



**IFA**

**Training Manual  
&  
Certification Course**



# **International Fitness Association**

## **Training Manual**

Version 4.5

## **Fitness ABCs**

*written by Chuck Krautblatt, Personal Trainer and Aerobics Instructor*

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April 23, 1999



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# Forward – Important

The information contained in this manual is intended as a fitness guide and is not intended to replace a personal trainer. Remember, please consult your doctor before beginning any type of workout or diet program. Factors unknown to you may have an adverse affect on your physical well-being even including death. You may think you're in physical shape to pursue the activities described in this document, only your doctor is qualified to make that decision. Tell him that you are planning to begin an exercise program.

It is important to keep in mind that pain is NOT good especially in joints, bone, and chest. Muscles soreness is normal, but not to the point of not being able to use it. NEVER continue a workout with soreness, give the muscles a chance to repair and build. Working out too many times per week can actually make a muscle smaller and weaker if you don't give it a chance to repair. Remember nutrition is the fuel for work and repair.

In any event, the author, me ,Chuck Krautblatt, cannot assume any responsibility for negative results no matter how incidental or severe, whether due to an error in this manual or an omission of information. The responsibility is yours. I'm not there to see what your doing either, so use common sense. In any event, if you have a question that you can't get answered, send me an email at [chuck@fitabc.com](mailto:chuck@fitabc.com) if I can, I'll try and answer your question. A local personal trainer might also be able to help. You don't have to hire a trainer for the long-term. You can get a trainer to start you out or just meet you at the gym every couple of weeks to check on your progress and technique (very important). Trainer rates vary from \$25/hr to \$45/hr and on up. It's a good idea to get you started though.

If you are planning to receive certification, you'll need to take the test at the end of this book and either submit it to:

IFA  
12472 Lake Underhill Rd., #341  
Orlando, FL 32828

Or, after you read this book, you can take the test on the web at <http://www.fitabc.com> and it will be instantly and automatically graded. The results will be sent to IFA automatically. If you pass, you can even pay for the certification on the web too.

Enjoy the quest !  
Chuck

# Nutrition

Nutrients are substances necessary for proper bodily function. There are six classes of nutrients.

## ***Proteins***

Proteins are the basic structure of all living cells. Proteins are used in making hormones, blood plasma transport systems, and enzymes. The basic building blocks of proteins are called amino acids. There are two types of proteins complete and incomplete. Amino acids are categorized as essential and non-essential. Of the twenty amino acids that have been identified, nine are considered essential amino acids those that are not manufactured by the body, these must come from dietary intake. The body can manufacture the non-essential amino acids from the by-products of carbohydrate metabolism. Other protein comes from the recycling of enzymes and other proteins. Protein is synthesized in all tissues in the body, however, the liver and muscles are the most active. The body synthesizes about 300 grams of protein per day even though average intake is only 70 grams.

Proteins that contain all nine essential amino acids in sufficient quantity to sustain life are called complete proteins. Meat, fish, milk, cheese and eggs contain complete proteins. Incomplete proteins such as vegetables, grains, seeds, and nuts are those which do not contain all nine essential amino acids by themselves. However, combinations of incomplete protein foods can supply all nine essential amino acids such as beans with rice or peanut butter on wheat bread. Therefore vegetarians can get all the amino acids required by combining incomplete protein foods.

### **Examples of Protein rich foods:**

- High Fat - Meat, salmon, eggs, peanut butter, milk, cheese
- Low Fat - Tuna, egg whites, red beans, skim milk, non-fat cheese

Proteins begin digestion in the stomach but are primarily digested in the small intestine and metabolized by the liver for the building of tissue. Proteins that are not required for building can be utilized as an energy source and provide 4 calories per gram. About 98% of the protein from animal sources and about 80% of the protein from vegetable sources is absorbed by the body.

Fasting causes the body to use protein as an energy source even to the point of breaking down vital tissues such as organs and muscles to use as an energy source. Excess protein, not utilized for tissue repair or growth or as an energy source is converted by the body to fat and stored.

Protein requirements depend on the individual and daily activity. Tissue growth, whether due to growth, injury, weight training, pregnancy effect protein requirements. During illness, protein is not only required for repair but is generally used as an energy source. According to RDA requirements, an adult should consume approximately 0.36 grams of protein per pound of body weight on a daily basis. As an example, a 150 pound person should consume approximately 50 grams of protein daily. This translates to 200 calories of protein daily. As a general rule, for intense weight training, up to 1 gram per pound of body weight may be consumed.

Since protein metabolism produces nitrogen in the body this creates an extra work load for the kidneys and liver to eliminate the excess. Dehydration can occur because the kidneys require increased amounts of water to dilute the nitrogen. Dehydration can impede workout performance. It's therefore important to adequately hydrate when consuming increased levels of protein.

## **Carbohydrates**

Carbohydrates are utilized for energy, both instant and sustained. When insufficient carbohydrates are taken in, the body must utilize proteins for energy even to the point of catabolizing muscle tissue for energy.

Digestive enzymes in the small intestines break down the carbohydrates into glucose. The glucose can be immediately utilized by the body or stored as glycogen in the muscles and liver. The muscles can store about 20 minutes of glycogen for energy. The bloodstream can hold about an hour of glucose for energy. If glucose levels are maximized and all glycogen storage locations are full then the excess glucose is converted to fat by the liver and stored in adipose tissue or fat cells. There is really no limit to the amount of fat that a body can store. According to studies at the University of Massachusetts, carbohydrates are generally converted to fat at the rate of 75% where 25% of the carbohydrates are used in the conversion process.

There are three types of carbohydrates Monosaccharides, Disaccharides and Polysaccharides. Monosaccharides are simple sugars and are the basic unit of carbohydrate. Examples of Monosaccharides are glucose and fructose. Disaccharides are composed of two Monosaccharides. Examples of Disaccharides are table sugar (sucrose) which is composed of fructose and glucose also milk sugar (lactose) which is composed of glucose and galactose. Polysaccharides are composed of multiple Monosaccharides. Examples of Polysaccharides are starches (bread, fruit, grain, pasta, rice). These are also called complex carbohydrates.

Carbohydrates should comprise approximately 60% of the daily caloric intake. Therefore, for a 3000 calorie total daily intake, 1800 of those calories should be carbohydrates.

Fiber is a form of carbohydrate. Approximately 20 grams of dietary fiber is required in our diets. Fiber facilitates elimination and decreases appetite as a bulking agent. Fiber also inhibits the absorption of cholesterol into the blood stream. It has also been shown that fiber slows the absorption of sucrose into the bloodstream. This can be important in the treatment of type II diabetes. Too much fiber in the diet can restrict the absorption of necessary vitamins and minerals. Excess carbohydrates are converted into fat by the liver and stored in adipose tissue.

Sugar is absorbed into the bloodstream within minutes. Consuming large amounts of sugar prior to exercise can actually inhibit performance. This produces a drastic increase in blood sugar. This causes the pancreas to secrete large amounts of insulin to metabolize the sugar. All this insulin inhibits the metabolization of fat by the muscles. Therefore, the muscles rely more on glycogen which is in limited supply. The insulin reduces blood sugar level which is already being reduced by the muscles utilization of glycogen stores for energy production. The blood sugar level reduces to a level which may not only cause fatigue but dizziness as well. Therefore consumption of excess sugar prior to exercise reduces performance and endurance.

## **Fats**

Fat is required for the production of cell membranes, blood lipids (body fat), bile (fat emulsifier), steroids and vitamin D. Fats molecules are made up of glycerol and fatty acids.

Body fat is also instrumental in body temperature regulation as insulation. Minimum body fat percentages of 7% for men and 12% for women are recommended. Fats are also utilized for the transport and absorption of fat soluble vitamins. In addition, fats are the only source of linoleic acid which is required for skin growth and maintenance. Minimum daily requirement for unsaturated fat is 10 grams and 15 grams is preferred.

<b>Types of Fat</b>	<b>Characteristics</b>	<b>Sources</b>
Saturated	Solid at room temp, raises blood cholesterol	Animal sources, coconut, palm oil
Unsaturated	Liquid at room temperature	Plant sources
Hydrogenated	Unsaturated converted chemically to Saturated	Regular Margarine
Polyunsaturated	Lowers blood cholesterol	Safflower, corn, soy, sunflower, fish
Monosaturated	No effect on blood cholesterol	Canola, olive, peanut oils

Fats are digested by the enzyme lipase in the small intestines with the assistance of bile salts as emulsifiers. They are then transported through the bloodstream with the assistance of lipoproteins (fat + protein coating + phospholipid) and stored as triglycerides (glycerol + 3 particles of fatty acids) in fat cells. They are then released into the bloodstream as fatty acids when energy is required.

The fatty acids travel through the bloodstream and are combined with glucose to burn the combination as energy. The combination of fatty acids and glucose is necessary for energy production. Inadequate carbohydrate availability will result in incomplete fat metabolism producing unused lipids called ketones and leading to a chemical imbalance in the blood known as ketosis. Organ and muscle tissue may be metabolized to provide glucose from the breakdown of protein. Most of the weight loss that occurs by severe carbohydrate restricted diets is from water loss as the kidneys attempt to rid the body of the ketones.

Fat is essential to survival. A fat-less diet can lead to severe problems. Linoleic acid, an essential fatty acid, is used by the liver to manufacture arachidonic acid. This super polyunsaturated fat is used in cell membranes along with protein. When needed, this fatty acid is converted into a group of chemicals that regulate blood pressure, contractions in childbirth, blood clotting, peristalsis (gut motion), and the immune system. These chemicals are short lived and are manufactured locally as needed.

## ***Cholesterol***

Cholesterol belongs to the same chemical family as steroids and is related to fat. It is important for the production of cell membranes, myelin sheaths around nerves, sex hormones, bile, and vitamin D.

Dietary cholesterol is the cholesterol consumed from the diet. Blood Serum cholesterol is the amount of cholesterol circulating in the bloodstream. The two are not closely related. Some people consume large quantities of dietary cholesterol and have a low serum cholesterol level. And, conversely, some people have high blood serum levels and consume very little dietary cholesterol. Conversion from dietary to blood serum cholesterol varies for each person and ranges from 20% to 90% of the amount consumed.

Blood serum cholesterol levels should remain below 200 mg per deciliter to be considered "normal" according to recent studies. This number represents only 10% of the total amount of cholesterol in the body. The rest is contained in cell membranes and other body tissues. The National Cholesterol Education Program recommends a dietary cholesterol consumption of no more than 300 mg per day. The body requires no intake of cholesterol but manufactures all the cholesterol it needs from dietary fat and produces about 1000 mg per day.

There are basically two types of Cholesterol transport systems, Low Density Lipoproteins (LDL) and High Density Lipoproteins (HDL). Each type is a fat carrying protein. LDL, the bad cholesterol carrier, transports cholesterol to the cells and are associated with atherosclerosis or hardening of the arterial walls. HDL, the good cholesterol carrier, transports cholesterol to the liver where it is processed for excretion or broken down for other uses. Monosaturated and Polyunsaturated fats lower LDL levels and increase HDL whereas Saturated fats increase LDL levels. The goal is therefore to minimize the LDL cholesterol by reducing the dietary intake of saturated fats. The food label may tout "no cholesterol" but the body manufactures cholesterol from saturated fats.

Atherosclerosis is a condition where the arteries become occluded. This is caused by a lesion which develops just under the inner lining of the arterial wall. This swelling, composed of fibrous protein, accumulates LDL carried cholesterol as blood platelets begin to stick to the damaged area. This accumulation reduces the inner diameter of the artery and subsequently leads to a decreased flow of blood through the artery. The platelets continue to accumulate at the injured site until a clot is formed, blocking all blood flow to the heart. The area of the heart normally being fed by this artery becomes injured. This is known as a heart attack.

Cardiovascular health is a result of proper diet and exercise. Genetics may predispose someone to high blood pressure or heart disease, however, diet, exercise and medication can lessen the impact and improve longevity.

## Vitamins

Vitamins are organic compounds not manufactured by the body other than proteins, carbohydrates and fats that are required for growth, maintenance and repair. Vitamins require no digestion and are absorbed directly into the blood stream. The thirteen vitamins identified are divided into two groups, fat soluble and water soluble. The fat soluble vitamins, which include A, D, E, and K are stored in the liver and in body fat. Mega doses of fat soluble vitamins can produce a toxic effect in the liver. Water soluble vitamins are not stored by the body. Excess or Mega doses of these vitamins are excreted by the kidneys. However, toxicity has been reported with niacin, C and B6. The following table includes recommended daily allowance.

<b>Fat Soluble Vitamins</b>	<b>RDR</b>	<b>Purpose</b>	<b>Sources</b>
A	1,000 mcg	Vision, skin, hair, growth, mucous membranes	Egg yolk, milk, butter, yellow and dark green vegetables, yellow-orange fruits
D	5 mg	Bone and tooth structure, needed to absorb calcium	Sunshine, milk, eggs, fish
E	10 mg	Red Blood Cells, muscles	Whole grains, oils, fruits, green leafy vegetables
K	80 mcg	Blood Clotting, bone growth	Eggs, green leafy vegetables, cauliflower, tomatoes

<b>Water Soluble Vitamins</b>	<b>RDR</b>	<b>Purpose</b>	<b>Sources</b>
C	60 mg	Strengthens blood vessel walls, antihistamine, builds collagen	Citrus, tomatoes, broccoli, potatoes, green peppers, cabbage, strawberries
B1 - Thiamin	1.5 mg	Appetite, digestion, nerve function, carb metabolization	Pork, legumes, whole grains, wheat germ, nuts
B2 - Riboflavin	1.7 mg	Fat, protein and carbohydrate metabolism, mucous membrane	Milk, dairy, whole grain, eggs, fish, green leafy vegetables
B3 - Niacin	19 mg	Appetite, lowers cholesterol, fat, protein and carb metabolism	Meat, fish, poultry, eggs, peanuts, legumes, grains
B6 - Pyridoxine	2 mg	Serotonin (mood regulation), protein metabolism	Meat, poultry, fish, grains, bran, wheat germ, egg yolk, legumes, green leafy vegetables
B12	2 mcg	Red blood cells, genetic material production, new tissue	Meat, poultry, fish, dairy
Folic Acid	200 mcg	Red blood cells, genetic material production	Meat, eggs, fish, green vegetables, beans, asparagus, yeast
Pantothenic Acid	7 mg	Adrenal function, food metabolization, nerve function	Whole grains, eggs, vegetables, meats
Biotin	100 mcg	Metabolization of glucose	Egg yolk, milk, legumes, peanuts, bananas

## Minerals

Minerals, in contrast to vitamins, are inorganic. Minerals also require no digestion. Some minerals are stored in the liver. It is important not to consume Mega doses of minerals on a regular basis above those amount recommended.

Minerals are divided into two groups, major and trace minerals. Major minerals are those that are required by the body in quantities greater than 100 mg per day and include Calcium, Magnesium, Phosphorous, Chloride and Sodium. Trace minerals are those that are required by the body in quantities less than 100 mg per day. Trace minerals are Iron, Copper, Zinc, Iodine and Selenium. The following table includes recommended daily allowance.

