2 Physical Fitness . . 4 Principals 4 Fitness Assessment 5 Fitness Questionnaire . . 6 Diagnostic Test Scorecard12 Flexibility ...13 Program Description... 14 The Road to Fitness15 Building your Strength Program/Tracking ..17 Get Stronger in 4 Weeks .19 Prepare for Airborne School 21 Prepare for NALC & Air Assault School . ..23 Cardiovascular Endurance ..52 Training Heart Rates .. .52 Interval Work Outs . 55 Pace Chart ... 61

3 Introduction Cadet Command would like to thank the Dr. Todd A. Crowder from the United States Military Academy (USMA) Department of Physical Education for his work in assisting us in this project. He graciously allowed us to edit his work on cardio-respiratory training in order to tailor it towards ROTC cadets who have varying fitness needs at over 270 schools. Cadet Command would not have been successful in writing this Fitness Handbook without his help and the help of other fitness experts at the USMA and from the United States Army Physical Fitness School. Before You Begin It is imperative that cadets learn an easy way to reduce the likelihood of injury while using this Fitness Handbook. Cadets need to recognize that they have an increased risk of lower body injuries than upper body injuries during summer training events. The leading causes of this are improperly sized or poorly broken-in boots and inadequate running shoes. Boots that hurt or uncomfortable to you at school will cause significantly more discomfort and increase the chance of injury during rigorous summer training events like the National Advanced Leadership Camp, Airborne School or Air Assault School. A broken in pair of boots should feel as comfortable as your most comfortable pair of shoes. To put it simply, you should be able to walk or run in them comfortably. Similarly running shoes should fit comfortably and not show significant tread wear. Running places different wear on your shoes than walking does. Using shoes you walk in for running can place undo stress on your lower body. This stress can increase the risk of injury. Field Manual 21-20 divides running shoes into three categories. Select an impact control shoe if you have high arches or notice that your running shoes tend to wear unevenly on the outside edge. Select a motion control shoe if you have flat feet or notice that excessive wear on both the extreme outside and inside of the sole of the running shoe. Select a balanced shoe if you have normal arches or only

see wear on the outside sole beneath the ankle. Other factors that reduce the likelihood of injuries include adequate warm-ups prior to high intensity exercise, proper nutrition and hydration, maintaining recovery periods following exercise, and cool-down periods concluding the exercise. Editors Ms. Sheila Visconti Major Paul Baker CPT Ellis Goins

4 Physical Fitness TRAINING VARIABLES Before explaining what a physical fitness program should look like, there are some basic terms that must be discussed. These principals apply to all programs in general and must be addressed in the development of any fitness program. INTENSITY The amount of effort put into each workout, usually measured by heartbeats per minute. For the maximum benefit in each workout, plan on exercising at a minimum of 70 percent of the heart rate reserve. There are several scientific ways to your heart rate reserve. The simplest way is to begin with you maximum heart rate (220-Age). Next, measure your resting heart rate. The heart rate reserve is found by Max heart rate - resting heart rate. To train at 70% of the heart rate reserve you would multiply 70% by the heart rate reserve and then add your resting heart rate. For a 20 year old with a resting heart rate of 60 to dDetermineing your training heart rate in beats per minute would be 70% x Heart Rate Reserve =.70 x (200-60) + 60 (Resting Heart Rate) = a training heart rate of 158 beats per min. DURATION The length each exercise period should last. There has been a great deal of research on this topic. Most experts believe that when working on your cardiovascular endurance a minimum of 20 to 30 minutes is needed to obtain maximum benefit. This holds true for the majority of the population. The only notable exception occurs for long distance or endurance athletes (e.g. marathon runners or triathletes). FREQUENCY The number of workouts one should have per week. Once again experts agree that the average person requires a minimum of three workouts per week to improve their current level of fitness. Working out less frequently will only maintain a level of fitness; it will not improve the level of fitness. When exercising only three times a week, each period should be medium to high intensity. Exercising with consistent frequency can also be referred to as REGULARITY. Exercise must be done regularly to produce a training effect. Sporadic exercise may cause more harm in the form of injury than benefit from exercise. The same is true for extremely intense workouts. They may create injuries, RECOVERY Do not work the same muscle groups hard day after day. Muscles need recovery time. People frequently misunderstand this point.

Providing inadequate recovery can explain the reason why most people see little or no gain from excessive exercise. You can work the same muscle groups each day, however, you should work hard one day and easy the next. This is a critical point because this fitness program is based on a six days a week exercise program. GENERAL ADAPTATION PRINCIPAL (GAP) Muscles as well as your cardiovascular system in the body will adapt to the increasing stress placed upon it through exercise. To see gains in a fitness program one must stress the existing muscular and cardiovascular systems. This can also be called the OVERLOAD principal. For a muscle to increase in strength, the workload during exercise must be larger than what it normally experiences.

5 SPECIFICITY There are several different exercises and events that can develop your muscular strength as well as cardiovascular fitness. To increase the number of push-ups you can do, simply increase upper body strength through a number of strength exercises and weights. However, the best way to improve push-ups requires doing push-ups. Similarly one can improve cardiovascular fitness by biking swimming, or walking. However, if the goal remains an improved ability to run, the best exercise will be running. MAJOR COMPONENTS OF PHYSICAL FITNESS There are several components of any fitness program. The three major components of most programs are flexibility, strength, muscular endurance, and cardiovascular endurance. These components are the essential elements of the Army Physical Fitness Program. How to Use These Workout Programs These programs are designed as four week plans. Each program has a workout A & B. Alternate workouts daily for 6 days, then rest. For example, perform workout A on Monday, Wednesday, and Friday; perform workout B on Tuesday, Thursday, and Saturday. Different muscles are trained in workouts A & B, which means you are training each muscle group 3 days per week. Rest Sunday. Work cardiovascular exercises into your workouts at least 3 times per week. You may attempt to eventually work up to doing cardio 6 days a week using the hard/easy technique mentioned under the recovery principle. Fitness Assessment Before starting any new fitness program it is important to assess ones abilities. This includes knowing strengths as well as weaknesses. Ideally, a fitness program would improve weak areas and maintain or improve strength areas. However, before explaining the diagnostic test there are other important factors and preferences that should be identified. These factors and preferences may include the

time of day to workout, how much time is available each day to workout, individual or team sports, and finally the goal of the fitness program. The questionnaire attached (FORM 1-1) is intended to give a fitness trainer the basics they need to personalize a fitness program that will works.

6 Fitness	s Assessment	Questionnaire NA		AGE			
DATE			DEMIC	SCHE			
Monday_				(this	Semester)		
Tuesday_							
Wednesd	lay						
Thursday							
Friday							
Saturday _.				EX	(ERCISE HABITS/ F	REFERENCES	
(Select O	ne) I		to exerci	se and	access	s to a gym (like,	
sometime	es like, never v	vant) (have, do not	t have) I like to	workout			
(alone, ir	n a small grou	ıp, in a large grou	p) I have		discipline to st	ick to a fitness	
program	(a little, some	, a lot of) I need	to stick to my fitn			ess program (no	
help, som	ne help, a lot of	help) I		to lift weights (like, have tried, have			
tried) I p	refer to		for my ca	rdiovascular (endurance training (run, walk, bike,	
swim, ska	ate) GOALS I w	vant to: A. Improve i	my overall perso	nal fitness B.	Just pass the APFT	C. Just improve	
a	particular	weakness	STATE	YOUR	PERSONAL	GOALS	
						SELF	
ASSESS	MENT (Select:	None, Beginner, A	verage, Above	Average, Exc	ellent) Flexibility		
Strength		Cardiovas	cular Enduranc	e	list v	vour weakness	

strengths	List	your
		Work

Form 1-1

7 Diagnostic Test The purpose of the diagnostic test is to assess one s level of flexibility, strength and cardiovascular endurance. This diagnostic test is composed of 6 events. The six events are as follows and will be performed in order. A brief warm-up period will precede the administration of the test. The warm up should consist of a combination of stretching exercises and jogging in place for 3 to 5 minutes.. The warm-up may consists of jogging in place for 3 minutes, starting slowly and increasing intensity to warm the body s muscles and ligaments. Light stretching should follow the warm-up. 1. First event: Bench Press. Cadets will perform a 1-rep maximum of this exercise to determine chest, shoulders, and triceps strength. A cadet should begin with a weight which they are confident they can press. Allow at least 1 minute rest between attempts. The weight will be increased at the cadet s request and he will perform the exercise again. Allow no more than 5 attempts to reach the 1-rep maximum. Any failed attempt terminates the exercise. The last correct repetition will count as the 1-rep maximum. Figure 1 (1) Equipment. Flat weight bench. At least 1, preferably 2 spotters. Lifting gloves are authorized. Bench press shirts are not authorized. (2) Performance. Lie in a supine position on a flat bench with your legs positioned at the sides of the bench and your feet flat on the floor. Using a handgrip that is about 6 inches wider than your shoulder width, bring the barbell to arms length above the chest but in line with the shoulders (see fig 1). If two spotters are available they will position themselves on each side of the bar. The spotters may assist in the liftoff. If only one spotter is available, he/she will be at the lifter s head to assist. Once the bar is at the start position the spotter will release the bar. Lower the barbell to the chest and make a definite pause. As soon as momentum has ceased the grader will yell press. Press the barbell to the start position to complete the repetition. The spotter will not touch the barbell during the repetition

8 unless absolutely necessary. If the spotter has to assist the lifter during the repetition the event is terminated. Upper Body Strength = 1 rep max in pounds divided by body weight in pounds Males Females 5 greater than 1.26 5 greater than .78 4 1.17 - 1.25 4 .72 - .77 3 .97 - 1.16 3 .59 - .71 2 .88 - .96 2 .53 - .58 1 less than .87 1 less than .52 2. Second Event: Push-up. Cadets will perform as many push-ups as they can to determine the muscular endurance of the chest shoulder, and triceps muscles. (1) Equipment. Flat area. (2) Performance. On the command 'get set,' assume the front-leaning rest position by placing your hands where they are comfortable for you. Your feet may be together or up to 12 inches apart. When viewed from the side, your body should form a generally straight line from your shoulders to your ankles. On the command 'go,' begin the push-up by bending your elbows and lowering your entire body as a single unit until your upper arms are at least parallel to the ground. Then, return to the starting position by raising your entire body until your arms are fully extended. Your body must remain rigid in a generally straight line and move as a unit while performing each repetition. At the end of each repetition, the scorer will state the number of repetitions you have completed correctly. If you fail to keep your body generally straight, to lower your whole body until your upper arms are at least parallel to the ground, or to extend your arms completely, that repetition will not count, and the scorer will repeat the number of the last correctly performed repetition. An altered, front-leaning rest position is the only authorized rest position. That is, you may sag in the middle or flex your back. When flexing your back, you may bend your knees, but not to such an extent that you are supporting most of your body weight with your legs. If this occurs, your performance will be terminated. You must return to, and pause in, the correct starting position before continuing. If you rest on the ground or raise either hand or foot from the ground, your performance will be terminated. You may reposition your hands and/or feet during the event as long as they remain in contact with the ground at all times. Correct performance is important. You will do as many push-ups as you can; there is no time limit. 3. Third Event: Curl-up. Cadets will perform the curl-up exercise to assess abdominal strength and endurance. (1) Equipment. Mat, Ruler, metronome, stop watch (2) Performance. Start with your back on the floor with your knees bent at a 90 degree angle (feet 12 to 18 inches away from the buttocks). Place your arms by your sides with palms down on the floor, elbows locked, and fingers straight. The grader will place a ruler or draw a line 12 cm away from the longest finger tip and set metronome to a cadence of 50 beats per

9 minute. Curl your head and upper back upward, keeping arms stiff, reaching forward along the floor to touch the line. Your fingers, feet and buttocks must stay on the floor during the entire curl-up. Slide the palms of the hands (extended arms) along the mat until the fingertips of both hands just touch the 12 cm line. Keep the arms straight. Lower your body until the back is flat against the ground. Perform the movement following the cadence of the metronome (25 curl-ups per minute). Take the same amount of time to perform the raising and lowering phases. The test score is the number of complete touches on the line until the rhythm cannot be followed. If you do not have a Metronome, conduct standard bent knee sit-ups with your hands crossed over your chest. Do as many as you can in a 2 minute period. Male AGE 15-19 20-29 30-39 Excellent >74 >74 >74 Above Average 35 - 74 31 - 74 36 - 74 Average 24 - 34 24 - 30 26 - 35 Below Average 8 - 23 4 - 23 0 -23 Female AGE 15-19 20-29 30-39 Excellent >74 >69 >54 Above Average 30 - 74 30 - 69 28 - 54 Average 24 - 29 21 - 29 15 - 27 Below Average 10 - 23 5 - 20 0 - 14 Fourth Event: Step Test. Cadets will perform the 3-minute step test to determine cardiovascular endurance. (1) Equipment. Metronome, 12 inch step, stopwatch. (2) Performance. Cadets will step up (1-2) and down (3-4) in cadence with the metronome which is set at 96 beats per minute (4 clicks = one step cycle) for a stepping rate of 24 steps per minute. Cadets will step up and down on the 12-inch bench for 3 minutes. Immediately after the 3-minute stepping exercise, the cadet is to sit down and within 5 seconds, the tester is to take the subject's heart rate for one minute. The total one-minute post-exercise heart rate is the subject's score for the test. Compare to YMCA Norms below. In the event you do not have a Metronome, the tester will count one step-two step-three step-four step in an attempt to come close to 96 beats per minute. Needless to say, this will result in a less accurate evaluation. Example: A 18- year old female performs the step test with a final heart rate of 95. Looking at the table she falls under the above average profile.

10 Physical Fitness Evaluation on Profile for 3-Minute Step Test (Heart Rate values in beats per minute)
MALE AGE 18-25 26-35 36-45 Classification Excellent 70-78 73-79 72-81 Good 79-88 80-88 82-94 Above
Average 89-97 89-97 95-102 Average 98-104 98-106 103-111 Below Average 105-114 109-116 112-118
Poor 115-128 117-126 119-128 Very Poor 129-164 127-164 129-168 FEMALE AGE 18-25 26-35 36-45

Classification Excellent 70-78 73-79 72-81 Good 79-88 80-88 82-94 Above Average 89-97 89-97 95-102

Average 98-104 98-106 103-111 Below Average 105-114 109-116 112-118 Poor 115-128 117-126 119-128

Very Poor 129-164 127-164 129-168

11 5. Fifth Event: Sit & Reach. Cadets will perform the sit and reach to determine hamstring and lower back flexibility. (1) Equipment. Ruler. (2) Performance. Sit on the floor with legs out straight ahead and shoes off. The tester holds both knees flat against the floor. Lean forward slowly as far as possible and hold the greatest stretch for two seconds. Make sure there is no jerky movements, and that the fingertips remain level and the legs flat. The score is recorded as the distance before (negative) or beyond (positive) from the toes. Repeat twice and record the best score. The table below (figure 3) gives you a guide for expected scores in cm for adults. Men (cm from toes) Women (cm from toes) Super > +27 > +30 Excellent +17 to +27 +21 to +30 Good +6 to +16 +11 to +20 Average 0 to +5 +1 to +10 Fair -8 to 1 -7 to 0 Poor -19 to -9 -14 to -8 Very poor < -20 < -15

12 6. Sixth Event: Illinois Agility Run Test. Cadets will perform the Illinois Agility Run Test to test agility. (1) Equipment. flat surface (minimum 20m x10m area), 8 cones, a stop watch. (2) Course. The length of the course is 10 meters and the width (distance between the start and finish points) is 5 meters. On the track you could use 5 lanes. 4 cones can be used to mark the start, finish and the two turning points. Each cone in the center is spaced 3.3 meters apart. Gender Excellent Above Average Average Below Average Poor Male <15.2 secs 15.2 - 16.1 secs 16.2 - 18.1 secs 18.2 - 18.3 secs >18.3 secs Female <17.0 secs 17.0 - 17.9 secs 18.0 - 21.7 secs 21.8 - 23.0 secs >23.0 secs

13 Administration. Professors of Military Science & Leadership (PMS) should administer the diagnostic test in the assessment phase of the fitness program development. Use the Diagnostic Test Score Card provided. The next diagnostic test should occur no later than week six. Subsequent diagnostic tests should be given every six weeks. After the initial diagnostic it is acceptable to substitute the APFT as a diagnostic tool. PMSs or their designated fitness expert should regularly monitor the fitness logs of cadets and provide guidance as

needed. Di	agnostic Test Score	Card Last Name First Name	• MI	Gender	M or F	Age Hei	ght	inches
Weight	lbs Body Fat	% Bench Press Lift 1	_ 2_	3	4	5	1-RM	= lbs 1
Rep Maxim	um Divided by Bodyw	reight = Push-up Repetitions_		Curl	up Rep	etitions	Ste	p Test
1-minute po	ost-exercise heart rate	beats Sit & Reach	Dista	ance from	n toes (+	- or -)	cm	Illinois
Agility Run	Test Time							

14 Flexibility Flexibility is an important component of your fitness program. Many activity- related injuries have their root in lack of flexibility. Think of your muscles as rubber bands. When they are cold they are rigid and brittle. When warm they stretch and retract more easily. Conducting a good warm-up prior to exercising and a good cool-down upon completion will help prevent injury and reduce muscle soreness. No matter what your current fitness level, you should always begin your exercise sessions with a warm-up. A good warm-up sequence is as follows. Jog in place or a specified location for one to two minutes. This causes a gradual increase in the heart rate, blood pressure, circulation, and increases the temperature of the active muscles. Next, perform slow joint rotation exercises (for example, arm circles, knee/ankle rotations) to gradually increase the joint's range of motion. Work each major joint for 5 to 10 seconds. Finally, stretch the muscles to be used during the upcoming activity slowly. This will "loosen up" muscles and tendons so they can achieve greater ranges of motion with less risk of injury. Hold each stretch position for 10 to 15 seconds, and do not bounce or bob. Immediately following your exercise session stretch as part of your cool-down. After exercising, when your muscles are their warmest is the best time to improve your flexibility. Do not limit flexibility exercises to warm-up and cool-down only. Take the time to dedicate sessions to flexibility. Stretching throughout the day is also a great idea. Stretching is one form of exercise that takes very little time relative to the benefits gained. Some of the more common flexibility exercises are listed under the flexibility exercises. Assume all stretching positions slowly until you feel tension or slight discomfort. Hold each position for at least 10 to 15 seconds during the warm-up and cool-down. Developmental stretching to improve flexibility requires holding each stretch for 30 seconds or longer.

15 PROGRAM DESCRIPTION These Fitness Work-out sheets are designed to be implemented on a workout

plan A followed the next day by a workout plan B. Workout A will focus on lower body strength and endurance while workout plan B will focus on upper body strength and endurance. Both days incorporate some abdominal work. Remember it is important to maintain a period of recovery for the abdominal muscles. Trying to overachieve early in a workout program can lead to injury. The reason there is a range within the abdominal exercises is to promote recovery. If you are providing yourself adequate time to recover, over time you should see your abilities increasing. The cardiorespiratory workouts need to be included into the program. If the program selected is exclusively running (e.g. group run, fartlek, or interval) it should replace the A workout plan. However, if you choose a guerrilla or grass drill workout plan it could substitute for either the A or the B Workout plan. The minimum frequency of cardiorespiratory workouts is two to three per week. For borderline runners the number of workouts may be as high as three to five per week and may consist of a combination of intervals, grass, and guerrilla drills. The determining factor for the intensity and frequency of cardiorespiratory training will depend on the ability and fitness level of the cadet and the intensity of the workout. For some reason if you miss A workout then the next workout would be the A workout. In a week you should expect to do a total of six workouts per week.

16 The Road to Fitness WORKOUT A EXERCISE WEEK 1 WEEK 2 WEEK 3 WEEK 4 SQUAT Weight/Reps Weight/Reps Weight/Reps Set 1 12-15 reps /// Set 2 12-15 reps /// Set 3 12-15 reps /// LEG CURLS Weight/Reps Weight/Reps Weight/Reps Weight/Reps Set 1 12-15 reps /// Set 2 12-15 reps /// Set 2 12-15 reps /// Deadlifts Weight/Reps Weight/Reps Weight/Reps Weight/Reps Set 1 12-15 reps /// Set 2 12-15 reps /// Set 3 12-15 reps /// Set 3 12-15 reps /// Set 3 12-15 reps /// Set 2 12-15 reps /// Set 3 12-15 reps /// CALF RAISES Weight/Reps Weight/Reps Weight/Reps Weight/Reps Set 1 12-15 reps /// Set 2 12-15 reps /// Set 3 12-15 rep

between exercises while maintaining your training heart rate. SPEED: Perform each rep deliberately slower than what seems like your natural speed. This keeps your muscles under tension longer and helps build them faster.

17 The Road to Fitness WORKOUT B EXERCISE WEEK 1 WEEK 2 WEEK 3 WEEK 4 BENCH PRESS Weight/Reps Weight/Reps Weight/Reps Weight/Reps Set 1 12-15 reps /// Set 2 12-15 reps /// Set 3 12-15 reps /// Set 2 12-15 reps /// Set 3 12-15 reps /// Set 2 12-15 reps /// Set 1 12-15 reps /// Set 2 12-15 reps /// Set 2 12-15 reps /// Set 3 12-15 reps /// DUMBELL SHOULDER PRESS Weight/Reps Set 1 12-15 reps /// Set 3 12-15 reps /// Set 2 12-15 reps /// Set 3 12-15 reps /// Set 3 12-15 reps /// ABDOMINAL WEIGHTED SIT-UP 15-25 REVERSE CRUNCH 15-25 BODY TWIST 15-25 Beginner Goals: Exercise consistently with short focused workouts. Build endurance through high-repetition strength training and moderate intensity cardiovascular exercise. See rapid increases in strength and modest gains in muscle mass. Advanced Goals: You II focus more energy on strength training. Help your body recover from nagging injuries with short, low volume routines. You should leave the gym feeling as if you could have done a lot more. Give your muscle building systems a boost responding from a higher-volume routine to a change in volume.

18 Increase Muscle Mass WORKOUT A EXERCISE WEEK 1 WEEK 2 WEEK 3 WEEK 4 Leg Press Weight/Reps Weight/Reps Weight/Reps Set 1 12-15 /// Set 2 12-15 /// Set 3 12-15 /// Lunges Weight/Reps Weight/Reps Weight/Reps Set 1 12-15 /// Set 2 12-15 /// Set 3 12-15 /// Set 3 12-15 /// Set 2 12-15 /// Set 3 12-15 /// Set 3 12-15 /// Set 2 12-15 /// Set 2 12-15 /// Set 2 12-15 /// Set 3 12-15 /// Set 2 12-15 /// Set 3 12-15 //

19 Increase Muscle Mass WORKOUT B EXERCISE WEEK 1 WEEK 2 WEEK 3 WEEK 4 CHEST Triset 1
Weight/Reps Weight/Reps Weight/Reps Weight/Reps Incline Dumbbell Bench / / / Flat Dumbbell Bench / /
Decline Dumbbell Bench / / / BACK Triset 2 Weight/Reps Weight/Reps Weight/Reps Weight/Reps Lat Pul
Down / / / Upright Row / / / Straight Arm Lat Pull- down / / / SHOULDER Triset 3 Weight/Reps
Weight/Reps Weight/Reps Weight/Reps Dumbbell Shoulder Press / / / Cleans / / / Seated Bent Over Row
/ / ARM/BICEPS Triset 4 Weight/Reps Weight/Reps Weight/Reps Weight/Reps Standing Bicep Curl / / /
Preacher Curl / / / Hammer-Grip Bicep Curl / / / ARM/TRICEPS Triset 5 Weight/Reps Weight/Reps
Weight/Reps Weight/Reps Tricep Pushdown / / / French Curls / / / Tricep Kickbacks / / / ABDOMINAL
Crunch Circuit 25-30 Oblique Crunches 30-40 each side Superman 20-25 Beginner Goals: Perform equa
volumes of work for all upper-body parts to strengthen stabilizer muscles. Start to see significant increases in
muscle size and definition. Combine cardiovascular training with resistance training to maximize benefit
Advanced Goals: Bolster upper-body muscle and strength with multiple upper-body workouts in the same
week. Increase your body s ability to tolerate max cardiovascular effort in order to improve endurance and
ncrease metabolism.

20 Get Stronger WORKOUT A EXERCISE WEEK 1 WEEK 2 WEEK 3 WEEK 4 Squats Weight/Reps Weight/Reps Weight/Reps Weight/Reps Warm-up Set 1&2 6 reps /// Set 3 5-8 reps /// Set 4 5-8 reps /// Set 5 5-8 reps /// Lunges Weight/Reps Weight/Reps Weight/Reps Weight/Reps Warm-up Set 1&2 6 reps /// Set 3 5-8 reps /// Set 4 5-8 reps /// Set 5 5-8 reps /// Leg Curls Weight/Reps Warm-up Set 1&2 6 reps /// Set 3 5-8 reps /// Set 4 5-8 reps /// Set 4 5-8 reps /// Set 3 5-8 reps /// Set 3 5-8 reps /// Set 4 5-8 reps /// Set 4 5-8 reps /// Set 5 5-8 reps /// Set 3 5-8 reps /// Set 4 5-8 reps /// Set 5 5-8 reps /// Set 3 5-8 reps /// Set 4 5-8 reps /// Set 5 5-8 reps /// Set 4 5-8 reps /// Set 5 5-8 reps /// Set 4 5-8 reps /// Set 5 5-8 reps /// Set 4 5-8 reps /// Set 5 5-8 reps /// Set 4 5-8 reps /// Set 5 5-8 reps /// Set 4 5-8 reps /// Set 5 5-8 reps /// Set 4 5-8 reps /// Set 5 5-8 reps /// Set 4 5-8 reps /// Set 5 5-8 reps /// Set 4 5-8 reps /// Set 5 5-8 reps /// Set 4 5-8 reps /// Set 5 5-8 reps /// Set 4 5-8 reps /// Set 5 5-8 reps /// Set 4 5-8 reps /// Set 5 5-8 reps /// Set 4 5-8 reps /// Set 5 5-8 reps /// Set 4 5-8 reps /// Set 5 5-8 reps /// Set 5 5-8 reps /// Set 4 5-8 reps /// Set 5 5-8

21 Get Stronger in 4 WEEKS WORKOUT B EXERCISE WEEK 1 WEEK 2 WEEK 3 WEEK 4 ROPE CLIMB

Set 1 30 FT Set 2 (Drop) 20 FT CURL AND PRESS Weight/Reps Weight/Reps Weight/Reps
Set 1 15 reps / / / Set 2 (Drop) 10 reps / / / LATERAL RAISE Weight/Reps Weight/Reps Weight/Reps
Weight/Reps Set 1 15 reps / / / Set 2 (Drop) 10 reps / / / 90-Degree Lateral Raise Weight/Reps
Weight/Reps Weight/Reps Weight/Reps Set 1 15 reps / / / Set 2 (Drop) 10 reps / / / Dumbell Shoulder
Press Weight/Reps Weight/Reps Weight/Reps Weight/Reps Set 1 15 reps / / / Set 2 (Drop) 10 reps / / /
Lateral Raise Weight/Reps Weight/Reps Weight/Reps Weight/Reps Set 1 15 reps / / / Set 2 (Drop) 10 reps /
/// Dumbell Row Weight/Reps Weight/Reps Weight/Reps Weight/Reps Set 1 15 reps //// Set 2 (Drop) 10
reps / / / Triceps Kickback Weight/Reps Weight/Reps Weight/Reps Weight/Reps Set 1 15 reps / / / Set 2
(Drop) 10 reps / / / ABDOMINAL CRUNCH 35-40 REVERSE CRUNCH 20-25 FLUTTER KICKS 35-50
Goals: Perform low-repetition sets with heavier weights than you ve been using (This will rapidly improve your
strength). Do longer cardiovascular intervals. Improve shoulder-joint integrity to help keep yourself injury-free.

