

FIT SOCIETY®

PAGE

A Quarterly Publication of the American College of Sports Medicine

EXAMINING EXERCISE BEHAVIOR

getting kids active begins at home

by Dianne Ward, Ed.D., FACSM

Active kids. It sounds redundant, doesn't it? Actually, it's not. In fact, it's an inaccurate statement. Today's youth are less active than they need to be, and spend much of their day in sedentary pursuits.

Modern life has many advantages and disadvantages that create inactive environments for children and teens. Computers, TVs, phones, videos, and CDs may support communication, education, and relaxation, but they also create inactivity and opportunities for extra snacking. Lack of after-school supervision and safety concerns result in youth restricted to their locked homes. Driving, rather than walking, has become the standard. Unfortunately, modern technology and concern for safety also translate into sedentary lifestyles with great potential for excessive weight gain. Today, obesity is considered an epidemic in this country, with upwards of one-quarter of our youth being overweight or at risk of becoming so.

What can parents do to combat this insidious and often unrecognized problem? Much can be done at home, and more can be done in association with children's schools and other community organizations. At home, families can provide physical activity in a number of ways.

Expect activity

Within the earliest weeks and months of birth, babies learn to move and they move to learn. They roll over, pull up, creep and crawl, and take steps. They touch and explore their environment. This type of learning continues as they age. Body systems require activity for proper growth. Bones and muscles need the stimulation of moving around. The heart and lungs require regular use and exertion. In some ways, an inactive child is a sick child. Expect activity. If parents expect activity, youth are more likely to participate.

Provide things

Around the house, provide toys and equipment that encourage activity. Depending upon your child's age, keep balls of all sizes accessible. Put up that basketball goal, get a badminton set or a pogo stick. Use your imagination.

Play with them

You don't need to be your children's playmate, but you do need to show interest in their activities. Go out and shoot baskets, ride bikes, toss a ball, get in the game, swim at the pool, or just watch how high they can jump. In this way, you en-

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FALL 2001

Letter from the Editor

Welcome to the Fall 2001 issue of the *ACSM Fit Society Page*. Recent reports from various health authorities indicate that the vast majority of adult Americans remain essentially inactive throughout the year. Unfortunately, our sedentary habits have spread to our children. Some research indicates that the average child watches up to 28 hours of television per week! Rather than continue these inactive behaviors that can cause disease, obesity and low self-esteem, adults and children can use this newsletter to find information that promotes increasing physical activity and overcoming the barriers to exercising. In this edition of the newsletter, sports medicine and exercise science experts examine Exercise Behavior. These features will provide keys to helping start and maintain exercise programs. Additionally, attention is given to exercise information for special needs groups and older adults. As always, we have regular features including the Athlete's Kitchen and our popular Question and Answer section.

We hope you enjoy this issue of Fit Society Page and find information that you can use to enhance health and wellness for yourself and your family. If you have any questions or comments please be sure to contact us.

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Q&A with ACSM

by Bryan W. Smith, M.D., Ph.D.

Q: What are some ways parents can encourage their children to be more physically active?

A: Limit couch potato activities such as watching television and playing video games. Identify physical activities that your child is interested in and foster participation by identifying a buddy to exercise with. Be an active role model even if just walking or biking in the neighborhood. Have your child's physician provide an activity plan if needed.

Q: My child lacks the motor skills to be successful at team sports. What can I do to help?

A: Encourage lifetime activities such as dancing, walking, jogging, swimming, or biking. Participate with your child if possible.

Q: What is the biggest obstacle for an adult to start an exercise program?

A: Commitment! Commit to finding time in one's schedule to make physical activity a priority. Commit to overcoming the embarrassment that you are not in very good physical condition. Commit to asking for help in designing an exercise program that fits your needs.

American College of Sports Medicine

FIT SOCIETY PAGE

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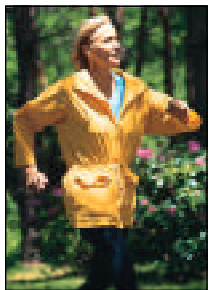
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Q: What are some areas of concern that need consideration in physically-challenged individuals when evaluating exercise routines?

A: Considerations should include joint deformities, temperature insensitivities, balance or coordination deficits, work capacities, sensitive or insensitive skin, and medications used. Most sports and recreational activities can be modified and therefore allow participation without needless restriction.