Essential Minerals	RDR	Purpose	Source
Calcium	800 mg	Blood clotting, Bones, Muscles, Nerves	Milk products, Broccoli
Phosphorus	750 mg	Muscles, Nerves, Energy production, Bones	Cereal, Meat, Fish, Legumes, Dairy
Potassium *	2000 mg	Energy, Hair, Skin, Nails, Heart rhythm, muscle contraction, regulation of body fluids	Citrus, Bananas, fish, poultry, dairy
Magnesium *	350 mg	Bone growth, protein and energy production	Egg yolks, dark leafy greens
Sodium *	500 mg	Muscle and nerve function, body fluid balance	Meat, Milk products, fish, salt
Chloride	750 mg	Aids digestion, maintains body fluid balance	Salt
Zinc	15 mg	Insulin production, male prostate function, digestion, metabolism	Shellfish, eggs, meat
Iron	10 mg	Hemoglobin (Blood Oxygen transport), Myoglobin (Muscle Oxygen storage)	Meat, Fish
Chloride *	750 mg	Muscle and nerve function, acid-base balance, digestion	Meat, Milk products, Fish
Fluoride	4 mg	Hardens bones and teeth	Coffee, tea, spinach, gelatin, onion
Iodine	150 mcg	Proper thyroid function	Water, Iodized salt
Copper	3 mg	Red blood cells, connective tissue, nerve fibers	Shellfish, grains, nuts, chocolate
Chromium	200 mcg	Carbohydrate metabolism	Vegetables, grains, Brewer's Yeast
Molybdenum	250 mcg	Nitrogen metabolism	Grains, vegetables
Selenium	70 mcg	Works with Vitamin E to protect cells	Grains, meats, fish, poultry

\* Electrolytes provide the proper electrical charge within the body fluids for the transmission of nerve impulses, muscle contraction, and proper body fluid levels and acid-base fluid balance.

## **Water**

Water is essential for all energy production in the body. Water is also used for temperature regulation and waste elimination and is essential to cell processes. An inadequate supply of water can result in up to a 30% reduction of energy. Insufficient water in the body results in a decrease of blood volume thereby reducing the overall oxygen transport ability of the blood to properly supply the muscles during exercise. Since blood is used to regulate body temperature, inadequate cooling of the body occurs. The heart rate increases as the cardiovascular system is stressed and overheating occurs leading to possible heat stroke or heat exhaustion.

Thirst is not an accurate measure of the body's water requirement. Age and environment alter the thirst mechanism. Therefore, a quantitative schedule must be utilized to adequately hydrate the body. Two hours prior to exercising in a hot environment, the participant should consume 2-3 cups of water and another 1-2 cups about 15 minutes before exercising. During exercise, about 4 ounces of water should be consumed every 15 minutes to replace water lost through sweat and maintain blood volume. As a guide for each pound of body weight lost through sweating while exercising, drink two 8oz. glasses of water. A loss of only two percent of body weight through sweating can bring on the onset of dehydration.

Early signs of dehydration include dizziness, fatigue, headache, and loss of appetite. Advanced dehydration is manifested by rapid pulse, shortness of breath, deep yellow urine, blurred vision and hearing loss.

Cold water is absorbed into the body from the stomach faster than warm water. Recent studies suggest that drinks containing up to 10% sugar are almost as readily absorbed from the stomach. These sugary drinks have been shown to improve endurance in events lasting 2 to 3 hours. However, for fat burning purposes, consumption of sugary drinks will provide carbohydrate energy to the exercising muscles and possibly stave off fat metabolism for use as energy.

Therefore, if your intent is performance, then consume sports drinks. However, if the purpose of the exercise session is to burn fat, then drink water only. The glycogen stores in the muscles will run out in about 20 minutes and the body will be forced to metabolize stored fat for continued energy.

Consumption of salt in excess of recommended dietary requirements draws water out of the cells thereby impairing cellular function. Salt depletion may occur during endurance type exercises and when consuming water only. Salt tablets are not recommended because they draw water out of the body and into the stomach. In cold weather, urine production is increased therefore it is just as important to properly hydrate in cold weather environments as it is in hot weather.

## ***Daily Caloric Requirements***

A pound is equivalent to 3500 calories. To over simplify, if you want to lose one pound per week, reduce your caloric consumption by 3500 calories per week. Consuming less than 1500 calories per day on a regular basis reduces the basal metabolic rate. When the metabolic rate is reduced, less calories can be consumed. Excess calories will be stored as fat. This is why it's important to combine exercise with diet in order to affect weight loss.

Your basal metabolic rate is the basic minimum number of calories that are required to maintain your body weight based on average body composition. To calculate your basal metabolic rate:

$$\text{Basal Metabolic Rate (BMR)} = 10.8 * \text{Weight (lbs)} * 1.4$$

Generally, eating more than this number of calories increases weight and less than this number allows weight reduction. However, BMR does not take into account extremes of activity or inactivity. Therefore, BMR should be used as a approximation. Various activities will increase caloric requirements above the BMR. The following table shows the approximate amount of calories required for a 135 pound individual performing the following listed activity for 1 hour:

Activity	Calories Expended	Activity	Calories Expended
Aerobics	620	Bicycling 12mph	620
Running 5mph	500	Ski Machine	550
Walking 4mph	230	Swimming	470
Soccer	370	Stair Master	350

## ***Protein, Carbohydrate And Fat Dietary Requirements***

Proper nutrition requires a balanced intake of Protein, Carbohydrates and Fat. Protein and Carbohydrates are both 4 calories per gram. Fat is 9 calories per gram. An example follows for a daily caloric requirement of 2000 calories. The amount of grams of each will vary according to your daily caloric requirement (based on BMR). However, the percentages should remain the same for all. The following example is for a daily caloric requirement of 2000 calories:

- Protein                      4 cal/g 30% of total = 600 cal (protein) = 150g
- Carbohydrates            4 cal/g 60% of total = 1200 cal (carbs) = 300g
- Fat                            9 cal/g 10% of total = 200 cal (fat) = 22g

## ***Example Of Low Fat Foods***

### **Breakfast:**

- Non fat cereal with skim milk and fruit.
- Toast with Jelly - (no butter, no margarine).
- Bagel with Jelly/fat free cream cheese - (no butter, no margarine).
- Egg substitute French Toast (no butter).
- Egg substitute sandwiches (no mayonnaise or no fat mayonnaise).
- Egg substitute omelets (vegetable, no cheese or no fat cheese).
- No Meats, butter, cheeses or egg yolks.
- Even no fat restaurant breakfasts are cooked with butter or oil.

### **Lunch:**

- Turkey sandwich:  
1 slice of 97% fat free turkey  
1 slice of fat free cheese  
mustard, lettuce, tomato
- No chips (fat free chips), potato/macaroni salad or anything with real mayonnaise
- Fat free, no salt pretzels.
- Salad (No croutons, cheese, olives, oil, dressing, eggs, chick peas).
- Use fat free dressing sparingly and on the side.
- You can include water packed tuna, chicken (white meat), turkey.
- Bread (no butter or margarine).

### **Dinner:**

- Turkey (less fat than chicken), whole sliced not pressed.
- Vegetables (steamed), cooked without butter.
- Potatoes (baked, no sour cream or butter - try mustard or salsa).
- Bread (no butter or margarine).

### **Desserts:**

- Jell-O, Fresh Fruit, Fat free pudding snacks.
- Fat free cookies and crackers.
- Angel Food Cake (NOT pound cake).
- Bread - Be careful of oil soaked bread like Italian restaurant bread sticks.
- Coffee/Tea - Use non fat milk or none.
- Fat free is good but you still have to count calories.
- Use FAT FREE low calorie protein supplement if needed for weight training.

## ***Alcohol's Effect On Metabolism***

Alcohol provides empty calories. No nutritional benefit is derived from alcohol. Alcohol is 7 calories per gram which is almost as high as fat in caloric content. In addition alcohol temporarily slows down the metabolism. The effect of this is that less fat is burned (lower BMR). Generally, high fat foods are consumed with alcohol which makes matters worse. Also, alcohol inhibits the liver from metabolizing fat. As you can see any weight loss programs has to exclude alcohol.

## ***Caffeine's Effect On Metabolism***

Caffeine increases the mobilization of free fatty acids in the blood which are used for prolonged energy requirements as in marathon running. Caffeine has also been shown to decrease fatigue during low to moderate intensity exercise lasting over 2 hours. However, caffeine is a central nervous system and cardiovascular stimulant thereby increasing the basal metabolic rate, heart rate and blood pressure. Rapid heart rate can occur leading to an unusually high heart rate during exercise. However, after approximately 45 minutes from caffeine ingestion, Bradycardia occurs, or a slowing of the heart rate, and lasts for up to an hour thereby decreasing cardiac output. Bradycardia leads to fatigue and an inability to exercise. Long term effects decrease as the body adjusts to the caffeine intake level. Caffeine is a diuretic and therefore may promote dehydration due to increased urination. Any level of dehydration can decrease energy levels up to 30%.

## ***Eating Disorders***

Anorexia Nervosa is characterized by starvation. Bulimia Nervosa is characterized by gorging and then purging by vomiting or ingestion of laxatives. Both disorders have psychological roots and require professional help. In each case the body losses valuable nutrients. The body will then catabolize muscle tissue to provide the nutrients for the basic life functions even to the point of consuming the heart muscle for nutrients resulting in death.

# Physiology

## ***Muscle Fiber Types***

There are two types of muscle fibers, fast twitch (FT) and slow twitch (ST). Fast twitch fibers are used for explosive type movements and are easily fatigued. Slow twitch muscle fibers contain more mitochondria than Fast twitch. Mitochondria are cell structures that contain specific enzymes which are required by the cell in order to use oxygen for energy production.

Fast twitch muscles fibers have less mitochondria and therefore less capacity for oxygen utilization in the production of energy within the muscle. This makes them better suited to anaerobic activities such as weight training, sprinting, jumping and other explosive type activities. FT fibers create energy anaerobically, that is, without oxygen. This system uses glucose as a prime energy source. The by-product of this anaerobic energy production is heat and lactic acid. Lactic acid accumulation in the muscle causes fatigue and soreness. The anaerobic energy system is a limited system for energy production.

Slow twitch fibers are used for endurance type activities and are particularly suited to aerobic type activities. These type fibers contain an increased number of mitochondria and therefore are capable of utilizing oxygen for the production of energy within the muscle. This system uses glucose or fat in combination with oxygen to produce energy. The by-product of this system is carbon dioxide, water and heat.

Each person has a specific ratio of FT to ST fibers. A person with a high ratio of FT fibers may find it easier to train for specific activities that involve explosive movements. Conversely, a person with a higher ratio of ST fibers might find it easier to train and excel at endurance type activities.

There is a third type of muscle fiber that exists only in humans. It is considered a FT fiber of type IIA. These fibers are less powerful than the type IIAB discussed above. What makes these type IIA FT fibers unique is that they can adapt somewhat to aerobic activities. These fibers provide the capability to alter our original genetic FT/ST ratio.

## ***Energy Production***

There are basically two types of energy systems that the body utilizes, Aerobic and Anaerobic. Each energy system produces Adenosine Triphosphate (ATP) which is used by the muscles to contract.

The Aerobic System can utilize carbohydrates, proteins or fat to supply an unlimited amount of ATP as long as oxygen is present. The Aerobic system provides medium to very long duration energy production with low to moderate power (less than 85% of maximum output). The by-product of this system is heat, water and carbon dioxide.

The Anaerobic System can only utilize carbohydrates for ATP production. This system does not use oxygen in the metabolization of its fuel source. The Anaerobic System provides short duration (45 - 70 seconds) and high power. The by-product of the metabolization of glucose (glycolysis) in this system is heat and lactic acid, the cause of muscle soreness immediately after exercise. Muscle soreness 24 to 48 hours after exercise is due to torn muscle fibers and connective tissue. This type of soreness can be reduced by adequate warm-up and cool-down stretching exercises.

Aerobic capacity is the ability of the body to collect and transfer oxygen from the air through the lungs and blood to the working muscles. This is related to cardiorespiratory endurance and is referred to as Maximal Oxygen Consumption or VO<sub>2</sub> max. Aerobic Capacity reduces at about 10% per decade after 30 years of age.

The Anaerobic Threshold is defined as that point where the body can no longer meet the oxygen demand and its anaerobic metabolism is accelerated. This point varies on an individual basis and is dependent on fitness level. For healthy individuals, this occurs between 50% and 66% of their maximal working capacity. This would be equivalent to running faster than half speed.

## ***Cardiovascular and Respiratory System***

Air is inhaled into the lungs where oxygen is exchanged through tiny gas permeable sacs within the lungs for carbon dioxide from the blood. The heart pumps the oxygen rich blood from the left atrium through the arteries then through tiny vessels called capillaries to the tissues of the body. At the cell level, oxygen is given up for metabolism and the carbon dioxide produced by this action is picked up by the blood. The oxygen depleted and carbon dioxide rich blood is then pumped back to the heart, through the veins to the right atrium to the lungs where the process is repeated.

Aerobic activity increases the strength of the heart muscle. The result is a greater volume of blood per stroke. This is referred to as Stroke Volume or the amount of blood ejected from each ventricle of the heart during one stroke. Cardiac Output is a measure of the amount of blood pumped through each ventricle in one minute. Vital Capacity is the volume of air that can forcibly ejected from the lungs in a single expiration. Aerobic activity provides a Training Effect on Vital Capacity, Stroke Volume and Cardiac Output.

# Kinesiology

## Anatomy

Bones provide attachment points and support for muscles. Bones are connected together by fibrous tissue called Ligaments. Tendons are also fibrous tissue and attach muscle to bone. Both have some elasticity and do not heal on their own if torn. An overstretched tendon is called tendinitis and is an inflamed tendon. Cartilage is also fibrous tissue but is not elastic. Cartilage is used to cushion the junction of two bones.

The body is divided into three anatomical planes the Frontal, Sagittal and Horizontal. The Frontal plane divides the body from front to back. The Sagittal plane divides the body down the center. The Horizontal plane divides upper and lower. The table below lists the anatomical term and the corresponding description.

ANATOMICAL TERM	DESCRIPTION
Anterior	front
Posterior	back
Medial	inside
Lateral	outside
Supine	face up
Unilateral	one side
Bilateral	both sides
Prone	face down
Superior	upper
Inferior	lower

## ***Muscle Action***

The three types of muscle contraction are Isometric, Isotonic, and Isokinetic. Isometric is defined as that type of contraction where muscle tension increase without increasing muscle length. This type of exercise provides muscle strength gains but only at the joint angle held during the exercise. Isotonic contraction is defined as that where the muscle increases in tension and length and at a constant speed. Isokinetic contraction is defined as increasing tension and length and at a controlled speed.

In each exercise there are four main functions of the associated muscles, Agonists (prime movers), Antagonists, Stabilizers and Assistors. The Agonists is generally the muscle we are exercising. The Antagonist is the opposing muscle and acts in contrast to the agonist. The Stabilizer muscles are those that hold a joint in place so that the exercise may be performed. The Assistors help the Agonist muscle doing the work. The stabilizer muscles are not necessarily moving during exercise, but provide stationary support.

