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Interested in being a Board Member of RMACSM?

following are the open positions:

- Front Range Rep
- Wyoming Rep
- President-Elect
- Regional Rep to National ACSM

To be considered as a candidate:

Scott Drum
sdrum@western.edu

For more information about RMACSM, please go to the website at www.RMACSM.org

ACSM



Rocky Mountain Chapter

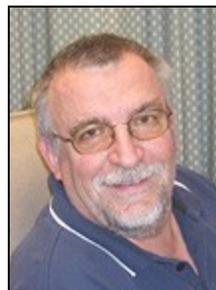
VOLUME 1 ISSUE 3

WINTER 2012

Quarterly Newsletter

2012 Annual Meeting

Make your plans now to attend the 2012 Annual Meeting to be held at the Embassy Suites in Colorado Springs, CO.



Carl Foster, PhD, FACS, FAACVPR as keynote speaker will be providing two presentations - "Monitoring Exercise Training" and High Intensity Training in Healthy and Clinical Populations".

Dr Foster is the Director of the Human Performance Laboratory and is the Research Director of the CEP program at the University of Wisconsin at La-Crosse. He teaches a number of courses in the curriculum (Laboratory Techniques in Clinical Exercise Physiology, Research Methods, Philosophy and Organization of Preventative and Rehabilitative Programs). Carl has over 20 years of clinical experience (at Sinai Samaritan Medical Center in Milwaukee) before coming to UW-L. Carl has a very active research program and has published ~250 scientific articles and chapters and 11 longer works (books/monographs/ position stands). Relevantly, he was a co-editor of the first ACSM Health and Fitness Facilities Standards and Guidelines and was on the writing task

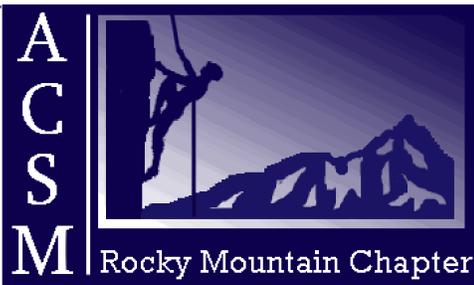
force for the joint ACSM/AHA Position Stand on Health and Fitness Facilities.

Carl is highly involved in both ACSM and AACVPR. He is a Past President of ACSM and was the chairperson of the Research Committee for AACVPR. Additionally, he is the Chair of the Sports Medicine/Sports Science/Drug Testing committee for U.S. Speedskating. He is a long-time member of the scientific support team for U.S. Speedskating and was the recipient of a research grant from the International Olympic Committee to conduct studies at the 2002 Winter Olympic Games. Carl was the recipient of the M.L. Pollock Established Investigator Award from AACVPR in 2006. He was also given the Citation Award by ACSM in 2009. He is the Editor of the International Journal of Sports Physiology and Performance.

Saturday sessions will include a dual track to better meet your educational needs—an Applied Track and a Basic Science Track. The complete brochure is included on pages 2 and 3 of this publication. See page 5 for additional activities in the Colorado Springs area.

The following restaurants are in the Embassy Suites area:

Hooter's Restaurant, Elephant Bar, Macaroni Grill, TGI Friday's, Mission Jar, Zio's Italian Grill, Old Chicago's, On the Border, and Outback Steakhouse.



RMACSM Annual Meeting Brochure

March 30-31, 2012

For information on submitting Research Grant applications and Abstracts, click on the Student Awards tab on the RMACSM.org website.

Embassy Suites
7290 Commerce Center Drive
Colorado Springs, CO
719-599-9100

A limited number of rooms are being held at the rate of \$95/room. Call now to make reservations—to receive the special rate, let them know you are with RMACSM

- See Page 2 for complete schedule of meeting events.
- Students who volunteer at the registration table will be comped for registration fee—contact Tim Behrens to volunteer—tbehrens@uccs.edu

To Register: visit the RMACSM.org website or register at the door.

