



# Healthy Living Workshop

Participant Program Guide

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## Introduction to Healthy Living Workshop

Health and fitness are areas of great importance in the military, having implications for readiness to perform military missions, general population health, needs and utilization of medical care, discipline, and retention. Among active duty personnel, 30.5% of those under 20-years-old and 53.9 % of those over 20-years old are classified as overweight based on body mass index (BMI). The health consequences related to excess weight are well documented and include diabetes, high cholesterol, hypertension, coronary heart disease, stroke, gallstones, osteoarthritis of knees and hips (Pi-Sunyer, 1993; Willett, Manson, et al. 1995). More recent research shows that a larger abdominal circumference increases the likelihood of health problems for people with normal and overweight BMIs (NIH, 1998; Janssen, et al, 2002). Research has shown that higher levels of physical fitness lead to reduced levels of abdominal fat at all levels of BMI (Ross & Katzmarzyk, 2003), and weight loss through exercise reduces abdominal fat at a faster rate than other body fat (Mayo, Grantham, & Balasekaran, 2003).

The Healthy Living Workshop (HLW) is for individuals who fall in the marginal or poor fitness categories according to the Air Force fitness standards. It is designed as a two-hour program to provide information related to nutrition and exercise that is needed to improve fitness and to identify motivational factors and behavior change strategies needed to implement and maintain a fit lifestyle. The workshop is co-run by a behavioral health provider, a physical fitness expert, and a nutritionist. These individuals will provide the basic knowledge you will need to improve your level of fitness. Additionally, they will help develop individual goals and provide strategies for you to use to help you achieve and maintain your goals. Through daily healthy living, we can all get fit and stay fit. Completing this workshop and using the information you learn can get you started on the road to a healthy life.

## Explanation of Fitness Standards

### Promoting Improved Fitness in the Air Force

The development and introduction of new fitness standards has created an opportunity to change the way Air Force members address their own physical fitness. Being physically and mentally fit is critical to an individual's overall health and ability to serve in today's Air Force. Individuals have a personal responsibility to be physically fit, for themselves, their family, their team, the Air Force and the country that they serve.

### New requirements and standards

The composite score designed to motivate behavior change and maintenance of healthy lifestyle behaviors. Composite score is a scaled score that allows members to make direct comparison with other members to determine fitness level. The test places member on a continuum of fitness rather than being 'pass/fail.'

### The Composite Score:

1. Aerobic assessment—1.5 mile run or cycle ergometry (50%)
2. Body composition (30%) Abdominal Circumference
3. Muscular Strength—Pushups (10%)  
Muscular Strength—Crunches (10%)

## Categories based on composite score:

### **Excellent** (90-100 points)

Exercise at least 3 times / week

Retest in one year

### **Good** (75-89.9 points)

Exercise at least 3 times / week

Retest in one year

### **Marginal** (70-74.9 points)

Exercise at least 3 times / week

Retest in 6 months

Brief Education on low-score component(s)

### **Poor** (0-69 points)

Monitored exercise 4-5 times / week

Retest in 90 days

Education on low-score component(s)—Fitness & Body Composition Improvement Programs

## Frequently Asked Questions

### ***Q. How was the composite scoring system for the new fitness test developed?***

A. The composite consists of aerobic fitness, muscular fitness, and a body composition component scores. An Air Force scientific team developed this scoring methodology based on established civilian health and fitness data. The process was then reviewed and validated by an outside panel of nationally recognized experts. The great benefit of the composite score is it places greater emphasis on fitness, while also assessing the member's health risk.

### ***Q. How were the points for each component decided?***

A. First, we know aerobic fitness is the single, best indicator of overall fitness; therefore, half of the score is determined from the aerobic component. Returning to the run as the primary method of testing allows units to carry out the majority of the testing.

The second component is muscular fitness. While extremely important for readiness, there isn't specific scientific research that identifies numbers for push-ups and crunches, so numbers were determined based on what a normal population could accomplish. Each exercise contributes 10 percent to the composite score, which means seventy percent of the overall score is based on aerobic and strength components. The important point to remember for muscular fitness is that all members must include strength training in their exercise routine.

The final component, body composition, is required by the Department of Defense. Our job was to determine the best way to do the measurement. We looked at information from the American College of Sports Medicine that recognizes body composition as a component of fitness, as well as other scientific data that shows abdominal circumference is the best way to measure health risk.

### ***Q. Why is the AF changing from body fat to abdominal circumference to test the body composition component?***

A. Studies indicate that abdominal circumference is an important factor in weight and body fat assessment. This is because total body fat is no longer seen as the key indicator of weight-related health problems. Fat distribution is just as important; for example, body fat that accumulates around the waist and stomach area poses a greater health risk than fat stored in the lower half of the body.

Also, a single abdominal measure is easier to administer and interpret. The member can do this simple measurement anywhere and know the results. To track their progress, all they would need is a string or simply monitor their pants size.

***Q. How do you measure abdominal circumference?***

A. To measure abdominal circumference, locate the upper hipbone and the top of the iliac crest (the highest point of the hip bone) and place a measuring tape around the abdomen parallel to the floor. Ensure the tape is snug but does not compress the skin. Read the measuring tape at the end of a normal expiration. According to the national institutes of health, an abdominal circumference >40 inches for males and >35 inches for females is considered high risk for disease; 35.5-40 inches for males and 32.5-35 inches for females is considered moderate risk; abdominal circumference <35 inches for males and <32.5 inches for females is low risk.

