



2008 SPECIAL FEATURES ARTICLES

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LINDA J. BUCH –March 3, 2008
BONE HEALTH

Humans are born with 350 bones and because some of these bones fuse together as we grow, we leave this world with 206. In contrast to the root of the word “skeleton” (which comes from the Greek, “skeletos,” meaning “dried up”), bones are living tissue with the ability to renew and repair themselves. We usually think of bone just as the scaffolding that holds us together but bone also protects our vital organs and, with 99 percent stored in the bones and teeth, is a repository for the vital nutrient, calcium.

Bone feels hard on the outside (called the cortical layer), but on the inside (called the trabecular layer), the bone is a spongy honeycomb of busy cells (osteoclasts and osteoblasts) that are hard at work demolishing old bone and rebuilding with new, respectively. This process, known as “remodeling,” can last three to six months, which is why a broken bone seems to take forever to fully heal.

***Care and Feeding**

The keys to strong and resilient bones are proper nutrition and weight-bearing physical activity.

Nutrition

When it comes to nutrition, calcium is the obvious and most predominantly important nutrient. Good sources are dairy foods such as yogurt, skim milk, cheese, and cottage cheese, as well as spinach, collards, oranges, canned salmon, nuts, beans, and peas. Many orange juice companies fortify their products with calcium because it absorbs well in the presence of vitamin C.

But vitamin D is the real workhorse because without it calcium does not absorb properly. We absorb vitamin D through the skin from exposure to sunshine and ingest it from food and supplements. Primary food sources are fish liver oils, fatty fish (such as salmon,

mackerel, catfish, sardines, tuna) mushrooms, and whole egg. As we age past 50 our bodies become less adept at absorbing vitamin D. Other groups at risk for reduced vitamin D absorption are those people in northern climates where there is less seasonal sunshine and those with high skin pigmentation (particularly people of African descent). For these three groups in particular, attention to diet and supplementation becomes crucial.

Potassium, vitamins C, and K—found in fruits and vegetables-- are also essential for bone health, along with magnesium that is found primarily in nuts and seeds. Therefore, ingesting a minimum of five servings of fruits and vegetables a day and a small serving of nuts and seeds (pumpkin is the best) is important for preserving bone. Fruits and vegetables are important because they are alkaline and serve to neutralize the acid produced by grain-based and protein foods, writes Bonnie Liebman in the Nutrition Action Health Letter's January-February issue. Liebman is director of nutrition for Center for Science in the Public Interest. This is true whenever your body signals that it needs more calcium—it takes what it needs from your own bone if it is not supplied from the diet and/or created by weight-bearing exercise.

The National Osteoporosis Foundation compares bone maintenance to a savings account: there is only as much in the account as you deposit, primarily from before puberty until about age 30. The body has all the calcium it needs in the bones and teeth but allowing these withdrawals from your bone bank will cause osteoporosis, which means “porous bones.” This is a debilitating disease where the bones become frail and brittle and often leads to severe disability if a bone breaks after a fall. Women in particular need to “deposit” as much bone mass as possible into their “account” because, of the 10 million Americans with osteoporosis, eight million are women.

Physical Activity

Bone requires stress and strain. It is the pulling action of the muscles and their connective tissues against the surface of the bone that causes the bone making cells (osteoblasts) to make bone dense and strong. Bone stimulating activities include walking, jogging, dancing, hiking, snowshoeing, racquet sports (tennis, racquetball, squash), and especially weight lifting. Swimming and bicycling are both great activities for the cardiovascular system but, since water or a bicycle supports the body, that eliminates stress on the bones. Therefore, they are not considered good weight-bearing activities where bone strength is the objective.

According to a study on the effects of strength training on bone density, published in the Journal of the American Medical Association (JAMA) on December 28, 1994, women who strength-trained twice a week for a year increased their bone density compared to the no-exercising control group. The study, performed at Tufts University Nutrition Research Center on Aging, conclusively proved that "High-intensity strength training exercises are an effective and feasible means to preserve bone density while improving muscle mass, strength, and balance in postmenopausal women."

Assessing Bone Health

About the time we enter our mid-forties, your physician will probably schedule a bone mass measurement test to establish a baseline for bone density. This is especially vital for women to do prior to entering menopause because estrogen, among other functions, stimulates bone-building osteoblasts and suppresses bone-dissolving osteoclasts. As estrogen levels decline, the balance tips towards the bone-destroying osteoclasts. By establishing a baseline, your physician can monitor your bone mineral density (BMD) more effectively.

There are many different machines that measure BMD. Some measure hip, spine, and whole body and others are designed to

measure peripheral bone such as wrist, finger, shinbone, and the heel of the foot. They are very “user-friendly,” requiring only that you lie or sit down, depending on the type of machine recommended for you.

SIDE BOXES:

To ensure that 95 percent of the population gets enough calcium, the National Academy of Sciences established the following recommended intake levels:

CALCIUM:

1,000 mg/day for those aged 19-50
1,200 mg/day for those aged 50 or over
1,000 mg/day for pregnant or lactating women

VITAMIN D (measured in International Units—“IU”—because it is fat soluble):

1,000 IU for those aged 0-12 months
2,000 IU for those aged 1-18+ years
2,000 IU for pregnant and lactating women

Resources:

“Strong Women, Strong Bones,” Miriam E. Nelson, Ph.D., Perigee, 2000, \$14.95

“Ageless Spine, Lasting Health,” Kathleen Porter, Synergy Books, 2006, \$24.95

“Physical Activity and Bone Health,” Karim Khan, Human Kinetics, 2001, \$69.00

National Osteoporosis Foundation, 800-223-9994, nof.org

StrongWomen, strongwomen.com

LINDA J. BUCH –March 24, 2008
Pregnancy and Exercise

“You should never say anything to a woman that even remotely suggests that you think she’s pregnant unless you can see an actual baby emerging from her at that moment,” quipped humor writer Dave Barry. Since pregnancy can be emotional for most women as their bodies change, this is great advice!

A lot of fear and reluctance around exercise is understandable. How much can I do? What sports or activities should I avoid? Will the fetus be at risk? This is why the American College of Obstetricians and Gynecologists (ACOG) recommend talking with your doctor first to be sure there are no health conditions (see side box for their list) that might limit activity or cause harm to you or the fetus.

ACOG, who recommends 30-minutes of exercise most days of the week, acknowledges that, even though you may not feel at your best while carrying a baby, exercise can bring some relief from the backaches, bloating, constipation, and swelling as well as improve mood, posture, muscle tone, strength, and endurance. Activity also promotes better sleep and can prevent or treat gestational diabetes.