For example, when doing biceps curls, the biceps are the agonists, the triceps are the antagonists and various muscles including the deltoids are the stabilizer muscles. However, when doing a triceps push down, now the triceps are the agonists and the biceps are the antagonists. Again the deltoid muscles are the stabilizer muscles. The agonist/antagonist relationship changes depending on which muscle is expected to do the work. However, every muscle group has an opposing muscle group. The following table lists muscles and their opposing counterparts:

<b>AGONIST (Prime Mover)</b>	<b>ANTAGONIST</b>
Biceps	Triceps
Deltoids	Latissimus Dorsi
Pectoralis Major	Trapezius/Rhomboids
Rectus Abdominis	Erector Spinae
Iliopsoas	Gluteus Maximus
Quadriceps	Hamstrings
Hip Adductor	Gluteus Medius
Tibialis Anterior	Gastrocnemius

In reference to Agonist and Antagonist, this above list could easily be reversed when exercising the muscles in the right hand column. Muscle balance is that relationship between the Agonist and Antagonist. It is important to have muscle balance to prevent injury. If the Agonist is much stronger than the Antagonist, the Agonist can overpower and injure the Antagonist.

Tendons are made up of fibrous tissue and connect muscle to bone. Tendinitis is an inflammation of the tendon due to overuse. A stretching or tearing of the tendon is referred to as a strain. A Sprain is a muscle injury.

Ligaments are also fibrous tissue and connect bone to bone. There are less flexible than tendons. The function of ligaments is to restrict the joint movement within normal parameters. When a ligament is over stretched or torn it is called a sprain. Since ligaments don't have a vascular system, they may take a very long time to repair or may never return to their original length. This can cause abnormal joint movement and even cartilage and bone wear due to this unrestricted movement.

## ***Joint Action***

Joints provides a fulcrum point for muscles to do work. There are six types of joint action:

<b>JOINT ACTION</b>	<b>MOVEMENT DESCRIPTION</b>	<b>EXAMPLE MOVEMENT</b>
Flexion	decreasing joint angle	Biceps Curl
Extension	increasing joint angle	Triceps Extension
Abduction	movement away from body centerline	Lateral Raises (Deltoids)
Adduction	movement toward body centerline	Horizontal Flys (Pectorals)
Rotation	rotation about and axis	Twisting the Arm
Circumduction	360 degree rotation	Arm circle around

# Aerobic Training

The mechanics of aerobic exercise require that oxygen be brought in by the lungs transferred to the blood vessels. Oxygen rich blood is then pumped by the heart to the muscles. The muscles utilize oxygen for muscle contraction. Through routine aerobic activity, the body becomes more efficient at processing oxygen. Examples of aerobic activity include running, jogging, biking, rowing, walking. In fact any exercise that incorporates large muscle groups, raises the heart rate, breathing rate and body temperature is aerobic in nature.

## ***Benefits***

- Improves cardiorespiratory and cardiovascular system
- Strengthens heart
- Decreases resting heart rate
- Improves circulation by clearing out cholesterol buildup
- Body adapts to burn fat as primary fuel source
- Improves psychological disposition and reduces stress levels
- Raises basal metabolic rate
- Decreases blood pressure
- Reduces LDL blood cholesterol level
- Tones muscles
- Improved balance and posture
- Increases Blood Oxygen level
- Increases flexibility, reducing capability for injury

## ***Weekly Requirements And Limitations***

Fitness Level gains are determined by Frequency, Intensity and Duration of the Aerobic exercise. Each session (duration) should last from 20 to 60 minutes and be performed 3 to 5 days per week (frequency) at an intensity level measured by heart rate (55% - 85%) according to the American College of Sports Medicine (ACSM).

During the first 15 minutes of aerobic activity, glycogen or sugar within the muscles is used for energy. Fat metabolism for energy doesn't occur until about 15 to 20 minutes after beginning aerobic activity. This is why it's important that aerobic duration be at least 30 minutes. Aerobic sessions greater than 1 hour continue to burn fat but at not the same rate as during the first hour.

Additionally, sessions greater than 1 hour increase the risk of injury due to fatigue. Increasing aerobic frequency (greater than 5 times per week) does not give the body a chance to fully recover and can even reduce the body's capability to defend itself against illness. It is important to listen to what your body is trying to tell you. Rest, adequate sleep, proper diet all become more critical when demands are placed on our bodies above the normal everyday physical stress.

## ***Diet Requirements***

The type of fuel you put in a vehicle depends on the performance you expect out of it. The same is true of our body. Unlike weight training, aerobic training has two main goals. The first is to improve cardiovascular performance, the second to burn fat. Both of these goals can be realized during the same aerobic session.

If the goal is to simply improve cardiovascular strength then we need to target performance. Like weight training, we want to consume a complex carbohydrate snack before aerobics. A sugar snack will not provide the sustained energy and in fact may decrease performance. Excessive sugar intake before aerobic activity can work against the participant. When large amounts of sugar are ingested, the pancreas must secrete insulin to metabolize the sugar. Insulin levels in the blood inhibit the liver from metabolizing fat. Therefore little or no fat burning takes place during exercise. This includes sugary drinks as well like sport drinks which stay in the stomach much longer than ordinary cold water thereby inhibiting quick hydration. Therefore, if the goal is to burn fat, then water only should be consumed before aerobics.

## ***Types Of Aerobic Activities***

Anything that maintains the target heart rate 60% - 90% of the Maximum Heart Rate is considered aerobic. If the heart rate is lower, then aerobic levels have not been reached. If the heart rate is higher, then an anaerobic level has been reached. During anaerobic exercise (sprinting) protein is being consumed and energy is being produced without the benefit of oxygen.

High intensity, high impact aerobics is not necessary to burn fat. For example, running for 1 mile burns only 20% more fat than brisk walking for 1 mile. It's important to focus on the exercise and maintain the target heart rate. Watching TV, reading books or other similar activity tends to distract the participant from monitoring the target heart rate. Use music with sufficient beats per minute to intensify the exercise session (120 - 140 bpm).

## ***Pregnancy***

During pregnancy, no exercise should be performed in the supine position after the fourth month. Target heart rate should not exceed 140 bpm. Avoid exercises that incorporate extreme flexed or extended joint positions. Joints are looser in the latter part of pregnancy. Also avoid jumping movements due to joint and tissue laxity. It is important to maintain the current fitness levels during pregnancy and not try to increase or improve the fitness level. The time to do this is before pregnancy not during. Keep Aerobic/Step moves basic and simple. High step heights can become dangerous due to the body's change in the center of gravity. Recommended step heights are 4 to 6 inches. Keep strenuous activities down to a duration of 15 minutes at a time. It is also very important to avoid the Valsalva maneuver (holding the breath) during exercise. It robs not only the baby of oxygen but oxygen starved muscles can cramp easily.

## ***Maximum Heart Rate***

The Maximum Heart Rate is determined by the participants age. This is the level that must never be exceeded. Never exercise even near the maximum heart rate. Drugs, illness, coffee, and alcohol can push the heart rate to dangerous levels. The maximum heart rate is determined as follows:

$$\text{Maximum HR} = 220 - \text{Age}$$

## ***Resting Heart Rate***

Heart rate an accurate measure of your performance during the aerobic session. However, it is not the only indicator of your fitness level. Resting heart rate needs to be determined, particularly if you plan to use the Karvonen method of determining your target heart rate. The resting heart rate is measured for three consecutive mornings before you get out of bed. Keep a watch or clock with a second hand to count the beats and count for 10 seconds then multiply the total 10 second count by 6. The number you get is your resting heart rate. As your cardiovascular system becomes stronger, the resting heart rate will become lower. You will then need to repeat the above measurement.

## ***Target Heart Rate***

The Target Heart Rate is the heart rate range that the participant should try to maintain during exercise. The participants fitness level determines which of the three intensity levels Beginner, Intermediate or Advanced should be maintained. For each category, approximately 4 to 6 weeks should pass before moving to the next level assuming at least three aerobic sessions a week.

<b>LEVEL</b>	<b>Beginner</b>	<b>Intermediate</b>	<b>Advanced</b>
<b>Target HR</b>	60% - 70%	70% - 80%	80% - 90%

Heart rate should be measured every 15 minutes for experienced participants of aerobic exercise and every 5 - 10 minutes for beginners. Counting should begin within 5 seconds after exercise stops and begin with zero. Count the number of beats for 10 seconds then multiply by six to get the beats per minute. Beta Blocker medication lowers the overall heart rate. Raising the arms overhead produces a higher heart rate known as the Pressor response. If the heart rate is too low, use full range of motion and more arm movement. Conversely, if the heart rate is too high, shorten the range of motion and reduce or eliminate arm movement. During pregnancy, heart rates should not exceed 140 bpm.

There are two methods for calculation of the target heart rate. The Standard Method is the quick method and uses an intensity range of 60% to 90% of the maximum heart rate. The Karvonen method incorporates the individuals resting heart rate and is therefore the more accurate method. This method uses an intensity range of 50% to 85%.

An example calculation using the Standard Method for a 40 year old for a desired aerobic intensity of 75% would be:

$$\begin{aligned}\text{Standard Target HR} &= \% \text{Intensity} / 100 * (\text{Maximum HR}) \\ &= 0.75 * (220 - 40) \\ &= 135\end{aligned}$$

An example calculation using the Karvonen Method for a 40 year old with a resting heart rate of 50 bpm for a desired aerobic intensity of 75% would be:

$$\begin{aligned}\text{Karvonen Target HR} &= \% \text{intensity} / 100 * (\text{Maximum HR} - \text{Resting HR}) + \text{Resting HR} \\ &= 0.75 * (220 - 40 - 50) + 50 \\ &= 147\end{aligned}$$

**Target Heart Rate Exercise Table**

AGE	BEGINNER LEVEL 60%-70%		INTERMEDIATE LEVEL 70%-80%		ADVANCED LEVEL 80%-90%	
	BEATS/MIN	BEATS/10 SEC	BEATS/MIN	BEATS/10 SEC	BEATS/MIN	BEATS/10 SEC
<b>up to 19</b>	120 - 140	20 - 24	138 - 155	23 - 25	150 - 174	25 - 29
<b>20 - 24</b>	120 - 140	20 - 24	138 - 155	23 - 25	144 - 174	24 - 29
<b>25 - 29</b>	115 - 137	18 - 22	135 - 152	22 - 25	144 - 166	24 - 29
<b>30 - 34</b>	110 - 133	18 - 22	131 - 147	21 - 24	138 - 162	23 - 27
<b>35 - 39</b>	110 - 130	18 - 21	128 - 142	21 - 23	136 - 160	22 - 26
<b>40 - 44</b>	96 - 126	16 - 21	124 - 139	20 - 23	128 - 151	21 - 25
<b>45 - 49</b>	96 - 123	16 - 20	121 - 135	20 - 22	126 - 146	21 - 25
<b>50 - 54</b>	90 - 119	15 - 19	117 - 132	19 - 22	120 - 142	20 - 23
<b>55 - 59</b>	90 - 116	15 - 19	114 - 130	19 - 21	110 - 139	18 - 23
<b>60 +</b>	90 - 112	15 - 18	110 - 127	18 - 21	100 - 134	16 - 22

## ***Recovery Heart Rate***

The heart rate should be below 120 after 2 to 5 minutes after exercise stops depending on fitness level. If the heart rate is higher, insufficient cool-down or low fitness level may be the cause. Slow heart rate recovery can also be due to illness or exercising too vigorously. If this is the case, reduce the intensity of the exercise thereby adjusting the heart rate. Final heart rate check at the end of the aerobic workout should be below 100 bpm.

## ***Rating Of Perceived Exertion (RPE)***

Generally, if you can't talk during exercise, you're training too hard. However, a more accurate method of measuring exercise intensity is the Rating of Perceived Exertion. To put it simply, imagine a scale of 6 to 20 and try to determine where your intensity level is on that scale. That number will be very close to your heart rate. To simplify further, you can narrow the scale down when exercising to a scale of 10 to 18. This would correspond to a heart rate of 100 to 180. It is beneficial to become familiar with this method so that you are always aware of your heart rate when exercising. This allows you to constantly monitor your heart rate and adjust the intensity of your exercise to remain within the target zone. This method should not replace direct heart rate measurement due to inherent inaccuracy but serve as an adjunct to it.

## ***Blood Pressure***

Blood pressure readings consist of two numbers, systolic and diastolic pressures. The systolic pressure is a measurement of how forceful the heart is pumping blood when it contracts in the pumping stage. If this reading is too high, then the heart is working too hard. The diastolic pressure is the measurement of the force existing within the relaxed arteries between heart beats. If this number is high it could be indicative of clogged or constricted blood vessels.

Digital blood pressure monitors are available at many department and drug stores and provide an easy method of taking a reading. When a reading is taken in the doctor's office, he first wraps the cuff around your arm and pumps it up with air effectively cutting off the circulation to the lower arm. As he pumps air into the cuff, a mercury pressure gauge provides an increasing reading of the pressure within the cuff. Listening through a stethoscope, he begins to slowly let the air out and the gauge begins to fall. At the moment he hears the pulse start back up, he records the level on the gauge. This is the systolic pressure. He continues to release air from the cuff. When he can no longer hear your pulse, he records that reading from the gauge. That is your diastolic pressure. A reading of 120/80 or lower is considered good. A reading of 140/90 or above is considered high blood pressure.

It is important to see a doctor to determine if medication is required if high blood pressure is indicated. Exercising with high blood pressure and without medication could cause serious consequences. Exercise raises the heart rate and associated cardiovascular pressures which can push a borderline reading to excessive levels. Certain foods can elevate blood pressure by constricting blood vessels or increasing heart rate.

The Valsalva Maneuver or holding the breath while performing an exercise can increase blood pressure to extremely high and dangerous levels. Blood pressures of nearly 400/350 have been recorded during such actions. Existing aneurysms can burst, blood vessels in the eye can rupture and even retinas can tear (Valsalva Retinopathy). This is a common and dangerous practice. It is also the job of the trainer or spotter to recognize when the breath is being held and bring it to the exerciser's attention immediately.

## ***Proper Attire For Specific Activity***

Proper attire is just as important as all the other requirements for effective exercise. Running shoes provide the needed heel cushioning but lack in the side to side lateral support for required for aerobics. Aerobic shoes are generally available for women. However, men's aerobic shoes are scarce. A good cross trainer shoe provides all the necessary support for aerobics. Athletic shoes should fit properly. Break in period does not apply to athletic shoes they should fit comfortably from the beginning. Depending on the amount of use they get, insoles may wear out before the shoes show signs of external wear.

It is important to wear clothing that allows the skin to breathe. The body utilizes sweating to regulate temperature. Clothes that restrict the cooling of the skin are not recommended. It's important to wear clothing that allows the body to ventilate. If evaporation does not occur, the wet clothing will continue to help radiate body heat. This can lead to loss of excess body heat after exercise when heat retention is important.