***Q. How does abdominal circumference equate to body fat percentage?***

A. Although there is some correlation between the two, we cannot equate abdominal circumference to a specific body fat percentage. Abdominal circumference measures fat concentrated around the abdomen, which is associated with the greatest health risk. Body fat percentage is less specific; it indicates total fat distributed throughout the body.

***Q. How can the AF expect a male 5'6' to have the same standards for abdominal circumference as a male 6'2"?***

A. Studies show that the health risk associated with high abdominal circumference is independent of height and age. This may be due to the fact that the abdominal measurement does not include any bones in the measurement so is independent of body frame size.

***Q. What happens when a member has a high abdominal circumference (males >40" or females >35")?***

A. Since the emphasis of the AF fitness program is overall fitness and health risk, the member's composite score determines necessary intervention. If the airman receives a poor fitness composite score and has a high abdominal circumference, the airman will be enrolled into the body composition improvement program. This program provides individualized nutrition counseling and follow-up to assist them in making lifestyle changes that will result in reducing their body fat and increasing their overall fitness.

***Q. Are there any studies to determine whether the run test is an adequate measure of physical fitness?***

A. Both the run test and the cycle ergometry test are validated methods to estimate maximum oxygen consumption,  $\text{VO}_2$  Max, the primary indicator of aerobic fitness. The 1.5 mile run test is a commonly used timed distance run used to measure cardiovascular endurance, or aerobic fitness.

***Q. The Air Force moved away from the run because it was somewhat risky and because the bike test was scientifically validated to measure a person's aerobic fitness. Why is the AF exposing members to a higher risk test?***

A. The AF culture is changing with the implementation of unit PT programs that will better prepare members for their military mission and the fitness test, so members will be better prepared. Additionally, with our knowledge of early indicators of heart disease risk, we are able to screen each member's risk for heart disease. Those members that are at a moderate or high risk for heart disease will not take the run test unless medically cleared by their provider, thus mitigating the risk.

# FITNESS CHANGE WORKSHEET: PAGE 1

## STEP 1: FITNESS CHECK-UP

What Resources or Methods did you use to work towards healthy fitness in the last six months?
On average, how many hours per week do you exercise? _____
Average # hours/week exercise during your duty time: _____
Average # hours/week exercise during off duty time: _____
Average # hours/week workout with friend(s): _____
Average # hours/week workout with unit/squadron: _____
How much weight have you gained in the last year?
None ___ ½-1 pound ___ 1-2 pounds ___ 2-5 pounds ___ More than 5 pounds
How much weight have you gained in the last 5 years?
None ___ ½-1 pound ___ 1-2 pounds ___ 2-5 pounds ___ >5 pounds ___ > 10 pounds

## STEP 2: EXAMINE ALL SIDES OF CHANGING

How *confident* are you that you can make your desired dietary and/or fitness changes?

0----1----2----3----4----5----6----7---8----9----10

Not confident at all Extremely confident

You are faced with two basic choices: 1) Change fitness related habits or 2) Don't change fitness related habits. The choices are basic but the issues that weigh on all sides of the equation can be complex. The following is designed to help you examine the advantages and disadvantages of changing.

**Downside of Changing & Benefits of NOT Changing**

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**Benefits of Change & Downside of NOT Changing**

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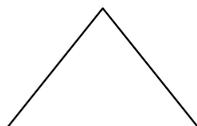
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NO CHANGE

CHANGE

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**Decisional Balance**



## FITNESS CHANGE WORKSHEET: PAGE 2

### WEIGHING THE PROS AND CONS...

Which of these are *VERY IMPORTANT* or *VERY TRUE FOR YOU*?

	Benefits to Fitness			Barriers that get in the way
√	<b>Social:</b>		√	<b>Time-effort:</b>
	Provides a way to meet people			Too much work
	Good to do with friends			Too inconvenient
	Builds companionship			Too tired
	Is competitive			Takes too much discipline
	<b>Psychological:</b>			Too boring
	Feel more energetic			Too busy
	Helps cope better with pressure			Too lazy
	Lift one's spirits			Not enough time
	Improves attitude towards life			<b>Appearance/Physical:</b>
	Helps relax			Look silly
	Gives time to think			Get hot and sweaty
	Gives confidence in self			Causes sore muscles
	Gives peace of mind			Too uncoordinated
	Helps feel better in general			Uncomfortable
	Improves self-image			Too fatigued
	<b>Health/Physical:</b>			<b>Social:</b>
	Helps lose weight			Don't like to exercise alone
	Maintain proper body weight			Family does not encourage
	Helps stay in shape			Friends and family do not eat healthy
	Helps to look good			Friends do not exercise
	Improves strength			<b>Other Specific:</b>
	Improves health			Bad weather
	Improves flexibility			No convenient places
	Improves cardiovascular fitness			Medical problems
	Increases metabolism			Interferes with social life
	<b>Work:</b>			Interferes with school
	Will be better able to do job			Family obligations
	Feel part of team effort			Interferes with work
	Pass fitness testing			<b>Knowledge:</b>
	Improve readiness			Don't know how to cook/eat healthy
	<b>Family:</b>			Think it's too expensive
	Could be fun to exercise together			Don't know how to work out
	Will live longer and better for family			Think healthy food doesn't taste good
	We be a good example for family			Don't find exercising to be fun
	<b>Other:</b>			<b>Other:</b>

\_\_\_\_\_ = Total # of Personal Benefits

\_\_\_\_\_ = Total # of Personal Barriers

## FITNESS CHANGE WORKSHEET: PAGE 3

### STEP 3: ESTABLISHING PRIORITIES

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

How *important* are these fitness and/or eating changes to you *personally*?

