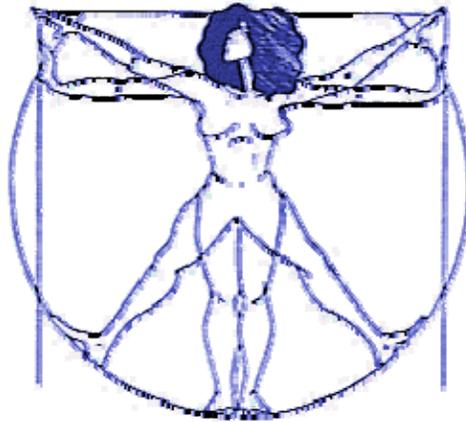


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2005 Articles

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LINDA BUCH - BODY LANGUAGE (tm)- January 2, 2005

I have been exercising for years but have trouble sticking with a routine. I have the best luck in this regard with group classes (kickboxing and spinning), pilates, and yoga. I don't really enjoy lifting weights. Does this sound like a good routine? What kind of different results would I see if I did an extra pilates class in place of weights? Libby Romney, Denver, CO

“The joy of life is variety,” observed 18th century lexicographer, Samuel Johnson. After all, routines are so...*routine*. When any activity becomes mindless, its value diminishes and the activity becomes a tedious yawn. If you are enjoying kickboxing, spinning, Pilates, and yoga, by all means continue. All of your activities combine to meet the needs of a well-rounded fitness program. Yoga is a great way to improve flexibility, core strength and balance; spinning will most definitely keep your aerobic system in top shape; kickboxing (if you actually hit heavy bags or focus mitts) will condition your anaerobic, explosive muscle fibers (also, the impact of limbs hitting a heavy bag will help with bone mineral density); and, Pilates brings together both stretching and muscle strengthening.

As for lifting weights, the past couple of decades have finally produced enough research proving that strength training is good for women. The myths and fears of the past, where women become grotesquely muscular because they heave around weights heavier than a tube of lipstick, are finally circling the drain. In fact, when women have strong, well-exercised muscles the benefits, both physically and emotionally, are extraordinary. Weight training can maintain strong bones and even help increase bone mineral density. A higher ratio of muscle to fat can also mean an increased metabolic rate, which allows your body to burn calories more quickly and efficiently. Also, stronger muscles can protect joints, instill self-confidence, and keep the body more viable as time marches on.

But not everyone enjoys lifting weights and, unless otherwise prescribed to do so by a physician or physical therapist, your current activity level should be enough. An extra Pilates class is fine and will benefit you but, if you want to mix things up, the Mayo Clinic has several other suggestions for building strength:

- **ISOMETRIC EXERCISES.** Contract muscles without moving the joints, such as when you press the palms of your hands together. The resistance comes from the force provided by your own body.
- **AQUATIC EXERCISES.** While water exercise does not do as much for the bones, the resistance from the water strengthens the muscles as you pull or push through it. Also, there are some killer aerobic exercise classes in the pool, especially the ones held in the deep end, as well as games like water polo.
- **RESISTANCE BANDS OR TUBING.** Since these are light and portable, they can be used for all sorts of exercises at home or on the road.

See if your gym offers a class called “Body Pump,” which combines weight lifting and aerobics. Or, ask for instruction on the weight machines. A certified staff member should be able to design a quick, 20-minute circuit for you to blast through once or twice a week.

LINDA BUCH - BODY LANGUAGE (tm)- January 16, 2005
EXERCISE AND DIABETES

“Please do a follow up column on muscle cramps and exercise. One of the most missed health issues with people who complain of large muscle cramps is diabetes.” Stephen Woodward, Pleasanton, CA

Annually, November is Diabetes Awareness month. Since this disease afflicts millions in this country, it is important to be knowledgeable about the major signals from our bodies regarding Type 1 and Type 2 diabetes. While chronic muscle cramps, pain and weakness can all be symptoms of diabetes, other more common symptoms include (but are not limited to) skin infections and ulcerations which never heal, frequent urination and urinary tract problems, general malaise, weight fluctuation, excessive hunger and/or thirst, vision problems, sexual dysfunction, and tingling and numbness of the hands and feet.

The Encarta Dictionary (St. Martins Press, 1999,) defines diabetes as “a disorder in which there is no control of blood sugar, through inadequate blood sugar production (Type 1) or decreased cellular sensitivity to insulin, (Type 2).” Type 1 diabetes usually develops at a very young age and requires a lifetime of taking insulin shots. Type 2 diabetes (about 90% of the total cases) used to develop almost exclusively in older adults due primarily to inactivity, obesity, family history, and old age. As our population has become more obese, however, 20% of the diagnoses are among children, an extremely alarming statistic. Type 2 diabetes can often be controlled with lifestyle changes in diet and exercise.

Diabetes is a metabolic disorder, which means there is a dysfunction in the way the body metabolizes food we eat. Most of what we consume is broken down into glucose, the body’s preferred source of fuel. This is where insulin comes into the picture. Insulin is a hormone produced by the pancreas and is the “key” to the “door” (insulin receptor sites,) of the muscle and fat cells in our body, all of which need glucose in order to function properly. If the pancreas produces too little or no insulin, or if the cells do not respond (become “insulin resistant”), the glucose does not enter the cells. Instead, it builds up in the blood, and passes out of the body in the urine. Thus, the body is not properly fueled.

Exercise is a key component for controlling diabetes. According to Terrie Heinrich Rizzo, MAS, of the Stanford University Health Improvement Program, “Research shows that a major effect of physical training is to increase the capacity for glucose transport into cells in response to insulin stimulation. For many people (Type 1 and 2), this benefit can translate into lower doses of insulin.”

Since Type 2 diabetes is usually related to obesity and inactivity, working with health professionals to reduce body fat can improve cell sensitivity to insulin and lower blood sugar. Since diabetes can cause blindness, heart problems, stroke, kidney failure, nerve damage, and a high susceptibility for infections, participation in an exercise program and work with a physician and registered dietitian can go a long way towards putting diabetics in control of their lives again.

LINDA BUCH - BODY LANGUAGE (tm)- January 9, 2005
MUSCLE KNOTS

“Could you explain what muscle knots are and what you can do to alleviate them? I have one in my neck due to repetitive movement and stretching only helps if I do a lot of it.” K. Strand, San Francisco

Muscles are designed for work. In fact, they are healthiest when regularly stimulated and challenged. But no muscle in the body is designed to operate continuously without a break (even the heart muscle rests between beats). When over-stimulated by exercise, repetitive motion, poor posture or injury, skeletal muscles can spasm. The pain and discomfort send most of us to a certified massage therapist to work on the spot until it feels better. If the spasm remains untreated, the muscle is left in the “on” position and a very specific “knot” develops.

The medical community refers to a muscle knot as a “myofascial trigger point.” It can be as small as a grain of sand or large enough to be mistaken for a golf ball. “Trigger” is the appropriate adjective because when the knot is massaged, you feel like you will shoot right off of the table! There are a number of ways to treat the pain of muscle knots, (myofascial pain syndrome, MPS), the most popular being massage therapy.

Most licensed and certified massage therapists spend a great deal of time staying abreast on the treatment and consequences of MPS because it is believed that aches and pains, such as headaches, back aches, neck pain, and even toothaches, can actually refer from these trigger points. Registered Massage Therapist, Paul Ingraham, Vancouver, Canada, (www.vancouvermassage.ca) believes, “MPS often causes unusual symptoms that may be mistaken for more serious problems.” He suggests that diseases such as carpal tunnel syndrome, earaches, sinusitis, tinnitus (ringing in the ears), dizziness, sore throats, sciatica, and even some cases of fibromyalgia are often misdiagnosed when the real cause is referred pain from a muscle knot.

An experienced deep-tissue massage therapist may be a great way to go if current treatments or programs are not working for you. Other trained medical professionals who treat MPS are physical therapists, chiropractors and acupuncturists. While massage seems to be the most effective for the majority, the use of heat, cold, ultrasound, and electrical stimulation have also proven helpful. The flip side of this is to investigate and observe what sets off your chronic pain. This sort of analysis is best accomplished with the help of a Physical Therapist and/or Kinesiotherapist (a person who studies and analyzes movement) to see if some adjustments can be made to the way you move your body at work and play.

If you wish to delve into this subject on a deeper level, there is a two-volume medical textbook, “Myofascial Pain and Dysfunction: The Trigger Point Manual,” by David Simmons, Janet Travell and Lois Simons (1999, Lippincott Williams and Wilkins, \$102.00 per volume). Less expensive books, written specifically for massage therapists, are also available on the subject from this publisher. They can be found at: www.LWW.com/massage/ or by ordering through local booksellers.

LINDA BUCH - BODY LANGUAGE (tm)- January 30, 2005
FITNESS AFTER CANCER TREATMENTS

I am 49 years old and was diagnosed with Stage IIA breast cancer in April 2004. After undergoing chemotherapy my muscles atrophied even though I continued a workout routine during that time. How long can a cancer patient expect to wait until their muscles begin to regain some tone and strength? How much protein per day is recommended? What kind of routine is appropriate for someone whose body is recovering from chemo and radiation?" Bonnie Pichler, Littleton, CO

You are so wise to recognize that a healthy diet and the maintenance of an exercise program are essential to your recovery!

The vagaries of chemotherapy and radiation treatments can mean periods of nausea, fatigue, and weight gain. In two separate studies done by cancer researchers (Winningham, et al, Institute for the Advancement of Health Care Engineering, Salt Lake City, UT), it was shown that exercise could have a positive effect on the lives of those undergoing treatments. Women repeatedly reported that, after a few minutes of exercise, the nausea would go away and stay away for the rest of the day. They also reported a marked decrease in fatigue as well as a corresponding increase in vigor and improved mental outlook.

You should be able to pursue a normal strength-training program at will, especially on those days when you are feeling your best. Due to the effects of chemo and radiation on your body, it is impossible to know when you will return to normal muscle tone and strength. But, if you try for about three days a week, you will regain your muscle tone in due time. Rene Mares, 46-year-old cancer survivor and Denver, CO personal trainer, shares, " My workouts were a crucial part of my recovery program to stay strong and keep a positive attitude. Increase your intensity and workload as you feel better."

One suggestion from the American Cancer Society is to keep a daily log of your exercise activity so you can see your progress. Plan each day according to how you are feeling, exercising longer or harder when you are feeling good and sticking with lighter fare, such as yoga, tai chi, or swimming, on other days. Cardiovascular activity is a good boost for the spirit as well as the immune system so doing something every day along those lines is always beneficial, even if it is just a nice walk. A new study, currently in progress at the Cancer Institute of New Jersey, is trying to find the best exercise programs for breast cancer survivors. Hopefully, the results will yield some better information soon but, across the board, all the experts agree that every program should include a combination of aerobic activity, flexibility, and resistance exercise.

Protein is essential for the rebuilding and repairing of cells. In order to insure that you are getting the proper amount and quality, work with a registered dietitian, particularly one with experience in nutrition for cancer patients. You can get a referral from the American Dietetic Association (1/800/877/0877). By working with someone who can communicate with your physicians, you will have a better chance at achieving and maintaining vibrant health.

LINDA BUCH - BODY LANGUAGE (tm)- February 6, 2005
DIET SUPPLEMENTS and WEIGHT LOSS

“I am 30# overweight, lead a stressful life with work and kids, and plan on taking Conjugated Linoleic Acid (CLA), Alpha Lipoic Acid (ALA), and Chromium as part of my daily supplement to help me lose weight. By taking these supplements I am hoping to balance my sugar levels and speed up my metabolism. Do you have information on these supplements and are they safe?” Kalpana, CA

Raise a red flag on any supplement that promises to reduce body fat and increase muscle mass. Busy, stressed out people are a favorite target for these claims, which lighten wallets far more effectively than physiques.

Your very first step must be a visit with your physician. Be sure to get tested for diabetes, insulin resistance, thyroid, cholesterol levels, and so forth. Discuss any supplement regimen with your physician to be sure nothing will interfere with other medications or exacerbate any physical condition which may need medical attention. It is significant that CLA and ALA are both available in Europe only by prescription.

Research is ongoing regarding the efficacy and safety of CLA and some researchers believe it shows promise in helping overweight people reduce their body fat. The concern among health professionals is the side effects over time, specifically its effect on heart disease risk factors. “The impact of CLA on heart disease and diabetes needs to be investigated further,” says Cindy Moore, MS, RD, Director of Nutrition Therapy at The Cleveland Clinic and a spokesperson for the American Dietetic Association.

Those in CLA studies had slightly higher LDL (bad) cholesterol, slightly lower HDL (good) cholesterol, higher lipoprotein levels (a marker of inflammation and heart disease), higher levels of leptin (a hormone being investigated as a heart disease marker), and higher white blood cell counts. Also, safe and unsafe dosages have not yet been determined.

ALA has been used in Europe for years to treat the pain and numbness associated with diabetic neuropathy. Research is showing that ALA is very useful in eliminating cell-damaging free radicals and is currently being studied in the USA for use in treating HIV, Parkinson’s, and Alzheimer’s. One of the problems is that no one knows what the correct dose of ALA should be. While ALA appears to be safe, long-term effects and the effects of large doses are still unknown.

Chromium is found naturally in meats, potato skins, molasses, whole grain breads, fresh fruits, vegetables, and hard tap water. While it can be helpful in controlling blood sugar, its touted role in increasing muscle and reducing body fat is unproven. Too much chromium can lead to stomach problems, liver, kidney, and nerve damage, and cause irregular heartbeats.

Bonnie Jortberg, MS, RD, with the Colorado Health Sciences Center, suggests, “Take the money from buying these supplements (which are not cheap) and enroll in a good weight

loss program.” 80% of successful weight loss is due to what you eat, both in quality and quantity. A better investment, therefore, might be a Registered Dietitian. Another key to success is the psychological aspect around accountability and self-esteem. A group like Weight Watchers would be very beneficial in that regard.

LINDA BUCH - BODY LANGUAGE (tm)- February 13, 2005
Exercise and Chronic Pain

“I have terrible chronic back and neck pain. I have taken pills, done massage therapy, and even surgery. What do you know about the Egoscue method?” Margaret Carhardt, Denver, CO

While everyone has experienced acute pain at some time, chronic pain—defined by the Medical College of Wisconsin as “continuous pain lasting more than six months”—can be a medical mystery. With more than 50 million Americans suffering from chronic pain, it is now looked at medically as a separate condition or disease.

Chronic pain often arises from a condition that remains untreated for too long. Ignoring pain is always unwise because it is your body’s primary means of communication when something is amiss. Simply taking painkillers on a daily basis just shoots the messenger. What to do?

Chronic pain specialist from the Medical College of Wisconsin and Froedtert Hospital, Martin D Hoffman, MD, believes that the best results can be achieved through a multidisciplinary approach. A typical team might include a physical therapist, occupational therapist, psychologist, physiatrist, nurse, anesthesiologist, and exercise specialist. “Often, a variety of approaches may be necessary to give patients relief from chronic pain,” he says.

Many specialists specifically recommend exercise because it releases endorphins, a natural pain reliever. Dr. Hoffman became a strong advocate of exercise when he found that many patients with chronic back pain felt significantly better after 25 minutes of riding an exercise bike. Exercise also promotes better sleep and reduces the anxiety and depression that often come with chronic pain. Inactivity, on the other hand, causes muscles (including the heart) to lose strength and function, allowing them to work less efficiently.

Other avenues recommended by pain sufferers are Egoscue® and Muscle Activation Technique® (MAT). Both are similar in that they look at the body as a systemic whole, recognizing that when one area is harmed, the whole organism is affected. Where conventional therapies will focus primarily on the area in pain and treat from that perspective, both MAT and Egoscue focus on correcting muscle imbalances that interfere with proper movement and function.

