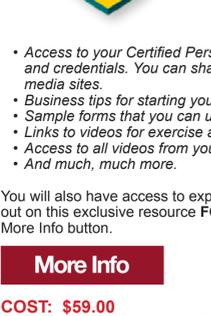


## August Certified Professional Newsletter 2015



### Access Your **W.I.T.S. New Personal Trainer Toolkit**

W.I.T.S. is excited to offer a new opportunity exclusively for our graduates and Certified Personal Trainers. We invite you to join our NEW Personal Trainer Toolkit. We have designed this online resource to help you be successful in your career. Our commitment to you does not end once you become certified. We are invested in your career and professional success.

#### Some of the features you will find in this **PERSONAL TRAINER TOOLKIT** include:

- Access to your Certified Personal Trainer digital badge, which verifies your accomplishments and credentials. You can share your badge on emails, websites, facebook, linkedin and other social media sites.
- Business tips for starting your own company, planning a budget, setting prices, and legal support.
- Sample forms that you can use for client assessment, exercise programming, and progress charts.
- Links to videos for exercise and assessment protocols.
- Access to all videos from your Personal Trainer Certification lectures and practical training sessions.
- And much, much more.

You will also have access to experienced professionals who can support you in your career. Don't miss out on this exclusive resource **FOR YOU!** If you want more information on Digital Badges click on the More Info button.

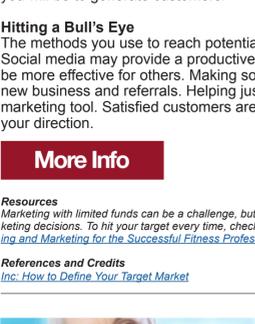
#### More Info

**COST: \$59.00**

**Special Note:** This course is **FREE** if you have purchased any of our W.I.T.S. online CEU courses in the past. **Get the industry's first Digital Badge and expand your business prowess. USE YOUR W.I.T.S. CURRENT CERTIFICATION NUMBER TO GET THIS OFFER!**

### Bull's Eye!: Targeting Your Client Market Mass vs Target Marketing

by Amy Hyams, Ed.D., Vice-President of Educational Services W.I.T.S.



For the fitness entrepreneur on a shoestring budget, marketing your business can be a daunting proposition. With dozens of other fitness providers in your area vying for the same customers, standing out in the crowd requires a savvy strategy for success. Carving out a niche market is one way to reach potential clients who might otherwise be overlooked by your competition. Rather than marketing to the masses, concentrating on a specific niche population can provide a lucrative stream of revenue that will help your business grow.

#### Defining Your Market

Defining your niche market will take some thoughtful planning and research. According to Inc. Magazine, you should consider specific demographics, including age, gender, income, education level, occupation and family status. Make sure that there are enough people in your area who meet your criteria, and who can benefit from your services. Whether your target niche is older adults, mothers with young children, successful professionals or overweight teenagers, defining whom you will target will help you make other important decisions about how you can reach them with your message.

#### Managing Your Resources

Since your fundamental resources of time, energy and money are finite, you do not want to waste them on marketing strategies that will not bear fruit. Instead of spending money on advertising in a local newspaper or magazine, consider volunteering your time to offer free fitness assessments at health fairs and other community events. Align yourself with runners' groups or local athletic teams. Work with local schools to offer free services to students and parents. Offer free body fat assessments at your local whole foods store or restaurant. The more exposure you have in your community, the more likely you will be to generate customers.

#### Hitting a Bull's Eye

The methods you use to reach potential customers should be tailored to your niche demographic. Social media may provide a productive marketing platform for certain groups, while print media may be more effective for others. Making social connections within your niche demographic can generate new business and referrals. Helping just one individual reach their goals can be your most effective marketing tool. Satisfied customers are more than happy to sing your praises and steer others in your direction.

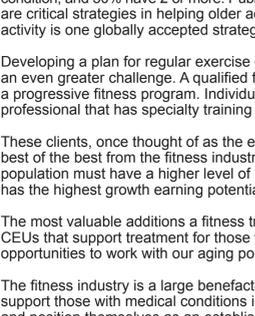
#### More Info

##### Resources

Marketing with limited funds can be a challenge, but W.I.T.S. has helpful resources that can take some of the guesswork out of your marketing decisions. To hit your target every time, check out our online courses for fitness professionals, including *Insider Secrets of Advertising and Marketing for the Successful Fitness Professional*.

