

Health
and
Wellness
Across

the **GAMUT** of LIFE!

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AMERICAN ACADEMY OF
HEALTH AND FITNESS
WE INSTILL QUALITY OF LIFE

The resource for health, fitness, coaching,
physical education, & recreation
professionals.

Mature Health & Fitness

by *Cammy Dennis*

Inclusive Fitness

by *Jennifer Greene*

Nutrition

by *Nancy Clark*

Training Guidelines and
Programs

by *Greg Maurer*

Achieving Your Personal
Best

by *James McPartland*

Growing Your PT Profits

by *Casey Conrad*

Across the Gamut

by *Tammy Petersen*

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FROM THE EDITOR



“Learning is not attained by chance; it must be sought for with ardor and attended to with diligence.”

*Abigail Adams, (1780)
Wife of John Adams
(1744 - 1818)*

By now all are back into the late summer/fall routines: school, traffic, football... Learning for many again becomes the primary focus of life's activities. In your status, however, as a professional trainer, it is wise to have learning as a primary focus year round. Alas though, so much to learn; so little time to do so.

This is one of the challenges of being a professional; or rather, one of the rewarding opportunities.

Topics this month that will enlighten, and possibly surprise, include dimensions of wellness, maximizing training results without increasing training time, addressing low back pain, weight-loss tactics, coping with a learning disability, core competencies of selling personal training and training on soft surfaces. Enjoy and learn!

Be knowledgeable! Be successful!

Pete

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We welcome your feedback about the contents of this journal and encourage you to submit topics that are of interest to:

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INSIDE THIS ISSUE

Wellness for Optimal Aging

Mature Health & Fitness article by Cammy Dennis, BS, CPT

3

Exercise Guidelines for Clients with Lower Back Pain

Inclusive Fitness article by Jennifer Greene, MS

7

Why Is Weight Loss So Hard...?

Nutrition article by Nancy Clark, MS, RD, CSSD

9

Soft Surface Training, Part One

Training Guidelines and Programs article by Greg Maurer, BS, CPT (ACE and NASM)

11

The Gift of Dyslexia

Achieving Your Personal Best article by James McPartland, BS

13

Five Sales Keys to Selling More Personal Training

Growing Your PT Profits article by Casey Conrad, BA, JD

15

High Blood Cholesterol

Across the GAMUT article by Tammy Petersen, MSE

17

Ask the Experts

19

References

27

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Wellness for Optimal Aging



by **Cammy Dennis, BS, CPT (ACE and AFAA)** is Fitness Director for On Top of the World Communities Inc., a 55-plus adult community and The Ranch Fitness Center and Spa.

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If I asked ten different people for their definition of “wellness,” I’m sure I would get ten different answers. There is no universal definition of wellness. Yet, though definitions vary, there is a common set of characteristics. Wellness is an active process involving personal lifestyle choices *“a quality or state of being healthy in body and mind especially as the result of deliberate effort.”*(1)

Wellness is a multidimensional state. We often think of our health as being connected to only our physical self. This model of health is primarily reactive. We get sick. We go to the doctor to restore our health. Wellness, on the contrary, has a proactive approach, encouraging lifestyle behaviors that prevent illness and disease and support emotional wellbeing. Discussed here will be the International Council on Active Aging (ICAA) wellness model. The seven **dimensions of wellness** being: Physical, Social, Emotional, Spiritual, Environmental, Intellectual and Vocational.

As we explore this wellness model, understanding the concepts of biological age (or functional age) versus chronological age is critical. We must take caution not to define ourselves in terms of our chronological age. If we allow the messages we are bombarded with in the media (age = decline), or worse, engage in negative self-talk ourselves, we start to believe our limitations are greater than our capabilities. To age optimally we must embrace all of the wellness dimensions, staying active and engaged in all we are capable of doing. Regular physical activity, strong social connections, intellectual challenge and an acceptance of change are all important.

We know that **physical capacity** declines with age. Aging actively helps to maintain a healthy body composition which can prevent illness and disease. Regular physical activity also supports strength, stability, mobility, and more importantly independence. Sedentary lifestyles, on the other hand, accelerate the loss of lean mass and the gain of fat. Less muscle and more fat is a deadly combination making us susceptible to dis-

ease, impairment and the likelihood of falls. A great comparative of biological age and chronological age in relation to physical wellness is presented by Dr. Joseph Signorile in his book *Bending the Aging Curve*. He illustrates that we can significantly diminish age related changes, and in fact ‘bend’ the downward slope of the aging curve in our favor by embracing physical activity. Dr. Signorile points out that “We have engendered in the American population an environment of failure. Rather than helping the public to see exercise as a two-for-one special, providing both health benefits and recreation, we have made it a second job that a person must complete every day or be considered a failure.”(2) As fitness professionals it should be our calling to assign the appropriate exercise prescription both physically and psychologically. Exercise should be a reward not punishment, and we need to help our clients and students experience physical activity in this capacity.

As we age there are inevitable physical changes. These changes can leave mature adults feeling a loss of control over their bodies and the impact this has on their lives. The fear of falling is a perfect example of this. In attempt to avoid falling many will restrict their activities. Less activity then results in accelerated muscle loss and an increased risk of falling. As practitioners we should identify this fear and implement programs that promote fall prevention.