According to their website, (www.egoscue.com, 1/800/995/8434) “The Egoscue Method® is a process designed to help you rediscover, restore, and return your body to its original pain-free blueprint without the use of drugs, surgery and/or manipulation. The Egoscue Method® provides personalized exercises that retrain muscles, realign posture, and reduce pain.” They provide clinic visits, therapy, videos, and even personal training

MAT (www.muscleactivation.com, 1/877/999/9628) promotes itself as “bridging the gap between fitness and rehabilitation.” MAT trained therapists, working one-on-one, examine joint function to find the muscles that are not responding properly (which forces the body to compensate), and restore the proper neurological connection. A MAT session will determine which muscles are not supporting the body properly and then “jumpstart” them through isometric exercises or palpitation, restoring their ability to function more effectively.

Both of these methods have support from both professional athletes and average folks alike. Since neither is likely to be covered by conventional insurance plans, expenses will probably be out of pocket. However, both are scientifically sound and worthy of investigation.

LINDA BUCH - BODY LANGUAGE (tm)- February 27, 2005
EXERCISE AND DIABETES

“Would securing a personal trainer be of benefit to my husband who has been diabetic for 37 years? He has worked out for years on a treadmill and with weights a minimum of five times a week. At the age of 67 he has begun to have trouble with his kidneys as well as a slight difficulty with walking. Could more be done with therapy or massage?” Sandy Donahue, Hayward, CA

As late as the 1980's it was erroneously thought that exercise was harmful to diabetics. Now we know it actually plays a key role in diabetes management, both in improving cardiovascular health and in lowering blood glucose levels. The complexity of diabetes makes it very difficult to properly answer your question in the space provided here so I hope you will find these general guidelines and suggestions helpful.

Diabetes management is a team effort and a certified personal trainer can definitely be part of that team. In 1999, the American Council on Exercise (ACE) developed an advanced certification program to prepare interested fitness trainers for work with special populations like diabetics. A trainer with experience in the area of diabetes can be located at: <http://www.acefitness.org/profreg/default.aspx> The trainer can work with your personal physician, physical therapist, and other medical professionals on your team by keeping them in the loop regarding the exercise program and helping everyone maintain good lines of communication.

It is great that your husband is in the habit of exercising five or more days a week. High intensity exercise can elevate blood glucose levels in diabetics, however. Your husband is no doubt very adept at monitoring his blood glucose levels but may need guidance and coaching on how to moderate his exercise program when necessary. A properly trained fitness professional would be a valuable asset not only at general program development and oversight, but also for assistance in case of exercise-induced hypoglycemia.

Since it sounds like your husband's disease has progressed, a reassessment of his activities is in order. Daily aerobic activity is recommended because this aids glucose control. But, walking is a weight bearing activity and needs to be reassessed. If your husband has indeed been diagnosed with peripheral nerve disease, chronically irritating his feet on a treadmill could lead to painful sores, infection, irritation and even fractures. A better plan would be to switch to non-weight bearing activities such as swimming, water aerobics, and cycling with a recumbent bicycle.

Strength training is obviously a weight bearing activity, so care should be taken to reduce the load on his feet. A trainer can teach him how to perform exercises while seated or reclining. (Even carrying the weights could cause flair-ups so a personal trainer can be an invaluable Sherpa!)

As for massage, the benefits of relaxation and improved circulation are generally considered to be beneficial. There is anecdotal evidence that massage can affect blood sugar, usually by lowering it. Therefore, it would be prudent to check with your local

massage schools to find a therapist who has the training and experience working with diabetics.

LINDA BUCH - BODY LANGUAGE (tm)- March 6, 2005

“I am 50 years old and in good shape. I find, however, that working out 5 times a week is exhausting, time consuming, and negatively affecting my work. A friend recommended that I try Super Slow® strength training so I could train my entire body once a week and safely achieve the results I desire. What do you think?” William Martin, Denver and Aspen, CO

Slow-movement training (developed early in the last century by Bob Hoffman of York Barbell fame) is different from the trademarked *Super Slow*® developed in 1982 by Ken Hutchins during an osteoporosis study involving very frail older women. *Super Slow*® is performed under the supervision of trainers certified by the program and involves the use of specially developed equipment. Slow-movement can be done on your own using any equipment.

Both are very effective protocols to have in your exercise “toolbox” and need to be experienced in order to appreciate the effect. The glacial speed required for a slow, smooth, and steady repetition forces the muscles to recruit more fibers, often producing profound results. The eight-set, 20-minute workout is so intense that working out once or twice a week is all you can do.

A normal repetition during a traditional weightlifting set will typically be two seconds on the flex (the *concentric* muscle contraction) and four seconds on the return (the *eccentric* contraction). The problems inherent with traditional weight lifting can be the body momentum and the injury to joints, which can ensue when lifting heavy weights. With the slow-movement method, the ratio for the concentric contraction jumps to 10 seconds, and the eccentric lasts five seconds. This requires an automatic drop in the heaviness of the weight by at least 30%, which drastically reduces body momentum and the potential for injury.

Therein are the advantages and disadvantages. The slow-movement method has been proven in some scientific tests to improve muscle strength by as much as 50% over traditional training. (Other studies dispute this.) But it can be tedious and tough. Then again, in spite of being tough, it is also safe and effective, making it ideal for older and special populations who need weight bearing activity but cannot handle the momentum or weight load inherent in traditional lifting. The most common problem is with compliance over the long haul. For the vast majority, “slow” begets “tedious,” so they quit.

The human body responds well to a variety of stimulation and slow-movement can certainly be part of that package. Will you benefit from slow-movement or Super Slow® training? Absolutely. Just add it to your arsenal of exercises and pull it out when ever you need a change. But remember that we do not generally move that languidly throughout the course of our lives. Don’t neglect traditional training movements that are explosive or involve twisting, squatting, reaching and so forth.

If you want to learn more, you should go to a facility that has the proper equipment and train under the auspices of a qualified professional, recommends nationally certified

Super Slow® trainer, Colleen Allem. Find more information at: www.superslow.com or by calling, 1/866/239/5908.

LINDA BUCH - BODY LANGUAGE (tm)- March 13, 2005
EXERCISE AND POLYMYALGIA RHEUMATICA

My husband was just diagnosed with Polymyalgia Rheumatica. He will be on a tapering dose of prednisone for one year. We would like to know the best exercises to do as well as nutrition concerns because of the affect of prednisone on his appetite.” Rita Gordon, San Lorenzo, CA

Once we pass age 50, aches and pains seem to become part of the daily drudge. But when pains come on suddenly--affecting primarily the muscles of the neck, shoulders, hips, butt, thighs, lower back and/or upper arms--it has nothing to do with your recent eligibility for AARP membership. Sudden aches and pains in at least two of these areas on one or both sides of the body could indicate the onset of a form of arthritis known as polymyalgia rheumatica, or PMR. Other symptoms can include fatigue, low-grade fever, anemia and depression.

While the causes of PMR are not known, what is understood is that this is an inflammation of the blood vessels in the muscles, not the joints. (A condition often diagnosed in conjunction with PMR is “giant cell arteritis,” which causes the blood vessels in the front of the head to swell. Symptoms include headaches, tongue pain, and vision problems.) Both conditions are serious and do not go away with over the counter painkillers. Do not hesitate to get medical attention and blood tests for proper diagnosis and treatment.

Fortunately, PMR is easy to treat and is usually controlled with low doses of the steroid, prednisone. Since prednisone can cause weight gain, retention of sodium, inhibit absorption of calcium, and cause the excretion of potassium in the urine, some dietary oversight and adjustment is necessary. Reducing sodium in food and insuring that there is enough calcium and potassium in the diet is very important. A registered dietitian can help you organize food intake to keep the nutrients you need and the caloric intake under control.

Exercise is a key component because exercise can not only reduce the pain but also keep the muscles and bones from becoming weak. An exercise program should include range of motion (yoga, tai chi, pilates), strengthening (lift weights or use weight machines), and low impact endurance activities (walking, swimming and cycling). The challenge is to achieve the seemingly intangible balance between too much activity—which overstresses the muscles--and too little activity--which not only leads to weakness but can also bring on more pain and stiffness. So, always begin slowly and build up the activity level gradually. Keeping weight gain at bay will be a challenge but it is key to keeping unnecessary stress off of the joints.

With this condition it is a good idea to alternate heavier bouts of activity on one day with milder activity the next. Keep a log of what exercises you performed, tracking the heaviness of the weights, and the intensity and duration of the cardiovascular session. Do not continue with any exercise routine that causes pain.

A good resource for more information is the American Arthritis Foundation at:
<http://www.arthritis.org> or 1-800-568-4045.

LINDA BUCH - BODY LANGUAGE (tm)- March 27, 2005
MYOTHERAPY AND TRIGGER POINTS

“Have you heard of “Myotherapy”? I had a sore shoulder and was referred to a myotherapist. I had to pay outside my health plan but he worked wonders.” Gerald P. Vargo, P.C., Lakewood, CO

“Myotherapy” is the offspring of *myofascial trigger point therapy*, which was developed in the 1940’s by JFK’s physician, Janet Travell, MD and her research partner, David G. Simons, MD. Treatments involved injecting the spot with saline and a mild anesthetic. Trigger point massage therapy, on which so many rely for pain relief, is due primarily to Dr. Travell’s research.

A trigger point occurs in the muscle when it is over-stimulated by trauma, repetitive motion, overuse, stress, poor posture, or injury. The affected area of the muscle feels like there is an actual knot inside of it. These knots, referred to by the medical community as “myofascial trigger points,” can range in size from a mere speck to something that feels sizable enough to be seen from space.

In 1976, Travell’s friend, Bonnie Prudden (a nationally known fitness and wellness proponent since the 1950’s), accidentally stumbled upon a pressure technique now called “Bonnie Prudden Myotherapy®.” Prudden found that when pressure was systematically applied over a wide area, followed by therapeutic exercises to re-educate the muscles back to their relaxed state, the reoccurrence of the muscle knot was prevented.

For ten years, Prudden worked on this technique and eventually developed a world-renowned training system for practitioners of myotherapy. The training is extensive. Interested practitioners must commit to an initial 1300-hour training program and an additional 45 hours of training every 2 years to maintain certification.

Her method is so successful it has even made it into medical dictionaries. Taber’s Cyclopedic Medical Dictionary (F.A. Davis Company, 2005, \$34.95), provides this information: “Bonnie Prudden Myotherapy is a method of relaxing muscle spasm, improving circulation and alleviating pain. To defuse “trigger points,” pressure is applied to the muscle for several seconds by means of fingers, knuckles, and elbows. The success of this method depends on the use of specific corrective exercise for the freed muscles.” In other words, it hurts *so good!* Since this therapy is usually outside most insurance plans, her book may be the way to go. [Pain Erasure: The Bonnie Prudden Way](#), by Bonnie Prudden, et al (Random House, 1985, \$14.00), and other pertinent information can be found at: <http://www.bonnieprudden.com/> or by calling 1/800/221/4634.

Other professionals adept in treating muscle knots and chronic pain are physical therapists, massage therapists, chiropractors, acupuncturists, and practitioners of the ancient Tibetan hands-on-the-body therapy called “Reiki.”

If stepping outside your insurance plan is not possible or appealing, a great resource within the medical community is the Physiatrist. According to the American Academy of

Physical Medicine and Rehabilitation, “A physiatrist is a physician specializing in physical medicine and rehabilitation (and) treat a wide range of problems from sore shoulders to spinal cord injuries.” In other words, they are medical doctors who pursue further training that includes four years of postdoctoral residency. They treat chronic pain without surgery. More information on this specialty can be found at: <http://www.aapmr.org> or by calling: (312) 464-9700.

LINDA BUCH - BODY LANGUAGE (tm)- April 10, 2005
WALKING VS RUNNING

“What is better exercise, walking or running? I have heard negative things about joint problems, bladder control, etc. from former runners. Is this true?” Meg McGee, Colorado

The “walk or run” question has been around since 490 BC when a young messenger named Phidippides ran from Marathon to Athens to deliver the news of the Greek victory over the Persians. Then he dropped over dead. President Harry Truman walked every day at such a vigorous clip that he left reporters and associates panting to keep up. He lived to the ripe old age of 88.

Of the two, walking is definitely the safest. But to many, the challenge, intensity and physical demands of running are irresistible. As long as your back, feet, shins and joints remain healthy, running is great exercise. Many runners are turned into devoted walkers, however, from the pounding injuries to knees, ankles, back, hips, feet and shins.

As for bladder control, sports like running where there is repetitive bouncing can increase the pressure on the abdominal area, which also bounces the bladder. Ingrid Nygaard, Assistant Professor of Obstetrics and Gynecology at the University of Iowa reminds us, “The muscles of the pelvic floor are the ones that resist urine loss, and they can only withstand a certain amount of force from above.” If this becomes a problem, contact a health care professional and learn Kegel exercises, which are specifically for strengthening the pelvic floor.

If calorie burning is your primary issue, know that a person who runs for an hour will burn more calories than the person who walks for an hour. Most of us, however, cannot sustain a one-hour run so the question is which exercise will you do consistently? Or, could you enjoy a combination of walking and jogging? Regardless, duration, intensity and consistency are the important factors.

For walkers, duration and consistency are easy to figure out: walk for as long as you can and do it regularly. There are many ways to bump up the intensity for greater health benefits without stressing the joints. Internationally known fitness-walking expert and former US racewalking coach, Martin Rudow, has several suggestions. “Stand up straight-don’t let your stomach stick out or your head droop down. Hold your arms at sharper-than-90 degree angles, driving your elbows back and forth at waistband level.”

If you want to walk faster, lean forward a little. To increase your workload, add weight to your workout by wearing a weighted vest (or just put some fishing sinkers in your vest pockets). NEVER wear ankle weights (stresses the knees and ankles). Carrying weights heavier than two pounds is also discouraged (hard on the shoulders and elbows). Keep your gait smooth and fluid, landing on your heel and rolling forward to your toe. The Centers for Disease Control and Prevention has information on the health benefits of walking at www.cdc.org.

Those who love competition or just want to learn a new skill might want to consider racewalking. Racewalking has been an Olympic sport for men since 1908 (women had to wait until 1992). For more information, contact the North American Racewalking Foundation by calling: 626-795-3243 or go to <http://www.philsport.com/narf/cont.htm>

LINDA BUCH - BODY LANGUAGE (tm)-July 10, 2005

SUDDEN WEIGHT GAIN

“I am a 63 year old man who for 40 years weighed about 160 pounds. Since last August, I have gained 25-pounds. I go to the gym four days a week, have a physical every six months and, according my doctor, I am fit. When I do the stair machine, I don’t get winded. Any ideas?” JH, Gunnison, CO

Unintentional or sudden weight gain is defined by the National Institute of Health as, “An increase in body weight that occurs when caloric intake exceeds body requirements, causing increased fat storage.” Other causes can also be endocrine disorders such as Cushing’s syndrome (an abnormality of the pituitary gland) or polycystic ovary syndrome, hypothyroidism, medications, quitting smoking, alcohol consumption, and emotional influences such as depression.

Anyone who suddenly starts gaining weight should immediately contact his or her physician for a complete examination. Since you see your physician regularly, and have been found to be healthy, we will have to look at diet and exercise. After all, fat just doesn’t happen suddenly in the short term; but, without exercised muscle to boost metabolism, it will stay with you for the long term.

The fact is *sedentary* adults can lose as much as half a pound of muscle a year after age 20, a loss which slows metabolism. This weight is usually replaced with fat that cleverly marbles itself in and around the muscles and organs. Since your body weight remained the same, you were given the illusion that body fat was not a problem. The sudden weight gain is probably because the nicely hidden fat stores just overflowed outside of the muscle and under the ever-accommodating skin.