0----1----2----3----4----5----6----7---8----9----10  
Not important at all Extremely important

### STEP 4: BASICS OF GOAL SETTING

1. **Is The Goal Realistic?** Can the stated goal actually be achieved?
2. **Is a Target Date Set for Completion?** When will the goal be accomplished? It's a good idea to set a target date to act as a guideline and then re-set if needed. Set short-term and long-term goals.
3. **Is The Goal Measurable?** If a goal is not tracked and measured in some way, it is more difficult to tell if you are making progress. It is important to be sure your goal is specific and you are keeping track of each of your steps toward that goal.  
For example:  
Minutes spent doing some activity such as exercise  
Intensity level on treadmill planned  
Number of servings of fruits and vegetables or number of calories in a day
4. **Is The Goal Broken Down Into Small, Realistic Parts?** Remember to start at a point that you already know you can achieve, and build onto the goal from there - - program the steps for a sense of early success to help give you the boost and momentum to keep you going.
5. **What Rewards Will You Use Once You Meet a Goal?** Rewards increase the likelihood that you will do it again.
6. **Is The Goal Personally Meaningful?** While you are likely attending the Healthy Living Workshop because the Air Force wants you to, thinking about how to make your goals personally meaningful will increase your likelihood of success. You are much more likely to strive toward a goal which you care about.
7. **Is A Relapse Plan Clearly Established?** What happens if you do not reach the goal as you originally planned? What will you do to get started again?

#### Example of Goal Setting

Week 1: Run 8 minutes per day, 3 days this week.  
Week 2: Run 10 minutes per day, 3 days this week.  
Week 3: Run 12 minutes per day, 3 days this week.  
Week 4: Run 12 minutes per day, 4 days this week.  
Week 5: Run 14 minutes per day, 4 days this week.  
Week 6: Run 18 minutes per day, 4 days this week.  
Week 7: Run 22 minutes per day, 5 days this week.  
Week 8: Run 26 minutes per day, 5 days this week.  
Week 9: Run 30 minutes per day, 5 days this week.  
Week 10: Run 35 minutes per day, 5 days this week.

## FITNESS CHANGE WORKSHEET: PAGE 4

### STEP 5: MAINTAINING YOUR PROGRESS

The best strategy for sticking to goals is to keep track of your progress by *writing it down every day*. The very act of writing down has been shown to improve results. It allows you to learn more about your habits, stay accountable to yourself, and keep track of any progress or slips.

#### Instructions

Keeping a food record is the best way to help you change your dietary practices. A good food record includes the following:

- a. Time food was eaten.
- b. Type of food or beverage.
- c. Amount of food eaten. Be specific!
- d. Total calories in amount of food eaten.
- e. Comments about circumstances where food was eaten and thoughts or emotions before or during eating.

You will find sample food records in the back of your participant manual. If you will be continuing on to the Body Composition Improvement Program, you should start completing these food records as soon as possible.

Time of Day	Food or Beverage Item	Serving Size	Estimated Calories	Comments on possible triggers for eating other than hunger
1200	<i>Grilled chicken sandwich with cheese but no mayo. Bun grilled with butter</i>	1	480	<i>It was hard not to offer to eat my friend's leftover fries.</i>

Type of Exercise or Activity	Total Duration in Minutes	Intensity (Low, Medium, High)	Comments
<i>Run</i>	<i>20 Minutes</i>	<i>Medium</i>	<i>Harder at the end of the day than in the morning</i>

A good exercise record includes the following:

- a. Type of activity
- b. How long you exercise
- c. Intensity of exercise
- d. Comments about any difficulties to help you in problem solving for the future.

For those who will be following up with the Fitness Improvement Program you will be using AF Form 1975 to monitor your fitness. The 1975 as well as a sample exercise record can be found in the Additional Participant Handout section of your workbook.

## FITNESS CHANGE WORKSHEET: PAGE 5

### STEP 6: RECOGNIZING AND PLANNING FOR SLIPS

**Maintaining** your **progress** is **one of the greatest challenges** you will face as you work to improve your fitness. Getting started can be a challenge but often staying committed to new fitness or eating habits is the toughest part.

There are **two keys** to maintaining and continuing your progress.



#### 1. **Minimize/Prevent Slips:**

Catching a slip early on is critical.

- If caught early a slip **does not** have to signal an inevitable downward spiral. Slips are inevitable with today's demanding lifestyle. The important thing is to not let one slip turn into a string of slips and a collapse of your behavior change plans.
- **Examples:** You miss your workout for one or two days or you go TDY and you consume more calories than you planned during a special meal.