“Walking, swimming, cycling, aerobics (particularly water aerobics), and yoga are all good activities that help women who are not in shape get in shape,” says OB-Gyn Reid Goodman, M.D. However, if it has been a while since you have engaged in any activity, start slowly by exercising five minutes a day, adding an additional five minutes each week, until you are able to perform 30 minutes a day.

Exercise such as running, racquet sports, and strength training are also acceptable but only if done in moderation and generally only by women who were participating in these activities prior to becoming pregnant.

Activities that should be avoided by all pregnant women are those where there is a risk of falling or where the center of gravity is crucial for balance. Examples are skiing, contact sports (such as basketball and soccer), gymnastics, water skiing, and horseback riding. Scuba diving is very risky because the pressure from being underwater can put the baby at serious risk for decompression sickness (“the bends”). Also, after the first trimester, women should not perform any exercises that require lying flat on the back because this flattens the uterus and can inhibit blood flow and circulation. Standing still for long periods of time should also be avoided because this can decrease cardiac output and even cause early delivery.

Getting in shape prior to pregnancy is a real boon to a successful outcome for mother and child. Women should maintain a healthy weight and participate consistently in exercise programs that strengthen muscles as well as exercise for the heart and lungs (cardiovascular). While there are no guarantees, being in good

physical condition can make delivery easier, safer, and speed recovery.

Lori Goldman, age 45, and mother to now three and a half-year old Jane, quit smoking and got into exercise in her early 30's. "When I got pregnant, I quit running and got into swimming twice a week, strength training three times a week, and worked out on the elliptical trainer once or twice a week," says Goldman. "After exercise I felt accomplished, confident and happy." She stressed that it was the daily exercise prior to and during pregnancy that contributed to her stamina during labor. "I was in labor for 20 hours; being in shape contributed to my being able to do that."

Research at both the University of Washington and Harvard has shown that women who get into an exercise program a year before getting pregnant reduce their risk of pre-eclampsia (a deadly high blood pressure condition affecting both mother and baby) by as much as 33 percent.

Every system in the body is affected by pregnancy but it is the musculoskeletal and cardiovascular systems that are the focus of exercise issues. As the pregnancy progresses, the center of gravity shifts, which means exercise activities must be adjusted and accommodated. Hormonal changes relax the ligaments, which creates more joint flexibility; the extra weight, especially in the last trimester, makes the heart and circulatory system work harder than before pregnancy, so moderation during any aerobic activity is necessary; and the increasing shift of weight to the front of the body stresses the joints and muscles of the hips and lower back, creating muscle pain and possible problems with balance.

This generally suggests that the most practical time for physical activity is during the first 24 weeks of pregnancy. During the last trimester, water exercises are usually the most comfortable.

Teddi Bryant, a mother of two and owner of "Hot Mamas Exercise," started her business by accident. "I put my new baby in a stroller and started working out in the park in order to get back into shape. Other women asked to join in so my "Hot Mamas" stroller exercise program began," explains Bryant. "My studio, which opened in 2003, is dedicated exclusively to pre and post-natal fitness. We are all about helping moms and moms-to-be look and feel great during and after their pregnancy." Prenatal classes are on Saturday's at 11:00; a new Tuesday evening class will be announced soon. Exercises stress core, abdominal, and leg strength and are modified for the various stages of pregnancy. Participants also learn to breath and how to focus through the pain of labor.

“You wouldn’t show up for a marathon without training for it. The same goes for labor, which is probably the biggest physical even of a woman’s life,” stresses Bryant.

Prenatal classes are available at the Jewish Community Center, most community recreation centers, YMCA, and private fitness facilities.

SIDE BOXES

The following conditions contraindicate exercise for everyone (American College of Obstetricians and Gynecologists, 2002):

- * Pregnancy-induced hypertension (pre-eclampsia)
- * Preterm rupture of placenta membranes
- * Preterm labor during the current pregnancy or previous pregnancies
- * Incompetent cervix
- * Persistent bleeding during the second or third trimester
- * Intrauterine growth retardation
- * Severe anemia
- * Cardiac arrhythmia
- * Extreme overweight or underweight
- * Poorly controlled seizure disorder or hyperthyroidism
- * Heavy smoker

Call your physician if you present any of these symptoms (ACOG, 2003):

- * Vaginal bleeding
- * Dizziness or feeling faint
- * Increased shortness of breath
- * Chest pain
- * Headache
- * Muscle weakness
- * Calf pain or swelling
- * Uterine contractions
- * Decreased fetal movement
- * Fluid leaking from the vagina

ACOG General Guidelines for a Safe and Healthy Exercise Program (2003):

- * After the first trimester, avoid doing any exercises on your back.
- * Avoid brisk exercise in hot, humid weather or when you have a fever.
- * Wear comfortable clothing that will allow you to remain cool.
- * Wear a bra that fits well and gives lots of support to help protect your breasts.
- * Drink plenty of water to help keep you from overheating and dehydrating.
- * Make sure you consume the daily extra calories you need during pregnancy.

Resources:

*Hot Mamas Exercise
701 S. Logan Street
Denver, CO 80209
303-296-2609
HotMamasExercise.com

*DVDs/Books/Magazines

“Hot Mamas Prenatal Conditioning,” Teddi Bryant, (in stores April, 2008

“Fit and Firm Pregnancy,” Denise Austin, 2006, \$14.98

“Fit and Healthy Prenatal Workouts,” Gabrielle Reece, 2007, \$14.98

“Fit to Deliver,” Nordahl, Peterson, Jeffreys, Hartley and Marks, 2005, \$19.95

“Colorado Parent” magazine, coloradoParenthood.com, Available free throughout Colorado, call: 303-320-1000 for a location

LINDA J. BUCH –June 9, 2008
WORKING OUT WITH ROPE

“Skipping rope” is not just for little girls in pinafores and pigtails on the playground. In fact, according to the modest scraps of history available, in ancient times, it was primarily a men’s game used to test and challenge agility and skill. Today it is not only a competitive sport but also part of most athletic training regimens. Few boxers or martial artists would be in the superb condition necessary for surviving a grueling round in the ring without the benefits derived from skipping rope.

Jeff Ford, Professional Mixed Martial Arts (MMA) and heavyweight World Fighting Champion (WFC), knows the value of incorporating jumping rope into his training. “Jumping rope is one of the keystones to any sports training,” says Ford. “By jumping rope regularly, you improve coordination, muscular and cardiovascular endurance, balance, rhythm, quickness, and versatility. I have been training with a rope since I was 13 years old; it is an essential part of my martial arts training.”