- 22 Prepare for Airborne School WORKOUT A EXERCISE WEEK 1 WEEK 2 WEEK 3 WEEK 4 Jump Squat Weight/Reps Weight/Reps Weight/Reps Set 1 12-15 /// Set 2 12-15 /// Set 3 12-15 /// Leg Curls Weight/Reps Weight/Reps Weight/Reps Weight/Reps Set 1 12-15 /// Set 2 12-15 /// Set 3 12-15 /// ABDOMINAL Sit-ups 50-100 Crunches 50-100 Flutter Kicks 25-50 * Practice jump squats with feet and knees together. Reduce the rest time between work sets to fatigue muscles and stimulate muscle growth.
- 23 Prepare for Airborne School WORKOUT B EXERCISE WEEK 1 WEEK 2 WEEK 3 WEEK 4 Pull-ups Weight/Reps Weight/Reps Weight/Reps Set 1 12-15 / / / Set 2 12-15 / / / Set 3 12-15 / / / Reverse Close-grip Lat Pull-downs Using Rope Weight/Reps Weight/Reps Weight/Reps Weight/Reps Set 1 12-15 / / / Set 2 12-15 / / / Set 3 12-15 / / / Deadlift Weight/Reps Weight/Reps Weight/Reps Weight/Reps Weight/Reps Set 1 12-15 / / / Set 2 12-15 / / / Set 3 12-15 / / / Push-ups (Regular) Weight/Reps Weight/R

Weight/Reps Weight/Reps Weight/Reps Set 1 25-50 / / / Set 2 25-50 / / / Set 3 25-50 / / / Front Raises Weight/Reps Weight/Reps Weight/Reps Weight/Reps Set 1 12-15 / / / Set 2 12-15 / / / Set 3 12-15 / / / Set 2 12-15 / / / Set 3 12-15 / / / ABDOMINAL Crunches 50-100 Reverse Crunches 25-50 Flutter Kicks 25-50 For push-ups and pull-ups adjust repetitions to ability. Do negative repetitions with assistance to achieve muscle failure. Rest 2 minutes between sets

24 Prepare for NALC/Air-Assault School WORKOUT A EXERCISE WEEK 1 WEEK 2 WEEK 3 WEEK 4 OBSTACLE COURSE OR CIRCUIT The ideal Obstacle Course would replicate what is found at Air-Assault School. If this is not available, develop a Circuit that includes a rope climb and 6 foot wall at a minimum. Run a minimum of 30 seconds between obstacles. GUERILLA CIRCUIT Conduct each exercise for 20-40 seconds with no rest between All Fours Run 20-40 sec 20-40 sec 20-40 sec Broad Jump 20-40 sec 20-40 sec 20-40 sec 20-40 sec 20-40 sec Jump Squat 12-15 Reps 12-15 Reps 12-15 Reps 12-15 Reps AGILITY EXERCISES Hour Glass Drill Tree Line Shuffle Drill Ski Hops Star Drill ABDOMINAL SIT-UPS 50-100 SIDE RAISE (Left) 15-25 SIDE RAISE (Right) 15-25 *Run the Obstacle Course or Circuit at least twice. Work up to doing 3 sets (warm-up, moderate and full speed). Rest 2-5 minutes between sets

25 Prepare for NALC & Air-Assault School WORKOUT B EXERCISE WEEK 1 WEEK 2 WEEK 3 WEEK 4 BENCH PRESS Weight/Reps Weight/Reps Weight/Reps Weight/Reps Flat 5-8 Reps /// Incline 5-8 Reps // // Decline 5-8 Reps // // Dumbbell Shoulder Press Weight/Reps Weight/Rep

INCLINE	- KINLL-OI	25-50 CYC	LING TWI	31 23-30				
26 Train	ing Log E	xercise Date	e Date Dat	e Date Date	Date Date	Date Wt/F	Reps Wt/Rep	s Wt/Reps Wt/Reps
Wt/Reps	Wt/Reps	Wt/Reps Wt	/Reps / / / /	'///////////	///////////////////////////////////////	11111111	///////////////////////////////////////	'//////////////////////////////////////
//////	////////	///////////////////////////////////////	'////////	///////////////////////////////////////	/////////	////////	///////////////////////////////////////	111111111111111111111111111111111111111
//////	////////	///////////////////////////////////////	'////////	///////////////////////////////////////	//////////	////////	///////////////////////////////////////	11111111111111111
/	/	/	/	/	/	/	1	Cardiovascula

Reps / / / Regular 25-50 Reps / / / Close 25-50 Reps / / / ABDOMINAL ELEVATED SIT-UPS 50-100

27 Resistance Exercises LEGS Quadriceps Front Barbell Squat Preparation From a rack with barbell upper chest height, position bar on front of the shoulders. Cross arms and place hands on top of barbell with upper arms parallel to floor. Dismount bar from rack. Can also be performed on the Smith machine. Execution Descend until thighs are just past parallel. Extend knees and hips until legs are straight. Return and repeat. Comments Keep head forward, back straight and feet flat on the floor; equal distribution of weight through fore foot and heel. Barbell Squat Preparation From a rack with barbell upper chest height, position bar on the back of the shoulders and grasp barbell to sides. Dismount bar from rack. Can also be performed on a squat machine, Smith machine, or with dumbbells. Execution Descend until thighs are just past parallel to floor. Extend knees and hips until legs are straight. Return and repeat. Comments Keep head forward, back straight and feet flat on the floor; equal distribution of weight throughout forefoot and heel. Jump Squat Preparation Assume the squat position on a flat surface. You need squat no further than parallel to the ground. Execution Jump vertically as high as you can and land in the start position. Repeat. Hack Squat Preparation

28 Position barbell just behind legs. With feet flat on floor, squat down and grasp barbell from behind with an

overhand grip. Can also be performed on a hack squat machine or Smith machine. Execution Lift bar by extending hips and knees to full extension. Descend until thighs are close to parallel to floor. Repeat. Comments Throughout lift keep hips low, shoulders high, arms and back straight. Lunge Preparation From a rack with barbell upper chest height, position bar on the back of the shoulders and grasp barbell to sides. Dismount bar from rack. Can also be performed with dumbbells. Execution Lunge forward with first leg. Land on heal then forefoot. Lower body by flexing knee and hip of front leg until knee of rear leg is almost in contact with floor. Return to original standing position by forcibly extending the hip and knee of the forward leg. Repeat by alternating lunge with opposite leg. Comments Keep torso upright during lunge. Rear Lunge Preparation From a rack with barbell upper chest height, position bar on the back of the shoulders and grasp barbell to sides. Dismount bar from rack. Can also be performed with dumbbells. Execution Extend one leg back on forefoot. Lower body on other leg by flexing knee and hip of front leg until knee of rear leg is almost in contact with floor. Return to original standing position by extending the hip and knee of the forward leg. Repeat by alternating lunge with opposite leg. Comments Keep torso upright during lunge; flexible hip flexors are important. A long lunge emphasizes the Gluteus Maximus; a short lunge emphasizes Quadriceps. Step-up Preparation Stand facing the side of a bench. Position bar on the back of the shoulders or grasp barbell to sides. Execution Place foot of first leg on bench. Stand on bench by extending the hip and knee of the first leg and place the foot of second leg on bench. Step down with second leg by flexing the hip and knee of first leg. Return to original standing position by placing foot of first leg to floor. Repeat first step with opposite leg alternating first steps between legs. Comments

29 Keep torso upright during exercise. Stepping a distance from the bench emphasizes the Gluteus Maximus; stepping close to the bench emphasizes Quadriceps. 45 Leg Press Preparation Sit on machine with back on padded support. Place feet on platform. Extend hips and knees. Release dock lever and grasp handles to sides. Execution Lower platform by flexing hips and knees until hips are completely flexed. Return by extending knees and hips. Repeat. Comments Adjust safety brace and back support to accommodate near full range of motion without forcing hips to bend at waist. Leg Extension Preparation Sit on apparatus with back against padded back support. Place front of lower leg under padded lever. Position knee

articulation at same axis as lever fulcrum. Grasp handles to sides for support. Execution Move lever forward by extending knees until leg are straight. Return lever to original position by bending knees. Repeat. Comments Stabilizers are used during heavy resistances to prevent body rising off of seat. Seated Leg Press Preparation Sit on machine with back on padded support. Place feet on platform. Grasp handles to sides. Execution Push platform away by extending knees and hips. Return until hips are completely flexed. Repeat. Comments Adjust seat and back support to accommodate near full range of motion without forcing hips to bend at waist. Hamstrings Good-morning Preparation Position barbell on back of shoulders and grasp bar to sides. Execution Bend hips to lower torso forward until parallel to the floor. Raise torso until hips are extended. Repeat. Comments Throughout lift keep back and knees straight

30 Straight-leg Deadlift Preparation Stand with a shoulder width or narrower stance. Grasp barbell with a shoulder width mixed grip or slightly wider; or hold dumbbells at side. Execution With knees straight, lower bar by bending hips until hamstrings are tight, or just before lower back bends. Lift the bar by extending hips until straight. Pull shoulders back at top of lift if rounded. Repeat. Comments Throughout lift keep arms, knees, and back straight. Lying Leg Curl Machine Preparation Facing bench, stand between bench and lever pads. Lie prone on bench with knees just beyond edge of bench and lower legs under lever pads. Grasp handles. Execution Raise lever pads to back of thighs by flexing knees. Lower lever pads until knees are straight. Repeat. Comments Keep torso on bench to reduce hyperextension of the lower back. Most machines are angled at the users hip to position the hamstring in a more favorable mechanical position. Seated Leg Curl Machine Preparation Sit on apparatus with back against padded back support. Place back of lower leg on top of padded lever. Secure lap pad against thigh just above knees. Grasp handles on lap support. Execution Pull lever to back of thighs by flexing knees. Return lever until knees are straight. Repeat. Standing Leg Curl Machine Preparation Stand in machine with one or both legs against pads dependent upon design. Stand foot of resting leg on elevated platform. Position exercising leg: lower leg against lever pad and knee just below thigh pad. Bend over by bending hips and grasp handles for support if available. Execution Pull lever up to back of thigh by flexing knee. Return lever until knee is straight. Repeat. Continue with opposite leg. Comments If hips are not significantly bent, hip flexors act as antagonist stabilizers. Thigh

Adduction - Cable Preparation Stand in front of low pulley facing to one side. Attach cable cuff to near ankle. Step out away from the stack with a wide stance and grasp ballet bar. Stand on far foot and allow near leg to be Pulled toward low pulley.

31 Execution Move near leg just in front of far leg by abduction the hip. Return and repeat. Turn around and continue with opposite leg. Seated Thigh Adduction Machine Preparation Sit in machine with heels on bars. Pull in on lever to position legs apart. Release lever into position and grasp bars to sides. Execution Move legs toward one another by adduction of the hip. Return and repeat. Seated Thigh Abduction Machine Preparation Sit in machine with heels on bars. Pull in on lever to position legs together, release lever into position and grasp bars to sides. Execution Move legs away from one another by abduction of the hip. Return and repeat. Calves Standing Calf Raise Preparation Set barbell on power rack upper chest height with calf block under barbell. Position back of shoulders under barbell with both hands to sides. Position toes and balls of feet on calf block with arches and heels extending off. Lean barbell against rack and raise from supports by extending knees and hips. Support barbell against verticals with both hands to sides. Can be done on the leg press machine, with dumbbells, standing one-legged, donkey machine, seated calf machine, and standing calf machine. Execution Raise heels by extending ankles as high as possible. Lower heels by bending ankles until calves are stretched. Repeat. Comments Keep knees straight throughout exercise or bend knees slightly only during stretch. Back Bent-over Row Preparation Bend knees slightly and bend over bar with back straight. Grasp bar with a wide overhand grip. Can also be performed on machine. Execution Pull bar to upper waist. Return until arms are extended and shoulders are stretched forward. Repeat. Bent-over Row w/Dumbbells Preparation

32 Kneel over side of bench with arm and leg to side. Grasp dumbbell. Execution Pull dumbbell to side until upper arm is just beyond horizontal or height of back. Return until arm is extended and shoulder is stretched forward. Repeat. Continue with opposite arm. Comments Allow scapula to articulate but do not rotate torso in an effort to throw weight up. Bent Knee Good-morning Preparation Position barbell on back of shoulders and grasp bar to sides. Execution Bend hips to lower torso forward until parallel to the floor. Bend the knees

slightly during the decent. Raise torso until hips are extended. Repeat. Comments Target muscle is exercised isometrically. Throughout lift keep back straight. Quadriceps can be kept bent throughout movement. Deadlift Preparation With feet flat beneath bar squat down and grasp bar with a shoulder width or slightly wider over hand or mixed grip. May use dumbbells also. Execution Lift bar by extending hips and knees to full extension. Pull shoulders back at top of lift if rounded. Return and repeat. Comments Target muscle is exercised isometrically. Throughout lift keep hips low, shoulders high, arms and back straight. Keep bar close to body to improve mechanical leverage. Stiff-leg Deadlift Preparation Stand with a shoulder width or narrower stance on an 8" platform with feet flat beneath bar. Bend over and grasp barbell with a shoulder width or slightly wider overhand or mixed grip. May use dumbbells also. Execution With knees bent, lift the bar by extending at hips until standing upright. Pull shoulders back at top of lift if rounded. Extend knees at top if desired. Lower bar to the top of the feet by bending hips. Bend the knees slightly during the decent and keep waist straight, flexing only slightly at the bottom. Repeat. Comments Lower back may bend slightly during full hip flexion. Target muscle is exercised isometrically if lower back does not bend. Throughout lift keep arms and back straight. Quadriceps can be kept bent throughout movement. Shrug Preparation Stand holding barbell with a overhand or mixed grip; shoulder width or slightly wider. May use dumbbells, cable or machine also.

33 Execution Elevate shoulders as high as possible. Lower and repeat. Comments Since this movement becomes more difficult as full shoulder elevation is achieved, a height criteria for shoulder elevation may be needed. For example, raising the shoulders until the slope of the shoulders become horizontal may be considered adequate depending upon individual body structure. Lying Row Preparation Lie chest down on elevated bench. Grasp dumbbells below. Execution Pull dumbbells to sides until upper arm is just beyond horizontal or height of back. Return until arms are extended and shoulders are stretched forward. Repeat. Comments Bench should be high enough to allow shoulders to stretch forward without dumbbells hitting floor. Back Extension Machine Preparation Sit in machine with back against padded lever. Push hips back against back of seat by pushing feet against platform. Arch back in "C" shape. Execution Extend spine until fully hyperextended. Return and repeat. Comments To avoid hip movement, push hips back into seat by pushing feet into platform throughout exercise. Position foot platform so a small space remains between edge of seat

and back of lower thigh. Use seat belt if it becomes difficult to stabilize hips. Hyper-extension bench Preparation Position thighs prone on padding. Hook heels on platform lip or under padded brace. Hold weight to chest or behind neck. Execution Lower body by bending waist until fully flexed. Raise, or extend waist until torso is parallel to legs. Repeat. Comments Although articulation of the waist is emphasized, some hip extension may accommodate movement. If weight is positioned behind head, neck extensors act as stabilizers Pullover Machine Preparation Adjust seat height so lever is near shoulder axis. Sit on machine and Push foot lever. Place elbows in pads and grasp bar from behind. Release foot lever and place feet on platform or to sides. Execution

34 Pull over until elbows are to sides. Return until shoulder is fully flexed, or upper arm is parallel to torso. Repeat. Comments When finished Push foot lever before releasing arm from lever. Release foot lever after releasing arm from lever. One Arm High Row Preparation Sit on platform or bench with knees bent. Grasp cable stirrup with one hand. Straighten lower back and position knees with a slight bend. Allow shoulder with stirrup to be pulled forward with a slight twist through waist. Also done on machine. Execution Pull cable attachment to side, slightly twisting through waist. Pull shoulders back and push chest forward during contraction. Return until arm is extended and shoulder is stretched forward. Repeat. Comments It is optional to bend the lower back forward during the stretch and pull it upright during contraction. In which case, the Erector Spinae becomes a synergist muscle. One Arm Row Preparation Sit on platform or bench with knees bent. Grasp cable stirrup with one hand. Straighten lower back and position knees with a slight bend. Allow shoulder with stirrup to be pulled foward with a slight twist through waist. Also done on machine. Execution Pull cable attachment to side, slightly twisting through waist. Pull shoulders back and push chest forward during contraction. Return until arm is extended and shoulder is stretched forward. Repeat. Comments It is optional to bend the lower back forward during the stretch and pull it upright during contraction. In which case, the Erector Spinae becomes a synergist muscle. Seated High Row Preparation Sit on platform with knees bent and grasp cable attachment. Straighten lower back and position knees with a slight bend. Also done on machine. Execution Pull cable attachment to waist. Pull shoulders back and push chest forward during contraction. Return until arms are extended and shoulders are stretched forward. Repeat. Comments

It is optional to bend the lower back forward during the stretch and pull it upright during contraction. In which case, the Erector Spinae becomes a Synergists muscle. Seated Row Preparation Sit on platform with knees bent and grasp cable attachment. Straighten lower back and position knees with a slight bend. Also done on machine. Execution

35 Pull cable attachment to waist. Pull shoulders back and push chest forward during contraction. Return until arms are extended and shoulders are stretched forward. Repeat. Comments It is optional to bend the lower back forward during the stretch and pull it upright during contraction. Close Grip Pull-down Preparation Grasp parallel cable attachment. Sit with thighs under supports. Also done on machine. Execution Pull down cable attachment to upper chest. Return until arms and shoulders are fully extended. Repeat. Front Pull-down Preparation Grasp cable bar with a wide grip. Sit with thighs under supports. Also done on machine. Execution Pull down cable bar to upper chest. Return until arms and shoulders are fully extended. Repeat. Rear Pull-down Preparation Grasp cable bar with a wide grip. Sit with thighs under supports. Execution Pull down cable bar behind neck. Return until arms and shoulders are fully extended. Repeat. Underhand Pull-down Preparation Grasp cable bar with a underhand grip. Sit with thighs under supports. Also done on machine. Execution Pull down cable bar to upper chest until elbows are to the sides. Return until arms and shoulders are fully extended. Repeat. Chin-up Preparation Step up and grasp bar with wide overhand grip. Step down onto assistance lever or platform. Also done on machine. Execution Pull body up until the chin is just above the bar. Lower body until arms and shoulders are fully extended. Repeat. Comments If no assisted machine is used, assist as needed by allowing training partner to pull feet up behind legs or push self up with legs on elevation.

36 Close Grip Chin-up Preparation Step up and grasp parallel grips. Step down onto assistance lever or platform. Also done on machine. Execution Pull body up until elbows are to the sides. Lower body until arms and shoulders are fully extended. Repeat. Comments If no assisted machine is used, assist as needed by allowing training partner to pull feet up behind legs or push self up with legs on elevation. Pull-up Preparation Step up and grasp bar with an wide overhand grip. Step down onto assistance lever or platform. Also done

on machine. Execution Pull body up until neck reaches the height of the hands. Lower body until arms and shoulders are fully extended. Repeat. Comments If no assisted machine is used, assist as needed by allowing training partner to pull feet up behind legs or push self up with legs on elevation. Rear Pull-up Preparation Step up and grasp bar with an overhand wide grip. Step down onto assistance lever or platform. Execution Pull body up until the bar touches the back of the neck. Lower body until arms and shoulders are fully extended. Repeat. Comments If no assisted machine is used, assist as needed by allowing training partner to pull feet up behind legs or push self up with legs on elevation. Chest Bench Press Preparation Lie supine on bench. Dismount barbell from rack over the upper chest using a wide oblique overhand grip. Can be performed with dumbbells, on smith machine or press machine. Execution Lower weight to upper chest. Press bar until arms are extended. Repeat. Decline Bench Press Preparation

37 Lie supine on decline bench with feet under leg brace. Dismount barbell from rack over the chest using a wide oblique overhand grip. Can be performed with dumbbells, on smith machine or decline bench machine. Execution Lower weight to upper chest. Press bar until arms are extended. Repeat. Incline Bench Press Preparation Lie supine on incline bench. Dismount barbell from rack over the upper chest using a wide oblique overhand grip. Can be performed with dumbbells, on smith machine or incline bench machine. Execution Lower weight to upper chest. Press bar until arms are extended. Repeat. Incline Shoulder Raise Preparation Lie supine on incline bench. Dismount barbell from rack with a shoulder width overhand grip. Position barbell over the upper chest with elbows extended. Can be performed with dumbbells, on smith machine or incline press machine. Execution Raise shoulders toward bar as high as possible. Lower shoulders to bench and repeat. Chest Dip Machine Preparation Mount a wide dip bar with an oblique grip. Step down onto assistance lever. Can also be performed on parallel bars, with or without weight. Execution Push body up with elbows away from body and hips slightly bent. Lower body until chest is slightly stretched. Repeat. Lying Fly Preparation Grasp two opposing high pulley dumbbell attachments. Lie supine on bench, in the middle and perpendicular to both pulleys. Slightly bend elbows and internally rotate shoulders so elbows are back. Can also be performed on lying fly machine. Execution Bring cable attachments together in a hugging motion with elbows in a fixed position and shoulders internally rotated so elbows are to the sides.

Return to starting position until chests muscle are stretched. Repeat. Cable Crossover Preparation Grasp two opposing high pulley dumbbell attachments. Stand in the middle and perpendicular to both pulleys. Bend hips, knees and elbows slightly. Internally rotate shoulders so elbows are back initially. Execution

38 Bring cable attachments together in a hugging motion with elbows in a fixed position and shoulders internally rotated so elbows are to the sides. Return to starting position until chest muscles are stretched. Repeat. Pullover Preparation Lie upper back perpendicular on bench. Flex hips slightly. Grasp one dumbbell from behind or from side with both hands under inner plate of dumbbell. Position over chest and fix elbows 15 to 30 throughout exercise. Execution Lower dumbbell over and beyond head until upper arm is parallel to torso. Return and repeat. Pec Deck Fly Preparation Sit in machine with back on pad. If available, push foot lever until padded lever moves forward. Place forearms on padded lever. Position upper arms approximately parallel. Release foot lever. Execution Push levers together. Return until chest muscles are stretched. Repeat. Shoulders Behind Neck Press Preparation Grasp barbell with overhand grip from rack or clean from floor. Position bar behind neck. Can be done on machine or using dumbbells. Execution Press bar until arms are extended overhead. Return behind neck and repeat. Front Raise Preparation Grasp barbell with overhand grip. Can be done on machine or using dumbbells. Execution Raise barbell with elbows fixed in a 10 to 30 angle throughout until upper arm is parallel to the floor. Lower and repeat Military Press Preparation Grasp barbell from rack or clean barbell from floor with overhand grip, slightly wider than shoulder width. Position bar in front of neck. Can also be done on machine or using dumbbells. Execution Press bar until arms are extended overhead. Lower to front of neck and repeat Upright Row Preparation

39 Grasp bar with shoulder width or slightly narrower overhand grip. Can be done on machine or using dumbbells. Execution Pull bar to neck with elbows leading. Allow wrists to flex as bar rises. Lower and repeat. Lateral Raise Preparation Grasp stirrup cable attachment. Stand facing with side of resting arm toward low pulley. Grasp ballet bar if available. Can be done using dumbbells, seated, or standing. Execution With elbow slightly bent, raise arm to side away from low Pulley until elbow is shoulder height. Lower and repeat. Lying Rear Lateral Raise Preparation Lie chest down on elevated bench. Grasp dumbbells or cable attachment

below to each side. Execution Raise upper arms to sides until shoulder height. Maintain upper arms perpendicular to torso and a fixed elbow position (10 to 30 angle) throughout exercise. Maintain height of elbows above wrists by raising "pinkie" side up. Lower and repeat. Comments Bench should be high enough to prevent dumbbells from hitting floor. Arms Triceps Triceps Dip Preparation Mount a shoulder width dip bar. Step down onto assistance lever if needed. Execution Push body up with elbows close to body and hips straight. Lower body until shoulders are slightly stretched. Repeat. Close Grip Bench Press Preparation Lie on bench and grasp barbell from rack with a close grip. Execution Lower weight to chest with elbows close to body. Return and repeat. Variation Can be done with cables or using dumbbells. Lying Triceps Extension Preparation

40 Lie on bench with a narrow overhand grip on the barbell. Position barbell over the forehead with arms extended. Execution Lower the bar by bending the elbow. As the bar nears the head move the elbows slightly back just enough to allow the bar to clear around the curvature of the head. Extend the arm. As the bar clears the head reposition the elbows to its former position until the arm is fully extended. Repeat. Comments With the arms fully extended, the bar can be brought back over the upper chest and the shoulders can be internally rotated between repetitions as needed to allow for a relative release of tension in the muscles. Variation Can be done with cable or using dumbbell. Triceps Extension Preparation Position barbell overhead with a narrow overhand grip. Can be done on machine or using dumbbells. Execution Lower forearm behind upper arm with elbows remaining overhead. Extend forearm overhead. Lower and repeat. Comments Let the barbell pull the arm back to maintain full shoulder flexion. Pushdown Preparation Grasp cable attachment with overhand grip. Position elbow to side. Execution Extend arm down. Return until forearm is close to upper arm. Repeat. Comments The elbow can travel up a few inches at the top of the motion. Step close to cable to provide resistance at the top of the motion. Kickback Preparation Kneel over bench with arm supporting body. Grasp dumbbell. Position upper arm parallel to floor. Can also be done using cables. Execution Extend arm until it is straight. Return and repeat. Continue with opposite arm. Comments For greater range of motion, upper arm can be positioned with elbow slightly higher than shoulder. Bench Dip Preparation Place weight on lap. Place hands on the edge of a bench, feet on adjacent bench. Execution Lower body until full stretch or

rear end touches floor. Raise body and repeat.

41 Biceps Curl Preparation Grasp bar with a shoulder width under hand grip. Can be done on machine, with cables, or using dumbbells. Execution With the elbows to the side, raise the bar until forearms are vertical. Lower until the arms are fully extended. Repeat. Comments When the elbow is fully flexed, the elbow should only travel forward a few inches allowing the forearm to be no more than perpendicular to the floor to allow for a relative release of tension in the muscles between repetitions. Incline Curl Preparation Sit back on a 45-60 degree incline bench. With arms hanging down straight, position two dumbbells with palms facing in. Execution With elbows back to the sides, raise one dumbbell and rotate forearm until forearm is vertical to the floor and the palm faces the shoulder. Lower to original position and repeat with alternative arm. Comments The biceps may be exercised alternating (as described), simultaneous, or in a simultaneous-alternating fashion. When the elbow is fully flexed, the elbow should only travel forward a few inches allowing the forearm to be no more than perpendicular to the floor to allow for a relative release of tension in the muscles between repetitions. Preacher Curl Preparation Sit on preacher bench placing back of arms on pad. The seat should be adjusted to allow the arm pit to rest near the top of the pad. Grasp curl bar with shoulder width underhand grip. Can be done on machine or using dumbbells. Execution Raise the bar until forearms are perpendicular to floor with the back of the upper arm remaining on the pad. Lower the barbell until arm is fully extended. Repeat. Concentration Curl Preparation Sit on bench. Grasp dumbbell between feet. Place back of upper arm to inner thigh. Lean into leg to raise elbow slightly. Execution Raise dumbbell to front of shoulder. Lower dumbbell until arm is fully extended. Repeat.

42 Forearms Reverse Curl Preparation Grasp bar with a shoulder width over hand grip. Can be done on machine or using dumbbells. Execution With the elbows to the side, raise the bar until forearms are vertical. Lower until the arms are fully extended. Repeat. Comments When the elbow is fully flexed, the elbow should only travel forward a few inches allowing the forearm to be no more than perpendicular to the floor to allow for a relative release of tension in the muscles between repetitions. Reverse Preacher Curl Preparation Sit on preacher bench placing back of arms on pad. The seat should be adjusted to allow the arm pit to rest near

the top of the pad. Grasp curl bar with shoulder width overhand grip. Can be done on machine or using dumbbells. Execution Raise the bar until forearms are perpendicular to floor with the back of the upper arm remaining on the pad. Lower the barbell until arm is fully extended. Repeat. Hammer Curl Preparation Position two dumbbells to sides, palms facing in, arms straight. Execution With elbows to the sides, raise one dumbbell until forearm is vertical to the floor and the thumb faces the shoulder. Lower to original position and repeat with alternative arm. Comments The biceps may be exercised alternating (as described), simultaneous, or in a simultaneous-alternating fashion. When the elbow is fully flexed, the elbow should only travel forward a few inches allowing the forearm to be no more than perpendicular to the floor to allow for a relative release of tension in the muscles between repetitions. Wrist Curl Preparation Sit and grasp bar with narrow to shoulder width underhand grip. Rest forearms on thighs with wrists just beyond knees. Can be done on machine or using dumbbells. Execution Allow the barbell to roll out of the palms down to the fingers. Grip barbell back up and flex wrists. Lower and repeat. Reverse Wrist Curl Preparation Sit and grasp bar with narrow to shoulder width overhand grip. Rest forearms on thighs with wrists just beyond knees. Can be done on machine or using dumbbells.

43 Execution Hyperextend wrist and return until wrist are fully flexed. Repeat. Abdominal Inline Sit-up Preparation Sit on apparatus with lower leg secured under padded bar. Hold weight to front of chest or behind neck or use no weight. Execution Lower body back until hips are almost extended. Raise body by flexing hips until torso is upright. Repeat. Comments Exercise can be performed without added weight until more resistance is needed. Raise incline to increase resistance. Hanging Leg Raise Preparation Place weight between ankles or use no weight. Grasp and hang from high bar. Execution Raise legs by flexing hips and knees until thighs are just pass parallel to floor. Return until hips and knees are extended. Repeat. Comments Exercise can be performed without added weight until more resistance is needed. Knees may be kept extended throughout leg raise to increase intensity. Incline Leg Raise Preparation Sit on incline board. Place weight between ankles or use no weight. Lie supine on incline board with torso elevated. Grasp feet hooks or sides of board for support. Execution Raise legs by flexing hips and knees until thighs are just past perpendicular to torso. Return until hips and knees are extended. Repeat. Comments Exercise can be

performed without added weight until more resistance is needed. Elevate incline to increase resistance. Knees may be kept extended throughout leg raise to increase intensity. Leg Raise Preparation Sit on end of bench. Place weight between ankles, hook feet to cable attachment, or use no weight. Lie supine on bench with torso elevated. Grasp bench for support. Execution

44 Raise legs by flexing hips and knees until thighs are just past perpendicular to torso. Return until hips and knees are extended. Repeat. Comments Exercise can be performed without added weight until more resistance is needed. Knees may be kept extended throughout leg raise to increase intensity. Roman Chair Sit-up Preparation Sit on apparatus with lower leg secured under padded bar. Hold weight to front of chest or behind neck or use no weight. Execution Lower body back until hips are almost extended. Raise body by flexing hips until torso is upright. Repeat. Comments Exercise can be performed without added weight until more resistance is needed. Rectus Abdominis and Obliques only contract dynamically if actual waist flexion occurs. With no waist flexion, Rectus Abdominis and External Oblique will only act to stabilize the pelvis and waist during hip flexion. Vertical Leg Raise Preparation Place weight between ankles or use no weight. Position body on padded parallel bars with hands on handles, back on vertical pad, and body weight supported on forearms. Execution Raise legs by flexing hips and knees until thighs are just pass parallel to floor. Return until hips and knees are extended. Repeat. Comments Exercise can be performed without added weight until more resistance is needed. Knees may be kept extended throughout leg raise to increase intensity. Kneeling Crunch Preparation Kneel below a high pulley. Grasp cable rope attachment and place wrists against the head. Flex hips slightly and allow the weight to hyperextend the lower back. Execution With the hips stationary, flex the waist so the elbows travel toward the middle of the thighs. Return and repeat. Variation Can be done on machine. Seated Crunch Preparation Seat with back support away from a medium high Pulley. Grasp cable rope attachment with both hands and place securely over the both shoulders. Allow the weight to hyperextend the lower back slightly. Execution

45 With the hips stationary, flex the waist so the elbows travel toward the hips. Return and repeat. Can be done on machine. Incline Crunch Preparation Hook feet under padding and lie supine on incline bench with

hips bent. Hold plate behind neck or on chest with both hands or use no weight. Execution Flex waist to raise upper torso from bench. Return until the back of the shoulders contact the padded incline board. Repeat. Comments Exercise can be performed without added weight until more resistance is needed. Elevate incline to increase resistance. Hip and knee flexors may be involved as stabilizers if incline is steep and no calf support is used. Incline Hip Raise Preparation Sit on incline board. Place weight between ankles or use no weight. Lie supine on incline board with torso elevated. Grasp feet hooks or sides of board by head for support. Execution Raise legs by flexing hips while flexing knees until hips are fully flexed. Continue to raise knees toward shoulders by flexing waist, raising hips from board. Return until waist, hips and knees are extended. Repeat. Comments Exercise can be performed without added weight until more resistance is needed. Elevate incline to increase resistance. When raising hips, keep knees fully flexed as not to throw weight of lower legs over head. Incline Twisting Crunch Preparation Hook feet under padding and lie supine on incline bench with hips bent. Hold plate behind neck or on chest with both hands or use no weight. Execution Flex and twist waist to raise upper torso from bench to one side. Return until the back of the shoulders contact the padded incline board. Repeat to the opposite side alternating twists. Comments Exercise can be performed without added weight until more resistance is needed. Elevate incline to increase resistance. Hip and knee flexors may be involved as stabilizers if incline is steep and no calf support is used. Incline Twisting Sit-up Preparation

46 Hook feet under padding and lie supine on incline bench with hips bent. Hold plate behind neck or on chest with both hands. Execution Flex and twist the waist to one direction while raising the torso from bench by bending hips. Return until the back of the shoulders contact the padded incline board. Repeat to the opposite side alternating twists. Comments Pectineus, Adductor Longus, and Brevis do not assist in hip flexion since hips are already initially bent. Knee flexors may be involved as stabilizers if incline is steep and no calf support is used. Twisting Crunch Preparation Lie supine on bench with head hanging off and knees and hips bent. Hold plate behind neck or on chest with both hands. Execution Flex and twist waist to raise upper torso from bench to one side. Return until the back of the shoulders contact the padded board. Repeat to the opposite side alternating twists. Side Bend Preparation With side to low Pulley, grasp dumbbell cable

with near arm. Stand with arm straight. Execution Bend waist to opposite side of cable. Lower and repeat. Turn around and continue with opposite side. Can also be done with dumbbell. Crunch Circuit Preparation Lie flat on your back with your legs straight and raised so that the bottom of your feet are pointed towards the sky Execution Crunch for set number of repetitions then without resting. Bend knees so that legs are at 90, continue to crunch for set number of repetitions, then without resting lower bent legs to the left 45 from the floor, continue to crunch for set number of repetitions, then without resting lower legs to the right 45 from the floor, continue to crunch for set number of repetitions, then without resting repeat first two steps. Cycling Twist Preparation Lie flat on the ground with your legs fully extended to the front 6 inches off the ground and your upper body raised at a 30 degree angle off the ground. Your hands are joined together at the waist. Execution

47 On alternating movements you will turn your body to one side while bringing the opposite side knee toward your chest. Without allowing your feet to touch the ground, twist your body alternating to the other side. Your legs will alternate with your body twist in a similar movement to cycling. Your hands remain joined the entire time. Flutter Kicks Preparation Lie on your back and place your hands under your buttocks for support. Lift your head, just enough to see your feet and then lift both legs 6 inches off the ground. Execution Lift one leg at least 25 degrees then alternate your legs at a quick tempo. Flexibility Exercises Neck Rotation - Stand with the back straight and feet shoulder width apart. Place the hands on hips. Roll the head slowly to the left, making a complete circle with the path of the head. Reverse direction. See figure Arm and Shoulder Rotation - Stand with the back straight and feet shoulder width apart. Extend the arms outward to shoulder height. Rotate the shoulders forward, making a large circular motion with the arms. Reverse direction.

48 Hip Rotation - Stand with the back straight and feet shoulder width apart. Place the hands on hips. Rotate the hips clockwise while keeping the back straight. Reverse direction. Knee and Ankle Rotation - Stand with the feet together, and bend at the waist with the knees slightly bent. Place the hands above the knees, and rotate the legs in a clockwise direction. Reverse direction. Neck and Shoulder Stretch - Stand with the feet shoulder width apart and the arms behind the body. Grasp the left wrist with the right hand. Pull the left arm

down and to the right. Tilt the head to the right. Hold this position for 10 to 15 seconds. Repeat the action with the right wrist, pulling the right arm down and to the left. Tilt the head to the left. Abdominal Stretch - Stand and extend the arms upward and over the head. Interlace the fingers with palms turned upward. Stretch the arms up and slightly back. Hold this position for 10 to 15 seconds.

