Werner W.K. Hoeger & Sharon A. Hoeger

PHYSICAL FITNESS & WELLNESS



A Personalized Program

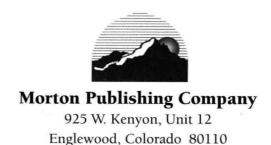
Lifetime Physical Fitness and Wellness

A Personalized Program

Sixth Edition

Werner W. K. Hoeger Boise State University

Sharon A. Hoeger Fitness & Wellness, Inc.



Acknowledgments

We would like to thank all the users of *Lifetime Physical Fitness and Wellness* for their many suggestions and especially for using the text. We hope you will like this new edition and will continue to use it. Special thanks to Jim Larkin of Berea College for his suggestion to do a correlation chart of the tests for ease in locating various tests within the text.

We would also like to express special gratitude to Debbie Thompson, Lester Caldwell, Christina Kleiss, Walter Hoeger, Amber Hoeger, Jonathan Hoeger, and Christopher Hoeger who helped with the photography in this sixth edition. We would also like to thank Dr. Elaine Long for her valuable contribution in the development of the new diet plan used in Chapter 9. Kind gratitude is also expressed to Drs. Glenn Potter and Ross Vaughn for their continued help and support in all of our endeavors.

Publisher: Douglas N. Morton

Managing Editor: Ruth Horton Assistant Editor: Dona Mendoza

Cover Design: Bob Schram, Bookends

Copy Editor: Carolyn Acheson Interior Design: Joanne R. Saliger

Typography: Ash Street Typecrafters, Inc.

Software Developer: Sharon A. Hoeger

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Printed in the United States of America

10 9 8 7 6 5 4 3 2 1

ISBN: 0-89582-525-2

Preface

Most people realize that good health is largely self-controlled and that premature illness and mortality can be prevented through adequate fitness and positive lifestyle behaviors. The current American way of life, unfortunately, does not provide the human body with sufficient physical activity to enhance or maintain adequate health. Further, many present lifestyle patterns are such a serious threat to our health that they actually increase the deterioration rate of the human body and often lead to premature illness and mortality.

As we begin the 21st century, the majority of people in the United States know that physical activity and positive lifestyle habits promote better health, but most do not reap these benefits because they simply do not know how to implement a sound physical fitness and wellness program that will indeed yield the desired results. According to the Surgeon General, more than 60% of U.S. adults do not achieve the recommended amount of physical activity, and 25% are not physically active at all.

Scientific evidence has clearly shown that improving the quality and most likely the longevity of our lives is a matter of personal choice. The biggest challenge that we are faced with as we approach the 21st century is to teach individuals how to take control of their personal health habits to insure a better, healthier, happier, and more productive life. The information presented in this book has been written with this objective in mind, providing you with the opportunity to initiate your own healthy lifestyle program.

As you work through the different chapters in this book, you will be able to develop and regularly update your own lifetime program to improve the various components of physical fitness and wellness. The emphasis is on teaching you how to take control of your personal health and lifestyle habits, so that you can make a constant and deliberate effort to stay healthy and realize your highest potential for well-being.

NEW AND ENHANCED FEATURES OF THE SIXTH EDITION

- All chapters in this edition of Lifetime Physical Fitness and Wellness have been revised and updated to include new information reported in the literature and at professional health, physical education, and sports medicine meetings.
- The U.S. Health Objectives for the year 2010 have been included in Chapter 1. These
 objectives clearly emphasize the need for health promotion and disease prevention,
 personal responsibility, and health benefits for all people in the United States.
- A quick reference guide that includes page numbers and scoring and classification procedures for all fitness and wellness tests contained in this edition is provided on the inside of the front and back covers of the book. This reference guide helps students and instructors gain quick access to the various assessments given in *Lifetime Physical Fitness and Wellness*.
- The book contains 15 chapters instead of 14. A new chapter on behavior modification
 has been added as Chapter 2. This chapter contains essential information on motivation and behavior modification, including the Transtheoretical Model or stages of
 change model. The model has been designed to help students understand the process