#### 2. **Have a Plan for Dealing With Slips:**

The most important thing is to get back on track as quickly as possible!

- The measure of success is not whether there are dips in your line of progress, but whether over all you are progressing in spite of occasional dips. If you find you have relapsed, pull out all the resources that have helped in the past to get back on track.
- **Identify high-risk situations:** These are situations in which you expect to have difficulty continuing with your newly developed skills.
- **Learn from the past.** You can identify many of these from past experience. Think back and identify situations in which you remember having a particularly difficult time coping.
- **Plan in advance.** When you know similar situations are coming, start planning for how to deal with them in advance. If you wait until you are in the midst of the situation, you are not likely to come up with effective solutions. Use the information from past struggles to guide your planning and identify past hurdles that will need to be overcome. The attached form will *help you develop your own relapse prevention plan.*

# FITNESS CHANGE WORKSHEET: PAGE 6

## STEP 4 “In Practice”: DEVELOPING YOUR PERSONAL GOALS

### **Body Composition Goals**

*Example: Lose 3 inches*

### **Target date to achieve**

*20 weeks*

Ab Circum: \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

Eating Change (remember to be specific and measurable ideas):

*Ex: Eat 5 servings of vegetables daily*

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Strategies (refer to next page for help generating

*Shop for precut vegetables and bring to work as snack*

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### **Fitness Goals**

*Example: Run 4 miles in 40 minutes*

### **Target date to achieve**

*12 weeks*

Run Time: \_\_\_\_\_

*12 weeks*

Push-ups: \_\_\_\_\_

*12 weeks*

Sit-ups: \_\_\_\_\_

*12 weeks*

Other: \_\_\_\_\_

*12 weeks*

Fitness Change (remember to be specific and measurable)

*Ex: Start by running 15 minutes & walking 30 min/day*

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Strategies (refer to next page for help generating ideas):

*Ask co-worker to exercise with me at lunch*

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## FITNESS CHANGE WORKSHEET: PAGE 7

### Eating and Fitness Strategies

- Do Nothing Else While Eating
  - Distractions while eating increase intake
- Eat in the Same Place Each Time
- Do Not Eat Standing Up
- Do Not Clean Your Plate
- Eat on a Schedule
- Slow Your Eating Rate
  - Put your fork down between bites
  - Pause during the meal
  - Savor each bite
  - Sip rather than gulp beverages
- When Shopping for Food
  - Shop on a full stomach
  - Shop from a list
- When Storing Foods
  - Store high-calorie foods out of sight in opaque containers (out of sight, out of mouth)
  - Keep healthy snacks available
- When Preparing, Serving, and Dispensing Food
  - Resist sampling food products as you cook-chew gum or sip calorie free beverage
  - Use a small plate
  - Remove serving dishes from the table
  - Leave the table after eating
  - Serve and eat one portion at a time
  - Wait five minutes before getting second servings
  - Avoid dispensing (serving) food
  - Do not eat leftovers while cleaning up after meals-chew gum or sip calorie free beverage
- When Eating Away from Home:
  - Order a la carte meals
  - Order salad dressing on the side
  - Watch for hidden calories – avoid fried foods and sweetened beverages
  - Limit your alcohol consumption-it increases appetite/decreases judgment
- Beware of the breadbasket/chip basket- put one serving on the bread plate rather than eating from the basket
  - Share dessert
  - Engage your partner
- Plan Three Meals per Day
  - Helps you stay in control of your eating
- Pay attention to the Calories in Beverages
- Find Exercise Activities that you enjoy
  - If you hate it you won't stick to it
- Exercise at least 3 days Per week
  - Do not take more than 2 days between each exercise session
- Try to find a workout partner
  - Try to find someone who is close to your fitness level
  - Don't try to progress too fast
- Make sure you know what the temperature and humidity levels are
  - Keep water with you and stay well hydrated
- If not using HR to measure intensity, use a Talk Test
- While aerobic exercise is important, be sure to include strength and flexibility as well.
- Change your workout; don't do the same thing all the time
- If you miss a few days get back on track as quickly as possible. A few days can turn into weeks or months if you're not careful
  - If you're TDY look for a gym. If no gym is available be creative. You can do calisthenics in the hotel room, some HAWCs have travel fitness bags which can be checked out

# FITNESS CHANGE WORKSHEET: PAGE 8

## EXERCISE RECOMMENDATIONS

**FREQUENCY:** Current exercise program:

Type: \_\_\_\_\_  
Days per week: \_\_\_\_\_ Duration per session: \_\_\_\_\_  
Intensity/perceived intensity: \_\_\_\_\_  
Begin exercising \_\_\_\_\_ times per week  
After \_\_\_\_\_ increase to \_\_\_\_\_ days per week

**INTENSITY:** Exercise between 60 to 90% of an age predicted maximum heart rate  
220 – age \_\_\_\_\_ = \_\_\_\_\_

60 % _____ = 60 minutes	70% _____ = 60 minutes	80% _____ = 45 minutes	
65% _____ = 60 minutes	75% _____ = 50 minutes	85% _____ = 30 minutes	90% _____ = 20 minutes

**or**

**Use the Borg Scale if heart rate is not an option**

6	No exertion at all
7	
8	Extremely light
9	Very Light
10	
11	Light
12	
13	Somewhat hard
14	
15	Hard (heavy)
16	
17	Very hard
18	
19	Extremely hard
20	Maximal exertion