Since you are older, you will have to fight a little harder to regain lost muscle. You are in the habit of going to the gym regularly but what may need to change is the type and intensity of your exercise choices. Strength training will be a big factor in regaining your lean body mass. Older muscle does not build and repair as easily as younger muscle, so be patient and methodical as you week-by-week increase the weights you are lifting. An appointment with a fitness trainer could be very helpful in designing a program that will stimulate muscle growth without injury and teach you ways to change your program in order to keep it fresh and responsive. Such programs could include circuit training, slow movement training, and alternating between heavy weights one week and lighter weights the next.

The challenge with your cardiovascular workouts will be to bump up the intensity a bit so that you actually get out of breath; not to the point where you are gasping for air, but the huffing and puffing should be apparent! Also, don’t be afraid of working in short bursts of high intensity work (about 30-60 seconds per five minutes) called “wind sprints.”

Finally, start keeping a food diary and record EVERYTHING you eat because it is very easy to unconsciously slip unnecessary calories into our bodies. Contact a Registered Dietitian and learn some new ways to plan your food in order to maximize the nutrition and minimize the body fat.

LINDA BUCH - BODY LANGUAGE (tm)-September 11, 2005
OPTIONS FOR LOWERING BLOOD PRESSURE

“Do you know of any natural ways to lower one’s blood pressure and keep it down besides the low sodium route, which I already do? My blood pressure is in the high normal range so I would like to try other options. Also, do mineral salt crystals used as underarm deodorant leach into the body and increase the sodium intake?” Sharon, Centennial, CO

According to the National Institutes of Health, about 29 percent of adults (58 million Americans) have high blood pressure (which is now any reading over 120/80). “Controlling blood pressure lowers the risk of stroke by 35 to 40 percent and the risk of heart attack by 20 to 25 percent,” says Aram Chobanian, a hypertension expert and acting president of Boston University. In his interview with Bonnie Liebman (NUTRITION ACTION HEALTH LETTER (April 2004, Vol. 31, # 3), he also pointed out that lowering blood pressure reduced the risk of congestive heart failure, kidney disease, and dementia.

Fortunately, lifestyle changes can dramatically improve blood pressure. The National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure recommends the following:

1. **LOSE EXCESS WEIGHT.** Your systolic pressure drops about one point for every two pounds shed.
2. **FOLLOW A DASH DIET.** Dietary Approaches to Stop Hypertension means eating a lower fat diet rich in vegetables, fruits, and low-fat dairy foods. This can lower your pressure 8 to 14 points.
3. **EXERCISE DAILY.** 30 minutes a day of brisk aerobic activity can lower systolic pressure 4 to 9 points.
4. **LIMIT SODIUM.** By eating no more than 2,400 mg a day (with a goal of only 1,500mg/day) systolic pressure can drop 2 to 8 points.
5. **LIMIT ALCOHOL.** If you drink, have no more than 2 drinks a day for men; 1 for women. [1 drink = 12 oz beer, 5 oz. wine, or 1.5 oz 80-proof whiskey]. This can lower systolic pressure by 2 to 4 points.

Your concern about salt is well served. Americans love to eat out in restaurants and buy highly processed “pre-fab” meals from grocery stores (frozen and canned). Broiled meats and seafood are better choices along with fresh vegetables, fruits and whole grains, rather than foods that are fried or in lots of sauces.

Taking supplements like calcium/magnesium, potassium, vitamin C, coenzyme Q10, and essential fatty acids can also be beneficial but should not be a substitute for proper supervision from a medical professional. It is never advisable to self-treat hypertension, so other than the lifestyle changes listed above, do maintain medical oversight.

Regarding the DASH Diet, you can pick up a copy of *THE DASH DIET FOR HYPERTENSION: Lower Your Blood Pressure in 14 Days-Without Drugs* by Thomas

Moore, M.D. et al (Pocket Books, 2001, \$25.00) at bookstores, the library, or at www.amazon.com

As for salt crystal deodorant, the skin is our protection against the elements so the amount absorbed is minute. Food sources are a far more critical source of excess sodium.

LINDA BUCH - BODY LANGUAGE (tm)-December 12, 2005
SODA POP AND BONES

"I heard that frequent soda consumption leads to weakened bones. Is this true?" David Karlson, Livermore, CA

The debate on soda pop and its affect on bones are ongoing. It seems everyone can find an answer to suit his or her philosophy, from the "ban this stuff from the planet" promulgators to the "no big deal" defenders. For example:

According to a study directed by Maureen Storey, Ph.D., of the Center for Food and Nutrition Policy (CFNP) at Virginia Tech published in the Journal of the American College of Nutrition, "Calcium intake among US adolescents although inadequate, has remained a constant since the 1970's and does not appear to be linked to soft drink consumption. The data shows that soft drink consumption by teens is actually far less than perceived." While CFNP is an independent research and education center, this particular study was funded by an unrestricted grant from the National Soft Drink Association, which (fairly or unfairly) makes the conclusions a bit suspect.

On the opposite side of the argument are Doctors of Natural Medicine (N.D.) and Medical Doctors (M.D.) who feel that soft drinks are major factors in pulling calcium out of the bones. Author and leading doctor of Natural Medicine, Michael Murray, N.D. states, "Soft drinks have long been suspected of leading to lower calcium levels and higher phosphate levels in the blood. When phosphate levels are high and calcium levels are low, calcium is pulled out of the bones." This opinion is echoed by James Howenstine, M.D., James Duke, Ph.D., Earl Mindell, Ph.D. (all authors and respected professionals in the field of natural health) and T. Dwayne McCay, Ph.D. (of the Naval Medical Research Institute).

Rebecca Seguin, M.S. CSCS (Certified Strength Conditioning Specialist) and project manager of the Tufts University Center for Physical Activity and Nutrition posted an opinion online in 2003. Seguin explains, "While it is true that calcium metabolism can suffer when you consume considerably more phosphorus than calcium, most sodas have no phosphorus at all and those that do contain modest amounts." Seguin further points out that, since the Dietary Reference Intake (DRI) of phosphorus is 700 mg per day, and since eight-ounces of Coca Cola, for example, comes in at 41 mg/8 oz., it would be necessary to drink six cans of Coke a day just to equal the phosphorus in a serving of All-Bran and skim milk. But, according to the Center for Science in the Public Interest (a nonprofit education and advocacy organization), between 1977 and 2001 teen milk consumption dropped 40% while soda consumption doubled. And, sodas are no longer available in 8-ounce cans. Currently, a can of soda is 12 ounces and rapidly heading towards 20 ounces!

All health professionals seem to agree on two points. First, many teenagers have replaced milk with sodas and, as a consequence, do not consume enough calcium at the time in their lives when rapid physical growth and bone development need it the most. And second, the caffeine found in many sodas can interfere with calcium absorption. If

adolescents and teenagers are substituting sodas for healthier choices like milk (including soy) and fruit juice, then they are not getting the necessary daily calcium.

LINDA BUCH - BODY LANGUAGE (tm)-June 12, 2005
CHILDREN AND HOT TUBS

“A recent ad in our local paper showed a whole family in a hot tub, including toddlers. Aren’t these harmful to small children?”

Jay Stanley, York, PA

While hot tubs can be a great way for the whole family to relax and bond, the risks for young children under the age of six are very high. Most consumer protection agencies, (including the U.S. Consumer Product Safety Council (CPSC) and Safe Kids Canada), recommend keeping this age group out of the spa all together.

The most serious consequence is drowning. Since 1980, CPSC has reported over 700 drowning deaths in spas and hot tubs, a third of which were children under age five. Some of the drownings were due to a lack of supervision but most are from entrapment of hair and body parts in the suction drains, which are often strong enough to endanger a small child.

Water temperature is another factor. Small children have much thinner skin that can scald easily in hot water. Also, small children do not have highly developed body temperature regulation systems. This increases their risk for dehydration and hyperthermia. High water temperatures can cause unconsciousness, which usually results in drowning. For this reason, even for adults and older children over age six, the water temperature should never go above 104 degrees and, in fact, is much safer for everyone at 100-102 degrees. Even at these temperatures, older children should not soak in the hot tub for longer than five to ten minutes.

Hot tubs seem benign but should be respected like any other body of water. No child should ever be left alone in or near the water, period. Let the phone ring; whoever is at the door can come back later. Pools and tubs are inviting and, when left untended while the family is otherwise occupied or away from home, can invite “visitors.” For this reason, all pools and hot tubs should be covered and locked when not in use.

Prevention is the key, of course. A pediatrician website, www.keepkidshealthy.com, suggests “Layers of Protection” for children and water. Momentary lapses in adult oversight do happen but don’t have to be disastrous if the household utilizes locking doors with alarms, pool or tub safety barriers, and survival and safety training for family members. The American Academy of Pediatrics (AAP) suggests that formal swimming lessons be given to children when they turn four. Prior to that, there are many infant and toddler classes at in recreation centers and YMCA’s where survival swim training for small children is offered.

Pools and hot tubs are big responsibilities. Everyone in the family needs to know how to shut off pumps, drains and other electrical devices. Drain covers are usually standard but these can become dislodged or broken so regular maintenance and safety checks should be conducted.

Every family member should be certified in CPR and have first aid training. The American Red Cross and the American Heart Association hold classes year-round in adult and child CPR and first aid. If the whole family takes this course together, safety and fun will not be mutually exclusive.

LINDA BUCH - BODY LANGUAGE™-August 14, 2005

HEART RATE TOO HIGH WHILE EXERCISING?

“Is it a problem if, when I am running (I run a slow 11-12 minute mile) I cannot keep my heart rate in the 60-80% range? That would be 101-134 beats per minute; mine gets over 150 bpm. I am 52, have been exercising for years and consider myself fit (normal weight, low cholesterol, etc). A treadmill test two years ago showed some minor anomalies but my doctor says the test was normal.” Joan, Denver, CO

For decades, the standard formula for figuring out your maximum heart rate (the maximum number of beats per minute, [or “bpm”] your heart should beat according to your age) was simply to take 220 (the presumed maximum number of beats the average person’s heart can handle for one minute) minus your age. This formula, developed by William L. Haskell, MD, and a professor at Stanford University, was only intended as a guide but we can presume your maximum at about 168 bpm.

Because the heart is a muscle, it needs to be exercised at 55-80% of your maximum in order to be fit. One way to check your heart’s fitness is to observe how quickly it recovers after an aerobic workout of at least 20 minutes or more (where you are breathing deeply yet still able to say “Mary Had a Little Lamb” without gasping for air).

There is a simple test you can do on your own to get a feel for your actual fitness level. After about 20 minutes of your aerobic exercise session, stop and immediately take your pulse. Recheck your pulse again after one minute. Subtract the two numbers to see how quickly your beats per minute drop toward your resting heart rate. (To find this number, take your pulse first thing in the morning.) The quicker it falls, the stronger and better trained the heart muscle.

Regarding your treadmill test, Denver cardiologist, John Hutcherson, M.D., noted that a treadmill test that shows abnormalities, while not “normal,” is not necessarily life threatening. There could be many variables at play such as blood pressure, medications you may be on, and who conducted and read the results of your treadmill test. Dr. Hutcherson suggests seeing a cardiologist again and wearing a special heart monitor for 24 hours to record your heart rhythms. Then retake the treadmill test just to be sure that you can push harder during your workouts.

As author Barbara Lyons once remarked, “If we keep doin’ what we’ve always done, we’ll keep getting’ what we always got.” Try changing one or more aspects of what is called “The FITT Principle” and see if your heart rate improves:

- **Frequency:** Add another day or two of exercise to your weekly schedule.
- **Intensity:** Increase your speed, add some wind sprints, and work out on more hills/incline.
- **Time:** Start adding an additional five-10 minutes to your workouts.
- **Type:** Change your exercise choices from running to some bicycling, or add an aerobics class to your workout week.

By changing your workout, and adding some different challenges, you should start to see positive changes in your exercising heart rate.

Linda Buch - Body Language - November 14, 2005

PILATES AND WEIGHT TRAINING

“I’ve done a Pilates workout twice a week for the past six months. Can you balance Pilates with weight training? It feels like I’m using a lot of the same muscles, and I’m concerned about overuse if I try to do both.” ET, Denver

“Pilates” is an exercise system in which moves are performed on equipment (“reformer”) fitted with springs and pulleys. Josef Pilates, a German-born gymnast who worked in a British internment camp in World War I, brought the eponymous “Pilates” to this country in the 1930’s. He distilled holistic exercise methods of early physical culture scientists (notably Russian, Eugene Sandow) prominent in the early 1900’s, organizing exercises with weights and pulleys, to help bedridden soldiers rehabilitate. In the 1930’s, Josef Pilates utilized this experience in America by opening a studio to help dancers become stronger, more supple, and less prone to injury. The Pilates exercise regimen evolved from an esoteric prescription for ballet dancers to a mainstream discipline for people who want to work on flexibility, core strength, and posture. It is now being taught not only on the aforementioned reformers, but also on mats, balls, and in swimming pools.

Many have credited Pilates with helping them recover from injury, improve posture, and generally feel better. A properly conducted class taught by a well-trained professional can leave you feeling energized and more flexible. As for Pilates versus weight training sports scientist and biomechanist, Dr. Mel Siff, argues, “Suitably individualized Pilates and progressive weight training programs both can be used to ‘correct imbalances’ and improve postural alignment, which actually have a lot more to do with motor education than what means is used to achieve those ends.”

It is a myth that strength training builds bulky, inflexible muscles or, that it improperly stresses the joints and the back. A good strength-training program will include exercises for all the muscles in the body, and will, of course by the very nature of lifting, activate and help stabilize the core. Additionally, strength training can be performed in a variety of planes, with varying intensity, power, and speed, all of which are essential for strong muscles.

Another big plus from lifting weights is its positive effect on the bones. NASA research on astronauts found, “Exercises that best enhanced bone mineral density were high-load or weight-bearing exercises and those that increased muscle strength.” Simply put, exercises using your own body weight (like push ups), walking and jogging, and weight training are listed as bone-builders. There is ongoing independent scientific research regarding Pilates and bone mineral density and while evidence is promising, more conclusive results may be out within the year.

Pilates works well with strength training. Since you are already enjoying Pilates twice a week, I recommend adding a couple of strength training sessions to your current program. This sort of variety is good for the whole body and will enhance your muscles without overtraining them.

Resource materials include “Osteopilates” by Karena Lineback (New Page Books, \$16.95) and “Strong Women, Strong Bones” by Miriam E. Nelson, Ph.D. (Perigee, \$13.95). If you prefer to exercise at home, try the DVD/VHS series, “ More Than Mat Pilates” by Sarah Picot (Pilates For You Series, \$21.95).

LINDA BUCH - BODY LANGUAGE (tm)- May 15, 2005
SLOW TRAINING IDEAS

“In a previous column you wrote about slow-movement exercises. Could you please give some examples in more detail? I am 56 and slow-movement exercises sound useful.”
David Selzler, Loveland, CO

An extensive workout “tool box” of different exercise ideas is essential to keep from getting in a boring, non-productive rut. Slow-movement training can certainly be one of those tools. This is not to be confused with the trademarked *Super Slow*® developed in 1982 by Ken Hutchins. For more information on where to find a *Super Slow*® certified facility and instructors, go to: <http://www.superslow.com/Directories/directory.html>

Several books are in print (search book stores, libraries, or the internet) that organize and explain the whole concept of slow training. Most of the books advocate using lighter weights than with traditional lifting, taking ten seconds to perform a muscle flex, and five to 10 seconds for the muscle stretch. Perform as many repetitions as you can stand. You then move on to another exercise in the next muscle group. Each exercise will last about 60-90 seconds and since you only work each muscle group once, your workout is less time consuming.

The ten general areas of the body exercised in each workout are the legs (thighs, hamstrings, butt and hips), chest, back (upper and lower), shoulders, biceps, triceps, calves, and abdominal muscle groups. The ten most common exercises in these groups are leg press (thighs, butt, and hips), hamstring curl, chest press, lat pulldown (upper back), seated row (lower and mid back), shoulder press, biceps curl, triceps extension, calf raise, and abdominal crunch.