49 Chest Stretch - Stand and interlace the fingers behind the back. Lift the arms behind so that they move outward and away from the body. Lean forward from the waist. Hold this position for 10 to 15 seconds. Bend the knees before moving to the upright position. Return to the starting position. Upper-back Stretch - Stand with the arms extended to the front at shoulder height with the fingers interlaced and palms facing outward. Extend the arms and shoulders forward. Hold this position for 10 to 15 seconds. Return to the starting position. Overhead Arm Pull - Stand with the feet shoulder width apart. Raise the right arm, bending the right elbow and touching the right elbow and to the back of the neck. Grab the right elbow with the left hand, and pull to the left. Hold this position for 10 to 15 seconds. Return to the starting position. Do the same stretch, and pull the left elbow with the right hand for 10 to 15 seconds.

50 Thigh Stretch - Stand or lie on the stomach. Bend the left leg up toward the buttocks. Grasp the toes of the left foot with the right hand, and the heel to the left buttock. Extend the left arm to the side for balance. Hold this position for 10 to 15 seconds. Return to the starting position. Switch sides. Hamstring Stretch (Standing) - Stand with the knees slightly bent. Bend forward keeping the head up, and reach toward the toes. Straighten the legs, and hold this position for 10 to 15 seconds. Hamstring Stretch (Seated) - Sit on the ground with both legs straight and extended forward with the feet upright about six inches apart. Put the hands on the ankles or toes. Bend from the hips, keeping the back and head in a comfortable, straight line. Hold this position for 10 to 15 seconds.

51 Groin Stretch (Standing) - Lunge over to the left while keeping the right leg straight, the right foot facing straight ahead and entirely on the floor. Lean over the left leg while stretching the right groin muscles. Hold this position for 10 to 15 seconds. Repeat with the opposite leg. Groin Stretch (Seated) - Sit on the ground

with the soles together. Place the hands on or near he feet. Bend forward from the hips, keeping the head up. Hold this position for 10 to 15 seconds. Calf Stretch - Stand straight with the feet together, arms extended downward, elbows locked, palms facing backward, fingers extended and joined, and head and eyes facing front. Move the right foot to the rear about two feet, and place the ball of the foot on the ground. Slowly press the right heel to the ground. Slowly bend the left knee while pushing the hips forward and arching the back slightly. Hold this position for 10 to 15 seconds. Return to the starting position. Repeat with the left foot. Hip and Back Stretch (Seated) Sit on the ground with the right leg forward and straight. Cross the left leg over the right while sitting erect. Keep the heels of both feet in contact with the ground. Slowly rotate the upper body to the left and look over the left shoulder. Reach across the left leg with the right arm, and push the left leg to your right. Use the left hand for support by placing it on the ground. Hold this position for 10 to 15 seconds. Repeat this stretch for the other side by crossing and turning in the opposite direction.

52 Hip and Back Stretch (Lying Down) - Lie on the back with the arms straight beside the body. Keep the legs straight and the knees and feet together. Bring the left leg straight back toward the head, leaving the right leg in the starting position. Bring the head and arms up. Grab the bent left leg below the knee, and pull it gradually to the chest. Hold this position for 10 to 15 seconds. Gradually return to the starting position. Repeat these motions with the opposite leg. Variation - Pull both knees to the chest. Pull the head up to the knees. Hold for 10 to 15 seconds. Return to the starting position. Agility Exercises All fours run Place your hands in front of you and run using your hands and feet. Broad Jump Jump forward on both feet in a series of broad jumps. Swing the arms vigorously to help with the jumps. Crab Walk Place your hands and feet on the ground, hands behind you and stomach facing the sky. Walk on hands and feet from this position. Hour Glass Drill

53 Mark out a box 10 meters x 10 meters. Start at the front left corner of the box. Run across the front (shoulders square to the front) to the front right corner. Back peddle to the center spot, then out to the back right corner. Run across the back to the back left corner. Run forward to the center spot, then out to the left corner. Three Line Shuffle Drill Mark three parallel lines on the floor, 4 feet apart. Straddle the center line.

Begin by shuffling to the far left line, then to the far right, then left, etc. for the allotted time, crossing each line with the foot. Bench Jumps From a standing position, bend your knees slightly and jump to the side (laterally), pushing off with both feet and landing up on a low bench/step. (Beginners may start out without the bench and simply land on the floor.) Come to a full stop, then jump off the other side of the bench and repeat. Ski Hops Mark out lines approximately 3 feet apart and 10 meters in length. Start on one side of the paired lines and jump across to the outside of the other line, progressing down the 10 meters. At the end of the 10 meter, immediately jump across the two lines working backward to the original starting point. Forward; Back. Star Drill Mark out eight points 3 to 5 steps from a center mark, creating a star pattern. Begin rill standing at the center point. Now run out to the first point of the star then back to the center point. Continue to run to each point in the star coming back to the center each time.

Twelfth Edition WILLIAMS NUTRITION FO R H E A LT H, FIT N E SS & SP ORT Eric S. Rawson Messiah College J. David Branch Old Dominion University Tammy J. Stephenson University of Kentucky wil58971_fm_i-xxii.indd 1 10/9/18 6:43 PM

WILLIAMS NUTRITION FOR HEALTH, FITNESS & SPORT, TWELFTH EDITION Published by McGraw-Hill Education, 2 Penn Plaza, New York, NY 10121. Copyright 2020 by McGraw-Hill Education. All rights reserved. Printed in the United States of America. Previous editions 2017, 2013, and 2010. No part of this publication may be reproduced or distributed in any form or by any means, or stored in a database or retrieval system, without the prior written consent of McGraw-Hill Education, including, but not limited to, in any network or other electronic storage or transmission, or broadcast for distance learning. Some ancillaries, including electronic and print components, may not be available to customers outside the United States. This book is printed on acid-free paper. 1 2 3 4 5 6 7 8 9 LWI 21 20 19 ISBN 978-1-260-25897-4 (bound edition) MHID 1-260-25897-1 (bound edition) ISBN 978-1-260-41390-8 (loose-leaf edition) MHID 1-260-41390-X (loose-leaf edition) Sr. Portfolio Manager: Marija Magner Sr. Product Developer: Darlene M. Schueller Marketing Manager: Valerie L. Kramer Content Project Managers: Jessica Portz, Samantha Donisi-Hamm, Sandra Schnee Buyer: Laura Fuller Design: Jessica Cuevas Content Licensing Specialist: Shawntel Schmitt

Cover Image: (Woman weightlifting) Syda Productions/Shutterstock; (Salmon) Olga Nayashkova/Shutterstock; (Rock climber) Don Mason/Blend Images LLC; (Man stretching) Alija/Getty Images Compositor: MPS Limited All credits appearing on page are considered to be an extension of the copyright page. Library of Congress Cataloging-in-Publication Data Rawson, Eric S., author. | Branch, J. David, 1956- author. | Stephenson, Tammy J., author. | Williams Nutrition for health, fitness & sport. Nutrition for health, fitness & sport / Eric S. Rawson, Messiah College, J. David Branch, Old Dominion University, Tammy J. Stephenson, University of Kentucky. Nutrition for health, fitness, and sport Twelfth edition. | New York, NY : McGraw Hill Higher Education, [2020] | Includes bibliographical references and index. LCCN 2018029965 | ISBN 9781260258974 (alk. paper) LCSH: Nutrition. | Physical fitness. | Sports Physiological aspects. LCC QP141 .W514 2020 | DDC 612.3 dc23 LC record available at https://lccn.loc.gov/2018029965 The internet addresses listed in the text were accurate at the time of publication. The inclusion of a website does not indicate an endorsement by the authors or McGraw-Hill Education, and McGraw-Hill Education does not guarantee the accuracy of the information presented at these sites. mheducation.com/highered wil58971_fm_i-xxii.indd 2 10/9/18 6:43 PM

Dedication In memory of Melvin H. Williams We dedicate this twelfth edition to the founding author, Melvin H. Williams. We are honored to carry on the legacy of a friend and respected colleague in the nutrition field. wil58971_fm_i-xxii.indd 3 10/9/18 6:43 PM To Debbie, Christopher, Matthew, and Erica Eric S. Rawson To Carol, David, Molly, Anne Randolph, Gracie, and the rest of my family J. David Branch To Brian, Bailey, Kylie Mae, and Ansley Tammy J. Stephenson and To our teachers, colleagues, and students Eric, David, and Tammy

iv About the Authors Eric S. Rawson, PhD, FACSM, CSCS, is Chair and Professor of Health, Nutrition, and Exercise Science at Messiah College in Mechanicsburg, Pennsylvania. Dr. Rawson received his PhD from the University of Massachusetts, Amherst, where he studied under the direction of Dr. Priscilla Clarkson. Over the past two decades, Dr. Rawson's research has focused on the interactions between nutrition and skeletal muscle. In particular, Dr. Rawson has extensively studied the effects of the dietary supplement

creatine on muscle and brain function. Dr. Rawson has been an active member in the American College of Sports Medicine (ACSM) since 1996, has served on the ACSM Board of Trustees, on the ACSM Annual Meeting Program Committee, as Chair of the ACSM National Chapter Nutrition Interest Group, and is a past president of the Mid-Atlantic ACSM regional chapter. Dr. Rawson has delivered more than 150 professional presentations, is co-editor of the text Nutrition for Elite Athletes, co-author of the eleventh and twelfth editions of Nutrition for Health, Fitness & Sport, and has authored/co-authored numerous articles and book chapters. His research has been funded by the National Institutes of Health and various foundations. Courtesy of Eric Foster, Bloomsburg University J. David Branch, earned a BA degree from Furman University, and MS and PhD degrees in Exercise Science from the University of South Carolina. Since 1994, he has been at Old Dominion University in the Department of Human Movement Sciences, where he has taught exercise physiology, exercise testing, research methods, and other courses in the undergraduate and graduate exercise science programs. Prior to that, he was a lecturer at Furman University and worked for many years in a facility specializing in health and fitness testing of South Carolina law enforcement personnel. He is a Fellow in the American College of Sports Medicine. Dr. Branch enjoys reading, running, the beach, spending time with wife Carol, dog Gracie, grand dog Banks, and the accomplishments of his adult children, David and Anne Randolph. Courtesy of Chuck Thomas, University Photographer, Old Dominion University wil58971_fm_i-xxii.indd 4 10/9/18 6:43 PM

v Tammy J. Stephenson, PhD, received her BS degree in Food Science and Human Nutrition, and PhD in Nutritional Sciences from the University of Kentucky. She has taught a variety of food, nutrition, and wellness courses, including sports nutrition and introductory nutrition, in the Department of Dietetics and Human Nutrition at the University of Kentucky for the past 20 years. Dr. Stephenson serves as Director of Undergraduate Studies for the Dietetics and Human Nutrition degree programs, as Director of the Undergraduate Certificate in Food Systems and Hunger Studies, and as Co-Director of the Undergraduate Certificate in Nutrition for Human Performance. She has been recognized with multiple teaching and advising awards at the university, state, and national levels, including the University of Kentucky Alumni Association s Great Teacher Award (2016) and the Provost Office s Outstanding Teacher Award (2015). Dr. Stephenson is

an active member of the Academy of Nutrition and Dietetics, having served as Chair of the Nutrition Educators of Health Professionals practice group. She is also a member of the Sports, Cardiovascular, and Wellness Nutrition practice group of the Academy. Dr. Stephenson is co-author of Human Nutrition: Science for Healthy Living, now in its second edition. Outside of the classroom, she enjoys running, yoga, hiking, reading, gardening, watching her daughters play sports, and spending time with her family. Courtesy of Tammy Stephenson wil58971 fm i-xxii.indd 5 10/9/18 6:43 PM

vi Brief Contents wil58971_fm_i-xxii.indd 6 10/9/18 6:43 PM CHAPTER ONE Introduction to Nutrition for Health, Fitness, and Sports Performance 1

vii Contents Preface xv C H A P T E R O N E Introduction to Nutrition for Health, Fitness, and Sports Performance 1 Introduction 2 Fitness and Exercise 4 How are health-related fitness and sports-related fitness different? 4 What are the basic principles of exercise training? 4 Exercise and Health Promotion 6 How does exercise enhance health? 6 Physical Activity Guidelines 8 Key principles for developing physical activity programs 8 Are Americans meeting physical activity guidelines? 10 Am I exercising enough? 10 Can too much exercise be harmful to my health? 11 Nutrition and Fitness 13 What is nutrition? 13 What is the role of nutrition in health promotion? 13 Do most Americans eat right? 14 What are some general guidelines for healthy eating? 15 Are there additional health benefits when both exercise and diet habits are improved? 16 Sports-Related Fitness: Exercise and Nutrition 17 What is sports-related fitness? 17 What is sports nutrition? 18 Is sports nutrition a profession? 18 Are athletes today receiving adequate nutrition? 19 Why are some athletes malnourished? 20 How does nutrition affect athletic performance? 20 What should athletes eat to help optimize sport performance? 21 Ergogenic Aids and Sports Performance: Beyond Training 21 What is an ergogenic aid? 21 Why are nutritional ergogenics so popular? 22 Are nutritional ergogenics effective? 22 Are nutritional ergogenics safe? 23 Are nutritional ergogenics legal? 23 Where can I find more detailed information on sports supplements? 24 Nutritional Quackery in Health and Sports 24 What is nutritional quackery? 24 mauro grigollo/Getty Images Why is nutritional quackery so prevalent in athletics? 25 How do I recognize nutritional quackery in health and sports? 26 Where can I get sound nutritional information to

combat quackery in health and sports? 26 Research and Evidence-Based Recommendations 28 What types of research provide valid information? 28 Why do we often hear contradictory advice about the effects of nutrition on health or physical performance? 30 What is the basis for the dietary recommendations presented in this book? 30 How does all this relate to me? 31 Application Exercise 32 Review Questions Multiple Choice 32 Critical Thinking Questions 33 References 33 C H A P T E R T W O Healthful Nutrition for Fitness and Sport 36 Introduction 37 Essential Nutrients and Recommended Nutrient Intakes 38 What are essential nutrients? 39 How are recommended dietary intakes determined? 39 The Balanced Diet and Nutrient Density 42 What is a balanced diet? 42 What foods should I eat to obtain the nutrients I need? 42 What is the MyPlate food guide? 42 How are the Exchange System and carbohydrate counting used in meal planning? 44 What is the key-nutrient concept for obtaining a balanced diet? 45 What is the concept of nutrient density? 46 Will using the MyPlate food guide guarantee me optimal nutrition? 47 Healthful Dietary Guidelines 48 What is the basis underlying the development of healthful dietary guidelines? 48 What are the recommended dietary guidelines for reducing the risk of chronic disease? 48 Ken Welsh/age fotostock wil58971_fm_i-xxii.indd 7 10/9/18 6:43 PM

viii Conten t s What effect does eating a meal have on the metabolic rate? 88 How can I estimate my daily resting energy expenditure (REE)? 89 What genetic factors affect my REE? 89 How do dieting and body composition affect my REE? 90 What environmental factors may also influence the REE? 90 What energy sources are used during rest? 90 Human Energy Metabolism during Exercise 91 How do my muscles influence the amount of energy I can produce during exercise? 91 What effect does muscular exercise have on the metabolic rate? 92 How is energy expenditure of the three human energy systems measured during exercise? 92 How can I convert the various means of expressing exercise energy expenditure into something more useful to me, such as kcal per minute? 93 How can I tell what my metabolic rate is during exercise? 95 How can I determine the energy cost of my exercise routine? 95 What are the best types of activities to increase energy expenditure? 96 Does exercise affect my resting energy expenditure (REE)? 97 Does exercise affect the thermic effect of food (TEF)? 98 How much energy should I consume daily? 98 Human Energy Systems and Fatigue during Exercise 101 What energy systems are used during exercise? 101 What

energy sources are used during exercise? 102 What is the fat burning zone during exercise? 103 What is fatigue? 104 What causes acute fatigue in athletes? 105 How can I delay the onset of fatigue? 106 How is nutrition related to fatigue processes? 106 Vegetarianism 53 What types of foods does a vegetarian eat? 53 What are some of the nutritional concerns with a vegetarian diet? 53 Is a vegetarian diet more healthful than a nonvegetarian diet? 54 How can I become a vegetarian? 56 Will a vegetarian diet affect physical performance potential? 56 Consumer Nutrition Food Labels and Health Claims 58 What nutrition information do food labels provide? 58 How can I use this information to select a healthier diet? 59 What health claims are allowed on food products? 60 What are functional foods? 61 Consumer Nutrition Dietary Supplements and Health 63 What are dietary supplements? 63 Will dietary supplements improve my health? 63 Can dietary supplements harm my health? 64 Healthful Nutrition: Recommendations for Better Physical Performance 65 What should I eat during training? 66 When and what should I eat just prior to competition? 66 What should I eat during competition? 68 What should I eat after competition? 68 Should athletes use commercial sports foods? 68 How can I eat more nutritiously while traveling for competition? 69 How do gender and age influence nutritional recommendations for enhanced physical performance? 70 Application Exercise 72 Review Questions Multiple Choice 72 Critical Thinking Questions 73 References 73 Application Exercise 108 Review Questions Multiple Choice 108 Critical Thinking Questions 109 References 109 C H A PTERFOUR Carbohydrates: The Main Energy Food 111 Introduction 112 Dietary Carbohydrates 112 What are the different types of dietary carbohydrates? 112 What are some common foods high in carbohydrate content? 114 How much carbohydrate do we need in the diet? 115 Metabolism and Function 116 How are dietary carbohydrates digested and absorbed and what are some implications for sports performance? 116 What happens to the carbohydrate after it is absorbed into the body? 117 Corbis/SuperStock C H A P T E R T H R E E Human Energy 76 Introduction 77 Measures of Energy 77 What is energy? 77 What terms are used to quantify work and power during exercise? 78 How do we measure physical activity and energy expenditure? 78 What is the most commonly used measure of energy? 81 Human Energy Systems 83 How is energy stored in the body? 83 What are the human energy systems? 84 What nutrients are necessary for operation of the human energy systems? 87 Human Energy Metabolism during Rest 88 What is metabolism? 88 What factors account for the amount of energy expended during

ix C H A P T E R F I V E Fat: An Important Energy Source during Exercise 161 Introduction 162 Dietary Fats 162 What are the different types of dietary fats? 162 What are triglycerides? 162 What are some common foods high in fat content? 163 How do I calculate the percentage of fat kcal in a food? 164 What are fat substitutes? 165 What is cholesterol? 166 What foods contain cholesterol? 166 What are phospholipids? 166 What foods contain phospholipids? 167 How much fat and cholesterol do we need in the diet? 167 Metabolism and Function 169 How does dietary fat get into the body? 169 What happens to the lipid once it gets in the body? 169 What are the different types of lipoproteins? 170 Can the body make fat from protein and carbohydrate? 172 What are the major functions of the body lipids? 172 How much total energy is stored in the body as fat? 173 Fats and Exercise 174 Are fats used as an energy source during exercise? 174 F Does gender influence the use of fats as an energy source during exercise? 175 What effect does exercise training have on fat metabolism during exercise? 176 ats: Ergogenic Aspects 177 High-fat diets 177 High-fat diets and weight loss 179 Does exercising on an empty stomach or fasting improve performance or weight loss? 180 Can the use of medium-chain triglycerides improve endurance performance or body composition? 181 Is the glycerol portion of triglycerides an effective ergogenic aid? 182 Are phospholipid dietary supplements effective ergogenic aids? 182 Omega-3 fatty acid and fish oil supplements 183 Can carnitine improve performance or weight loss? 184 Can hydroxycitrate (HCA) enhance endurance performance? 185 Can conjugated linoleic acid (CLA) enhance exercise performance or weight loss? 185 Can ketone supplements improve endurance performance? 185 What s the bottom line regarding the ergogenic effects of fat burning diets or strategies? 186 Dietary Fats and Cholesterol: Health Implications 186 How does cardiovascular disease develop? 186 How do the different forms of serum lipids affect the development of atherosclerosis? 188 What is the metabolic fate of blood glucose? 118 How much total energy do we store as carbohydrate? 121 Can the human body make carbohydrates from protein and fat? 122 What are the major functions of carbohydrate in human nutrition? 122 Carbohydrates for Exercise 124 In what types of activities does the body rely heavily on carbohydrate as an energy source? 124 Why is carbohydrate an important energy source for exercise? 124 What effect does endurance training have on carbohydrate metabolism?

125 How is hypoglycemia related to the development of fatigue? 125 How is lactic acid production related to fatigue? 127 How is low muscle glycogen related to the development of fatigue? 127 How are low endogenous carbohydrate levels related to the central fatigue hypothesis? 129 Will eating carbohydrate immediately before or during an event improve physical performance? 130 When, how much, and in what form should carbohydrates be consumed before or during exercise? 133 What is the importance of carbohydrate replenishment after prolonged exercise? 137 Will a high-carbohydrate diet enhance my daily exercise training? 138 Carbohydrate Loading 140 What is carbohydrate, or glycogen, loading? 140 What type of athlete would benefit from carbohydrate loading? 140 How do you carbohydrate load? 141 Will carbohydrate loading increase muscle glycogen concentration? 142 How do I know if my muscles have increased their glycogen stores? 143 Will carbohydrate loading improve exercise performance? 143 Are there any possible detrimental effects relative to carbohydrate loading? 144 Carbohydrates: Ergogenic Aspects 145 Do the metabolic by-products of carbohydrate exert an ergogenic effect? 145 Dietary Carbohydrates: Health Implications 147 How do refined sugars and starches affect my health? 147 Are artificial sweeteners safe? 148 Why are complex carbohydrates thought to be beneficial to my health? 149 Why should I eat foods rich in fiber? 150 Do some carbohydrate foods cause food intolerance? 152 Application Exercise 153 Review Questions Multiple Choice 154 Critical Thinking Questions 155 References 155 Corbis/PunchStock wil58971_fm_i-xxii.indd 9 10/9/18 6:43 PM

x Conten t s C H A P T E R S E V E N Vitamins: Fat-Soluble, Water-Soluble, and Vitamin-Like Compounds 260 Introduction 261 Basic Facts 262 What are vitamins and how do they work? 262 What vitamins are essential to human nutrition? 262 In general, how do deficiencies or excesses of vitamins influence health or physical performance? 263 How are vitamin needs determined? 263 Fat-Soluble Vitamins 266 Vitamin A (retinol) 266 Vitamin D (cholecalciferol) 267 Vita Vita Water- Thia Ribo Niaci Vita Vita Folat Pant Bioti min E (alpha-tocopherol) 270 min K (menadione) 272 Soluble Vitamins 273 min (vitamin B1) 273 flavin (vitamin B2) 274 n 274 min B6 (pyridoxine) 275 min B12 (cobalamin) 276 e (folic acid) 278 othenic acid 279 n 280 Vitamin C (ascorbic acid) 280 Vitamin-like compounds: Choline 282 Vitamin Supplements: Ergogenic Aspects 283 Should physically active individuals take vitamin supplements? 283 Can the antioxidant vitamins prevent

fatigue or muscle damage during training? 284 How effective are the multivitamin supplements marketed for athletes? 285 Application Exercise 287 Review Questions Multiple Choice 287 Critical Thinking Questions 288 References 288 n Pics Don Hammond/Desig Protein: The Tissue Builder 210 Introduction 211 Dietary Protein 211 What is protein? 211 Is there a difference between animal and plant protein? 212 What are some common foods that are good sources of protein? 213 How much dietary protein do I need? 213 How much of the essential amino acids do I need? 215 What are some dietary guidelines to ensure adequate protein intake? 215 Metabolism and Function 216 What happens to protein in the human body? 216 Can protein be formed from carbohydrates and fats? 217 What are the major functions of protein in human nutrition? 217 Proteins and Exercise 218 Are proteins used for energy during exercise? 219 Does exercise increase protein losses in other ways? 220 What happens to protein metabolism during recovery after exercise? 220 What effect does exercise training have upon protein metabolism? 221 6 Does exercise increase the need for dietary protein? 221 What are some general recommendations relative to dietary protein intake for athletes? 223 Are protein supplements necessary? 226 Protein-Related Supplements 228 Dietary Protein: Health Implications 246 Does a deficiency of dietary protein pose any health risks? 24 Does excessive protein intake pose any health risks? 247 Does the consumption of individual amino acids pose any health risks? 249 Application Exercise 250 Review Questions Multiple Choice 250 Critical Thinking Questions 251 References 251 C H A P T E R E I G H T Minerals: The Inorganic Regulators 292 Introduction 293 Basic Facts 293 What are minerals, and what is their importance to humans? 293 What minerals are essential to human nutrition? 294 In general, how do deficiencies or excesses of minerals influence health or physical performance? 294 Major Minerals 295 Calcium (Ca) 295 BananaStock/PunchStock Erik Isakson/Blend Images Can I reduce my serum lipid levels and possibly reverse atherosclerosis? 190 What should I eat to modify my serum lipid profile favorably? 191 Can exercise training also elicit favorable changes in the serum lipid profile? 199 Application Exercise 202 Review Questions Multiple Choice 203 Critical Thinking Questions 203 References 204 C H A P T E R S I X wil58971_fm_i-xxii.indd 10 10/9/18 6:44 PM

Phosphorus (P) 303 Magnesium (Mg) 304 Trace Minerals 306 Iron (Fe) 306 Copper (Cu) 313 Zinc (Zn) 314 Chromium (Cr) 316 Selenium (Se) 318 Mineral Supplements: Exercise and Health 319 Does exercise

increase my need for minerals? 319 Can I obtain the minerals I need through my diet? 320 Are mineral megadoses or some nonessential minerals harmful? 320 Should physically active individuals take mineral supplements? 321 Application Exercise 322 Review Questions Multiple Choice 322 Critical Thinking Questions 323 References 323 C H A P T E R N I N E Water, Electrolytes, and Temperature Regulation 327 Introduction 328 Water 329 How much water do you need per day? 329 What else is in the water we drink? 329 Where is water stored in the body? 331 How is body water regulated? 332 How do I know if I am adequately hydrated? 333 What are the major functions of water in the body? 333 Can drinking more water or fluids confer any health benefits? 334 Electrolytes 335 What is an electrolyte? 335 Sodium (Na) 335 Chloride (CI) 337 Potassium (K) 337 Regulation of Body Temperature 338 What is the normal body temperature? 338 What are the major factors that influence body temperature? 339 How does the body regulate its own temperature? 339 What environmental conditions may predispose an athletic individual to hyperthermia? 340 How does exercise affect body temperature? 341 How is body heat dissipated during exercise? 342 Exercise Performance in the Heat: Effect of Environmental Temperature and Fluid and Electrolyte Losses 343 How does environmental heat affect physical performance? 343 Greg Epperson/Shutterstock How do dehydration and hypohydration affect physical performance? 345 How fast may an individual become dehydrated while exercising? 347 How can I determine my sweat rate? 347 What is the composition of sweat? 347 Is excessive sweating likely to create an electrolyte deficiency? 348 Exercise in the Heat: Fluid, Carbohydrate, and Electrolyte Replacement 348 Which is most important to replace during exercise in the heat water, carbohydrate, or electrolytes? 348 What are some sound guidelines for maintaining water (fluid) balance during exercise? 350 What factors influence gastric emptying and intestinal absorption? 351 How should carbohydrate be replaced during exercise in the heat? 353 How should electrolytes be replaced during or following exercise? 354 What is hyponatremia and what causes it during exercise? 354 Are salt tablets or potassium supplements necessary? 355 What are some prudent guidelines relative to fluid replacement while exercising under warm or hot environmental conditions? 356 Ergogenic Aspects 360 Does oxygen water enhance exercise performance? 361 Do pre-cooling techniques help reduce body temperature and enhance performance during exercise in the heat? 361 Does sodium loading enhance endurance performance? 361 Does glycerol supplementation enhance endurance

performance during exercise under warm environmental conditions? 361 Health Aspects: Heat Illness 363 Should I exercise in the heat? 363 What are the potential health hazards of excessive heat stress imposed on the body? 363 What are the symptoms and treatment of heat injuries? 366 Do some individuals have problems tolerating exercise in the heat? 367 How can I reduce the hazards associated with exercise in a hot environment? 369 How can I become acclimatized to exercise in the heat? 369 Health Aspects: High Blood Pressure 371 What is high blood pressure, or hypertension? 371 How is high blood pressure treated? 371 What dietary modifications may help reduce or prevent hypertension? 372 Can exercise help prevent or treat hypertension? 375 Application Exercise 377 Review Questions Multiple Choice 377 Critical Thinking Questions 378 References 378 wil58971 fm i-xxii.indd 11 12/5/18 3:19 PM

xii Contents CHAPTERTEN Body Weight and Composition for Health and Sport 385 Introduction 386 Body Weight and Composition 387 What is the ideal body weight? 387 What are the values and limitations of the BMI? 388 What is the composition of the body? 389 What techniques are available to measure body composition and how accurate are they? 390 What problems may be associated with rigid adherence to body fat percentages in sport? 395 How much should I weigh or how much body fat should I have? 396 Regulation of Body Weight and Composition 398 How does the human body normally control its own weight? 398 How is fat deposited in the body? 403 What is the cause of obesity? 403 Can the set point change? 408 Why is prevention of childhood obesity so important? 409 Weight Gain, Obesity, and Health 410 What health problems are associated with overweight and obesity? 410 How does the location of fat in the body affect health? 412 Does being obese increase health risks in youth? 414 Does losing excess body fat reduce health risks and improve health status? 415 Does being physically fit negate the adverse health effects associated with being overweight? 415 Excessive Weight Loss and Health 417 What health problems are associated with improper weight-loss programs and practices? 417 Eating Disorders 419 What eating problems are associated with sports? 421 Body Composition and Physical Performance 424 What effect does excess body weight have on physical performance? 424 Does excessive weight loss impair physical performance? 426 Application Exercise 427 Review Questions Multiple Choice 427 Critical Thinking Questions 428 References 428 C H A P T E R E L E V E N Weight Maintenance and Loss through Proper Nutrition and Exercise 436