What is not to love about the jump rope? It is inexpensive, portable and effective. With all of the concerns for the health and fitness of our children, as well as the need to keep school budgets under control, one of the most efficient and fiscally responsible avenues is a jump rope program.

The Denver Public Schools started the Jump Rope League in 1995. Currently there are over 600 students (from grades one through eight) with 20 teams competing annually. The training season begins in November and culminates in April at the citywide competition held at Manual High School. Asbury Elementary has won four out of five events this year; Dora Moore School has the top rope skippers for grades six-eight.

One of the special things about this program, whose uniforms and other support come from the Denver Police Activities League (PAL),

is that all the coaches are dedicated DPS physical education teachers who volunteer their time both before and after school. These volunteers, along with a lot of parental support and involvement, help make this program a success.

Eric Larson, Physical Education Coordinator for DPS, explains that every student has a rope and everyone is jumping. "We believe in the whole child concept," says Larson. "Studies clearly show that when fitness levels go up, success in the classroom and test scores improve as well."

The "Jumping Beans Jump Rope Program" for kids aged seven to 18 was started in February 2008 at the Bob Burger Recreation Center in Lafayette, CO. The Marketing and Community Relations Director, Debbie Wilmot, explained that they are always looking for fun programs to get kids involved in fitness which also helps them create healthy habits as a lifestyle. This particular program is taught by five-time World Champion in rope skipping, Molly Metz, and is on-going year round in six-week segments. Classes max out at 15 participants; all classes so far have been full. Their program focuses on all the competition aspects of the sport from the simple to the exotic: Single Jumps, Double Dutch, Long Ropes, and the Chinese Wheel.

Parents are totally enthusiastic about their kids involvement in this program, all citing coach Molly Metz as a large part of the fun. Aimee Irwin's daughter, Payten, age six, has been involved since February. "She loves it—has a jump rope with her at all times and we have them all over the house," reports Irwin. Her mother observed that she has more endurance, quicker feet, and more confidence in her basketball and soccer activities.

Cyndie Vasquez, mother of six-year old, Brekyn, has been impressed with what this program has done for her son's overall fitness, especially in endurance and co-ordination for his other favorite sports, basketball and jujitsu. "The classes consist of 45 minutes to an hour of constant jumping. There are no periods of just standing around like with other sports," observed Vasquez.

Alex Guthrie, eight, loves the routines, the tricks, and, according to her mother, Lisa, practices constantly at home. “The program is fun and interactive,” says Guthrie, “and I noticed that, when swimming and hiking, her endurance noticeably improved.”

We expect children and young adults to be able to jump rope without too much complaint or aggravation but how about adults? Older adults often have knee, ankle, back, and hip joint issues. Can the jumping and pounding be ameliorated or modified? Can people with joint problems enjoy the benefits from jumping rope? “We retrain adults on how to run, jump, sprint by using jump ropes in a slow progression so that anyone can eventually jump rope,” promises Jon Hinds, owner of Monkey Bar Gym in Madison, WI.

“Most people think they know how to jump rope but jump too high and hit too hard,” says Hinds. He explains, “We get everyone to participate in the class no matter what their circumstances; we start with an invisible jump rope where their feet never leave the ground, and add kicks and other fun moves. Then we add a rope but just do twirling side-to-side, overhead circles and the like. After four to six weeks, everyone can do regular jumping in perfect form and without pain.”

Jumping is the most popular way to get fit with rope, but wait, there’s more...

Howard Waldstreicher, certified fitness trainer and owner of “Half Hour Power” circuit training studio in Lowery, got turned on to using rope in his studio via a video he saw with John Brookfield, who created the “Battling Ropes System.” Brookfield, whose clients include the military Special Forces, Olympic, and professional athletes, uses rope—the big thick ones that we used to have to climb in gym class—to help clients increase power, endurance, strength, mental toughness, aerobic, and anaerobic capacity. This is accomplished by keeping the thick, long ropes (50 feet long, about 1.5

to two inches in diameter and weighing about 22 pounds) moving in all directions through myriad ranges of motion and body positions.

In addition to skills gleaned from Brookfield's program, Waldstreicher learned of the concept of 'undulation' (keeping an object like a towel, rope, or fire hose constantly moving in waves) from a friend in the Israeli army, who would use this method to keep in shape when in the field. He has adapted both modes into his circuit.

Until you have done a workout with rope (just TRY to last 60 seconds), you have never really been "at the end of" one. "The ropes create a fun way for kids and families to enjoy exercise together," says Waldstreicher. "Because the object is to keep the rope moving at a constant velocity, the body develops more power and strength as well as cardiovascular improvements; this exercise attacks the entire system in a time period of less than 60 seconds."

Nili Abrahamsson, Anne McDonald, and Emily Solomon have been taking classes at "Half Hour Power" and all agree that the addition of the large rope to their already grueling circuit is a challenging, yet rewarding, experience. "At first I couldn't get the rope to undulate at all," admits Abrahamsson, but now I often can keep it going for as long as a minute; it is a great sense of accomplishment."

The challenge of the rope improves core strength, endurance, and power, which translates into improvements in other activities. Solomon, for example, enjoys doing triathlons but had not been in a pool for months. "After working with the rope, I was pleased to discover that I had no lag time getting back to swimming. My strength and aerobic capacity had actually improved."

Paul Johnston feels that the upper body conditioning and endurance improvements he attained just from the rope workouts improved his skiing this year. "Because my shoulders, arms, and core were stronger, I was not only able to ski all day but also prevented ski injuries; I suffered no consequences if I fell," said Johnston.

Denny Coughlin works out at Half Hour Power two mornings a week and says he feels it all day long. “ I laughed when I first saw what I was being asked to do with this big rope but no more,” says Coughlin. “My cardio, core, and endurance have all greatly improved.”

“The rope is the part of the circuit that our class complains about the most,” admits McDonald. “Because it involves the whole body, at first I could only last about 15 seconds but after a month of classes three times a week I can now last on it about a minute.”

Heads up to “Half Hour Power” clients—Howard has ordered a 100-foot rope....

SIDE BOXES:

BENEFITS OF SKIPPING WITH ROPE

Jumping, or skipping, with rope is highly valued among athletes, athletic trainers, coaches, and other fitness professionals because:

1. It is estimated that jump rope exercises can burn up to 1,000 calories an hour; five minutes of jumping rope is estimated to be equivalent to 20 minutes of jogging.
2. Jumping rope can tone and strengthen the whole body.
3. Jumping rope is easy to learn.
4. Jumping with rope improves agility, co-ordination, speed, endurance, and timing.
5. A jump rope can travel with you anywhere and is inexpensive to acquire.