- of change as they work to eliminate unhealthy habits and adopt healthy behaviors. Tips for behavior modification and stages of change forms for the various wellness components are also provided throughout the chapters in the book.
- A new equation is used in Chapter 3 to estimate maximal oxygen uptake (VO2max)
 according to the 1.0-mile walk test. The new equation is used because of research that
 shows that the previous equation overestimated VO2max in a college-aged population.
- The topic of Chapter 8, nutrition, has been updated extensively. This chapter contains new information on fiber and its benefits, an enhanced section on antioxidant nutrients, and the latest updates on the prevention of osteoporosis. Fiber content has also been added to Nutritive Value of Selected Foods list in Appendix A.
- The controversial association between fitness and obesity is discussed in Chapter 9, Principles of Weight Management. A new and unique diet plan is included in this chapter. Incorporating the diet-planning principles of the Dietary Guidelines for Americans and the Food Guide Pyramid, it was designed to meet the current Recommended Dietary Allowances for North Americans. The list of tips for behavior modification and adherence to a lifetime weight management program has been expanded to incorporate techniques used to enhance the process of change and the success rate in weight loss and weight maintenance programs.
- The cardiorespiratory exercise prescription principles in Chapter 4 have been updated to conform with the new 1998 American College of Sports Medicine guidelines. Chapter 5 also covers the benefits of cumulative versus continuous activity and an update on exercise in the heat and heat-related illness.
- The prescription of flexibility exercise in Chapter 6 is based on the newly released (1998) American College of Sports Medicine's guidelines for the development and maintenance of fitness.
- Revisions were made to the cardiovascular disease prevention chapter to incorporate
 advances in this area. The chapter includes statistical updates from the American
 Heart Association, nutrient guidelines related to the prevention of cardiovascular disease, the role of homocysteine as a risk factor for heart disease, and enhanced sections
 on the prevention of diabetes and treatment of high blood pressure.
- The therapeutic effects of polyphenols (for cancer prevention) and new recommendations by the American Cancer Society for early detection of cancer in asymptomatic people are included in Chapter 11.
- A more extensive section on responsible sex and the prevention of sexually transmitted diseases are provided in Chapter 14.
- On the chapter opening page is a set of **Student Learning Objectives** to put the chapter's content into a meaningful framework.
- Throughout the text, Key Terms are highlighted and defined to clarify the content
 and give the student easy access to the meanings of vocabulary essential to their
 understanding.
- We incorporate data to support the textual presentation through illustrative tables and figures from the most current sources available.
- The judicious use of photographs illustrates important information under the principle that a picture is worth a thousand words.
- At the end of the book you will find an updated **Glossary** of the important terminology used in the book, along with a concise, clear definition of each term.

• World Wide Web sites, with annotations, at the end of each chapter direct the reader to further, specific information related to the chapter topic. These entries are current and have been verified for authenticity.

ANCILLARIES

To assist the instructor in presenting the course in an interesting and comprehensive way and for the student to get the most out of the class, the following ancillaries are provided without charge to qualified adopters.

• INSTRUCTOR RESOURCE binder containing:

- Detailed outline of the text
- Additional instructor activities
- Black and white master pointer transparencies
- World wide web sites
- More than 70 color overhead transparency acetates of the book's most important illustrations and figures to facilitate class instruction and help explain key fitness and wellness concepts.

INSTRUCTOR RESOURCES CD-ROM contains:

