

**Give them that they WANT
by giving them what they NEED!**



**Call to
Action!**

Bio

- **Education**

- B.S. Exercise Science

- **Experience**

- Home Depot Corporate Wellness – Exercise Physiologist
- Bally Total Fitness – Personal Trainer
- Newton Medical Center – Exercise Physiologist
 - Phase II/III Cardiac Rehab and Fitness Center
- Piedmont Fayette Hospital – Exercise Physiologist
 - Outpatient Rehabilitation and Fitness Center
 - Exercise Physiologist – Supervisor

Objectives

- Address what we are doing for our clients and how we are doing it
- Encourage thought, curiosity, and self-reflection
- Ask important questions. Are we making the best informed decisions when it comes to exercise prescriptions and group exercise programming? Are we using evidence-based methods/approaches?
- The most important question...

Are we performing as the healthcare professional our patients/clients **NEED** us to be and are trusting us to be?

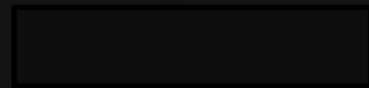
Learn to see everything through the eyes of a child again.



You take the **Blue Pill**,
The story Ends. You wake up in your bed and believe whatever you want to believe.
You take the **Red Pill**,
You stay in Wonderland and I show You how deep the rabbit hole goes



I'm only offering you the TRUTH...
Nothing more.



Number of deaths for leading causes (2015) ⁽¹⁾

- #1 - Heart disease: 614,348
- #2 - Cancer: 591,699
- #5 - Stroke: 133,103
- #6 - Alzheimer's disease: 93,541
- #7 - Diabetes: 76,488

According to the WHO...

- “...after high blood pressure, tobacco use and high blood glucose, physical inactivity constitutes the 4th leading cause of death globally, with about 3.3 million attributed deaths per year. More recent evidence...shows physical inactivity to be the leading cause of death in the U.S. “

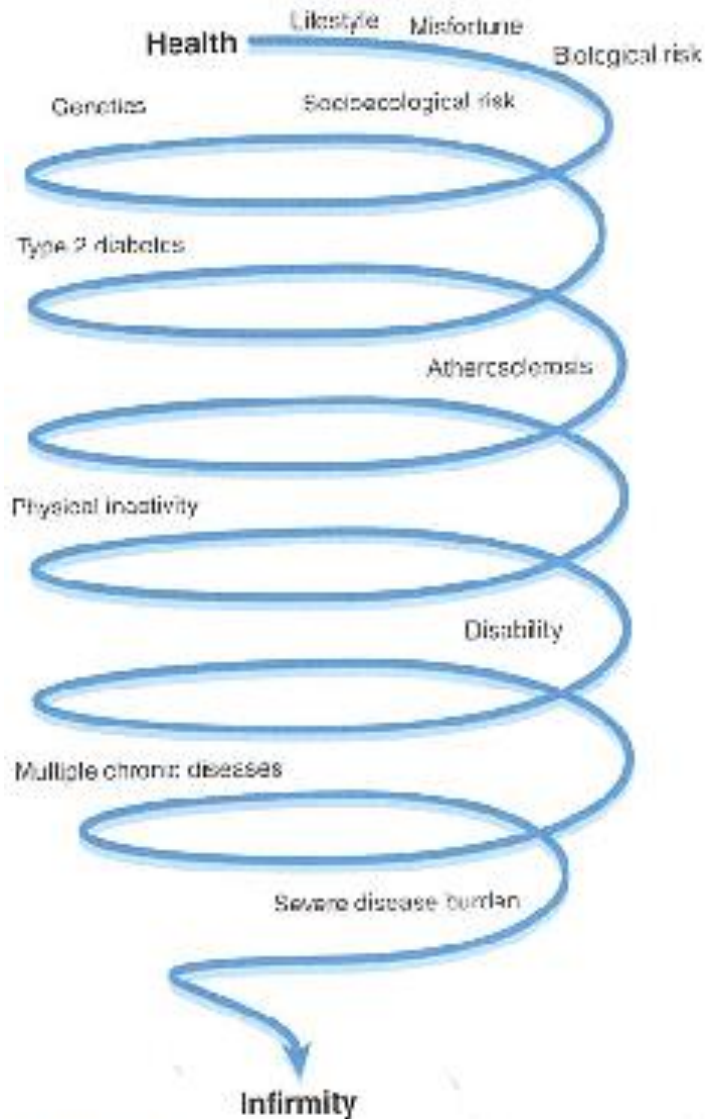
Prevalence

- Cancer - ~15 million ⁽⁴⁾
- Diabetics – ~30 million ⁽⁵⁾
- Heart Disease - ~28 million ⁽⁶⁾
- Obesity - > 20 YOA = ~120 million; ~225 million including overweight

