

CREATING A COMFORTABLE AND WELCOMING OFFICE ENVIRONMENT FOR PATIENTS WITH HIGH BODY WEIGHT



Using the following guidelines can improve patient care in your office. Review these guidelines with your medical and administrative staff to create a comfortable and welcoming office environment for patients with higher body weight.

1. Create an accessible office environment.

- Provide sturdy, armless chairs and high, firm sofas in waiting rooms.
- Provide sturdy, wide examination tables that are bolted to the floor to prevent tipping.
- Provide extra-large examination gowns.
- Install a split lavatory seat and provide a specimen collector with a
- handle. Properly mounted grab bars are needed to enable a person to get up more easily. It is important to install floor mounted toilets and well-supported toilet bowls

2. Use medical equipment that can accurately assess patients with high body weight.

- Use large adult blood pressure cuffs or thigh cuffs on patients with an upper-arm circumference greater than 34 cm.
- Have extra-long phlebotomy needles, tourniquets, and large vaginal specula on hand.
- Have a weight scale with adequate capacity (greater than 350 pounds).

3. Reduce patient fears about weight.

- Give patients the option to be weighed or not by asking, "Would you like to be weighed today?" and be respectful if they decide not to be weighed.
- Weigh patients in a private area that allows for confidentiality. Give
 patients who want to be weighed the option for blind weighing (facing
 away from the scale).
- Record weight without comments, and give patients the option of whether
 or not they would like to be informed of how much they weigh.
- · Ask patients if they wish to discuss their weight or health.
- If patients want to discuss their weight, ask them what terms they would prefer you use in discussing their weight. For example, some patients prefer that physicians avoid using the term obesity and would instead prefer terms such as 'weight' or high BMI.

4. Offer preventive care services.

- Allow adequate time during office visits for preventive care services.
- Recommend or provide preventive care services regardless of the size of the patient, such as Pap smears, breast examinations, mammography, prostate examinations, and stool testing.



4. Encourage healthy behaviors.

- Focus discussions on how to make behavior changes instead of emphasizing weight loss.
- Emphasize the benefits of maintaining healthy habits, whether or not the patient loses weight.
- Encourage physical activity to improve cardiovascular and mental health outcomes.
- Seek out professional resources to assist your patients and provide referrals to registered dietitians, certified diabetes educators, exercise physiologists, and support groups, as appropriate.
- Promote self-acceptance and encourage patients to lead a full and active life.

Office Checklist*

Exam Room:

Stepstool with handle for exam table access
Large size gowns
Large and extra large adult and thigh blood pressure cuffs
Long vaginal specula
Wide examination tables, bolted to the floor
Hydraulic tilt tables, if possible
Sturdy armless chairs

Waiting Room:		
	Open arm chairs that can support more than 300 pounds Firm sofas that can support more than 300 pounds Ensure 6–8 inches of space between chairs Weight-sensitive reading materials Doors and hallways accommodate large size wheelchairs, walkers, scooters Bathrooms with split lavatory seat with handled urine specimen collector Bathrooms with properly mounted grab bars and floor-mounted toilets	
Scale:		
	Wide based scale that measures > 350 pounds Meets established accuracy requirements Accessible for patients with disabilities Situated in a physical location that offers privacy and confidentiality Wide platform with handles for support during weighing	

^{*}Adapted from: Kushner RF. Roadmaps for Clinical Practice: Case Studies in Disease Prevention and Health Promotion—Assessment and Management of Adult Obesity: A Primer for Physicians. Booklet 9: Setting up the Office Environment. Chicago, Ill: American Medical Association; 2003.