##### References and Credits

Inc. *How to Define Your Target Market*



### Adding Medical Fitness Special Population Courses to Your Resume

by Lisa Dougherty

There are 100 million baby boomers (those over 50) that make up about 30% of our population, and three-fourths of America's wealth. These baby boomers are expected to live longer than previous generations and are the largest segment in our economy, seeking help for their aging bodies and spending money at "boomer levels".

The demand for fitness professionals is expected to jump 13% in the next decade according to the Bureau of Labor Statistics Occupational Outlook Handbook, 2014-15 edition. Additionally, the Handbook states that, "As baby boomers age, many remain active to help prevent injuries and illnesses associated with aging."

As this population ages, we are seeing a significant increase in obesity, chronic disease and individuals with multiple medical conditions. The number of aging individuals seeking fitness professionals is about to reach its tipping point. Among the many conditions a boomer client may face are joint replacements (often two or more), cardiovascular disease, diabetes, cancer, obesity, arthritis, Parkinson's, osteoporosis, and muscle loss..

According to the Center for Disease Control (CDC), 80% of older adults have one chronic medical condition, and 50% have 2 or more. Public health efforts to promote health and functional independence are critical strategies in helping older adults stay healthy and live independently. Regular physical activity is one globally accepted strategy to promote and preserve health.

Developing a plan for regular exercise can be difficult and people with chronic medical conditions have an even greater challenge. A qualified fitness professional can be an essential partner in developing a progressive fitness program. Individuals with chronic medical conditions need to find a fitness professional that has specialty training and who understands their needs and limitations.

These clients, once thought of as the exception, are now becoming the norm, and they are seeking the best of the best from the fitness industry to serve them. Fitness professionals working with the aging population must have a higher level of knowledge, skill and expertise, and it's this type of education that has the highest growth earning potential.

The most valuable additions a fitness trainer can add to their résumé are specialty certifications and CEUs that support treatment for those with medical conditions. Many education companies offer opportunities to work with our aging population and cover the medical conditions/diseases they face.

The fitness industry is a large benefactor of a longer-living active community. Taking courses that support those with medical conditions is an opportunity for a fitness trainer to enhance their career and position themselves as an established part of the healthcare team.

#### More Info

Lisa Dougherty is the founder of the Medical Fitness Network (MFN). MFN's mission is to improve the quality of life for those with chronic medical conditions by connecting them to the most qualified fitness & healthcare professionals with a background in the treatment or rehabilitation of various diseases and medical conditions.

Lisa graduated from the University of California, Irvine, Fitness Instructor Program, and went on to get her Certified Personal Trainer and Health Coach Certifications through the American Council on Exercise. She has many specialty certifications to work with those with medical conditions, post surgical/rehab as well as pre & postpartum fitness.



### Total Hip Replacement: From Surgery Back to the Gym Safely

By Chris Gellert, PT, MMusc & Sportsphysio, MPT, CSCS, AMS

#### Introduction

The hip is a ball and socket joint (Figure 1.) that is involved in simply daily activities such as getting in and out of bed or the car, getting dressed, walking, and climbing stairs. Moreover, the hip is involved with dynamic movements such as running, soccer, and other sporting events, placing it at risk for potential injury. In this article, we will review the anatomy and functional anatomy of the hip, the biomechanics of hip movement, describe hip osteoarthritis (O.A.) and the types of total hip surgical procedures, and discuss the evidenced based training approach to work with either a client who has O.A. or underwent a total hip replacement.

#### Basic Anatomy

Let's look at the basic anatomy of the hip. The hip joint is a multi-axial ball and socket joint between the femoral head and the acetabulum, similarly to the shoulder joint. There are several ligaments that surround the hip providing both support and stability. The hip joint is covered by a capsule blended with three strong ligaments: iliofemoral or "Y" ligament, which resists extension, the ischiofemoral ligament, which resists extension and internal rotation, and the pubofemoral ligament, which resists abduction. Additionally, the acetabular labrum, is a ring of cartilage that surrounds the acetabulum. The function of the labrum is to provide stability so that the femoral head doesn't sublux or slip out of the acetabulum.

The research shows that both the glute medius and minimus are weaker in women and more prone to developing patellofemoral syndrome (Lankhorst et al 2012 & Khayambashi, H., et al. 2012 & Meira et al. 2011).