Introduction 437 Basics of Weight Control 438 Ingram Publishing View Stock/Getty Images How many kcal are in a pound of body fat? 438 Is the caloric concept of weight control valid? 439 How many kcal do I need per day to maintain my body weight? 439 How much weight can I lose safely per week? 442 How can I determine the amount of body weight I need to lose? 443 Behavior Modification 444 What is behavior modification? 444 How do I apply behavior-modification techniques in my weight-control program? 444 Dietary Modifications 447 How can I determine the number of kcal needed in a diet to lose weight? 447 How can I predict my body-weight loss through dieting alone? 448 Why does a person usually lose the most weight during the first week on a reducing diet? 449 Why does it become more difficult to lose weight after several weeks or months on a diet program? 449 What are the major characteristics of a sound diet for weight control? 450 Is it a good idea to count kcal when attempting to lose body weight? 453 How often should I weigh myself? 453 What is the Food Exchange System? 453 How can I determine the number of kcal I eat daily? 453 What are some general guidelines I can use in the selection and preparation of foods to promote weight loss or maintain a healthy body weight? 456 How can I plan a nutritionally balanced, low-kcal diet? 460 Are very low-calorie diets effective and desirable as a means to lose body weight? 463 Are weight-loss dietary supplements effective and safe? 463 Is it harmful to overeat occasionally? 464 Exercise Programs 465 What role does exercise play in weight reduction and weight maintenance? 465 Does exercise affect the appetite? 467 Does exercise affect the set point? 468 What types of exercise programs are most effective for losing body fat? 468 If I am inactive now, should I see a physician before I initiate an exercise program? 472 What other precautions would be advisable before I start an exercise program? 473 What is the general design of exercise programs for weight reduction? 473 What is the stimulus period of exercise? 474 What is an appropriate level of exercise intensity? 475 How can I determine the exercise intensity needed to achieve my target HR range? 478 How can I design my own exercise program? 479 How much exercise is needed to lose weight? 482 From what parts of the body does the weight loss occur during an exercise weight-reduction program? 482 Should I do low-intensity exercises to burn more fat? 483 wil58971_fm_i-xxii.indd 12 10/9/18 6:44 PM

xiii Is spot reducing effective? 484 Is it possible to exercise and still not lose body weight? 484 What about

the 5 or 6 pounds a person may lose during an hour of exercise? 485 Comprehensive Weight-Control Programs 486 Which is more effective for weight control dieting or exercise? 486 If I want to lose weight through a national or local weight-loss program, what should I look for? 487 What type of weight-reduction program is advisable for young athletes? 489 What is the importance of prevention in a weight-control program? 490 Application Exercise 491 Review Questions Multiple Choice 492 Critical Thinking Questions 493 References 493 C H A P T E R T W E L V E Weight Gaining through Proper Nutrition and Exercise 500 Introduction 501 Basic Considerations 502 Why are some individuals underweight? 502 What steps should I take if I want to gain weight? 502 Nutritional Considerations 503 How many kcal are needed to form 1 pound of muscle? 503 How can I determine the amount of kcal I need daily to gain 1 pound per week? 503 Is protein supplementation necessary during a weight-gaining program? 504 Are dietary supplements necessary during a weight-gaining program? 506 What is an example of a balanced diet that will help me gain weight? 507 Would such a high-kcal diet be ill advised for some individuals? 508 Exercise Considerations 508 What are the primary purposes of resistance training? 509 What are the basic principles of resistance training? 510 What is an example of a resistance-training program that may help me to gain body weight as lean muscle mass? 512 Are there any safety concerns associated with resistance training? 515 How does the body gain weight with a resistance-training program? 518 Is any one type of resistance-training program or equipment more effective than others for gaining body weight? 519 If exercise burns kcal, won t I lose weight on a resistance-training program? 520 Liquidlibrary/Getty Images Are there any contraindications to resistance training? 520 Are there any health benefits associated with resistance training? 521 Can I combine aerobic and resistance-training exercises into one program? 522 Application Exercise 523 Review Questions Multiple Choice 523 Critical Thinking Questions 524 References 524 C H A PTERTHIRTEEN Nutritional Supplements and Ergogenic Aids 528 Introduction 529 Alcohol: Ergogenic Effects and Health Implications 530 What is the alcohol and nutrient content of typical alcoholic beverages? 530 What is the metabolic rate of alcohol clearance in the body? 530 Is alcohol an effective ergogenic aid? 531 What effect can drinking alcohol have upon my health? 533 Caffeine: Ergogenic Effects and Health Implications 539 What is caffeine, and in what food products is it found? 540 What effects does caffeine have on the body that may benefit exercise performance? 540 Does caffeine enhance exercise

performance? 541 Does drinking coffee, tea, or other caffeinated beverages provide any health benefits or pose any significant health risks? 545 Ephedra (Ephedrine): Ergogenic Effects and Health Implications 549 What is ephedra (ephedrine)? 549 Does ephedrine enhance exercise performance? 549 Do dietary supplements containing ephedra pose any health risks? 550 Sodium Bicarbonate: Ergogenic Effects, Safety, and Legality 551 What is sodium bicarbonate? 551 Does sodium bicarbonate, or soda loading, enhance physical performance? 552 Is sodium bicarbonate supplementation safe and legal? 554 Anabolic Hormones and Dietary Supplements: Ergogenic Effects and Health Implications 554 Is human growth hormone (HGH) an effective, safe, and legal ergogenic aid? 555 Are testosterone and anabolic-androgenic steroids (AAS) effective, safe, and legal ergogenic aids? 555 Are anabolic prohormone dietary supplements effective, safe, and legal ergogenic aids? 557 Ty Milford/Aurora Open/Getty Images wil58971_fm_i-xxii.indd 13 10/9/18 6:44 PM

xiv Conten t s Ginseng, Herbals, and Nitrates: Health and Ergogenic Effects 559 Does ginseng or ciwujia enhance exercise or sports performance? 559 What herbals are effective ergogenic aids? 561 Do nitrates have health and ergogenic effects? 562 Sports Supplements: Efficacy, Safety, and Permissibility 562 What sports supplements are considered to be effective, safe, and permissible? 562 Application Exercise 563 Review Questions Multiple Choice 564 Critical Thinking Questions 565 References 565 APPENDIX A Energy Pathways of Carbohydrate, Fat, and Protein 575 APPENDIX B Determination of Healthy Body Weight 579 APPENDIX C Units of Measurement: English System Metric System Equivalents 584 APPENDIX D Approximate Energy Expenditure (Kcal/Min) by Body Weight Based on the Metabolic Equivalents (METs) for Physical Activity Intensity 586 Glossary 590 Index 603 wil58971_fm_i-xxii.indd 14 10/9/18 6:44 PM

xv Preface wil58971_fm_i-xxii.indd 15 10/9/18 6:44 PM According to the World Health Organization, better health is the key to human happiness and well-being. Many factors influence one s health status, including some shared by various government and health agencies, such as safe living environments and access to proper health care. However, in general, one s personal health over the course of a lifetime is dependent more upon personal life- style choices, two of the most important being proper exercise and healthy eating. In

the twenty-first century, our love affair with fitness and sports continues to grow. Worldwide, although rates of physical inactivity are still prevalent in developed nations, there are mil- lions of children and adults who are active in physical activities such as bicycling, running, swimming, walking, and weight train- ing. Improvements in health and fitness are major reasons more and more people initiate an exercise program. but many may also become more interested in sports competition, such as age- group road racing; running and walking race competitions have become increasingly popular, and every weekend numerous road races can be found within a short drive. Research has shown that adults who become physically active also may become more interested in other aspects of their lifestyles particularly nutrition that may affect their health in a positive way. Indeed, according to all major health organizations, proper exercise and a healthful diet are two of the most important lifestyle behaviors to help prevent chronic disease. Nutrition is the study of foods and their effects upon health, development, and performance. Over the years, nutrition research has made a significant contribution to our knowledge of essential nutrient needs. During the first part of the twentieth century, most nutrition research focused on identification of essential nutrients and amounts needed to prevent nutrient-deficiency diseases, such as scurvy from inadequate vitamin C. As nutrition science evolved, medical researchers focused on the effects of foods and their spe- cific constituents as a means to help prevent the major chronic diseases, such as heart disease and cancer, that are epidemic in developed countries. Nutriceutical is a relatively new term used to characterize the drug, or medical, effects of a particular nutrient. Recent research findings continue to indicate that our diet is one of the most important determinants of our health status. Although individual nutrients are still being evaluated for possible health benefits, research is also focusing on dietary patterns, or the total- ity of the diet, and resultant health benefits. However, we should note that research relative to the effects of diet, including specific nutrients, on health is complex and dietary recommendations may change with new research findings. For example, as noted later in the text, the guidelines regarding dietary intake of cholesterol have been modified after being in effect for more than 50 years. Other than the health benefits of exercise and fitness, many physically active individuals are also finding the joy of athletic com- petition, participating in local sports events such as golf tourna- ments, tennis matches, triathlons, and road races. Individuals who compete athletically are always looking for a means to improve per- formance, be it a new piece of equipment or an improved training

method. In this regard, proper nutrition may be a very important factor in improving sports performance. Various sports governing agencies indicate today s athletes need accurate sports nutrition information to maximize sports performance. Although the effect of diet on sports and exercise performance was studied only spo- radically prior to 1970, subsequently numerous sports scientists and sports nutritionists have studied the performance-enhancing effects of nutrition, such as diet composition and dietary supple- ments. Results of these studies have provided nutritional guid- ance to enhance performance in specific athletic endeavors. In the United States, many universities and professional sports teams, such as those in Major League Baseball, the National Hockey League, and the National Football League, employ registered dietitian nutritionists as well as culinary chefs to provide dietary guid- ance to their athletes. With the completion of the Human Genome Project, gene therapies are being developed for the medical treatment of various health problems. Moreover, some contend that genetic manipula- tions may be used to enhance sports performance. For example, gene doping to increase insulin-like growth factor, which can stimu- late muscle growth, may be applied to sport. Our personal genetic code plays an important role in determin- ing our health status and our sports abilities, and futurists speculate that one day each of us will carry our own genetic chip that will enable us to tailor food selection and exercise programs to optimize our health and sports performance. Such may be the case, but for the time being we must depend on available scientific evidence to provide us with prudent guidelines. Each year thousands of published studies and reviews analyze the effects of nutrition on health or exercise and sports performance. The major purpose of this text is to evaluate these scientific data and present prudent recommendations for individuals who want to mod- ify their diet for optimal health or exercise/sports performance.

xvi P r ef ace Textbook Overview This book uses a question-answer approach, which is convenient when you may have occasional short periods to study, such as riding a bus or during a lunch break. In addition, the questions are arranged in a logical sequence, the answer to one question often leading into the question that follows. Where appropriate, cross-referencing within the text is used to expand the discussion. No deep scientific background is needed for the chemical aspects of nutrition and energy expenditure, as these have been simplified. Instructors who use this book as a course text may add details of biochemistry as they feel

necessary. Chapter 1 introduces you to the general effects of exercise and nutri- tion on health-related and sports-related fitness, including the impor- tance of well-controlled scientific research. Chapter 2 provides a broad overview of sound guidelines relative to nutrition for optimal health and physical performance. Chapter 3 focuses on energy and energy pathways in the body, the key to all exercise and sports activities. Chapters 4 through 9 deal with the six basic nutrients carbohydrate, fat, protein, vitamins, minerals, and water with emphasis on the health and performance implications for the physi- cally active individual. Chapters 10 through 12 review concepts of body composition and weight control, with suggestions on how to gain or lose body weight through diet and exercise, as well as the implications of such changes for health and athletic performance. Chapter 13 covers alcohol and caffeine, and other related dietary supplements and ergogenic aids regarding their effects on health and exercise performance. Four appendices complement the text, providing detailed metabolic pathways for carbohydrate, fat, and protein, methods to determine healthy body weight, units of mea- surement: English System--Metric System equivalents, and approxi- mate energy expenditure by body weight. New to the Twelfth Edition The first edition of this textbook, titled Nutrition for Fitness and Sport, was published in 1983. As one would expect, much has changed in the fields of nutrition and exercise science over the past 35 years. This edition of the textbook has been updated with the most current research available from evidence-based sources regarding the effects of nutritional choices on health, fitness, and sports performance. New features and updated assessments, includ- ing critical thinking questions, make the textbook user-friendly and help students learn and apply content. The new Training Table fea- ture is embedded throughout the chapters and provides practical and relevant examples and content on a variety of topics related to physical activity and nutrition. As instructors ourselves, we hope that both faculty and students find the textbook engaging, informa- tive, relevant, and interesting. As you read through the twelfth edition of the textbook, the fol- lowing updates have been made. Chapter 1 Introduction to Nutrition for Health, Fitness, and Sports Performance New information on the leading causes of death in the United States with an expanded discussion of those related to diet and/ or physical activity wil58971_fm_i-xxii.indd 16 10/9/18 6:44 PM New Training Tables on current and interesting topics such as Healthy People 2020 objectives, examples of physical activity options at different intensities, and nutritional quackery Reorganization of chapter content to enhance flow and readability Physical activity guidelines

section updated with the current rec- ommendations and specific examples New content on the physical activity habits of Americans with new figure 1.5 map of the United States showing the percentage of the population who are physically inactive in each state The most current information available on fitness trackers and heart rate monitors, including a new figure 1.6 showing different options Specific recommendations from the 2015 2020 Dietary Guidelines for Americans, including an expanded discussion of those guidelines Updated Prudent Healthy Diet recommendations based on the most current evidence available, including recommendations that focus on the type of fat consumed, versus just limiting all fat; and general recommendations related to protein intake An introduction to ergogenic aids and general advice about their use, with specific details embedded throughout subsequent chapters New guidelines on evaluating and understanding different types of research studies and making evidence-based recommendations A new Application Exercise based on a case-study scenario Innovative Critical Thinking Questions that challenge stu- dents to go beyond memorizing content, and to truly apply the material New and revised references Chapter 2 Healthful Nutrition for Fitness and Sport Many new and revised tables including table 2.1, reorganized to enhance readability, listing nutrients essential or probably essen- tial to humans; table 2.3 listing the Acceptable Macronutrient Distribution Ranges (AMDRs) for adults; and table 2.4 provid- ing key information about the different food groups and sample serving size equivalents New Training Tables on topics including food sources of empty calories, healthy eating on a budget, and limiting sodium intake Revised section with new information on how dietary recom- mendations are set, and a new figure 2.2 showing the relation- ship between RDAs, Als, ULs, and others New MyPlate content Condensed content on the Food Exchange System and an expanded discussion of carbohydrate counting as an alternative Updated figure 2.5 demonstrating the concept of nutrient den- sity when comparing two products Specific dietary advice based on the most currently available literature and recommendations from evidence-based sources, including significantly revised sections on whole grains, dietary fat, added sugars, and vegetarianism New figure 2.11 showing the most current Nutrition Facts panel approved by the U.S. Food and Drug Administration (FDA), with text discussions on what changes were made and advice pertaining to the use of those labels

xvii New content related to classification and monitoring of dietary supplements with practical advice on how supplements can be a healthy addition to a well-balanced diet Introduction of key concepts of sports nutrition with practical recommendations and guidance, including specific examples of precompetition meals A new Application Exercise based on a case-study scenario New Critical Thinking Questions New and revised references Chapter 3 Human Energy Enhanced discussion of techniques to measure physical activity and energy expenditure, including the use of various commercial apps Updated figures and images New and revised references Chapter 4 Carbohydrates: The Main Energy Food Removal of Food Exchanges content New data on the effectiveness of carbohydrate mouth rinse on resistance exercise performance New Training Tables on topics such as simplifying carbohydrate recommendations, carbohydrate recommendations based on energy expenditure, and optimizing dietary fiber intake Updated carbohydrate Key Concepts Updated data on ergogenic aspects of carbohydrate New data on the effects of sugar and fiber ingestion on health Updated information on gluten-free diets New information on low FODMAP diets New and revised references Chapter 5 Fat: An Important Energy Source during Exercise New information on dietary cholesterol intake from the 2015 2020 Dietary Guidelines for Americans New data on the effects of low-carbohydrate, high-fat diets in endurance athletes New Training Tables on the topics of ketogenic diets and endur- ance exercise performance, low-fat versus high-fat diets for weight loss, the coconut oil dietary fad, the International Olympic Committee (IOC) dietary supplement consensus for athletes, and dietary guidelines to reduce or maintain serum lipid levels Updated information on the benefits of a low-fat diet on breast cancer New data on the effects of intermittent fasting on weight loss and health New data on the effects of omega-3 fat intake on cognitive and muscle functions and health New research on ketone supplements Updated Key Concepts New links to calculators that assess cardiovascular disease risk Updated information on low-fat diets and weight loss New data on the interactions between different fats, carbohy- drate, and heart disease New Application Exercise New and revised references Chapter 6 Protein: The Tissue Builder Update on the importance of dietary protein during weight loss New information on the postexercise anabolic window wil58971_fm_i-xxii.indd 17 10/9/18 6:44 PM New Training Tables on protein recommendations and creatine supplementation for athletes New information on IOC consensus on dietary supplements that can improve performance or alter body composition Updated information on creatine supplementation and recovery from

injury New data on the effects of creatine supplementation on cogni- tive processing, concussion, and brain health Updated information on the benefits of beta-alanine supplements New and revised references Chapter 7 Vitamins: Fat-Soluble, Water-Soluble, and Vitamin-Like Compounds Relevant content on the vitamins with updates based on the most current position paper from the Academy of Nutrition and Dietetics and the American College of Sports Medicine Expanded overview of vitamins with a revamped table 7.1 show- ing a summary of each vitamin Updated content with the latest research on the effects of spe- cific vitamins on health and physical activity performance New photos to break up the text and provide a visual of good food sources for each vitamin A new figure 7.5 showing the role of folate and vitamin B12 in red blood cell formation Two new Training Tables, one listing the classification of fat-sol- uble and water-soluble vitamins and vitamin-like substances, and another providing practical advice about how to read a Supplement Facts label and make prudent vitamin supplement choices Specific information on the health aspects of vitamin supple- ments now integrated within the discussion of each vitamin New Multiple Choice and Critical Thinking Questions New and revised references Chapter 8 Minerals: The Inorganic Regulators Relevant content on the minerals with updates based on the most current position paper from the Academy of Nutrition and Dietetics and the American College of Sports Medicine Expanded overview of minerals with additional content on the difference between major, trace, and possibly essential minerals, including new tables 8.2 and 8.4 summarizing each of the major and trace minerals Updated content with the latest research on the effects of spe- cific minerals on health and physical activity performance New photos to break up the text and provide a visual of good food sources for each mineral Four new Training Tables on topics including factors that increase or decrease calcium absorption, how to reduce one s risk for osteoporosis and improve bone health, common signs and symptoms of iron-deficiency anemia, and a summary of two possibly essential minerals New table 8.5 differentiating factors that influence iron bioavail- ability and an expanded section on iron-deficiency anemia A new Application Exercise is provided for students to evaluate minerals with potential ergogenic benefits and to develop infor- mational handouts on one of those minerals New Multiple Choice and Critical Thinking Questions New and revised references

xviii P r ef ace Chapter 9 Water, Electrolytes, and Temperature Regulation Revised and updated figures and

tables Addition of the new American Heart Association blood pres- sure guidelines Five new Training Tables covering the topics of temperature regulation and heat loss; key highlights of the ACSM position stand on exercise and fluid replacement; symptoms of hypona- tremia; recommendations pertaining to fluid and carbohydrate intake before, during, and after exercise; and selected benefits of acclimatization New Application Exercise New Multiple Choice and revised Critical Thinking Questions New and revised references Chapter 10 Body Weight and Composition for Health and Sport Modified and updated figures and tables Five new Training Tables covering the symptoms of the meta- bolic syndrome, symptoms of anorexia nervosa, DSM-V criteria for bulimia nervosa, behaviors associated with binge eating disor- der, and other selected disordered eating or body image disorders New Application Exercise New Multiple Choice questions New and revised references Chapter 11 Weight Maintenance and Loss through Proper Nutrition and Exercise Many new or modified figures and tables New Nutrition Facts label designed according to the 2015 2020 Dietary Guidelines for Americans New Training Table listing suggestions to reduce overeating and increase physical activity New Application Exercise New Multiple Choice questions and revised Critical Thinking questions New and revised references Chapter 12 Weight Gaining through Proper Nutrition and Exercise Many new and revised figures and tables Expanded discussion of nutrient timing Discussion of the proposed role of -hydroxy- -methylbutyrate (HMB) in increased muscle protein synthesis and decreased catabolism Additional text on the importance of concentric and eccentric contractions to induce muscle hypertrophy Expanded discussion of the importance of consistency in time of day for resistance training Modified Figure 12.15 to emphasize muscle fiber hypertrophy as the dominant mechanism for muscle growth New Table 12.4 listing selected health effects of resistance training Discussion of potential cell-signaling competition between high volume aerobic and high volume resistance training which might attenuate muscle hypertrophy New Application Exercise New Multiple Choice questions New and revised references wil58971 fm i-xxii.indd 18 10/9/18 6:44 PM Chapter 13 Nutritional Supplements and Ergogenic Aids Many new and updated figures and tables Revised Table 13.2 to include effects of alcohol on brain function Table 13.3 listing selected cardiovascular diseases and symp- toms that are associated with excessive alcohol consumption Table 13.4 listing possible effects of alcohol consumption on weight gain Table 13.5 listing proposed mechanisms of light-to-moderate alcohol consumption on cardiovascular health Table 13.7 listing effects of caffeine on

selected performance tasks Table 13.8 listing caffeine content in selected energy drinks and shots with descriptive information on caffeine content for 408 energy drinks and 86 energy shots Discussion of ergogenic mechanisms of dietary nitrates New Application Exercise New Multiple Choice questions New and revised references Enhanced Pedagogy Each chapter contains several features to help enhance the learning process. Learning Outcomes are presented at the beginning of each chapter, highlighting the key points and serving as a studying guide for students and an assessment tool for faculty. Key Terms also are listed at the beginning of each chapter and definitions are included both in the chapter and in the glossary. A new Training Table feature has also been added to this edition of the textbook. The Training Tables emphasize practical and current concepts rel- evant to each chapter. Key Concepts provide a summary of essen- tial information presented throughout each chapter. Bulleted lists are utilized to help students focus on the key information. Check for Yourself includes individual activities, such as checking food labels at the supermarket or measuring one s own body fat per- centage. The Application Exercise at the end of each chapter may require more extensive involvement, such as a case study or a sur- vey of an athletic team. Multiple Choice Questions and Critical Thinking Questions are also included at the end of each chapter for students to self-assess their knowledge of the chapter content. The Critical Thinking Questions require students to apply the knowledge they ve learned in each chapter. The reference lists have been completely updated for this edition with the inclusion of hundreds of new references that pro- vide the scientific basis for the new concepts or additional sup-port for those concepts previously developed. These references provide greater in-depth reading materials for the interested stu- dent. Although the content of this book is based on appropriate scientific studies, a reference-citation style is not used, that is, each statement is not referenced by a bibliographic source. However, names of authors may be used to highlight a reference source where deemed appropriate. This book is designed primarily to serve as a college text in pro-fessional preparation programs in dietetics and human nutrition, health and physical education, exercise science, athletic training, sports medicine, and sports nutrition. It is also directed to the

xix physically active individual interested in the nutritional aspects of physical and athletic performance.

Those who desire to initiate a physical training program may also find the nutritional information useful, as

well as the guide- lines for initiating a training program. This book may serve as a handy reference for coaches, trainers, and athletes. With the tre- mendous expansion of youth sports programs, parents may find the information valuable relative to the nutritional requirements of their active children. In summary, the major purpose of this book is to help provide a sound knowledge base relative to the role that nutrition, complemented by exercise, may play in the enhancement of both health and sports performance. We hope the information provided in this text will help inspire the reader to make health-promoting choices related to diet and physical activity. Acknowledgments This book would not be possible without the many medical/health scientists and exercise/sports scientists throughout the world who, through their numerous studies and research, have provided the sci- entific data that underlie its development. We are fortunate to have developed a friendship with many of you, and we extend our sin- cere appreciation to all of you. We would like to thank the following nutrition educators who reviewed this text. Sheila C. Barrett Northern Illinois University Dorothy Chen-Maynard California State University, San Bernardino Kimberly K. Davison University of Central Oklahoma wil58971 fm i-xxii.indd 19 10/9/18 6:44 PM Margaret Sanders Dobbs Northeastern State University Maryann Eastep University of Delaware April Engel Valencia College C. Suzanne Henson The University of Alabama Pegah JafariNasabian Florida State University Renee Korczak University of Minnesota Melissa Layne University of North Georgia John Liccardo Central Oregon Community College Swarna L. Mandali University of Central Missouri We would like to acknowledge deep gratitude to Darlene Schueller, Sr. Product Developer at McGraw-Hill, for her dedicated support and guidance throughout the revision process. Darlene kept us on schedule, was available whenever needed, and provided advice based on her extensive career in higher education publishing. We would also like to thank Marija Magner, Sr. Portfolio Manager: Valerie Kramer, Marketing Manager: Jessica Portz, Sr. Content Project Manager: Shawntel Schmitt, Sr. Content Licensing Specialist; Jessica Cuevas, Designer; and Samantha Donisi-Hamm, Assessment Content Project Manager. Eric S. Rawson J. David Branch Tammy J. Stephenson

Students study more efficiently, retain more and achieve better outcomes. Instructors focus on what you love teaching. SUCCESSFUL SEMESTERS INCLUDE CONNECT For Instructors wil58971_fm_i-xxii.indd 20 10/9/18 6:44 PM You re in the driver s seat. Want to build your own course? No problem. Prefer to use our

turnkey, prebuilt course? Easy. Want to make changes throughout the semester? Sure. And you II save time with Connect s auto-grading too. 65% Less Time Grading They II thank you for it. Adaptive study resources like SmartBook help your students be better prepared in less time. You can transform your class time from dull definitions to dynamic debates. Hear from your peers about the benefits of Connect at www.mheducation.com/highered/connect Make it simple, make it affordable. Connect makes it easy with seamless integration using any of the major Learning Management Systems Blackboard, Canvas, and D2L, among others to let you organize your course in one convenient location. Give your students access to digital materials at a discount with our inclusive access program. Ask your McGraw-Hill representative for more information. Hill Street Studios/Tobin Rogers/Blend Images LLC Solutions for your challenges. A product isn t a solution. Real solutions are affordable, reliable, and come with training and ongoing support when you need it and how you want it. Our Customer Experience Group can also help you troubleshoot tech problems although Connect s 99% uptime means you might not need to call them. See for yourself at status.mheducation.com

Chapter 12 Quiz Chapter 11 Quiz Chapter 7 Quiz Chapter 13 Evidence of Evolution Chapter 11 DNA Technology Chapter 7 DNA Structure and Gene... and 7 more... 13 14 Shutterstock/wavebreakmedia For Students wil58971_fm_i-xxii.indd 21 10/9/18 6:44 PM Effective, efficient studying. Connect helps you be more productive with your study time and get better grades using tools like SmartBook, which highlights key concepts and creates a personalized study plan. Connect sets you up for success, so you walk into class with confidence and walk out with better grades. made it easy to study when I really liked this app it you don't have your text- book in front of you. Jordan Cunningham, Eastern Washington University Study anytime, anywhere. Download the free ReadAnywhere app and access your online eBook when it s convenient, even if you re offline. And since the app automatically syncs with your eBook in Connect, all of your notes are available every time you open it. Find out more at www.mheducation.com/readanywhere No surprises. The Connect Calendar and Reports tools keep you on track with the work you need to get done and your assignment scores. Life gets busy; Connect tools help you keep learning through it all. Learning for everyone. McGraw-Hill works directly with Accessibility Services Departments and faculty to meet the learning needs of

all students. Please contact your Accessibility Services office and ask them to email accessibility@mheducation.com, or visit www.mheducation.com/accessibility for more information.

xxii Personalized Teaching and Learning Environment Prep for Nutrition. A challenge nutrition instructors often face is students lack of basic math, chemistry, and/or biology skills when they begin the course. To help you level-set your classroom, we ve created Prep for Nutrition. This question bank highlights a series of questions to give students a refresher on the skills needed to enter and be successful in their nutrition course! By having these founda- tional skills, you will feel more confident your students can begin class, ready to understand more complex concepts and topics. Prep for Nutrition is course-wide for ALL nutrition titles and can be found in the Question Bank dropdown within Connect . NutritionCalc Plus is a powerful dietary analysis tool featuring more than 35,000 foods from the ESHA Research nutrient data- base, which is comprised of data from the latest USDA Standard Reference database, manufacturer s data, restaurant data, and data from literature sources. NutritionCalc Plus allows users to track food and activities, and then analyze their choices with a robust selection of intuitive reports. An updated mobile-friendly interface has been developed according to WCAG guidelines for further accessibility. Victoria Shibut/123RF Auto-graded, case study-based assignments in Connect corre- spond with NutritionCalc Plus reports for students to apply their knowledge and gain further insight to dietary analysis. NEW! Assess My Diet: Auto-graded personal dietary analysis in Connect. One of the challenges many instructors face when teach- ing the nutrition course is having the time to grade individual dietary analysis projects. To help overcome this challenge, we ve created auto-graded assignments in Connect that complement the NutritionCalc Plus tool. Students are directed to answer questions about their dietary patterns based on generated reports from NutritionCalc Plus. These assignments were created and reviewed by instructors just like you, who use them in their own teaching. Designed to be relevant, current, and interesting, you will find them easy to implement and use in your classroom. Deliver your lecture online quickly and easily. Tegrity Campus is a fully automated lecture capture solution used in traditional, hybrid, flipped classes and online courses to record lessons, lectures, and skills. McGraw-Hill Campus is a ground-breaking service that puts world-class digital learning resources just a click away. Faculty whether or not they use a McGraw-Hill Education title can instantly browse, search, and access the

entire library of McGraw-Hill Education instructional resources and services including eBooks, test banks, PowerPoint slides, animations, and learning objects from any Learning Management System (LMS), at no additional cost to your institution. Users also have single sign- on access to McGraw-Hill Education digital platforms, including Connect, ALEKS, Create, and Tegrity. McGraw-Hill Create is a self- service website that allows you to create customized course materials using McGraw-Hill Education's comprehensive, cross-disciplinary content and digital products. wil58971 fm i-xxii.indd 22 10/9/18 6:44 PM

1 Introduction to Nutrition for Health, Fitness, and Sports Performance mauro grigollo/Getty Images C H A P TERONELEARNINGOUTCOMES After studying this chapter, you should be able to: 1. 2. Explain the importance of genetics, diet, and physical activity in the determi- nation of optimal health and successful sport performance. 3. Describe the components of health-related fitness and identify the potential health benefits associated with each. 4. Compare and contrast sports-related fitness and health-related fitness. 5. Summarize the seven key principles of exercise training. 6. Explain the importance of diet choices and proper nutrition in promoting optimal health and wellness. 7. Summarize the role of dietary supplements as ergogenic aids to promote sports performance. 8. Define nutritional quackery and provide strategies that can be utilized to determine whether claims regarding a dietary supplement are valid. 9. Explain what types of research have been used to evaluate the relationship between nutrition and health or sport performance, and evaluate the pros and cons of each type. K E Y T E R M S antipromoters cytokines doping epidemiological research epigenetics epigenome ergogenic aids exercise experimental research health-related fitness high-intensity interval training (HIIT) malnutrition meta-analysis nutrient nutrition physical activity physical fitness promoters Prudent Healthy Diet quackery risk factor Sedentary Death Syndrome (SeDS) sports nutrition sports-related fitness sports supplements structured physical activity unstructured physical activity wil58971 ch01 001-035.indd 1 10/6/18 2:21 PM

2 C H A P TER 1 Introduction to Nutrition for Health, Fitness, and Sports Performance I n t r o d u c t i o n
There are two major focal points of this book. One is the role that nutrition, complemented by physical activity and exercise, may play in the enhancement of one s health status. The other is the role that nutrition may

play in the promotion of fitness and sports performance. Many individuals today are physically active, and athletic competition spans all ages. Healthful nutrition is important throughout the life span of the physically active individual because suboptimal health status may impair training and competitive performance. In general, as we shall see, the diet that is optimal for health is also optimal for exercise and sports performance. Nutrition, fitness, and health. Health care in most developed countries has improved tremendously over the past century. With modern health care, once deadly diseases are no longer a major source of concern. Rather, the treatment and prevention of chronic diseases, such as diabetes and obesity, are now the emphasis of much research and health recommendations. Table 1.1 lists the ten leading causes of death in the United States in 2015 and the approximate percentage of deaths associated with each. For both males and females, heart disease is the leading cause of death, accounting for death in nearly one in four Americans. Of the leading causes of death, risk for heart disease, cancer, stroke, Alzheimer s disease, diabetes, and kidney disease have been linked to a person s diet and physical activity habits. According to the U.S. Department of Health and Human Services (HHS), unhealthy eating and physical inactivity are primary contribu- tors to death in the United States. In addition to lifestyle choices, fam- ily history also impacts risk for chronic disease. According to Simopoulos, all diseases have a genetic predisposition. The Human Genome Project, which deciphered the DNA code of our 80,000 to 100,000 genes, has identified various genes associated with many chronic dis- eases, such as breast and prostate cancer. Genetically, females whose mothers had breast cancer are at an increased risk for breast cancer, while males whose fathers had prostate cancer are at an increased risk for prostate cancer. Completion of the Human Genome Project is believed to be one of the most significant medical advances of all time. Although multiple genes are involved in the etiology of most chronic diseases mauro grigollo/Getty Images TABLE 1.1 Leading causes of death in the United States (2015) Approximate percentage of deaths Heart disease* 23.4 Cancer* 22.0 Chronic lower respiratory infections 5.7 Unintentional injuries (accidents) 5.4 Stroke* 5.2 Alzheimer s disease* 4.1 Diabetes mellitus* 2.9 Influenza and pneumonia 2.1 Kidney disease* 1.8 Suicide 1.6 All other causes 25.8 *Cause of death for which diet and/or physical activity may impact risk. Source: National Center for Health Statistics: Health, United States, 2015. www.cdc.gov/nchs/fastats /deaths.htm. Accessed: February 15, 2018. Sam Edwards/Glow Images wil58971_ch01_001-035.indd 2 10/6/18 2:22 PM

