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Editor-in-Chief Pick of the Month

Every Journey Begins With a First Step

Exercise has been proposed to treat many maladies. Using *primum non-nocere* and common sense as evidence, members of clinical practice guidelines committees have endorsed exercise at the highest level as an adjunctive treatment for multiple diseases of the heart and lungs, for psychiatric conditions, and even cancer. Positive associations have been made between early return of physical activity and degree of recovery from mild traumatic brain injury. Accordingly, in this month's AEM Pickof the month, **A randomized trial comparing prescribed light exercise to standard management for emergency department patients with acute mild traumatic brain injury**, Varner et al. present a well-justified and well-designed clinical trial testing the hypothesis that light exercise, such as 30 minutes of walking, would improve a score from a patient-reported survey. The upshot was no difference in scores on this survey between groups, but this outcome may suffer from what has been called the "Achilles heel" of exercise as medicine—adherence. Table 4 of the study compares multiple assessments of time and intensity of exercise between groups and shows very little if any difference. In an accompanying **invited editorial**, neurosurgeon **Dr. Shelly Timmons**, provides an expert perspective about the difficulties of conducting a trial such as this, and its importance in advancing knowledge about treating post-concussive symptoms. The data do provide confirmatory evidence that prescribing light exercise as at least not harmful to patients with concussion, and take the next step in the long journey of understanding exercise as medicine.

Best wishes,
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