Cotton soaks up sweat readily, but stays wet. Wool, however, continues to provide body warmth even when wet. Nylon doesn't allow water to permeate through. Obviously, layers are important in cold weather environments. Layers allow you to remove and replace outer garments as the need arises. Hats are equally important in cold weather since a considerable amount of body heat can be lost through the head. In warm weather, wear loose clothing that allows sweat evaporation. Again, cotton dries slower than man-made materials. A combination of cotton and polyester combines the absorption and wicking qualities of each material.

## ***Specific Aerobic Activities***

### **Running**

- Use a good running shoe.
- Land on the heel and rotate to the toe, except when sprinting stay on toes.
- Use orthotic inserts if necessary.
- Restrict vertical movement, don't slam down, glide.

### **Stair Master**

- Use the hand rails for balance only, not for support.
- Keep back and head straight up in vertical alignment.
- Using 8 to 10 inch step strokes uses 15% more energy.

### **Stationary Bicycle**

- Restrict side flex movement.
- Assume upper body slightly forward with head upright.
- Adjust seat for near full leg extension.

## ***Teaching Aerobics***

### **Class Preparation**

Step height should be dependent on participants height and fitness level and familiarity with Step Aerobics. Even athletes should limit the step height to the lowest possible height until the coordination is achieved on the step. Under no circumstances should the step height be high enough to require a 90 degree or greater flexion of the knee. A maximum of 60 degrees is sufficient for all higher intensity levels.

Always ask if anyone is new to step. Keep a watchful eye on new people to insure their adherence to safety standards. They may not be aware of their limits yet. We all have a tendency to get complacent over time so always instruct participants in the proper technique, regardless if there are new people present or not.

Instructors should be conscious of the fact that the class will try to follow your intensity level. Therefore, if you use more than one step riser, the class will follow even if they are not ready. Considering all the classes that we generally do in a week, it's not really necessary to use more than one riser. The additional stress on your shins, knees and ankles may take it's toll in time. As instructors we sometimes don't get the chance to follow ACSM guidelines for alternate days of aerobic activity to heal properly. Proper technique, enough sleep and proper diet are of utmost importance.

Before starting class make sure that all towels, weights or other items are stowed under the board or at the wall so as not to provide a hazard during class. Insure that each step participant has a minimum of 25 square feet of space. In other words a 5 foot by 5 foot area with the step positioned in the middle of this area.

Begin with a progressive, limbering warm-up and stretch period followed by stepping with a tap up then basic step up moves. Progressively add arm and then leg changes. Observe the class's response to cueing. This will give you a idea of the overall class experience level. Adjust the class accordingly.

Face the class providing a mirror image of the moves. During such maneuvers as turn step or over the top (not across the top), it may be less confusing to the class and therefore easier for them to follow if you face front. Remain flexible in your teaching style and use common sense guided by the participants perspective.

## **Intensity And Complexity**

There is a misconception of what constitutes beginner, intermediate and advanced levels of aerobics. Generally, people equate class level with choreographic complexity. It is physical exercise intensity level alone that determines class level and subsequently heart rate. Complex moves, although fine for dance enthusiasts, can be defeating and demoralizing to most of the people who are trying to learn complex dance moves when they are really there to burn fat.

Intensity can be better served by utilizing large muscle groups quantitatively. Complex dance moves can be icing on the cake after the intensity level has been achieved by the aforementioned method. In many cases this may serve as a great cool-down method since intensity and subsequently heart rate generally drops as the participant slows down to learn new steps. Therefore, beginner, intermediate and advanced level classes can be grouped further into two categories, complex and non-complex denoting the choreographic complexity.

Leg muscles and arm movements will also add to intensity level. Intensity level can be reduced by placing hands on the waist while continuing to step, by reducing the height of the step or by reducing the tempo of the music. Step heights of 4 inches provide intensity levels near those of walking briskly. A step height of 12 inches exhibits near the same energy level as jogging at 5 to 7 mph.

## **Components Of An Aerobic Class**

Aerobic classes are generally one hour in length. The warm-up segment should last about 10 minutes and be composed of limbering type exercises to provide a core body temperature increase. Warming up the muscles is of prime importance in preventing injury due to the fact that they are more elastic. Lower body stretching should then be done for about 5 more minutes.

Begin stepping using simple moves. The aerobic segment should last about 25 minutes and should increase gradually in intensity and complexity. All moves should be less than full range until full warm-up is achieved. Heart rate can be checked about half way through the aerobic segment and is a good time for a water break. The class should be adjusted according to the results of the heart rate check. A cool-down segment follows the aerobic segment lasting about 5 minutes.

Heart rate should then be checked again to assure a rate of less than 120 bpm. Anyone still at a higher level should be instructed to continue marching or walking around the room. Floor work should then begin and continue for the next 10 minutes followed by stretching for the last 5 minutes. None of these times are cast in stone and may be adjusted accordingly. For example, the instructor can reduce the aerobic segment to 20 minutes and increase the final stretching segment to 10 minutes.

## **Injury Prevention And Treatment**

Watch for fatigue by keeping a periodic scan on participants. If you observe someone losing coordination, stumbling or appearing red faced and flushed, instruct them to stand down and take a few minutes rest. If the severity of fatigue is not as grave, just instruct that person to continue with their hands on the hips to reduce the intensity.

If someone falls and is uninjured, instruct them to discontinue stepping immediately. It is most likely that they have pushed themselves beyond their fitness level. Have them report to the front desk. If they are unable to walk without difficulty or the situation involves cardiovascular or respiratory difficulty, discontinue the class, escort them to the front desk and notify medical personnel. If they are not able to walk, discontinue the class, and send someone to the front desk for help, stay with the injured participant in the event that more serious complications evolve and keep them immobilized. Sprains are treated with Rest, Ice, Compression and Elevation (RICE). Apply ice for no longer than 20 minutes at a time every 2 hours. Apply compression above, on and below the injury. Elevate the injury above the heart.

Shin Splints are caused when the calve muscles are trained and the opposing or antagonist muscle, the Tibialis Anterior, is left underdeveloped. This causes a muscular imbalance as the calve muscle attempt to tear the Tibialis Anterior away from the bone. RICE is the prescribed treatment and toes raises are the prevention.

# Step Aerobics

## The Basics

- Bring foot flat up and centered on board to avoid board instability.
- Don't hang heels off the board to avoid straining the Achilles tendon.
- Lower toes to the floor first then heel when coming off board to absorb shock.
- Keep within 12 inches of board when coming to floor, except during lunges.
- Keep heel off the floor when doing lunges, keep weight on the ball of the foot.
- Power up onto the board only, don't jump off board.
- Lean from the ankles, not the hip.
- Keep abdominals tight to improve muscle tone and balance.
- Continue breathing, never hold the breath.
- Knees should be soft not locked to provide shock absorption and reduce back strain.
- Keep hands on waist until comfortable with leg movements, when learning coordination.

## The Class

- Warm Up
  - Begin with wide stance deep breaths to oxygenate the blood.
  - March in place, side step, grapevine.
  - Include wide stance toe tapping with reach out and up.
  - Extend reach across the centerline of the body.
  - Transition from reaching across to reach up, each side.
  - Stretch Calves, Hamstrings statically.
  - Shin (Tibialis Anterior) dynamic flex.
- General Technique
  - Step up with whole foot flat on the board.
  - Step off board to floor with toe to heel.
  - Slight lean forward at the waist.
  - Heels stays off floor during lunges.
- Safety
  - Limit step and cool-down music tempo range from 118 to 122 bpm.
  - Limit warm-up tempo range from 120 to 134 bpm.
  - Avoid moves that require stepping forward off the board.
  - Limit power moves (propulsion) to 1 minute intervals.
  - Limit repeater moves to five repeaters at time.
  - Use no weights on the board, except where one foot is on the floor.
  - Avoid pivoting moves on a loaded knee.
  - Never change more than one move at a time (i.e., legs then arms)
  - Always provide low impact alternatives to high impact moves.

## Discontinue stepping if:

- Legs become fatigued and uncoordinated.
- Any pain becomes evident.
- Dizziness occurs.
- Rapid heart rate.

## ***Basic Step Moves***

### **Basic Left (Reverse for Basic Right)**

- Start Position
  - Centered in front of the bench.
- Description
  - Step up on the bench with the left foot
  - Step up on the bench with the right foot
  - Step down left foot, then down right foot.
- Count Breakdown:
  1. Step up on bench with left foot
  2. Step up on bench with right foot
  3. Step down backwards to the floor with left foot
  4. Step down backwards to the floor with right foot
- Notes:
  - Basic left is one of the simplest and most basic of all step moves

### **V-Step**

- Start Position
  - Centered in front of the bench.
- Description
  - Like a basic but step wide on the bench.
- Count Breakdown:
  1. Step up on bench with leading foot as wide as possible
  2. Step up on bench with the other foot as wide as possible
  3. Step down backwards to the floor with lead foot
  4. Step down backwards to the floor with left foot
- Notes:
  - Feet together on the floor, and spread apart while on the bench

### **A-Step**

- Start Position
  - In front of the bench, but off to one side.
- Description
  - This is a modified basic step in the shape of a letter A
- Count Breakdown:
  1. Step up with leading foot at the center of the bench
  2. Step up with the other foot next to the lead foot
  3. Step down backwards to the floor with lead foot
  4. Step down backwards to the floor with left foot
- Notes:
  - Start and end with feet together on opposite ends of the bench.

## Turn Step

- Start Position
  - In front of the bench, but off to one side.
- Description
  - Start on side of bench and do a modified basic while turning.
- Count Breakdown:
  1. Step up on the bench with the left foot
  2. Step up on the bench with the right foot while turning to the left
  3. Step off the bench with left foot, turn to the left slightly
  4. Bring the right foot down on the floor next to your left
  5. Step up on the bench with the right foot
  6. Step up on the bench with the left foot while turning to the right
  7. Step off the bench with the right foot, turn to the right slightly
  8. Bring the left foot down on the floor next to the right
- Notes:

## Z-Step

- Start Position
  - Centered in front of the bench.
- Description
  - Step across the bench, off diagonally, and across the floor to form the letter Z.
- Count Breakdown:
  1. Step onto left side of bench with left foot
  2. Step up with right foot next to the left (feet are together on the left side of the bench)
  3. Step to the right side of the bench with right foot
  4. Step to the right side of bench with left foot (feet are together on the right side of the bench)
  5. Step back diagonally to the ground with left foot (left foot is now in front of the bench on the far left side)
  6. Step back diagonally to the ground with the right foot (feet are together on the left and on the floor)
  7. Step on the floor to the right with right foot
  8. Step on the floor to the right with left foot (feet are together on the left and on the floor)
- Notes:
  - When left foot leads, counts 3-8 for the letter Z

## **X-Step**

- Start Position
  - Straddling the bench.
- Description
  - Start from a straddle position at one end of the bench.
- Count Breakdown:
  1. Step up to center of bench with right foot
  2. Step up to center of bench with left foot
  3. Step down and forward with right foot to the floor on the right side of the bench
  4. Step down and forward with left foot to the floor on the left side of the bench
  5. Step up and backward to the center of the bench with right foot
  6. Step up and backward to the center of the bench with left foot
  7. Step down and backward with right foot to the floor on the right side of the bench
  8. Step down and backward with left foot to the floor on the left side of the bench
- Notes:

# ***Kick Box Aerobics***

## **The Class**

- Warm Up
  - Begin with wide stance deep breaths to oxygenate the blood.
  - March in place, side step, grapevine.
  - Include wide stance toe tapping with reach out and up.
  - Extend reach across the centerline of the body.
  - Transition from reaching up and out to jabs to the front and round house punches.
- General Technique
  - Chin is tucked in and down.
  - Don't aim for the target, aim behind the target.
  - Always look in the direction of the punch or kick before executing.
  - Extend shoulder into the punch.
  - Keep abdominals tight to improve muscle tone and balance.
  - Keep fists in front of face when not punching. (Defense Position)
- Boxer's Stance Technique
  - Stay light on the feet to keep impact to a minimum.
  - Maintain a rocking back and forth motion.
  - Keep heels lightly touching the floor.
  - Keep weight on the ball of the foot.
  - Keep fists in front of face when not punching. (Defense Position)
  - Discontinue is joint pain or discomfort is experienced.
  - Stay on Boxer's Stance for no more than 5 minutes at a time.
  - Provide lower impact exercise for at least 5 minutes in between.
- Safety
  - Limit Kick Boxing Aerobics temp range from 120 - 125 bpm.
  - Limit warm-up tempo range from 120 - 134 bpm.
  - Limit cool-down music tempo range from 118 - 122 bpm.
  - Avoid moves that require back kicks in a crowded class.
  - Don't lock knees to provide shock absorption and reduce back strain.
  - Limit power moves (propulsion) to 1 minute intervals.
  - Limit repeater moves to five repeaters at time.
  - Light weights can be used by the more advanced students.
  - Instructor should avoid using weights.
  - Avoid pivoting moves on a loaded knee.
  - Unlike Step multiple moves are permitted.(i.e., legs and arms)
  - Always provide low impact alternatives to high impact moves.
  - Continue breathing, never hold the breath.
  - Instruct class to work at their own pace, not the instructors

## **Discontinue Kick Box Aerobics if:**

- Legs become fatigued and uncoordinated.
- Any pain becomes evident especially joint pain.
- Shin area pain or discomfort.
- Dizziness occurs.
- Rapid heart rate.