To join ACSM: Acsm.org—click on Join ACSM



Registration Fees:
Professional ACSM Members: \$70.00
Professional Non-ACSM: \$120.00
Student ACSM Members: \$35.00
Student Non-ACSM: \$55.00

Schedule of Events
Friday, March 30, 2012

12:00 PM—1:30 PM	Registration	
1:30 PM—1:45 PM	Welcome	Ray Browning and Scott Drum
1:45 PM—2:45 PM	“Exercise is Medicine: The Role of Physical Activity in the Prevention of Obesity and Chronic Disease”	Liz Joy, MD, FACSM
2:00 PM—9:00 PM	Poster Viewing	
3:00 PM—4:00 PM	“Monitoring Exercise Training”	Carl Foster, PhD, FACSM
4:00 PM—4:15 PM	Break	
4:15 PM—5:15 PM	College Bowl	Host: Mark Patterson, MEd, RCEP
5:15 PM—6:30 PM	Dinner (on own)	
6:30 PM—7:30 PM	Keynote Address: “High Intensity Training in Healthy and Clinical Populations”	Carl Foster, PhD, FACSM
7:30 PM—9:15 PM	Poster Judging/Awards	

Saturday, March 31, 2012

8:00 AM—9:00 AM	Breakfast	
8:15 AM—8:45 AM	RMACSM Business Meeting	
8:45 AM—9:00 AM	Welcome	Ray Browning and/or Scott Drum
	Track 1—Applied	Track 2—Basic Science
9:00 AM—9:45 AM	“21st Century Cardiac Rehabilitation: Changes, Challenges and New Perspectives on a Young Profession” by Mark Patterson, MEd, RCEP	“Application of Altitude/Hypoxic Training by Olympic Athletes for the Enhancement of Sea Level Performance” by Randy Wilber, PhD
9:45 AM—10:30 AM	“Exercise and Cancer Recovery” by Carole Schneider, PhD, FACSM	“Bone Health as it Relates to Sport, Exercise and Nutrition” by Nanna Meyer, PhD, RD, CSSD
10:30 AM—10:45 AM	Break	
10:45 AM—11:30 AM	Student Presentations by Top 3 Posters	
11:30 AM—12:30 PM	Lunch and Meet the Experts from Carmichael Training Systems	
12:30 PM—1:15 PM	“Assessing Leg Asymmetries in Sport: A Multi-Directional Approach” by Jennifer Hewit, PhD, CSCS, NASM-PES	“Hypoxia and Glucose Control: The Sweet and Sympathetic Truth About Being High” by Chris Bell, PhD
1:15 PM—2:00 PM	“Metabolic Efficiency Training: Science to Practice” by Bob Seebohar, MS, RD, CSSD	“Role of Matrix Metalloprotenase-9 in Exercise-Induced Muscle Damage and Repair” by David Allen, PhD
2:00 PM	Meeting Concludes—Program evaluation	

Exercise Is Medicine and You!

By Mark Patterson, MEd, RCEP

The News

Shocking news! Exercise is good for you! Not so shocking? Of course not. Pretty much anyone you might meet walking down the street understands that exercise is good for you. They may even know that it can reduce the risk of developing certain diseases and disabilities. The problem is, not enough people apply this knowledge. Even physicians do a poor job of discussing and even “prescribing” exercise as a therapy to their patients.

Exercise Is Medicine - The Vision

Dr Robert Sallis, a family medicine physician with Kaiser Permanente in Southern California has been at the heart of Exercise Is Medicine initiative. He has recently been the President of the American College of Sports Medicine and was a featured speaker at one of our Rocky Mountain ACSM meetings not too long ago. His ideas along with a growing group of high profile exercise gurus have created a vision that includes the following:

1. Physical activity should be considered a vital sign and addressed at every physician and health care visit.
2. Patients should be effectively counseled on exercise and referred to appropriate health care and exercise professionals as their needs dictate.
3. The long term goal is to improve the overall health of the general public and reduction in health care costs.

Exercise Is Medicine - The Goals

The following is a list of some lofty goals that the EIM team has in front of them:

1. Create broad awareness that exercise is indeed medicine
2. Make “level of physical activity” a standard vital sign question at every doctor visit
3. Help physicians and other health care providers become effective in counseling and referring patients as to their physical activity needs.
4. Lead the way to policy changes in public and private sectors that support physical activity counseling and referrals in clinical settings
5. Produce an expectation among the public and patients that their health care providers should and will ask about and prescribe exercise
6. Appropriately encourage physicians and other health care providers to be physically active themselves.

Exercise Is Medicine – The Evidence (a little taste anyway)

As far back as 2004 the World Health Organization stated that physical inactivity constitutes the 4th leading cause of death globally. There was evidence produced in 2009 by Harvard University (PLoS Med 6(4): e1000058. doi:10.1371/journal.pmed.1000058) that physical inactivity could be considered the 4th leading cause of death in the United States. While some could argue about the accuracy of the facts above, the truth is that being physically active has direct links, and at minimum, strong associations to reduction of morbidity and mortality of multiple chronic diseases and conditions. I would be happy to stack several feet worth of research on your desk if you like!