#### Hip Musculature

Muscularly, there are several dynamic hip stabilizing muscles. The primary stabilizing muscles include the glute medius, glute minimus and glute maximus muscles. Glute medius (Figure 2.) originates on surface of the iliac crest, it inserts to the lateral surface of the greater trochanter. Whereas, the glute minimus originates along outer surface of the ilium between the anterior & inferior gluteal lines of sciatic notch and inserts along the anterior (front) aspect of the greater trochanter. Both glute medius and minimus abduct and internally rotate the hip. Glute maximus (Figure 3.) is the "powerhouse," which extends and laterally rotates the hip.

The research shows that both the glute medius and minimus are weaker in women and more prone to developing patellofemoral syndrome (Lankhorst et al 2012 & Khayambashi, H., et al. 2012 & Meira et al. 2011).

#### Hip Biomechanics

During hip extension (Figure 4.), the femoral head translates back and up as the glute maximus creates a backward (concentrically contracts) tensioning the iliofemoral ligaments, hip flexors eccentrically contracts.

During hip flexion (Figure 5.), the femoral head translates up & down (inferior) as the glute maximus eccentrically pulls and tensions the iliofemoral, pubofemoral, and ischiofemoral ligaments.

During hip abduction (Figure 6.), the femur outwardly translates and the movement is restricted by the adductors (adductor magnus and brevis primarily) as the pubiofemoral ligament is tensioned.

#### Functional Anatomy

When we look at daily activities that involve the hip, there are several. Let's look at two common functional tasks that everyone performs on a daily basis. The first is climbing stairs.

#### Negotiating stairs (Figure 7.):

In order to climb stairs, there has to be adequate ankle mobility to plantar flex the foot, bend the knee, and flex the hip to clear the stair.

#### Getting dressed in the mornings:

A simple activity that everyone does every day is getting dressed and either putting on slacks or pants. This requires hip flexion, external rotation and abduction of the hips, followed by hip adduction.

#### What is Hip Osteoarthritis?

Hip Osteoarthritis Pathophysiology: Is a degenerative process of varied etiology (Figure 8.), which includes mechanical changes that occur within the joint. O.A. (Pisters, M., et al 2007). Osteoarthritis is the most common form of arthritic disorders and is one of the most common reasons for visiting a health professional over the 55 years of age (Suttive, T., affecting between 25-40% of population over 55 years of age (Suttive, T., 2008 & Zhang, W., et al. 2007). Risk Factors: Excessive weight born on hip joint, muscle imbalance, and repetitive stressors.



Figure 8. Osteoarthritic hip on left, normal hip on right

#### Signs and Symptoms

Pain in the morning is described as "achy," where patients experience pain particularly with weight bearing activities such as walking and have difficulty squatting. Patients will describe of pain and stiffness in the morning described as "achy." During the day, where both movement and activity, improves mobility and activity (Fernandes, L et al 2010). However, if the volume of activity is too much, pain will increase.

#### Risk Factors

Excessive weight born on hip joint, muscle imbalance, and repetitive stressors.

#### Objective Findings

Individuals with hip O.A. will present with gross limitation of a capsular pattern, where hip internal rotation is most limited, followed by hip flexion and abduction (Suttive 2008). In addition, those with hip O.A. will complain of morning stiffness, and demonstrate decreased hip mobility, whereby hip internal rotation is less than 15 degrees.

#### Medical Management

Radiographs represent the current gold standard for diagnosing O.A. Non steroidal (NSAIDS) (examples are Ibuprofen/Advil).

#### Recommendations for Training Clients with Hip Osteoarthritis

Aqua therapy has been shown in the research to significantly reduce pain, improved physical function and mobility, strength, and quality of life (Hinman, Rana S., et al 2007). It is important to stretch the tight iliotibialband, hip flexors, quadriceps and hamstring to improve mobility. Then strengthen phasic (weaker) hip abductors (glute medius and minimus). Strengthening the outer glutes can be achieved by band walks, in side step lunges (Figure. 9) and diagonal lunge exercises to name a few.



Figure 9. Band walks

#### Exercises to Avoid for Both Hip Osteoarthritis and Total Hip Replacement

Single leg and deep squats, as both exercises place excessive compression forces on the hip joint. The determination to undergo a total hip replacement is primarily based and decided by both the surgeon and patient. Whereby a patient has significant inability to perform daily functional activities, experiences severe pain and lacks functional mobility.



Figure 10. Posterolateral approach

The surgical approach used is the decision of the surgeon. However, the research shows dislocation rates do vary between the posterolateral, anterolateral and direct lateral approach. Kwon, MS et al, (2006) reported dislocation rates of 3.23% for the posterior approach, 2.18% for the anterolateral approach, and 0.55% for the direct lateral approach.