- Image bank and PowerPoint presentation:
 - Available in Windows and Macintosh
 - Includes PowerPoint viewer, which allows instructors to use without PowerPoint
 - Enables instructors who have PowerPoint to edit presentation to fit their lecture
 - Allows the instructor to go back to past chapters and to start at any chapter
- Microtest, edited by Allan S. Cohen Consulting Services, a Fitness and Wellness Computerized Testbank contains the following features:
 - More than 800 multiple-choice and true/false questions
 - Capability to add or edit test questions in any format
 - Can add explanations for why a question is true, false, correct, or incorrect
 - Ability to save and recall previously generated test to create a new version of the test, as the multiple-choice answers will rotate each time a test is printed
 - Allows tests to be generated using a LaserJet printer
 - Available in Windows and Macintosh
- Profile Plus for Windows, the most comprehensive computer software package available with any fitness textbook. This software, custom-designed for Morton Publishing Company Fitness and Wellness textbooks, includes:
 - Fitness and Wellness profile
 - Personalized Cardiorespiratory Exercise Prescription
 - Nutrient Analysis
 - Exercise Log

The software package offers a meaningful experience to all participants and greatly decreases course instructor's workload.

Student Interactive Study Guide

■ VIDEO containing a detailed explanation of many of the fitness assessment test items used in the book. Instructors can use this video to familiarize themselves with the proper test protocols for each fitness test. This audio-visual aid contains the following test items: 1.5-Mile Run Test, Step Test, Astrand-Ryhming Test, Muscular Strength and Endurance Test, Muscular Endurance Test, Strength-to-Body Weight Ratio Test, Modified Sit-and-Reach Test, Body Rotation Test, Shoulder Rotation Test, Skinfold Thickness Test, and Girth Measurements Test.

STUDENT SUPPLEMENTS

- Personal Daily Log shrink-wrapped with the text at no additional charge, enables the student to track results on a daily basis. It contains an exercise pyramid, study/exercise guide, goal-setting tips, food pyramid, and federally developed guide to food serving sizes.
- Student Interactive Study Guide to help the student study for tests and retain information learned in the course.
 - A fun CD-ROM to reinforce the content of each chapter
 - Key terms matched to the description
 - Review of chapter objectives
 - Quizzes
 - A brief outline of the chapter that can be printed for notetaking during class
 - A game utilizing the full Glossary
 - Links to World Wide Web sites
 - Available in Windows and Macintosh
- JumpStart with WebLinks: A Guidebook for Fitness/Wellness/Personal Health, edited by Professor Eileen L. Daniel, Ph.D.:
 - Spiral-bound guidebook
 - 36 topics on fitness, wellness, and personal health
 - Topic introduction orients users to the topic
 - Concludes with a mix of personal assessment and content-related questions
 - Directory of WebLinks
 - Brief description of each site.
 - WWW sites are appropriate for students and faculty alike
 - Each site has been fully verified and approved by a Web Advisory Board
 - Can be value-packaged with the text

The features and ancillaries outlined here have resulted in a comprehensive course presentation that covers the content in a most expansive way. We developed this 6th edition with the student at the forefront. We hope readers will apply the information to their own lives in a positive way, leading to their optimal health and overall wellness.

Morton Publishing Company 1-800-348-3777

Web Site: http://www.morton-pub.com

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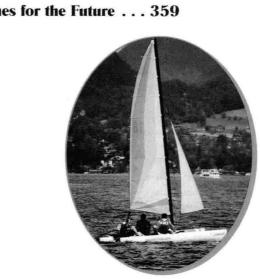
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Introduction to Lifetime Physical Fitness and Wellness

Objectives

Define wellness, and list its dimensions.

Define physical fitness and list healthrelated and skill-related fitness components.

State the differences between physical fitness and wellness.

Distinguish between health fitness standards and physical fitness standards.

Identify the major health problems in the United States.

Understand the benefits and the significance of participating in a lifetime fitness and wellness program.

Identify lifestyle factors that improve health and longevity.

Identify risk factors that may interfere with safe participation in exercise.

he human organism was created to move and be physically active. Advances in modern technology, however, have drastically reduced physical activity in many people's daily life. Physical activity is no longer a natural part of our existence. We live in an automated society, where most of the activities that used to require strenuous exertion can be accomplished by machines with the simple pull of a handle or push of a button.