Feature



OVERCOMING BARRIERS IS KEY TO EFFECTIVE EXERCISE

by John M. Jakicic, Ph.D., FACSM

Exercise has been shown to be an important health-related behavior, reducing the risk of heart disease, diabetes, cancer, and a number of other chronic diseases. Exercise is important for stress reduction, maintaining a healthy body weight, and other factors related to quality of life. Even though the benefits of exercise are known, population trends show that a large percentage of adults and children are not physically active at a level that will allow for these benefits. This is most likely a result of individuals not being able to overcome the barriers they face to being physically active.

Finding Time for Exercise

One of the most commonly reported barriers to being physically active is “lack of time.” With work, family, and other personal responsibilities, it is easy to understand how individuals can perceive that they do not have enough time to exercise. Strategies that identify periods of time to increase activity behaviors are available and may prove to be extremely helpful. Traditionally, most exercise recommendations have indicated that activity needs to be performed continuously for at least 20 minutes to be beneficial. However, recent evidence suggests that activity accumulated in periods of 10 minutes or more can have significant health and fitness benefits. For example, if an individual does not have time to go for a 30-minute brisk walk, taking three 10-

minute walks throughout the day can be an alternative. Taking a walk during a morning coffee break, for your lunch break, and again during your afternoon coffee break will allow you to get your 30 minutes of activity for the day. Research has shown that this can be a very effective strategy to increase activity, especially in individuals who are inactive and perceive time as a significant barrier to their participation in activity.

Making Exercise Convenient

Making activity more convenient is also an effective method of increasing activity participation. Requiring individuals to go to a gym may create a barrier unless the facility is close to where the person works or lives. When facilities are unavailable or inconvenient, exercising at home or at other convenient places and times are great alternatives. One method may be to have a treadmill, bike, or other piece of equipment available in the home. Making sure that you have a comfortable pair of walking shoes with you at work would allow you to go for a brisk walk during your lunch break. Another option is to walk around the perimeter of the soccer or baseball field while your children are playing, rather than simply sitting on the bleachers. Choosing activities that can be worked into the day is one of the most effective strategies for increasing activity behaviors.

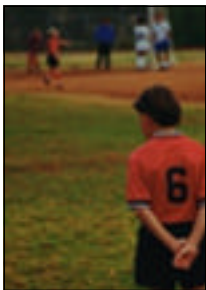
Alternative Activities

While many individuals do not enjoy formal exercise, there are other forms of

activity that can be just as beneficial. Alternative activities are typically those that can be incorporated into one's lifestyle, like using a push mower rather than a riding mower to cut the lawn, getting off the bus a few stops early and walking the final few blocks to work, or walking from your car to the office rather than taking the shuttle. Activities that are at least moderate in intensity (similar to brisk walking) are the most effective for improving health and fitness. Developing a more active lifestyle by selecting these alternative forms of activity can facilitate overcoming barriers such as lack of time and inconvenience. In addition, these activities may be more enjoyable than more traditional forms of activity, which can facilitate continued participation for many individuals.

There are a number of strategies that can be used to increase physical activity behaviors, especially in individuals who are relatively sedentary. While there are many potential barriers, lack of time and inconvenience are cited as the most common. The use of non-traditional approaches to exercise including dividing the activity into shorter bouts and doing them more often, exercising at home or other convenient locations, and engaging in lifestyle activities that are at least moderate in intensity are great strategies for overcoming many of the barriers that individuals may encounter. Ideally, individuals should try to achieve at least 30 minutes or more of moderate intensity physical activity on most days of the week.

Feature



EXERCISE IMPORTANT FOR CHILDREN AND ADOLESCENTS WITH MENTAL RETARDATION

by Ken Pitetti, Ph.D., FACSM

Recent studies have clearly established that children and adolescents with mild to moderate mental retardation (MR), which includes Down syndrome, Fragile-X syndrome, Turner's syndrome, Klinefelter's syndrome, and autism, have very low physical fitness levels when compared to their school-age peers without disabilities. Physical fitness includes exercise capacity, cardiovascular fitness and muscle strength. In fact, their physical fitness, which includes exercise capacity, cardiovascular fitness and strength, is so poor that it places them at high risk to develop, early in their adult life, diseases including heart disease, stroke, hypertension and diabetes. Parents of children with MR should be very aware of the need to involve their children in physical activities.