It has been suggested that physical inactivity costs the US healthcare system about \$330 per person, per year. Alone this does not seem like much, but when you multiply this by the entire population it comes to about \$102 BILLION annually.

Why is the Exercise Is Medicine Initiative Needed?

If it is so obvious the effect even low levels of exercise has on multiple health parameters, why is it not being done?

Lack of media advocacy.

- There is definitely lack of coverage from the media concerning policy change to include ways to include resources to assist physicians to promote, prescribe and refer patients to programs to increase physical activity.
- Other than the occasional success story buried toward the end of a news cast, the focus in the media is typically related to weight loss and not health measures. The media has yet to promote the fact that health can improve without weight loss and with reality shows such as “The Biggest Loser” in the spotlight, progress will be slow at best.

Health care providers are lacking the time to effectively counsel patients

- How many minutes do you actually see your physician’s face during most visits?

Health care providers may lack the proper training to effectively counsel patients about exercise.

- Physicians, nurses and many other medical providers do not have academic coursework specifically to address exercise physiology, exercise testing, exercise prescription, exercise programming and behavior change.

Exercise Is Medicine and You! (continued)

By Mark Patterson, MEd, RCEP

No national reimbursement policy for referrals

- Need a massive grass roots campaign to make it happen.

Why is this important to the Health Care Provider of Today?

We are directly in the line of fire. We are seeing what years and decades of declining physical activity does to the population we serve. While we may be somewhat limited at this time, we can be the seeds of change. We can start by having an interest in our patient's physical activity habits. We can learn how to prescribe the basics of exercise. We can find ways to look for reputable programs to help those with specific limitations. We can get involved with, and support local and national initiatives that can help drive policy change. We can be the role models of those who follow in our footsteps. We need to start the ball rolling to create change in how we take care of our patients.

Why is this important to Colleges and Universities?

Academic institutions are the ones who prepare us for our future, provide the framework of our education, and guide us to where we need to gain our experience to provide health care services. If we are to take on the epidemic of physical inactivity and deal with the various diseases and chronic conditions that arise from it, we need the knowledge and skills to confront them. If the coursework does not support the student to deal with these issues, then we cannot produce the best prepared individuals to do this most important work.

Why is this important to a student?

So what do you want to be when you grow up? Not sure? Ask yourself why am I in this field? Most likely part of your answer is to help people utilize exercise to improve

their health or performance. If you are planning on a career in health care, then this should be of great importance to you.

Regardless of which profession you may take on in health care, there is a crisis. Costs are out of control and our current system has developed into a "reactive" model, in other words, we treat people after they are sick. This is not sustainable. The population is going to continue to increase, the average life span is also increasing and the reliance on medications and procedures has cost us dearly and we simply cannot keep it up.

Exercise professionals are at a unique crossroads. Health care is looking to find ways to cut health care costs without sacrificing quality. We have a unique body of knowledge and specific training to utilize exercise as a therapy to reduce risk of disease and chronic medical conditions.

The groundwork is being laid. Exercise Is Medicine, the American College of Sports Medicine and the Clinical Exercise Physiology Association are all diligently working to increase our voice, helping the public and private sectors understand how we are exceptionally qualified to intervene with our knowledge and skills to fight this battle. They need you to be a part of this. You need to take an active role in supporting these organizations and their vision and goals. They need you to take up the cause, to help ensure that we all can have the opportunity to make a positive impact on the health of all we serve.

Mark A. Patterson, MEd, RCEP

Cardiovascular Services / Department of Vascular Therapy

Kaiser Permanente - Colorado

If you have some spare time while in Colorado Springs for the Annual Meeting, here is a short list of attractions:

Cheyenne Mountain Zoo—open daily 9:00 AM—5:00 PM

US Olympic Complex—open Mon-Sat 9:00 AM—6:00 PM, Sunday 10:00 AM—5:00 PM

Garden of the Gods—open daily 9:00 AM—5:00 PM

Pro Rodeo Hall of Fame—open Wed-Sun 9:00 AM—5:00 PM

Pikes Peak Mountain Bike tours—open daily 9:00 AM—5:00 PM



Fitness Trends 2012

By Ben Thompson, PhD

Every year, the American College of Sports Medicine (ACSM) surveys current health and fitness trends in the commercial (for profit), clinical (including medical fitness), community (not for profit), and corporate sectors. The survey was designed to confirm and introduce new trends (not fads) that have had a proven impact on the industry. It is the intent of the survey to aid the health and fitness industry in making important investment decisions for the future. Beyond the monetary impact, it is an excellent guide for those pre-professional and students that are just beginning their allied health and fitness careers.