A combination of machines and free weights is usually involved but it is possible to employ one or the other exclusively. In order to learn proper form for these exercises, hire a trainer or pick up a good book on weight lifting, such as “Weight Training for Dummies” by Nephrent and Schlosberg (IDG, \$21.99).

The advantages of slow training are *perceived* increase of lifting intensity, less time spent in the gym, reduced chance of injury to the joints and, because the weights are lighter, elimination of improper body momentum often improperly employed to “cheat” a lifting move.

On the down side, over time, this method can get boring due to the constant monitoring of repetition speed, intense muscle soreness, and the neglect of muscle fibers used for explosive moves (like jumping out of the way of a careening shopping cart or throwing a baseball).

There are proponents and detractors on each side of the weight room when it comes to the slow movement technique. Some advocate its use (vociferously and with great passion) to the exclusion of any other form of exercise, including cardiovascular. Others feel a

once-a-week exercise program is inadequate and that using one technique exclusively is too narrow given the complexity of the human body. After all, most exercises are extrapolations of normal daily activities (lifting, sitting, lunging, reaching, twisting, walking). Except for professional taffy-pullers, the slow movement workout mimics nothing in our everyday activities.

Research is still incomplete regarding many of the claims made by slow-movement aficionados but not regarding cardiovascular benefits. Traditional workouts in this area are still far superior.

LINDA BUCH - BODY LANGUAGE (tm)-October 16, 2005

SHIN SPLINTS

“I started running as a teenager. Shin splints were an occasional problem. Now I am in my 50’s and just a fast-walker but still suffer from shin splints if I increase my mileage. What causes this? Can shin splints be avoided or remedied? J. Sprinter, Denver, CO

Running and walking are great exercises but the constant foot strikes, especially on hard surfaces, can be really tough on the body. “Shin splints” refer to pain in the front of the lower leg and are reminders that sometimes our bodies can only take so much abuse before finally airing a few grievances.

The muscles along the front of the shinbone lift up the toes; the muscles behind the shinbone lift the heels. An imbalance between these two areas--along with other factors like a sudden increase in training intensity or distance, an increase in training days without adequate rest and recovery, poor running form (particularly overpronation, where the foot rolls inward), hard surfaces such as concrete and asphalt, and improper footwear--are the usual suspects. Tight Achilles tendons, flat feet, high arches, and weak ankle muscles can also be factors.

The pounding on the heels and pushing from the toes send shockwaves through the body that are absorbed by the muscles and bones. As the muscles fatigue, particularly those in the lower leg, the tissue (fascia) that connects the muscle to the bone can become stressed to excess. The pain that often ensues can be from mild nerve irritations, inflammation of the tendon and tissues along the shinbone (tibia), or even stress fractures of the bone itself.

In the early stages of shin splints, the pain will present itself at the beginning of the workout and then disappear, only to return after the run or even the following day. Runners are a dedicated and hardy lot and many will try to “push through the pain.” If shin pain develops, don’t rationalize; take action.

Medical Author: William C. Shiel Jr., MD recommends a protocol he calls “relative rest”. This means a switch to swimming, pool running, cycling or other cardiovascular activities that do not involve feet striking the ground. Yes, this means NO walking workouts. Cold compresses, anti-inflammatory medication, a stretching protocol (particularly for the front of the lower leg), are also called for.

Next, go shopping. It may be time for new shoes along with an evaluation of your running form. Poor running mechanics is a huge red flag for injuries so call around for a store that not only specializes in running gear, but also provides analysis of your running form. This will mean spending a bit more money for your running shoes but the professional analysis and assistance is worth it. A podiatrist is another invaluable resource.

When you return to running, (which could be weeks so be patient), a good pre-run warm up and lots of stretching are in your future. A good book to help you with this is

STRETCHING by Bob Anderson (Shelter Press, \$13.99). Two other books that should be in your library are **THE COMPLETE BOOK OF RUNNING**, edited by Amby Burfoot (Rodale Press \$26.75) and **RUNNING INJURY-FREE** by Joe Ellis (St. Martins's Press, \$14.95).

LINDA BUCH - BODY LANGUAGE (tm)- April 17, 2005
SWIMMING AND BONE DENSITY

"I like to swim for my exercise. Is it true what they say about swimming not being good for the bones?" Helen Irene, Lancaster, PA

There are many discussions among health professionals regarding the best type of exercise we need to do to maintain bone density. Hands down, exercise where the bones have to bear weight or endure impact are high on the list, including but not limited to walking, weight lifting, tennis, martial arts, boxing, jumping rope, tap dancing, and even hopscotch. Swimming and cycling are usually put at the bottom of the list of bone-protecting exercises. But, as long as you are exercising regularly, does this matter?

Robert Recker, professor of medicine at Creighton University in Omaha and a scientific advisor to the National Osteoporosis Foundation, believes the whole "weight-bearing as protection from osteoporosis" notion has been a bit overstated. "If I had a patient who was swimming every day, I would not say, 'Stop that and switch to walking,' says Recker. "Anything you do is good for the skeleton: it builds muscle, which helps your righting reflexes and fall reflexes, and that is good for someone with osteoporosis."

However, researcher Lynda Frassetto of the University of California, San Francisco says, "It doesn't matter what you do as long as you're using bones to work against gravity. When you are swimming, the water holds you up so you are not working against gravity. When you're bicycling, you're supported by the bike."

Bone is living tissue with a hard outer surface and a spongy inner layer. Cells called osteoclasts remove old bone which signals the "remodeling team" of other cells, osteoblasts, to build new bone. When bone is put under pressure or stress from muscles, the bone responds by adding more osteoblasts. "Stress the muscle enough and it will adapt to handle that load. Your bones do the same thing," explains Colin Wilborn, coordinator of weight training studies at Baylor University in Houston.

Regardless, study after study continues to find that those who exercise regularly in ANY fashion have far fewer hip fractures or debilitating falls than those who are sedentary, often by as much as 40%. Since older adults start to lose bone density about age 50 or 60, exercise helps stay ahead of the bone loss.

If you are already a dedicated swimmer, keep swimming. I might suggest, however, if you are in a comfortable groove with your swimming pace, stimulate yourself by changing the routine. Add some sprints; use hand mitts, kick boards and fins; try a deep-water aqua aerobics class; play some water polo or water volleyball. By challenging yourself differently, your overall fitness level will be enhanced. And, any chance you get to add some weight lifting or walking to your activities, do so.

Diet is also important. Most important is adequate calcium with vitamin D. Other important nutrients are vitamin K, fruits and vegetables, potassium and magnesium. Watch out for too much alcohol, protein, caffeine, soft drinks, and sodium. All of these

can increase calcium loss. For more information, contact the US Department of Agriculture (www.USDA.gov) and the National Osteoporosis Foundation (www.nof.org).

LINDA BUCH - BODY LANGUAGE (tm)-July 17, 2005
BUYING HOME EQUIPMENT

“Could you please advise me on home gym equipment?” Catherine, Colorado

There are plenty of advantages to organizing a home exercise area, such as no gym fees, no crowds, and plenty of privacy. The American Council on Exercise has a five-step checklist to help you get started:

1. IDENTIFY YOUR FITNESS NEEDS. Strength training and cardiovascular exercise are the two major components of any fitness program. Are you going for a balance between cardiovascular and strength or are you leaning towards one or the other as the primary use of the space?

2. DETERMINE YOUR BUDGET. It is a hackneyed cliché but you do get what you pay for. Beware of “infomercial” fever! Treat this condition by heading for a store that specializes in home gym equipment (not a general sporting goods store). Most have a variety of quality equipment in a plethora of price ranges where you can spend as little as \$50 or as much as the gross domestic product of Finland. Also, check the classifieds. As long as you have done your homework on brands, many bargains abound, especially about three months after the holidays.

3. DETERMINE HOW MUCH SPACE IS AVAILABLE. Traffic flow, décor, safety and the inevitable clutter component must all be considered. Ideally, you should have as much open space as equipment space, if for no other reason than to keep from bumping into walls and tripping over furniture. For example, a treadmill and a small multi-station gym could require as much as 200 square feet.

4. EXAMINE THE PRODUCT. Be sure it has all of the features you want as well as a good service contract. The design and operation should adjust to fit you comfortably and safely. Be sure the parts operate smoothly and are of the best quality that you can afford. Researching a product before buying is always time well spent. What are their advertising claims? Are they backed up by research? What do disinterested consumer product groups say about them? Are there built in safety features such as auto shutdown buttons on the treadmill or safety stops on the weight machine?

5. ASSESS “BANG FOR THE BUCK.” USE A CHECKLIST AS A SIDE-BY-SIDE COMPARISON TOOL.

The American Council on Exercise recommends the following things for consideration: price; safety; effectiveness; comfort and enjoyability; space efficiency; adjustability; durable design; quiet operation; reputable manufacturer; written warranty; service plan and parts availability.

The biggest question of all, of course, is *will you use the equipment?* Be introspective and “Know Thyself.” Do you have the discipline to set aside the time to workout everyday in private amid all of the distractions at home, or are you more inspired by the

social atmosphere of a fitness club? If you have joined clubs in the past and have never gone, or if you have made numerous resolutions to exercise more and yet cannot manage to head out the door for even a short walk, will a home facility make the difference? Try working out consistently on your own without equipment (pushups, crunches, walking out doors) for a couple of weeks first before expecting equipment to provide the motivation.

LINDA BUCH - BODY LANGUAGE (tm)-December 19, 2005
How to GAIN Weight

“I have been skinny all my life, never weighing more than 147 pounds. At 5 feet 9 inches and 134 pounds, I want to gain weight not lose it. How can I do this in a healthy way?”
J.L., Antioch, CA

While you are probably the envy of everyone you know, extreme thinness has its own frustrations and problems. If you haven't already done so, get a physical examination from your doctor to rule out any physical, emotional, hormonal or metabolic disorders. This should include a full blood screening as well as a complete gastrointestinal examination. There are a few autoimmune, hormonal, digestive, and metabolic disorders (like thyroid disease, Crohn's disease, diabetes and colitis) that should be ruled out by a medical professional. Depression can also lead to severe weight loss.

Genetics can obviously be a factor in your difficulty gaining weight but personality and environment are also factors. “Sometimes people think they have a fast metabolism, but that is not always the case,” says Cindy Moore, MS, RD, Director of Nutrition Therapy at the Cleveland Clinic Foundation, and a spokeswoman for the American Dietetic Association (ADA). “They just might be more physically active.” If you are someone who is always on the go and seemingly in perpetual motion, this might be a factor.

While it is tempting to just eat with wild abandon, healthy eating habits are just as important for the intractably thin as for the rest of the population. Barring organic or psychological problems, weight *gain* must be approached with the same systematic planning required of weight *loss*. Strategic snacking is a good place to start. “A 400 calorie milk shake at mid morning and a 700 calorie sandwich and shake between lunch and dinner can help promote a weight gain rate of 1-1/2 to 2 pounds a week,” suggest Eleanor Whitney and Eve Hamilton, authors of the college textbook *Understanding Nutrition* (West Publishing Company, 1987). Another tactic they recommend is choosing foods with the highest concentration of calories, and eating them in small volumes to avoid becoming full too fast. This would include nuts, avocados, meats, breads, and starchy vegetables. They also suggest, “While a person who is focused on weight loss is taught to eat slowly and fill up on bulky foods at the beginning of the meal, the person who wants to gain weight must do the opposite: eat faster and eat the higher calorie items first.”

It is also a good idea to try to pack as many nutritious yet calorically dense calories into your meals by using a few tricks, such as adding cooked eggs and/or cheese to soups, mashed potatoes, and casseroles, adding dried fruit to cereal, and adding fruit juice to water. Sticking with good fats (monounsaturated and polyunsaturated varieties such as olive oil, canola oil, almonds, olives, walnuts, peanut butter, and so forth) at about 25% of your daily calories is the way to keep your diet healthy.

Exercise is important for everyone so anything you enjoy is what you should do. But if you are not exercising, and since you are trying to put on more size, weight lifting would be a good option.

LINDA BUCH - BODY LANGUAGE (tm)- June 19, 2005
BUTT EXERCISES

“I am a 69 year-old male in pretty good overall condition. I ski a little and play way too much golf but am active overall. Could you recommend some exercises for firming up the buttocks?”

Richard Aesop, Vail, CO

“Butt” obsession is everywhere. Advertisements for blue jeans focus on the finest fanny or most bodacious buns. But there is more to this area of the body than just as a fashion filler to dazzle the denim. The buttocks, along with the hips, allow us to stand, walk and climb.

There are three muscles in the butt area, which is properly called the *gluteus group*: the gluteus maximus (the largest muscle which works with the hamstrings and allows us to straighten the leg and climb); medius (middle-sized muscle which helps move the leg away from the body, helps us to stand on one leg, and stabilizes the hip joint); and, minimus (the smallest muscle which works with the gluteus medius to stabilize the hip joint).

The most common exercises are also the simplest:

1. Stand and kick one leg to the side, being sure to lead with the heel of the foot, not the toes.
2. Stand and kick straight back, keeping the foot flexed and not pointed. This exercise (just like the first exercise mentioned) can be done with or without resistance bands, or ankle weights.
3. Lie on your back with knees bent and feet flat. Push through the heels and lift the hips off the floor. Squeeze the butt and lower back muscles at the peak of the lift.

In general, it is better when an exercise includes as many of the other muscle groups that work synergistically with the muscle being targeted. Rather than attempting to isolate the gluteus to the exclusion of the surrounding core muscles (lower back, abdominals, hip joint and hamstrings), bring all of them together and, instead of just perky buns, you also get more strength, better balance, and improved function. The best exercises are:

1. SQUATS.

- a. Stand with your feet shoulder-distance apart, toes pointing forward.
- b. Lift your arms forward as you ease your hips back over your heels. You will want to brace your core by keeping your abdominal and lower back muscles tight as you push the hips back.
- c. Maintain good posture by opening the chest and looking forward, not down. Stand by pushing through the heels. The knees should not travel forward over the toes.

2. LUNGES.

- a. Stand with your feet hip-distance apart, hands on hips. Be sure to maintain good posture (chest open, shoulders back, look straight ahead, brace the core muscles).
- b. Step back with the right leg, keeping the right heel from touching the ground.
- c. Keeping your weight on the left leg (and being sure the left knee does NOT travel over the toes), lower your torso until the right knee bends toward the ground.
- d. Rise up and repeat 10-12 times, then switch legs.

Since squats and lunges both involve several joints in their execution (primarily the hips and knees) you are well advised to get some instruction from a personal trainer before attempting these exercises with weights.

LINDA BUCH - BODY LANGUAGE (tm)- May 1, 2005

“Could you give me some advice regarding “medicine balls”? I am 6’ tall, 59 years old, 180#. I lift weights (a periodized program), ride my bike and walk my dogs 4 miles a day. Given this information, can you advise me? Should I use medicine balls that are progressively heavier? Gary Goins, Colorado

MEDICINE BALLS ADD VARIETY TO A WORKOUT

“Medicine Balls” have been around since bare-knuckle boxing. The ones I remember from childhood visits to the YMCA were cumbersome, leathery, and (somewhat) spherical, often with cotton batting peeking from the heavily stitched seams. While some of these relics may still inhabit the fetid corners of a “Rocky” movie set somewhere, the ones found in gyms today are downright glamorous. Most are made of easy-grip rubbery materials and are either filled with gel (and don’t bounce) or air (and do bounce). Some are even fitted with a cord through the middle for core exercises where the ball is swung; others are designed with a handle to make gripping easier.

The many benefits of sports training with medicine balls are finally becoming mainstream. According to Ryan Lee, MS, and exercise physiologist at the Blythedale Children’s Hospital in New York,

Medicine balls:

- *Can be used to mimic sports movements,
- *Can be used to effectively train the aerobic/anaerobic energy systems,
- *Are completely portable,
- *Are relatively inexpensive,
- *Add variety and fun to workouts.