School Physical Education Classes

Why is it that school age youth with mental retardation, mainstreamed into the same schools as their peers without mental retardation, demonstrate such low fitness levels? Is it because children with mental retardation have medical problems that prevent them from exercising? No! If a doctor examines them and finds no medical problems, the child with mental retardation is capable of performing exercises or strenuous activities just like any other child. However, less than 15 percent of young people with mental retardation participate fully in traditional school physical education (P.E.) programs.

Several barriers prevent students with mental retardation from participating in regular P.E. classes: 1) many P.E. teachers have not received "in service" instruction specific to the special needs of students with mental retardation; 2) class size (e.g., greater than 50 students in-

cluding both non-disabled students and students with mental retardation) prevents P.E. teachers from devoting individual attention to students with developmental disabilities; and 3) the majority of students with mental retardation do not possess the overall exercise capacity and motor skills to actively and fully participate with their non-disabled classroom peers. The wide range of physical abilities/disabilities among students with mental retardation in regular P.E. classes presents educators with an enormous challenge, namely how to provide a classroom setting that allows all students to actively and fully participate in P.E. classes.

Parents or guardians must speak out for children with mental retardation who are not involved in P.E. classes. If this is a concern for your child, visit the school and find out if your child can be placed in a regular P.E. class. If not, ask why. If your child has no medical limitations, he or she has every right to be active in a P.E. class. If your child does not have the exercise capacity and/or motor skills to fully participate in regular P.E. classes, insist that an "adapted" P.E. teacher be hired by the school district so your child and others who may be similar in physical abilities may participate in a P.E. class specific to their needs. It's the law!

Family Physical Activities/Recreation

Two "success stories" tell the fantastic potential a child with mental challenges has. Some years ago, John, a young male with mild mental retardation was involved in a summer camp specifically for children and adolescents with mild to moderate mental retardation. We noticed that John possessed good motor skills and exercise capacities, and recommended that his parents involve him in

regular sports. At the age of 12, John began participating in a Special Olympics-related tennis program. His father noticed that his son played well. He began to play with his son, working with him and improving his tennis skills. In high school, John went out for the tennis team and played for the junior varsity as a sophomore. In his senior year, he was an active member of the varsity tennis team and competed in Special Olympics International, winning the gold medal in singles tennis. This all happened because his father saw "abilities," not "disabilities," in his child.

The second story concerns Joe, a child with Down syndrome. He also was active in Special Olympics, and attended the same summer camp as John. Joe's dad exercised most days at a local health club. Every Friday after school, he took Joe to the health club and together they lifted weights, performed sit-ups, push-ups and stretching exercises, and they swam laps in the pool. As Joe got older, he got stronger, and his dad began to push him more with his weightlifting and swimming. In his senior year, Joe swam for his high school's swim team. He participated in every practice and swam the 100-meter freestyle for the junior varsity. He was a hero to his teammates. This is yet another example of a parent seeing "abilities," not "disabilities," in his child.

Children and adolescents with mental retardation enjoy sports and recreational activities just as any other child does. They like to compete, and expect to be pushed to do their best. We have been working with youth with mental retardation for eight years, and we are always amazed at the "abilities" these young people possess.

Feature



DISPELLING EXERCISE MYTHS PROMOTES HEALTHY AGING

by Wojtek J. Chodzko-Zajko, Ph.D., FACSM

America is aging at an unprecedented rate. Individuals over 65 years of age constituted a mere four percent of the American population in 1900, but they now represent more than 15 percent of our population. By 2025, a full 25 percent of Americans will be over 65. The numbers are even more remarkable for the very oldest members of society, that is, individuals over the age of 85 years, who are the most rapidly growing segment of society. By the year 2025, it is anticipated that more than eight million Americans will be 85 years of age or older. These demographic trends have led many to develop pessimistic attitudes about the aging of society. Many of us can recall listening to experts warning of the dire consequences for the nation as the cost of providing health and social care for an ever-growing number of older adults continues to spiral.

Fortunately, not all the news about the aging of society is bad news. Recent research in the area of preventive medicine clearly demonstrates that there are a wide variety of lifestyle interventions that have the ability to positively impact the aging process. Aging does not have to be something negative that happens as we grow older. Rather, we can do much to influence the direction taken by our own aging.

Perhaps the single most powerful lifestyle intervention influencing healthy aging is regular physical activity. A recent World Health Organization report concluded that physical activity is the single most effective means for individuals to influence their own health and functional abilities, and accordingly maintain a high quality of life in old age. What are some of the most important benefits associated with regular physical activity?