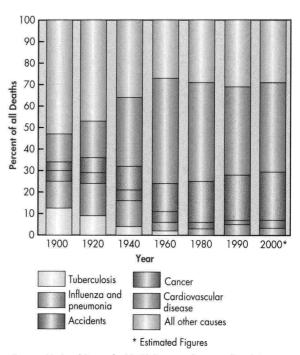
Physical inactivity and a sedentary lifestyle are a serious threat to our health and rapidly increase the deterioration rate of the human body. Physically active people live longer than their inactive counterparts, even if they begin activity later in life. Estimates indicate that more than 250,000 deaths in the United States yearly are attributed to lack of regular physical activity. Similar trends are found in most industrialized nations throughout the world.

At the beginning of the 20th century, the most common health problems in the Western world were infectious diseases such as tuberculosis, diphtheria, influenza, polio, and other diseases of infancy. Progress in the field of medicine has largely eliminated these diseases. As the North American people started to enjoy the so-called good life — sedentary living, alcohol, fatty foods, excessive sweets, to-bacco, drugs — we saw a parallel increase in the incidence of **chronic diseases** such as hypertension, coronary heart disease, atherosclerosis, strokes, diabetes, cancer, emphysema, and cirrhosis of the liver (see Figure 1.1).

As the incidence of chronic diseases climbed, we came to recognize that prevention is the best medicine. Consequently, a fitness and wellness movement developed gradually over the last three decades. People began to realize that good health is mostly self-controlled and that the leading causes of premature death and illness in North America could be prevented by adhering to positive lifestyle habits.

PHYSICAL ACTIVITY VERSUS EXERCISE

Based on the abundance of scientific research on physical activity and exercise over the last three decades, a clear distinction has been established between physical activity and exercise. Physical activity is bodily movement produced by skeletal muscles. It requires energy expenditure and produces progressive health benefits.² Examples of physical activity are walking to and from work, taking the stairs



Source: National Center for Health Statistics, Division of Vital Statistics.

FIGURE 1.1

Causes of death in the United States for selected years.

instead of elevators and escalators, gardening, doing household chores, dancing, and washing the car by hand. Physical inactivity, on the other hand, implies a level of activity that is lower than that required to maintain good health.

Physical inactivity and a sedentary lifestyle seriously threaten our health and hasten the deterioration rate of the human body.

Exercise is a type of physical activity that requires "planned, structured, and repetitive bodily movement to improve or maintain one or more components of physical fitness." Examples of exercise are walking, running, cycling, aerobics, swimming, and strength training.







An active lifestyle increases health, quality of life, and longevity.

SURGEON GENERAL'S REPORT ON PHYSICAL ACTIVITY AND HEALTH

In 1996 the U.S. Surgeon General released a land-mark report on the influence of regular physical activity on health.⁴ The significance of this historic document cannot be underestimated. Until 1996, the Surgeon General had released only two other such reports — one on smoking and health in 1964, and a second one on nutrition and health in 1988.

The 1996 document on physical activity and health summarizes more than 1,000 scientific studies from the fields of epidemiology, exercise physiology, medicine, and the behavioral sciences.

According to the Surgeon General, poor health because of the lack of physical activity is a serious public health problem that we must meet head-on at once. More than 60% of adults do not achieve the recommended amount of physical activity, and 25% are not physically active at all. Further, almost half of all people between 12 and 21 years of age are not vigorously active on a regular basis. This report became a call to action nationwide. Regular moderate physical activity can prevent premature death, unnecessary illness, and disability. It also can help control health-care costs and help to maintain a high quality of life into old age.

The report states that regular moderate physical activity provides substantial benefits in health and well-being for the vast majority of people who are not physically active. Among these benefits are significantly reduced risks for developing or dying from heart disease, diabetes, colon cancer, and high blood

pressure. Regular physical activity also is important for the health of muscles, bones, and joints, and it seems to reduce symptoms of depression and anxiety, improve mood, and enhance the ability to perform daily tasks throughout life. Individuals who are already moderately active can achieve greater health benefits by increasing the amount of physical activity.