The state of Physical Activity

- More than half of adults (56%) do not meet the recommendations for sufficient physical activity in the 2008 Physical Activity Guidelines. (2)
- In a study of older adolescents and adults in the U.S., participants spent almost eight hours a day in sedentary behaviors, while as much as 36% of adults engaged in no leisure-time physical activity at all. (2)
- According to IHRSA studies from 2008, “...an average of 69 percent of those 238,000,000 people had never stepped foot in a health club and essentially hadn’t done anything to improve their health by exercise on a regular basis.” (3)

The downward cardiometabolic spiral of chronic disease and disability



The Disuse Syndrome or The Downward Spiral of Chronic Disease

Figure 1.2 The downward cardiometabolic spiral of chronic disease and disability.

Create a path to success by giving them what they need NOW!

What they WANT



What they NEED



Prolonged “Ab” Classes

- Why so long?
- Are you falling into the “Spot Reducing” trap?
- Is the class mentality “This is how I shrink my waistline”?
- Why are all of the movements flexion of the spine?
- Why are all of the movements on the floor?
- Is this helping at all?

Consider a “Core” class

- Think of more beneficial movements
- Think lower back health and pelvic stability
- Address the entire trunk with different movements
 - Equal amounts thoracic extension
 - Anti-rotation, anti-flexion, anti-extension
- Incorporate movements of the hip
- Think of functional movements while standing

Mobility or Movement Screenings

- **The Functional Movement Screen**

- The Functional Movement Screen (FMS) tests seven different movement patterns, scoring them on a scale from 0 to 3.

0 — Movement was painful, requiring a referral to a healthcare professional.

1 — Inability to perform or complete a functional movement pattern.

2 — Ability to perform a functional pattern, but with some degree of compensation.

3 — Unquestioned ability to perform the functional movement pattern.

Shoulder Movement Limitations (University of Washington Medicine)

- Stiff joint capsule
- Normal gliding surfaces have become scarred
- Arthritis
- Limited motion between the shoulder blade and the chest wall because of:
 - sternoclavicular arthritis
 - acromioclavicular arthritis
 - contracture rib
 - scapular fracture
 - other factors disrupting the scapulothoracic motion interface

Mobility or Movement Screenings

- Are we in a position to diagnose “dysfunctions”?
- An area has limited mobility. Do you really know why? Can you treat it? Are we stepping on the toes of Physical Therapists and others trained and licensed to make that call; those who have access to diagnostic tools (xray, mri, etc)
- Do you really want to send them away and delay care?
- Do you really want to tell them another thing that’s **WRONG** with them?

What they NEED

- What if movement is the answer?
- Can you work around limited mobility? YES!
- Create a program around the limitation
- Limited shoulder or hip mobility aren't risk factors
- Delaying their start of a more active life IS a risk factor

Diets...Question them all

- Paleo - *The paleo diet runs on the same foods our hunter-gather ancestors **supposedly** ate: fruits, vegetables, meats, seafood, and nuts. "By following these nutritional guidelines, we put our diet more in line with the evolutionary pressures that shaped our current genetics, which in turn positively influences health and well being"*
 - What do we really know about cavemen? What do we know that drives us to emulate them?
 - Define "Ancestors". Do cavemen qualify? What do you believe the modern human descended from?
 - How do we know they were healthier?
 - Never mind what the cavemen were eating; what were they physically doing?

In summary

- Question the latest trends
- Be an exercise SCIENTIST – test things out and come to your own conclusion
- Think big picture when it comes to developing a plan of care for your members
- People want you to help them, so give them what they WANT by giving them what they NEED

1. SEE FAILURE AS A BEGINNING, NOT AN END.
2. NEVER STOP LEARNING.
3. ASSUME NOTHING, QUESTION EVERYTHING.
4. TEACH OTHERS WHAT YOU KNOW.
5. ANALYZE OBJECTIVELY.
6. PRACTICE HUMILITY.
7. RESPECT CONSTRUCTIVE CRITICISM.
8. GIVE CREDIT WHERE IT'S DUE.
9. TAKE INITIATIVE.
10. ASK THE TOUGH QUESTIONS EARLY.



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