At On Top of the World Communities Inc., in Ocala FL, a 55-plus active adult community, our message is very clear; “We understand the risks and fear of falling and we are here to help”. Our fall prevention programs are very well attended and we attribute this success to multi-dimensional offerings:

1. Free balance assessments on a weekly basis allow us to connect with individuals on a very personal level, enabling us to gain their trust and allow us to advise with an appropriate activity plan.

[Back to Table of Contents](#)



MATURE HEALTH & FITNESS

2. Fall preventions seminars in a setting that is not affiliated with the fitness center, realizing that many are fearful of 'exercise' and would feel more welcome in a classroom.
3. Fall prevention classes that support several wellness dimensions, including gain in strength and confidence. Plus, the class provides a social outlet and it also serves as a support group.

The social, emotional and spiritual dimensions of wellness have a tremendous influence on the health of our minds. The aging process brings about great change; retirement, relocation, and possibly the loss of loved ones. The ability to manage and constructively direct feelings during a time of great change is very challenging and has tremendous influence over happiness. As fitness professionals we can help people to see what they are still capable of achieving by shifting the emphasis to what they can do and away from what they can't do. The power of the mind should never be underestimated, "Our state of mind influences our state of wellness." (3) Aging optimally means embracing and celebrating where we are in life's cycle.

Maintaining **social** connections is very important. Studies demonstrate that strong social ties help to boost the immune system and are a predictor of longevity. Identification is sometimes lost when children have grown, moved on and careers have come to an end. Societal views of aging can be very polarizing which also influences self perception. A healthy social network of family and friends establishes that we are connected to something important and have a sense of worth.

Spiritual wellness is very personal. Spirituality is not restricted to formal religions, but rather embraces practices that support psychological wellbeing. It's no wonder, in a culture frenzied with stressors; mind-body fitness programming has become extremely popular. Stress in excess has a negative effect on the mind and body. Programming for spiritual wellbeing fosters

relaxation and practice skill sets that enable us to cope with life's stressors. Spiritual practices help quiet the "chatter" in the mind providing a calming effect and restoring inner-peace.

Environmental wellness refers to ways that we use our natural surroundings to promote physical and emotional wellbeing, as well as implementing eco-conscious behaviors to help preserve the environment. The experience of being active outdoors has a very positive effect on physical and mental health. Nature has a way of invigorating and inspiring, yet it also provides a soothing effect that encourages relaxation and stress reduction. Along with admiring the beauty of nature, making choices that reflect kindly on the preservation of "mother earth" allow us to feel a sense of purpose, contributing to something important.

Intellectual and **vocational** wellness keeps us engaged in creative pursuits and provides stimulating activity for our minds. Maintaining skills, problems solving and staying productive allow us to feel satisfied and fulfilled. Although retired, there are many people who continue to use their vocation for part time work, volunteer work or even as mentors and teachers. Volunteer work is especially rewarding with the added benefit of keeping people active; studies indicate that volunteerism has a positive effect on reducing frailty. Experts confirm that we can grow brain tissue throughout the course of our lives. Emerging science on brain health continually advances our understanding of dementia and supports the slogan: "Use it and keep it." (4)

In summary, wellness is a multifaceted, proactive approach to supporting the health of body and mind. As professionals who touch the lives of aging adults we have the power to positively influence the efficacy of optimal aging. It can and should be a time of positive growth and expression.

[References](#)

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[Back to Table of Contents](#)

Exercise Guidelines for Clients with Lower Back Pain



by **Jennifer Green**, BS in Health Fitness and Rehabilitative and Preventative Programs, MS in Clinical Exercise Physiology. She is a Visiting Information Specialist at the National Center on Physical Activity and Disability (NCPAD). [Contact info](#)

Lower back pain (LBP) is one of the most widely experienced health-related problems in the world. The lifetime prevalence of experiencing LBP is between 58% and 70% of the population in industrial countries, and the yearly prevalence rate is between 15% and 37%. Lower back pain can be defined as pain and discomfort, localized below the costal margin and above the inferior gluteal folds, and may or may not be accompanied by pain in the legs. The most common form, nonspecific LBP, is defined as lower back pain not attributed to a known pathology (due to such factors as a tumor, osteoporosis, inflammation, etc.). This type of pain may have a sudden onset, and is characterized by variability in terms of its impact and recurrent episodes. Pain may stem from a variety of spinal structures, including muscles, joints, and discs. Regardless of whether pain is the primary pathology or the symptom of an acute injury, the consequences of pain are significant for the individual. Some of the most common consequences of pain are the problem of reoccurrence, loss of work, increased use of health care services (including developing a dependency on prescription pain killers), and reduced health-related quality of life. Evidence-based guidelines for LBP unanimously suggest that individuals suffering from lower back pain should be educated and given information about how it is not only safe to remain active, and to continue working with appropriate modifications, but that doing so improves long-term outcomes.

One of the key influences on your clients' approach to exercise will be individual beliefs about lower back pain. Some people with LBP deem this to be minor and inconvenient. They will often choose to ignore it and go about performing their usual program. On the other hand, others will stop their daily activities and seek professional advice. If pain is aggravated by certain exercise activities, it is highly likely that some persons may avoid the activities that they anticipate will cause pain. Therefore, the capacity to exercise may be significantly compromised by the degree to which people react to lower back pain.