As most people know, exercise has significant physical benefits. For example, even a single bout of physical activity, such as a brisk walk or a swim, can improve sleep and help regulate blood glucose levels. Long-term participation can improve cardiovascular functioning, increase muscle strength, and enhance balance and flexibility. The physiological benefits of exercise apply equally to almost all persons regardless of their age.

Physical activity can also have significant psychological benefits. During 20 years of working with seniors, I can remember many times when older adults have told me that they feel better about themselves as a result of joining an exercise program. There is now strong evidence that regular physical activity enhances psychological health and well being. The short-term benefits are better relaxation and improved mood state. More long-term benefits include enhanced life satisfaction, increased self-confidence, and better cognitive functioning.

Physical activity can also help us adjust to some of the social pressures associated with growing older. Due to factors such as death of friends and loved ones, retirement, financial hardship, and ill health, many older persons have difficulty adjusting to old age. Physical activity programs can provide seniors with the opportunity to widen their social networks, form new friendships, and acquire positive new roles in their retirement.

Although the benefits of physical activity are well established, the proportion of older individuals who participate regularly in physical activity is disappointingly low. A recent report by the U.S. Surgeon General estimated that between one-third to one-half of Americans over 50 get no leisure-time physical activity at all. The

numbers of inactive older adults are still higher; in some groups, especially older women, the percentage of sedentary individuals may be as high as 60-70 percent.

The reasons so many older Americans are sedentary are undoubtedly complex. However, there can be little doubt that a major problem is that reliable information about the health benefits of physical activity has yet to reach many in the older adult population. There are too many myths and misconceptions about physical activity and aging in the older adult community. Some of the more common myths about physical activity include:

Myth one: you have to be healthy to exercise

Many seniors resist exercising because they incorrectly believe that you have to be healthy to exercise. Physical activity can improve quality of life for the vast majority of older adults and may be most effective in persons with chronic conditions and diseases.

Myth two: I'm too old to start exercising

Many older persons do not realize that physical activity has been shown to benefit individuals of all ages, including persons as old as 90 and 100 years of age.

Myth three: you need special clothing and equipment

No special clothing and equipment are needed. Safe and effective exercise can be performed wearing comfortable street shoes and loose-fitting everyday clothes. Effective strength training can be achieved with inexpensive equipment such as elastic bands and water-filled jugs.

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Getting Kids Active

(Continued from page 1)

dorse the idea that activity is good and part of your family's life.

Arrange for their activity

Help your children get more opportunities for exercise. This may mean that you simply arrange for a playmate to come over, and then ask the children to play outdoors. Or you drive them to the city park and supervise while they use the playground equipment. Help them enroll in a sports team, or sign up for karate lessons. Parental assistance is required for increased activity to occur.

Make traditions

As adults, we look back with fondness on family traditions like summer vacations, Sunday dinners, and family outings. Make activity a tradition. Commit to some activity as a family at least once every three months. Whether your family has as few as two members or as many as 10, forming traditions has the

same importance. Go bowling, take a Saturday canoe trip, hike the local mountain, or go roller skating. You'll be surprised when your grown-up kids talk about how important these activities were in their lives.

Be a role model

Kids do what they see. Maybe not immediately, but ultimately. Find an activity that works for you. It may be walking the dog, riding the bike, playing tennis, or lifting weights. Their appreciation for activity starts with you.

Avoid inactivity

Estimates are that children watch more than 24 hours of TV each week. This much TV/video viewing isn't healthy for their bodies or their brains. You must set limits for TV time. While you set limits, you can also help your children select better/more appropriate programs to watch (since they must be careful with

allotted minutes). The American Academy of Pediatrics suggestions no more than two hours of television per day, but education experts encourage less. Researchers have found that even if you don't force them to be active, just reducing their TV watching helps young people avoid unnecessary weight gain and increase their physical activity. Some experts believe it might help with school grades as well.

Supporting regular physical activity for our children and teenagers is an important undertaking. Experts recommend that youth should be active at least 30 minutes a day on most days of the week, with some time spent being very active (getting hot and sweaty). As parents, we have the fundamental responsibility of getting our kids active. And we can do this; expect activity, support activity, be active yourself, and turn off the TV. It's that simple — and it will work.

Exercise Myths

(Continued from page 5)

Myth four: no pain, no gain

Many older adults learned about physical activity at a time when high intensity exercise was considered necessary. It is now recognized that physical activity does not need to be strenuous or exhausting to provide significant health benefits.