History

Most researchers agree that it was the Ancient Egyptians as far back as 1600 BC who used jumping over rope (vines) for sport; evidence

from ancient China shows jumping with bamboo as part of festivals; painting from Medieval Europe show children jumping with hoops. The early Dutch settlers are credited with bringing jumping games to North America. In fact, "Double Dutch," where two ropes are spun in opposite directions, is still popular and an important aspect of most fitness programs from elementary school through college and beyond.

RESOURCES:

Half Hour Power, HalfHourPower.com, 130 Rampart Way,
Denver CO 80230, 720-985-8892

Monkey Bar Gymnasium (free online workouts; instructional DVD's for sale), MonkeyBarGym.com, 1-608-663-7511

"Jumping Beans Jump Rope Program," Bob L. Burger Recreation Center, 1290 South Public Road, Lafayette, Colorado 80026, 303-665-5588, cityoflafayette.com

John Brookfield, "Battling Ropes," powerropes.com, 215 Longleaf NW, Pinehurst, NC 28374, 910-295-4049

LINDA J. BUCH –April 14, 2008
Get the Most Out of Your Trainer

Personal trainers are no longer the exclusive domain of the super rich and paparazzi-ed movie stars—finally. Today most fitness facilities have certified trainers either on staff or independently contracted who can work with virtually every population regardless of age, ability, or disability. But the personalized service of a trainer is generally not free, which means that many exercisers’ budgets can only handle a session or two. If you are going to spend the money to take advantage of a trainer’s skills, you may as well maximize the investment.

People hire trainers for many reasons: motivation; learning new ways to accommodate a healthy lifestyle; and to achieve specific goals such as participation in athletic events. Certified trainers are keyed into the newest information to facilitate your specific encumbrances, strengths, and weaknesses. They can create efficient workout plans, help you understand food and nutrition, and be very creative in helping organize your time to get it done.

The first stop for anyone who is planning to embark on an exercise plan is a complete medical examination. Your trainer will want to know all about your blood pressure, cholesterol, degenerative problems, medications, and so forth. Do not sign up for sessions until you know what your own health situation might be. Personal trainer, Lee Cherry (inhome-personaltrainer.com) agrees. “I absolutely recommend this for those considering hiring a trainer,” says Cherry. “Many clients are surprised to find at least one health risk, usually revealed with a simple blood test or a stress test. It is important that trainers are aware of any underlying conditions.”

The second task is to start keeping a log of your food. Maintain a food diary for a minimum of a week where you record all of your liquids, snacks, meals, and supplements. It is important to be as accurate as possible. Weights and measurements of each food and liquid consumed should also be recorded. This can help your trainer get an idea of dietary habits, strengths and weaknesses and can make for productive conversation with your trainer during recovery breaks. While trainers are not dietitians, most have a lot of experience with basic dietary principles. You may want to consider continuing with the food log for your own benefit.

As for food, keep in mind that since few trainers are registered dietitians they should not be expected to design or revamp your diet. This should only be done under the guidance of a registered dietitian who is board certified to perform a dietary analysis and recommend changes. Many dietitians consider themselves “nutritionists,” which are defined as people who study and are experts on the subject of nutrition (Colorado does certify nutritionists). However, someone who refers to himself or herself as a nutritionist is not necessarily a registered dietitian, who is medically certified on the national level to work on your health. A registered dietitian can be located at EatRight.org

Finally, purchase an exercise logbook and keep track of the workouts (exercise, weights used, cues on proper form, etc.) so that you will have some workout ideas for the future. This is especially useful if you travel, are interested in working out at home, or use other fitness facilities. Having your own record, in your own handwriting, with your own personal cues and reminders is a priceless resource and gives you much more “bang for the buck.”

Unless you are Oprah, you will not have a trainer following you around to see if you are eating properly and doing your exercising outside of scheduled sessions. Carrying the knowledge and motivation forward into the rest of your life is perhaps the biggest challenge of all.

Retired business owner, Mary Reed Wolff, watches her budget carefully but knew she needed to get into a consistent exercise routine. “I hired a trainer to teach me how to exercise at home. Since it would be a waste of resources to work with a trainer and then not workout at home, I got into a daily routine of lifting and walking,” says Wolff. “My golf game has improved, I can hike and walk the dog without losing my breath, and most important, I feel strong.” Wolff also noted that she is better able to keep up with her exercising when traveling. “I now know how to adapt my routine.”

In summary, “Rome was not built in a day” and all change for the better takes a little time to manifest itself. A trainer can help you design a program that flows efficiently between exercises, help with motivation, and provide you with creative options, but it is still your job to show up for yourself everyday and do the work.

SIDE BOXES

What to be ready to discuss during your initial trainer-client interview:

1. Medical history, including blood work and recent physical results.
2. Past physical activity.
3. Current daily activity. What happens at work? What about after work?
4. What activities do you like to do?
5. What do you eat for breakfast? Lunch? Dinner? Snacks? When do you eat? (Note: Unless the trainer is also a Registered Dietitian, s/he should not be evaluating or prescribing a diet for you.)
6. What are your goals and objectives?
7. What are you willing to do apart from your sessions with the trainer?

Resources:

“The Ultimate Workout Log,” Suzanne Schlosberg, Houghton Mifflin, 2005, \$13.00

“DietMinder Personal Food & Fitness Journal,” Frances E. Wilkins, MemoryMinder Journals, Inc., 2007, \$14.95

“Vitality Check,” 1-541-349-1818, vitalitycheck.biz, \$3.95.

Web sites:

My Food Diary, MyFoodDiary.com

The Daily Plate, TheDailyPlate.com

Trainer Certifications

According to the NATIONAL COMMISSION for CERTIFYING AGENCIES (NCCA), an agency that establishes very high quality standards and certifies organizations based on compliance with those standards, the following are “Accredited Personal Trainer Certification Organizations” as of June 16, 2006:

*American Council on Exercise (ACE) (800) 825-3636 www.acefitness.org

*National Council on Strength and Fitness (NCSF) (800) 722-6273 www.ncsf.org

*National Strength and Conditioning Association (NSCA)
(800) 999-4332 www.nasca-cc.org

*National Federation of Personal Trainers (NFPT) (800) 729-6378 www.nfpt.com

*National Academy of Sports Medicine (NASM) (800) 460-6276 www.nasm.org

*American College of Sports Medicine (ACSM) (317) 637-9200 www.acsm.org

LINDA J. BUCH –July 21, 2008
Therapeutic Swimming

Exercise professionals recommend swimming because it provides a total-body, non-impact workout involving all major muscle groups with a very low risk of injury to the joints and connective tissues. For this reason, it can be enjoyed for a lifetime. At the same time, the heart and lungs are treated to both anaerobic and aerobic workouts, which helps with weight control, blood pressure, and stress reduction.