## ***Kick Box Moves***

### **The Jab Punch**

- Front stance to target
- Chin tucked in.
- Aim through the target not at target surface.
- Align the first two knuckles with the target.
- Maintain straight line up the arm to the shoulder.
- Extend shoulder and hips into the punch for power.
- **TARGETS:**
  - Just below nose
  - Solar Plexus - center of ribcage below chest bone

### **The Round House Punch**

- Front stance to target
- Chin tucked in.
- Aim through the target not at target surface.
- Align the first two knuckles with the target.
- Maintain an arc up the arm to the shoulder.
- Extend shoulder and hips into the punch for power.
- **TARGETS:**
  - Side of the head (temple, rear of jaw)
  - Side of abdomen near kidneys

### **The Power Punch**

- Oblique stance to target, one foot back
- Chin tucked in.
- Punch with rearward arm.
- Aim through the target not at target surface.
- Align the first two knuckles with the target.
- Maintain straight line up the arm to the shoulder.
- Rotate hips forward and extend shoulder towards target.
- **TARGETS:**
  - Just below nose
  - Solar Plexus - center of ribcage below chest bone

## The Left Hook Punch

- Left leg forward, boxing stance.
- Transfer weight to front leg.
- Arm forms a tight 90 degree angle.
- Twist the whole upper body forward, rotating left foot.
- Extend left arm to punch across the front of body
- Extend punch all the way through to the right side.
- Keep right hand at the defense position.
- **TARGETS:**
  - Jaw
  - Ribs (opponents right side)
  - Nose

## **The Front Kick - Forward Leg**

- One foot forward, the other 8 - 12 inches behind.
- Feet about shoulder width.
- Transfer weight to the rear leg.
- Look at target.
- Lift knee to highest position.
- Lean back slightly at the waist.
- Extend leg, but do not hyperextend the knee.
- Strike with the ball of the foot.
- Return foot to forward position.
- **TARGETS:**
  - Shin
  - Just below kneecap
  - Groin
  - Above waist (hand, face) only for the advanced student

## **The Front Kick - Rearward Leg**

- One foot forward, the other 8 - 12 inches behind.
- Feet about shoulder width.
- Transfer weight to the forward leg.
- Look at target.
- Lift knee to highest position.
- Lean back slightly at the waist.
- Extend leg, but do not hyperextend the knee.
- Strike with the ball of the foot.
- Return foot to behind position.
- **TARGETS:**
  - Shin
  - Just below kneecap
  - Groin
  - Above waist (hand, face) only for the advanced student

## **The Side Kick - Left Kick (do opposite for right kick)**

- Feet shoulder width apart or closer.
- Transfer weight to the right leg.
- Look at target to the left.
- Lift left knee up and inward towards body.
- Lean slightly to the right at the waist.
- Rotate right foot pointing toe away from kick (unload knee on turn).
- Maintain front stance.
- Extend left leg outward do not hyperextend the knee.
- Lower right arm to the side (for balance)
- Strike with the blade of the foot (side) and toes pointed down.
- Return left foot to side position.
- **TARGETS:**
  - Shin if target front is facing you
  - Side of kneecap if target side is facing you
  - Groin if target front is facing you
  - Side of thigh if target side is facing you
  - Above waist (hand, face) only for the advanced student

## The Round House Kick

- Right side facing target, feet shoulder width apart.
- Transfer weight to the right leg, bend front leg.
- Look at target to the right.
- Lift left knee up and inward towards body.
- Begin turning towards target, weight on front leg.
- Unload the knee as turn is executed
- Lean slightly to the right at the waist.
- Rotate right foot pointing toe away from kick.
- Point left bended knee at target
- Extend left leg outward do not hyperextend the knee.
- Lower right arm to the side (for balance)
- Strike with the ball of the foot and toes pointed down.
- Place left foot down wider than shoulder width.
- Should be facing opposite from start (left side to target)
- **TARGETS:**
  - Side of kneecap if target side is facing you
  - Side of thigh if target side is facing you
  - Side of abdomen (kidney area)
  - Above waist (hand, face) only for the advanced student

# Weight Training

Muscle power is the ability of the muscle to do maximum work within the shortest amount of time. Muscle endurance is the ability of the muscle to do moderate work over an extended period of time. Weight Training trains and develops the muscles for power. Spot reduction is not possible, however, adding lean muscle raises the Basal Metabolic Rate and therefore burns more total body fat.

Strength training not only increases bone density but tendon and ligament thickness thereby decreasing the risk of injury by increasing overall structural strength. Muscle atrophies at a rate of about 6.6 pounds per decade of age past 20 years old if not exercised. Strength training can avoid muscle atrophy through the aging process.

## ***Benefits***

- Helps control blood pressure
- Reduces body fat
- Improves posture
- Increases muscle strength
- Raises Basal Metabolic Rate
- Increases bone density
- Injury prevention from normal activities
- Physical appearance

## ***Circuit Training***

Circuit training is generally set up in gyms to provide a workout to specific muscles in a specific order. Generally, the exercises are done quickly without a great deal of rest in between sets. One set is performed on a machine and followed by a set of different exercises on the next machine. When all the machines in the circuit have been used the round is completed again from the start until three complete sets have been executed.

Circuit Training does not provide an effective aerobic workout. Studies evaluating circuit weight training showed an average improvement of only 6% in cardiovascular fitness as measured by VO2 max. Circuit training was described as continuous exercise with moderate weights using 10 - 15 repetitions with 15 - 30 second rest periods.

## ***Free Weights Vs. Machines***

Free weights provide a more complete workout. However, they also require more expertise in their use. When lifting free weights like barbells and dumbbells, not only is the prime mover or Agonist being worked but all the muscles responsible for stabilizing the joint. The result is to increase the strength of the stabilizer muscles. Greater care is required when using free weights. Improper technique can result in injury to the user or bystander if the weights are dropped.

It is important to remember to enlist the aid of a spotter whenever free weights are raised over the head. A spotter's responsibility is to insure the safety of the user during the execution of the exercise. The spotter must observe the condition of the user and try to anticipate exhaustion. The spotter must also insure that balance and an even lift is executed, that proper breathing technique is adhered to and that proper form is being executed by the user. A spotter's strength is not as important as his or her vigilance.

Machines provide a safer workout than free weights. Machines also specifically target a particular muscle automatically. It's harder to cheat during an exercise by incorporating unintentional muscle groups. However, since lateral movement is generally restricted, machines do not provide as complete a workout.

When lifting overhead with machines, a spotter is not necessary since the weights are confined to a rack and not directly overhead. Some machines are not adjustable for height or length of limbs on an individual basis. This can cause poor fit and even undue stress on joints when the supporting pressure incorrectly applied. The Biceps Curl and Triceps Concentration machines in many gyms are not adjustable and may cause undue stress on elbow joints instead of applying pressure to the back of the upper arm along the triceps.

In summary, free weights provide the best workout when a spotter is available and proper lifting technique is executed. In contrast, machines provide a better workout than could be safely achieved using free weights when a spotter is not available.

## ***Proper Lifting Technique***

The technique incorporated into lifting weights is the most important part of weight training. Improper technique can be responsible for everything from unintentionally exercising the wrong set of muscles to an injury requiring surgery and possibly years of recovery. Tears can occur in muscles, tendons, and ligaments. Joints can be damaged with possible chronic implications. Technique can be learned from reading exercise magazines or books specifically geared to weight room technique. However, in most cases, a few initial trips to the weight room with a Certified Personal Trainer can be extremely helpful to get you started on the proper exercises with respect to your goals and instruct you on proper technique. Starting a workout program without a trainer is like going to school without a teacher.

The following guidelines should be followed when lifting weights:

- Lift Weights from the floor with legs and not the back.
- Use a smooth full range of motion.
- Don't jerk the weights.
- Don't lock the knees (keep them slightly bent).
- Don't put pressure on the teeth, the enamel can crack.
- Keep back alignment, don't hyper extend or flex the back.
- Don't chat with your buddy, concentrate on the task.
- Unoxygenated muscles can cramp, breathe on exertion.

## ***Sets And Repetitions***

A Repetition is referred to as a Rep and is a single lift of the weights. A group of Reps are called a Set. An exercise is generally composed of 3 to 4 Sets.

The amount of weights to use is dependent on the goal of the participant and the fitness level. If the goal is to build muscle at the fastest rate then 6 to 8 Reps should be done with a heavier weight. If the goal is to simply tone or maintain the existing muscle strength then 12 to 16 Reps should be done with a lighter weight. The table below shows the 8 to 12 intermediate goal:

Participants should never use the heavy weight category if they have not lifted before or if significant amount of time has passed since they have last trained. When initially beginning a training program it is recommended to use the Light category for a least 3 to 4 weeks before progressing to the medium weight level.

There are various methods for determining the amount of weights to incorporate into a training effort (Heavy, Medium, Light). The 1 Repetition Maximum (1RM) method is determined by the highest weight that one can lift only once and not again. A percentage of this 1RM value is then calculated to use for multiple Reps and Sets. For example if the participant can bench press 150 lbs as a maximum effort and only once then the 1RM is 150 lbs. A percentage of this weight is used for the full complement of Reps and Sets. For the Light category, 50% of the 1RM is used.

Another method that can be used to determine the weight to use for a particular exercise is to simply estimate the initial weight. Do as many as you can. If your goal is to build muscle at the fastest rate, then if you can do more than 8 Reps then the weight is too light. If you can't do more than 6 Reps, then the weight is too heavy.

The following table details the number of Reps to use depending on the participants strength training goals. In each case perform 4 Sets.

<b>REPS</b>	<b>WEIGHTS</b>	<b>%1RM</b>	<b>RESULTS</b>	<b>REST PERIOD</b>
6 - 8	Heavy	85%-90%	Building at the fastest rate	2 -3 minutes
8 - 12	Medium	70%-80%	Building/Toning	1 minute
12 - 16	Light	50%-65%	Toning	30 seconds

## ***Weekly Requirements***

The recommended minimum weight training according to the ACSM is one set of 8 -12 repetitions of eight to ten exercises that work the major muscle groups at least 2 times per week. Studies have shown that strength training twice per week resulted in a 21% increase in strength. Increasing the training sessions to three times per week resulted in a 28% increase in strength only 7% more than the twice per week group or 75% of what could be accomplished in a three session week.

## ***Diet Requirements***

For six hours after a weight training session muscle requirements for protein are extremely high. It is therefore a good time to intake a protein rich meal or supplement. Carbohydrates are also necessary after a workout as well as before.

Before exercise, carbohydrates provide the energy to sustain the workout. After the workout session, the muscles, as described above, require tissue building protein. Intake of carbohydrates after the workout raises the insulin level. Increased insulin levels in turn lift growth-hormone levels and stimulates the production of protein which is needed for new muscle growth and repair. In addition, protein takes up to 24 hours to move through the digestive system and will be utilized within the next two days for repair. Carbohydrates move through the system within 3 hours.

In summary, take a carbohydrate drink or meal about 2 hours before your workout and during the workout. Afterwards, intake both a protein and carbohydrate snack immediately after the workout. When using sports drinks, try to use drinks that contain a complex carbohydrate like maltodextrin and not one that is simply glucose, fructose or simple sugars which won't provide sustained energy and can actually cause your workout to be shortened due to fatigue.

# Muscle Exercise Cross Reference

Prior to strength training, warm up and flexibility exercises should be performed. Warm up should include at least 5 minutes of aerobic activity to provide increased blood oxygen levels and increased body temperature. Both of these factors will increase the effectiveness of the strength training workout.

Exercise sessions should be organized so that the larger muscle groups are exercised first, followed by the smaller muscle groups.

The order of groups should be as follows:

1. Abdomen
2. Hips and lower back
3. Upper Legs
4. Calves
5. Chest
6. Upper back
7. Shoulders
8. Triceps
9. Biceps
10. Waist
11. Neck

Chest Exercises	Muscle Group
Bench Press	Pectorals, Triceps, Anterior Deltoids
Inclined Fly	Outer/Inner Pectorals, Anterior Deltoids
Inclined Press	Upper, Pecs, Triceps, Anterior/Medial Deltoids
Declined Press	Lower/Outer Pectorals, Triceps, Anterior Deltoids Pectorals
Pushup	Triceps, Anterior Deltoids
Cable Crossover	Upper/Lower Pectorals
Pec Dec	Pectorals, Anterior Deltoids

Back Exercises	Muscle Groups
Shrugs	Trapezius
One Arm Row	Trapezius, Latissimus Dorsi
Pull-ups	Biceps, Rhomboids
Back Extension	Erector Spinae
Roman Bench	Erector Spinae
Seated Row	Erector Spinae, Latissimus Dorsi, Biceps
Lateral Pull down	Latissimus Dorsi, Biceps

<b>Shoulder Exercises</b>	<b>Muscle Groups</b>
Overhead (Military) Press	Medial Deltoid, Triceps
Lateral Raises	Anterior/Medial Deltoid
Front Raises	Anterior/Posterior Deltoid
Prone Fly	Posterior Deltoid, Rhomboids

<b>Arm Exercises</b>	<b>Muscle Groups</b>
Barbell Curl	Full Biceps/Forearms
Dumbbell Preacher Curl	Upper/Outer Biceps
Standing Dumbbell/Low Cable	Inner Biceps
Seated Hammer Curls	Outer Biceps/Forearms (Brachialis)
Seated Inclined Dumbbell Curls	Lower Biceps
Triceps Kickback/Dip	Triceps Lateral Head
Triceps Seated OverHead Ext	Triceps Medial Head
Triceps Lying Extension	Triceps Long Head

<b>Lower Body</b>	<b>Muscle Groups</b>
Squat	Gluteus Maximus, Quads, Hamstrings, Erectors
Front Lunge	Gluteus Maximus, Quads, Hamstrings
Calf Heel Raise	Gastrocnemius, Soleus
Hip Extension	Gluteus Maximus
Hip Abduction	Abductors, Outer Thigh
Hip Adduction	Adductor, Inner Thigh
Leg Press	Gluteus Maximus, Quads, Hamstrings
Leg Extension	Quads
Leg Curl	Hamstrings

<b>Abdominal</b>	<b>Muscle Groups</b>
Upper Crunches/Inclined Sit-up	Upper Abdomen
Lower Crunches/Leg Raises	Lower Abdomen
Side Crunches	Outer Obliques
Crunch Machine	Abdomen, Hip Flexor

# Sample Workout

Begin each workout with a warm-up. This can be 30 minutes of brisk paced walking or jogging, stair master, etc. Abdominals are done everyday using 300 crunches with alternating movements.

## Intermediate Workout:

Do the following exercises in 3 sets of 12 reps.

## Advanced Workout:

Do the following exercises in 4 sets of 12 reps, with increasing weight each set.

<b>Monday</b>  <b>Legs:</b> <ul style="list-style-type: none"> <li>• Squats</li> <li>• Leg Extensions</li> <li>• Hamstrings</li> <li>• Abductor and Adductor Muscles</li> <li>• Calf Raises</li> </ul> <b>Biceps:</b> <ul style="list-style-type: none"> <li>• Straight Bar Curls</li> <li>• Dumbbell Curls</li> <li>• Drop Sets</li> </ul>	<b>Tuesday</b>  <b>Chest:</b> <ul style="list-style-type: none"> <li>• Incline Dumbbell Press (lower)</li> <li>• Decline Dumbbell Press (upper)</li> <li>• Bench Press</li> <li>• Dumbbell Flys</li> </ul> <b>Triceps:</b> <ul style="list-style-type: none"> <li>• Tricep Extensions</li> <li>• Tricep Pull-downs</li> <li>• Tricep Kickbacks</li> <li>• Tricep Press</li> </ul>
<b>Wednesday</b>  <b>Shoulders:</b> <ul style="list-style-type: none"> <li>• Military Press</li> <li>• Dumbbell Rear Deltoid</li> <li>• Dumbbell Lateral Raises</li> <li>• Cable Raises</li> </ul> <b>Back:</b> <ul style="list-style-type: none"> <li>• Seated Rows</li> <li>• Lat Pull-downs Back</li> <li>• Lat Pull-downs Front</li> <li>• Dumbbell Lat Pulls</li> </ul>	<b>Thursday</b>  <b>Trapezius:</b> <ul style="list-style-type: none"> <li>• Shrugs</li> </ul> <b>Forearms:</b> <ul style="list-style-type: none"> <li>• Forearm Curls</li> <li>• Any grip exercise</li> </ul> <b>Gluteus Maximus:</b> <ul style="list-style-type: none"> <li>• Cable kick backs</li> </ul>
For Friday and Saturday do four (4) sets of twelve (12) reps pyramiding the weight as heavy as you can go.	
<b>Friday</b>  <b>Legs, Chest and Triceps:</b> <ul style="list-style-type: none"> <li>• Legs: Sled</li> <li>• Chest: Bench</li> <li>• Triceps: Barbell Extensions</li> </ul>	<b>Saturday</b>  <b>Shoulders, Back and Biceps:</b> <ul style="list-style-type: none"> <li>• Shoulders: Military Press</li> <li>• Back: Sit-up Row Machine (rear deltoids)</li> <li>• Biceps: Dumbbell Curls</li> </ul>

# Fitness Testing

## *Flexibility Test*

For this field test a measuring tape or 36 inch ruler is required for this test. This test should be done after a short warm-up for the lower back and hamstring muscles. The individual should be seated with shoes removed and with legs outstretched and feet 10 inches apart. Insure that legs are flat on the floor and not bent. The measuring tape is positioned with the 15 inch mark at the heels and the zero mark towards the body. With the hands crossed and fingers even, the individual under test reaches forward and holds momentarily while measurement is taken. Take three trials and record the highest reading. Consult the table below.