**or**

**Use a Talk Test: easy to carry on a conversation, hard to carry on a conversation, cannot carry on a conversation**

**TIME:** Warm-up/stretching = \_\_\_\_\_ minutes  
Aerobic component = \_\_\_\_\_ minutes  
Crunches and push-ups = \_\_\_\_\_ minutes  
Cool-down/stretching = \_\_\_\_\_ minutes

**TYPE:** Circle your preferred methods of exercise

walking	jogging	running	aerobic classes
walk/run	elliptical machine	stationary bike	rowing machines
indoor cycling	cardio interval classes	water exercise	steppers

Other: \_\_\_\_\_

Physical limitations: \_\_\_\_\_

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**FITNESS CHANGE WORKSHEET: PAGE 9**

**STEP 6 “In Practice”: PLAN FOR DEALING WITH BARRIERS**

**What barriers interfere with my exercise goals?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If I cannot do my primary exercise plan, what is my backup plan?**  
*Example: Change time of day, change exercise location, increase intensity so that I can decrease time*

\_\_\_\_\_  
\_\_\_\_\_

**What are the ways that other people can help me with my exercise goals?**

Person/People: \_\_\_\_\_

Possible ways to help: \_\_\_\_\_

\_\_\_\_\_

**What are my high risk situations for slipping on my eating goals:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What is my plan if I slip on my eating goals:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What are the ways that other people can help me with my eating goals:**

Person/People: \_\_\_\_\_

Possible ways to help: \_\_\_\_\_

\_\_\_\_\_

# Additional Handouts





Authority: 10 USC 8013. Purpose: The information is collected to monitor the member's participation in a fitness program. Routine Use: This information is not disclosed outside DoD. Disclosure is Mandatory. Failure to provide this information may result in either administrative discharge or punishment under the UCMJ.

**FITNESS IMPROVEMENT ACTIVITY LOG – STRENGTH TRAINING**

Name/Rank:		Unit:										Phone:			
PT Leader/Instructor Validation															
Exercise	Date														
Push-ups	Sets														
	Reps														
Crunches	Sets														
	Reps														
	Weight														
	Sets														
	Reps														
	Weight														
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	Weight														
	Sets														
	Reps														

**AF FORM 1975 Personal Fitness Progress Chart**

# Exercise Record

Date:

Type of Exercise or Activity	Total Duration in Minutes	Intensity (Low, Medium, High)	Comments

Date:

Type of Exercise or Activity	Total Duration in Minutes	Intensity (Low, Medium, High)	Comments

Date:

Type of Exercise or Activity	Total Duration in Minutes	Intensity (Low, Medium, High)	Comments

Date:

Type of Exercise or Activity	Total Duration in Minutes	Intensity (Low, Medium, High)	Comments

Date:

Type of Exercise or Activity	Total Duration in Minutes	Intensity (Low, Medium, High)	Comments

Date:

Type of Exercise or Activity	Total Duration in Minutes	Intensity (Low, Medium, High)	Comments

Date:

Type of Exercise or Activity	Total Duration in Minutes	Intensity (Low, Medium, High)	Comments

# Nutrition Supplement and Fad Diets Be A Smart Consumer!!!

## Ephedrine Alkaloids

- Approximately 1000 adverse events have been reported to the FDA, with over 30 deaths, all associated with ephedrine alkaloid use
- Products typically contain between 8-20 mg/ serving, but highly variable from product to product (analysis has indicated over 60 mg per serving in some products)
- FDA unable to determine a safe single or total daily dose
- Do **Not** take with the presence of heart condition, high blood pressure, thyroid disorder, seizure disorder, or pregnancy

## Ephedrine Alkaloids

Any product containing the following ingredients will contain ephedrine alkaloids:

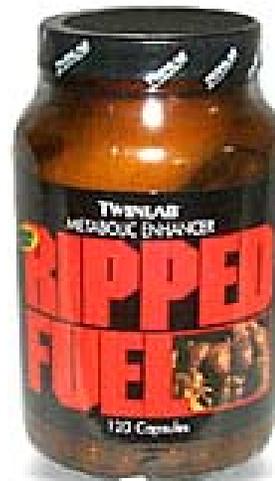
-Ephedra

Ma Huang  
Desert Herb  
Joint fir  
Popotillo  
Sea Grape  
Teamster's Tea  
Yellow Horse

-Epitonin

-Ephedrine

-PPA (phenylpropanolamine)



# Caffeine



- Demonstrated positive effect on endurance
- 200-800 mg divided daily for wt loss shown to have a mildly positive impact
- Relative safety established

## Ephedrine, Caffeine, Aspirin Stack (ECA)



Combination of 20 mg ephedrine, 200 mg caffeine, and 325 mg aspirin. Widely cited as an effective wt loss agent. Does have multiple studies showing effectiveness.

While safe, effective wt loss has been demonstrated, keep in mind that researchers are able to carefully control dosage and monitor for adverse effects in a lab.

OTC products very risky- no clue what you're really getting

# Ephedrine-Free Fat Burners

Will simply contain some other form of stimulant (s), natural or synthetic.