Myth five: I'm just too busy to exercise

Few older adults realize that physical activity does not have to occur at a particular time and place but oftentimes can be built into everyday activities such as shopping, gardening and household chores.

The American College of Sports Medicine (ACSM) is actively involved in public information campaigns that are help-

ing dispel common myths and misunderstandings about physical activity. Examples of recent ACSM public education initiatives include the publication of Current Comments, Active Aging Tips, joint Internet material, and other information intended for dissemination to the general public. More information about ACSM activities in the area of healthy aging can be obtained by visiting the ACSM Web site at www.acsm.org.

Nutrition



ALL TAPPED OUT: IS BOTTLED WATER REALLY BETTER THAN TAP WATER?

by Katherine A. Beals, Ph.D., R.D.

Once considered the refreshment of the affluent, bottled water has entered the mainstream and is quickly becoming the beverage of choice for today's active, health-conscious consumer. In 1984, Americans consumed an average of four gallons of bottled water per person. By 1991 that number had doubled, according to the International Bottled Water Association (IBWA), the trade agency for the bottled water industry. It is estimated that currently 54 percent of Americans regularly drink bottled water. What is behind this dramatic surge in bottled water consumption?

Surveys conducted by IBWA indicate that taste is the number one reason people chose bottled water over the tap. Unlike municipal tap water, which is disinfected by chlorine, the final disinfectant agent used by most of the nation's 430 bottling facilities is ozone, which leaves little or no residual aftertaste or smell. The second reason people are more often reaching for a bottle of water versus turning on the tap is the belief that bottled water is safer or purer than tap water, and thus healthier. But is it?

Bottled Water Safety

A recent report issued by the Natural Resources Defense Council (NRDC) indicated that bottled water may be neither cleaner nor safer than tap water. Researchers for the NRDC tested 1,000 samples of 103 types of bottled water sold in California, Illinois, New York, Texas, and the District of Columbia and found that approximately one-third of the waters exceeded allowable levels of contamination — including synthetic or organic chemicals, bacteria, and arsenic. It should be noted, however, that only approximately one-half of the water contaminants regulated by the FDA and EPA

were tested and that only 103 of more than 700 brands of bottled water currently available were tested.

Bottled water is regulated as a "food" by the Food and Drug Administration (FDA), while tap water is regulated by the U.S. Environmental Protection Agency (EPA). To assure safety of bottled water, the FDA has developed standards that set a minimal acceptable level of quality. However, the FDA rules completely exempt waters that are packaged and sold within the same state, which account for between 60-70 percent of bottled water sold in the United States (roughly one in five states don't regulate these waters either!). The FDA also exempts carbonated water and seltzer water, and fewer than half of the states require carbonated waters to meet their own bottled water standards. Even when bottled waters are covered by the FDA rules, they are subject to less rigorous testing and purity standards than those that apply to city tap water. For example, bottled water is required to be tested less frequently than city tap water for bacteria and chemical contaminants. In addition, bottled water rules allow some contamination by E coli or fecal coliform (which indicate possible contamination by fecal matter), contrary to tap water rules, which prohibit any confirmed contamination with these bacteria. Similarly, there are no strict requirements for bottled water to be disinfected or tested for parasites, such as those in place for city tap water systems that use surface water sources. Health professionals have also raised concerns regarding the lack of fluoride found in most bottled waters, and the potential negative effect on dental health, particularly for young children. A recent study by researchers at Case Western Reserve University School of Dentistry found that only five percent of some 57 bottled waters tested had fluoride levels within the

recommended range for drinking water (compared to 100 percent of the tap waters tested).

Despite more rigorous testing requirements, consumers need to realize that tap water is not always free of contaminants. In 1996, nearly 10 percent of the U.S. community tap water systems violated EPA treatment or contamination standards. Moreover, EPA data indicates that as many as half of the U.S. population gets "legally allowable but potentially significant" levels of contaminants from their tap water.

Bottled Water Types and Sources

Water is classified as "bottled water" if it meets all applicable federal and state standards, is sealed in a sanitary container, and is sold for human consumption. There are several different varieties of bottled water. (It should be noted that nearly a quarter of all bottled water is simply tap water that has been processed and bottled). The FDA product definitions for bottled water are listed and described below.

