



CAN ORANGETHEORY REDUCE MY PATIENTS' HEALTH COSTS?

ORANGETHEORY 2X / WEEK IMPROVES CARDIOVASCULAR FITNESS,¹ POTENTIALLY SAVING EMPLOYEES AS MUCH AS \$6,103² IN ANNUAL HEALTH COSTS.

BACKED BY SCIENCE¹

Individuals (38.0 ± 1.7 yrs) who participated in Orangetheory 2x/week for 8 weeks experienced:

ALL COMPLETED THE STUDY WITH 100% ADHERENCE

↓ Fat Mass*

↑ VO₂ max*

↓ Systolic & Diastolic Blood Pressure*

↑ 1 (± 0.3) Maximal Intensity (MET) *

HOW DOES IMPROVING CARDIOVASCULAR FITNESS CHANGE HEALTH COSTS?

1 MET incremental increase*¹ = ↓ Annual health cost savings of about \$3,272 - \$6,103**²

*denotes statistically significant change

**dependent on BMI & fitness level

1 Quindry, J., Williamson-Reisdorph, C., French, J (2020). Health and fitness benefits using a heart rate intensity-based group fitness exercise regimen. *Journal of Human Sport and Exercise* (2006), 15(3): 692-705. <https://doi.org/10.14198/jhse.2020.153.18>

2 de Souza de Silva, C. G., Kokkinos, P., Doom, R., Loganathan, D., Fonda, H., Chan, K., de Araújo, C. G. S., & Myers, J. (2019). Association between cardiorespiratory fitness, obesity, and health care costs: The Veterans Exercise Testing Study. *International Journal of Obesity* (2005), 43(11), 2225–2232. <https://doi.org/10.1038/s41366-018-0257-0>

Questions? Contact your nearest www.orangetheoryfitness.com studio or healthcareadvantage@orangetheory.com.

LETTER OF MEDICAL NECESSITY

FOR USE WITH AN HSA/FSA
MEMBERSHIP/CLASS PACK

PROVIDER INFORMATION

Provider Name

Provider Address

PATIENT INFORMATION

Patient Name

Medical Diagnosis

Prescribed Treatment A 1-hour comprehensive program including strength and aerobic training, 3 times weekly in alignment with national physical activity guidelines.

CERTIFICATION

I certify that this treatment is medically necessary to treat the specific medical diagnosis described above and is not for general health.

PROVIDER SIGNATURE

Date

Provider Signature

LETTER OF MEDICAL NECESSITY

FOR USE WITH AN HSA/FSA

HEART RATE MONITOR

PROVIDER INFORMATION

Provider Name

Provider Address

PATIENT INFORMATION

Patient Name

Medical Diagnosis

Prescribed Treatment Any associated technology, including but not limited to, associated fitness trackers, in connection with a 1-hour comprehensive program including strength and aerobic training, 3 times weekly in alignment with national physical activity guidelines.

CERTIFICATION

I certify that this treatment is medically necessary to treat the specific medical diagnosis described above and is not for general health.

PROVIDER SIGNATURE

Date _____

Provider Signature _____