Caffeine

Kola nut

Guarana

Ginseng

Green tea

Mate

\*\*Synephrine (citrus aurantium)

-structurally similar to ephedrine

There is no data that these products are any safer or more effective. Keep in mind that any stimulant can still produce side effects.

## CLA

### Conjugated Linoleic Acid



- Taken in divided dose of 3 g per day
- Handful of animal and human studies have demonstrated marginal positive impact on body fat loss and maintenance of wt loss.
- Appears to be safe
- Cost vs. potential benefit is not very good

## Calcium Pyruvate



Research has shown, inconsistent but marginal impacts on fat loss in humans...

Has great potency in rats

6 grams per day, divided dose

No adverse effects reported

Cost vs. potential benefit, terrible

## Hydroxy Citric Acid (Garcinia Cambogia)



1500 mg daily, divided dose

Journal of the American Medical Association conducted a review of all published studies and concluded HCA to be ineffective

Save your money!

# Chromium Picolinate



200 to 400 mcg daily

Continues to be universally present in countless supplements

An extensive body of research has accumulated which indicates chromium to be totally ineffective for fat loss

Just **give** your money to me!

# Fad Diets

- Promote quick & easy weight loss
- Limit types of food selections
- Rely on testimonials
- Promoted as cure-all
- Often need supplements/special foods
- No attempts to change long-term eating habits and lifestyles
- Often have contempt for the scientific & medical community
- Don't waste your time!

# 10 Best Reasons a Low-Carb Diet is Wrong

Just as your car runs best on a certain type of fuel, so does the human body. Unfortunately the latest low-carbohydrate fad diets are not the fuel mix the human body was designed to run on. These diets can cause quite a few health risks over the long run. Here are the top ten:

## 1. Heart Disease Risk Increases

Risk of heart disease is greatly increased on a low-carbohydrate, low-fiber diet that is high in animal protein, cholesterol and saturated fat. All three raise serum cholesterol, particularly LDL or "bad" cholesterol. Elimination of high-carbohydrate, high-fiber plant foods, that help lower cholesterol, compounds this problem. A high meat intake may excessively increase homocysteine levels and iron stores in the body. There is growing evidence that high levels of both may increase the risk of heart disease.

## 2. Cancer Risk Increases

The risk for many cancers is likely to increase when most fruits, vegetables, whole grains and beans are eliminated from the diet. The National Cancer Institute currently recommends, based on the bulk of scientific research, that you should eat a plant-based diet that is high in fiber and low in fat for optimum health.

## 3. Poor Long Term Weight Control

There is no metabolic magic in low-carbohydrate diets. Those who continue to lose weight after the first week do so because they decrease calorie intake. Greatly limiting the number of foods that people are allowed to eat reduces their food and calorie intake. But a reduction in variety most often leads to boredom and cravings

over the long run. One recent study showed that a high protein meal leads to a greater tendency towards binging of foods high in sugar and fat later in the day.

## 4. Reduced Athletic Performance

Athletic performance is reduced on a low-carbohydrate diet. Since the 1930's it has been known that a high-carbohydrate diet can enhance endurance during strenuous athletic events. Mountain climbers and skiers should be warned that a ketogenic diet greatly increases the risk of mountain sickness.

## 5. Rising Blood Pressure with Age

Blood pressure will likely increase with age on a typical low-carbohydrate diet. This is partly because a high carbohydrate, high-fiber diet includes more fruits, vegetables, whole grains and nonfat dairy products. These foods, all high in magnesium, potassium and calcium, were the mainstay of the DASH diet, which was shown to lower blood pressure. Additionally, low-carbohydrate diets do not restrict salt intake, the main reason blood pressure rises with age.

## 6. Gout

An excess of uric acid in the body causes gout. This excess can be caused by an increased intake of foods high in purines, which are broken down into uric acid in the body. Meat, poultry, nuts, seeds, eggs and seafood are all fairly high in purines.

## 7. Kidney Stones

Both uric acid and calcium oxalate stones are more likely to form on a high protein, ketogenic diet than on a higher carbohydrate diet with more fruits and vegetables.

## 8. Osteoporosis

Over time, excess protein intake, especially from animal sources, increases the loss of calcium in the urine which may contribute to osteoporosis.

## 9. Fainting

Orthostatic hypotension, or a rapid drop in blood pressure when you go from lying down to standing, is caused by a loss of fluid and electrolytes and reduced sympathetic nervous system activity. Both of these occur when your body is deprived of carbohydrate. This may result in dizziness or even fainting when you stand up quickly.

## 10. Keto breath

Keto-breath can be described as a cross between nail polish and over-ripe pineapple. This is common for dieters who consume so few carbohydrate that they put their bodies in a state of ketosis.

## The bottom line:

Your best bet for permanent weight loss and good health is three fold:

- 1) Increase the amount of fruits, vegetables, nonfat dairy products, and whole grains and beans that you eat.
- 2) Eliminate calorie-dense foods that are high in fat and refined carbohydrates such as cookies, sugary desserts, bagels, crackers, chips, fries, pizza, candies, etc.
- 3) Exercise on a regular basis. Research on people who have successfully lost a lot of weight and kept it off long term, shows that the vast majority succeeded by consuming a high-fiber, lowfat diet coupled with regular exercise.