Aquatic therapy utilizes the physical properties of water --buoyancy and viscosity—to help patients recover from surgery, injury or neurological disorders. The resistance applied to the muscles during aquatic exercise improves muscle strength with less impact on the joints, especially when compared to regular gym exercises. “Our pool’s temperature runs between 93-95 degrees, which promotes relaxation of guarded muscles and helps decrease pain,” explains Valerie Skoog, Physical Therapist with the University of Colorado Hospital. “Buoyancy supports body weight which is helpful to those with arthritis or with other joint disorders; viscosity creates resistance which allows for improvements in strength.” In addition, the University of Colorado Hospital has an under water treadmill which is ideal for neurological motor relearning, gait re-training, and increased recruitment of muscle fibers.

Few people have a greater understanding of the importance of physical rehabilitation than those who have received an organ transplant. The World Transplant Games, which have been holding events since 1978, is the largest donor awareness event in the world. (US Transplant Games began in 1982.) About 40 transplant recipients from the University of Colorado Hospital (UCH) have formed a team to compete in The National Kidney Foundation Transplant Games from July 11-16 in Pittsburgh, PA. Swimming events are a part of the summer games.

Lyn Goldstine, 70, had a liver transplant in 1995, three corneal and five knuckle and bone transplants in the past three years. Last year she had a stroke. "When I turned 70 I thought I should compete in something I never competed in before," said Goldstine. "So I decided I will wear a Speedo ONE time."

Goldstine was a mom who took kids to swim practice back in the days before soccer was the default "Mom's Taxi" destination. "I overcame a lot of fears by getting into the water because I have peripheral neuropathy (numbness in the legs) from all the medications; swimming helps me feel steady and secure," she explains. "I would do a couple of strokes at a time until I could make it all the way down the pool." She is competing in the 25-meter freestyle for women over 70.

Keith Ashby, 56, used to swim in high school and got back into it to help the arthritis that developed as a result of bad kidneys. Exercise is particularly trying for transplant patients. "Everything was painful; but swimming does not hurt and it is a totally body exercise program," says Ashby. He explains that, for kidney recipients, because it is transplanted on the right side of the lower abdomen, you are aware of it at all times. "The hardest part, therefore, is the mental part; it may take a year to get past that. But once past, everything is good." Since his transplant, he trains in running, racquetball, and biking as well as swimming, which he uses to help with conditioning for his other sports. At the Pittsburgh Games he will be competing in track, basketball, and racquetball.

Michael Wachs, MD, a transplant surgeon for University of Colorado Hospital, concurs that swimming is a great tool because there is very little impact. "Osteoporosis and loss of muscle are common with liver and kidney failure," says Dr. Wachs. "When the body cannot tolerate weight lifting or running, swimming is the best rehab you can do. It is a good workout for the muscles and the cardiovascular system while also keeping the stress on the body very low."

Water exercise is particularly helpful for those with arthritis because it supports exercise where impact on joints would be both painful and harmful. The Arthritis Foundation Aquatic Program designed special recreational exercise classes for those with arthritis. The ability to swim is not an issue; participants walk in water and perform other exercises designed to increase strength and endurance while standing in waist-deep water.

“Many water aerobic programs are too much impact for those with arthritis because, even though it is in the water, there is still a lot of jumping and impact on the bottom of the pool,” points out Kathy Jensen, Vice President of Programs for the Rocky Mountain Chapter of the Arthritis Foundation. “Also, the pool temperatures that are best for people with arthritis range from 83-88 degrees. Most pools are much cooler than that.” Instructors for the Arthritis Aquatic Programs are all trained by the Foundation so they have a specific knowledge to help with participants’ special needs.

Delaina Allen, 41, Subcontracts Administrator for Lockheed Martin, was diagnosed with rheumatoid arthritis (RA) in 2007 but, in spite of having the Arthritis Foundation Aquatic program recommended to her, was unable to get into a class because of work. “So, I started a class for people like me who needed one in the evening and became a certified instructor in order to keep it going,” says Allen. She did the swim classes two to three times a week. “It took a couple of months but, where I was barely able to walk or even put my arms over my head at the beginning, I progressed to being able to swim two miles.” Allen is now able to enjoy land-based aerobic activity; she recently competed in bodybuilding this past May, winning in two categories.

Environmental scientist, Florence Munter, 56, has been involved with the Arthritis Foundation Aquatic Program since it began here in 1984. Munter has had RA since she was 24 but experienced a major flare in 1983 after the birth of her son. She joined the class at the Schlessman YMCA in 1984 and has kept at it since as both a participant and as a volunteer, becoming a certified instructor and then a trainer of instructors. Since 2003, Munter has been a national trainer for the

program, training the trainers. “The aquatic program has allowed me to regain some level of fitness. Consistent participation can maintain muscular strength, range of motion, and stamina; and, over time, can improve each which helps overall health.”

For many adults who enjoyed competing as adolescents or teens, the Master’s Swim program is a great way to continue training and competing for decades. All you have to be is over age 18 and want to improve your fitness through swimming. You can join as a dedicated competitor or just as someone who enjoys the workouts.

Or, like Victoria Chidester, 51, who uses swimming as both a mental and physical refuge from the stress and rigors of chemotherapy. “I am passionate about swimming. It is as much a part of my therapy as my chemo treatments,” says Chidester. “Since I was a swimmer from age nine, it keeps a high degree of normalcy in my life that is not just medical.” Chidester competed in the US Masters Short Course Nationals in Austin, TX (May 1-4) where she competed in four events. Her doctors and nurses believe that her activity level in swimming has kept her blood counts in the normal range in spite of the chemo. “The thing about swimming is that, even when I am fatigued, it is not difficult to exercise in the water; I can kick, pull, float, and enjoy all kinds of variety without jeopardizing my joints,” explains Chidester. “The swimming can be gentle or strenuous, which makes swimming the ideal sport regardless of ability or disability.”