- **Artesian Water/Artesian Well Water:**

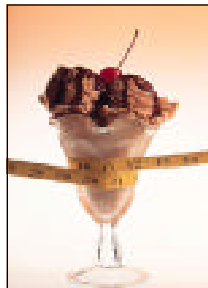
Bottled water from a well that taps a confined aquifer (a water-bearing underground layer of rock or sand) in which the water level stands at some height above the top of the aquifer.

- **Distilled Water:** Bottled water that has been produced by a process of distillation — vaporizing water, then condensing it in a way that leaves it free of dissolved minerals.

- **Drinking Water:** Another name for bottled water. It is defined as "water that is sold for human consumption in sanitary containers and contains no added sweeteners or chemical additives (other

(Continued on page 9, see Bottled Water)

The Athlete's Kitchen



MAKING DIETARY CHANGES: WILLPOWER — OR NUTRITION SKILLPOWER?

by Nancy Clark, M.S., R.D., FACSM

"I wish I had more willpower. I just can't seem to stick to any diet and lose weight."

"If only I had more willpower, I wouldn't be tempted by the vending machine. Every afternoon it's like a magnet for me..."

"I'm a junk food junkie. I need some willpower to clean up my diet."

For the athlete with a sweet tooth, cravings for junk food, or excess body fat, willpower is deemed the missing character trait that leads them into nutrition temptation. Athletes who lack willpower commonly beg me to put them on the straight and narrow and empower them with the ability to "just say no" to food sins. They are convinced lack of willpower is the root of their food struggles. I disagree.

The following case studies offer another way of thinking about food management. I believe in nutrition skillpower more than willpower.

Case #1 — Sweets Craver

"If only I had more willpower, I could get sweets out of my life," complained Rick, a 27-year-old triathlete. He trained hard, tried to eat healthfully, but inevitably would succumb to his downfalls: chocolate chip cookies, candy bars and ice cream. These sweets undermined his intentions to fuel his body healthfully. "I just have no willpower in the afternoon when my training is done for the day. I want a reward...and chocolate rewards me well!"

I reviewed Rick's typical food and exercise program. He ran first thing in the

morning, grabbed a small breakfast on the run (banana and bagel), then headed for the office. He did his second workout at the gym during his lunch hour, then rushed back to the office. By 3 p.m. he was "starving" and would attack the vending machine.

Rick was correct in describing himself as starving. He had consumed only 500 calories, yet had burned at least 2,500 calories. By afternoon, he was 2,000 calories "in the hole." No wonder he was craving sweets. His depleted body was screaming for quick energy.

Rick believed that lack of willpower regarding chocolate created his eating problem. Wrong. Getting too hungry was the problem. He could prevent sweet cravings by eating more calories earlier in the day. I encouraged Rick to eat a banana and a granola bar before his morning run, refuel afterwards with 16 ounces of orange juice and bagel with peanut butter, then eat half his lunch (a turkey sandwich and yogurt) at 11 a.m., an hour before his second workout, and refuel afterward with another sandwich and juice. By feeding his body adequately, he prevented the urge to binge on sweets.

"I'm amazed! I no longer crave sweets. I haven't had chocolate all week and I haven't even missed it." Rick needed nutrition skillpower (not willpower) to adopt better fueling patterns.

Case #2 — Diet Failure

"If only I had more willpower, I could lose weight," complained Roberta, a 42-year-old recreational runner. For years, she had been on and off diets, only to feel totally unsuccessful. "I've been trying to lose these same eight pounds for 25 years." Feeling totally helpless, she

came to me as a "last resort" to help her achieve her weight goals.

Upon reviewing her dieting history, I noticed Roberta would diet by trying to exist on fruit for breakfast, salads for lunch, yogurt for snack, and fish with vegetables for dinner. Spartan intake, to say the least, as well as a very limited amount of food. "When you are not dieting, what do you eat?" I asked. She quickly listed her favorite foods: granola for breakfast, peanut butter and jelly sandwich for lunch, spaghetti for dinner. Every time she went "on her diet" to lose weight, she denied herself her favorite foods. She even went to great extremes to keep cereal, peanut butter and bread out of the house so she wouldn't eat them. She deemed them too much of a temptation for her weak willpower.

I encouraged Roberta to stop looking at food as fattening and enjoy it as one of life's pleasures. Since she's liked granola, breads and pasta since childhood, she's naive to think she can stop liking them. Instead of trying to keep these foods out of her house, I encouraged her to eat them more often. I pointed out that her standard "diet foods" (fruit, salad and fish) had no power over her because she gave herself permission to eat them whenever she wanted. I encouraged her to eat granola every day for breakfast (and even lunch, dinner and snacks) to take the power away from that food, and simultaneously teach her how to manage eating granola in appropriate portions.