Even weightlifting can be improved by integrating a medicine ball into workouts. For example, a bench press requires an explosive push in order to get the barbell away from your chest. Push too hard and too fast and elbow injury is a potential problem. How can you improve this phase of the exercise without injury? Do standing chest passes. This will allow you to explosively push the weight away from you, releasing it safely as you improve your upper body power.

Medicine balls are amazingly versatile. Instead of the usual barbell or dumbbell, hold one while squatting or lunging. Perform these same exercises while holding the ball overhead with both hands...or one hand. You now have a whole new leg routine. Work your abdominal muscles by tossing the ball side-to-side with a partner; toss it between you as you simultaneously perform crunches. Exercise the arms and shoulders by performing overhead passes using two arms, then with one arm. Your imagination is the only limitation here. Watch the movements made by the athletes in the sports you enjoy (rotation, twisting, lunging, throwing, squatting or any combination of these moves) and imitate them with the medicine ball to add some variety and fun to your next workout.

As for what weight to use, try any new exercise with a lighter weight first (2-4#) and then progress to more weighted balls (6-8# or heavier). If heavier balls are not available in

your facility, you can boost the difficulty of the exercises by increasing the distance between yourself and a workout partner, or by throwing harder and faster.

A good resource for learning more about exercising with medicine balls (and stability balls) is *STRENGTH BALL TRAINING* by Lorne Goldenberg and Peter Twist (Human Kinetics, 2002, \$17.95).

LINDA BUCH - BODY LANGUAGE (tm)-August 21, 2005
EXERCISING WITH PROBLEM KNEES

"I have relied on walking for several years for weight control and general enjoyment. Problem knees have forced me to consider alternate ways of keeping fit. How can I design an exercise program that leaves my knees out of the equation?" C.B., Denver CO

"There are three exercises you need to do for your knees," my orthopedic surgeon told me during my own knee exam, "bicycle, bicycle, and bicycle." I expected no different from a fabulously fit physician with bicycles emblazoned on his tie. So before abandoning all hope of walking as your primary exercise, schedule an exam with a knee specialist to get a proper evaluation.

Knee pain may feel like the beginning of the end, especially for those who enjoy regular physical activity. But all it really means is finding activities that reduce stress on the knee joint. It also means strengthening the core, hip, and leg muscles in order to both ameliorate the knee pain and to prepare for those new activities.

My physician is not wrong about bicycling. There is no impact and, the leg, butt, and core muscles are all involved. As for general conditioning, anyone want to argue that Lance Armstrong isn't one of the fittest humans on the planet? While it is not necessary to begin this sport by heading straight up an Alp, there are bicycle paths, charity rides, and clubs aplenty to help the newcomer ease into cycling.

With bicycling, there is the sacrifice of the convenience and affordability of just slipping on some walking shoes and heading out the door. Bicycling outdoors not only requires a bicycle, but also a few items for safety and comfort. With some judicious shopping, and a keen eye for bargains, the bike and helmet can be acquired for \$400 or less. (Be sure to get fitted to the bike by an expert so that your body and joints are all properly aligned with it.)

If bicycling isn't possible, any activity that does not require constant pounding and changing of motion (like tennis, basketball, and hiking) will be easier on the knees. Replace activities like these with knee-friendly ones such as swimming (try water aerobics if lap swimming is of no interest), paddle boating (canoeing and kayaking), indoor equipment (spinning classes, stationery bikes, cross trainers), Pilates, and strength training.

In fact, strength training is the key to reducing the stress placed on the knee joint and, like walking, is good for the bones. Since most injuries are often the result of muscle weaknesses in the hamstrings, hips, back and abdomen, strengthening these muscles will serve you well. The best exercises are wall sitting, partial squats, hamstring curls, inner and outer thigh lifts, seated rows/pulldowns for the back, and a variety of abdominal exercises. Exercises to avoid are deep squats, lunges, and full-range leg extensions. A session or two with a certified trainer is essential in order to learn proper form.

After a proper evaluation by a physician (which may include being fitted for a knee brace and/or improving your footwear), and adding other activities and conditioning exercises to your regimen, you may be able to return to walking for exercise.

LINDA BUCH - BODY LANGUAGE (tm)-November 21, 2005
LIFTING WEIGHTS AND BURNING FAT?

“I have read that lifting weights doesn’t burn fat. What is true? How do I lose the 50 extra pounds I have put on? (The easy way, please!)

Barbara Hartley-Snazelle, San Francisco, CA

The rate at which we are able to lose fat seems to be inversely proportional to the rate at which it is gained. So, to answer your last request first, the simple way is consistent vigilance regarding caloric intake and an equally consistent habit of daily exercise. I am afraid there is no “easy.”

The human body has the ability to lift, push, pull, run, jump, walk, crawl, hop, etc. We have muscles and an energy exchange system built to produce force and do work. We are not designed to be immobile lumps that just sit, ride, and vegetate. This means that, in a society where we even watch *poker* on TV (thereby saving us the energy required to shuffle and deal the cards ourselves), we have to make the effort to balance the energy we consume (calories) with the energy we expend (daily activity, including exercise).

Lifting weights should be a part of everyone’s exercise protocol. Weight training is good for bones, builds strength, improves balance and flexibility, and keeps us viable as we age. People who do not maintain muscle mass can become dangerously frail and weak. The more lean tissue we have the higher our Resting Metabolic Rate (RMR—the number of calories our bodies need just to keep us alive—a whopping 60-75% of our total calories consumed). Muscle is more compact than fat so lifting weights can sculpt the body into a leaner, firmer, stronger, more energetic machine.

There is some media hype which tries to convince people that all they have to do is lift weights and the increased muscle mass will burn fat off the body like a hot griddle. The reality check on this is that it takes hard work to put on muscle. Weights lifted must be heavy enough at six to 15 repetitions to tire the muscles being worked. Women in particular usually resist the heavy lifting necessary to create muscle and, consequently, lift weights that are too light to do the job. Men have the advantage of testosterone but women who work at it may be able to increase their muscle mass by as much as six pounds.

Research conflicts on the actual metabolic boost from increased muscle mass. Depending on what study you read, the increased daily caloric burn from added muscle ranges from two to 14 percent (or approximately 30 to 286 extra calories utilized per day). It is generally agreed that additional muscle does elevate the RMR for six to 36 hours after your workout.

According to the Energy Balance Laboratory at the University of Kansas, cardiovascular workouts should be performed at a moderate to high intensity (this is defined as huffing, puffing and sweating, not casual strolling) for about 45 minutes, four to five times per week. This and watching the diet is the key to dropping fat. Laboratory Director, Joseph

Donnelly, also recommends weight lifting one to three times a week, in addition to the cardiovascular workout.

LINDA BUCH - BODY LANGUAGE (tm)-May 22, 2005
STAYING MOTIVATED

“Are there any studies available on what motivates people to keep physically fit?”

Martha Charles, Lancaster, PA

As Mark Twain once remarked, “The only way to keep your health is to eat what you don’t want, drink what you don’t like, and do what you’d rather not.” Humorous observations notwithstanding, “exercise” has become synonymous with torment. It is time to reclaim the pleasure and sense of adventure in physical activity or we are doomed to becoming a nation of really unhealthy folks mentally and spiritually, not just physically.

Most research is done on how much exercise we need [moderately fit people who are consistently physically active have almost the same longevity rates as those who are highly fit] and what the benefits of exercise are [exercise decreases a person’s chances of dying from heart disease, diabetes, and certain cancers] than on finding the magic of motivation. The easy part is starting an exercise program; the hard part is sticking with it.

Paul Estabrooks, Assistant Professor of Kinesiology at Kansas State University, found that people stick with an exercise program longer if they have confidence in their ability to exercise. “That confidence can be developed by having small successes with exercise, seeing others like yourself exercise, or by having those people close to you support a decision to exercise.”

Too many people word-associate “exercise” with “marathon.” Exercise also includes walking the dog, dancing, gardening, playing catch, horseback riding, and tossing a Frisbee in the park. It means activity, not just intense athletic endeavors. So, the number one way to stick with it: MAKE IT FUN. Find things you like and add them back into your life. Think “play” rather than “chore.”

For many Americans, it may have been a while since working up a sweat at something besides multiple laps at an all-you-can-eat buffet. People don’t get out of shape in a weekend; flab happens over the long haul. Therefore, SETTING REALISTIC GOALS would definitely be important. Keep them small and attainable, such as walking for 30 minutes three times a week. Keep a journal of your days walked, distance, and progress. Choose a charity event six months or so down the road and work towards participating in their 10K walk/run/bike/swim/whatever event. Reward yourself when you have achieved that goal (with something like a book or clothing, not Ben and Jerry’s Ice Cream) and then reset your goal a notch higher.

Since most people tend to get into routines, figuring out how to exercise consistently is wise. Be sure to SCHEDULE THE WORKOUT rather than just hope to “do something whenever I can.”

If things slip away, just start over. Just like there is no rule that we all must walk on treadmills, there is also no such thing as having to wait until Monday or the first of the month to get going. DO IT NOW is a better mindset than *do it whenever*.

Satirist Ambrose Bierce defined PATIENCE, “A minor form of despair, disguised as a virtue.” All good things take time so keep your sights on the long road of a healthy lifetime rather than the quick fix.

LINDA BUCH - BODY LANGUAGE (tm)-October 23, 2005
FOOD LABELS AND CALCIUM

“I’ve recently been diagnosed with osteopenia and am trying to gather information about calcium dosage from natural food sources, including soy milk. Is there a way to get relevant information from food labels? GMW, Denver, CO

Calcium helps to keep bones and teeth healthy and strong. It is also necessary for healthy blood pressure, regular heart rhythm, blood clotting, muscle contraction, the transmission of nerve impulses, and as ordinance against heart attack, PMS, and colon cancer.

Unfortunately, Americans, who consume too much processed foods that are often void of fresh vegetables and low-fat dairy products, get only half of what we need when it comes to this necessary mineral. If we don’t provide it to our body via food and/or supplements, the body takes it from bone. And when it is gone from the bone, it is mighty difficult to get it back. Prevention is far easier.

The main sources of calcium are milk and milk products (cheese, yogurt), salmon and sardines (canned with bones), grain cereals (Total, oatmeal), fortified fruit juices, vegetables (bok choy, broccoli, collard greens, turnip greens, kale), beans (black, kidney, pinto, chickpeas). It is still too early to say if soy products, rich in natural plant estrogen, can provide the bone support that is lost to women going through menopause. The studies thus far have been too small to find relevant answers but there are two longer studies underway. However, calcium-fortified soymilk is available.

Daily calcium needs change as we age. Adolescents, teens and young adults (11-24 years of age) absolutely must get 1,200 to 1,500 mg per day. These are prime bone-building years and it is critical for this age group to acquire as much bone density as possible in order to have healthy bones in adulthood. Adults (25-50 years) need 1,000 mg; pregnant and nursing women require 1,200-1,500 mg; postmenopausal women (and all adults over 65) need 1,500 mg daily.

Food labels show a “percent daily value” which is based on a 2,000 calorie per day diet. The daily value the government uses for calcium is 1,000 mg. This makes it easy for calculation purposes because all you need to do to find out how much is in the product is remove the % symbol and add a zero in its place. For example, an ounce of cheese provides 20% of the daily value for calcium. This means 200 mg. If you are a postmenopausal woman or a teenager, you will need to consume an additional 1,300 mg.

Our current culture of media spin might lead one to believe that calcium is all we need for strong bones. Because our bodies are interdependent wonderlands of nuance and exquisite balance, it is easy to forget that exercise (particularly weight bearing exercises which work against gravity and put strain on the bones), vitamin D, magnesium, and potassium are also necessary for bone health. Excessive alcohol, soft drinks, caffeine, sodium, and too much vitamin A (specifically retinol in amounts over 3,000 IU) can be harmful to bones.

Supplements are not meant to replace real food but do provide a good safety net. The easiest and best absorbed is calcium citrate (such as “Citracal with vitamin D” or “Citracal Plus” which also contains magnesium) because it can be taken and absorbed without food.

LINDA BUCH - BODY LANGUAGE (tm)- April 24, 2005
CALF EXERCISES

“What are the best exercises for women over 55 to do for the calf muscles? Mine seem to have suddenly turned to flab!” Charlotte Miller, Lancaster, PA

If you dig up early pictures of Arnold Schwarzenegger posing outdoors, he is often standing calf-high in water. Why? Because he was not satisfied with the development of his calf muscles. He remedied this through excruciating, rigorous, and dedicated training. Why was this intensity necessary? Because since we use them every day during our most basic life activities (like walking, running, sitting and standing), calf muscles are notoriously stubborn when it comes to change and, therefore, need to be challenged. Fortunately, they can handle tough training if necessary.

The calf muscles, located on the back of the leg between the knees and the ankles, comprise two primary groups: the gastrocnemius (the heart-shaped muscles which give the calves their shape), and the soleus (a wide, flat muscle which lies beneath it). These muscles come into play anytime we point or push from our toes. (The soleus muscle contracts only when the leg is bent by at least 30°.) Therefore, all of the most effective calf exercises will involve lifting and lowering the heels up from the ground by pushing from the ball of the foot.

The easiest calf exercise can be done anywhere (like while waiting in a checkout line) simply by repeatedly standing on “tippy toes.” Just lift your heels and repeatedly, but briefly, balance on the ball of the foot to flex the calf muscles. More intense calf muscle exercises will involve the use of weights and specifically designed machines.

The most popular and common exercises are performed from either a standing or seated position. Many fitness facilities have machines designed to allow you to select light to heavy weighted resistance from stacks built into them. Stand under the shoulder pads, on the narrow step provided, and perform the same “tippy toes” exercise with greater intensity by adding various weight loads. Similar machines are operated from a sitting position with the weight born by the knees instead of the shoulders. The seated machines keep the legs at a 90° angle, which means the soleus muscle is the primary muscle worked; the larger gastrocnemius muscle is secondary. If machine aren’t accessible or available, place weights on the thighs for a seated exercise or hold weights with your hands for a standing exercise.

When working with the standing machine, the legs should remain straight, no bent knees. Lower the heels for a second to stretch the muscle then push up as high as you can to the “tippy toes” position. Hold this for a second and repeat. Start with lighter weights and 15 or more repetitions per set for three sets. Increase both weight and repetitions as you improve your strength. Full range of motion for both the stretch and flex of the muscle is the key.

Most body builders feel that in order to work the muscle more completely, each set should be executed with slight variations in the toe positions. On the first set, point the toes straight ahead; on the second, pointed slightly outward; on the third, slightly inward.

LINDA BUCH - BODY LANGUAGE (tm)-July 24, 2005

GLYCEMIC INDEX

“What is the “glycemic index” and how is it used in diet and fitness?” T. Cohen, Harrisburg, PA

To bean or not to bean? Should we really be in a conundrum over carrots, baffled by bananas and riled over rice? For the dieting millions, “carb” counting too often becomes a focus beyond what is good for general health. The “glycemic index” is a tool that has been egregiously co-opted by the “low carb diet” craze. It is important, therefore, to put it into perspective.

The *glycemic index* (GI) was developed in 1981 by Dr. David Jenkins and the researchers at the University of Toronto to try to help Type-1 diabetics manage the blood sugar in their diet. Jenkins et al decided to systematically test different carbohydrates to assess their individual impact on blood sugar levels.

In order to figure out how the body reacts to foods containing carbohydrate, test subjects were first fed 50 grams of pure glucose as a control. They were then fed 50 grams of carbohydrate from a whole host of other foods to compare the blood glucose levels. Here’s where the problem began: since one medium carrot, for example, has only about four grams of carbohydrate, the subjects had to eat at least a pound of carrots in order to consume the required 50 grams! This could give even Bugs Bunny a challenge.