Since 1997, the top five worldwide fitness trends have changed each year (Table 1). In this year's survey (1), the top five fitness trends were 1) Educated, certified and experienced professionals, 2) Strength training, 3) Fitness programs for older adults, 4) Exercise and weight loss, and 5) Children and obesity.

1. **Educated, Certified, and Experienced Fitness Professionals.** Having educated professionals as well as those that have gone through certification programs that have been accredited by a national third party accreditation organization (National Commission for Certifying Agencies, NCCA) is still the number one trend. The number of academic programs accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) for personal training, exercise science (baccalaureate degree) and exercise physiology (graduate degree) has been increasing steadily over the past few years. In addition, the number of certified professionals has steadily grown from NCCA accredited organizations like the American College of Sports Medicine (ACSM), National Strength and Conditioning Association (NSCA), and National Academy of Sports Medicine (NASM).
2. **Strength Training.** Consistently increasing in rank since 2008 is the addition of strength training to both men and women's exercise programs. Coincidentally, the increase in strength training coincides with the 2008 Physical Activity Guidelines for Americans (2) which indicates that healthy adults should perform

muscle strengthening activities at a moderate to high intensity and involve all major muscle groups on two or more days per week. The health benefits from strength training are not limited to healthy adults. It is common practice for cardiac and pulmonary rehabilitation programs to incorporate strength training into their exercise prescriptions.

3. **Fitness Programs for Older Adults.** As the baby boom generation begins to retire, it is becoming increasingly popular for the exercise professional to take advantage of this growing population and provide safe, age-appropriate exercise programming for them. It is thought that the greater amount of discretionary funds available to them and having more available time to exercise are two factors that influence the increase in older adults exercising.
4. **Exercise and Weight Loss.** As our society becomes more sedentary, overweight, and obese it is logical that those people might want to lose that weight. It is now more widely accepted that successful weight loss needs to come from both exercise and diet. Combined, these habits do more than help with transient weight loss, they help the client change their lifestyle and outlook to one where they can be successful in maintaining that weight loss.
5. **Children and Obesity.** With the drastic reduction in K-12 physical education classes, the health and fitness industry sees an opening to positively impact the health and wellness of children and adolescents. In an effort to stem the rise of obesity and its associated comorbidities, programming designed specifically for children is on the rise to both increase their physical activity levels as well as educate them about healthy eating and lifestyle choices. While this trend is currently most often observed in commercial and community based organizations it may start to be integrated into clinical and corporate programs that are designed to increase the physical activity for the children of staff or clients of the organization.

(continued on page 7)

Fitness Trends 2012 (continued)

By Ben Thompson, PhD

What 2013 will hold is still uncertain. However, understanding that a trend is a general development and stay for a period of time (most often because of behavior change) and not a fad that comes and goes may give us some insight into the future. Even with an uncertain economic outlook and above average unemployment rates having educated and experienced professionals to help the American public, both young and old, increase their health and wellness will be a trend that will continue strong.

Table 1: Fitness Trends 2007 - 2012

	2007	2008	2009	2010	2011	2012
1.	Children and Obesity	Educated & experienced professionals				
2.	Special fitness programs for older adults	Children and obesity	Children and obesity	Strength training	Fitness programs for older adults	Strength training
3.	Educated & experienced professionals	Personal training	Personal training	Children and obesity	Strength training	Fitness programs for older adults
4.	Functional fitness	Strength training	Strength training	Personal training	Children and obesity	Exercise and weight loss
5.	Core training	Core training	Core training	Core training	Personal training	Children and obesity

Adapted from Thompson, W.R. Worldwide Survey of Fitness Trends for 2012. *ACSM's Health & Fitness Journal*. 2011; 15(6): 9-18.

References:

- Thompson, W.R. Worldwide Survey of Fitness Trends for 2012. *ACSM's Health & Fitness Journal*. 2011; 15(6): 9-18.
- US Department of Health and Human Services. *2008 Physical Activity Guidelines for Americans* [Internet]. Washington (DC): ODPHP Publication No. U0036.