Most occurrences of LBP do not require treatment, and at most, minor modifications of an intense physical activity program will be needed for a couple of days. For significant acute pain (less than three months in duration), in which pain and injury are related, it is logical to modify activity temporarily, potentially treat the pain, and be guided by pain intensity and duration as normal exercise is resumed. An early as possible return to normal exercise activities should be encouraged, and any guidance to rest should be accompanied by advice about exercise resumption. For chronic or recurrent LBP (more than three months in duration), pain frequently persists, but is not indicative of ongoing tissue injury, and therefore cannot be used as a guide to adjust exercise management. Health professionals should address the misconceptions or fears about exercise or activity as a source of further pain. It is appropriate to motivate and

[Back to Table of Contents](#)



INCLUSIVE FITNESS

guide the individual to resume activity. For chronic, nonspecific pain, exercise and activity are strongly recommended.

Numerous studies have shown that exercise is significantly more effective than rest for lower back pain. There is also supporting evidence that no single, specific exercise regimen is superior. Therefore, exercise guidelines for individuals with lower back pain are similar to the guidelines established by the American College of Sports Medicine (ACSM) for apparently healthy populations with proper adjustments.

The goals of an exercise program for individuals afflicted by lower back pain should be to improve health and well-being, enhance exercise tolerance, and avoid debilitation caused by inactivity. Exercise modalities that diminish stress to the lower back should be started during the first two weeks of acute LBP. During the acute stage of severe LBP, movements specifically for hip and back muscles can be delayed for at least two weeks. The intensity should be low, with gradual increases in intensity and duration. For those with chronic LBP, exercise intensity and duration should also be progressed gradually over time rather than pain-contingent. This is particularly vital in individuals who are worried of re-injury. Finally, given that adherence to any exercise or activity regimen is essential, if benefits are to develop, it is crucial that exercise or activity prescriptions consider client preference.

Strength training should focus on core and trunk stability. Lower back muscles work in

combination with abdominal muscles and the quadratus, to support the spine and give greater range of motion. Muscles of the lower back tend to function differently than many other muscles in the body, and are mainly stabilizers, providing the body with support and stability. It is suggested that clients under the age of 50 perform 10-15 repetitions/day and those over age 50 perform 8-12 repetitions/day ? two days per week. The goals of this type of training should be to increase abdominal strength as well as boost lumbar extensor strength. Some common examples of strength activities used for LBP are back extensions, good mornings, pelvic tilt, superman, side bends and the stiff leg dead lift among many others. Flexibility should only include stretching exercises that do not increase lower back pain. Clients should focus on stretching each muscle for 2 minutes/muscle group. Clients should hold the position for 3 repetitions for 10 seconds each. Finally, aerobic training should be modified to your client's limits with lower back pain. The cardiovascular portion of the exercise prescription should at least consist of a brisk walk 3-5 days/week and a 1-minute chair sit-to-stand exercise 2-3 days/week.

[References](#)

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[Back to Table of Contents](#)

Why Is Weight Loss So Hard...?



by **Nancy Clark, MS, RD**, who counsels both casual and competitive athletes in her private practice at Healthworks in the Boston area, and is author of *Nancy Clark's Sports Nutrition Guidebook*. [Contact info](#)

How to lose weight is the number one reason athletes choose to make a nutrition appointment with me. They express frustration they "cannot do something as simple as lose a few pounds." While few of my clients are obese, their frustrations match those of dieters in the general population.

At a conference presented by Harvard School of Public Health, Harvard Medical School, and the Boston Nutrition Obesity Research Center researchers addressed some of the issues that contribute to difficulty losing weight. Perhaps the following highlights might offer insights if you are among the many athletes who struggle with shedding some unwanted body fat.

Why gaining weight is easy

- To the detriment of our health, we are living in a food carnival. No wonder today's kids enter adulthood 20 pounds heavier than in 1960! By the time kids are 4 to 5 years old, 60% of them have lost the ability to self-regulate food intake.
- Most people believe that obesity is a matter of will power, but it's not that simple. For example, in obese people the brain's response to food aromas and flavors is often blunted. Compared to lean people, obese people need more of a food to experience a positive brain response.
- When stressed, obese people (more so than their lean counterparts) seek high fat foods such as chips, ice cream, fries and so on.
- Impulsivity, a genetic trait, is a risk factor for obesity. That is, obese people (more than their lean counterparts) tend to impulsively eat, let's say, the whole plate of cookies.
- Food advertisements are designed to encourage impulsive consumption.
- Food advertisers know that marketing "works" and kids who watch TV are a prime target. The average child sees approximately 13 food ads a day on television. Most of these foods advertised are high in sugar, salt, and saturated fat.
- Research with children who watched television with four ads for food ate 45% more Goldfish Crackers (100 calories more) when exposed to the ads for food as compared to when they watched four ads for games. The kids who liked the taste of Goldfish ate even more calories!
- Foods marketed with a character (such as Scooby-Doo) sell better. Fifty-two percent of pre-schoolers said the character-food tasted better, as compared to 38% who said it tasted the same and 10% who said food without the character tasted better.
- The average diet is loaded with sugar, saturated fat, and sodium. It causes obesity in rats. That is, rats fed standard rat chow maintained a normal weight. But rats fed an average human diet ended up overweight-until researchers took away that food. The rats then lost weight when they returned to eating rat chow. There's little doubt that fats, sugar, and salt stimulate us to eat more than we need!
- When the calories are listed near a food, as is happening in many fast food restaurants, some people choose the foods with higher calories, believing it will be yummier. That response certainly negates the intention of the calorie campaign!
- People make an average of 200 food choices in a day. All these decisions can deplete limited mental "resources" that govern self-regulation. That's one reason why, at the end of a hectic day, you can more easily overeat. You

[Back to Table of Contents](#)



NUTRITION

lack the mental resources to say “no” to that tempting cookie....

