrength, in the basement of a local gym with 20 of my patients. I had found that the stronger I kept my own muscles, the fewer aches and pains I had in my hips and knees, so why not help my patients get those same results?

Today, IronStrength workouts have grown from 20 to 1,000 people, sometimes more. We now hold them in outdoor spaces like Central Park or on the flight deck of the Intrepid Sea, Air and Space Museum.

What started as a way to teach people to strengthen their muscles has turned into a program that attracts people of all ages, sizes and fitness levels. Regular attendees include people like Cheryl, who ran her first half-marathon at age 62, and Ben, who was sidelined with a chronic hamstring injury until strength exercises helped him heal. In one recent class, a 10-year-old, her 42-year-old mother and her 71-year-old grandmother were all doing the same exercises.

The success of these free, weekly classes proves that getting in shape doesn’t have to be painful or expensive. When we surveyed participants last year, most said they kept coming back to class because doing it as a group made exercise social and fun. Exercise isn’t just good for the body; it also has the power to engage and build communities.

A FITTER FUTURE

As movements like these spread across the country, and as mainstream medicine slowly begins to catch up with the research, the hope is that physicians and health insurers can work together to educate patients about preventive health and find ways to incentivize exercise. If I had my way, medicine’s four core vital signs—temperature, pulse, blood pressure and respiration rate—would be joined by a fifth: step count, with a goal of 10,000 per day. It should be part of every standard medical chart, right alongside height and weight.

We must take steps like this toward preventive medicine, because what we’re doing now isn’t working. Every year, Americans spend more than $3 trillion on health care, and most of that goes toward treating diseases. Ours is by far the most expensive in the world, yet Americans aren’t especially healthy. With an average life expectancy of 78.8 years, the U.S. ranks 43rd among all nations in longevity and population health. For both doctors and patients, embracing exercise is the key to driving these costs down and improving people’s outcomes.

Eventually, exercise will be prescribed as a real medicine, down to the dosage. Patients will be incentivized to exercise in ways specifically designed for them, based on their age, fitness level and interests. They’ll be able to join virtual group classes and participate together, creating digital communities. All of these programs would encourage people to move more.

There’s no need to wait for health-care reform to validate exercise already known to be true: that exercise is a potent preventive medicine, far safer and more effective than any other drug on the market. Though plenty of people love it, it’s a tougher sell for those who don’t. You can lower your cholesterol or blood pressure is easier than going for a run to meet the same goal. But remember—if a drug was invented that had all the benefits of exercise, people would fight to get their hands on it.

As today’s medical world advances at a dizzying rate, it’s equally important to get back to basics. Whatever your age and wherever you live, maximize your own dose of exercise: get moving, keep moving, and don’t stop.

Jordan D. Metzl is a renowned sports-medicine physician at the Hospital for Special Surgery in New York. In addition to his medical practice, he has written five books, including Dr. Jordan Metzl’s Workout Prescription, Strength Workout and IronStrength community fitness program to promote activity and wellness.