While the glycemic *INDEX* compares the blood glucose response to the same amount of carbohydrate, the glycemic *LOAD* (GL) differentiates by comparing how much sugar is actually in a serving. Therefore, a large carrot, with a glycemic index of 95, times a carbohydrate content of four grams, divided by 100--would be a glycemic load of 3.8. A score of 10 or less is low; 11 through 19 is medium; and 20 or more is high.

This is important is because the body operates most properly when the blood sugar is consistent rather than in a state of flux. Low blood sugar usually brings on lethargy and hunger. High blood sugar tells the pancreas to pump out more insulin, a hormone that latches onto the excess sugar and brings it into the muscle cells (where it is stored as glycogen), and liver cells (where it can be converted from glycogen and stored as fat).

Food *volume* (fiber and water content) is more important than the glycemic index. Whole fruits, vegetables, grains, and beans have a higher fiber and water content than processed foods. This means that they are of a better quality nutritionally and will fill you up faster than foods high in processed sugars and flours. Also, “low-carb” diets are often high in fat, which can play havoc with calorie control. For example, if glycemic index is the only factor considered, four ounces of peanuts with a GI of 14 becomes a better choice than a medium orange with a GI of 48. Calorically, however, the peanuts chime in at 500 while the orange is 62!

The rules for proper nutrition for most people are very simple: eat a variety of fruits, vegetables, grains and beans; eat whole foods rather than refined foods; keep your portions under control; and, exercise regularly.

LINDA BUCH - BODY LANGUAGE (tm)-September 25, 2005
DOING ENOUGH TO PREVENT BONE LOSS?

“How do you know if you are doing enough to prevent bone loss and stay healthy? I’m in my late forties with a safe BMI (22.3). I do a combo of free weights, machines, and core exercises 45 minutes, two days a week and do weight bearing aerobic exercise for 35+ minutes five days a week. If I maintain this for the rest of my life will this do the trick?”
M. Golden, Denver, CO

Physical activities involving explosive moves and resistance are THE most important factor in maintaining bone density. Walking, jogging, dancing, kickboxing, gardening, snowshoeing, etc. are all good but *the single most effective way to maintain bone health is through weight lifting.* According to Tufts University Professor and author, Miriam Nelson, Ph.D., “We found that women who did resistance training twice a week for one year actually gained bone density vs. a control group who did no resistance training and lost bone density.”

Taking calcium supplements and light exercise is not enough, either. Leading tissue researcher, Kenneth McLeod, Chair of the Bioengineering Department at Binghamton University (NY) found that just taking calcium and doing some walking will not make new bone. “There has to be a signal to make bone, and it turns out that if you don’t have adequate fluid flow across your bone, you’re not going to have adequate cell metabolism to trigger cell formation,” states McLeod. He has found that the key to triggering bone growth is to focus primarily on a specific type of Type II fiber called Type IIA. This fiber responds to both endurance and explosive movements, which mean a variety of weight lifting protocols may be the key to bone stimulation.

When weight lifting, learn proper form and start with easy weights which allow you two sets of 12-15 repetitions before tiring. This will give your connective tissue (especially around your joints) a chance to adapt to your new activity. By using a scale of 1 to 5 (with “1” lifting a banana and “5” lifting a giant box of kitty litter), strive to get to level “4” where two sets of 8 repetitions is all you can do (and still maintain proper form.) If you already have osteoporosis, increase your weights slowly. Cans of soup and bags of beans are convenient but are not designed for the task. Dumbbells are often available very inexpensively at places like Target and large sporting good stores.

The fact that nearly every activity in which you are engaged involves some sort of weight-bearing protocol bodes well for your bones. You may want to ask your physician if you shouldn’t have a baseline bone density test just to see where you are, however. Other factors can intrude upon good bones regardless of activity level and healthy eating habits, (such as medication, celiac disease, genetic factors, and hormonal changes, to name a few).

I highly recommend Miriam Nelson’s book, “Strong Women, Strong Bones” (Perigee, \$13.95) to teach you more about diet and exercise. This book will further your understanding of osteoporosis and provide more ideas on how to continue to fight back. The website: www.strongwomen.com is another good resource.

LINDA BUCH - BODY LANGUAGE (tm)-December 26, 2005
NEW YEAR RESOLUTIONS

“Please give me some advice on how to stick with better eating and exercising in the New Year.” Ann Groff, Lancaster, PA

Statistically, “losing weight and getting in shape” is America’s number one resolution. And, for about three weeks, NOTHING gets in the way of our efforts for a new and improved self. Then Girl Scouts show up with cookies, Valentines appear with candy, the gym membership card is lost, exercise videos gather dust, and diet/exercise books become drink coasters. How can we keep this from happening *again* for 2006?

The body is a ruthless accountant and never fails to count every calorie. SOLUTION: Examine your eating habits for one week. Write down what you are eating *as you are eating* and see where the problems occur. Are you eating too little for breakfast? Skipping lunch? Just filling the hole in your appetite with whatever is handy? One pound = 3,500 calories. Eliminate 250 calories per day of something nutritionally suspicious and you are on your way to losing as much as a pound a week. By consuming more fruits, vegetables, grains and beans, lean meats, and fish, your body will be more in balance nutritionally. Also, drink water to stay properly hydrated and alert.

NEWTON WAS RIGHT. “A body in motion tends to stay in motion; a body at rest tends to stay at rest.” If you are uncomfortable making a financial commitment to home equipment or gym fees, start by altering you schedule at home and work. Are you into a TV-watching routine that keeps you sedentary all night long? Try moving during the commercials by doing push-ups, crunches, and lunges, walking in place or dancing to the music. Look for ways to add more walking to your day. Park on the other side of the lot instead of by the door and take stairs instead of elevators. Buy a pedometer, clip it on, and aim for 10,000 steps per day. This could mean an additional caloric expenditure of 250-350 calories.

FIND SOMETHING FUN. There is more to life than treadmills and step classes. The definition of insanity is *“doing the same things over and over, expecting different results.”* Try snowshoeing, learn to samba, take a martial arts class, do *anything* but the same old stuff you’ve always done in the past.

It takes about 21 days to change a habit and about four to six weeks to make it a lifestyle change. “Nothing exceeds like excess” so keep your goals both attainable and focused. Maintain a list of the changes you want to make and why they are important. Look at it every day to help make exercise and diet more of a priority, and harder to dismiss for “lack of time.”

Don’t forget to reward yourself for even small successes! Not with a banana split but with an item of clothing, an afternoon at the movies (skip the butter on the popcorn—but you knew that), or an evening at the symphony.

Valuable resources include:

“THE STEP DIET BOOK,” James Hill, Ph.D., et al, Workman Publishing (\$22.95).

“DIET SIMPLE, Shed Pounds Without Even Trying,” Katherine Tallmadge, M.A. R.A., LifeLine Press, (\$14.95)

Website for networking, tools, and support are:

www.LiveHealthier.com

www.WeightWatchers.com

LINDA BUCH - BODY LANGUAGE™ June 26, 2005
EXERCISES FOR ARTHRITIC HIP

“What is the best exercise for an arthritic hip?” Jack West, PA

The American Academy of Orthopedic Surgeons has stressed the importance of exercise for older people as well as those dealing with arthritis, osteoporosis, and back pain. In their brochure, “Keep Moving For Life,” they state unequivocally, “Regular exercise slows the loss of muscle mass, strengthens bones and reduces joint and muscle pain. In addition, mobility and balance are improved, which reduces the risk of falling and suffering a serious injury such as a hip fracture.”

Gait, balance, and strength of muscular tissue are the three relationships that need to be maintained for proper hip function. A failing, frailty or dysfunction in any one of these areas can lead to poor hip-joint stability, which can lead to hip injury and arthritis. Many factors come together as we age but a lifestyle that fails to include regular exercise usually means a loss of muscle strength over time. This loss can quickly cascade into poor posture, poor balance, and a gait that becomes more of a side-to-side shuffle rather than strong strides forward. If a fall occurs due to these factors, hip damage is often the result, and that can mean a complete loss of independence.

Since exercise is sited as the number one remedy, the key is to find a way to get at it without caving into the pain. First of all, exercise *helps* the arthritis; it does not make it worse. Second, exercise is good for health in general and can lift the spirits, all very important for quality of life.

The best exercise for arthritis is swimming. Whether you enjoy swimming laps or not, there is a way to get a great workout in the supportive environment of the pool. The best place to start may be in the shallower water, where you can walk your laps. Walking on treadmills and trails tends to aggravate hip pain; the buoyancy and support from the water does just the opposite.

Once this becomes too easy, it is time to try a water exercise class in either the shallow or deep end. Most classes are taught by certified aquatic professionals and include a variety of exercises for the whole body. The equipment for these classes often includes water dumbbells, barbells, and other devices to create more resistance in the water for a more challenging workout.

Certified aquatic exercise instructor, Tracey Adams of Greeley, Colorado, recommends deep-water exercise--even for the inexperienced. “Because your feet never touch the bottom of the pool, the impact on the feet and ankles is minimal. Even non-swimmers can take the class because all participants wear flotation belts. The workout in both types of classes can be modified for individual participants and can be adjusted for intensity.”

Bicycling is another option that is often easily tolerated by those with hip arthritis. Strength training is also recommended because it builds muscle, which improves

metabolism and overall body strength. What ever you choose, start gradually and build up to the goal of 30-minutes of exercise per day.

For a copy of the free American Academy of Orthopedic Surgeons “Keep Moving For Life” pamphlet, call 1/800/346/2267 or go to www.aaos.org.

LINDA BUCH - BODY LANGUAGE (tm)-August 28, 2005
EXERCISING IN THE HEAT

"I am an 80-year old and try to exercise on a regular basis. My problem is that I seem to be minding the 90-degree temperatures and the humidity more as time goes by. I drink water and/or Gatorade, but feel light headed after a walk in the summer heat."

Harry Erb, Ephrata, PA

Ellen DeGeneres once quipped, "My grandmother started walking five miles a day when she was 60. She's 93 today and we don't know where the heck she is." But seriously, while it is commendable that you are an intrepid exerciser, the heat can be deadly. It is important to know the warning signs of dehydration and heatstroke that often result from exercising in heat and humidity. Even well trained athletes can be lethally affected, so more vulnerable populations like the ill, the elderly, and children, must pay particular heed.

As Robert Girandola, Ph.D. of the Department of Kinesiology at UCLA explains, "Humans are homeotherms, which means we must maintain our internal temperature independent of the environment." This is accomplished by venting heat through the skin. If we do not dissipate our internal heat into the environment, the heat accumulates and we can die. Three factors prevent our body from dissipating heat properly: extremely high heat, high humidity, and poor hydration.

That fact that you are feeling lightheaded is an early warning sign of heat exhaustion. Other symptoms include (but are not limited to) headache, fatigue, rapid heartbeat, nausea, malaise, muscle cramps, vomiting, headache, rapid and shallow breathing, and either heavy sweating or no sweating at all. Fortunately, heat exhaustion is preventable.

Proper hydration is the key. Our bodies are about 60 percent water; we lose two cups a day just breathing and even more than that from sweating and urinating. If it is not replaced, we become dehydrated. Thirst actually lags behind our need for water so, by the time you are feeling thirsty, you are already dehydrated. This is why the American College of Sports Medicine recommends consuming 13 to 20 ounces of cold water before exercising and drinking eight and one half ounces of water for every 10-15 minutes of activity in the heat. As for flavored sport drinks, the sugars, flavors and so forth actually slow the absorption of what your body needs: water. Unless you are engaged in extreme sports activity, or are exercising for over an hour, electrolyte replacement by the sport drink is unnecessary.

According to Stephen W. DeBoer, R.D. and clinical dietitian at the Mayo Clinic in Rochester, MN, "A good way to determine your fluid needs is to weight yourself before and after exercise. For each pound you lose, drink 2-3 cups of fluid over the next several hours." He also cautions that too many salty sports drinks can adversely affect other health conditions.

If you must exercise outdoors, avoid exercising between 10:00 a.m. and 3:00 p.m., which is when the sun's rays are the most intense; and wear loose, light-colored cotton clothing. Also, avoid alcohol, caffeine and sugar, which are all dehydrators.

The best suggestion is to walk in the early morning or at twilight; or, exercise indoors where it is air-conditioned.

LINDA BUCH - BODY LANGUAGE (tm)-November 28, 2005
DIASTOLIC BLOOD PRESURE RISING

"I am a 39-year old whose lower blood pressure number keeps creeping up. My upper number is 117-122 but my lower number is 90-95. How do I lower the lower number?"
Catherine Dale, Hildebran, NC

Most adults are familiar with the anaconda-like arm cuff used to measure blood pressure. "Systolic" refers to the upper number and measures the force against the walls of the arteries when the heart beats. "Diastolic" ("d" for "down") is the lower number and is the measure of the pressure of the blood against the artery walls between beats, when the heart is at rest. The new guidelines for hypertension (high blood pressure) are a systolic below 120 mm Hg and a diastolic below 80 mm Hg.

High numbers have many causes such as kidney disease, obesity, smoking, the excessive consumption of alcohol (more than three drinks a day), heavy caffeine usage (five or more cups caffeinated drinks per day), age, gender, ethnicity, family history, stress, emotional disorders, and heart disease just to name a dozen. Ignoring any abnormal reading is ill advised. Anytime one of the blood pressure numbers is too high, a visit to a physician is in order. "Studies now show that both numbers are important to treat for cardiovascular health," reminds Denver, CO internal medicine physician, Lynn Rooney, M.D.

Regardless of how your physician proceeds, simple improvements can be made in the lifestyle to help lower blood pressure. The mantra of "diet and exercise" is used so frequently that it gets lost in the din of commercials for quick fixes but often the solution is that basic. Getting started on a healthier lifestyle, however, can be intimidating, frustrating, and overwhelming so it is best to keep things simple.

For exercise, start a walking program by purchasing a pedometer, an inexpensive gadget that clips onto clothing at the hip and counts your steps. At the end of each day, note how many step you take; and at the end of a week, reassess how to make changes in your routine that will require more walking. Gradually increase steps taken week by week to a goal of 10,000 steps per day. Once you achieve this, focus on increasing the intensity of the walking to at least a moderate level and enjoy more frequent bouts of exercise, aiming for five times a week. Moderate exercise is characterized by an increase in breathing and heart rate, such as that experienced by walking more briskly or by engaging in more vigorous activities like dancing, swimming, or bicycling.

Dietary changes are often the most difficult but until we become accountable for exactly what, when, and how much food we consume, it is easy for extra calories to become a blur. A food diary for one week is often the answer. Be prepared to be shocked at how quickly it all adds up! A registered dietitian can help sort through it all and be a guide for gradual yet effective changes in diet. Weight Watchers is another excellent way to go.

A good resource is "The Step Diet," by James Hill, Ph.D., John Peters, Ph.D. and Bonnie Jortberg, M.S., R.D. (Workman Publishing, \$22.95).

LINDA BUCH - BODY LANGUAGE (tm)- May 29, 2005
EVALUATING EXERCISE PROGRAMS

I see so many programs advertised that promise great results in just a day or two of exercising. How do I evaluate these programs?"

Donna Hutchison, Denver, CO

While diet program hucksters are ubiquitous, ravaging magazines and TV with ads promising "Laura Croft, Tomb Raider" bodies with just a special pill or drink, exercise programs are a bit subtler. After all, who wouldn't rather pop a pill than actually work and sweat for results? Exercise programs, therefore, must come up with the only other attention-getting enticement: maximum results in minimum time.