- The food industry’s bottom line is always profits. When Pepsi started marketing more of its healthy products, sales of the unhealthy products dropped. The stockholders complained!

Weight loss tactics: So what's a hungry athlete to do???

Drugs are not the answer. No safe and successful weight-loss drugs have been developed and none are in sight in the near future. Drugs that regulate appetite also impact many other regulatory centers and create undesired side effects. Hence, we need to learn how to manage the obesity problem at its roots. That means prevent excessive fat gain in the first place, starting in childhood. Here are a few tips on how to do this:

- You can reduce your food intake by using your imagination. That is, if you imagine eating a food, let's say, ice cream, you can end up eating less of it.
- Technology offers a glimmer of hope in the battle of the bulge. A free application for I-phones called Lose It! has created a thriving weight loss community, as measured by 7.5 million free app downloads since October 2010. The web version, www.LoseIt.com, is just as popular. LoseIt! members can conveniently and easily track their food and calorie intake.
- Also, LoseIt! includes a social network. Dieters seem to prefer online support from people they do not know, as opposed to involving their family and friends with their dieting progress (or lack there of). LoseIt! social groups are created based on goals. Dieters can easily (and anonymously) connect with and get support from others with similar goals. In fact, the best predictor of weight loss

success with LoseIt! is having three or more Lose It! buddies.

- Food advertisements are designed to trigger certain pleasure centers. For example, McDonald’s is associated with happiness. We now need to learn how to advertise healthy foods. The baby carrot campaign to “eat ‘em like junk food” has boosted sales 10%, including a new demand for baby carrots in school vending machines.
- We can change our brain circuits by substituting food with other stimuli, such as exercise. Exercise does more than burn calories to control weight; exercise changes the reward systems in the brain.
- Exercise supports self-control. That is, people who exercise have greater control over what they eat. They also have more control over sticking with their exercise program. Successful exercisers are able to make exercise a habit, and not a choice. Having one less decision to make bolsters their mental resources so they can cope better overall.

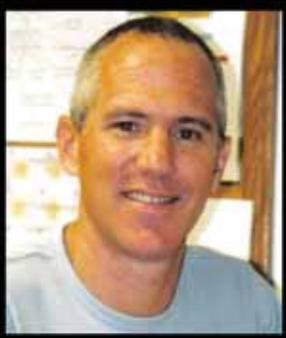
A final thought:

Somehow we need to change the perception that eating foods loaded with sugar, salt, and saturated fats gives us satisfaction. A few years ago, we changed the perception that smoking is satisfying. Parents stopped smoking when kids came home and said “Mom, Dad, please don’t smoke.” Today, we need kids to start saying “Mom, Dad, please don’t take me to McDonald’s.” Will that day ever come...?

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[Back to Table of Contents](#)

Soft Surface Training, Part One



by Greg Maurer, BS Exercise Physiology, CPT (ACE and NASM), an Associate Partner with New Paradigm Partners health club consulting firm.

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Soft Surface Training (SST) is emerging as a distinct category providing unique benefits. SST refers to any form of conditioning where traditional exercises, movements, or activities are challenged using a soft oscillating surface which creates an increased balance-challenge. It is important to note that SST presents some challenges in terms of understanding how to implement this approach with particular clients with different fitness levels, goals, and stabilization ability. To gain an understanding of this category we will review the concept of training on unstable surfaces focusing upon the development of strength, balance, core stability and core activation associated with SST. Next we will review the benefits and risks of SST for cardiovascular conditioning and reduction of impact and associated injuries. Then we will take a look at an emerging modality that brings together some of the best features and benefits of SST while minimizing many deterrents.

Review of Unstable Training

Training on unstable surfaces owes most of its development to rehabilitation where it originated. There are many unstable training surfaces including physio balls, foam pads, inflated rubber disks, and Bosu's. These surfaces are used on the training floors of most gyms. The idea behind unstable training is that inconsistent motion stimulates sensory apparatus in the muscles and joints leading to increased sensory input and increased muscle activation. In addition these movements cause muscles on both sides of the joint to co-contract. Co-contraction occurs to some extent during virtually all movement. When we significantly increase co-contraction the result is increased joint stability.

Increased co-contractions from unstable training can be very useful in the treatment of ankle instability and lumbar spine injury. The fitness industry has adopted the concepts of unstable training from

rehabilitation. **However, when we use a concept developed for rehabilitation we need to carefully evaluate how and when to use this approach in healthy or athletic populations.**

For example many trainers have clients perform shoulder presses while sitting on a physio ball or standing on a Bosu to increase core muscle activation. However, this does not produce the desired result. Studies show that doing shoulder presses on an unstable surface do NOT increase core muscle activation versus the same exercise done on a stable bench.

The reason for this result is that balanced vertical forces in alignment with the spine do not increase core muscle activity — regardless of instability of the surface the exercise is performed on! However the use of asymmetrical loading, like doing a one sided shoulder press, does increase core activation, but this is not increased further by being on an unstable surface.