<b>MEN</b>	<b>20's</b>	<b>30's</b>	<b>40's</b>	<b>50's</b>	<b>60's</b>
<b>Excellent</b>	22+	21+	20+	19+	18+
<b>Good</b>	16 - 21	15 - 20	14 - 19	13 - 18	12 - 17
<b>Average</b>	13 - 15	12 - 14	11 - 13	10 - 12	9 - 11
<b>Below Avg</b>	below 13	below 12	below 11	below 10	below 9

<b>WOMEN</b>	<b>20's</b>	<b>30's</b>	<b>40's</b>	<b>50's</b>	<b>60's</b>
<b>Excellent</b>	19+	18+	17+	16+	15+
<b>Good</b>	13 - 18	12 - 17	11 - 16	10 - 15	9 - 14
<b>Average</b>	10 - 12	9 - 11	8 - 10	7 - 9	6 - 8
<b>Below Avg</b>	below 10	below 9	below 8	below 7	below 6

## One Minute Sit-Up Test

The individual to be tested should lie on the floor in the supine position with the knees bent at a 45 degree angle. The feet should be placed 12 inches apart and the fingers interlocked behind the head. Hold the individuals ankles to maintain heel contact with the floor. Instruct the individual to breathe out on the way up. Begin the test and have them do as many sit-up as they can in one minute. Consult the table below.

<b>MEN</b>	<b>teens</b>	<b>20's</b>	<b>30's</b>	<b>40's</b>	<b>50's</b>	<b>60's</b>
<b>Excellent</b>	50+	47+	40+	35+	30+	29+
<b>Good</b>	41 - 48	37 - 44	31 - 38	26 - 32	22 - 28	20 - 27
<b>Average</b>	38 - 40	34 - 36	28 - 30	24 - 25	19 - 21	17 - 19
<b>Below Avg</b>	31 - 37	26 - 33	21 - 27	17 - 23	12 - 18	10 - 16
<b>Poor</b>	below 31	below 26	below 21	below 17	below 12	below 10

<b>WOMEN</b>	<b>teens</b>	<b>20's</b>	<b>30's</b>	<b>40's</b>	<b>50's</b>	<b>60's</b>
<b>Excellent</b>	42+	37+	30+	26+	21+	20+
<b>Good</b>	32 - 39	28 - 35	22 - 27	18 - 23	14 - 19	13 - 18
<b>Average</b>	29 - 31	25 - 27	19 - 21	15 - 17	11 - 13	10 - 12
<b>Below Avg</b>	20 - 27	17 - 24	12 - 18	8 - 14	5 - 11	4 - 9
<b>Poor</b>	below 20	below 17	below 12	below 8	below 5	below 4

## ***Push-Up Test***

The individual to be tested should lie on the floor in the prone position with the hands pointed forward and immediately under the shoulders. Start with the chin touching the floor then push up by straightening the arms. Instruct the individual to maintain body alignment as they push up.

For males, the legs should be extended out and positioned together using the feet as pivots. For females, the upper leg should be straight out using the knees as pivots. There is no time limit for this test. Instruct the individual to complete as many push-ups as they can. Discontinue the test when the individual begins to exhibit straining. Consult the table below.

<b>MEN</b>	<b>teens</b>	<b>20's</b>	<b>30's</b>	<b>40's</b>	<b>50's</b>	<b>60's</b>
<b>Excellent</b>	45+	39+	33+	27+	24+	23+
<b>Good</b>	31 - 41	26 - 35	22 - 29	18 - 25	15 - 22	14 - 20
<b>Average</b>	26 - 29	22 - 25	18 - 21	15 - 17	12 - 14	10 - 13
<b>Below Avg</b>	14 - 24	12 - 21	9 - 17	7 - 14	5 - 11	3 - 9
<b>Poor</b>	below 14	below 12	below 9	below 7	below 5	below 3

<b>WOMEN</b>	<b>teens</b>	<b>20's</b>	<b>30's</b>	<b>40's</b>	<b>50's</b>	<b>60's</b>
<b>Excellent</b>	31+	30+	29+	24+	20+	18+
<b>Good</b>	21 - 28	19 - 26	18 - 26	15 - 22	12 - 18	11 - 16
<b>Average</b>	17 - 20	16 - 18	14 - 17	12 - 14	10 - 12	8 - 10
<b>Below Avg</b>	9 - 16	8 - 15	5 - 13	4 - 11	3 - 9	2 - 7
<b>Poor</b>	below 9	below 8	below 5	below 4	below 3	below 2

### **3 Minute Step Test**

The purpose of this test is to assess the cardiovascular recovery capability. Assemble a 12 inch high step, a metronome or music recorded at 96 bpm and a stop watch. The individual should not talk during this test and be advised to discontinue stepping if pain, dizziness, shortness of breath or nausea is experienced. Begin stepping with right up, left up, right down, left down to each beat or metronome click thereby completing 24 cycle per minute. Continue for 3 minutes. Keep an eye on the participant for signs fatigue, red face or shortness of breath. At the end of the 3 minute period, the individual should sit and the pulse should be located within 5 seconds. The recovery heart rate should be counted for 1 minute. Consult the table below.

	<b>MEN (Age 20-46) BPM</b>	<b>WOMEN (Age 20-46) BPM</b>
<b>Excellent</b>	81 - 90	79 - 84
<b>Good</b>	99 - 102	90 - 97
<b>Above Average</b>	103 - 112	106 - 109
<b>Average</b>	120 - 121	118 - 119
<b>Below Average</b>	123 - 125	122 - 124
<b>Fair</b>	127 - 130	129 - 134
<b>Poor</b>	136 - 138	137 - 145

## **Body Composition**

Obesity is defined as that percentage of body fat that begins to increase the chances for cardiovascular disease. Ideal body fat levels for men are 12% to 17% and 18% to 22% for women. As previously mentioned, body fat is essential for certain bodily functions. Sometimes body type, determined genetically, prevents an individual from achieving unrealistic body shaping goals. There are basically three body types. The Endomorph is characterized by a large block shaped body. The Mesomorph is characterized by a solid muscular structure. The Ectomorph is characterized by a frail, slight build and very little fat.

There are various methods for determining the amount of body fat, none are exact. The most accurate is hydrostatic weighing. The individual is weighed in air then weighed in water. The water weight is subtracted from the air weight. The body fat percentage is derived from these two figures. There are electrical impedance, ultrasound and infrared measuring devices also, both are not as accurate. The most common and relatively accurate method is by skin caliper.

There are three methods of interpreting skinfold measurements to body composition. The first is the Durnan Formula based on the four point method and is based on a standard adult population. The second is the Jackson-Pollack three point method and is based on a lean athlete. The third is the Slaughter-Lohman two point method based on a child population of 8 to 18 years of age.

To determine body fat by the skin caliper method using the Durnan Formula, four points are measured on the right side of the body according to the table below. First, using the thumb and forefinger of the left hand, grasp the skin about 1 cm above the site location. Hold the calipers perpendicular to the site and measure while still grasping the skin. Take three readings and record the average caliper measurement for that site. Now measure the other sites. The four caliper measurements are then summed. This total measurement in millimeters is then matched up with the table on the following page for men or women. Taking readings after exercise will give false readings.

Creative Health Products in Plymouth, Michigan is one source of a very wide variety of skinfold calipers in all price ranges.

<b>SITE</b>	<b>LOCATION</b>
Triceps	Parallel to long axis, midway between shoulder and elbow, arm flexed
Biceps	Parallel to long axis, midway between shoulder and elbow
Suprailiac	Horizontally, just above iliac crest
Subscapular	Diagonally, 1 cm below the inferior angle of the scapula

**Percent Body Fat  
(Sum of four locations)**

<b>Skin Fold</b>	<b>MEN (Age in years)</b>							<b>WOMEN</b>						
<b>mm</b>	<b>16-20</b>	<b>21-26</b>	<b>27-32</b>	<b>33-37</b>	<b>33-44</b>	<b>45-49</b>	<b>50+</b>	<b>16-20</b>	<b>21-26</b>	<b>27-32</b>	<b>33-37</b>	<b>38-44</b>	<b>45-49</b>	<b>50+</b>
<b>14</b>								7.1	9.4	11.8	14.1	15.1	16.0	17.0
<b>16</b>								9.0	11.2	13.5	15.7	16.7	17.6	18.6
<b>18</b>								10.5	12.7	14.9	17.1	18.1	19.1	20.1
<b>20</b>	6.1	8.1	10.1	12.1	12.2	12.2	12.5	12.0	14.1	16.3	18.4	19.1	19.8	21.4
<b>22</b>	7.3	9.2	11.1	13.0	13.2	13.4	13.9	13.4	15.4	17.5	19.5	20.5	21.6	22.6
<b>24</b>	8.3	10.2	12.1	14.0	14.2	14.6	15.1	14.5	16.5	18.6	20.6	20.8	21.1	23.7
<b>26</b>	9.6	11.2	12.8	14.4	15.2	15.6	16.3	15.7	17.6	19.6	21.5	22.4	23.3	24.8
<b>28</b>	10.8	12.1	13.4	14.5	16.1	16.8	17.4	16.7	18.6	20.5	22.4	23.2	23.9	25.7
<b>30</b>	11.3	12.9	14.6	16.2	16.9	17.7	18.5	17.6	19.5	21.4	23.3	23.9	24.5	26.6
<b>35</b>	13.2	14.7	16.2	17.7	18.7	19.6	20.8	19.8	21.6	23.4	25.2	25.8	26.4	28.6
<b>40</b>	14.9	16.3	17.8	19.2	20.3	21.3	22.8	21.7	23.4	25.1	26.8	27.5	28.2	30.3
<b>45</b>	16.4	17.7	19.1	20.4	21.8	23.0	24.7	23.4	25.0	26.7	28.3	28.9	29.6	31.9
<b>50</b>	17.8	19.0	20.3	21.5	23.0	24.6	26.3	25.0	26.5	28.1	29.6	30.3	31.0	33.2
<b>55</b>	19.1	20.2	21.4	22.5	24.2	25.9	27.8	26.3	27.8	29.3	30.8	31.4	32.1	34.6
<b>60</b>	20.1	21.2	22.4	23.5	25.3	27.1	29.1	27.7	29.1	30.5	31.9	32.5	33.2	35.7
<b>65</b>	21.2	22.2	23.3	24.3	26.3	28.2	30.4	28.9	30.2	31.6	32.9	33.5	34.1	36.7
<b>70</b>	22.2	23.2	24.2	25.1	27.2	29.3	31.5	29.9	31.2	32.6	33.9	34.4	35.0	37.7
<b>75</b>	23.1	24.0	25.0	25.9	28.0	30.3	32.6	31.0	32.2	33.5	34.7	35.3	35.9	38.6
<b>80</b>	23.9	24.8	25.7	26.6	28.8	31.2	33.7	31.9	33.1	34.4	35.6	36.1	36.7	39.5
<b>85</b>	24.8	25.6	26.4	27.2	29.6	32.1	34.6	32.9	34.0	35.2	36.3	36.9	37.5	40.4
<b>90</b>	25.6	26.3	27.1	27.8	30.3	33.0	35.5	33.6	34.8	36.0	37.1	37.8	38.3	41.1
<b>95</b>	26.3	27.0	27.7	28.4	31.0	33.7	36.5	34.5	35.6	36.7	37.8	38.4	39.0	41.9
<b>100</b>	26.9	27.6	28.3	29.0	31.7	34.4	37.3	35.2	36.3	37.4	38.5	39.1	39.7	42.6
<b>110</b>	28.2	28.8	29.5	30.1	32.9	35.8	38.8	36.7	37.7	38.7	39.7	40.3	41.0	43.9
<b>120</b>	29.3	29.9	30.5	31.1	34.0	37.0	40.2	38.1	39.0	39.9	40.8	41.4	42.0	45.1
<b>130</b>	30.6	31.0	31.5	31.9	35.0	38.2	41.5	39.4	40.2	41.1	41.9	42.4	43.0	46.2
<b>140</b>	31.5	31.9	32.3	32.7	36.0	39.2	42.8	40.5	41.3	42.1	42.9	43.4	44.0	47.3
<b>150</b>	32.5	32.8	33.2	33.5	36.8	40.2	43.9	41.6	42.3	43.1	43.8	44.4	45.0	48.2
<b>160</b>	32.2	33.6	35.0	36.3	37.7	41.4	45.0	42.5	43.2	44.0	44.7	45.2	45.8	49.1
<b>170</b>	33.0	34.4	35.8	37.1	38.5	42.3	46.0	44.2	44.6	45.1	45.5	46.0	46.6	50.0
<b>180</b>	33.9	35.2	36.5	37.9	39.2	43.1	47.0	44.4	45.0	45.6	46.2	46.8	47.4	50.8

Based on the Durnan Formula, four point method.

# Stretching

Stretching is generally not given enough consideration by most people. However, stretching reduces the chance of injury. Age stiffens and shortens our tendons and ligaments. The result is limited range of motion, bad posture and painful movements. Stretching can reverse these effects of aging. Exercise can also shorten range of motion. When a muscle is exercised, it becomes shortened and tight. Over a period of time, as the muscle gains strength, it stays in this tight and contracted form reducing range of motion.

Cold muscles should never be stretched. Always warm-up the muscle before stretching. Warm muscles and connective tissues are more pliable than cold ones. Stretching reduces the potential for injury by warming up and lengthening the muscles and connective tissue. Stretching after exercise reverses the tightening and shortening effect of exercise on the muscles and connective tissues. Stretching and strength increase together because when the muscle is lengthened it has a longer stroke to full contraction, thereby generating more work. Stretching can also reduce tension. Studies have shown less electrical activity within a muscle after stretching.

There are various types of stretching techniques. This text will only consider two. The first is called Proprioceptive Neuromuscular Facilitation (PNF). This technique simply involves the application of resistance along with the stretch. Generally, another person can assist by applying pressure or resistance on the limb in the direction of the stretch. This type of stretching can also be accomplished by using a wall or other object to apply light pressure or resistance to the muscle to be stretched.

The other type of stretching is a two stage stretch. First stretch the muscle for about 3 seconds. Release the stretch, exhale and stretch again. The second stage of the stretch will allow further range of motion than the first. Hold the second stage of the stretch for 10 - 15 seconds.