3 and research regarding the application of the findings of the Human Genome Project to improve health is still in its initial stages, the future looks bright. For individuals with genetic profiles predisposing them to a specific chronic disease, such as cancer, genetic therapy eventually may provide an effective treat- ment or cure. Our genes harbor many secrets to a long and healthy life, but genes alone are unlikely to explain all the secrets of longevity. The role of a healthful diet and exercise are intertwined with your genetic profile. What you eat and how you exercise may influence your genes. Epigenetics is a relatively new field of research involving the role of the epig- enome, a multitude of specialized chemi- cal compounds that influence the human genome by activating or deactivating DNA and subsequent genetic and cel-lular activity. Various factors in our envi- ronment, such as substances in the foods we eat, may interact with the epigenome and thus modify cell functions either in a positive or negative manner. Exercise, as noted later, also stimulates release of substances from muscle cells that may affect the epigenome. Genomics rep- resents the study of genetic material in body cells, and the terms nutrigenomics and exercisenomics have been coined to identify the study of the genetic aspects of nutrition and exercise, respectively, as related to health benefits. Sportomics involves study of the metabolic response of the athlete in an actual sport environ- ment, not in a laboratory. Preventing chronic disease. Many forms of chronic disease are preventable through proper nutrition and physical activity and recognizing risk factors for a particular health condition. A risk fac- tor is a lifestyle behavior that has been associated with a particular disease, such as cigarette smoking being linked to lung cancer. As described previously, diet and physical activity choices are also key risk factors for chronic disease. For example, a sedentary lifestyle and being over- weight are risk factors for heart disease and some forms of diabetes. To help improve the health of Americans, the United States Office of Disease Prevention and Health Promotion (ODPHP) publishes health- related reports and goals every ten years. Many of the goals outlined in Healthy People 2020 address issues specific to physical activity and diet choices. The Training Table in this section provides examples of objectives related to physical activity. Experts began planning for Healthy People 2030 at a national meet- ing in September 2017. Nutrition, fitness, and sport. Sport is most commonly defined as a competitive athletic activity requiring skill or physical prowess, for example, baseball, basket- ball, soccer, football, track, wrestling, tennis, and golf. To be

successful at high levels of competition, athletes must possess the appropriate biomechanical, physiological, and psychological genetic character- istics associated with success in a given sport. International-class athletes have such genetic traits. In recent reviews, Tucker and others highlighted the genetic basis for elite running performance while Eynon and others discussed the role of genes for elite power and sprint performance. Moreover, Wolfarth and others have assembled a human gene map for performance and health-related fitness. For optimal performance, athletes must also develop their genetic char- acteristics maximally through proper biomechanical, physiological, and psychological coaching and training. Whatever the future holds for genetic enhancement of athletic performance, specialized exercise training will still be the key to maximizing genetic poten- tial for a given sport activity. Training programs at the elite level have become more intense and individualized, some-times based on genetic predispositions. Modern scientific training results in significant performance gains, and world records continue to improve. David Epstein, in his book The Sports Gene, provides a fascinating account of the role both genes and the training environment play relative to elite sport performance. Proper nutrition is also an important component in the total training program of the athlete. Certain nutrient deficien- cies can seriously impair performance, whereas supplementation of other nutri- ents may help delay fatigue and improve performance. Over the past 50 years, research has provided us with many answers about the role of nutrition in ath-letic performance, yet there is still much to be learned as research in sports nutri- tion continues to expand. The purpose of this chapter is to provide a broad overview of the role that exercise and nutrition may play relative to health, fitness, and sport, and to pro- vide evidence-based recommendations. More detailed information regarding specific relationships of nutritional prac- tices to health and sports performance is provided in subsequent chapters. Training Table Examples of some of the Healthy People 2020 objectives related to physical activity: Reduce proportion of adults who engage in no leisure-time physical activity. Increase the proportion of adults/adolescents who meet current fed- eral physical activity quidelines for aerobic and muscular-strengthening activities. Increase the proportion of the nation s public and private schools that require daily physical education for all students. Increase regularly scheduled elementary school recess in the United States. Increase the proportion of trips made by walking/bicycling. Visit www.healthypeople.gov to see how progress is being made toward these goals. wil58971_ch01_001-035.indd 3 10/6/18 2:22 PM

C H A P TER 1 Introduction to Nutrition for Health, Fitness, and Sports Performance www.health.gov/healthypeople Check for the full report of Healthy People 2020. www.who.int/dietphysicalactivity/en/ The World Health Organization report provides global recommendations related to diet and physical activity for health. www.ncbi.nlm.nih.gov/genome/guide/human/ Access the human genome map and the National Institutes of Health Epigenetics Roadmap. Key C o ncepts Many chronic diseases in major developed countries (heart disease, cancer, stroke, and diabetes) may be prevented by appropriate lifestyle behaviors, particularly maintaining a healthy body weight, proper exercise and a healthy diet. The two primary determinants of health status are genetics and lifestyle. Several of the key health promotion objectives in Healthy People 2020 are increased levels of physical activity, a healthier diet, and reduced levels of overweight and obesity. Sports success is dependent on biomechanical, physiologi- cal, and psychological characteristics specific to a given sport, but proper training, including nutrition, is essential to maximizing one s genetic potential. C h ec k for You rself Discuss with your parents, grandparents, and other relatives any health problems they have experienced, such as high blood pressure or diabetes, to determine whether you may be predisposed to such health problems in the future. Use the My Family Health Portrait tool at https://familyhistory .hhs.gov/FHH/html/index.html to create a family health history. Fitness and Exercise Physical fitness may be defined, in general terms, as a set of abilities individuals possess to perform specific types of physical activity. The development of physical fitness is an important concern of many pro- fessional health organizations, including the Society of Health and Physical Educators (SHAPE), which has classified fitness compo- nents into two different categories. In general, these two categories may be referred to as health-related fitness and sports-related fitness. Both types of fitness may be influenced by nutrition and exercise. How are health-related fitness and sports-related fitness different? As summarized in the introduction to this chapter, lifestyle behav- iors, including appropriate physical activity and a high-quality diet, may influence one s health status and wellness. Proper physical activity may improve one s health status by helping to pre- vent excessive weight gain, but it may also enhance other facets of health-related fitness as well. Health-related fitness includes not only a healthy body weight and body composition, but also cardio- vascular-respiratory fitness, adequate muscular strength and mus- cular endurance, and sufficient flexibility (figure 1.1). As one ages, other measures used as markers of health-related fitness include blood pressure, bone strength, postural control and balance, and various indicators of lipid and carbohydrate metabolism. In contrast to health-related fitness, sports-related fitness is the fitness an athlete develops specific to their sport. Dependent on the sport, this may include strength, power, speed, endurance, and/or neuromuscular motor skills. Through proper physical and mental training, athletes may maximize their genetic potential, thus prepar- ing both their body and mind for intense competition. Compared to health-related fitness, training for sports performance is often more intense, prolonged, and frequent than training for health. What are the basic principles of exercise training? Several health professional organizations, such as the American College of Sports Medicine (ACSM) and American Heart Association (AHA), have indicated that various forms of physical activity may be used to enhance health. In general, physical activity involves any bodily movement caused by muscular contraction that results in the expenditure of energy. For the purpose of studying its effects on health, some epidemiologists classify physical activity as either unstructured or structured. Unstructured physical activity, also known as leisure-time activity, includes many of the usual activities of daily living, such as leisurely walking and cycling, climbing stairs, dancing, gar- dening and yard work, various domestic and occupational activities, and games and other childhood pursuits. These unstructured activities are not normally planned to be exercise. However, as will be noted throughout the textbook, these types of activities may play an important role in body weight control. Nicholas Monu/Getty Images Structured physical activity, as the name implies, is a planned program of physical activities usually designed to improve fitness. For the purpose of this book, we shall refer to structured physical activity as exercise, particularly some form of planned moderate or vigorous exercise, such as brisk, not leisurely, walking. Exercise training programs may be designed to provide health- related and/or sports-related fitness benefits. However, no matter what the purpose, several general principles are used in developing an appropriate exercise training program. Principle of Overload Overload is the basic principle of exer- cise training, and it represents the altering of the intensity, dura- tion, and frequency of exercise. For example, a running program for cardiovascular-respiratory fitness could involve training at an intensity of 70 percent of maximal heart rate, a duration of 30 minutes, and a frequency of 5 times per week. The adaptations the body makes are based primarily on the specific exercise overload.

5 FIGU RE 1 . 1 Health- related fitness components. The most important physical fitness components related to personal health include cardiovascular-respiratory fitness, body composition, muscular strength and flexibility. Health-Related **Fitness** Muscular endurance, and strength and endurance Cardiovascular-respiratory tness Flexibility Body composition wil58971 ch01 001-035.indd 5 10/6/18 2:22 PM Muscular strength: takoburito/Shutterstock; Cardiovascular: epicstockmedia/123RF; Body composition: Comstock/Getty Images; Flexibility: Jupiterimages/Getty Images The terms moderate exercise and vigorous exercise are often used to quantify exercise intensity and are discussed later in this chapter. Principle of Progression Progression is an extension of the overload principle. As your body adapts to the original overload, the overload must be increased if further beneficial adaptations are desired. For example, you may start lifting a weight of 20 pounds, increase the weight to 25 pounds as you get stronger, and so forth. The overloads are progressively increased until the final health-related or sports-related goal is achieved or exercise limits are reached. Principle of Specificity Specificity of training represents the spe- cific adaptations the body will make in response to the type of exercise and overload. For example, running and weight lifting impose differ- ent demands on muscle energy systems, so the body adapts accord- ingly. Both types of exercise may provide substantial, yet different, health benefits. Exercise training programs may be designed specifi- cally for certain health or sports-performance benefits. Principle of Recuperation Recuperation is an important prin- ciple of exercise training. Also known as the principle of recovery, it represents the time in which the body rests after exercise. This prin- ciple may apply within a specific exercise period, such as including rest periods when doing multiple sets during a weight-lifting work- out. It may also apply to rest periods between bouts of exercise, such as a day of recovery between two long cardiovascular workouts.

6 C H A P TER 1 Introduction to Nutrition for Health, Fitness, and Sports Performance Principle of Individuality Individuality re flects the effect exercise training will have on each individual, as determined by genetic character- istics. The health benefits one receives from a specific exercise training program may vary tremendously among individuals. For example, although most individuals with high blood pressure may

experience a reduction during a cardiovascular-respiratory fitness training pro- gram, some may not. Principle of Reversibility Reversibility is also referred to as the principle of disuse, or the con- cept of use it or lose it. Without the use of exercise, the body will begin to lose the adaptations it has made over the course of the exercise program. Individuals who suffer a lapse in their exercise pro- gram, such as a week or so, may lose only a small amount of health-related fitness gains. However, a total relapse to a previous sedentary lifestyle can reverse all health-related fitness gains. Principle of Overuse Overuse represents an excessive amount of exercise that may induce some adverse, rather than beneficial, health effects. Overuse may be a problem during the beginning stages of an exercise program if one becomes overenthusiastic and exceeds her capacity, such as developing shin splints by running too much or too far. As described in chapter 3, over- use may also occur in elite athletes who become overtrained. Improves sleep (if activity is done in the morning or afternoon) Reduces risk of colon cancer, prostate cancer, and likely breast cancer Increases bone density and strength Reduces blood pressure Increases cardiovascular function and improves blood lipid pro le; helps prevent heart disease and stroke Reverses brain deterioration with aging; helps prevent, or delay, Alzheimer s disease; improves executive functioning Aids in weight loss/weight control Increases muscle mass, muscular strength, and muscular endurance Promotes a healthy pregnancy Increases strength, exibility, and balance; reduces risk of falling Improves immune function Reduces stress and improves self-image; helps prevent mental depression Increases insulin sensitivity; improves blood glucose regulation; helps prevent type 2 diabetes maxpro/Shutterstock F I GU R E 1 . 2 Exercise is medicine. Researchers have identified more than three dozen specific health benefits associated with engaging in regular physical activity. This figure summarizes some of those key health benefits. wil58971_ch01_001-035.indd 6 10/6/18 2:22 PM Exercise and Health Promotion The beneficial effect of exercise on health has been known for centuries. For example, Plato noted that lack of activity destroys the good condition of every human being while movement and methodical physical exercise save and preserve it. Plato s observa- tion is even more relevant in contemporary society. Frank Booth, a prominent exercise scientist at the University of Missouri, has coined the term Sedentary Death Syndrome, or SeDS, and he and his colleagues have noted that physical inactivity is a primary cause of most chronic diseases. Slentz and others discussed the cost of physical inactivity over time. The short-term cost of physical inac- tivity is metabolic deterioration and weight gain; the intermediateterm cost is an increased risk for disease, such as type 2 diabetes, whereas the long-term cost is increased risk for premature mortality. To help promote the health benefits of physical activity, the ACSM and the American Medical Association (AMA) launched a program, entitled Exercise Is MedicineTM, designed to encourage physicians and other health-care professionals to include exercise as part of the treatment for every patient. Clinical, epidemiologi- cal, and basic research evidence clearly supports the inclusion of regular physical activity as a tool for the prevention of chronic disease and the enhancement of overall health. Figure 1.2 summa- rizes some of the specific health benefits that have been associated with regular physical activity. In essence, physically active individuals enjoy a higher quality of life, a joie de vivre, because they are less likely to suffer the dis-abling symptoms often associated with chronic diseases, such as loss of ambulation experienced by some stroke victims. As noted in the next section, physical activity may also increase the guan- tity of life. James Fries, who studied healthy aging at the Stanford University School of Medicine's Center on Longevity, stated, If you had to pick one thing to make people healthier as they age, it would be aerobic exercise. How does exercise enhance health? The specific mechanisms whereby exercise may help to prevent the development of various chronic diseases are not completely understood. However, such benefits are likely related to changes in gene expression that modify cell structure and function following physical activity. As noted previously, research by Booth and Neufer found that physical inactivity causes genes to misex- press proteins, producing the metabolic dysfunctions that result

7 Unactivated receptor protein Signal transmission pathway Hormone or Cytokine Receptor activation Nucleus Altered gene expression, which changes the amounts of proteins in the cell Gene regulatory protein 1 2 Cellular response 3 wil58971_ch01_001-035.indd 7 10/6/18 2:22 PM FIGU RE 1 .3 Exercise may induce adaptations that have favorable health effects in various body tissues. One suggested mechanism is the effect that various hormones or cytokines, which are produced during exercise, may have on gene regulation in body cells. (1) The hormone or cytokine binds to a cell receptor that activates a signal within the cell, (2) the signal is transmitted along a specific pathway, (3) the signal may alter gene expression and induce changes within the cell. Cell signals may also affect enzymes or other cell structures that may induce beneficial health effects. in overt clinical disease if continued long enough. In contrast, exercise may cause

the expression of genes with favorable health effects. Most body cells can produce and secrete small proteins known as cytokines, which are similar to hormones and can affect tissues throughout the body. Cytokines enter various body tissues, influ- encing gene expression that may induce adaptations either favorable or unfavorable to health (figure 1.3). Two types of cytokines are of interest to us. Muscle cells produce various cytokines called myokines (referred to as exerkines when produced during exercise), whereas fat (adipose) cells produce cytokines called adipokines. Muscle cells also produce heat shock proteins (HSPs), which may have beneficial health effects. Table 1.2 lists important cytokines produced in muscle and fat cells. Overall, Brandt and Pederson theorize that exercise-induced cytokine effects on genes reduce many of the traditional risk factors associated with development of chronic diseases; Geiger and others note similar effects for HSPs. According to McAtee, one of the common causes of various chronic diseases is an inflammatory environment created by the presence of excess fat, TABLE 1.2 Major cytokines produced in muscle and fat cells Muscle cells Fat cells Interleukin-6 (IL-6) Tumor Necrosis Factor-alpha (TNF-) Brain-Derived Neurotropic Factor (BDNF) Adiponectin particularly within blood vessels. Local inflammation is thought to promote the development of several types of chronic disease, including heart disease, cancer, diabetes, and dementia. Work by Nimmo and others suggests that exercise produces an anti- inflammatory cytokine that may help cool inflammation and reduce such health risks. They note that the most marked improve- ments in the inflammatory profile are conferred with exercise performed at higher intensities, with combined aerobic and resis- tance exercise training potentially providing the greatest benefit. Cytokines and heat shock proteins may also prevent chronic dis- eases by increasing the number of glucose receptors in muscle cells, improving insulin sensitivity, and helping to regulate blood glucose and prevent type 2 diabetes. There are also other health-promoting mechanisms of exercise. One of the most significant contributors to health problems with aging is sarcopenia, or loss of muscle tissue. In their review, Landi and others conclude that regular exercise is the only strategy found to consistently prevent frailty and improve sarcopenia and physical function in older adults. Additional mechanisms associated with exercising lowering risk for chronic disease include: Loss of excess body fat may reduce production of cytokines that may impair health. Loss of excess body fat may reduce estrogen levels, reducing risk of breast cancer. Reduction of abdominal obesity may decrease blood pressure and serum lipid levels. Increased mechanical stress on bone with high-impact

exercise may stimulate increases in bone density. Production of some cytokines, such as BDNF, may enhance neurogenesis and brain function.

8 C H A P TER 1 Introduction to Nutrition for Health, Fitness, and Sports Performance Some healthful adaptations may occur with even just a single bout of exercise. Nimmo and others reported that single bouts of exercise have a potent anti-inflammatory influence, while others have noted that a single exercise session can acutely improve the blood lipid profile, reduce blood pressure, and improve insulin sensitivity, all beneficial responses. However, such adaptations will regress unless exercise becomes habitual. Thus, to maximize health benefits, exercise should be done most days of the week. The role that exercise may play in the prevention of some chronic diseases, such as heart disease and diabetes, and associated risk factors, such as obesity, are discussed throughout this book where relevant. Physical Activity Guidelines Physical activity guidelines for Americans are developed by the U.S. Department of Health and Human Services (HHS) through collab- orative efforts with the Office of Disease Prevention and Health Promotion (ODPHP), Centers for Disease Control and Prevention (CDC), National Institutes of Health (NIH), and the President s Council on Fitness, Sports, and Nutrition (PCFSN). The Training Table in this section summarizes the key physical activity guide- lines for healthy adults from the 2008 Physical Activity Guidelines for Americans. Updated physical activity guidelines are expected to be released in 2018. You can learn more about the process of develop- ing the 2018 physical activity guidelines and follow the latest on these recommendations at https://health.gov/paguidelines/. Training Table According to the 2008 Physical Activity Guidelines for Americans, healthy adults should avoid inactivity. For opti- mal health benefits, healthy adults should: Participate in at least 150 minutes (2 hours and 30 min- utes) a week of moderate-intensity physical activity or 75 minutes (1 hour and 15 minutes) a week of vigorous- intensity physical activity. Aerobic activity should be spread out throughout the week. Participate in muscle-strengthening activities, such as lifting weights or using resistance bands, that are moderate- or high-intensity and involve all major muscle groups at least two days a week. Include flexibility exercises, such as stretching, yoga, or Pilates, as part of the exercise program. Time spent doing such activities should not be counted toward meeting the aerobic- or muscle-strengthening guide- lines, but such flexibility exercises may reduce risk for injury and support optimal

health and aging. Visit https://health.gov/paguidelines/ for a complete list of the physical activity guidelines, including those specific for active children and adolescents as well as for older adults. Health Bene ts Weekly Level of Physical Activity Sedentary (None) Low Moderate Excessive High High Moderate None Low 0 iStockphoto/Getty Images FIGURE 1.4 Significant health benefits may occur at low to moderate levels of physical activity with diminishing returns as the amount of exercise becomes excessive. Dependent on the individual, exercising too much or, in some cases, at an excessive intensity, may actually be detrimental to health. Key principles for developing physical activity programs To reap the health benefits of exercise, most health profession- als recommend a comprehensive program of physical activity, including aerobic exercise and resistance training. Flexibility and balance exercises become increasingly important for older adults to prevent falls and maintain mobility as one ages. In general, there is a curvilinear relationship between the amount of physical activity (dose) and related health benefits (response). As shown in figure 1.4, a sedentary lifestyle is thought to offer no health benefits. However, health benefits increase rapidly with low to moderate levels of weekly activity. When a person goes beyond moderate levels of weekly physical activity, the increase in health benefits will rise gradually and then plateau. Excessive exercise may actually begin to have adverse effects on some health condi- tions, including unhealthy weight loss. For this reason, engaging in enough, but not too much, exercise appears to be optimal for promoting health. The following guidelines should be considered when developing physical activity plans to promote health and wellness: Individualization. Exercise programs should be individual- ized based on physical fitness level and health status. Claude Bouchard, an expert in genetics, exercise, and health, noted that due to genes, physical activity may benefit some, but not others. For example, although most sedentary individuals will respond wil58971 ch01 001-035.indd 8 10/6/18 2:22 PM

9 favorably to an aerobic exercise training program, such as an improved insulin sensitivity, others will not respond and have no change in insulin sensitivity. Currently, there is no gene profile for responders and nonresponders to exercise training, but that may change in the future so that specific exercise programs may be designed for individuals. Leisure-time activity. A key component of a fitness plan is simply to reduce the amount of daily sedentary activity. One impor- tant modification to your daily lifestyle is to sit less and move

more. The Training Table in this section provides recommenda- tions for building light physical activity into your daily schedule. Accumulating more daily unstructured physical activity may be very helpful in maintaining a healthy body weight. Additionally, leisurely walking may be adequate physical activity for elderly indi- viduals with compromised health status or very low fitness levels. Training Table Time spent on sedentary activities, such as sitting at the computer or driving, should be limited as much as is rea- sonably possible. As a college student, you may spend many hours sitting in class or working on online assignments. When possible, try to get up and stretch and move around for short breaks. Additional recommendations for light activity include: If possible where you live, bike or walk to campus or work, rather than driving. Use cleaning your dorm room/suite, apartment, or house as an opportunity to get some exercise. Stand instead of sitting when you can. Take the stairs instead of the elevator. When driving to the supermarket or mall, park at the edge of the parking lot so you can get in more steps walking. Walk your dog instead of letting him or her out into the backyard (your dog needs exercise too). Play ultimate Frisbee, disc golf, or another similar activity with your friends. Aerobic exercise. For important health benefits, both adults and older adults should engage in moderate-intensity aerobic (endurance) exercise, such as brisk walking, for a minimum of 150 minutes every week, or about 30 minutes for 5 days. Alternatively, both may engage in vigorous-intensity exer- cise, such as jogging or running, for 75 minutes every week. High-intensity interval training (HIIT) is used to describe protocols in which the training stimulus is near maximal or the target intensity is between 80 and 100 percent of maximal heart rate. Comparatively, sprint interval training (SIT) describes protocols that involve supramaximal efforts, in which target intensities correspond to workloads greater than what is required to elicit 100 percent of maximal oxy- gen uptake (VO2 max). These supramaximal exercise tasks may be accomplished in much less time as compared to moderate- intensity exercise. Additionally, adults may engage in an equivalent mix of moderate- and vigorous-intensity exercise over the course of the week. Children and adolescents should do 60 minutes of mod- erate-to-vigorous physical activity daily. Short bursts of vigorous activity in games are included. Exergames, interactive video games that promote physical activity, may hold promise to pro- mote aerobic physical activity in youth. Wavebreak Media Ltd/123RF wil58971_ch01_001-035.indd 9 10/6/18 2:22 PM Health benefits may be achieved whether the daily min- ute allotment for exercise is done continuously, or as three 10- minute exercise snacks done

throughout the day, such as three brisk walks. Aerobic exercise programs, including the determination of moderate- and vigorous-intensity exercise and discussion of HIIT, are detailed in chapters 3 and 11. In brief, exercise intensity is based on the MET, a term associated with the metabolic rate that will be explained in detail in chapter 3. Your resting metabolic rate, such as when you are sitting qui- etly, is 1 MET. Moderate-intensity exercise is about 3 6 METs, and vigorous-intensity exercise is greater than 6 METs. You may access the MET values for a wide variety of physical activities at the following website. https://sites.google.com/site/compendiumofphysicalactivities/. Click on Activity Categories, such as bicycling, and the METs value will be provided for a wide variety of bicycling activities. Table 1.3 provides examples of moderate- and vigorous- intensity exercise. You might also use the talk test when exercis- ing to determine your level of exercise intensity. For the present, the following characteristics of the talk test while exercising may be may sufficient to determine exercise intensity. Light: You can carry on a normal conversation. Moderate: You can talk, but not sing but a few notes before tak- ing a breath. Vigorous: You cannot say more than a few words. Muscle-strengthening exercise. Resistance exercise also conveys sig- nificant health benefits. Both adults and older adults should engage in muscle-s trengthening activities on 2 or more days a week that work all major muscle groups (legs, hips, back, abdomen, chest, shoulders, and arms). Children and adolescents should do the same at least 3 days a week. The recommendation includes about 8 to 10 exercises that stress these major muscle groups. Individuals should perform about 8 to 12 repetitions of each exercise at least twice a week on nonconsecutive days. Older adults may lift lighter

10 C H A P TER 1 Introduction to Nutrition for Health, Fitness, and Sports Performance TABLE 1.3 Some examples of moderate-intensity and vigorous-intensity exercise Moderate-intensity exercise Vigorous-intensity exercise Leisurely bicycling, 5 8 mph Bicycling, 12 mph and faster Walking, leisurely, 3 4 mph Walking, 4.5 mph and faster Dancing, slow ballroom Dancing, aerobic, with 6- to 8-inch step Jogging, slow on a mini-tramp Jogging/running, 4 mph and faster Swimming, slow leisurely Swimming, fast crawl, 50 yards/ minute Tennis, doubles Tennis, singles Golf, walking, carrying clubs Basketball, competitive game Pilates, general Exergaming, vigorous effort Assembly/Getty Images wil58971_ch01_001-035.indd 10 10/6/18 2:22 PM weights or use less resistance, but do more repetitions. Resistance exercises may include

use of weights or other resistance modes or weight-bearing activities such as stair climbing, push-ups, pullups, and various other calisthenics that stress major muscle groups. Resistance exercise programs will be discussed in chapter 12. Flexibility and balance exercises. Older adults should perform activities that help maintain or increase flexibility on at least 2 days each week for at least 10 minutes. Flexibility exercises are designed to maintain the range of joint motion for daily activities and physical activity. Older adults should also per- form exercises that help maintain or improve balance about 3 times a week. Such exercises may help reduce the risk of injury from falls. Appropriate exercises are presented in the National Institute on Aging program, Go4Life. Visit https://go4life.nia .nih.gov for more information and resources for older adults. A little extra may be beneficial. The 2008 Physical Activity Guidelines for Americans notes that more exercise time. par- ticularly increasing the weekly amount of moderate-intensity aerobic activity to 300 minutes or vigorous-intensity aerobic activity to 150 minutes, or an equivalent combination of the two, equals more health benefits. The Guidelines also note that going beyond this 300 or 150 minutes a week may provide even more health benefits. A Consumer Reports on Health article provided a summary of an analysis of studies involving 655,000 adults. Moderate physical activity for 75 minutes a week, such as brisk walking, was linked to an additional 1.8 years of life expectancy. Those who were active at least 450 minutes (7.5 hours) a week added 4.5 years. For those who have the time and energy, exceeding the recommended amounts of physical activity may provide additional health benefits. In particular, as noted previously, more exercise may be an important consideration to promote weight loss and prevent weight gain, a major factor in promot- ing health. However, as shown in figure 1.4, more is not always better and care should be taken not to exercise excessively, www.health.gov/paquidelines Provides details on the Physical Activity Guidelines for children, adults, and older adults, www.shapeamerica.org The Society for Health and Physical Educators provides physical activity guidelines children. for www.cdc.gov/physicalactivity/everyone/quidelines/adults.html Provides details on complete exercise programs for adults. www.who.int/dietphysicalactivity/pa/en/ The World Health Organization provides recommendations on diet and physical activity to promote health. www.fitness.gov/be-active/ The President s Council on Sports, Fitness & Nutrition provides ideas to help you become more physically active. www.cdc.gov/physicalactivity/basics/measuring/ This video provides information on exercise intensity. Are

Americans meeting physical activity guidelines? According to the CDC, only 1 in 5 adults meets the recommenda- tions of the 2008 Physical Activity Guidelines. Compared to those living in the West, Northeast, and Midwest regions of the country, those living in the South are less likely to be physically active. As well, non-Hispanic white adults are more likely to meet the recommendations than non-Hispanic black adults and Hispanic adults. Figure 1.5 provides a map showing physical inactivity at the state-level across the United States. Use the interactive map at https://www.cdc.gov/physicalactivity/data/databases.htm to look up the physical activity characteristics for your state or county. Am I exercising enough? Several approaches may be used to answer this question. One approach is to track all your physical activity for a week, such as how many minutes you walk; engage in some type of aerobic physical activity such as swimming, cycling, or jogging; or perform resis- tance exercise such as lifting weights. Tallying your totals for the week and comparing them to the previously mentioned recommen- dations for aerobic and resistance exercise will give you a good idea as to whether you are meeting current recommendations. Today, there are a plethora of exercise gadgets that can be used to monitor and record your daily levels of physical activity. Such gadgets started with the basic pedometer, but now include numer- ous gadgets you can wear on your wrist or put in your pocket that will effortlessly synchronize with your smartphone and provide you data on heart rate, blood pressure, energy (kcal) expended, and other health-related variables. Figure 1.6 provides examples of fitness trackers useful for monitoring and tracking physical activ- ity. The cost varies, and the fitness tracker business continues to expand with new products on the market.

11 WA RI DE DC GU PR VI OR CA NV UT ID MT WY ND SD NE KS OK TX LA MS AL FL GA TN MO IA MN 2016 Percent of adults who engage in no leisure-time physical activity Veiw by: Total WI IL IN OH KY VA WV PA MD NJ NY ME 15.7 20.2 Value 20.3 23.3 23.4 26.8 26.9 41.7 Data unavailable MA VT MI SC NC AR CO NM AZ AK HI FIGU RE 1 .5 This map of the United States (2016) shows the percentage of the population who are physically inactive. The darker the color indicates a greater proportion of those living in that area who do not engage in regular physical activity. Source: CDC May track steps and the amount and type of physical activity. Syncs to devices. Fitness Band Device worn around chest tracks heart rate and syncs to watch and other devices. Heart Rate Monitor Tracks steps, but does not sync to devices. Pedometer May track steps,

heart rate, and the amount and type of physical activity. Syncs to devices. Smart Watch Pedometer: andreypopov/123RF; Fitness band: Sasils/Shuttestock; Smart watch: Alexey Boldin/Shutterstock; Heart rate monitor: suedhang/Getty Images wil58971_ch01_001-035.indd 11 10/6/18 2:22 PM FIGU RE 1 .6 There are numerous gadgets available to track physical activity and/or heart rate during exercise.