Resources:

Masters Swim Program

Colorado Masters Swimming Association, COMSA.org

United States Masters Swimming, USMS.org

USMS Swimmer magazine, usmsswimmer.com, Bill Volckening,
Editor

Arthritis Foundation

Arthritis Foundation Aquatic Program, arthritis.org/aquatic-program, 800-283-7800

RockyMountainArthritis.org 303-756-8622, or, 800-475-6447

Organ Donation/Transplant

Donor Alliance, donoralliance.org, (303) 329-4747, (888) 868-4747

United Network for Organ Sharing, UNOS.org, (804) 782-4800

Transplant Games: <http://www.kidney.org/news/tgames/>

LINDA J. BUCH –June 23, 2008
Wheelchair Exercising

[Note: This feature will focus on paraplegics (loss of use of the lower extremities).]

The vagaries of life can rock our world and find some of us rolling instead of walking. Finding yourself in a wheelchair will present myriad challenges because, in order to maintain flexibility, mobility, muscle tone, heart health, strength, and weight control, exercise is an important part of this new reality. Exercise will not only help to maintain the physical strength needed to transfer to and from the chair but also help with mood, self-esteem, quality of life, and aid in both digestion and elimination.

Sports of all kinds are available for the disabled--skiing, basketball, hockey, tennis, rugby, and cycling, just to name just a few. Regardless of whether you want to get into a sport--or just want to enjoy going to restaurants, theater, and ball games--your muscle strength, flexibility, and stability are important factors. Strength training (the use of resistance bands, free weights, and fitness machines) for building and maintaining muscle is the bedrock that supports an independent lifestyle.

Terry Chase, ND, RN, and Patient and Family Education Coordinator for Craig Hospital (3425 S. Clarkson, Englewood, CO), stresses that everyone comes to activity levels in their own way, tapping into their strengths and feelings about their health. "How would you like to get healthy and be healthy?" is the question we ask our patients," says Chase. "We provide resources and encouragement with activities that are more sedentary, like going to ball games and barbeques, to more active endeavors like tennis, sailing, and skiing. And we do not make people wait until they are in perfect shape. We offer activities and outings right away."

Certified Strength and Conditioning coach, Micah Zackroff, has been working at Craig Hospital as a rehabilitation aide for two and a half years. Rehabilitation Aides serve as a bridge between early rehabilitation, when patients learn how to deal with both the medical aspects of their disability as well as the basics on how to transfer to and from their chair, to the point where people are ready to get more active. "The biggest challenge is getting people with new injuries to physically deal with their new reality since the last thing they want to think about is performing sports and activities from a chair," says Zackroff. "I see them when they are ready to get back to activity; we show them how to adapt to their favorite activity as a paraplegic."

Activity helps disabled people to find their own strengths. Rehabilitation Aides like Zackroff help people in wheelchairs figure out their goals regarding the activities they want to do and design programs to facilitate that goal. "It is a good idea to get back into activity and sports within six months to a year after basic rehabilitation and therapy," recommends Zackroff. "Don't wait too long because muscle tone, function, flexibility, and stability will suffer." Zackroff also points out that with many paraplegics, the core (abdominal, gluteus and back muscles) is often jeopardized from the injury. Getting to work to maximize the core muscles that are functional is very important.

Cheryl Wilson, 26, ended up in a wheelchair because of a car accident while on duty with the Air Force. After eight years in a chair, she has rekindled her love of sports and got into Sled Hockey, which is played on the ice. "I tried sled hockey about three months after my injury but decided it was not the same. So I took the attitude that 'wheelchair sports are lame' and did nothing physical until recently." Corey Fairbanks, President of the Colorado Sled Hockey Association, knows that enough people understand that life is not over because you are in a wheelchair. "There are more opportunities than ever, especially in Colorado," points out Fairbanks. "If you want to do it, we have it here."

For the past six months Wilson has been training with Zackroff, at the Fitness Station (475 W. 12th, Denver, CO) in order to improve her ability for Sled Hockey. "Working with weights, bands, and performing other strength and flexibility exercises has benefited me in all areas but particularly in strength and endurance," says Wilson. "I can now push myself in my chair much longer without a break." It took Wilson a while to get back her independence but a rekindled passion for sports and regular workouts has also created a new focus for her other talents. "I was part of the Air force Security Forces (police force) and am now studying criminal justice."

Mortgage banker and US Paralympic Cycling Team member Matt Updike, 36, was an avid skier and cyclist prior to an auto accident that left him paralyzed and in a wheel chair. Eleven years ago he began a new athletic life in a wheel chair. "I knew nothing about sports in a chair but Craig (Hospital) has a great recreation department and I got into handcycling," says Updike. "Eight months after my accident I did Ride the Rockies." Hand cycling, where a hand crank instead of foot peddles powers the bike, started becoming popular in the mid-1990's. Updike began racing in 2000 and qualified for the US Paralympic Team in 2002. That year he won the bronze medal in the time trials at the world championships in Germany. On Friday, June 6, 2008, Updike learned he had made the Paralympic Cycling Team for the upcoming summer games in Beijing.

“Handcycling improves the quality of life because you can get outside and enjoy the parks, bike paths, roads, and ride along with “able-bodied” friends easily,” says Updike. “It is safe for the shoulder and good for weight control and overall fitness.” Updike works with weights in the winter, pointing out that most gyms have plenty of equipment that paraplegics can use. “Any upper body work on machines, dumbbells, and resistance bands is good as well as cable equipment like FreeMotion and Technogym.”

The Technogym equipment is installed at Qi Kinesis Athletic Club (3121 E. Colfax, Denver). Owner, Chris Lindley, designed the Athletic Club to accommodate all ages and capabilities. “Our goal is fitness for everyone,” says Lindley. “Every move can be done with this equipment whether you require a wheelchair or a walker for mobility.”

Maintaining a healthy lifestyle and remaining active is important for everyone. But for those who depend on a wheelchair, the more functional activities perform, the more functional and full your life can be. Retired teacher, Linda McCurdy, was injured 20 years ago and is a paraplegic. After three months of rehabilitation she resumed teaching and did some exercising on an irregular basis with weights and resistance bands. “As I aged I realized how important it was to maintain strength,” says McCurdy. “You can’t remain independent without that.” She now works with a trainer twice a week specifically to improve strength, flexibility and bone density and uses an upper body cardiovascular machine for heart health and weight control.

SIDE BOXES:

Exercises recommended by Micah Zackroff, CSCS:

Back/Lats: Lat Pulldowns with FreeMotion machine or similar. Have athlete keep back against the back of the chair and face the machine. Pull straight down through the shoulders, while keeping shoulders and head upright.