In the report, moderate physical activity has been defined as physical activity that uses 150 calories of energy per day, or 1000 calories per week. People should strive to achieve at least 30 minutes of physical activity per day most days of the week. Examples of moderate physical activity are walking, cycling, playing basketball or volleyball, swimming, water aerobics, dancing fast, pushing a stroller, raking leaves, shoveling snow, washing or waxing a car, washing windows or floors, and even gardening.

Key Terms

Sedentary Describes a person who is relatively inactive and has a lifestyle characterized by a lot of sitting.

Chronic diseases Illnesses that develop and last a long time.

Physical activity Bodily movement produced by skeletal muscles that requires expenditure of energy and produces progressive health benefits.

Exercise A type of physical activity that requires planned, structured, and repetitive bodily movement with the intent of improving or maintaining one or more components of physical fitness.

Moderate physical activity Activity that uses 150 calories of energy per day, or 1,000 calories per week.

A HEALTHY LIFESTYLE

Most people recognize that participating in fitness programs improves their quality of life. In recent years, however, we came to realize that improving physical fitness alone was not always sufficient to lower the risk for disease and ensure better health. For example, individuals who run 3 miles (about 5 km) a day, lift weights regularly, participate in stretching exercises, and watch their body weight might be classified easily as having good or excellent fitness. Offsetting risk factors, however, include high blood pressure, smoking, constant stress, excessive alcohol drinking, and eating too many fatty foods. These factors place people at risk for cardiovascular disease and other chronic diseases of which they may not be aware.

One of the best examples that good fitness does not always provide a risk-free guarantee of a healthy and productive life was the tragic death in 1984 of Jim Fixx, author of the best-selling book, *The Complete Book of Running*. More than one million copies of this book have been sold. At the time of his death by heart attack, Fixx was 52 years old. He had been running between 60 and 80 miles a week and had believed that people at his high level of fitness would not die from heart disease.

At age 36, Jim Fixx smoked two packs of cigarettes per day, weighed about 215 pounds, did not participate in regular physical activity, and had a family history of heart disease. His father, having had a first heart attack at age 35, later died at age 43. Perhaps in an effort to lessen his risk for heart disease, Fixx began to raise his level of fitness. He started to jog, lost 50 pounds, and quit cigarette smoking. On several occasions, though, Fixx declined to have an exercise electrocardiogram (ECG) test, which most likely would have revealed his cardiovascular problem. His unfortunate death provides an example that an exercise program by itself will not make high-risk people immune to heart disease, though it may delay the onset of a serious or fatal problem.

WELLNESS

Good health is no longer viewed as simply the absence of illness. The notion of good health has evolved notably in the last few years and continues to change as scientists learn more about lifestyle factors that bring on illness and affect wellness. Once the idea took hold that fitness by itself would not

always decrease the risk for disease and ensure better health, the wellness concept developed in the 1980s.

The term **wellness** is an all-inclusive umbrella covering several components that are conducive to health. Wellness living requires implementing positive programs to change behavior to improve health and quality of life, prolong life, and achieve total well-being.

Wellness has six dimensions: physical, emotional, intellectual, social, environmental, and spiritual (see Figure 1.2). These dimensions are interrelated. One dimension frequently affects the others. For example, a person who is emotionally down often has no desire to exercise, study, socialize with friends, or attend church.

In looking at the six dimensions of wellness, it clearly goes beyond the absence of disease. Wellness incorporates factors such as adequate fitness, proper nutrition, stress management, disease prevention, spirituality, not smoking or abusing drugs, personal safety, regular physical examinations, health education, and environmental support (see Figure 1.3).

For a wellness way of life, not only must individuals be physically fit and manifest no signs of disease, but they also must not have risk factors for disease (such as hypertension, hyperlipidemia, cigarette smoking, negative stress, faulty nutrition, careless sex). The relationship between adequate fitness and wellness is illustrated in the wellness continuum in Figure 1.4 Even though an individual tested in a fitness center may demonstrate adequate or even excellent fitness, indulgence in unhealthy lifestyle behaviors will still



FIGURE 1.2 Dimensions of wellness.