Horizontal limb movements also increase core activation, but there is not a lot of evidence that adding an unstable surface increases this benefit.

When it comes to lumbar stabilization, research shows that exercises done on balls in a horizontal position (face up or face down) do increase core muscle activity. So exercises like crunches, bridges, push-ups and push-ups on an unstable surface will result in increased core activation.

When it comes to absolute force production, performing exercises such as bench presses and squats on an unstable surface significantly decreases force production and does not assist in the development of absolute strength. So when training for increased strength performing exercises on stable surfaces is a better choice. This same thing is true when working on increasing sprinting speed because training on a highly unstable surface increases ground contact

[Back to Table of Contents](#)



TRAINING GUIDELINES AND PROGRAMS

time and force production which inhibits acceleration. However, doing specific drills on a firm surface that provides slight rebound as PART of a sprint program can produce benefits.

The other consideration when using unstable surfaces like a Bosu is that lifting mechanics are significantly altered and researchers have suggested that training on highly unstable surfaces can actually increase the risk of knee injuries in certain populations! This is not to mention the risk of injuries from hopping, jumping, and leaping on and off of unstable surfaces.

So the question is: **What role should unstable training play in developing programming for apparently healthy and athletic populations who are not injured?** Research suggests that a combination of unstable and stable training will provide the best results. This brings up two more questions:

Which should come first — stable or unstable?

What level of instability should be used with each particular person?

The answer to the first question is dictated by the rules of proper progression. The three primary phases of stabilization training include:

- “Static” Stabilization (foundational)
- “Dynamic” Stabilization (strength/endurance)
- “Ultra-Dynamic” Stabilization (power)

Within each phase:

- Start with bilateral strength development in stable environments because it is safer and will increase strength more.
- Next progress to stable single limb challenges.
- Then progress towards hopping and jumping skills in a stable environment.
- Then apply that new strength and power to tasks involving postural control on unstable surfaces.

When it comes to how much instability to use with each person the answer will depend on the goal of the exercise and the ability of the individual. **So ideally you will use different levels of instability according to the goal of the exercise and the ability of the individual!**

Review of Soft Surface Training (SST)

SST like sand running has a long history and as anyone who has run on the beach can attest this type of training greatly increases exercise intensity. In fact there has been some excellent research done looking at the effects of SST on muscle activation, work output, oxygen consumption and associated caloric expenditure for walking, jogging and running on soft surfaces compared with stable, harder surfaces. Other areas of research examined the impact forces of jogging and running on hard versus soft surfaces and the potential unique injuries that can occur with soft surface training.

Research shows that walking on soft surfaces like sand requires 2.1 to 2.7 times the energy expenditure of walking on a hard surface at the same speed. Running on soft surfaces like sand requires 1.6 times the energy expenditure of running on a hard surface at the same speed. The increase in energy cost is due primarily to two effects: the increased mechanical work done on the sand, and a decrease in the efficiency of positive work done by the muscles and tendons since eccentric load is dissipated into the sand rather than being stored in the muscles and tendons to be reused during concentric push off.

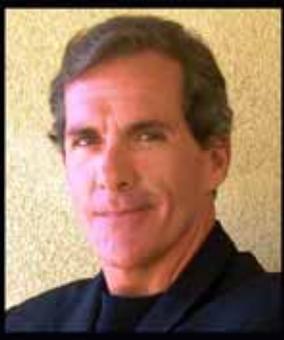
Stay tuned for Part 2 of Soft Surface Training in the next issue of Gamut.

[*References*](#)

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[Back to Table of Contents](#)

The Gift of Dyslexia



by **James McPartland**, former President of Star Trac Fitness, author, international speaker and 'wellness ambassador' focused on developing the human potential within business.

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Chris Bright has exceeded all labels placed upon him; and while I think he has exceeded many of his own highest expectations, it may be that the best part of his story is only now about to be written. In the following article, I am proud to introduce Chris Bright; a committed family man, friend, restaurant entrepreneur and generous contributor to society as he tells his story.

Struggling with a learning disability, whether in an educational setting or everyday life, presents frequent challenges. In my case, the obstacle to overcome was – and is – dyslexia.

Learn to Learn

Dyslexia is defined by the National Institute of Health as “a reading disability resulting from the inability to process graphic symbols.” Being dyslexic doesn't mean someone is “slow” but being dyslexic does mean having to “learn how to learn” in a different way.

My fifth birthday is my earliest memory... I vividly recall celebrating the day with my classmates, many of who were in wheelchairs, used crutches or had braces on their legs. I'd been placed in a class for children with special needs; including my friends afflicted with cerebral palsy, because of my learning disability. While a five year old does not feel the stigma of being recognized as a child with special needs, I was nonetheless aware that

my classmates and I were “different” from the other kids.

I was fortunate that my parents and teachers became aware of my dyslexia at such an early age. Still, even with therapy and the dedication of my instructors, I struggled with my disability. Navigating around areas of weakness became routine. Growing up, I was petrified when it was my turn to read aloud or was asked to go to the blackboard. To this day my penmanship is terrible. I ended up repeating the 1st grade.

Unspoken Talents

I was extremely quiet as a child; so much so that years later more than one former classmate communicated they didn't recall me uttering a word in school. Not interested in filling a classroom with my own tentative, hesitant voice, I became a diligent listener and observer. As my dyslexia made reading for context and understanding difficult, I channeled my learning ambitions away from words on a page **toward hearing the power and influence of the spoken word**. In time, I realized that my listening and observation skills were abilities, perhaps innate talents, to “even out” my disability.