*By Dr. James J. Kenney, PhD, RD, FACN, Nutrition Research Specialist, Pritikin Longevity Center.*

**Don't let the wrong fuel mix run you down!**

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## Shoe Buying Tips

1. Buy shoes later in day due to swelling of feet
2. Thumbs width difference between end of big toe and shoe
3. Wear socks you will be running in when trying on shoes
4. Bring along prescription orthotics (if you have them)
5. Shoes should feel comfortable
6. Change shoes every 300-500 miles  
( $<10$  miles/week, change every year)
7. Keep running shoes for running **ONLY!**
8. Seek professional advice if you are unsure!

Advantages	Disadvantages
<ul style="list-style-type: none"> <li>- Rubberize: Shock absorption, level surface</li> <li>- Concrete: level surface causes less trauma</li> <li>- Asphalt: fairly flat, some shock absorption</li> <li>- Cinder trails: more shock absorption</li> <li>- Grass: softest of outdoor surfaces</li> </ul>	<ul style="list-style-type: none"> <li>- Concrete: hardest surface, unforgiving</li> <li>- Asphalt: often crowned and causes awkward gait</li> <li>- Cinder trails: more variable surface causes higher incidence of traumatic injuries</li> <li>- Grass: highest incidence of traumatic injuries</li> </ul>

### Shoe Selection

*Determining your foot shape: Wet Foot Test*

Wet foot and stand on a surface that will leave a visible imprint (brown bag)

Worn Shoe

Foot Type

**Flat Feet:**



**Shoe Selection: Motion Control**

- Low arch
- Overpronation
- (excessive inward rolling of foot)
- Best shock absorbers

**Normal Arch:**



**Shoe Selection: Stability**

- Normal Arch
- Normal pronation

**High Arch:**



**Shoe Selection: Cushioning**

- High Arch
- Under pronation
- Poor shock absorbers

## *Running Form*

- **Posture**
- **Face**
- **Shoulders**
- **Arms**
- **Feet**



### **Posture**

Run in an upright position and avoid excessive forward lean. Keep your head up/don't look down at your feet.

### **Face**

Relaxed facial muscles, not grimaced- wear sunglasses if sunny.

### **Shoulders**

Low and loose, not high and tight.

### **Arms**

Swing your arms forward and backward between your waist and lower chest. Elbows should be bent at 90 degrees. Your arms should not cross mid-line of your chest.

### **Feet**

Land lightly on your heel, roll forward on your foot, and push off on your toes. Good running is springy and quiet.

## Sample Running Program

	<b>Mon</b>	<b>Wed</b>	<b>Fri</b>	<b>Sat</b>
<b>Week 1</b>	Run 2 minutes, walk 4 minutes. Repeat 5x			
<b>Week 2</b>	Run 3 minutes, walk 3 minutes. Repeat 5x			
<b>Week 3</b>	Run 5 minutes, walk 2.5 minutes. Repeat 4x			
<b>Week 4</b>	Run 7 minutes, walk 3 minutes. Repeat 3x			
<b>Week 5</b>	Run 8 minutes, walk 2 minutes. Repeat 3x			
<b>Week 6</b>	Run 9 minutes, walk 2 minutes. Repeat 2x, then run 8 minutes	Run 9 minutes, walk 2 minutes. Repeat 2x, then run 8 minutes	Run 9 minutes, walk 2 minutes. Repeat 2x, then run 8 minutes	Run 9 minutes, walk 2 minutes. Repeat 2x, then run 8 minutes
<b>Week 7</b>	Run 9 minutes, walk 1 minute. Repeat 3x			
<b>Week 8</b>	Run 13 minutes, walk 2 minutes. Repeat 2x			
<b>Week 9</b>	Run 14 minutes, walk 1 minute. Repeat 2x			
<b>Week 10</b>	Run 30 minutes.	Run 30 minutes.	Run 30 minutes.	Run 30 minutes.

### Rate of Perceived Exertion

6	No exertion at all
7	
8	Extremely light
9	Very Light
10	
11	Light
12	
13	Somewhat hard
14	
15	Hard (heavy)
16	
17	Very hard
18	
19	Extremely hard
20	Maximal exertion

## Nutrition and Fitness Web Resources

<u>Category</u>	<u>Website</u>	<u>Features</u>
<b>General Health Information</b>		
	<a href="http://www.nal.usda.gov/fnic/">www.nal.usda.gov/fnic/</a>	links to nutrition websites
	<a href="http://www.dairycouncilofca.org">www.dairycouncilofca.org</a>	health planner, drug info
	<a href="http://www.foodandhealth.com">www.foodandhealth.com</a>	nutrition education materials
	<a href="http://www.healthfinder.gov">www.healthfinder.gov</a>	health topic library
	<a href="http://navigator.tufts.edu">http://navigator.tufts.edu</a>	nutrition website index, sites rated
	<a href="http://www.hhs.gov">www.hhs.gov</a>	links to multiple topics
	<a href="http://www.eatright.org">www.eatright.org</a>	tips, position papers
	<a href="http://www.cdc.org">www.cdc.org</a>	population health info
	<a href="http://www.cspinet.org">www.cspinet.org</a>	consumer education
	<a href="http://www.onhealth.com">www.onhealth.com</a>	general health info
	<a href="http://www.hopepublications.com">www.hopepublications.com</a>	health promotion materials
	<a href="http://www.betterhealth.com">www.betterhealth.com</a>	general health info
	<a href="http://www.acsh.org">www.acsh.org</a>	health info, food safety, tobacco
	<a href="http://www.healthywomen.org">www.healthywomen.org</a>	women's health info
	<a href="http://www.mayoclinic.com">www.mayoclinic.com</a>	general nut and fitness info
	<a href="http://www.cooperinst.org">www.cooperinst.org</a>	products and courses available
<b>Recipes and Meal Planning</b>		
	<a href="http://www.5aday.com">www.5aday.com</a>	recipes, abstracts
	<a href="http://www.healthfridge.com">www.healthfridge.com</a>	recipes, CAD info
	<a href="http://www.meals.com">www.meals.com</a>	recipes, meal planning