If you are uncertain about investing time and money into any program it is a good idea to check them out personally or research it through one of the many Internet search engines. Other good resources are certified personal trainers who keep up with the latest information through seminars and conferences. When evaluating ANY program, however, buyer beware and buyer be aware! Watch for these red flags:

1. Beware of any exercise or diet program promoter who refuses to tell you what you want to know until AFTER you pay your money. Exercise science continues to evolve and studies revealing better information are published everyday. There are no "secrets" and there is no "magic."
2. Beware of enigmatic presentations where the activity/diet promoted is "exclusive," (a euphemism for "profitable.")
3. Beware of any program that claims to be the only correct and effective program on the planet. (In the "vanilla only" world of zealotry there is no respect for chocolate, and strawberry is out of the question.) Everyone is different and no single exercise plan is a panacea. "Nirvana" for some is "Boot Camp" for others. If you don't enjoy the program, will you make it a lifestyle? Unlikely.
4. Be aware of the qualifications and certifications of the people who are instructing or leading you. Are they certified or educated in exercise science and/or nutrition? Ask for proof of an exercise/nutrition degree and/or current trainer certification (including CPR). If they can't provide any of these, keep shopping.

The key to improved health and fitness with any exercise program is consistency. So try a number of programs or activities, pick out a few that you like and see how they fit your personality and time constraints. General exercise programs offered in fitness clubs, recreation centers, and YMCA's have more class variety, activity options, and availability while private programs may offer more personal attention.

Expecting a complete body overhaul with little or no effort or investment in time is unrealistic. Regardless of whether the program you choose is once a week or every day, remember that physical and nutritional transformation takes focus, consistent effort, and

an awareness of the need for personal psychological changes involving accountability and esteem building.

Compact, time-compressed programs can be great, should definitely be investigated, and even employed. By also having access to, or an interest in, other activities, you may feel more enjoyment in the process of reaching your goals. Going for the quick fix can generate the opposite effect, causing a loss of heart in what can be a fun and exciting process of change for the better.

LINDA BUCH - BODY LANGUAGE (tm)-October 2, 2005
EXERCISE AND ANKLE ARTHRITIS

"I have just been told I have severe degenerative cartilage and my right ankle is bone to bone. What kind of exercise can I do? I also have back problems." Carol Inman, Vero Beach, FL

Ankle arthritis, compounded by back injury, makes a difficult situation more challenging, but not untenable. The first step is to get a team of medical experts to work with you including your primary care physician, physical therapist, registered dietitian, arthritis specialist, and possibly an orthopedic surgeon. Each will be able to give you information and support to help you literally get back on your feet.

DIET. A registered dietitian is important because weight reduction and proper nutrition go hand-in-hand. Every pound lost greatly reduces the stress and pressure on the small joint that comprises the ankle.

MEDICATION. Your primary care physician and arthritis specialist are the best sources for proper pain management and control of inflammation. Resist the urge to self-medicate! Depending on the severity of your situation, you could be prescribed anything from basic acetaminophen or aspirin to more intense drugs available only by prescription.

PHYSICAL THERAPY. A physical therapist will help you with proper range of motion exercises to assist in rehabilitation of the joint. Since you also have back issues, finding a therapist adept in dealing with these kinds of injuries is crucial. Your physician's nurse practitioner may be a good resource in this area.

SURGERY. This is usually a last resort and can range from cartilage replacement to replacing the whole joint.

EXERCISE. Once you get past all of the initial treatments from your "team" you may be ready to launch out on your own and get back into regular exercise. Swimming pools and bicycles will be your new best friends because both are great arenas for exercise and neither is known to put too much stress on the ankle joint. The purchase of a bicycle and some new pool toys may be in order, however.

The most beneficial and least stressful will be water workouts. Since standing in a pool may even be too much, I recommend a good exercise-ready flotation device in order to provide maximum buoyancy and control. Go to: www.HydroFit.com or call: (800) 346-7295 and purchase a flotation belt and other exercise pieces such as water dumbbells, hand mitts, and special shoes that create rehabilitative resistance. Once you are adept at exercising in the shallow end, try exercising in the deep end for greater aerobic benefit.

Another good water-use product that would be beneficial as your ankle strengthens is the Winged Water Walker®. This equipment fits on the feet, is zero impact, and works like a StairMaster® for the water. Check it out at: www.wingedwaterwalker.com or call: (701) 219-5941 for more information.

Other great ways to exercise without stressing the ankle are kayaking, canoeing, and sculling. With the exception of sculling, the upper body provides the primary exercise force. As for bicycling, proper footwear and a brace may be needed but it is exceptional exercise.

The Arthritis Foundation is a great resource for information and activities. Their phone number is: (800) 568-4045. Their web site is: <http://www.arthritis.org>.

LINDA BUCH - BODY LANGUAGE (tm)-October 30, 2005

EXERCISE AFTER PREGNANCY

“What is the best way to start exercising after the birth of a child? What do you think of stroller fitness classes?”

Lori Goldman, Denver, CO

A woman's body never goes through more physical upheaval than during and after pregnancy. Prenatal attention to exercise and diet is just the beginning; postnatal precautions and programs are equally necessary. Taking care of a newborn is stressful and exhausting so taking care of your own mental, emotional and physical health is of paramount importance.

Time must be allowed for post-delivery healing, regardless of whether the birth was cesarean or vaginal. Every woman's delivery is different so your medical professional should be able to advise you on when it is safe for you to start exercising. Above all, pay attention to your body's signals: bleeding, fever, and pain of any kind should not be ignored.

Once you are cleared to exercise it is important to avoid panic mode about your shape. Your body has just been through nine months of physical and hormonal change and is still in this state for at least four months after delivery. Keep the adage “Easy Does It—But Do It!” in mind.

It has been found that the women who start doing gentle exercises for the muscles most stressed by pregnancy (particularly those of the abdominals, pelvic floor, and back) heal faster and regain energy and strength more quickly than women who are sedentary. While cardiovascular and strength training may have to wait a while, the exercises for the abdominal and pelvic floor muscles can be performed within 24 hours of giving birth.

Gently contract the abdominal muscles (with knees bent, visualize pulling your naval towards your spine). After you are allowed to stand and walk, add pelvic tilts (tilt the lower pelvis forward as you pull the abdominal muscles toward the spine). Kegel exercises for the pelvic floor muscles can be performed virtually anywhere. Pretending to stop the flow of urine is a good way to locate these muscles.

Gentle walking for no longer than 15 to 25 minutes, with your baby in the stroller, is the next phase for a return to fitness. Remember that muscles and joints are still very elastic so start slowly. Use your walk to do isometric flexion for the muscles of the back and shoulders. Lifting a baby is heavy work so properly strengthened posture muscles are important. Remember: ANY EXERCISE YOU DO SHOULD FEEL GOOD. Pain or discomfort could mean you are pushing too hard.

With medical approval, strength training, yoga, and Pilates can be added within a couple of months.

As for stroller fitness classes, there are a number of pre- and post-natal exercise program franchises that operate nationwide:

STROLLER STRIDES (www.strollerstrides.com, 1-866-FIT-4MOM)

MOXIE MOMS (<http://www.moxie-moms.com>, 1-888-MXI-MOMS)

STROLLERFIT (www.strollerfit.com, 1-866-BABY-FIT)

Some books to help:

“Bounce Back Into Shape After Baby,” by Caroline Creager, P.T. (Executive Physical Therapy, Inc., \$17.95)

“Exercise After Pregnancy,” by Helene Byrne (Celestial Arts, \$15.95)

“Walking Through Pregnancy and Beyond,” by Mark and Lisa Fenton, (The Lyons Press, \$19.95)

Other resources include:

American College of Obstetricians and Gynecologists, (800) 673-8444 for pamphlets

Kathy Smith’s Pregnancy Workout Video

Fit for Two: The Official YMCA Prenatal Exercise Guide book.

LINDA BUCH - BODY LANGUAGE (tm)-July 31, 2005

“Six-Pack” Abs

“How do I get those’ six-pack abs’ like I see on TV? Does that equipment on the infomercials really work?” Tom Harper, San Francisco, CA

Steve Smith, bodybuilding’s Mr. Colorado in 1985, always said, “Exercise creates muscle; diet exposes it.” Simple. But as with most things, “simple” (like its cousin, “easy to assemble”) often takes focus, dedication, and commitment. For men and women, lean, hard, and well-defined (aka “ripped”) abdominal muscles are the holy grail of physique perfection.

Remember, *there is no such thing as spot reducing*. So, doing a bazillion crunches a day, while skipping exercise and dining on highly processed fast food, alcoholic beverages, sugary treats, et cetera, will not “rip” anything but your waistband. As exercise physiologist, Kelli Calabrese, points out, “A lean midsection takes a combination of good nutrition, cardiovascular conditioning, and abdominal training. Those who see the best results combine all three.”

Training the abdominal muscles is important because a strong torso is important for life in general. Learn to do a variety of abdominal *and* core exercises (which will include the back and gluteus muscles as well as the abdominals) from a certified personal trainer or other exercise specialist. Proper form is a must. Fifty crunches performed properly will yield better results than 1,000 crunches done improperly. Doing more is not necessarily better.

Examine your eating habits. Computer programmers know that when garbage is programmed in, garbage is what comes out. The same “garbage in, garbage out” adage applies to the body. A clean diet composed primarily of whole foods will get you to your goal a lot faster than the frequent consumption of processed foods. Do a food diary for a week or two and take an honest look at the quality and quantity of the foods and beverages consumed. An appointment with a Registered Dietitian can help you determine your metabolic needs regarding calorie intake.

Finally, examine your exercise habits. Cardiovascular exercise is a must because it will help reduce subcutaneous fat that is stored under the skin. This does not mean you have to start running marathons, but try to find something you like that requires 30 or more minutes of continuous physical effort. Check out race walking, dancing, cycling, rollerblading or any other activity that promotes heart and lung health.

As far as achieving “six-pack abdominals,” Richard Cotton, exercise physiologist and spokesman for the American Council on Exercise believes that, while possible, it is rare. “Six-Pack abs is really a pre-cellulite phenomenon reserved for those in their teens and 20’s. It gets more difficult as we age because we get more subcutaneous body fat.” Women have an even bigger disadvantage because females store more fat than men for reproductive reasons.

Concentrating on just one area to the exclusion of the rest of the body misses the point in the larger view, which is to enjoy a higher quality of life through proper diet and general overall fitness.

As for the machines advertised on TV, if it sounds too good to be true, it probably is. No machine (regardless of how low the monthly payments) can accomplish miracles. Hide your wallet, unplug the phone, and change the channel...or go to the gym.

LINDA BUCH - BODY LANGUAGE (tm)- April 3, 2005
CLA AND SUPPLEMENT SAFETY

“Would you explain the effect of CLA on women? Does it cause you to lose weight and can you take CLA if you are taking high blood pressure medication?” Sharon Wilkes

Close to 80% of Americans over age 25 are considered overweight (and close to half of that 80% are classified as obese), according to the Body Mass Index (BMI), a national guideline computed through a combination of weight and height. Quick fixes with supplements are a huge temptation for many and are enormously profitable businesses for supplement companies. Conjugated linoleic acid (CLA) is getting serious scientific scrutiny to see if it may actually be helpful.

CLA is found naturally in meat, poultry, eggs, and dairy products. Since most supplements derive their CLA from safflower oil, this supplement may sound relatively harmless. But some medical researchers believe that over time, CLA may actually increase the risk factors for heart disease and diabetes. Since you are concerned with high blood pressure, please talk to your physician first.

Limited and small studies (mainly on men) have indicated that CLA might help reduce body fat but due to the small sample of human subjects studied thus far, results are still inconclusive. Those in CLA studies had slightly higher LDL (bad) cholesterol, slightly lower HDL (good) cholesterol, higher lipoprotein levels (a marker of inflammation and heart disease), higher levels of leptin (a hormone being investigated as a heart disease marker), and higher white blood cell counts. Also, safe and unsafe dosages have not yet been determined and there may be risks if you are pregnant, breastfeeding, or are taking medicine to prevent blood clots.

But there are two larger issues here: first, the problem with unsafe drug interaction between prescription drugs and over the counter supplements; and second, the pie-in-the-sky claims by predatory weight loss companies.

According to the University of Maryland Medical Center, nearly 20% of American adults use nonprescription weight loss products. In America (unlike Europe) herbs and other natural products are available over the counter and we have the unfortunate impression that these are all benign, happy little plants and oils that only help, never harm. We forget that many prescription drugs are based on botanical research or are derived directly from plants. This can create unnecessarily dangerous health risks. For example, chamomile, feverfew, garlic, ginger, ginkgo, ginseng and goldenseal are all anticoagulants. If you are taking a prescription for blood thinners, these “harmless plants” could increase your risk of bleeding.

As for the reliability of advertised weight loss supplements, the Federal Trade Commission has posted these red flags. Watch out if a product:

- Promises substantial weight loss in a short period of time without exercise or changing the diet.

- Blocks the absorption of fat or calories so you can supposedly eat whatever you want and not gain weight.
- Promises you will “safely” lose more than three pounds a week for more than four weeks.
- Works for everyone.
- Causes weight loss by wearing a product or by rubbing it on the skin.

For the overwhelming majority of overweight adults, the answer is excruciatingly simple:
MOVE MORE. EAT LESS.

LINDA BUCH - BODY LANGUAGE (tm)-September 4, 2005
OUTDOOR EXERCISING AND POLLUTION

"I am 45 and an outdoor exerciser in Boulder. I hike the foothills in the evenings three times a week and ride my bike around town most other days. I've sensed that my lung capacity hasn't been up to snuff and wonder if sucking down pollution/ozone while exercising is affecting me." J.W., Boulder, CO

It is somewhat of a "Catch-22" in our modern, polluted world. Yes, please exercise but be careful about breathing when doing it. The fact is that during certain times of the year, and at certain times of the day, pollutants such as carbon monoxide, sulfur and nitrogen oxides, soot, dust, aerosols, smoke, and so forth are high and precautions should be taken.

The most common complaint from urban outdoor exercisers is irritation of the upper respiratory tract, which can cause coughing, wheezing and, in extreme cases, shortness of breath. Exercising in high traffic areas, where the carbon monoxide (CO) emissions are highest, can bind the cells with so much CO that the cells capacity to carry oxygen is reduced. High ozone levels (0.3 to 0.45 parts per million) can cause eye irritation, decrease pulmonary function, and even make you nauseas. Particulates in the air, such as smoke and dust, can settle into the lungs and cause congestion and irritation.

What to do?

First of all, especially in the "ozone season" of about June through September, avoid exercising during the rush hours, especially along roadways. Pollution can be too high, even when you are as much as 50 feet from the roadway. Instead, workout early in the day or in the evening after 7:00 p.m. Your mountain treks sound ideal but, depending on the time of day, you may need to rethink bicycling around town.

Second, be aware of local government warnings regarding air quality and adjust your activity accordingly. The combination of high temperatures, high humidity, and dangerous air pollution levels can be extremely distressing to the pulmonary system.

Third, since the affects of pollution depend on how much time you spend and how intensely you exercise in this sort of environment, minimize the amount of time you exercise in precariously polluted areas.

Finally, be aware that breathing through the mouth instead of the nose allows more particulate pollution to enter the lungs. "Nose hairs remove large particles and highly soluble gasses very effectively (e.g., 99.9 percent of inhaled sulfur dioxide is removed by the nose), but smaller particles and agents with low solubility pass easily," writes Cedric X. Bryant, Ph.D. and Chief Exercise Physiologist for the American Council on Exercise [ACE Certified News, Vol. 10, #4. June/July 2004]. The amount of ultrafine particulates inhaled through the mouth during even moderate exercise can be about five times that at rest.

Other preventative measures include a diet high in antioxidants (vitamins A, C, E, selenium, manganese, zinc, lycopene, green tea and citrus bioflavonoids), and the use of a mask to filter out particulates. Facemasks are another option. *Health Which?*, a magazine published in the UK, discovered three that tested scored “very well” for keeping out both regular and ultrafine particles: Kanco Eezy Breathe, Respro Techno Gold, and the Techno Gold Upgrade Kit. You can find these masks at: www.stopallergy.com.