Never bounce during a stretch or perform any type of ballistic or forceful stretch. When a muscle is stretched forcefully or ballistically, a reflex action occurs within the muscle to protect the joint. The muscle is sent a signal by the Golgi tendon to contract quickly to protect against an over extension of the joint. Unfortunately, a stretch is still in progress. Tissues can tear based on the conflicting movements

# Exercise Injury

## ***Introduction***

This following information is not to be used for self-diagnosis. It's primary intent here is for identification purposes in order to provide first-aid care or to help understand a medical professional's diagnosis. A medical professional always should be consulted in all cases of injury or suspected injury. Symptoms may appear to indicate one type of injury but may in fact be an indication of a more serious injury.

It is important to understand where first-aid and symptomatic relief end and medical diagnosis and treatment begin. The later can get you prosecuted for practicing medicine without benefit of a license. Wrongful first-aid through negligence can get you involved in a civil suit. They're both bad.

For example, if a client tells you of a specific pain that they're having and you say that they probably have such and such, you've just made a diagnosis. Now, if you further extend yourself by telling them that they should do this exercise or take ibuprofen for 3 days, you have prescribed a treatment (rehabilitative or drug) which should be done by a medical professional. The solution is very simple, tell them not to do the offending exercise and see their doctor if pain persists. Protect yourself legally and your client's physical well-being.

First-aid treatment is designed to provide pain relief and limit further injury immediately after an acute injury in order to limit further injury, swelling, bleeding, etc. until a medical professional can attend to the injury. Don't confuse the two scenarios. First-aid treatment should be encouraged not forced. If a person refuses first-aid and you insist on providing it anyway, you're probably exposing yourself legally again. First-aid should be limited to Rest, Ice, Compression, and Elevation or RICE and advice to see their doctor.

## ***Acute Injury***

If you pull a muscle or have a specific pain after exercising, the immediate first-aid treatment is RICE (rest, ice, compression, elevation). Ice every 2 hours for about 10-15 minutes, over a 48 hour period. If injury doesn't respond to RICE in a couple of days, you should see a medical professional.

## ***Chronic Injury***

Chronic injuries fall into the "other" category of diagnosis and treatment. See a doctor.

## ***Overuse Injuries***

Overuse injuries encompass a broad range of exercise-related injuries. These type injuries are caused by overtraining over a long period of time gradually weakening or irritating an area of the body until exercise becomes difficult or impossible, or other symptoms appear.

Most overuse injuries can be avoided by utilizing proper form and technique, appropriate rest, proper equipment and clothing (especially footwear), and a conservative increase of exercise frequency, intensity, or duration.

## ***Chondromalacia and Patellofemoral Syndrome***

Patellofemoral Syndrome (Runner's Knee) is generalized knee pain. Generally caused by improper running form over a period of time and may or may not be due to a pathological condition of chondromalacia.

Chondromalacia is the wearing away of the cartilage on the back surface of the kneecap, manifested as a "clicking" or "grating" sound, and knee pain under the patella (kneecap).

## ***Plantar Fasciitis and Neuromas***

Plantar fasciitis is literally an inflammation of the plantar fascia, a web of tough, fibrous connective tissue on the bottom of the foot.

Neuromas are irritated nerve endings, but can cause pain in the foot (or other places, depending on the nerve in question).

Either condition could be caused by poor technique or simple overuse but should be examined by a physician to determine the cause. In the problem is orthopedic in nature, orthotic shoe inserts may be prescribed by a medical professional to alleviate future problems.

## ***Tendonitis, Arthritis, Bursitis***

Tendonitis (inflammation of a tendon) and Bursitis (inflammation of the fluid filled cushioning sacs between tendons and bones) are common overuse injuries. Rehabilitation requires rest and the attention of a physician.

Osteoarthritis is caused by worn joint cartilage thereby exposing the joint surfaces swelling and edema (fluid buildup). Rheumatoid arthritis is an auto immune disorder in which the body's immune system attacks joint tissues.

## ***Shin Splints and Compartment Syndromes***

Shin Splints are a common name for pain felt in the anterior portion of the lower leg and can be caused by a muscle imbalance. Shin Splints require rest, ice, compression and elevation (RICE) and strengthening exercises to prevent future occurrences.

Pain can also be caused by a more serious condition known as a compartment syndrome where one of the compartments between the muscles becomes inflamed and swollen which stresses the blood vessels and nerves in the area. This situation requires immediate medical attention.

## ***Exercise Reactions***

Exercise reactions, range from red blotchiness on the neck, face, or arms (urticaria), to exercise induced asthma or bronchospasm, or even anaphylaxis. Exercise induced Anaphylaxis is a severe allergic reaction requiring immediate medical attention. A Physician may prescribe carrying a bee-sting kit as treatment.

Exercise induced asthma may be triggered by exercising in cold, dusty, or excessively humid environments, and can range in severity from mild coughing to severe discomfort. Individuals who suspect that they have exercise induced asthma are encouraged to seek medical attention.

General recommendations for persons with exercise induced asthma include an extended warm-up, avoidance of cold, dusty, or extremely humid environments for exercise. An inhaler may be recommended by physician.

## ***Environmental Concerns***

In hot weather wear light clothing that breathes well, and allows for the evaporation of sweat.

"Sauna suits", "tummy wraps", and other products designed to encourage quick weight loss through sweat are particularly dangerous. The body can reach dangerous (or even fatal) core temperatures in very short periods of time. Any weight lost is simply water and will be regained as soon as water is ingested again.

Exercise at a reduced intensity during high humidity. The body is cooled by blood circulation and evaporation of sweat. In a high humidity, evaporation becomes less effective at cooling, and the risk of heat-related injury is greater.

Adequate hydration is also key to safe exercise in the heat, as the body will produce large quantities of sweat. Ingest 1-2 cups of water before exercise and 4 oz every 10 to 15 minutes during exercise.

Thirst lags behind the body's need for fluid. By the time thirst is felt dehydration has occurred. Minor dehydration can affect performance, and severe dehydration can be life-threatening.

Contrary to popular belief, water consumed during exercise will not contribute to cramping, so "swish and spit" should be avoided in favor of consuming small amounts of water steadily during the exercise session. Dehydration can actually contribute to cramping.

In the cold, dress in layers that will wick sweat away from the body. Remove outer layers as the body warms and replace during the cool-down to avoid an excessive chill.

## ***Heat Related Injuries***

High risk individuals are those who work or exercise outdoors, elderly people, young children, those with medical conditions that cause poor blood circulation, and those who take medications to get rid of water (diuretics).

### ***Heat Cramps***

Heat Cramps are the least severe and first sign of an impending heat problem and is manifested by painful muscle spasms usually in the legs and abdomen.

Have the victim rest in a cool place. Give them cool water or a commercial sports drink. Lightly stretch and gently massage the area. The victim should NOT take salt tablets or salt water. This can make the situation worse.

### ***Heat Exhaustion and Heat Stroke***

Heat Exhaustion is more severe and is symptomized a cool, moist, pale or flushed skin, headache, nausea, dizziness, weakness, and exhaustion.

Heat Stroke is the most severe heat emergency. The body systems are overwhelmed by heat and begin to stop functioning. Heat Stroke is a serious medical emergency that is manifested by red, hot, dry skin, loss of consciousness, a rapid, weak pulse, and rapid, shallow breathing.

Move the victim out of the heat. Loosen any tight clothing and apply cool, wet cloths. If the victim is conscious, give cool water to drink. Do NOT allow the victim to drink too quickly. Give about one glass (4 ounces) of water every 15 minutes. Let the victim rest in a comfortable position and watch carefully for changes in their condition. The victim should not resume normal activities the same day.

## ***Emergency Response***

Call 911 (or emergency services) if the victim refuses water, vomits, or loses consciousness. If the victim vomits, stop giving fluids and position the victim on their left side. Watch for signals of breathing problems. If you have ice packs or cold packs, place them on each of the victim's wrists, ankles, groin, armpit, and neck (a.k.a. pulse points). Do NOT apply rubbing (isopropyl alcohol).

## ***Temperature and Humidity***

Heat cramps, or heat exhaustion possible.

- \* 93 F (34 C), 20% humidity
- \* 87 F (31 C), 50% humidity
- \* 82 F (28 C), 100% humidity

Heat cramps or heat exhaustion likely.

- \* 105 F (41 C), 20% humidity
- \* 92 F (34 C), 60% humidity
- \* 87 F (31 C), 100% humidity

Heat Stroke imminent.

- \* 120 F (49 C), 20% humidity
- \* 108 F (43 C), 40% humidity
- \* 91 F (33 C), 100% humidity

Reference, 1993 American Red Cross Standard First Aid Manual

## ***Hypothermia and Frostbite***

Frostbite is the freezing of tissue. The skin becomes yellowish, and will be cold to the touch. Provide first aid by warming the affected area using warm water. Do NOT rub the area, as this can cause further tissue damage. A medical professional is required to assess the extent of the damage.

Hypothermia is a life-threatening condition wherein the core body temperature has become dangerously low. Many of the same symptoms as heat exhaustion, including dizziness, nausea, loss of appetite, vision problems, etc., may be present. In the case of hypothermia it is important to call 911 immediately, and use any means present to warm the victim, such as removing wet clothing or putting them in a sleeping bag with an unaffected person who can provide body warmth until help arrives.

## FITNESS EVALUATION

<b>Test Evaluator:</b>	<b>Test Date:</b>
------------------------	-------------------

<b>Client:</b>	<b>Sex:</b> M F	<b>Birthdate:</b>	<b>Age:</b>
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<b>Address:</b>	<b>Phone:</b>	<b>Phone: (W)</b>
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<b>Height:</b>	<b>Weight:</b>	<b>Desired Weight:</b>
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**Check all that apply:**

Arthritis	Asthma, emphysema, bronchitis
Back pain	High blood pressure
Knee or other joint pain	Coronary Disease
Shin Splints	Heart Disease
Foot Pain	Any known heart problems
Muscle Pain	Stroke
Other Pain	Epilepsy
Light-headedness or Fainting	Are you diabetic
Chest pain at rest or exertion	Hypoglycemia
Shortness of Breath	Are you pregnant
Hernia	Family history of Coronary disease before 55
Do you smoke or use tobacco	History of Atherosclerotic disease before 55
Elevated Triglyceride Levels	Surgeries, Hospitalization
Elevated Cholesterol, LEVEL:	Doctor's Physical, DATE:

<b>List current medications:</b>

<b>Additional Notes:</b>

### PULMONARY FUNCTION

Resting HR:	Resting BP:	Max HR:
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### RESPIRATORY FUNCTION

Forced expiratory vol (1 sec) (Fev.1.0) ml	Forced expiratory vital capacity (FVC) ml
--------------------------------------------	-------------------------------------------

### BODY COMPOSITION - ANTHROPOMETRIC MEASUREMENTS

WOMEN	Measurement (in.)	MEN	Measurement (in.)
Abdomen		Right Upper Arm	
Right Thigh		Abdomen	
Right Forearm		Right Forearm	

### BODY COMPOSITION - SKINFOLD TEST

	Trial 1	Trial 2	Trial 3	AVERAGE	% Body Fat
Chest					
Tricep					
Subscapular					
Suprailiac					
TOTAL					

### FLEXIBILITY TEST

	Trial 1	Trial 2	Trial 3	BEST	RATING
Sit and Reach					

### 3 MINUTE STEP TEST

HR Before	HR After	HR 1 min After	RATING

### MUSCULAR STRENGTH TEST

EXERCISE	1 RM (lbs)
Bench Press	
Bicep Curl	
Leg Curl	
Leg Extension	
Leg Press	

### POSTURAL ASSESSMENTS

<b>Lordosis</b>	Normal Tilt	Y	N
	Excessive Anterior	Y	N
	Less than normal tilt	Y	N

<b>Leg Length Discrepancy</b>	Even	Y	N
	Less than 1/4 inch	Y	N
	More than 1/4 inch	Y	N

<b>Scoliosis</b>	Normal	Y	N
	Right shoulder	Y	N
	Left shoulder	Y	N

<b>Kyphosis</b>	Normal	Y	N
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## DAILY FITNESS INVENTORY

<b>Client Name:</b>	<b>Week Start Date:</b>
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### Basal Metabolic Rate Calculator

Activity Level	High	Medium	Low
BMR = WT x 10.8	BMR x 1.5	BMR x 1.4	BMR x 1.3
Daily Calories Required			

### Daily Nutritional Intake

	SUN		MON		TUE		WED		THU		FRI		SAT	
	Fat	Cal	Fat	Cal	Fat	Cal	Fat	Cal	Fat	Cal	Fat	Cal	Fat	Cal
<b>Breakfast</b>														
<b>Lunch</b>														
<b>Dinner</b>														
<b>TOTAL</b>														
<b>Weight (Morning)</b>														
<b>Waist Size (Inches)</b>														
<b>Aerobics (Minutes)</b>														
<b>Aerobic Pulse</b>														
<b>Resting Pulse</b>														
<b>Blood Pressure</b>														

## AEROBIC PROGRESS

<b>Client:</b>	<b>Age:</b>	<b>Target Heart Rate (HR):</b>
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						Before		During Exercise		1 m. after		
Date	Waist	WT	RHR	CAL	FAT	BP	HR	H:MM	BP	HR	BP	HR


## Workout Room Progress Sheet 1

<b>Client Name:</b>	<b>Trainer:</b>
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<b>Date</b>							
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### CHEST

	WT	Rep	WT	Rep	WT	Rep	WT	Rep	WT	Rep	WT	Rep	WT	Rep
Flat Bench Press														
Flat Bench Fly														
Inclined Press														
Inclined Fly														
Pushup														
Hi Cable Crossover														
Lo Cable Crossover														
Pec Deck														
Arnold Press														

### BACK

	WT	Rep	WT	Rep	WT	Rep	WT	Rep	WT	Rep	WT	Rep	WT	Rep
Shrugs														
One Arm Row														
Pull Ups														
Back Extension														
Seated Row														
Lateral Pull Down														
Pec Deck (Rear)														

### SHOULDER

	WT	Rep	WT	Rep	WT	Rep	WT	Rep	WT	Rep	WT	Rep	WT	Rep
Overhead Press														
Lateral Raises														
Front Raises														

### ABDOMEN

	WT	Rep	WT	Rep	WT	Rep	WT	Rep	WT	Rep	WT	Rep	WT	Rep
Upper Crunches														
Lower Crunches														
Side Crunches														

## Workout Room Progress Sheet 2

<b>Client Name:</b>	<b>Trainer:</b>
---------------------	-----------------

<b>Date</b>							
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### ARMS

	WT	Rep	WT	Rep	WT	Rep	WT	Rep	WT	Rep	WT	Rep	WT	Rep
Biceps Curl														
Concentration Curl														
Hammer Curl														
Reverse Curl														
Triceps Kickback														
Triceps Dip														
Lying Triceps Ext														
Cable Push Downs														
Wrist Curls														

### LOWER BODY

	WT	Rep	WT	Rep	WT	Rep	WT	Rep	WT	Rep	WT	Rep	WT	Rep
Squats														
Front Lunges														
Calf Raises														
Hip Abduction														
Hip Adduction														
Cable Hip Ext														
Leg Press														
Leg Extension														
Hamstring Curl														

### CARDIOVASCULAR WORKOUT IN MINUTES

Stair Master							
Bicycle							
Treadmill							
Aerobic Class							

# Consent Form

By signing this document, I acknowledge that I have voluntarily chosen to participate in a program of progressive physical exercise. I also acknowledge that I have been informed of the need to obtain a physician's examination and approval prior to beginning this exercise program. In signing this document, I acknowledge being informed of the strenuous nature of the program and the potential for unusual, but possible, physiological results including but not limited to abnormal blood pressure, fainting, heart attack or even death. I also understand that I may stop any training session at anytime. By signing this document, I assume all risk for my health and well being and any resultant injury or mishap that may affect my well being or health in any way and hold harmless of any responsibility, the instructor, facility or persons involved with the program and testing procedures.

