Background
Fewer than 20% of people with MS engage in enough exercise to enhance well-being and quality of life.

This can be attributed to problems with successful knowledge translation regarding exercise and its benefits in MS.

This disconnect requires consideration of new opportunities for changing health behavior.

We have systematically developed a conceptual model that can be used as a guide for health care providers to use when promoting exercise to persons with MS.

Model Foundations
The conceptual model is founded on conceptual and theoretical frameworks of social cognitive theory and social ecological model.

It was further developed through interviews with person with MS regarding what they needed and wanted from exercise promotion through the patient-provider interaction.

Qualitative inquiry was also utilized to explore the needs and wants of health care providers in relation to promoting exercise to people with MS.

This research resulted in an initial conceptual model that was evaluated by persons with MS.

Following this evaluation, a refined conceptual model was developed.

The resulting conceptual model presents three, hierarchically organized, interactive, bidirectional layers displayed as a pyramid; preparation, interaction, and behavior change.

Preparation: The base layer highlights the foundation of education and training health care providers need to effectively promote exercise to persons with MS.

Interaction: The middle layer represents the dynamic, interactive process of consultations, referrals to other health care providers, and exercise preparation that encompass the actual patient-provider interaction.

Behavior Change: The top layer represents the point wherein persons with MS utilize resources and support gleaned from the patient-provider interaction for initiating behavior change.

Action and maintenance continuum: The continuum represents the journey persons with MS undertake to be physically active, supported by different stages of the conceptual model underneath. It also reflects the fluidity of exercise behavior by showing person with MS at different stages of the continuum.

Conclusions
The conceptual model provides a new approach for promoting exercise through the patient-provider interaction.

It is designed in such a way to be a practical guide for health care providers working within a MS comprehensive care setting.

From the perspectives of persons with MS, there is great excitement and need for such a model and we are close to creating a sustainable, useful and important resource which can be implemented into MS health care.

Future Directions
The development of the conceptual model is but one stage of a research endeavor aiming to increase the number of persons with MS who are physically active.

The next steps of this research involve:

1. Evaluating, validating and refining the model through further qualitative research with health care providers.
2. Operationalizing the conceptual model for real world application within MS comprehensive care.
3. Conducting a sequential path of research including feasibility trials, pilot, efficacy and effectiveness stages of research to evaluate change in exercise behavior and associated outcomes for people with MS.

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