LINDA BUCH - BODY LANGUAGE (tm)-December 5, 2005
GETTING KIDS INVOLVED IN FITNESS EARLY

“What are your recommendations for getting children involved in fitness from an early age?” Jane Goodman, San Mateo, CA

While obesity rates have doubled for adults over the past 20 years, they have TRIPLED for school-age children. According to the National Institutes of Health (NIH), one child in five is overweight; the Presidents Council on Physical Fitness and Sports reports that three out of four school-age children have three or more risk factors for heart disease. Our nation’s children are on course for developing diabetes, heart disease, hypertension, and all the other lifestyle- related diseases at a much younger age than the current adult generations.

The amount of time involved with play activity is being squeezed out by video games and TV. Besides getting the fatty, sugar-saturated snack foods out of the house (or at least in a locked vault), setting very stringent time limits on sitting--and working mainly the thumbs--is crucial. Inactivity for long periods of time is not appropriate for children because this is the time of life when they physically develop strong bones, muscle, heart and lung capacity and, emotionally, develop self-confidence (this is profoundly evident with girls).

The National Association for Sports and Physical Education (NASPE) offers parents suggestions and written materials geared to children of all ages. For infants, they recommend brightly colored toys of varying textures to help motivate a baby to reach, grasp, and roll over. When crawling starts, keep a large, safe area for them to explore. Toddlers (about age two) are ready to develop eye-hand coordination. Bouncing and chasing balls and dancing to favorite songs facilitate this. Preschoolers (age three-four) can handle activities that challenge balancing skills as well as running, hopping (age three), and skipping (age four). Kindergarteners (age five) can enjoy games like freeze tag (for balance), kicking a ball, and more vigorous games like “tag,” “duck, duck, goose” and “follow the leader.” Except when sleeping, toddlers, preschoolers and kindergartners should not be sedentary for more than an hour.

It is important for parents to join in activity whenever possible because this reinforces a lifetime of physical activity for the children. According to Leonard Epstein, Ph.D., Professor of Preventative Medicine and Nutrition at State University of New York- Buffalo, “There’s a lot of evidence that the best predictor of child activity levels is parent activity levels.” Other activities children of all ages and parents can enjoy together are swimming, walking, and riding tricycles/bicycles.

Be cautious about getting a child into organized league sports too early. The rules and structure can be more frustrating and discouraging for young children than fun.

Resources and tools for more information and ideas can be found at:

Kids Health (www.kidshealth.org), developed by The Nemours Center for Children's Health, devoted to improving the health of children; The National Association for Sports and Physical Education link with the American Alliance for Health, Physical Education, Recreation and Dance (1/800/213/7193 or www.aahperd.org/naspe); “ATHLETIC BABY Walk, Run and Play” (a DVD series that introduces infants and toddlers to physical activity and sports, www.athleticBaby.com, \$16.99); FITDECK JR. (A card game developed by former Navy SEAL Instructor, Phil Black full of fitness games and exercises kids and parents can do together, www.FitDeck.com, \$14.95).

LINDA BUCH - BODY LANGUAGE (tm)- June 5, 2005

Arthritis in Feet and Exercise

"I have arthritis in my feet near the ankles and it is difficult to walk for exercise. My feet swell up. What are the best exercises for cardio and weight loss?" Dee, Denver, CO

Arthritis in the ankle joint presents a nasty "Catch-22." On the one hand, the joint area is small yet bears all of our weight, so staying fit and keeping obesity at bay is important for assuaging ankle arthritis pain. But how do you exercise when it hurts to move? If you are willing to try some different activities for a while, and ease back into walking later, there are plenty of other options.

First of all, it helps to have a team of medical professionals in your corner, (starting with your primary care physician and perhaps an arthritis specialist), in order to get the proper pain medication and exercise information,. A physical therapist can help by evaluating joint mobility and teaching you some therapeutic stretches and exercises to improve general strength and flexibility. A registered dietitian can be an invaluable asset in helping you keep you caloric intake in line with your reduced and/or increasing activity levels. Once the proper medication is in place and you are armed with information from the physical therapist, it is time to get into some low-impact exercise.

At the top of the list is swimming. Some people love to swim laps while others find that task so tedious they would rather watch ice melt. If you are in the first category, many pools have adult lap swim times to fit most schedules. If you are in the latter category, give water aerobics a try. There is a bit more impact with this type of class but the water provides ample buoyancy to soften the steps. (For a greater challenge, try deep water aerobics.) Other great ways to exercise in watery venues include kayaking and canoeing.

When your ankles are ready to progress to a bit more action, try cycling. Critical equipment will include proper cycling shoes, however, because they are stiff enough to maintain foot stability. Sneakers do not provide this so definitely get proper footwear.

Strength training is another great exercise option. Not only will it increase your lean muscle mass, which is good for the metabolism, but most exercises can also be performed without ankle involvement. A personal trainer can give you plenty of ideas in this regard.

As you get stronger, ease back into walking. It may be necessary to also confer with an orthopedic surgeon to get fitted for a good brace or splint. These devices help keep the joint stiff and stable by limiting flexion and absorbing some of the stress placed on the joint from body weight.

Regardless of the activities you choose, self-management is definitely possible. The key components are weight reduction and regular, low level exercise. As long as you take medication exactly as prescribed and pay attention to any pain messages, you should be able to enjoy a wide range of activities.

The Arthritis Foundation is a great resource for information and activities. Their phone number is: 1-800-568-4045. Their web site is: <http://www.arthritis.org>.

LINDA BUCH - BODY LANGUAGE (tm)-August 7, 2005
SAGGING BREASTS AND EXERCISE

"I will be turning 65 this month and have noticed my breasts are starting to head south! I have lost the muscle mass in the upper chest that helps to lift the breasts. Can you recommend any exercises?" Helen Yohe., Lancaster, PA

What woman doesn't remember that old playground song (performed as we pushed and stretched our arms about like cheerleaders), "We must, we must, we must develop the bust. It's better, it's better, it's better for the sweater." And, as the old joke goes, "What do socialism and brassieres have in common? They both try to uplift the downtrodden masses."

All joking aside there are some basic exercises and activities that can improve the muscle strength and tone as well as the general overall appearance of the upper body. Keep in mind: breasts are composed primarily of adipose tissue (fancy word for "fat") and, since breasts have no muscle whatsoever, no amount of exercise will make them larger or firmer. What exercise will do is strengthen the muscles under and around them, as well as the muscles in the area of the back and shoulders.

The best support for the breasts often comes from strong back muscles. If you belong to a gym, or have access to a recreation center with a weight room, pulling exercises (with both dumbbells and cables) will strengthen the back. In order to work them properly, be sure to stretch the chest, squeeze the shoulder blades toward each other and pull the shoulders back with each repetition. The most common exercises are pulldowns, seated rows, bent-over rows, and dumbbell rows.

The back (and shoulder) exercises should be balanced by exercises for the chest muscles. Most exercises--primarily presses and flies--require cable machines, dumbbells, and/or barbells and are performed while reclining on a bench, stability ball, or the floor. For pure simplicity and efficiency, however, pushups cannot be beat. Pushups not only work the chest and back but also the shoulders and arms.

Posture is also an important part of this process. Poor posture can create muscle weakness and imbalances. Various techniques for improving posture include (but are not limited to) Pilates, yoga, weight training, and work with a physical therapist.

Proper form and execution is extremely important to keep joints and muscles from injury, so be sure to get instruction from an exercise specialist or fitness trainer before beginning. If this is not logistically or economically feasible, there are many books available that illustrate and explain these exercises.

The latest book on the market is "One Hundred Strength Exercises," by exercise physiologist Ed McNeely (Burford Books, \$12.95). It simply and concisely explains and illustrates every exercise mentioned in this column, and then some. "The Commercial Break Workout," (Buch/Snider-Copley, Crown/Random House, \$12.95) explains and illustrates six different ways to do a pushup as well as numerous other exercises that can be performed without equipment.

Creams and gadgets (anyone remember the “Mark Eden Bust Developer”?) that make promises about their bust-firming and enlarging capabilities aren’t the answer, either. Other than buying a supportive bra, there is not much else you can do outside of surgery. Age and gravity, unfortunately do take their toll.

LINDA BUCH - BODY LANGUAGE (tm)-November 7, 2005
AIR TRAVEL, BLOOD PRESSURE, AND EXERCISE

"I am 53 years old and blood pressure controlled by medication. I need to travel to the United States from Jordan, a 12-hour flight. Does flying affect high blood pressure?"
Hanan Wanadoo, Kingdom of Jordan

According to the Blood Pressure Association (United Kingdom), anyone whose blood pressure is high or unstable should talk to his or her physician before setting out on long haul air travel, particularly if the trip is more than two or three hours. If your medical condition is serious, if there is any doubt about your fitness to fly, or if you need to travel with oxygen, the airline will have to give you medical clearance.

Since you are already on medication, be sure you have enough for the entire length of your stay plus some extra as a precaution. It is also a good idea to carry a list of your medications with you (both brand name and generic) as well as copies of prescriptions.

Another concern during long flights of ten hours or more is a condition known as Deep Vein Thrombosis (DVT), which are blood clots that can form in the legs. DVT is especially dangerous for people with cardiovascular disease but can affect the healthy as well. The genesis of this condition seems to be cramped conditions in which people cannot move their legs enough. Add cabin pressure, low humidity and dehydration to this immobility and clots can occur. Vascular surgeon and leading authority on DVT, John Scurr, MD, reported that as many as one in ten people on long flights can incur DVT.

DVT can be recognized by pain, usually in the calf, but redness and swelling can also be present. If this occurs, alert the flight crew and then see a physician as soon as possible for treatment. Travelers who believe they may be at some risk should speak with a medical professional about wearing special support stockings in flight.

Other preventative measures include abstaining from alcohol and limiting drinks that can encourage dehydration, such as tea and coffee. Instead, drink plenty of water during the flight. Wear loose, comfortable clothing for the trip and try to get up and move around as often as possible. (You can avoid flight attendant wrath by staying put during cart services for meals and drinks! Walk before or after if possible.)

Even though airplanes are not designed to be health clubs, it is possible to get in some stimulating body moves to improve your circulation. Exercising on the plane is doable if you are both creative and nonplussed by other people staring at you. Since longer flights are usually on larger aircraft, there are more available spaces to perform some quick exercise moves.

Besides walking the aisles, you can do wall pushups against a bulkhead wall at the galley or lavatory area. In these same semi-open spaces, perform simple squats (hands on hips, pretend to sit down and stand up in rapid succession) or even lunges (maybe wait until the cabin is asleep for that one). At your seat, stretch by putting your arms on the

seatback in front of you (as long as you can do this without disturbing the person in that seat), and do some arm exercises by using the armrests to push yourself up from the seat.

LINDA BUCH - BODY LANGUAGE (tm)- May 8, 2005
COLITIS AND EXERCISE

I am 65 and was diagnosed with ulcerative colitis in October 2004. My lower extremities are so weak I have trouble standing and walking up stairs. Can you recommend some exercises to build up my legs again? Prior to this I was going to Curves three times a week and was in good shape.” Mary Hoskins, Lancaster, PA

Ulcerative colitis (UC) is a chronic disease characterized by inflammation and ulcers deep in the layers of the large intestine. UC is considered rare (affecting 50 of 100,000 people in the US) tending to primarily affect those with a family or genetic history of UC, those who eat a diet high in sugar and fat (primarily from meat and dairy products), and those who experience a long period of extreme stress.

Because the inflammation occurs in the large intestine where many minerals and most of the water from food are absorbed, replacing lost nutrients is a primary concern. Your physician can recommend a Registered Dietitian to help you with this. Once medication and diet are stabilized, it's time to get back into regular exercise.

Since people over age 60 with UC and other inflammatory bowel diseases often have a higher risk for bone fractures and leg or lung clots, it is imperative to consult with a physician before beginning any program. Once cleared to participate, your best option may be to begin in a swimming pool because water will give you both support and resistance while you exercise. Look for a beginner water exercise class or just walk as fast as you can in the shallow (about four feet deep) parts of the pool.

Another way to regain leg strength is by taking Pilates, especially the classes using equipment known as the “reformer.” The spring and pulley design will not only strengthen the arms and legs but the core muscles of the back, gluteus, and abdominal area as well. Yoga is another avenue to gently regain strength and flexibility and is also a useful tool for stress reduction, a common cause of UC flare-ups.

Strength training can help significantly in regaining leg strength. The recumbent leg press and hamstring machines, and squats and lunges with dumbbells and barbells, are all great exercises. If you are unfamiliar with the machines or free weights, hire a trainer for a session or two to instruct you on proper form and help with program design. At some point you should be able to return to your Curves routine.

“The vast majority of people with ulcerative colitis are fully active,” says Harris Clearfield, M.D., and Professor of Medicine at Hahnemann University Hospital in Philadelphia, PA. Here are his tips for maintaining your health and enjoyment level:

1. Find your comfort zone. Don't overdue if you aren't up for it.
2. If exercise makes your symptoms worse, consult your doctor.
3. Stay hydrated. Drink water before, during and after your workout.

The University of Maryland Medical Center suggests drinking one or two glasses of water before exercising and another glass of water every 20 minutes while exercising. They also remind people with UC to avoid exercise during flare-ups or in the presence of fever.

LINDA BUCH - BODY LANGUAGE (tm)-October 9, 2005
FINDING A PERSONAL TRAINER

"I am 71 years old and have worked out moderately but not strenuously most of my adult life. I am concerned about weight control, decreasing stamina, and increasing tiredness, as I get older. I would like a few sessions with a personal trainer. How can I find the right person and do this on limited means?" Eve Stone, San Lorenzo, CA

In the bad old days, the trainers were the most muscular guys in the room loaded with specious advice on diets and supplements to help the hapless gym member "get big." These days the majority of trainers are certified by organizations which require CPR, physiology, kinesiology, nutrition science, program design, and even separate skills for special populations (seniors, disabilities, degenerative diseases, and so forth). Colleges, such as Purdue in Indiana and Metro State College of Colorado, are even beginning to provide programs and major studies specifically to prepare future personal trainers.

Unfortunately, it is still possible to end up hiring someone who is unqualified, inexperienced or who does not have the specific skills you need. The most common mistakes made by people looking for a trainer is to pick the person who is "nice," "looks good," or who, unknown to you, has a "no pain, no gain" attitude about getting in shape. Here is a checklist to help you find a good trainer:

1. **Check credentials.** The training industry is currently unregulated; therefore, hiring a trainer with some legitimate higher education and certification from a nationally recognized and accredited organization is a safer choice than someone who attended "Wassamatta U" and got certified by sending \$49.95 to "www.BeATrainer.zero."

Some of the best agencies to check with (but not limited to) are:

American College of Sports Medicine: (317) 637-9200

IDEA Health and Fitness Association: (800) 999-4332

National Strength and Conditioning Association: (800) 815-6826

American Council on Exercise: (800) 825-3636

2. **Read up on the available trainers.** Most gyms have files on their trainers, which include a complete biography of their education, experience, special skills, and philosophy and areas of expertise. The gym management should help you find someone who meets your requirements and budget.

3. **Watch and learn.** If at all possible, observe the trainers as they work with their clients. Marc Rabinoff, Ed.D and Chair of the Human Performance and Sport Department at Metro State College of Denver, CO reminds, "The trainer should be able to offer a variety of exercises on many different machines or weights so the specific needs of the client are better met than just using what little they know and trying to apply it to a 'One Size Fits All' program."

4. Set up an interview and a Trial Session. Talk with the trainers you are considering and chat about your concerns and goals. This will also give you an opportunity to find out more about how they think and how well your personalities mesh. The trainer should be able to provide both credentials and references and be willing to talk with your medical professionals for advice and guidance regarding any of your physical needs or limitations. A trial session of at least 30 minutes may give you a sense of how well they understand you and your needs.