[www.vrg.org](http://www.vrg.org) recipes, products, tips

[www.gourmetconnection.com](http://www.gourmetconnection.com) recipes, newsletter

[www.mealsforyou.com](http://www.mealsforyou.com) recipes, meal plans

[www.cookinglight.com](http://www.cookinglight.com) recipes, subscription available

[www.allrecipes.com](http://www.allrecipes.com) recipes

[www.diabetes-self-mgmt.com](http://www.diabetes-self-mgmt.com) diabetes info, recipes, tips

[www.beef.org](http://www.beef.org) recipes, food safety, beef research

### **Food Records/Calculators**

[www.caloriecontrol.org](http://www.caloriecontrol.org) calorie calculator

[www.cyberdiet.com](http://www.cyberdiet.com) calorie counter, exercise log

[www.fitday.com](http://www.fitday.com) food and activity record

### **Exercise Information**

[www.runnersworld.com](http://www.runnersworld.com) running and nut tips

[www.acefitness.org](http://www.acefitness.org) general exercise info

[www.humankinetics.com](http://www.humankinetics.com) exercise books sold

[www.runningnetwork.com](http://www.runningnetwork.com) training and nut tips

### **Supplements/Alt Medicine**

[www.quackwatch.com](http://www.quackwatch.com) consumer warnings

[www.herbalgram.org](http://www.herbalgram.org) herbal information

<http://dietary-supplements.info.nih.gov> supplement database

<http://www.brooks.af.mil/web/af/altmed/HOMEFRAME.htm> alternative med site

[www.nccam.nih.gov](http://www.nccam.nih.gov) alt medicine, supplements

## Fitness Improvement Program Introduction

The HLW Fitness segment is designed to give you a very broad view of what your fitness program should consist of. At the end of the HLW, hopefully, you will walk away with general ideas about the barriers, which prohibit you from leading an active lifestyle. You should also be leaving the HLW with basic exercise recommendations that can be used to begin an exercise program. As you move into the Fitness Improvement Program (FIP), the focus will move from general fitness programming to more specific programming that will help you achieve your fitness goals. At the end of the FIP, you will know principles of workload progression for cardiovascular improvement/weight loss. As part of FIP you will also create a muscular fitness prescription specific to the components of the fitness test. You will learn proper form and will be provided modified exercises for injury prevention and successful strength progression.

***Please bring this HLW Participant's Guide to FIP. We will build on what you worked on today.***

## Body Composition Improvement Program Introduction

We sincerely hope you have enjoyed the information presented in the HLW and have found it helpful to improve your lifestyle and overall health. We encourage you to expand on the concepts presented within this workshop by attending the Body Composition Improvement Program (BCIP). Designed to help participants shed unwanted weight and maximize fitness for the long-term with a "health-wise", sensible approach, the BCIP program consists of a series of two core classes with monthly follow-up. Classes will last approximately 2 hours and will require approximately one hour per day of self-monitoring, planning, and workbook exercises. This should be viewed as an investment in a happier, healthier, more energetic you!

The BCIP focus is on producing permanent behavior change by targeting nutrition and exercise habits, as well as the development of support systems to help maintain your positive lifestyle changes. It will build upon the basics you've learned in the HLW, and provide you an opportunity to actually apply the concepts to common barriers and daily situations.

In BCIP class 1, you will complete a self-assessment, discover your genetic predisposition to health risk, and learn what you can do about it. You will identify why you eat and what may motivate you to change your behaviors. You will learn to identify proper serving sizes, the calories found in different food groups and how to choose foods based on their nutrient density. We will review reading food labels and how to keep an accurate food record. The class wraps up with an evaluation of the goals you set in the HLW and you will set new goals.

After completing BCIP class 2, you will be able to eat out in any situation and still maintain a healthy diet. The focus of this class is to build on what you learned in BCIP class 1 and actually begin to apply that information. More specifically, you will critically analyze your food record, and practice dealing with everyday challenges so you can maintain a healthy diet. You will then practice planning meals into your busy lifestyle to include deployments and TDYs. Finally, you will learn how to ask for support from friends, family and co-workers while you are making lifestyle changes using a support contract for communications.

Once you complete the BCIP program you should feel fully confident in your ability to recognize the "pitfalls" in your daily routine that may have made weight loss difficult for you in the past, and be able to "re-program" your behaviors to maximize your weight loss and fitness success.

***Please bring this HLW Participant's Guide to BCIP. We will build on what you worked on today.***