12 C H A P TER 1 Introduction to Nutrition for Health, Fitness, and Sports Performance Can too much exercise be harmful to my health? In general, the health benefits far outweigh the risks of exercise. Although individuals training for sport may need to undergo pro-longed, intense exercise training, such is not the case for those seek- ing health benefits of exercise. Given our current state of knowledge, adhering to the guidelines presented above, preferably at the upper time and day limits, should be safe and provide optimal health ben- efits associated with physical activity. However, exercise, particularly when excessive and in individuals with preexisting health problems, may increase health risks. Training for and participating in various sports may also predispose one to various health problems. Orthopedic problems. Too much exercise may lead to orthopedic problems, such as stress fractures in the lower leg in those who run, particularly in those with poor biomechanics. Injuries to ten- dons and bones are common in some sports. Proper rest is often recommended for such injuries. Impaired immune functions. While moderate physical activity may enhance immune function, prolonged, high-intensity exercise tem- porarily impairs immune competence, which may be associated with an increased incidence of upper respiratory tract infections. Moreover, according to a recent review by Nijs and others, individ- uals with chronic fatigue syndrome may have an altered immune response to exercise and other reports link it to excessive exercise. Exercise-induced asthma. Some endurance athletes, such as run- ners and cross-country skiers, particularly when exercising in cold weather, may be more prone to exercise-induced asthma. Excessive lung ventilation may dry the airways with subsequent release of inflammatory mediators that cause contraction of the airways, making breathing more difficult. In severe cases, exer- cise-induced asthma may be fatal. Exercise addiction. Exercise is known to release various brain chemicals, including endorphins, which may elicit euphoric feel- ings such as the runners high. However, experts note that exercise addiction may also have an obsessive-compulsive dimension and may be linked to other psychiatric disorders, such as substance abuse

and eating disorders. Osteoporosis. When coupled with inadequate dietary energy intake, exercise that leads to excessive weight loss may contribute to the menstrual irregularities in female athletes that may exacerbate loss of bone mass, or osteoporosis. Known as the female athlete triad, this topic is discussed in chapters 8 and 10. Heat illness and kidney failure. Exercising in the heat may cause heat stroke or other heat illnesses with serious consequences, such as kidney failure and death, as discussed in chapter 9. Brain damage. As noted previously, exercise exerts multiple beneficial effects on the brain, such as improved psychological health and reduced risk of mental decline with aging. However, participation in some sports may be associated with mild trau- matic brain injury (mTBI) and, rarely, catastrophic traumatic injury and death. Repetitive mTBIs, such as concussions, can lead to neurodegeneration, or chronic traumatic encephalopa- thy (CTE). CTE has been reported most frequently in American football players and boxers but is also associated with other sports such as ice hockey, soccer, rugby, and baseball. Heart attacks and sudden death. Although sudden death among young athletes is very rare, it is still two to three times more frequent than in the age-matched control population and attracts significant media attention. Sudden death in older athletic individuals may be associated with coronary artery disease, discussed in detail in chapter 5. In brief, atherosclerosis in the heart's blood vessels may limit oxygen supply to the heart muscle, triggering what is known as an ischemic heart attack. Experts recommend that heart attack survivors use caution with exercise, noting moderate levels may be beneficial but higher levels may attenuate the benefits. For heart attack survivors, more exercise is better, up to a point. Accidents. Given the nature of physical activity, particularly com- petitive sports, accidental injuries occur, and some may be fatal, such as a concussion causing serious head injury. Use safety gear as appropriate for your physical activity, such as helmets for bicycling, rollerblading, and skiing, as well as other protective sportswear as appropriate for any given activity. Adhere to safety protocols for various activities, such as cycling in traffic. About 700 cyclists are killed annually in the United States in collisions with automobiles. In recent years, reports indicate increasing emergency room visits by those who walk and talk on their cell phones and experience an accident, either by falls or being hit by motor vehicles. Key C onc ept s Health-related fitness includes a healthy body weight, cardiovascular-respiratory fitness, adequate muscular strength and muscular endurance, and sufficient flexibility. Overload is the key principle underlying the adaptations to exercise that may provide a wide array

of health benefits. The intensity, duration, and frequency of exercise represent the means to impose an overload on body systems that enable healthful adaptations. Physical inactivity may be dangerous to your health. Some contend Sitting is the new smoking. Exercise, as a form of physical activity, is becoming increasingly important as a means to achieve health benefits, by preventing the development of many chronic diseases. Physical activity need not be strenuous to achieve health benefits, but additional benefits may be gained through more vigorous and greater amounts of physical activity. In general, more exercise is better, up to a point. Excessive exercise may cause some minor and major health problems in some individuals. You should be aware of personal health issues or other factors that may be related to exercise- associated health risks. C heck for Yo ursel f Using an online fitness tracker, track your physical activity for one week. Tally the number of minutes spent engaged in aerobic activities and muscle-strengthening activities. How do these levels compare to the Physical Activity Guidelines for Americans? Based on these findings, are there any changes you should make to your fitness? wil58971_ch01_001-035.indd 12 10/6/18 2:22 PM

13 Nutrition and Fitness What is nutrition? Nutrition is the science of food, the sum total of the processes involved in the intake and utilization of food substances by living organisms, including ingestion, digestion, absorption, transport, and metabolism of nutrients found in food. This defi- nition stresses the biochemical or physiological functions of the food we eat, particularly in relation to health and disease. Additionally, the Academy of Nutrition and Dietetics (AND) notes that nutrition may be interpreted in a broader sense and be affected by a variety of psychological, sociological, and eco- nomic factors. The primary purpose of the food we eat is to provide us with a variety of nutrients. A nutrient is a specific substance found in food that performs one or more physiological or biochemical functions in the body. There are six major classes of essential nutrients found in foods: carbohydrates, fats, proteins, vitamins, minerals, and water. However, as noted in chapter 2, food con- tains substances other than essential nutrients that may affect body functions. As illustrated in figure 1.7, the essential nutrients perform three basic functions. First, they provide energy for human metabolism (see chapter 3). Carbohydrates and fats are the prime sources of energy. Protein may also provide energy, but this is not its major function. Vitamins, minerals, and water are not energy sources. Second, all nutrients are used to promote growth and develop- ment by building and repairing body tissue.

Protein is the major building material for muscles, other soft tissues, and enzymes, while certain minerals such as calcium and phosphorus make up the skeletal framework. Third, all nutrients are used to help requlate and maintain the diverse physiological processes of human metabolism. Promote growth and development Provide energy Regulate metabolism asife/Shutterstock wil58971 ch01 001-035.indd 13 10/6/18 2:22 PM FIGU RE 1 .7 Foods provide a mix of nutrients. This Buddha bowl with kale salad, quinoa, roasted chickpeas, grilled chicken breast, avocado, baked sweet potatoes, leek sprouted seeds, pine nuts, and sesame seeds is an example of a meal containing multiple essential nutrients. In order for our bodies to function effectively, we need more than 40 specific nutrients, and we need these nutrients in vari- ous amounts as recommended by nutrition scientists. Dietary Reference Intakes (DRI) represent the current recommenda- tions in the United States and include the Recommended Dietary Allowances (RDA), Adequate Intakes (AI), and Tolerable Upper Intake Levels (UL). These recommendations are explained in detail in chapter 2. Nutrient deficiencies or excesses may cause various health problems, some very serious. What is the role of nutrition in health promotion? As noted previously, your health is dependent upon the interaction of your genes and your environment, and the food you eat is part of your personal environment. Let food be your medicine and medicine be your food. This statement by Hippocrates, made over two thousand years ago, is becoming increasingly meaningful as the preventa- tive and therapeutic health values of food relative to the devel- opment of chronic diseases are being unraveled. Nutrients and other substances in foods may influence gene expression, some having positive and others negative effects on our health. For example, adequate amounts of certain vitamins and minerals may help prevent damage to DNA, the functional component of your genes, while excessive alcohol may lead to DNA damage. Most chronic diseases have a genetic basis; if one of your parents has had coronary artery disease or cancer, you have an increased probability of contracting that disease. Such diseases may go through three stages: initiation, promotion, and progres- sion. Your genetic predisposition may lead to the initiation stage of the disease, but factors in your environment that influence your epigenome may promote its development and eventual progres- sion. In this regard, some nutrients are believed to be promoters that lead to progression of the disease, while other nutrients are believed to be antipromoters that deter the initiation process from progressing to a serious health problem. What you eat plays an important role in the development or progression of a variety of

chronic diseases. For example, the CDC indicates that good nutrition lowers people's risk for many chronic diseases, including heart disease, stroke, some types of cancer, diabetes, and osteoporosis (figure 1.8). The National Cancer Institute (NCI) estimates that one-third of all cancers are linked in some way to diet, ranking just behind tobacco smoking as one of the major causes of cancer. Research suggests that high adherence to a healthy diet, such as the Mediterranean diet, is associated with a significant reduction in the risk of overall cancer mortality, particularly colorectal, prostate, and aerodigestive cancer. As noted previously, exercise is medicine. In a like manner, food is medicine may also be an appropriate phrase, not only attributable to the quote from Hippocrates but also based on modern medicine as well. The types and amount of nutrients and phytochemicals found in our foods, the source of our food, and the method of food

14 C H A P TER 1 Introduction to Nutrition for Health, Fitness, and Sports Performance FIGURE 1.8 Some possible health problems associated with poor dietary habits. An upward arrow () indicates excessive intake, while a downward arrow () indicates low intake or deficiency, preparation are all factors that may influence the epigenome and subsequent gene expression or other metabolic functions that may affect our health status. The Training Table in this section summa- rizes some of the key ways by which nutrients may impact health and risk for chronic disease. The beneficial, or harmful, effects of specific nutrients and various dietary practices on mechanisms underlying the develop- ment of chronic diseases will be discussed as appropriate in later sections of this book. Do most Americans eat right? Surveys indicate that most people are aware of the role of nutrition in health and want to eat better for healthful purposes, but they do not translate their desires into appropriate action. Poor eating habits span all age groups. According to the 2015 2020 Dietary Guidelines for Americans report, on average, Americans of all ages consume too few vegetables, fruits, high-fiber whole grains, low-fat milk products, and seafood and they eat too much added sugars, solid fats, refined grains, and sodium. Table 1.4 summarizes the five overarching guidelines from the 2015 2020 Dietary Guidelines for Americans. According to Healthy People 2020, a healthy diet is one that limits caloric intake to meet caloric needs (i.e., consuming enough, but not too many, kcal). Such a diet provides a variety of nutrient-dense foods from across the food groups, particularly whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats or other sources of protein. As well, a healthy diet is one that

limits saturated and trans fats, cholesterol, added sugars, sodium, and alcohol. wil58971_ch01_001-035.indd 14 10/6/18 2:23 PM

15 TABLE 1.4 Overarching guidelines from the 2015 2020 Dietary Guidelines for Americans Follow a healthy eating pattern across the lifespan. Focus on variety, nutrient density, and amount. Limit k cal from added sugars and saturated fats and reduce sodium intake. Shift to healthier food and beverage choices. Support healthy eating patterns for all. Training Table The following are some of the proposed effects of various nutrients and appropriate energy intake that may help pro- mote good health: Inactivate carcinogens or kill bacteria that damage DNA. Help repair DNA. Increase insulin sensitivity. Relax blood vessels and improve blood flow. Reduce blood pressure. Optimize serum lipid levels. Reduce inflammation. Inhibit blood clotting. Enhance immune system functions. Prevent damaging oxidative processes. Dilute harmful chemicals in the intestines. Promote more frequent bowel movements. Some advances are being made in the battle against unhealthy eating, obesity, and poor health in the United States. For example, some food manufacturers have reduced the amounts of solid fats, added sugars, and salt in their products. Some fast-food restau- rants are offering healthier alternatives, such as oatmeal with fruit for breakfast, and menu labeling laws now require posting of cer- tain nutrition information. The National School Lunch Program has promoted a program to incorporate more fresh fruit and veg- etables into daily school lunches. Although these are worthwhile endeavors, many more are needed before we can state that We are eating right. What are some general guidelines for healthy eating? Because the prevention of chronic diseases is of critical impor- tance, thousands of studies have been and are being conducted to discover the intricacies of how various nutrients may affect our health. Particular interest is focused on nutrient function within cells at the molecular level, the interactions between various nutri- ents, and the identification of other protective factors in certain foods. All of the answers are not in, but sufficient evidence is avail- able to provide us with some useful, prudent guidelines for health- ful eating practices. Over the past two decades, in response to the need for health- ier diets, a variety of public and private health organizations anallyzed the research relating diet to health and developed some basic guidelines for the general public. The details underlying these recommendations may be found in several voluminous gov- ernmental reports, including the scientific report accompanying the 2015

2020 Dietary Guidelines for Americans and Healthy People 2020. These reports serve as the basis for dietary recommendations provided in the United States Department of Agriculture (USDA) MyPlate recommendations. According to MyPlate recommenda- tions, approximately half of a person s plate should include fruits and vegetables. Grains and proteins should make up the other half of the plate, and low-fat or fat-free dairy options (or nondairy alter- natives) should be included with most meals. Figure 1.9 provides an image of MyPlate. The www.choosemyplate.gov website pro-vides details about each of the food groups and includes resources appropriate for Americans of all ages. Although we do have considerable research to support dietary recommendations to promote health, the research is incomplete. Moreover, inconsistencies in research findings, such as the health effects of saturated fat, discussed later in this chapter, may affect recommendations. Thus, the following recommendations may be considered to be prudent, and throughout this book we will refer to these recommendations as a Prudent Healthy Diet. These rec- ommendations are in accordance with the total diet approach of the AND and the various governmental and professional health organizations noted previously. Each specific dietary recom- mendation may convey some health benefit, so the more of these dietary guidelines you adopt, the greater should be your overall health benefits. The Training Table summarizes the key Prudent Healthy Diet recommendations. An expanded discussion of these guidelines along with practical recommendations to help you implement them is presented wil58971_ch01_001-035.indd 15 10/6/18 2:23 PM F I GU R E 1 . 9 MyPlate visual showing the relative breakdown of food groups as part of a healthy diet. Source: US Department of Agriculture

16 C H A P TER 1 Introduction to Nutrition for Health, Fitness, and Sports Performance Training Table The following are key recommendations of the Prudent Healthy Diet: 1. Balance the food you eat with physical activity to main- tain or achieve a healthy body weight. Consume only moderate food portions. Be physically active every day. 2. Eat a nutritionally adequate diet consisting of a wide variety of nutrient-rich foods. Eat more whole foods in their natural form. Eat fewer highly processed foods. 3. Choose a plant-rich diet with plenty of fruits and veg- etables, whole-grain products, and legumes, which are rich in complex carbohydrates, phytonutrients, and fiber. 4. Choose a diet moderate in total fat, but low in satu- rated (solid), trans fat and cholesterol. 5. Choose beverages and foods to moderate or reduce your intake of added sugars

and highly refined carbohydrates. 6. Choose and prepare foods with less salt and sodium. 7. Maintain protein intake at a moderate yet adequate level, obtaining much of your daily protein from plant sources, complemented with smaller amounts of fish, skinless poultry, and lean meats. 8. Choose a diet adequate in calcium and iron. 9. Practice food safety, including proper food storage, preservation, and preparation. 10. Consider the possible benefits and risks of food additives and dietary supplements. 11. If you drink alcoholic beverages, do so in moderation. 12. Enjoy your food. Eat what you like, but balance it within your overall healthful diet. in chapter 2. Additional details on how each specific recommen- dation may affect your health status, including specific consid- erations for women, children, and the elderly, are presented in appropriate chapters throughout this book. The following websites present detailed information on healthy dietary guidelines: www.dietaryguidelines.gov The 2015 2020 Dietary Guidelines for Americans focus on the total diet and how to integrate all of the recommendations into practical terms, encour- aging personal choice but result in an eating pattern that is nutrient-dense and kcal-balanced. www.ChooseMyPlate.gov MyPlate offers personalized eating plans and interactive tools to help you plan your food choices, www.healthcanada.gc.ca The Canada Food Guide, Eat Well and Be Active Educational Toolkit provides excellent information on healthy eating. Click on Food and Nutrition. www.eatright.org The Academy of Nutrition and Dietetics site provides numerous tips to eating healthy. Are there additional health benefits when both exercise and diet habits are improved? A poor diet and physical inactivity are individual major risk fac- tors for the development of chronic diseases. Collectively, however, they may pose additional risks, particularly pre-diabetes, a condition preceding type 2 diabetes, and for the two most deadly chronic diseases heart disease and cancer. Recent research also indicates certain that dietary factors may complement exercise for enhanced brain function. Thus, combining a recommended exercise program with a healthy diet may have additive effects on one s health. Pre-diabetes Several factors, such as excess body weight, impaired fasting blood glucose, and glucose intolerance, may be associated with pre-diabetes and predispose one to type 2 diabetes. Prevention interven- tions that include diet and both aerobic and resistance exercise training have been found to be modestly effective in reducing risk factors associated with pre- diabetes in adults, which help in the prevention of type 2 diabetes. Onoky/SuperStock wil58971_ch01_001-035.indd 16 10/6/18 2:23 PM Heart Disease Lloyd-Jones and others, discussing the American Heart Association s Strategic Impact Goal through

2020 and beyond, reported that ideal cardiovascular health is associated with physical activity at goal levels and pursuit of a diet consistent with current guideline recommendations. As shown in table 1.5, the key TABLE 1.5 Modifiable risk factors associated with coronary artery disease Risk factor Classification Positive health lifestyle modification High blood pressure Major Proper nutrition, aerobic exercise, maintain or achieve healthy body weight High blood lipids Major Proper nutrition, aerobic exercise Smoking Major Stop smoking Sedentary lifestyle Major Aerobic exercise ECG abnormalities Major Proper nutrition, aerobic exercise Obesity Major Low-kcal diet, aerobic exercise Diabetes Major Proper nutrition, weight loss, aerobic exercise Stressful lifestyle Contributory Stress management Dietary intake Contributory Proper nutrition

17 lifestyle behaviors that may be effective in favorably modifying heart disease risk factors are proper nutrition and exercise. Moreover, sev- eral of the risk factors for heart disease are diseases themselves, such as diabetes, obesity, and high blood pressure, all of which may benefit from the combination of proper nutrition and exercise. Cancer In its recent extensive worldwide report on the means to prevent cancer, the American Institute of Cancer Research high- lighted the three most important means to prevent a wide variety of cancers, and all are related to exercise and nutrition: Choose mostly plant foods, limit red meat, and avoid processed meat. Be physically active every day in any way for 30 minutes or more. Aim to be a healthy weight throughout life as much as possible. Brain Health Exercise and nutrition are both powerful means to positively influence the brain and may influence brain health through several mechanisms that create new neurons (neurogen- esis). Specifically, exercise collaborates with other aspects of life- style to influence cognition. In particular, select dietary factors share brain-enhancement mechanisms similar to exercise, and in some cases can complement the action of exercise. Experts suggest that exercise and diet appear to be effective strategies to counteract neurological and cognitive disorders. Prevention of chronic diseases is a high priority for most gov- ernmental and professional health organizations, and they have developed appropriate healthy lifestyle behaviors to maximize prevention efforts. Most such healthy lifestyle behaviors include exercise and healthful eating. The possible complementary effect of exercise and nutrition on chronic diseases will be presented in later chapters as appropriate. Key Concepts The primary purpose of the food we eat is to provide us with nutrients essential for the numerous physiological and bio- chemical functions

that support life. Dietary guidelines developed by major professional health organizations are comparable, and collectively help prevent major chronic diseases such as heart disease, cancer, diabe- tes, high blood pressure, and obesity. Poor eating habits span all ages. The 2015 2020 Dietary Guidelines for Americans and the Healthy People 2020 report note that poor nutrition is a major health problem in the United States. Basic guidelines for a Prudent Healthy Diet include mainte- nance of a proper body weight and consumption of a wide variety of natural foods rich in nutrients associated with health benefits. The more healthful dietary guidelines that you adopt, the greater will be your overall health benefits. Although both proper exercise and sound nutrition habits may confer health benefits separately, health benefits may be maximized when both healthy exercise and nutrition life-styles are adopted. C heck for Yo urself Using a diet analysis program. such as NutritionCalc Plus, create a profile with your personal information and look at your specific dietary recommendations. Then, track your diet for 24 hours, comparing your intake with recommended intakes. Are there key nutrients you are lacking? Are there key nutrients you are consuming in excess? wil58971 ch01 001-035.indd 17 10/6/18 2:23 PM Sports-Related Fitness: Exercise and Nutrition As with health, genetic endowment plays an important underlying role in the development of success in sport. In his book The Sports Gene, David Epstein notes that nature and nurture are both essen- tial ingredients for superior performance in a given sport. Nature is in the genes, the hardware, whereas nurture is in the environment, the software. Nurture involves not only exposure to the sport at a specific time but expert training as well. Ahmetov and Rogozkin suggest that optimal responses to training are also dependent on possession of appropriate genes. Genes explain why some indi- viduals benefit while others do not from the same sport training program. Elite athletes are not only born with the right genes for a given sport but must also have the right genes to benefit from proper training. Moreover, Joyner and Coyle note that complex motivational and sociological factors also play important roles in who does or does not become a sport champion. For example, one is more likely to be successful in ice hockey if born in Canada rather than Brazil, but the Brazilian child may be more successful in soccer. What is sports-related fitness? One of the key factors determining success in sport is the ability to maximize your genetic potential with appropriate physical and mental training to prepare both mind and body for intense com- petition. As described earlier in this chapter, athletes develop sports-related fitness by training specifically for their sport. For example, strength

and power are key to success in sports such as football, bobsled, and shot put. In comparison, endurance training is essential for success in long-distance cycling, running, or swim- ming. Proper training to develop neuromuscular skills is important for gymnastics, archery, and cross-country skiers participating in the biathlon event. For many sports, such as soccer and basket- ball, athletes must train appropriately to develop multiple fitness components. The principles of exercise training introduced earlier, such as overload and specificity, are as applicable to sports-related fitness as they are to health-related fitness. However, training for sports performance is more intense, prolonged, and frequent than train- ing for health, and training is specific to the energy demands and skills associated with each sport. We will discuss energy expenditure for sports performance in chapter 3. The Training Table in

18 C H A P TER 1 Introduction to Nutrition for Health, Fitness, and Sports Performance Training Table The following are examples of general categories of sports, with an example included for each: Explosive power sports Olympic weight lifting Very high-intensity sports 100-meter run High-intensity, short-duration sports 5,000-meter run (3.1 miles) Intermittent high-intensity sports Soccer Endurance sports Marathon running (26.2 miles, 42.2 kilometers) Low-endurance, precision skill sports Golf Weight-control and body-image sports Bodybuilding this section provides examples of different sports-related fitness components and examples of each. Training of elite athletes at the United States Olympic Training Center (USOTC) focuses on three attributes: Physical power Mental strength Mechanical edge Coaches and scientists work with athletes to maximize physi- cal power production for their specific sport, to optimize mental strength in accordance with the psychological demands of the sport, and to provide the best mechanical edge by improving spe- cific fitness and sport skills, sportswear, and sports equipment. Sports science and technology provide elite competitors with the tiny margins needed to win in world-class competition. Athletes at all levels of competition, whether an elite inter- national competitor, a college wrestler, a high school volleyball player, a seniors age-group distance runner, or a youth league soc- cer player, can best improve their sports-related fitness and per- formance by intense training appropriate for their age, physical and mental development, and sport. For example, in a review as to how we should spend our time and money to improve cycling performance, Jeukendrup and Martin indicated that, of the many ways possible, training is the first and most

effective means. To paraphrase Theodore Roosevelt, Do the best with what you got. While proper training and hard work are essential, sports and exercise scientists have investigated a number of means to improve athletic performance beyond that attributable to training, and one of the most extensively investigated areas has been the effect of nutrition. What is sports nutrition? At high levels of athletic competition, athletes generally receive excellent coaching to enhance their biomechanical skills (mechan- ical edge), sharpen their psychological focus (mental strength), and maximize the physiological functions (physical power) essen- tial for optimal performance. Clyde Williams, a renowned sports scientist from England, notes that, in addition to specialized train- ing, from earliest times certain foods were regarded as essential preparation for sports competition, including **Olympics** Greece. Agence/Getty the in ancient Zoom wil58971_ch01_001-035.indd 18 10/6/18 2:23 PM As we shall see, there are various dietary factors that may influence biomechanical, psychological, and physiologi- cal considerations in sport. For example, losing excess body fat will enhance biomechanical effi- ciency; consuming carbohydrates during exercise may maintain normal blood sugar levels for the brain and prevent psychological fatigue; and providing adequate dietary iron may ensure optimal oxygen delivery to the muscles. All these sports nutrition factors may favorably affect athletic performance. Sports nutrition involves the application of nutritional principles to enhance athletic performance. Louise Burke, an internation- ally renowned sports nutritionist from Australia, defined sports nutrition as the application of eating strategies with several major objectives: To promote good health To promote adaptations to training To recover quickly after each training session To perform optimally during competition Sports nutritionists may meet these objectives in various ways, such as developing meal plans for training, recovery, and competi-tion; coordinating training tables; providing appropriate informa-tion about healthy diets; teaching cooking skills; discussing the efficacy, safety, and permissibility of sports supplements; counsel- ing individual athletes with special diets, such as vegetarians; and monitoring athletes for weight loss and eating disorders. Although investigators have studied the interactions between nutrition and various forms of sport or exercise for more than a hundred years, it is only within the past several decades that exten- sive research has been undertaken regarding specific recommen- dations for athletes. Is sports nutrition a profession? Sports nutrition is recognized as an important factor for optimal athletic performance. Sports nutrition is sometimes referred to as exercise nutrition when coupled with exercise

designed for health- related fitness, as discussed in the previous section, but that term is less frequently used. Several factors indicate that sports nutrition has become a profession and is a viable career opportunity.

19 Professional Associations Several professional associations, such as the Sports, Cardiovascular, and Wellness Nutrition (SCAN) practice group of the AND, Professionals in Nutrition for Exercise and Sport (PINES), the Collegiate & Professional Sports Dietitians Association (CPSDA), and the International Society of Sports Nutrition (ISSN), are involved in the application of nutri- tion to sport, health, and wellness. Certification Programs Several professional and sports- governing organizations have developed a recognized course of study or certification program to promote the development of professionals who can provide athletes with sound information about nutrition. For example, AND has established a program for certification as a Specialist in Sports Dietetics (CSSD), while the International Olympic Committee offers a diploma in sports nutrition. Research Productivity Numerous exercise-science/nutrition research laboratories at major universities are dedicated to sports nutrition research. Almost every scientific journal in sport/exercise science, and even in general nutrition, appears to contain at least one study or review in each issue that is related to sports nutri- tion. Several journals, such as the International Journal of Sport Nutrition and Exercise Metabolism, focus almost exclusively on sports nutrition. International Meetings International meetings have focused on sports nutrition, some meetings highlighting nutritional principles for a specific sport, such as soccer or track and field, while others may focus on a specific sport supplement, such as creatine. Consensus Statements and Position Stands Several interna- tional sports-governing organizations have developed consensus statements on nutrition for their specific sport. For example, the International Swimming Federation (F d ration Internationale de Natation, FINA) published a consensus statement on nutrition for the aquatic sports, which is designed to provide sound nutri- tion information for aquatic athletes worldwide. A more general- ized position stand entitled Nutrition and Athletic Performance was issued jointly by the AND, the ACSM, and the Dietitians of Canada. National Sports Nutrition Programs Many countries have developed sports nutrition programs for international competition, such as the Olympic Games. Burke and others reported on such programs for the London Olympic Games. Career Opportunities Sports

nutritionists are employed by professional sport teams and athletic departments of colleges and universities to design optimal nutritional programs for their ath- letes. Some dietitians market themselves as full-time or part-time sports nutritionists within their communities. Many are members of CPSDA, www.acsm.org You may access the position stand entitled Nutrition and Athletic Performance by clicking on Public Information and then Position Stands. www.scandpg.org/sports-nutrition/be-a-board-certified -sports-dietitian-cssd/ The SCAN site provides information on what is necessary to become a Board Certified Specialist in Sports Dietetics. www.sportsoracle.com Check this PINES site to see what is needed to become a member and the requirements for the IOC Diploma in Sports Nutrition. www.sportsrd.org The CPSDA site provides information on membership. Are athletes today receiving adequate nutrition? Numerous survey studies regarding dietary intake of athletes have been conducted over the course of the past two decades and, in general, present mixed results. Based on recommended dietary practices for athletes, the following is a brief summary of the findings. Many athletes consume more dietary fat than recommended, particularly saturated fat. Intake of micronutrients, such as vitamins and minerals, varies. Some athletes exceed current recommended intakes, while oth- ers have inadequate intakes. Athletes involved in weight-control sports who may restrict energy intake may be at high risk for micronutrient deficien- cies. Iron and calcium deficiencies may be common in female athletes. Many athletes, including youth athletes, take dietary supple- ments designed to enhance performance. This brief review indicates that some athletic groups are not receiving the recommended allowances for a variety of essential nutrients or may not be meeting certain recommended standards. It should be noted, however, that these surveys have analyzed the diets of the athletes only in reference to a standard, such as the RDA, and many studies have not analyzed the actual nutrient or biochemical status (such as by a blood test) of the athlete or the effects that the dietary deficiency exerted on exercise performance capacity or sport performance. The RDA for vitamins and min- erals incorporates a safety factor, so an individual with a dietary intake of essential nutrients below the RDA may not necessarily suffer a true nutrient deficiency. However, athletes who do develop a nutrient deficiency may experience a deterioration in athletic per- formance and poor health as a result. Examples discussed in later chapters include impaired aerobic endurance capacity associated with iron deficiency and premature decreases in bone density with calcium deficiency. wil58971_ch01_001-035.indd 19 10/6/18 2:23 PM

20 C H A P TER 1 Introduction to Nutrition for Health, Fitness, and Sports Performance Why are some athletes malnourished? Studies over the course of the past two decades have indicated a variety of factors that may contribute to poor dietary habits in many athletes, including the following: Athletes may not possess sufficient knowledge to make appro- priate food choices. Athletes have misconceptions about the roles of specific nutri- ents in sport performance; if they choose foods based on these misconceptions, then sports performance may suffer. Athletes may not be getting sound sports nutrition informa- tion. Jacobson and others reported that, although some college varsity athletes received nutrition information from reliable sources, such as dietitians and athletic trainers, considerable nutrition information was obtained from less reliable sources such as websites and coaches with an inadequate education in sports nutrition. Finances and time may limit preparation of healthier meals, particularly with college athletes. Healthy meal preparation may take a back seat to time needed for sport practice and class and study time. However, the future looks bright. SCAN and the CPSDA have partnered with the NCAA Sports Science Institute to publish nutrition information monthly on its website. Along with increased emphasis on sports nutrition education for collegiate strength and conditioning coaches, such endeavors may help improve nutri- tion among collegiate athletes. Various education programs also are being developed for professional and youth sports by vari- ous groups. such as, respectively, the National Football League (NFL) and the PCFSN. Such programs should help. For example, Valliant and others reported a nutrition education program was useful in improving dietary intake and nutrition knowledge of female athletes. How does nutrition affect athletic performance? The nutrients in the foods we eat can affect exercise and sports performance in accordance with the three major functions of nutri- ents. First, nutrients may provide energy for the differ ent energy- producing systems dis cussed in chapter 3. Second, nutrients also help regulate metabolic processes important to energy production and temperature regulation during exercise. Third, nutrients support the growth and development of specific body tissues and organs as they adapt to exercise training; figure 1.10 highlights some of the roles diet and nutrients play during exercise. A well-planned sport-specific diet will help optimize sports performance, while a poor diet plan may lead to fatigue and impaired performance. Malnutrition represents unbalanced nutrition and may exist as either undernutrition or overnutrition, that is, an individual does not receive an adequate intake (undernutrition) or consumes excessive amounts of single or multiple nutrients (overnutrition). Either condition can hamper athletic performance. An inadequate intake of certain nutrients may impair athletic performance due to an insufficient energy supply, an inability to regulate exercise Increase mechanical Provide energy for various energy systems Increase muscle tissue growth Increase bone mineral density and strength Prevent muscle tissue damage Enhance mental functions Facilitate recovery following exercise Regulate body temperature Increase oxygen transport and delivery Enhance energy- producing metabolic pathways Improve acid-base balance and reduce acidity Salad: TheCrimsonMonkey/Getty Images; Woman: Syda Productions/Shutterstock FIGURE 1.10 Nutrients in the foods we eat and dietary strategies may influence exercise or sport performance in a variety of ways. This figure summarizes some of the key effects of nutrient intake (diet) on physical activity performance. wil58971_ch01_001-035.indd 20 10/6/18 2:23 PM