If you struggle with weight issues, learn how to manage your favorite foods instead of denying yourself. By enjoying appropriate portions of whatever you'd

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Bottled Water

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than flavors, extracts, or essences).” It must be calorie-free and sugar-free and may be sodium-free or contain very low amounts of sodium.

- **Mineral Water:** Bottled water containing not less than 250 parts per million total dissolved solids. Mineral water is distinguished from other types of bottled water by its constant level and relative proportions of mineral and trace elements at the point of emergence from the source. No minerals can be added to this product.

- **Purified Water:** Water that has been produced by distillation, deionization, reverse osmosis, or other suitable process and that meets the definition of purified water in the United States.

- **Sparkling Water:** Water that, after treatment and possible replacement with carbon dioxide, contains the same amount of carbon dioxide that it had at emergence from the source. (An important note: soda water, seltzer water, and tonic water are not considered bottled waters.)

- **Spring Water:** Bottled water derived

from an underground formation from which water flows naturally to the surface of the earth. Spring water must be collected only at the spring through a bore hole tapping the underground formation finding the spring. Spring water collected with the use of external force must be from the same underground stratum as the spring and must have all the physical properties, before treatment, and be of the same composition and quality as the water that flows naturally to the surface of the earth.

- **Well Water:** Bottled water from a hole bored, drilled, or otherwise constructed in the ground which taps the water of an aquifer.

Bottled vs. Tap: A Matter of Taste

So, should you turn on the tap or twist a cap to quench your thirst? Most bottled water is of good quality and tap water is at least as safe (if not safer than) bottled water, particularly when it comes from city water supplies, which by law are highly regulated. Thus, since “safety” is not really an issue, the primary determinants in choosing tap water versus bottled water should be the cost and taste.

Let's start with cost. The average cost of a one-gallon bottle of domestic drinking water is \$.90, most single serving bottles (8-12 fl oz) range from \$.79 - \$1.29, and you'll pay \$5.29 for a five-gallon bottle that is delivered to your home. Compare this cost to mere pennies for five gallons of tap water and it's not hard to see which is the “better buy.” Nonetheless, it really doesn't matter how cheap tap water is, if it doesn't taste good, you are not likely to drink it. (It should be noted that most active individuals only replace one-third of the fluid that they lose during exercise; thus, many maintain a constant state of mild dehydration!). The bottom line is find a water that you like and drink up!

(Hint: Try this trick for improving the taste of your tap water: Put your tap water in a glass or ceramic pitcher with a loose top and place the container in the refrigerator overnight. This will allow chlorine, the most common cause for the offending taste and odor, to dissipate overnight. The chilled, better tasting water can then be put into reusable sports bottles for later use!)

Nutrition Skillpower

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like to eat, as often as you'd like, you no longer need willpower to avoid them. Nutrition skillpower, not willpower, enhances permanent weight loss without denial and deprivation.

A skill that enhances portion management is to eat mindfully not mindlessly. Chew the food s-l-o-w-l-y, taste it, and savor each mouthful. By doing so, you'll need far less to be satisfied and you'll be content with smaller portions. You will also defuse the urge to do “last chance eating.” (You know, “Last chance to eat bagels before I go back on my diet.”) You can have more bagels (or whatever)

when your body becomes hungry again. Nutrition skillpower wins again!

Case #3 — Junk Food Junkie

“If only I had more willpower, I would eat fewer donuts, chips, Ding Dongs...” fantasized Jason, a 22-year-old graduate student and rugby player. “I know I should eat more healthfully, but I just happen to love junk food.” In the past, Jason had tried to go “on the straight and narrow” by limiting his intake to “good clean calories” a pattern that left him feeling denied and deprived.

I reminded Jason there is no such thing

as a “good” food or a “bad” food, but rather there is a good diet or a bad diet. He could healthfully balance “bad” foods into an overall good diet. I encouraged him to shift his meal patterns to front-load his calories and prevent the hunger that can too easily lead to overconsuming “junk.” I helped Jason understand that he felt better and exercised better when he ate healthfully. Skillpower, not willpower, helped him improve his food choices.

The bottom line

If you believe you need more willpower, think again and consult your local sports nutritionist.