Thompson, Benjamin Charles

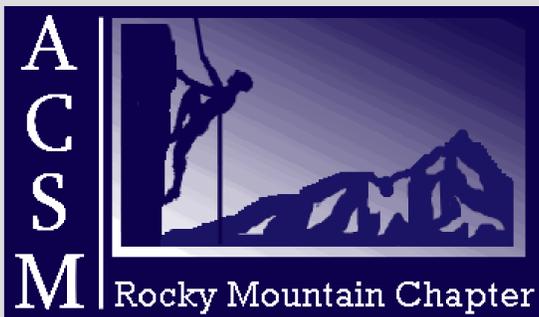
Assistant Professor of Human Performance and Sport

B.A., University of Northern Colorado; M.A., Central Michigan University; Ph.D., University of Toledo

The RMACSM Governing Board is encouraging new membership. The Rocky Mountain chapter of ACSM includes the states of Colorado and Wyoming. The following benefits of joining RMACSM have been identified:

- Opportunity to network with other clinicians, academics and fitness professionals
- Learn about career and educational opportunities in the Rocky Mountain region
- Student research grants (members only)
- Annual meeting with national speakers and opportunities to present research
- Registration discount at the regional meeting
- Poster session with financial awards at regional meeting
- Personal development through serving on the regional board or as a volunteer at the annual meeting
- Access to regional website and newsletter

Be a part of dynamic national and regional organizations that promote active lifestyles and who are committed to promoting safety and improved performance in all participants. Visit RMACSM.org for information on joining



**Rocky Mountain Chapter
American College of Sports
Medicine**

**Rose Steen
Executive Director
Newsletter Editor**

Phone: 970-214-2986

E-mail: rjsteen2009@gmail.com

**Please contact me if you have ideas for
articles in future Newsletters.**

Upcoming Events

Location	Event	Day/Date
Denver	Lucky Laces 5K/10K Run/Walk	Sat, March 17
Ft Collins	Sharin' of the Green 5 K	Sat, March 17
Denver	Feel the Energy 5 K	Sat, April 14
Denver	30th Anniversary Cherry Creek Sneak	Sun, April 26
Ft Collins	Colorado Marathon	Sun, May 6
Loveland	Community Classic Bike Tour	Sun, May 20
Durango	Quarter Horse-Iron Horse Bicycle Classic	Sat, May 26
Boulder	Bolder Boulder	Mon, May 28
Casper, Wy	10th Annual Casper Marathon, Half Marathon	Sun, June 3
Boulder	Boulder Sunrise Century	Sat, June 23
Casper, Wy	Riverside Triathlon	Sat, June 30

This is just a small sample of events listed on active.com. For more information on any of the above or to register, go to active.com

Media Review—There's an App for That!

by Rose Steen

Do you want to log your workouts, see the proper form for using exercise equipment, or receive workout reminders? There is probably an app for that. It seems as if everyone has a wireless device of some sort that can accommodate the many fitness/workout apps available.



These are just a few that I have downloaded and tried: **Gym Ball Workouts** (iTunes)—I really like this because the short videos show proper form for using the fit ball and the instructions were much easier to duplicate than written instructions. This app does not track workouts—it is simply an instructional tool.

Nike Training Circuit (iTunes)—it would be good to have this shown on a screen larger than iPod/smart phone because following the exercises on the

tiny screen is difficult (at least for me it was). There is a good variety of exercises included and you can set it to play your favorite playlist as you work out. It's the type of workout that you could do in your living room on one of the cold snowy days we've been having recently!



Sports Tracker (android or iTunes)—I found this recently and have used it for several walks. It does have one flaw that I have found

so far. It seems to spike my walking speed from ~ 4 mph to ~ 8 mph for a bit. I have never moved that fast so I know I am not walking that fast—even down hill!! It shows a nice map of your route and charts to show changes in altitude and speed. It keeps a diary of each workout and a running total of distance and time for all workouts.



There is a whole series of body part workouts—Abs, legs, butt, arms—that are 5 to 10 minutes long. There are literally apps for everything from A (Abs) to Z (Zumba). There are apps specific to fitness for kids and older adults. You may have to try a few before finding some that work for you, but the price is right and it gives another reason to have that pricey electronic gadget in your pocket. It is helpful to read reviews and look at the overall star rating before installing.

Could this be a step in the right direction to motivate all of us to be more active and live a healthier life? Or will we just sit at the computer and be amazed at all of the apps that are out there?