21 metabolism at an optimal level, or a decreased synthesis of key body tissues or enzymes. In contrast, excessive intake of some nutrients may also impair athletic performance, and even the health of the athlete, by disrupting normal physiological processes or leading to undesirable changes in body composition. What should athletes eat to help optimize sport performance? Sports nutrition experts agree that the type, amount, composition, and timing of food intake can dramatically affect exercise perfor- mance, recovery from exercise, body weight and composition, and health. The importance of nutrition to your athletic performance may depend on a variety of factors, including your gender, your age, your body weight status, your eating and lifestyle patterns, the environment, the type of training you do, and the type of sport or event in which you participate. As an example of the last point, the carbohydrate needs of a golfer or baseball player may vary little from those of the nonathlete, whereas those of a marathon run- ner or ultraendurance triathlete may be altered significantly during training and competition. The opinions offered by researchers in the area of exercise and nutrition relative to optimal nutrition for the athlete run the gamut. At one end, certain investigators note that the daily food require- ment of athletes is quite similar to the nutritionally balanced diet for everyone else, and therefore no special recommendations are needed. At the other extreme, some, such as sports supplement companies, state that it is almost impossible to obtain all the nutri- ents the athlete requires from the normal daily intake of food, and for that reason nutrient supplementation is absolutely

neces- sary. Other reviewers advocate a compromise between these two extremes, recognizing the importance of a nutritionally balanced diet but also stressing the importance of increased consumption of specific nutrients or dietary supplements for athletes in certain situations. The review of the scientific literature presented in this book supports the later point of view. In general, athletes who consume enough kcal to meet their energy needs and who meet the require- ments for essential nutrients should be obtaining adequate nutri- tion. Dietary guidelines for better health, as discussed previously and expanded upon in chapter 2, are the same for optimal physical performance. The key to sound nutrition for the athletic individual is to eat a wide variety of healthful foods. Although a healthy diet is the foundation of a dietary plan for athletes, modifications may be important for training and com- petition in various sports. For example, adequate carbohydrate is important as an energy source for aerobic endurance athletes, ade- quate protein may help optimize muscle development in strength/ power athletes, and adequate iron may help ensure adequate oxygen delivery in female athletes. Some basic guidelines regarding eating for training and for competition are presented in chapter 2, whereas details regarding the use of specific nutrients, such as car- bohydrate and protein, are presented in the chapter highlighting that nutrient. Some athletes believe that there are super foods or diets that provide a competitive advantage in sports. Numerous sports supplements are marketed to athletes with this premise in mind and have been the subject of considerable research by sports nutri- tion scientists. The following section discusses the general role of such supplements in the enhancement of sports performance, while more details on specific sports supplements are presented in the chapter highlighting that nutrient. Key C onc ept s Success in sports is primarily dependent on genetic endow- ment and proper training, but nutrition can also be an impor- tant contributing factor. The major objectives of sports nutrition are to promote good health and adaptations to training, to recover guickly after each training session, and to perform optimally during competition. Studies reveal that, although athletes desire to eat a diet that may enhance sports performance, their knowledge of nutrition is often inadequate, and some are not meeting the dietary recommendations of sports nutritionists. In general, the diet that is optimal for health is optimal for sports performance. However, athletes involved in certain sports may benefit from specific dietary modifications, wil58971 ch01 001-035, indd 21 10/6/18 2:23 PM Ergogenic Aids and Sports Performance: Beyond Training Since early times, athletes have attempted to use a wide variety of techniques or

substances to enhance sports performance beyond the effects that could be obtained through training. In sport and exercise science terminology, such techniques or substances are referred to as ergogenic aids. What is an ergogenic aid? As mentioned previously, the two key factors important to ath- letic success are genetic endowment and state of training. At cer- tain levels of competition, the contestants generally have similar genetic athletic abilities and have been exposed to similar train- ing methods, and thus they are fairly evenly matched. Given the emphasis placed on winning, many athletes training for competi- tion are always searching for the ultimate method or ingredient to provide that extra winning edge. Indeed, some suggest that two of the key factors leading to better athletic records in recent years are improved diet and ergogenic aids. The word ergogenic is derived from the Greek words ergo (mean- ing work) and gen (meaning production of) and is usually defined as to increase potential for work output. In sports, various ergogenic aids, or ergogenics, have been used for their theoretical ability to improve sports performance by enhancing physical power, mental strength, or mechanical edge. There are several different classifica- tions of ergogenic aids, grouped according to the general nature of their application to sport. Mechanical and psychological aids

22 C H A P TER 1 Introduction to Nutrition for Health, Fitness, and Sports Performance are often referred to as performance-enhancing techniques, whereas physiological, pharmacological, and nutritional aids involve tak- ing some substance into the body and are known as performance- enhancing substances. The Training Table in this section lists the major categories of ergogenic aids with an example of one theoreti- cal ergogenic aid for each. Training Table Ergogenic aids are now a multibillion-dollar industry. Athletes, from the weekend runner to the elite professional athlete, are often looking for that extra competitive edge. The five main categories of ergogenic aids, with an exam- ple of each, are provided below. Mechanical: Mechanical, or biomechanical, aids are designed to increase energy efficiency, to provide a mechanical edge. Lightweight racing shoes may be used by a runner in place of heavier ones so that less energy is needed to move the legs and the economy of running increases. Psychological: Psychological aids are designed to enhance psychological processes during sport perfor- mance, to increase mental strength. Hypnosis, through posthypnotic suggestion, may help remove psycho- logical barriers that limit physiological performance capacity. Physiological: Physiological aids are designed to augment natural physiological processes to

increase physical power. Blood doping, or the infusion of blood into an athlete, may increase oxygen transport capacity and thus increase aero- bic endurance. However, its use is illegal. Pharmacological: Pharmacological aids are drugs designed to influence physiological or psychological processes to increase physical power, mental strength, or mechanical edge. Anabolic steroids, whose use is pro-hibited in sports, are still used by some athletes to help increase muscle mass, strength, and power. Nutritional: Nutritional aids are nutrients designed to influ- ence physiological or psychological processes to increase physical power, mental strength, or mechanical edge. Protein supplements may be used by strength-trained ath- letes in attempts to increase muscle mass because protein is the major dietary constituent of muscle. wil58971 ch01 001-035.indd 22 10/6/18 2:23 PM Why are nutritional ergogenics so popular? Dietary supplements marketed to physically active individuals are commonly known as sports nutrition supplements, or simply sports supplements. Companies market their products as Supplements for the Competitive Athlete, and overall sales exceed \$25 billion, making such ergogenic aids the most commonly utilized. Sports nutrition supplements can be placed in the following three categories: Sports supplements, including powders, pills, and ready-to-drink products Nutrition bars and gels Sports and energy drinks and shots McGraw-Hill Education/Jill Braaten, photographer Sports supplements are popular world-wide and are used by all types of athletes: male and female, young and old, profes- sional and amateur. Reports indi- cate that 90 percent or more of elite, international-class athletes consume dietary supplements. Other surveys document signifi- cant use among high school and collegiate athletes, military per-sonnel in elite groups, and fitness club members. Sports supplements are popular for several reasons. Athletes have believed that certain foods may possess magical qualities, so it is no wonder that a wide array of nutrients or special prep- arations have been used since time immemorial in attempts to run faster, jump higher, or throw farther. Shrewd advertising and marketing strategies promote this belief, enticing many athletes and physically active individuals to try sports supplements. Many of these products may be endorsed by professional athletes, giv- ing the product an aura of respectability. Specific supplements also may be recommended by coaches and fellow athletes. Additionally, as drug testing in sports gets increasingly sophisti- cated, leading to greater detection of pharmacological ergogenics, many athletes may resort to sports supplements, believing them to be natural, safe, and legal. However, as noted later, this may not be the case. Are nutritional ergogenics effective? There

are a number of theoretical nutritional ergogenic aids in each of the six major classifications of nutrients, and athletes have been known to take supplements of almost every nutrient in attempts to improve performance. Here are a few examples: Carbohydrate. Special metabolites of carbohydrate have been developed to facilitate absorption, storage, and utilization of car- bohydrate during exercise. Fats. Special fatty acids have been used in attempts to provide an alternative fuel to carbohydrate. Protein. Special amino acids derived from protein have been developed and advertised to be more potent than anabolic ste- roids in stimulating muscle growth and strength development. Vitamins. Special vitamin mixtures and even nonvitamin vita- mins, such as vitamin B15, have been ascribed ergogenic quali- ties ranging from increases in strength to improved vision for sport. Minerals. Special mineral supplements, such as chromium, vanadium, and boron, have been advertised to promote muscle anabolism.

23 Water. Special oxygenated waters have been developed specifically for aerobic endurance athletes, theoretically designed to increase oxygen delivery. In addition to essential nutrients derived from foods, there are literally hundreds of nonessential substances or compounds that are classified as dietary supplements and targeted to athletes as potent ergogenics. These include creatine, L-carnitine, coenzyme Q10, inosine, octacosonal, and ginseng. Moreover, many products contain multiple ingredients, each purported to enhance sports performance. For example, several of the energy drinks on the market include carbohydrates, amino acids, vitamins, minerals, metabolites, herbs, and caffeine. Supplementation with essential nutrients above and beyond the RDA is not necessary for the vast majority of well-nourished ath- letes. In general, consumption of specific nutrients above the RDA has not been shown to exert any ergogenic effect on human physi- cal or athletic performance. As well, many sports supplements sold on the market are labeled with various performance-enhancement claims without any scientific evidence. However, there are some exceptions. As noted in chapters 4 through 10, there may be some justification for nutrient supplementation or dietary modifica- tion in certain athletes under specific conditions, particularly in cases where nutrient deficiencies may occur. Some specific dietary supplements and food drugs may also possess ergogenic potential under certain circumstances. The effectiveness of almost all of the popular nutritional ergo- genics, including the essential nutrients, the nonessential nutri- ents, the food drugs caffeine and alcohol, the steroid

precursor androstenedione, and other agents, will be covered in this book. Are nutritional ergogenics safe? The majority of over-the-counter dietary supplements, particularly those containing essential nutrients, appear to be safe for the gen- eral population when taken in recommended dosages. However, some dietary supplements, including sports supplements, may con- tain ingredients that pose serious health risks in several ways. The FDA has noted that some sports supplements contain chemicals that have been linked to numerous serious illnesses and even death, particularly when taken in excess. For example, although perceived as safe, many different herbal and dietary sup-plements have been reported to cause liver injury, but the exact component that is responsible for injury is difficult to discern. In the United States, products used for bodybuilding and weight loss are the most commonly implicated. Supplements that are mislabeled and contain unlisted sub- stances pose a serious health threat. Some companies are unscru- pulous and may add chemicals, such as stimulants or steroids, to help make the product more effective, but which also may have adverse health effects. Another potential problem is that some, particularly younger, athletes may have the mentality that if one is good, then ten is better and thus may overdose, increasing the potential health risk of a potentially harmful ingredient. Fortunately, in the United States, the government is working to require that all ingredients be listed on dietary supplement labels, and hopefully appropriate warnings of any potential health risks will be provided as new laws take effect. Currently, some compa- nies are voluntarily adding warnings in their advertisements and product labels. Are nutritional ergogenics legal? The use of pharmaceutical agents to enhance performance in sport has been prohibited by the governing bodies of most organized sports. The use of drugs in sports is known as doping, and the World Anti-Doping Agency (WADA) has an extensive list of drugs and doping techniques that have been prohibited. At present, all essential nutrients are not classified as drugs and are considered to be legal for use in conjunction with athletic competition. Most other food substances and constituents sold as dietary supplements are also legal. However, some dietary supplements are prohibited, such as androstenedione, because they are classi-fied as anabolic steroids, which are prohibited drugs. Nevertheless, such supplements may still be obtained via Internet sales. Other dietary supplements may contain substances that are prohibited; for example, Chinese ephedra and some forms of ginseng may contain ephedrine, a stimulant prohibited in competition. Various athletic governing associations have addressed the issue of sports supplements. For example, the NFL, partnering

with the NSF Certified for Sports program, has developed strict requirements for the manufacturing of dietary supplements approved for use by its players. The National Collegiate Athletic Association (NCAA) places supplements for student athletes into three categories: Permissible may be provided by the university. Supplements include vitamins, minerals, sports drinks, energy bars, and simi- lar products. Impermissible may not be provided by the university but may be purchased by the student athlete. These supplements are mainly high-protein products, such as those rich in whey protein. Banned mainly drugs, such as those banned by WADA, includ- ing stimulants and anabolic agents. Some prescription drugs may also be banned unless under guidance of a physician. Evidence suggests that contamination of sports supplements that may cause an athlete to fail a doping test is widespread. Some studies of sports supplements targeted for muscle building and marketed on the internet have reported that up to 25 percent were contaminated with prohibited substances and note that many ath-letes, including Olympic champions, who have claimed they have not taken drugs, but only dietary supplements, have tested positive for doping. It is hoped that, with pending legislation, all ingredients will be listed in correct amounts on dietary supplement labels. In the meantime, athletes should consult with appropriate authorities before using any sports nutrition supplements marketed as perfor- mance enhancers. Some organizations, such as NSF International, have created pro- grams such as NSF Certified for Sport, designed to minimize the risk of contaminated sports supplements. Another such group is Informed-Sport. You can learn more about each of these programs by visiting www.nsfsport.com and www.informed-sport.com. wil58971 ch01 001-035.indd 23 10/6/18 2:23 PM

24 C H A P TER 1 Introduction to Nutrition for Health, Fitness, and Sports Performance Despite such programs being available, WADA notes that the use of nutritional or dietary supplements is completely at the athlete s own risk, even if the supplements are labeled as approved or verified. McGraw-Hill Education/Christopher Kerrigan, photographer Where can I find more detailed information on sports supplements? Although details on various sports supplements are presented in later chapters, space limitations prevent detailed accounts of each and every supplement avail- able on the market. The following resources may provide detailed information regarding efficacy and safety of numerous supplements, including sports supplements. This USDA website provides numerous links to ergogenic aids and dietary

supplements marketed to athletes, and you can search for specific supplements. You may access this information at www.nutrition.gov/dietary-supplements/dietary-supplements-athletes. The Australian Institute of Sport (AIS) provides a comprehen- sive coverage of sports supplements in four categories based on scientific evidence: A supported for use in specific sports situations B deserving of additional research C have little meaningful proof of beneficial effects D banned or high risk of containing substances that could lead to a positive doping test The site also contains a section, A Z Factsheets, that contains more detailed coverage of some supplements. You may access this information at www.ausport.gov.au/ais/nutrition/supplements. Key C o ncepts Probably the most prevalent ergogenic aids used to increase sports performance are those classified as nutritional, for theoretical nutritional aids may be found in all six classes of nutrients. Although many sports supplements are safe and legal, most are not effective ergogenic aids, and some are unsafe or ille- gal. Before using a sports supplement, athletes should try to determine if it is effective, if it is safe, and if it is legal. C heck for You rself Go to a health food store, peruse the multiple dietary supple-ments available, and ask the clerk for advice on a supple- ment to help you enhance your sports performance, such as increasing your muscle mass or losing body fat. Write down the advice and check out advertisements on the internet. Then, research the supplements on the websites noted in this chapter and compare the findings. wil58971_ch01_001-035.indd 24 10/6/18 2:23 PM Nutritional Quackery in Health and Sports Increasing numbers of dietary supplements are being marketed to the general population as health enhancers and to athletes as performance enhancers. Unfortunately, many of the products that advertise extravagant claims of enhanced health or performance are promoted by unscrupulous entrepreneurs, have no legitimate basis, and may be regarded as quackery. What is nutritional quackery? According to the Food and Drug Administration (FDA), quackery, as the term is used today, refers not only to the fake practitioner but also to the worthless product and the deceitful promotion of that product. Untrue or misleading claims that are deliberately or fraudulently made for any product, including food products, con-stitute quackery. Such misinformation can have harmful effects on the health and economic status of consumers. Knowledge relative to all facets of life, the science of nutrition included, has increased significantly in recent years. Thousands of studies have been conducted, revealing facts to help unravel some of the mysteries of human nutrition. The AND indicates that consumers are taking greater responsibility for self-care and are eager to receive food and nutrition

information. However, that creates opportunities for nutrition misinformation, health fraud, and quackery to flourish. As well, according to the AND, while the media are consumers leading source of nutrition information, news reports of nutrition research often provide inadequate depth for consumers to make wise decisions. Certain individuals may capitalize on these research findings for personal financial gain. For example, isolated nutritional facts may be distorted or the results of a single study will be used to market a specific nutri- tional product. Health hustlers will use this information to capital- ize on people s fears and hopes, be it the fear that the nutritional quality of our food is being lessened by modern processing meth- ods or the hope of improved athletic performance capacity. Health quackery is big business. Reports suggest that Americans spend almost \$27 billion annually on questionable health practices. A substantial percentage of this amount is spent on unneces- sary nutritional products. Authorities in this area have noted that the amount of misinformation about nutrition is overwhelming, and it is circulated widely, particularly by those who may profit from it. Although we may still think of quacks as sleazy indi-viduals selling patent medicine from a covered wagon, the truth is quite different. Nutritional quacks today are super salespeople, using questionable scientific information to give their products a sense of authenticity and credibility and using sophisticated adver- tising and marketing techniques. As noted previously, there are some well-researched health ben- efits associated with the foods we eat. Federal legislation in the United States allows for the placement of FDA-approved health claims on food packaging. For example, a health claim that the consumption of macadamia nuts may reduce risk of heart disease was approved by the FDA in July 2017. Such may not be the case,

25 however, with dietary supplements, which are not regulated in the same way as packaged food products. Therefore, claims posted on dietary supplement labels have not been through the rigorous approval process required of food products. Before the passage of the 1994 Dietary Supplement Health and Education Act (DSHEA), many extravagant health claims were made by some unscrupulous companies in the food supplement industry. As an example, the deceptive label of one secret formula noted that it would help you lose excess body fat while sleeping, a false claim. Although the DSHEA was designed to eradicate such fraudulent health claims, dietary supplements today appear to have more leeway than packaged foods to

imply health benefits. Technically, labels on dietary supplements are not permitted to display scientifically unsupported claims. However, companies are allowed to make general health claims like boosts the immune system if, for example, the product contains a nutrient, such as zinc, that has been deemed important in some way to immune functions in the body. Although companies may not claim that the product prevents diseases associated with impaired immune func- tions, such as the common cold, cancer, or AIDS, the consumer may erroneously make such an assumption. Many companies now use a disclaimer for general health claims on their labels, noting These statements have not been evalu- ated by the Food and Drug Administration and This product is not intended to diagnose, treat, cure, or prevent any disease. Companies may also circumvent government regulations by using freedom of the press. They may provide information in the form of a reprint of an article, a brochure with highlighted research, or other printed materials that are distributed in connection with the sale of the product. Many dietary supplement companies also have developed online marketing tools to provide comparable biased advertising information to potential consumers. Although these advertising strategies may contain fraudulent information, the federal agencies that monitor such practices are understaffed and cannot litigate every case of misleading or dis-honest advertising. Thus, unsuspecting consumers may be lured into buying an expensive health-food supplement that has no scien-tific support of its effectiveness. Nutritional quackery is widespread, as documented in the posi- tion stand on food and nutrition misinformation by the AND. Years ago J. V. Durnin, an international authority on nutrition and exercise, stated that there is still no sphere of nutrition in which faddism, misconceptions, ignorance, and quackery are more obvi- ous than in athletics, a situation that continues today. Why is nutritional quackery so prevalent in athletics? As with nutritional quackery in general, hope and fear are the moti- vating factors underlying the use of nutritional supplements by athletes. They hope that a special nutrient concoction will provide them with a slight competitive edge, and they fear losing if they do not do everything possible to win. Various factors within the athletic environment help nurture these hopes and fears, but the most significant factor contributing to nutritional quackery in sports is direct advertising, as carica- tured by the fabricated advertisement in figure 1.11. If you scan To get an ENERGY EDGE on the competition all athletes need A balanced mixture of 20 minerals Selenium Utopium Phosphorus Ergonium Radium Magnesium Iron Nickel and 12 other minerals SUPERMIN contains all the essential minerals to help

your energy systems exercise in high gear. CONTAINS NO KRYPTONITE MORE POWER. RUN FASTER. LEAP HIGHER. HURRY! ORDER YOUR SUPPLY TODAY! ONLY \$50.00 FOR A MONTH OF SUPER ENERGY F I GU R E 1 . 1 1 Simulated nutritional supplement advertisement aimed at athletes. wil58971_ch01_001-035.indd 25 10/6/18 2:23 PM through various magazines targeting bodybuilders or endurance athletes, you will see dozens of advertisements suggesting enhance- ment of strength, endurance, and sports performance. Such adver- tisements often use endorsements by star athletes. However, in most cases, there is little or no research supporting the purported ergogenic effects of the advertised supplement. Additionally, many sports magazines will run articles on the ergogenic benefits of a particular nutrient and in close proxim- ity to the article place an advertisement for a product that con- tains that nutrient. Freedom of speech guaranteed by the First Amendment permits the author of the article to make sensational and deceptive claims about the nutrient. However, freedom of speech does not extend to advertising, so fraudulent or deceptive claims may be grounds for prosecution by the FDA or the Federal Trade Commission (FTC). Thus, by cleverly positioning the arti- cle and the advertisement, the promoter can make the desired claims about the value of the product and yet avoid any illegality. Classic examples of this technique may be found with protein and amino acid supplement advertising in magazines for bodybuilders. Moreover, many advertisements now appear in a format designed to look like a scientific review, though in actuality they are decep- tive advertisements for sports supplements. Check the top of the page of such articles and you will find Advertisement in small print. Most of these advertised products are economic frauds. The prices are exorbitant in comparison to the same amount of nutri- ents that may be obtained in ordinary foods. Besides being an eco- nomic fraud, these products are an intellectual fraud, for there is very little scientific evidence to support their claims. Simple basic facts about the physiological functions of the nutrients in these products are distorted, magnified, and advertised in such a way as

26 C H A P TER 1 Introduction to Nutrition for Health, Fitness, and Sports Performance to make one believe that they will increase athletic performance. Unfortunately, in the area of nutrition and sport, it is very easy to distort the truth and appeal to the psychological emotions of the athlete. In many cases, supplements are manufactured by a third party and sold to many different companies, which market them under their personal

brand and slick advertising. How do I recognize nutritional quackery in health and sports? It is often difficult to differentiate between quackery and reputable nutritional information. The Training Table in this section provides practical advice for consumers when evaluating advertisements for nutritional supplements. Training Table How can you tell if the claims made on advertisements for a nutritional supplement are true or nutritional quackery? Read through this list and, if the answer is yes, to any of the questions, you should be skeptical of such supple- ments and investigate their value before investing any money. Does the product promise quick improvements in health or physical performance? Does it contain a secret or magical ingredient or formula? Is it advertised mainly by use of anecdotes, case histo-ries, or testimonials? Are currently popular personalities or star athletes fea- tured in its advertisements? Does it take a simple truth about a nutrient and exaggerate that truth in terms of health or physical performance? Does it question the integrity of the scientific or medical establishment? Is it advertised on a health or sports-magazine website whose publishers also sell nutritional aids? Does the person who recommends it also sell the product? Does it use the results of a single study or dated and poorly controlled research to support its claims? Is it expensive, especially when compared to the cost of equivalent nutrients that may be obtained from ordinary foods? Is it a recent discovery not available from any other source? Is its claim too good to be true? Does it promise the impossible? For additional information on identifying nutritional quack- ery, visit www.dietitian.com/quack. wil58971_ch01_001-035.indd 26 10/6/18 2:23 PM Where can I get sound nutritional information to combat quackery in health and sports? The best means to evaluate claims of enhanced health or sports perfor- mance made by dietary supplements or other nutritional practices is to possess a good background in nutrition and a familiarity with related high-quality research. Unfortunately, many individuals, including most athletes, coaches, and health professionals, have not been exposed to such an educational program, so they must either take formal course work in nutrition or sports nutrition, develop a reading program in nutrition for health and sport, or consult with an expert in the field. This book has been designed to serve as a text for a college course in nutrition for health-related and sports-related fitness, but it may also be read independently. It is an attempt to analyze and interpret the available scientific literature as to how nutrition may affect health and sports performance and to provide some simple guidelines for physically active individuals to help improve their health or athletic performance. It should provide the essential science-based (evidence-based) information you need to plan an effective nutritional program, either for yourself, other physi- cally active individuals, or athletes, and to evaluate the usefulness of many nutritional supplements or practices designed to improve health or sports performance. Here are some key resources. Books Numerous reputable books that detail the relationship of nutrition to health and sports performance are available. However, some books, such as diet books based on an author s personal expe- riences, may not contain reputable information. A good guide is to check the author s credentials. Government, Health Professional, Consumer, and Commercial Organizations and Related Websites Accurate information relating nutrition to health is published by governmental agencies such as the FDA and USDA; health professional groups such as the AND, ACSM, Dietitians of Canada, and American Medical Association; consumer groups such as Consumers Union and Center for Science in the Public Interest; and some commercial groups such as the National Dairy Council and the PepsiCo s Gatorade Sports Science Institute. As noted previously, the AIS pro- vides detailed, accurate information on a wide variety of sports sup- plements. Excellent materials relative to nutrition may be obtained free or at small cost from some of these organizations. www.hsph.harvard.edu/nutritionsource Website for nutrition information from the Harvard School of Public Health. www.gssiweb.com Website for the Gatorade Sports Science Institute, providing detailed reviews on various topics in sports nutrition, www.healthfinder.gov U.S. Department of Health and Human Services website for information on various health topics, including nutrition. http://medlineplus.gov National Library of Medicine, a comprehensive health-information retrieval website.

27 Scientific Journals Many scientific journals publish reputable findings about nutrition, exercise, and health. These technical journals may not be readily available in public libraries but may be found in university and medical libraries. Examples of such publi- cations include Medicine & Science in Sports & Exercise, Journal of the Academy of Nutrition and Dietetics, American Journal of Clinical Nutrition, Sports Medicine, and International Journal of Sport Nutrition and Exercise Metabolism. www.pubmed.gov National Library of Medicine website provides abstracts of original research studies and excellent reviews and meta-analyses published in scientific medical journals. Free full-text articles are provided for some jour- nals. Many colleges and universities also subscribe to a wide variety of health-related professional journals. Check with the library

at your college or university for access to journal articles. www.eatright.org Contact the Academy of Nutrition and Dietetics for the names of local dietitians, as well as other sources of sound nutrition information. www.scandpg.org/search-rd Use this website to find a sports dietitian. Click on your state to find one closest to you. Those with the CSSD designation have earned the designation as a Board Certified Specialist in Sports Dietetics. Popular Magazines Articles in popular health and sports mag- azines may or may not be accurate. The credentials of the author, if listed, should be a good guide to an article s authenticity. A Ph.D. listed after the author s name may not guarantee accuracy of the content of the article. Be wary of publications emanating from organizations or publishers that also sell nutritional supplements. Consultants Nutritional consultants are another source of infor- mation. Such consultants should have a solid background in nutri- tion, particularly sports nutrition, if they are to advise athletes. The consultant should be a registered dietitian nutritionist (RD or RDN) or possess appropriate professional certification, such as the Certified Nutrition Specialist (CNS). He or she should be a member of a repu-table organization of nutritionists, such as the AND, which can be contacted at its website address to provide you with the name of a local dietitian. Other recognized nutritional organizations include the American Society for Nutrition, the American College of Nutrition, and the Dietitians of Canada. As noted previously, the AND Commission on Dietetic Registration, working with members of the SCAN practice group, has developed a certification program for RDN s who work in sports to achieve the status of Board Certified Specialist in Sports Dietetics (CSSD). A qualified sports dietitian will be able to assess your nutri- tional status, including variables such as body composition, dietary analysis, and eating and lifestyle patterns, and relate these nutritional factors to the physiological and related nutritional demands of your sport or exercise program, providing you with a plan to help you reach your performance goals. Be wary of individuals who do not possess professional degrees or appropriate certification, such as experts in nutrition or fit- ness. Many states do not have regulations restricting the use of various terms, such as nutritionist or fitness professional. Although these individuals may have some practical experience with help- ing people change their diets and initiate exercise programs, they normally do not have the depth of knowledge required in some cases. For proper nutritional advice, be certain to ask for proof of certification from recognized nutrition professional groups as cited previously. For fitness professionals, check for certification by such groups as the ACSM, the American Council on Exercise (ACE), or the National

Strength and Conditioning Association (NSCA). Cautions on Using the Internet The U.S. Department of Health and Human Services has recommended caution in using the internet to find health information. Along with others, here are some of its major points: No one regulates information on the internet. Thus, anyone can set up a home page and claim anything. Some official-sounding websites, such as Wikipedia, permit anyone to enter or modify the information presented. Search engines, such as Google and Yahoo, host paid adver- tisements which usually have priority listing and may contain biased information. Compare the information you find on the internet with other resources, such as medical journals and textbooks. Check the author s or organization s credentials. Unfortunately, there are many so-called nutritionists and other health profes- sionals making false claims on the internet. Be wary of websites advertising and selling products that claim to improve your health. Be cautious when using information found on bulletin boards or during chat sessions with others. Don t believe everything you read. Several websites listed previously provide reputable informa- tion. Although some commercial (.com) and organization (.org) websites provide trustworthy information and may be cited in this text, others may not be as reputable, as they may be sponsored by unethical supplement companies. In general, education (.edu) and government (.gov) websites provide trustworthy information. The websites cited in this text are deemed to be reliable. For those who would like to view a National Library of Medicine tutorial on evaluating internet health information, visit www.medlineplus.gov/webeval/. Key C onc ept s Nutritional quackery is widespread as related to the purported benefits of specific dietary supplements. This is particularly the case with dietary supplements marketed to physically active individuals. wil58971_ch01_001-035.indd 27 10/6/18 2:23 PM

28 C H A P TER 1 Introduction to Nutrition for Health, Fitness, and Sports Performance There are a number of guidelines to help identify quackery and false claims regarding dietary supplements, but one of the critical points to consider is if the claim simply appears to be too good to be true. The best means to counteract nutritional quackery is to pos- sess a good background in nutrition. Reputable sources of information are available to help provide contemporary view- points on the efficacy, safety, and legality of various dietary supplements for health or sport. wil58971_ch01_001-035.indd 28 10/6/18 2:23 PM Research and Evidence-Based Recommendations As discussed throughout this chapter, nutrition and exercise may

influence health and sports performance. But how do we know what effect a nutrient, food, or dietary supplement we consume or exercise program we undertake will have on our health or perfor- mance? To find answers to specific questions, we should rely on the findings derived from scientific research, which is the heart of evidence-based medicine. As sophisticated sciences, nutrition and exercise science have a relatively short history. Not too long ago, nutrition scientists were concerned primarily with identifying the major constituents of the foods we eat and their general func- tions in the human body, while those investigating exercise con- centrated more on its application to enhance sports performance. Over time, however, numerous scientists have turned their atten- tion to the possible health benefits of certain foods and various forms of exercise, and, in the case of sports scientists, the possible applications to athletic performance. These scientists are not only attempting to determine the general effects of diet and exercise on health and performance, but also investigating the effects of specific nutrients at the molecular and genetic levels to determine possible mechanisms of action to improve health or performance in sport. Because this book makes a number of nutritional (and some exercise) evidence-based recommendations relative to sports and health, it is important to review briefly the nature and limita- tions of nutritional and exercise research with humans. For the purpose of this discussion, our emphasis will be on nutritional research, although the same research considerations apply to exercise as well. What types of research provide valid information? Several research techniques have been used to explore the effects of nutrition on health or athletic performance. The two major general categories have been epidemiological research and experimental research. Epidemiological research, also known as observational re- search, involves studying large populations to find relationships between two or more variables, such as dietary fat and heart disease. However, the treatment of interest, such as dietary fat, is not assigned to the subjects. Their normal diet and its relationship to the development of heart disease is the main variable of interest. There are various forms of epidemiological research. One general form uses retrospective techniques. In this case, individuals who have a certain disease are identified and compared with a group of their peers, called a cohort, who do not have the disease. Researchers then trace the history of both groups through interviewing techniques to identify dietary practices that may have increased the risk for developing the disease. Another general form of epidemiological research uses prospective techniques. In this case, individuals who are free of a specific

disease are identified and then followed for years, during which time their diets are scrutinized. As some individu- als develop the disease and others do not, the investigators then attempt to determine what dietary behaviors may increase the risk for the disease. Epidemiological research helps scientists identify important relationships between nutritional practices and health. For example, years ago several epidemiological studies reported that individuals who consumed a diet high in fat were more likely to develop heart disease. One should note that such epidemi- ological research does not prove a cause-and-effect relation- ship. Although these studies did note a deleterious association between a diet high in fat and heart disease, they did not actu- ally prove that fat consumption (possible cause) leads to heart disease (possible effect), but only that some form of relationship between the two existed. However, in some cases, the relation-ship between a lifestyle behavior and a disease is so strong that causality is inferred. In this regard, epidemiologists often calcu- late and report relative risks (RR) or odds ratios (OR), which are probability estimates of getting some disease by practicing some unhealthful behavior. An RR of 1.0 is normal probability, so if a study reports an RR of 2.5 for developing heart disease in individuals who consumed a diet rich in saturated fatty acids, such diets may increase one s risk 2.5 times normal. Conversely, if a study reports an RR of 0.5 for developing heart disease by consuming a purely vegetarian diet, such diets may cut heart disease risk in half. Epidemiological research is useful in identi- fying relationships between variables and generating hypotheses and is often a precursor to experimental research, but it does not prove a cause-and-effect relationship. Experimental research is essential to establishing a cause-and- effect relationship (figure 1.12). In human nutrition research, experimental studies are often referred to as randomized clinical trials (RCTs) or intervention studies, usually involving a treatment group and a control, or placebo, group. RCTs may involve study- ing a smaller group of subjects under tightly controlled condi- tions for a short time frame or larger population groups living freely over a long time frame. In RCTs, an independent variable (cause) is manipulated so that changes in a dependent variable (effect) can be studied. If we continue with the example of fat and heart disease, a large (and expensive) clinical intervention study could be designed to see whether a low-saturated fat diet could help prevent heart disease. Two groups of subjects would be matched on several risk factors associated with the develop- ment of heart disease, and over a certain time, say ten years, one group would receive a low-saturated fat diet (treatment, or