Chest: Cable Crossovers with FreeMotion machine or similar. Have athlete face away from the machine and keep chest up and back against the chair. Pull the cables together out in front of the chest, while keeping chest upright.

Biceps: Hammer Curls with free weights. Hold weights upright while extending and contracting the arm. Alternate arms if core/stability cannot tolerate both arms simultaneously.

Triceps: Rope Extensions with rope pulley or cable. Hold pulley overhead and

extend the arm out and over the head. Keep back against the chair while alternating arms.

Shoulders: I, Y, T's with free weights. Keep arm extended and bring the weight straight in front of the body (I), to a 45' angle from the body (Y), and straight out to the side of the body (T).

Core/Stability: Side-to-Side with medicine ball. Hold weighted ball overhead while rotating body from side to side. For more advanced, hold ball with one hand overhead or out at a 90' angle.

*The premier resource for activities for people with disabilities:

National Center on Physical Activity and Disability, NCPAD.org, 800-900-8086

*Local Resources:

Denver Parks and Recreation Special Needs Program,
Special Needs Division: (720) 865-0820

Boulder Expand Program,
Contact: Maura Holden, holdenm@ci.boulder.co.us, 303 413-7217

Winter Park National Sports Center for the Disabled
NSCD.org, 303-293-5711

Breckenridge Outdoor Education Center
boec@boec.org, 970-453-6422

Challenge Aspen
Challengeaspen.com, 970-923-0578

*National Sports Organizations:

U.S. Handcycling, UShandcycling.org, 303-459-4159

U.S. Sled Hockey Association
Denver Team contact: Corey Fairbanks, CFWheels@comcast.net

Paralympic Games

Paralympic.org, 719-866-2035

Colorado Wheelchair Sports, coloradowheelchairsports.org,

*Rehabilitation and Fitness Facilities:

Craig Hospital

(Specializes in rehabilitation for people with spinal cord and brain injury)

3425 S. Clarkson

Englewood, CO 80113

303-789-8000

Qi Kinesis Athletic Club of Denver

3121 E. Colfax

Denver, CO 80206

303-993-4041

Contact: Neil Almond, ACSM

Fitness Station

475 W. 12th Avenue

Denver, CO 80204

720-956-1580

Contact: Micah Zackroff, CSCS

*Equipment

Access to Recreation, accesstr.com, 800-634-4351

FreeMotion, FreeMotion.com, 877-363-8449

Technogym USA, technogymusa.com, 303-374-8857

LINDA BUCH - BODY LANGUAGE (tm)-May 13, 2008
WEIGHT BEARING EXERCISE AND PLANTAR FASCIITIS

“I am limited in my activities due to chronic plantar fasciitis but need to do weight-bearing activities. Is the elliptical machine considered weight bearing? How about walking with Nordic walking poles?” Lisa Clement, Oakland, CA

You are on the right track regarding weight-bearing activities. Resistance training (the use free weights, resistance bands, and weightlifting machines) is usually the first activity that springs to mind. But activities like dancing, aerobics, jogging, walking, push-ups, and hiking--where our feet and legs (and bones) work against gravity to carry our weight--are also considered weight bearing. Since the elliptical machine is utilized from a standing position, it is definitely considered “weight bearing.” Walking with poles is an excellent activity on many levels, including strength and cardiovascular.

The larger situation for you is plantar fasciitis (PF), which is a painful inflammation of the connective tissue (fascia) that runs along the bottom of the foot from the heel bone to the base of each toe. The plantar fascia is critical for stabilizing the foot when walking and running and also absorbs some of the shock created when the foot strikes the ground. Every time the foot moves, the fascia stretches and contracts.

PF has a number of causes such as arthritis, a sudden increase in time spent on your feet, an increase in intensity of activity, using shoes that are worn out and/or ill fitting, and weight gain. Other causes are more related to general foot mechanics that are particular to each person, such as pronation, tight Achilles tendons and calf muscles, natural arches that are low or high, or an abnormal gait in the way the feet strike the ground.

Relieving the pain of PF usually requires a combination of anti-inflammatory drugs, massage, and stretching techniques. Rather than wasting time experimenting, it is best to first consult a medical professional who can provide an accurate diagnosis and a referral to either a physical therapist or other professional who can teach the appropriate exercises for your situation.

According to a study published in “The Journal of Bone and Joint Surgery” in 2003, a new stretching technique has been very helpful in reducing pain in the heel. This should be done first thing in the morning, after sitting for 30 or more minutes, and an additional three times per day:

1. Cross one leg over the other.
2. With your hand, gently pull the toes toward the shin for a count of ten.
3. Repeat ten times.

Strengthening exercises to improve the resilience of the plantar fascia and strengthen the muscles of the foot and leg are also called for as a way to prevent reoccurrence. Two exercises recommended by sports injury specialists Owen Anderson, Ph.D., and Walt Reynolds, Certified Strength and Conditioning Specialist (www.SportsInjuryBulletin.com) are:

1. Walking barefoot on your toes.
2. Toe grasping, where you stand barefoot and alternately curl the toes under as if you are trying to grab something and pull it under your foot.

Resources:

“The 5-Minute Plantar Fasciitis Solution,” Jim Johnson, P.T., Dog Ear Publishing, 2008, \$29.95

“21st Century Complete Medical Guide to Plantar Fasciitis and Related Heel Disorders and Injuries,” Progressive Management, 2004, \$25.00

LINDA J. BUCH –August 4, 2008
MIND OF A CHAMPION

Back in the 1960's my swim coach told me, "Everyone has the will to win; it is the will to *work* to win that makes the difference." Those who have an athlete's work ethic have been competing on the world stage since Hercules. The Olympic motto, "Faster, higher, stronger," exemplifies the effort, focus, and determination that elevates Olympians from those of us who will be cheering them from our sofas.

Physical ability properly melded with good training and coaching, is a large part of getting a shot at "the gold." But those who make it to the Olympics--and other national and world venues-- need mental training as well. "The Olympics is a unique environment to test mental and physical skills," explains Peter Haberl, Ed.D., Senior Sports Psychologist for the US Olympic Committee. "It takes a great deal of ability and skill to stay focused on the task at hand."

Because each athlete's needs are both individual and specific, Haberl works with athletes at all stages of their training. Sport psychology offers a number of techniques athletes can use to hone their mental game. Two important ones are goal setting and mindfulness.