I can still quote and remember dialogue from movies I viewed long ago, which I believe is an ability that developed because of my greater appreciation of the spoken word due to my shortcomings as a reader.

But, being an above average listener and observer didn't solve all my dyslexic problems. A dyslexic in an educational setting deals with the potential of failure and embarrassment on an almost daily basis. Like many dyslexics, I developed coping skills or workarounds to deal with the gaps and shortcomings that plague a child who doesn't process information the same as fellow students. These coping skills ranged from continuous trial and error, sometimes awkward improvisation, to being ultra-prepared in order to measure up to peers.

Running a Marathon

As a young student, I came to realize that being the first to finish a task was not in the cards for me; but, I also

[Back to Table of Contents](#)



ACHIEVING YOUR PERSONAL BEST

learned that completing the task **correctly was an accomplishment to be proud of**. Ultimately, I learned in my own way that the process of learning was going to be a marathon, not a sprint. **Determination and perseverance would rule** my academic world and these attributes have certainly been **keys to success** in my chosen profession.

I concluded some time ago, right or wrong, that since I'm not the world's quickest study, I needed to commit myself to the long haul. To this point, the 10,000-hour theory asserted by Malcolm Gladwell in his book *Outliers*, speaks to me. In a nutshell, Gladwell provides empirical support to his theory that, in order **to become the best at something, even the most talented people must invest 10,000 hours of practice** to achieve the highest echelon of success. This certainly suggests that in order to achieve mastery, **we are all running the marathon**. And, while sprinters may show some natural ability in the beginning, they quickly burn out.

My Unopened Gift

I've been in the restaurant business for most of my adult life. I've practiced my craft for more than 40,000 hours. I'm passionate about this business because of the challenges it brings and I'm ever curious because my chosen industry is constantly changing. New brands emerge seemingly out of thin air. My curiosity puts me in perpetual student mode. I've experienced and have learned a great deal about the food and beverage industry having been involved with five brands that started with a combined 18 restaurants and has grown to more than 1,500 locations. (Editorial comment: One of Chris Bright's current brands, Z Pizza, is in a class of its own in the area of healthy eating and fast casual dining!)

It may seem ironic, but I look at my **dyslexia as a gift**... a strange gift, to be sure, but in the course of "learning how to learn" and overcoming my disability, I **discovered skills and talents that continue to benefit me** every day in my personal and professional life. For example, while developing unorthodox approaches or workarounds with school assignments did not always

make the grade, an unconventional approach to problem solving in my professional career has resulted in many positive outcomes. Naturally thinking outside the box, as is the case with most dyslexics, is a sought after skill in an ever changing environment where **creativity is required to lead**.

Roughly 10 percent of the population is dyslexic, including stalwarts of science, business, sports, literature and government. Edison was famous for stating that **he liked failing because it meant he was one step closer to success**. This view most certainly can be looked upon as a dyslexic trait. Einstein, Churchill, Alexander Graham Bell, Richard Branson and Charles Schwab are just a few of the thousands of dyslexics that transformed their learning disability into an asset that helped them achieve tremendous success.

My favorite dyslexics, though, are Kay and Liam Bright — my wife and eldest son.

A Word of Encouragement

We all face obstacles; some larger than others. The difference is how we interpret the challenges before us and **whether we will allow them to hold us down, or propel us upward**. I have learned within myself (and what I see in others) that it all boils down to the "story" we tell ourselves about what we face each day. When faced with difficulties we can easily visualize disempowering conclusions. Those who lead fulfilling lives (and make significant contributions) tell themselves inspiring stories while others weave tales of despair and disillusion.

A very valuable lesson I have learned is to ask myself "What else could this mean?" This question alone has **helped me find powerful interpretations and results** from circumstances that could quite easily have led to pain, suffering, or setbacks. We all possess the ability to do this, and I hope you will find the strength in the words of my own story.

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[Back to Table of Contents](#)



Five Sales Keys to Selling More Personal Training

by **Casey Conrad**, BA, JD, is President of Communication Consultants WBS, Inc., and has created and published over 25 other sales, marketing and management training products for the fitness industry. [Contact info](#)

After selling in the health and fitness industry for over 25 years (19 as a sales trainer), one thing has become crystal clear to me. Selling personal training is not difficult; rather, embracing selling is difficult. That comment may not sit well with some people reading this article but I'm not writing this to make you my friend—I'm writing this column to help you to be more successful in sales!

When Michael Jordan was born the doctor didn't hand the baby to his mother and say, "Look, you've given birth to a future basketball star." That same principle holds true for any person in any profession. The reality is that although people are certainly born with genetic abilities that may be more suited towards certain things, those "things" do not miraculously and spontaneously develop. They only develop with the proper encouragement, education, training, development and motivation.

Doctors go through many years of school before they are allowed to practice. Accountants and attorneys go through extensive education and testing before they can practice. Individuals with a trade (mechanics, electricians, plumbers, etc.) go through hours of education before they become certified to work.



How then can people become successful personal trainers—which absolutely requires the ability to "sell" ones' services—without any formal training in effective sales strategies?