<b>Print Name:</b>	<b>Signature:</b>	<b>Date:</b>
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# Physician's Release Form

I have examined \_\_\_\_\_  
**Client's Name**

I have found the following:

\_\_\_\_\_ The above named may participate fully in a progressive physical activity program consisting of cardiovascular, strength and flexibility training without limitation.

or

\_\_\_\_\_ The above named may participate in a progressive physical activity program with the following limitations:

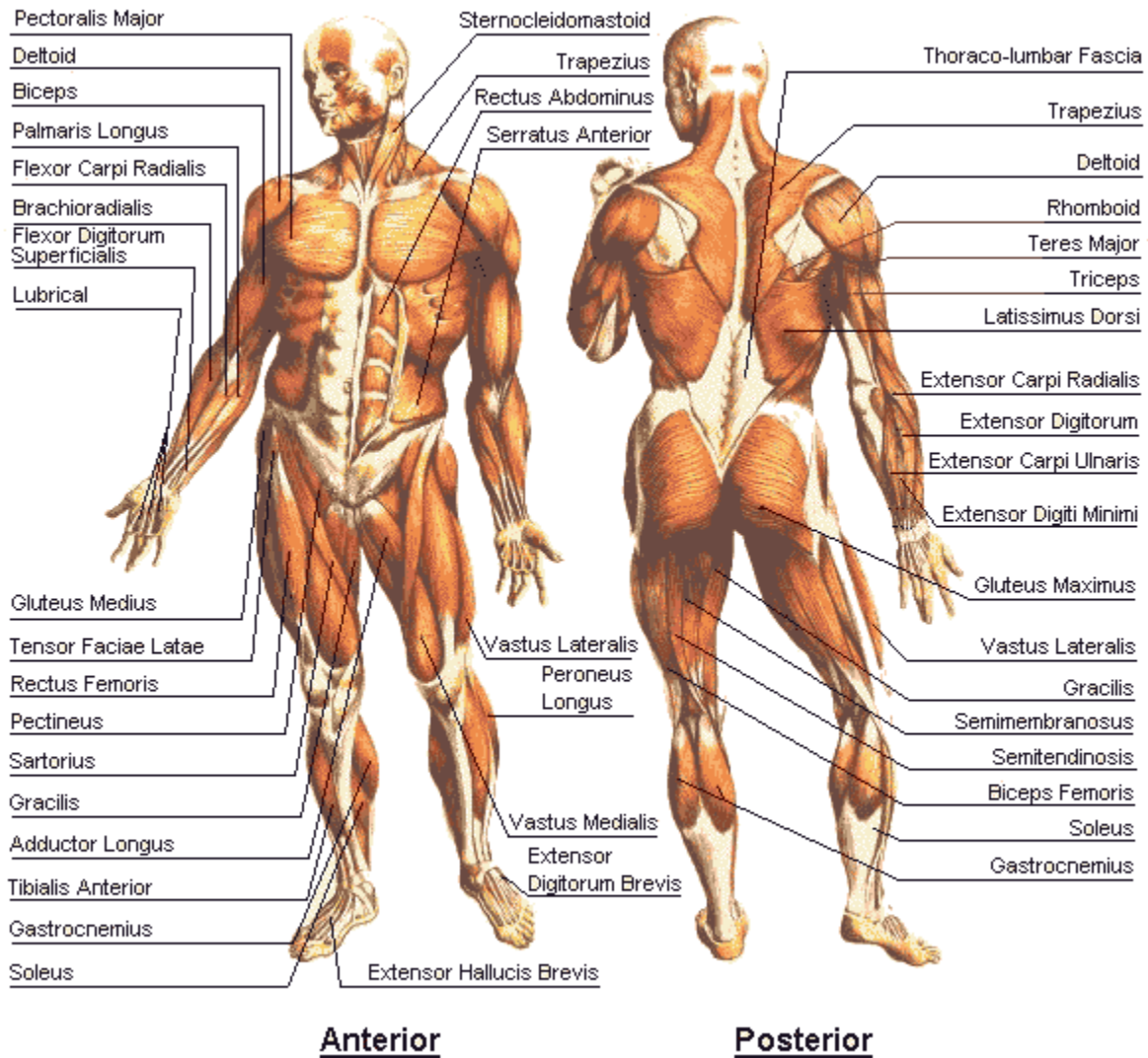
Also,

Please list any medications that your patient is currently taking that may affect heart rate or blood pressure response to exercise (elevating or suppressing). If none, write NONE".

Physician's Signature	Date
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# Anatomy Chart





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# Certification Test

In order to receive your certification card you can take the following test and mail it in with your check **or** you can first take the test on the web at <http://www.fitabc.com> and after you pass, then pay by credit card on the web or use the check order form at the end of this book to mail in your check.

## AEROBICS INSTRUCTOR and FITNESS COUNSELOR

<b>Tester:</b>		<b>Date:</b>	
<b>Name:</b>			
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Home Phone:</b>		<b>Work Phone:</b>	
<b>Email:</b>			



Name: \_\_\_\_\_

## CARDIOVASCULAR

- |     |                                                                                                 |   |   |
|-----|-------------------------------------------------------------------------------------------------|---|---|
| 1.  | Cardiac Output is the volume of blood pumped by each ventricle in one minute                    | T | F |
| 2.  | Stroke volume is the volume of blood in the extremities                                         | T | F |
| 3.  | Vital Capacity is the greatest volume of air that can be forcibly expired in one breath         | T | F |
| 4.  | The Valsalva Maneuver is caused by holding the breath creating unequal chest pressure           | T | F |
| 5.  | An Artery is a blood vessel that carries blood away from the heart to the body                  | T | F |
| 6.  | Systolic pressure is the vascular pressure created during the contraction of the left ventricle | T | F |
| 7.  | Diastolic pressure is the vascular pressure created during the pulmonary resting phase          | T | F |
| 8.  | Atherosclerosis is the hardening and obstruction of the exterior arterial wall                  | T | F |
| 9.  | Caffeine has the effect of stimulating the cardiovascular response                              | T | F |
| 10. | Hyperventilation is characterized by slow and shallow breathing                                 | T | F |
| 11. | Raising the arms overhead during exercise increases the heart rate                              | T | F |
| 12. | Abruptly stopping intense exercise causes blood to pool in the extremities                      | T | F |
| 13. | The two anatomical sites for checking heart rate are the carotid artery and posterior wrist     | T | F |
| 14. | Aerobic exercise increases cardiovascular output                                                | T | F |
| 15. | Resting Heart Rate (RHR) is determined before exercise                                          | T | F |



Name:

## PHYSIOLOGY

- |     |                                                                                      |   |   |
|-----|--------------------------------------------------------------------------------------|---|---|
| 16. | Anaerobic exercise utilizes oxygen for energy production                             | T | F |
| 17. | Aerobic exercise can utilize carbohydrate, protein and fat for energy production     | T | F |
| 18. | Muscles require Adenosine Triphosphate (ATP) for both aerobic and anaerobic activity | F |   |
| 19. | Anaerobic exercise can utilize only carbohydrates for energy production              | T | F |
| 20. | Anaerobic energy production provides high power for a short duration                 | T | F |
| 21. | Aerobic energy production provides medium power for a long duration                  | T | F |
| 22. | Anaerobic Threshold is the point at which aerobic oxygen demands exceed capability   | T | F |
| 23. | Aerobic Capacity is the ability of the body to process carbohydrates for exercise    | T | F |
| 24. | Lactic acid and heat are the by-products of aerobic exercise                         | T | F |
| 25. | Carbon dioxide, heat and water are the by-products of aerobic exercise               | T | F |
| 26. | Glycogen is a form of glucose stored in the muscles and liver for exercise           | T | F |
| 27. | Triglycerides are a form of fatty acids stored in adipose tissue for energy          | T | F |
| 28. | Glucose is a simple sugar carried in the blood for long-term energy                  | T | F |
| 29. | Fast twitch muscles are for explosive type movements and are easily fatigued         | T | F |
| 30. | Slow twitch muscles are for high power type activities                               | T | F |



Name: \_\_\_\_\_

## KINESIOLOGY

- |     |                                                                                        |   |   |
|-----|----------------------------------------------------------------------------------------|---|---|
| 31. | Tendons connect bone to bone                                                           | T | F |
| 32. | Ligaments attach muscle to bone                                                        | T | F |
| 33. | An overstretched tendon is called tendinitis                                           | T | F |
| 34. | The Frontal plane divides the body from front to back                                  | T | F |
| 35. | The Sagittal plane divides the body from front to back                                 | T | F |
| 36. | The Horizontal plane divides the body from upper to lower                              | T | F |
| 37. | Anterior refers to the anatomical rear                                                 | T | F |
| 38. | The Prone position refers to face down                                                 | T | F |
| 39. | Isometric contraction means increased tension with no increase in muscle length        | T | F |
| 40. | Isotonic contraction means increased muscle tension and length at a constant speed     | T | F |
| 41. | Isokinetic contraction means increased muscle tension and length at a controlled speed | T | F |
| 42. | Agonist muscle group refers to the prime mover                                         | T | F |
| 43. | The Antagonist muscle to the Biceps is the Deltoids                                    | T | F |
| 44. | The Antagonist muscle to the Quadriceps is the Hamstrings                              | T | F |
| 45. | The Antagonist muscle to the Rectus Abdominis is the Erector Spinae                    | T | F |
| 46. | A sprain is the stretching or tearing of a tendon                                      | T | F |
| 47. | A strain is a muscle injury                                                            | T | F |
| 48. | Extension is defined as an increasing angle joint                                      | T | F |
| 49. | Abduction is defined as movement away from the body centerline                         | T | F |



Name: \_\_\_\_\_

## AEROBIC TRAINING

50.	Fitness Level improvement is determined by Aerobic Frequency, Intensity and Duration	T	F
51.	Recommended Aerobic Frequency is 3 to 5 days a week	T	F
52.	During the first 15 minutes of aerobic exercise only stored glycogen is utilized for energy	T	F
53.	Recovery heart rate should be below 120 bpm after 2 to 5 minutes after exercise stops	T	F
54.	Recommended speed for Step and cool-down is 122 to 128 bpm	T	F
55.	Recommended music speed for warm-up is 120 to 134 bpm	T	F
56.	Moves that require stepping forward off the step is not recommended	T	F
57.	Power moves should be limited to a duration of 5 minutes	T	F
58.	Repeater moves should be limited to no more than 1 at a time	T	F
59.	Hanging the heels off the board can strain the Achilles Tendon	T	F
60.	Heels should be kept off the floor during stretches and lunges	T	F
61.	A 25 square foot area is recommended for each step participant	T	F
62.	During class heart rate should be checked every 15 to 20 minutes	T	F
63.	Warm-up should always precede stretching exercises	T	F
64.	Sprains are treated with Rest, Ice (for 20min/every 2hrs), Compression and Emergency Response	T	F
65.	One of the benefits of aerobic exercise is increased flexibility	T	F
66.	Beginner target heart rates should be 60% to 70% of maximum	T	F
67.	During class, only one move should be changed at a time	T	F
68.	Aerobic Training develops muscles for power	T	F



Name: \_\_\_\_\_

### WEIGHT TRAINING

- |     |                                                                                |   |   |
|-----|--------------------------------------------------------------------------------|---|---|
| 69. | Weight Training develops muscles for endurance                                 | T | F |
| 70. | Circuit Training provides a significant increase in cardiovascular endurance   | T | F |
| 71. | The role of a spotters/trainer is to insure safe lifting and proper form       | T | F |
| 72. | Jerking weights can damage muscles and connective tissue                       | T | F |
| 73. | Proper body alignment prevents injury and isolates muscles to be targeted      | T | F |
| 74. | 1RM is the maximum weight that can be lifted once                              | T | F |
| 75. | 3 to 4 sets and 8 - 12 repetitions are recommended for building/toning         | T | F |
| 76. | Maximum muscle building is achieved by 6 to 8 repetitions at 85% to 90% of 1RM | T | F |
| 77. | Warm-up exercises provide increased blood oxygen levels and warm the muscles   | T | F |
| 78. | Rest periods between sets for medium weight training should be 1 minute        | T | F |
| 79. | Specific muscle groups should be trained a minimum of 3 times per week         | T | F |



Name: \_\_\_\_\_

## MUSCLE GROUPS/EXERCISES

Match the Exercise to the muscle group:

- |                                    |                                             |
|------------------------------------|---------------------------------------------|
| 80. ____ Pushup, Bench Press       | A. Trapezius                                |
| 81. ____ Pec Dec, Flys             | B. Pectorals, Anterior Deltoids             |
| 82. ____ Shrugs                    | C. Pectorals, Triceps, Anterior Deltoids    |
| 83. ____ Pull-ups                  | D. Erector Spinae                           |
| 84. ____ Back Extension            | E. Biceps, Rhomboids                        |
| 85. ____ Seated Row                | F. Medial Deltoid                           |
| 86. ____ Lateral Pull down         | G. Erector Spinae, Latissimus Dorsi, Biceps |
| 87. ____ Lateral Raises            | H. Latissimus Dorsi, Biceps                 |
| 88. ____ Front Raises              | I. Forearms                                 |
| 89. ____ Biceps Curl               | J. Anterior Deltoid, Pectorals              |
| 90. ____ Wrist Curls               | L. Biceps                                   |
| 91. ____ Triceps Kickback          | M. Triceps                                  |
| 92. ____ Squats, Lunges, Leg Press | N. Hamstrings                               |
| 93. ____ Calf Raises               | O. Adductor, Inner Thigh                    |
| 94. ____ Hip Extension             | P. Abductors, Outer Thigh                   |
| 95. ____ Hip Abduction             | Q. Gluteus Maximus                          |
| 96. ____ Hip Adduction             | R. Gastrocnemius, Soleus                    |
| 97. ____ Leg Curl                  | S. Outer Obliques                           |
| 98. ____ Upper/Lower Crunches      | T. Gluteus Maximus, Quads, Hamstrings       |
| 99. ____ Side Crunches             | U. Upper/Lower Abdomen                      |
| 100. ____ Leg Extension            | V. Quadriceps                               |



# Mail-in Payment Form

Once you pass the test, you are eligible to receive an IFA Aerobics and Fitness Instructor certification card. To receive your card, fill out this form, then print it out and mail it with your check in the amount of \$99 US payable to:

## International Fitness Association

### Mail to:

## International Fitness Association

ATTN: Chuck Krautblatt  
12472 Lake Underhill Rd, #341  
Orlando, FL 32828

### Personal Information:

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Address	
City	
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CIN (if Re-Certifying)	

### Comments:

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