According to Haberl, all athletes set goals, some more consciously than others. A natural goal is winning the competition. This 'outcome goal' provides tremendous motivation during the months and years of training, but can get in the way of actually performing your best on the day of competition. Therefore, the closer the athlete is to actual competition, the more the attention should be drawn to the 'performance goals' (improving racing time) and the 'process goals' (technique). "The difference is that these types of goals are much more under the control of the athlete," explains Haberl. "The 'process goal,' in particular, directs attention to the here and now, which allows the athlete to totally focus on the doing of the activity; this is key to performing well."

Athletes benefit from understanding and accepting that, while the goal often is winning, that this is not necessarily in their control. *Performance goals* are the driving force in the core of every champion, helping to set their personal standards of excellence. Because athletic events are inherently wild cards, control of the outcome is never possible.

“The process goal has to do with being focused on technique and mechanics,” says Haberl. “The process goal (as opposed to the outcome goal) is in their control.” Haberl explains that the outcome goal of winning gold can actually distract the athlete from winning gold as it diverts attention from the present moment. But, by staying totally in the moment, concentrating on technique, narrowing the vision to each individual movement, and on every breath the mind is narrowed directly onto the task at hand. “This sounds simple but it really is quite difficult because the mind takes you to the past and the future all the time, particularly in the Olympic environment with its plethora of distractions and enticing rewards.”

A good example of staying focused on the process is gymnast Paul Hamm at the 2004 games in Athens. He came from 12th place in the individual overall competition after a disastrous fall to win the gold medal, winning by .012 of a point! Throughout the last round there were numerous delays caused by scoring disputes as well as squabbles over protocol, yet he managed to stay in the moment and perform his last routine on the high bar to win.

Learning to become aware of your mind’s focus and what distracts you are two key skills for athletes. Once there is this awareness, a plan can be made and tools developed to bring concentration back to the process. Haberl teaches the athletes to be mindful of their focus at every moment. “With that knowledge and awareness,” says Haberl, “you have the freedom to put your mind where you want it to be.”

Haberl suggests that we can all use these techniques to better our own exercise routines. Lets say you have a plan to walk every morning for 30-minutes before going to work. “There is a good

chance that the mind will say negative things about getting up every morning to do your walk and at times prevent you from getting out the door because it doesn't feel good in the moment. Being aware of such distracting thoughts is the first step to counteract them. Then the next step is to clearly identify your true values. If you value your health you can trump the initial discomfort generated by the thinking mind, recognize these thoughts as simply thoughts and get up to do the walk anyway--irrespective of what the mind says in the moment--knowing you will feel better afterwards."

Watching elite athletes perform and compete for high honors can be an inspiring starting (or re-starting) point for the rest of us. While we can wish to become fitter, sometimes vicariously through the efforts of others, our own efforts are all that count. Using the same steps--establishing goals, accepting various outcomes, designing a plan to achieve the goal, and working to stay in the moment--works for us regular folks as well, whether it is improving diet or engaging in more exercise.

Changing the diet or developing better exercise habits do not materialize out of the ether—conscious decisions and plans of action are key.

First, without judgment or excuses, take a personal and honest assessment of where you are today. Are you overweight, slacking on exercise, into a fast-food habit? Whatever is going on is now in the past and this moment is your new beginning.

Second, write down your goals; don't just let them float around in the mind. Make note of your weight and/or time currently spent exercising and decide where you want to be in that regard in one week; one month; three-months; six-months; one year. Be as specific--and as real--as possible. For example, it is unrealistic to lose 20 pounds in a month. It is just as unrealistic to set yourself up to run five miles a day if you either hate running or have never run even one mile.

Third, figure out your motivations and values. Looking better for a high school reunion for the short term, for example, is an easy set-up for disappointment because physical changes like reduced body fat and increased muscle mass take a lot of time and effort. Look to other benefits that come with better eating and more exercise such as stress relief, better health, and an improved social life through physical activities with friends.

Fourth, choose activities or sports that you enjoy and that fit your time and financial budget. "Exercise" does not equal "treadmill." It is fun to learn new things and to meet others doing the same.

Finally, be mindful of what has tripped you up in the past and prepare for the inevitable. Good habits are hard to make and easy to break. Being aware of your personal human potholes allows you to confront the diversion and get back on track more quickly.

RESOURCES

"Head Games: Life's Greatest Challenge," Charles Austin, Turnkey Press, 2007, \$13.95

"Understanding Psychological Preparation for Sports," Hardy, Jones, and Gould, John Wiley and Sons, 1996, \$60.00 (can be found for less at Amazon.com)

"Applied Sports Psychology: Personal Growth to Peak Performance," Jean Williams, Editor, Mayfield Publishing, 1997, \$70.00 (can be found for less at Amazon.com)

Interviews with Olympians:

Jane Katz, EdD, was a member of the U.S. Synchronized Swimming

Performance team at the 1964 Tokyo Olympics. She is currently a professor at John Jay College of City University of New York and the author of five books with special emphasis on fitness through aquatics. (Globalaquatics.com)

Alan Culpepper is a long distance runner (10,000 meters and marathon) who represented the USA in the 2000 and 2004 Olympics.

- Is there an Olympic mindset -- a way to concentrate and stay focused on your goals that separates you from other athletes?

Jane: " Staying focused on your goals is key. First you plan, you prepare, then you take the plunge. Work hard but have fun with it. "

Allen: " Physical ability can be trumped by fuzzy mental abilities because of the intense pressure that comes with high-level competition. You learn to stay in the moment and to 'think simple' or you do not survive the grind. "

- Are there moments during training or competition when you just want to quit; how do you work through that?

Jane: " It is important to have really great friends and confidants who will be with you during the low times as well as the victories. You must have people with whom you can trust your feelings and who can help you visualize your event. "

Allen: " Anticipation of what is ahead of you is worse than the action to get through it. You just pretend; fake it until you make it. Expect those thoughts to come, know it is going to happen, then refocus. "

- Who is your mentor/motivator and is there something they've told you that you always recall: the words of a coach, a parent, a friend?

Jane: " My parents were my rock growing up, especially my father. He always told me, 'Yes, you can do it.' A female athlete in the 1940's was a rare thing so support like this for my endeavors was a great gift. "

Allen: "My first coach taught me to write down my goals in order to own them, to be ready when it counts, to make yourself breathe, and to get through the task in front of you before taking on the next."

- What's your favorite healthy food to eat, and a guilty pleasure when competition's over?

Jane: "I love oatmeal and plenty of water. My guilty pleasures are a really good cup of coffee with ice cream or peanut butter cheesecake."

Allen: "Long distance runners can pretty much eat what we want but I love a good salad and will occasionally crave a doughnut."