Think of the absurdity of this! New personal trainers are educated on the proper techniques and execution of exercising, as well as anatomy and physiology, but most personal trainers have little or no education on how to build a business utilizing professional sales skills. I know, to many people the words professional and sales put in the same sentence seem like an oxymoron. They're not.

If you want to add the ability to professionally sell your personal training services to your repertoire of skills, you literally need to complete the proper course of education, training and development. Sure, starting off with the right "sales" personality is just as important to long-term success as being athletic is to a professional athlete. That said, and assuming you are starting with "personality aptitude," your success will be measured by your ability to master sales fundamentals.

In my years as a sales trainer I have discovered that there are five skills that, when mastered, are the foundation for personal training sales success. I call these skills "Core Competencies," and coach my clients to NOT touch a prospective client until these skills are mastered. They are the following:

1. Memorize the steps to selling training. In my book, *Selling Personal Training*, I train on "6-steps" but really it doesn't matter how you outline the steps.
2. Have a written, pre-established set of needs analysis questions that you are totally comfortable discussing with a prospective client. These questions discover the client's exercise history, goals and motivation and uncover

[Back to Table of Contents](#)



GROWING YOUR PT PROFITS

potential roadblocks to purchasing training. Further, they should be utilized in a format that allows you to ask the client the questions and for you to write the answers down and maintain this fundamental information in the client record. Most importantly you should have an established sequence of questions; done in a way that leads the client comfortably through the process with the ultimate goal of discovering the driving force behind why this person might need the assistance of a trainer.

3. Memorize five feature-benefit-feedback “modules.” These are pertinent statements about the features and benefits of your personal training services that engage the prospect and give you feedback as to whether or not the services you are discussing meet the prospect’s needs and wants.
4. Memorize your price presentation. This is the discussion about personal training package options and you should be able to outline all pricing options without having to look at any marketing or sales materials.
5. Memorize the steps to overcoming any objection so that you are completely comfortable having a two-way conversation with the client as to what concerns him or her about making a training investment.

Some trainers will resist memorizing scripts. The belief is that memorizing something means that one has to sound like a robot or worse, like the stereotype we have of a used car salesperson.

Sounding robotic with a sales script “can” happen but typically only occurs with lack of rehearsal/practice. Practice until it comes naturally and you never get it wrong.

The fact of the matter is that trainers who have worked with ten or more clients already have a script. That’s right. I can follow a trainer around and will guarantee you that a recording will reveal the repetitive use of the same statements, the same explanations—even the same jokes—time and time again. They have a script; the question is, “Do they have a good script?”

Allow me close by saying it again. Quite frankly I don’t care if trainers use my scripts, another trainer’s or their own scripts. What I care about is that they have scripts, and memorize and consistently use these scripts.



Just like great athletes, there are basics to any sport. There may be minor execution differences but every batter uses the same basic skills and technique to successfully hit a ball. Further, every year before a new season begins these professional athletes practice the basics over and over again.

I encourage you to embrace the same type of discipline to the selling of your personal training services.

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[Back to Table of Contents](#)



High Blood Cholesterol

by **Tammy Petersen, MSE**, the Founder and Managing Partner for the American Academy of Health and Fitness (AAHF). She has written two books on adult fitness, *SrFit* and *Functionally Fit*, and designed corresponding training programs. [Contact info](#)

How Does Cholesterol Cause Heart Disease?

When there is too much cholesterol in the blood, it can build up in the walls of arteries. Over time, this buildup causes “hardening of the arteries” which narrows arteries and slows down or blocks blood flow to the heart. If inadequate amounts of blood and oxygen reach the heart, pain in the chest might develop, and if the blood supply to a portion of the heart is completely cut off, the result is a heart attack.

High blood cholesterol, like high blood pressure, does not cause outward symptoms, so many people are unaware that their levels are in the danger zone. Knowing your individual cholesterol numbers is important because reducing cholesterol lessens the risk for developing or dying from heart disease or heart attack. This is true even in a person with a pre-existing condition. Consequently, improving the cholesterol profile is important for everyone, including young, middle-aged, and older men *and* women as well as people with or without heart disease.

Treating High Cholesterol

The main goal of cholesterol-lowering treatment is to lower the LDL level enough to reduce the risk of developing heart disease or having a heart attack. The higher the existing risk, the lower the LDL goal will be set. Keep in mind, though, that it is imperative to control other risk factors such as high blood pressure and smoking as well if you want to make greater strides in reducing this risk.

There are two main ways to lower cholesterol:

Therapeutic Lifestyle Changes (TLC) — This includes a cholesterol-lowering diet (called the TLC diet), physical activity, and weight management. TLC is for anyone whose LDL is above the target level.

Drug Treatment — If cholesterol-lowering drugs are needed, they are combined with TLC treatment to help lower LDL.

Lowering Cholesterol With Therapeutic Lifestyle Changes (TLC)

TLC is a set of guidelines that can help lower LDL cholesterol. The main parts of TLC are:

- 1. The TLC Diet.** This is a low-saturated fat, low-cholesterol eating plan that calls for less than 7% of calories from saturated fat and less than 200 mg of dietary cholesterol per day. The TLC diet recommends a person consume only enough calories to maintain a desirable weight and avoid weight gain. If reducing saturated fat and cholesterol intakes does not lower LDL enough, the amount of soluble fiber in the diet can be increased. Certain food products that contain plant stanols or plant sterols (for example, cholesterol-lowering margarines and salad dressings) can also be added to the TLC diet to boost its LDL lowering power.
- 2. Weight Management.** If an overweight person loses weight, the LDL level will also decrease. This is especially important for those with a cluster of risk factors that includes high triglyceride and/or low HDL levels and whose waist measurement is greater than 40 inches for men or greater than 35 inches for women.
- 3. Physical Activity.** Regular physical activity (30 minutes on most, if not all, days of the week) is recommended for everyone. It can help raise HDL and lower LDL levels and is especially important for overweight people with high triglyceride and/or low HDL levels who have a large waist measurement.

