



PHYSICIAN'S FITNESS™



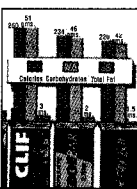
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In This Issue

BELLY UP TO THE BAR: 3

Do sports bars truly provide athletic power? Two nutritionists examine the pros and cons of this increasingly popular food trend.

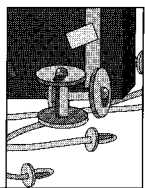


ATHLETE SUPPORTERS: 7

A unique program provides student athletes in New Haven, CT with the Yale Sports Medicine Center's expertise in injury prevention and treatment.

PORTABLE FITNESS: 8

On the road and can't get to the gym? *PF*'s experts evaluate some equipment you can carry with you, plus sensible rules for exercising alone.



Features

PF PROFILE	4
THE FIT PATIENT	7
NUTRITION	3
EQUIPMENT	8

GETTING AMERICA'S TEENS ON THE FITNESS TRACK

by Wendy J. Meyeroff

Late last year two reports came out of the CDC with what seems to be depressing news for anyone concerned with the fitness of America's adolescents. To summarize, the first found that today's teens are not as physically active as one could wish, particularly in light of the goals set by the U.S. Public Health Service in *Healthy People 2000*. The second, the third National Health and Nutrition Examination Survey (NHANES III), found that "21 percent of adolescents aged 13 to 19 were overweight in 1988-91, up from 15 percent in 1976-80."

"New immigrants feel food is a sign of health and wealth," he notes, so they're not concerned with losing weight, while fitness probably isn't a key aim for a ghetto teen whose daily goal is simple survival.

Even Rick Troiano, PhD, RD, a CDC epidemiologist who took part in the NHANES study, is quick to note that the cause for concern is not *how many* teens are overweight (he stresses "overweight" as opposed to "obese"),

but simply that the percentage has increased. "I'd still be concerned if we'd moved from a 10 percent increase to 15," says Troiano, "rather than 15 percent

"Teenage fitness begins at conception ..."

William Shore, M.D.

William Shore, MD, professor of Family Community Medicine at U. of California San Francisco (UCSF), points to several problems with the activity study. He notes, for example, that it stresses *vigorous* physical activity, so he presumes a brisk walk wouldn't be counted as exercise, though Shore feels most experts would agree it qualifies.

Shore also points to the fact that this study focused mainly on a white population — and other ethnic groups can easily have different priorities regarding both exercise and diet.

to 21."

CDC studies or no, every expert *PF* spoke with conceded that all indications are American teens are not in top-notch fitness mode. Assistant Surgeon General Michael McGinnis, MD, emphasizes that a successful diet and exercise program has to have two components: *opportunity and motivation*. "Teens don't have much opportunity to stay fit if, for example, schools serve fatty meals or parents curtail activity levels because they're afraid to let their kids play outside," he points out. As far as motivation, it's dimin-

continued on page 11

FITNESS CLINIC

PIRN Provides Exercise Impetus

By Jay Marks

If physical inactivity is a major American problem, The National Exercise for Life Institute (NEFLI) believes it has the solution. The exercise research and advocacy arm of NordicTrack, Inc., has created PIRN (Physician's Information and Referral Network) to provide both physicians and patients with timely exercise and fitness information.

In his introductory letter to physicians, NEFLI Director Jeff Zweifel cites statistics issued by a joint panel of the Center for Disease Control (CDC), the American College of Sports Medicine (ACSM) and the President's Council on Physical Fitness in 1993. The grim fact: 250,000 deaths per year in the U.S. can be attributed to lack of physical activity.

"The panel calls for all physicians and other health professionals to routinely counsel their patients to adopt and maintain regular physical activity," Zweifel says. "We real-

ize that this may seem overwhelming when paperwork, emergency situations and patient overload interfere with your ability to counsel your patients on preventative health care."

This is where PIRN comes in. PIRN provides several free services to link physicians and patients to fitness information and counseling, including:

- "Fit Facts" compendium — Individual fitness information sheets on nearly 40 topics including aerobic exercise, exercise and pregnancy, exercise and back pain, diabetes and heart disease. PIRN will also fulfill specific information requests to doctors or patients, through "Fit Fact" inquiry cards provided to physicians.
- Educational brochure display — Materials focus on specific medical conditions and how lifestyle choices and exercise help.

continued on page 12

Getting America's Teens on the Fitness Track

continued from Cover

ished when teens constantly receive contradictory messages.

Those messages begin at a very early age, or as Shore puts it, "teenage fitness begins at conception." Susan Johnson, PhD, U. of Colorado Health Sciences Center in Denver cites a classic contradiction which occurs early on: "Parents say, 'If you eat the peas, you can have the candy.' That not only makes the child dislike peas (because they're being forced on her) but sets up the message that candy is good, a reward."

PF's experts encourage the medical community to acknowledge that not just parents, but the health care system in general, and individual practitioners in particular, have failed America's teens.

"Not one of the major health plans (developed last year) dealt with teen care," notes Shore, who admits it's a very complicated issue. "There are access problems — if we want them in school, we've got to expand our office hours, or set up school-based clinics." There are also problems regarding confidentiality and billing. "A doctor can stitch up a wound (from the playing field) in five minutes and charge for minor surgery. But if he spends 20-25 minutes talking to a teen about nutrition, it's just billed as a regular office visit."

McGinnis further admits that physicians "have not

been knowledgeable about health promotion and prevention," particularly in terms of developing a total *family* fitness profile. Concurring, Laurel Mellin, associate professor of Family Medicine at UCSF, suggests a few questions which can create such a picture: Does your family eat regular meals? Do they engage in physical activity as a form of relaxation and fun? Does everyone eat breakfast (even if not together)?

However, Shore surmises that "many physicians feel so frustrated (regarding conflicting reports) that they don't ask questions because they're not sure what to do (with the answers)!"

That's why all the experts agree that there's a critical need for more long-term studies. After all, one would think kids would've absorbed the media's fitness messages by now. Shore theorizes that adolescence may simply be the time kids start rebelling against *all* the fitness messages, so "we need to study them into their 20's and see if they resume (proper) physical and nutritional habits or not." Troiano agrees, noting that the CDC recognizes that knowledge (of statistics) isn't enough. "We're doing more behavioral and motivational studies."

Wendy J. Meyeroff is editor of Physician's Fitness.