29 MBI/Alamy FIGURE 1.12 Well-controlled experimental research serves as the basis underlying recommendations for the use of nutritional strategies to enhance health status or sports performance. cause) while the other would continue to consume their normal high-saturated fat diet (control or placebo). At the end of the experiment, the differences in the incidence of heart disease (effect) between the two groups would be evaluated to determine whether or not the low-fat diet was an effective preventive strat- egy. Bouchard presents an excellent, detailed overview of the quality of different research-based sources of evidence, noting that RCTs with large populations represent one of the richest sources of data. If the results of an RCT showed that consumption of a low-saturated fat diet had no effect upon the incidence rate of heart disease. should you continue to consume a high- saturated fat diet? The answer to this guestion, as we shall see later, is not necessarily. Most of the research designed to explore the effect of nutrition on sports performance is experimental in nature, and of a much shorter duration than studies investigating the relationship of nutri-tion and health. Additionally, most sports nutrition studies are con-ducted in a laboratory with tight control of extraneous variables. Very few studies have actually investigated the effect of nutritional strategies on actual competitive sports performance. Nevertheless, although most of our information about the beneficial effects of various nutritional strategies on sports performance is derived from laboratory-based research, many of these studies use labora- tory protocols designed to mimic the physiological demands of a specific sport. In later chapters, as we discuss the effects of vari- ous nutritional strategies or dietary supplements on sports perfor- mance, we will often refer to studies that have problems with their experimental methodology, but we will also note studies that were well controlled. The Training Table in this section provides exam- ples of some major questions you should ask when evaluating the experimental methodology of a study. We use creatine supplemen- tation as an example. Training Table How can you tell if a research study was well-designed? For this example, we will use research investigating cre- atine supplementation as a means to increase muscular strength and power in athletes. The following are some major questions you should ask about the experimental methodology: Is there a legitimate reason for creatine supplementa- tion in athletes? Yes! Theoretically, creatine may add to the stores of creatine phosphate in the muscle and serve as a source of energy. Were appropriate subjects used? Yes! As creatine phosphate may theoretically benefit power

perfor- mance, trained strength exercises would be ideal subjects. Are the performance tests valid? Validated tests should be used to collect data on the dependent vari- able, in this case valid strength and power tests. Was a placebo control used? A placebo similar in appearance and taste to the creatine supplement should be used as the control. Were the subjects randomly assigned to treatments? Subjects should be randomly assigned to separate groups, either the treatment (creatine) or control (pla- cebo) group. Was the study double-blind? Neither the investigators nor the subjects should know which groups received the treatment or the placebo until the conclusion of the study. Were extraneous factors controlled? Investigators should try to control other factors that may influence power, such as physical training, diet, and activity prior to testing. Was the data properly analyzed? Appropriate statisti- cal techniques should be used to reduce the risk of statistical error. Using a reasonable number of subjects also helps to minimize statistical error. wil58971 ch01 001-035.indd 29 10/6/18 2:23 PM

30 C H A P TER 1 Introduction to Nutrition for Health, Fitness, and Sports Performance Why do we often hear contradictory advice about the effects of nutrition on health or physical performance? It is very difficult to conduct nutritional research about health and athletic performance with human subjects. For example, many dis- eases, such as cancer and heart disease, are caused by the interaction of multiple risk factors and may take many years to develop. It is not an easy task to control all of these risk factors in freely living human beings so that one independent variable, like dietary fat, can be isolated to study its effect on the development of heart disease over 10 or 20 years. In a similar manner, numerous physicological, psychological, and biomechanical factors also influence athletic performance on any given day. Why can that athletes match their personal records day after day, such as the world-record 43.03-second 400-meter dash performance by Wayde van Niekerk? Because their physiology and psychology vary from day to day and even within the day. Although well-designed studies in peer-reviewed scientific journals serve as the basis for making an informed decision as to whether or not to use a particular nutritional strategy or dietary supplement to enhance health or sports performance, it is important to realize that the results from a single study with humans do not prove anything. For example, loannidis noted that even the most highly cited RCTs, particularly small ones with a lim- ited number of subjects, may be challenged and refuted over time. While

most investigators attempt to control extraneous factors that may interfere with the interpretation of the results of their study, there may be some unknown factor that leads to an errone- ous conclusion. For example, investigators studying the effect of creatine supplementation need to control dietary intake prior to testing. If not, consumption by some subjects of beverages con-taining caffeine, an effective ergogenic aid, could confound the results. Consequently, for this and other reasons, the results of single studies, whether epidemiological or experimental, should be considered with caution. The Center for Science in the Public Interest published an article entitled Behind the Headlines, noting that headlines often neglect to consider important limitations to the study. In this regard, Wellman and others indicated that, unfortunately, all too often the media make bold headlines based on the find- ings of an individual study, and often these headlines inadver- tently exaggerate the findings of the study and their importance to health or physical performance. For example, a newspaper headline might blare Coffee drinking causes heart disease after a study is published indicating that coffee drinking could increase blood cholesterol levels slightly. The study did not show that coffee drinking caused heart disease, but only that it may have adversely affected one of its risk factors. A year or so later one may read headlines that report Coffee drinking does not cause heart disease because a more recent individual study did not find an association between coffee use and serum cholesterol levels. Is it no wonder consumers are often confused about nutrition and its effects on health or sports performance? Overall, most experts agree that nutrition scientists should be more involved in helping the media accurately convey diet and health messages. https://cspinet.org/resource/behind-headlines The Center for Science in the Public Interest provides resources to help consumers make informed decisions when reading health- related news stories. For the purpose of improving public understanding, the National Cancer Institute provided some guidelines that journal- ists and others in the communications business can use for report- ing health-related nutrition research. The Training Table in this section outlines some of the key recommendations. Training Table Journalists and health professionals are often responsible for relaying health-related nutrition to the general pub- lic and patients. To improve public understanding of the research, the following key points should be considered: The quality and credibility of the study. Was it well- designed and published in a high-quality journal? Peer-reviewed study or presentation at a meeting. Was it presented at a meeting, which normally does not require a review by other scientists? Comparison of findings to other

studies. Was the study compared to other studies reporting contrasting findings? Putting findings into context, such as a risk benefit assessment. Are the health risks meaningful? An increased health risk from one in a million to three in a million, if reported as a threefold increase, may appear to be more meaningful than it really is. Funding sources. Was it funded by a company that could benefit financially from the results? Don Farrall/Getty Images What is the basis for the dietary recommendations presented in this book? Scientists consider each single study as only one piece of the puzzle in attempting to find the truth. To evaluate the effects of nutritional strategies or dietary supplements on health or sports performance, individual studies should be repeated by other sci- entists and, if possible, a consensus developed. Reviews and wil58971 ch01 001-035.indd 30 10/6/18 2:23 PM

31 meta-analyses provide a stronger foundation than the results of an individual study. In reviews, an investigator analyzes most or all of the research on a particular topic and usually offers a summarization and con- clusion. However, the conclusion may be influenced by the stud- ies reviewed or by the reviewer s orientation. There have been instances in which different reviewers evaluated the same studies and came up with diametrically opposed conclusions. Meta-analysis, a review process that involves a statistical analy- sis of previously published studies, may actually provide a quanti- fication and the strongest evidence available relative to the effect of nutritional strategies or dietary supplements on health or sports performance. According to Binns and others, the meta-analysis is the gold standard for evidence-based clinical practice guidelines. The value of reviews and meta-analyses is based on the quantity and quality of studies reviewed. If the number of studies is limited and they are not well controlled, or if improper procedures are used in analyzing and comparing the findings of each study, the conclu- sions may be inaccurate. For example, Hart and Dey noted that three meta-analyses of the use of Echinacea for the prevention of colds had somewhat different conclusions, as selection criteria for stud- ies used in the analysis varied. Nevertheless, well-designed reviews and, in particular, meta-analyses provide us with valuable data to make prudent decisions. Position statements and position stands of various groups, such as the ACSM and AND, are developed using an evidence-based approach, which includes an evaluation of the gual- ity of the studies reviewed. Such groups normally use only RCTs to support their position on specific topics. A number of such

position statements are cited throughout this text where relevant. Comparable to the science of other human behaviors, the science of human exercise and nutrition is not, as many may believe, exact. Although in many cases we still do not have absolute proof that a particular nutritional practice will produce the desired effect, we do have sufficient information to make a recommendation that is pru-dent, meaning that it is likely to do some good and cause no harm. Thus, the recommendations offered in this text should be consid- ered evidence-based; they are based upon a careful analysis and eval- uation of the available scientific literature, primarily comprehensive reviews and meta-analyses of the pertinent research by various sci- entists or public and private health or sports organizations. www.nel.gov The USDA Nutrition Evidence Library collabo- rates with leading scientists using state-of-the-art methodol- ogy to review, evaluate, and synthesize research to answer important diet-related guestions. How does all this relate to me? Remember that we all possess biological individuality and thus might react differently to a particular nutritional or exercise intervention. For example, relative to health, many of us have little or no reaction to an increase in dietary salt, but some individuals are very sensitive to salt intake and will experience a significant rise in blood pressure with increased dietary salt. Relative to athletic performance, Mann and others note there are high responders and low responders to the same standardized exercise training program, some individuals improving markedly but others less so. Such individual reactions have been noted in some research studies and are discussed where relevant in the following chapters. With advances in genetic technology, diets and exercise training may one day be individualized to conform to our genetically determined favorable responses to particular dietary strategies. However, to our knowledge, individualized diets and exer- cise training for health or sports performance based on one s genetic profile have not yet been developed. For example, Sales and others note that the science of nutrigenomics seeks to explain the interac- tions between genes and nutrients in order to customize diets accord- ing to each individual s genotype, which may help prevent some chronic diseases. Moreover, in a major review of the genomics of elite sporting performance, Wang and others noted that progress has been made, such as identifying single genes with sprint or endurance per- formance, but they note that only after a lengthy and costly process will the true potential of genetic testing in sport be determined. Fuse/Getty Images Thus, recommendations offered in this text should not be regarded as medical advice. Individuals should consult a physician or another appropriate health professional for advice

on taking any dietary supplement for health purposes. Additionally, although information presented in this book may help athletes make informed decisions regarding the use of nutritional strategies as a means to improve sports per- formance, athletes should confer with an appropriate health profes- sional before using sports supplements or nutritional ergogenics. Key C onc ept s Epidemiological research helps to identify relationships between nutritional practice and health or sports perfor- mance and may be helpful in developing hypotheses for experimental research. However, experimental studies, such as randomized controlled trials, are needed to establish a cause-effect relationship. Such experimental studies should adhere to appropriate research design protocols. Nutritional recommendations for enhancement of health or athletic performance are based on reputable evidence-based research. C hec k for Yo urs e I f Use PubMed to search for and read a scientific article that involves the use of a dietary supplement to improve some facet of sports performance. To get a list of studies, you may go to www.pubmed.gov, and type in the name of the supplement and the term exercise in the search column, or simply scan some online sports medicine and nutrition journals. Compare the methodology to the recommended criteria presented in this section. Develop a short synopsis of the research article that you could post on a reputable sports-nutrition blog. wil58971_ch01_001-035.indd 31 10/6/18 2:23 PM

32 C H A P TER 1 Introduction to Nutrition for Health, Fitness, and Sports Performance A P P L I C A T I O N E X E R C I S E Jada is a 20-year-old college sophomore who is taking a full load of classes, volunteers at a local school about 5 hours per week, and works at the campus gym about 10 hours per week. Working at the gym has motivated Jada to train for her first 5K, which she will do in 8 weeks. Jada works out a couple of times per week, most commonly doing fitness classes such as cardio Zumba and Pilates. She has started to walk and jog outdoors to prepare for the 5K. In terms of her diet, Jada eats most of her meals on campus as she is a Residential Advisor in one of the dorms. She has a small refrigerator and kitchenette in her dorm suite where she can prepare meals, but she tends to eat most frequently at the dining hall. Your Turn: 1. Use a diet analysis program, such as NutritionCalc Plus, to create a meal plan for Jada. You will need to create a profile for her. She is 20 years old, 5 8 tall, 140 lbs, engages in 30 60 minutes of moderate physical activity daily, and she would like to stay at her current weight. 2. Develop a one-day meal plan for Jada to fol- low.

Organize the plan by meal and include specifics on the type of food/beverage and serving size. 3. What general advice do you have for Jada in terms of food and beverage items to store in her kitchenette area? List three snack options that she can take with her to eat between classes. 4. Look at reputable online sources to find training plans for a new runner who is train-ing for a 5K. Develop that training plan into a table for Jada. Samuel Borges Photography/ Shutterstock wil58971_ch01_001-035.indd 32 10/6/18 2:23 PM Review Questions Multiple Choice 1. What is the leading cause of death in the United States (2015)? a. heart disease b. diabetes c. cancer d. accidents e. pneumonia 2. According to the 2008 Physical Activity Guidelines for Americans, healthy adults should engage in at least minutes of mod- erate-intensity physical activity each week, a. 60 b. 75 c. 100 d. 150 e. 210 3. Which of the following is NOT a health benefit associated with engaging in regular physical activity? a. increased bone density and strength b. reduced risk for type 1 diabetes c. enhanced immune function d. reduced stress e. prevention of brain deterioration that occurs with aging 4. A person trying to follow the Prudent Healthy Diet recommendations might do all of the following except . a. eat only low-acid foods b. eat foods with less salt c. eat a wide variety of foods d. eat a diet low in saturated fat e. choose a diet rich in plant foods 5. Poor nutrition may contribute to the development of numerous chronic dis- eases. For example, obesity, high blood pressure, diabetes, and heart disease are most associated with which of the follow- ing nutritional problems? a. diets rich in vitamins and minerals b. diets rich in dietary fiber c. diets rich in fat and kcal d. diets rich in complex carbohydrates e. diets rich in plant proteins 6. Which of the following is considered an intermittent, high-intensity sport? a. marathon running b. Olympic weight lifting c. golf d. sprint speed skating e. soccer 7. Based on the 2008 Physical Activity Guidelines for Americans, which of the fol- lowing statements is false? a. Moderate-intensity aerobic exercise should be done for a minimum of 150 minutes each week. b. Vigorous-intensity exercise may be done for a minimum of 75 minutes each week. c. Each daily exercise bout of aerobic exercise may be done continuously or in smaller segments, such as three 10-minute bouts. d. In general, more is better, as exceeding the minimum recommended amounts of exercise may provide additional health benefits. e. Resistance exercise, including exer- cises for the major muscle groups in the body, is recommended at least 5, and preferably 7, days per week, 8. Which of the following statements regard-ing ergogenic aids is false? a. They are designed to enhance sports performance. b. Use of any aid that enhances sports performance is illegal

and is grounds for disqualification. c. Although most nutritional ergo- genics are safe, some dietary supplements pose significant health risks. d. Endorsement of a nutritional ergo- genic by a professional athlete does not necessarily mean that it is effective as advertised. e. Some nutritional supplements marketed as ergogenics may contain pro- hibited drugs.

33 9. In an experimental study to evaluate the effect of caffeine supplementation on endurance, which of the following would not be considered acceptable for the research methodology to be followed in the conduct of the study? a. Use well-trained power sport athletes. b. Use a double-blind protocol. c. Use a placebo control group, d. Use a sport-related performance task, e. Use participants of a similar age and training level, 10. A meta-analysis is ______ a. an ergogenic aid for mathematicians b. a technique to evaluate the presence of drug metabolites in athletes c. a statistical evaluation of a collection of studies in order to derive a conclusion d. e. tions: ues g hoice c multiple o t s er Answ c 0. 1 a; 9. b; 8. e; .7 e; 6. c; 5. a; 4. b; 3. d; 2. a; .1 Critical Thinking Questions 1. List at least eight potential health benefits of a person engaging in a regular, comprehensive exercise program. Then, describe at least two possible mechanisms by which exercise may enhance health status. 2. List two Healthy People 2020 objectives related to physical activity and summarize the progress toward achieving those goals (www.healthypeople.gov). 3. Describe five general eating strategies that an athlete may follow to enhance sports performance. 4. Search online for a dietary supplement advertised for weight loss. Evaluate the information provided on the website for that supplement. Would you recommend this supplement to a friend? Why or why not? 5. Use an online search tool (e.g., PubMed) to find an original research study related to sports nutrition. Describe the type of research study, including the number and characteristics of participants and study design. Based on that information, evalu- ate the credibility of the study. Was it well designed? References Academy of Nutrition and Dietetics. 2016. Position of the Academy of Nutrition and Dietetics, Dietitians of Canada, and the American College of Sports Medicine: Nutrition and athletic performance. Journal of the Academy of Nutrition and Dietetics 116(3):501 28. Academy of Nutrition and Dietetics. 2014. Position of the Academy of Nutrition and Dietetics: Nutritional genomics. Journal of the Academy of Nutrition and Dietetics 114(2):299 312. Ahmetov, I., and Rogozkin, V. 2009. Genes, athlete status and training An overview. Medicine and Sport Science 54:43 71. American

College of Sports Medicine and American Heart Association. 2007. Exercise and acute cardiovascular events: Placing the risks into perspective. Medicine & Science in Sports & Exercise 39:886 97. American Heart Association Nutrition Committee. 2006. Diet and lifestyle recommendations revision 2006: A sci- entific statement from the American Heart Association Nutrition Committee. Circulation 114:82 96. Beck, K., et al. 2015. Role of nutrition in performance enhancement and postexer- cise recovery. Journal of Sports Medicine 6:259 67. Beedie, C., et al. 2007. Positive and negative placebo effects resulting from the deceptive administration of an ergo- genic aid. International Journal of Sport Nutrition & Exercise Metabolism 17:259 69. Binns, C., et al. 2008. Tea or coffee? A case study on evidence for dietary advice. Public Health Nutrition 11:1132 41. Blair, S., et al. 2004. The evolution of physi- cal activity recommendations: How much is enough? American Journal of Clinical Nutrition 79:919S 20S. Booth, F., and Lees, S. 2007. Fundamental questions about genes, inactivity, and chronic diseases. Physiological Genomics 28:146 57. Booth, F. W., and Neufer, P. D. 2006. Exercise genomics and proteomics. In ACSM s Advanced Exercise Physiology, ed. C. M. Tipton. Philadelphia: Lippincott Williams & Wilkins. Booth, F., et al. 2017. Role of inactivity in chronic diseases: Evolutionary insight and pathophysiological mechanisms. Physiological Reviews 97(4):1351 1402. Bouchard, C., et al. 2000. Genomic scan for maximal oxygen uptake and its response to training in the HERITAGE family study. Journal of Applied Physiology 88:551 59. Brandt, C., and Pedersen, B. 2010. The role of exercise-induced myokines in muscle homeostasis and the defense against chronic diseases. Journal of Biomedicine & Biotechnology 520258. Bruemmer, B., et al. 2009. Publishing nutri- tion research: A review of epidemiologic methods. Journal of the American Dietetic Association 109(10):1728 37. Burke, L., et al. 2013. National Nutritional Programs for the 2012 London Olympic Games: A systematic approach by three different countries. Nestle Nutrition Institute Workshop Series 76:103 20. Center for Science in the Public Interest. 2006. Behind the headlines. Nutrition Action Health Letter 33(3):3 7. wil58971_ch01_001-035.indd 33 12/5/18 4:12 PM

34 C H A P TER 1 Introduction to Nutrition for Health, Fitness, and Sports Performance Cho, J., et al. 2016. Cross-national com- parisons of college students attitudes toward diet/fitness apps on smartphones. Journal of the American College of Health 65(7):437 49. Clark, L., et al. 2017. Cytokine response to exercise and

activity in patients with chronic fatique syndrome: Case con-trol study. Clinical and Experimental Immunology 190(3):360 71. Colberg, S., et al. 2010. Exercise and type 2 diabetes: American College of Sports Medicine and the American Diabetes Association: Joint Position Statement. Exercise and type 2 diabetes. Medicine & Science in Sports & Exercise 42:2282 303. Coppetti, T., et al. 2017. Accuracy of smart-phone apps for heart rate measurement. European Journal of Preventive Cardiology 24(12):1287 93. Cordain, L., et al. 2005. Origins and evolution of the Western diet: Healthy implications for the 21st century. American Journal of Clinical Nutrition 81:341 54. deBoer, Y., and Sherker, A. 2017. Herbal and dietary supplement-induced liver injury. Clinics in Liver Disease 21(1):135 49. Denham, B. 2017. Athlete information sources about dietary supplements: A review of extant research. International Journal of Sports Nutrition and Exercise Metabolism 27(4):325 34. Donnelly, J., et al. 2009. American College of Sports Medicine Position Stand. Appropriate physical activity intervention strategies for weight loss and prevention of weight regain for adults. Medicine & Science in Sports & Exercise 41:459 71. Durnin, J.V. 1967. The influence of nutrition. Canadian Medical Association Journal 96:715 20. Duff, C., et al. 2017. Behavior change techniques in physical activity eHealth interventions for people with cardio- vascular disease: Systematic review. Journal of Medical and Internet Research 19(8):e281. Ehlert, T., et al. 2013. Epigenetics in sports. Sports Medicine 43:93 110. Erdman, K. 2006. Influence of performance level on dietary supplementation in elite Canadian athletes. Medicine & Science in Sports & Exercise 38:348 56. Eynon, N., et al. 2013. Genes for elite power and sprint performance: ACTN3 leads the way. Sports Medicine 43:803 17. Febbraio, M., and Pedersen, B. 2005. Contraction-induced myokine production and release: Is skeletal muscle an endocrine organ? Exercise and Sport Sciences Reviews 33:114 19. Freeland-Graves, J., et al. 2013. Position of the Academy of Nutrition and Dietetics: Total diet approach to healthy eating. Journal of the Academy of Nutrition and Dietetics. 113:307 17. Geiger, P., et al. 2011. Heat shock proteins are important mediators of skeletal muscle insulin sensitivity. Exercise and Sport Sciences Reviews 39:34 42. Goedecke, J., and Micklesfield, L. 2014. The effect of exercise on obesity, body fat distribution and risk for type 2 diabetes. Medicine and Sport Science 60:82 93. Grundy, Q., et al. 2017. Tracing the potential flow of consumer data: A network of prominent health and fitness apps. Journal of Medical Internet Research 19(6):e233. Hart, A., and Dey, P. 2009. Echinacea for pre- vention of the common cold: An illustrative overview of how information from different systematic reviews

is summarised on the internet. Preventive Medicine 49:78 82. Harvey, J., et al. 2013. Prevalence of sedentary behavior in older adults: A sys- tematic review. International Journal of Environmental Research and Public Health. 10:6645 61. Haskell, W., et al. 2007. Physical activity and public health: Updated recommendation for adults from the American College of Sports Medicine and the American Heart Association. Medicine & Science in Sports & Exercise 39:1423 34. Heaton, L., et al. 2017. Selected in-season nutritional strategies to enhance recovery for team sport athletes: A practical over- view. Sports Medicine 47(11):2201 18. Higgins, J., et al. 2013. Sudden cardiac death in young athletes: Preparticipation screening for underlying cardiovascular abnormalities and approaches to preven- tion. The Physician and Sportsmedicine 41(1):81 93. Hongu, N., et al. 2014. Mobile technologies for promoting health and physical activ- ity ACSM s Health & Fitness Journal 18 (4):8 15. loannidis, J. 2005. Contradicted and initially stronger effects in highly cited clinical research. Journal of the American Medical Association 294:218 28. Jeukendrup, A., and Martin, J. 2001. Improving cycling performance: How should we spend our time and money. Sports Medicine 31:559 69. Joyner, M., and Coyle, E. 2008. Endurance exercise performance: The physiology of champions. Journal of Physiology 586:35 44. Kantor, E., et al. 2016. Trends in dietary supplement use among US adults from 1999 2012. Journal of the American Medical Association 316(14):464 74. Kilpatrick, M., et al. 2014. High-intensity inter- val training. A review of physiological and psychological responses. ACSM s Health & Fitness Journal 18 (5):11 16. Kraschnewski, J., and Schmitz, K. 2017. Exercise in the prevention and treatment of breast cancer: What clinicians need to tell their patients. Current Sports Medicine Reports 16(4):263 7. Krebs-Smith, S., et al. 2010. Americans do not meet federal dietary recommendations. Journal of Nutrition 140:1832 8. Kreider, R., et al. 2017. International Society of Sports Nutrition position stand: Safety and efficacy of creatine supplementation in exercise, sport, and medicine. Journal of the International Society of Sports Nutrition 14:18. Landry, B., and Driscoll, S. 2012. Physical activity in children and adolescents. PM&R The Journal of Injury, Function, and Rehabilitation 4(11):826 32. LeLorier, J., et al. 1997. Discrepancies between meta-analyses and subsequent large, ran- domized, controlled trials. New England Journal of Medicine 337:559 61. Lloyd-Jones, D., et al. 2010. Defining and setting national goals for cardiovascular health promotion and disease reduction: The American Heart Association's strategic Impact Goal through 2020 and beyond. Circulation 121:586 613. Loughrey, D., et al. 2017. The impact of the

Mediterranean Diet on the cognitive func- tioning of healthy older adults: A system- atic review and meta-analysis. Advances in Nutrition 8(4):571 86. Mann, T., et al. 2014. High responders and low responders: Factors associated with indi- vidual variation in response to standardized training. Sports Medicine 44:1113 24. Marra, M., and Boyar, A. 2009. Position of the Academy of Nutrition and Dietetics: Nutrient supplementation. Journal of the American Dietetic Association 109(12):2073 85. Mathews, N. 2018. Prohibited contaminants in dietary supplements. Sports Health 10(1):19 30. McAtee, C. 2013. Fitness, nutrition and the molecular basis of chronic disease. Biotechnology & Genetic Engineering Reviews 29:1 23. McKee, A., et al. 2014. The neuropathology of sport. Acta Neuropathologica 127:29 51. Meadows, M. 2005. Genomics and per- sonalized medicine. FDA Consumer 39(6):12 17. wil58971_ch01_001-035.indd 34 10/6/18 2:23 PM

35 Meeusen, R. 2013. Exercise, nutrition & the brain. Sports Science Exchange 26 (112):1 6. Minihane A., et al. 2015. Low-grade inflam- mation, diet composition and health: Current research evidence and its translation. British Journal of Nutrition 114(7):999 1012. Monteiro R., et al. 2018. Effect of exercise on inflammatory profile of older persons: Systematic review and meta-analyses. Journal of Physical Activity and Health 15(1):64 71. Naseeb, M., and Volpe, S. 2017. Protein and exercise in the prevention of sarcopenia and aging. Nutrition Research 40:1 20. National Cancer Institute. 1998. Commentary: Improving Public Understanding: Guidelines for communicating emerg- ing science on nutrition, food safety, and health. Journal of National Cancer Institute 90 (3):194 99. Newman, J., et al. 2017. Primary prevention of cardiovascular disease in diabetes mel- litus. Journal of the American College of Cardiology 70(7):883 93. Nijs, J., et al. 2014. Altered immune response to exercise in patients with chronic fatigue syndrome/myalgic encephalomyelitis: A systematic literature review. Exercise Immunology Review 20:94 116. Nimmo, M., et al. 2013. The effect of physi- cal activity on mediators of inflamma- tion. Diabetes, Obesity and Metabolism 15 (Supplement 3):51 60. Parnell, J., et al. 2016. Dietary intakes and sup-plement use of pre-adolescent and adoles- cent Canadian athletes. Nutrients 8(9):e526. Raman, G., et al. 2013. Tai chi improves sleep quality in healthy adults and patients with chronic conditions: A systematic review and meta-analysis. Journal of Sleep Disorders and Therapy 2(6):141 55. Rankinen, T., et al. 2010. Advances in exer- cise, fitness, and

performance genomics. Medicine & Science in Sports & Exercise 42:835 46. Sales, N., et al. 2014. Nutrigenomics: Definitions and advances of this new sci- ence. Journal of Nutrition and Metabolism. doi: 10.1155/2014/202759. Epub 2014 Mar 25. Sarzynski, M., et al. 2016. Advances in exer- cise, fitness, and performance genomics in 2015. Medicine and Science in Sports and Exercise 48(10):1906 16. Simopoulos, A. 2010. Nutrigenetics/nutrig- enomics. Annual Review Public Health 21:53 68. Slawson, D., et al. 2013. Position of the Academy of Nutrition and Dietetics: The role of nutrition in health promotion and chronic disease prevention. Journal of the Academy of Nutrition and Dietetics 113(7):972 79. Slentz, C., et al. 2007. Modest exercise pre- vents the progressive disease associated with physical inactivity. Exercise and Sport Sciences Reviews 35:18 23. Smith, J., et al. 2014. The health benefits of muscular fitness for children and adoles- cents: A systematic review and meta-anal- ysis. Sports Medicine May 1. [Epub ahead of print] Song, M., et al 2013. Meeting the 2008 physi- cal activity guidelines for Americans among U.S. youth. American Journal of Preventive Medicine 44:216 22. Stewart, L., et al. 2007. The influence of exer- cise training on inflammatory cytokines and C-reactive protein. Medicine & Science in Sports & Exercise 39:1714 19. Sun, Y., et al. 2017. The effectiveness and cost of lifestyle interventions including nutrition education for diabetes prevention: A sys- tematic review and meta-analysis. Journal of the Academy of Nutrition and Dietetics 117(3):404 21. Thornton, J., et al. 2016. Physical activity pre-scription: A critical opportunity to address a modifiable risk factor for the preven- tion and management of chronic disease: A position statement by the Canadian Academy of Sport and Exercise Medicine. Clinical Journal of Sports Medicine 26(4):259 65. Tucker, R., et al. 2013. The genetic basis for elite running performance. British Journal of Sports Medicine 47:545 49. Valliant, M., et al. 2012. Nutrition education by a registered dietitian improves dietary intake and nutrition knowledge of a NCAA female volleyball team. Nutrients 4:506 16. Varr, A., and Baczk, I. 2010. Possible mech- anisms of sudden cardiac death in top ath- letes: A basic cardiac electrophysiological point of view. Pflugers Archiv 460:31 40. Wansink, B. 2006. Position of the American Dietetic Association: Food and nutrition misinformation. Journal of the American Dietetic Association 106:601 7. Wang, G., et al. 2013. Genomics of elite sport- ing performance: What little we know and necessary advances. Advances in genetics 84:123 49. Wellman, N., et al. 1999. Do we facilitate the scientific process and the development of dietary guidance when findings from sin- gle studies are publicized? An American Society for Nutritional

Sciences contro- versy session report. American Journal of Clinical Nutrition 70:802 5. Williams, M., and Branch, J. D. 2000. Ergogenic aids for improved performance. In Exercise and Sport Science, eds. W. E. Garrett and D. T. Kirkendall. Philadelphia: Lippincott Williams & Wilkins. Williams, P. T. 2014. Increased cardiovascular disease mortality associated with excessive exercise in heart attack survivors. Mayo Clinic Proceedings 89:1187 94. Wolfarth, B., et al. 2014. Advances in exercise, fitness, and performance genomics in 2013. Medicine & Science in Sports & Exercise 46:851 59. Design element: Training Table (orange) mphillips007/Getty Images wil58971_ch01_001-035.indd 35 10/6/18 2:23 PM