[Back to Table of Contents](#)



ACROSS THE GAMUT

Drug Treatment

Even if medications are used to treat high cholesterol levels, lifestyle changes are still necessary in order to keep the dosage of medication as low as possible. There are several types of cholesterol-lowering drugs that have been proven effective: *statin drugs*, which are safe for most people; *bile acid sequestrants*, which can be used alone or in combination with statin drugs; *nicotinic acid*, which lowers triglycerides and raises HDL levels in addition to lowering LDL levels; and *fibric acids*, which are primarily used to treat high triglyceride and low HDL levels but which also slightly decrease LDL levels.

Once LDL levels are under control, the doctor might prescribe treatment for high triglycerides and/or a low HDL level. The treatment includes losing weight if needed, increasing physical activity, quitting smoking, and possibly taking a drug.

Blood Profile: Learn How to Read It!

A typical blood profile or lipid panel consists of a total cholesterol reading that reflects how cholesterol and fat are carried in the blood. $TC = HDL + LDL + VLDL$ where TC = total cholesterol; HDL = high density lipoprotein; LDL = low density lipoprotein; and VLDL = very low density lipoprotein.

Cholesterol Levels - Ideal Levels and Commonly Cited Ranges

Healthy Goal	Acceptable Range
Total Cholesterol less than 160mg/d	120-240
HDL greater than 60mg/dl	35-75
LDL less than 100mg/dl	100-130
Triglycerides less than 150mg/dl	50-250
VLDL (triglycerides/5) less than 30mg/dl	30-50
TC/HDL ratio less than 3.5	3.5-4.5

With this in mind, let's do a couple of calculations using sample lab reports:

Example number one:

$$TC = 210 \text{ HDL} = 42 \text{ Triglycerides} = 110$$

$$VLDL = 110/5 = 22 \text{ (VLDL equals triglycerides divided by five)}$$

$$LDL = TC - HDL + VLDL = 210 - (42 + 22) = 210 - 64 = 146$$

$$TC/HDL = 210/42 = 5$$

Remember, LDL needs to be below 130, but in this example it is 146. The ratio of TC/HDL should be below 4.5, but here we find it at 5. This person's lipid profile is obviously not optimal.

Example number two:

$$TC = 210 \text{ HDL} = 65 \text{ Triglycerides} = 110$$

$$VLDL = 110/5 = 22$$

$$LDL = 210 - (65 + 22) = 123$$

$$TC/HDL = 210/65 = 3.23$$

The LDL level in the second example is 123, so it is well within recommendations. In addition, the ratio of TC/HDL is 3.23, which is also well below 4.5. Notice that the total cholesterol was the same for each person at 210 mg/dl, however, the second person's lipid profile is much better than the first due to the high amount of HDL. From these examples, you should be able to see how important it is to look at more than just the total cholesterol.

[References](#)

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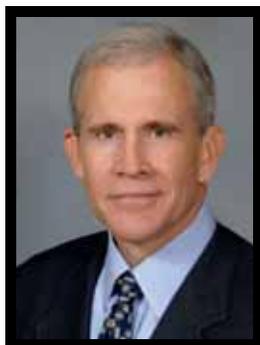
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[Back to Table of Contents](#)

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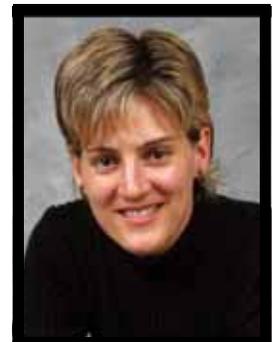
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[Back to Table of Contents](#)

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[Back to Table of Contents](#)

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[Back to Table of Contents](#)

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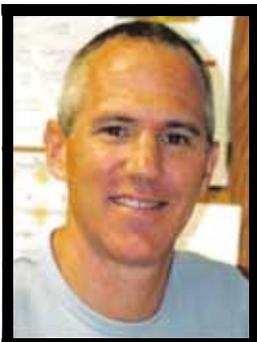
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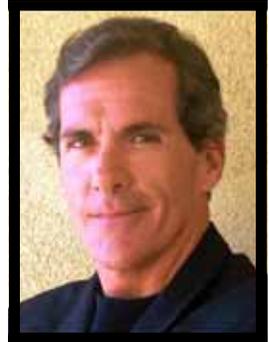
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[Back to Table of Contents](#)

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[Back to Table of Contents](#)

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[Back to Table of Contents](#)

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[Back to Table of Contents](#)

Ask the Experts



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[Back to Table of Contents](#)

[Back to Table of Contents](#)

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[Back to Table of Contents](#)

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[Back to Table of Contents](#)

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[Back to Table of Contents](#)

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[Back to Table of Contents](#)

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[Back to Table of Contents](#)

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