**A. Anterior (front) THR Approach - The anterior approach is a surgical technique that spares tissue, allows for potential faster recovery, less time in the hospital with improved mobility sooner. The approach does not require dividing muscles from the femur in order to access the hip joint. Which enables the glute medius and minimus to be strengthened sooner. Resulting in more dynamic stability for the patient. An incision is made via the tensor fascia late muscle allowing the surgeon to access the hip capsule.**

**B. Posterior (back) THR Approach - The procedure begins with the patient lying on their side. The surgeon makes an incision about 2 cm posterior to the greater trochanter exposing both the glute medius and glute maximus muscle. As compared to the anterior hip approach, the posterior approach has some drawbacks, that include "post-posterior precautions" which will prevent potential complications, such as dislocation, associated with the posterior approach. Recovery time after surgery depends upon the person and varies widely depending on age, activity level, weight and so forth, but with the posterior approach, recovery time can be lengthy and intensive.**

**C. Posterolateral Approach - The surgeon makes an incision posterior to the lateral side of the greater trochanter and carries it distally about 6 cm along the femur. The tensor fascia late and gluteal muscle across the greater trochanter are dissected. The external rotator muscles are exposed then they are divided to expose the hip capsule. Femur is exposed by placing a retractor under femoral neck and second under quadriceps femoris. The femoral stem is inserted into the medullary canal. The skin is closed using staples and nylon sutures. Finally, a ted hose stocking is placed on the leg to prevent blood clot formation.**

#### Recommendations for Training

Important to follow hip precautions: avoidance of crossing affected leg towards midline (adduction) and squatting past hip flexion 90 degrees. Training should focus on strengthening weak glute medius & minimus, glute maximus and hamstring muscles.

#### Effective and Safe Exercises

Include; in place lunges, diagonal lunges, seated leg extension and seated leg curl machine. Core strengthening should also always begin with static exercises, and then progressed to dynamic accordingly. Safe and effective core strengthening exercises include: standing trunk rotation with tubing or bridge, four point planks, and side planks. Safe dynamic core strengthening exercises include bridging with physioball, single leg bridge with physio ball, traveling forward lunge with medicine ball trunk rotation, and four-point plank on physioball as examples.

#### Contraindications to Training

Patient should avoid deep squatting and single leg squats, which can compromise the prosthesis, making it susceptible for dislocation, and creating deep hip pain.

#### Summary

The hip is a complex unit that is comprised of a multitude of ligaments, tendons, connective tissue, muscles that synergistically initiate and correct movement, and stabilize when an unstable environment. Understanding the anatomy, biomechanics and weak links of the shoulder, common injuries and evidenced based training strategies, should provide you with the insight to better understand and work with clients with these kind of injuries more confidently.

#### More Info

Chris is the CEO of Pinnacle Training & Consulting Systems (PTCS). A continuing education company, that provides educational material in the forms of home study courses, live seminars, DVDs, webinars, articles and min books teaching in-depth, the foundation science, functional assessments and practical application behind Human Movement, that is evidenced based. Chris is both a dynamic physical therapist with 15 years experience, and a personal trainer with 19 years experience, with advanced training, has created over 10 courses, is an experienced international fitness presenter, writes for various websites and international publications, consults and teaches seminars on human movement.

References  
All references available upon request



### Recent Verdict Against Personal Trainer: Lessons to be Learned

By David L. Herbert, Attorney at Law

#### June 2015 Bulletin - The Litigation

In April of this year, a jury in Erie County, New York returned a verdict in a case against a personal trainer for \$1.4 million, which included \$1 million for future pain and suffering and \$400,000 for past pain and suffering. However, since New York is a comparative negligence state where fault is balanced among the parties, the verdict was reduced to \$980,000 due to the jury's finding that the plaintiff was 30% at fault. The verdict may well represent one of the largest awards issued by a judge or jury related to the provision of service by a personal trainer to a client.

Essentially, the action alleged that the plaintiff client began personal training in an effort to stay active as recommended by her physician. That physician had previously performed back surgery on the plaintiff. In her court filings, she alleged that she informed the defendant trainer of her condition and was assured by him that he could train her in safe exercise activities given her physical condition from the surgery. She was later injured during her last workout with the personal trainer on March 4, 2008 when she claimed to have suffered severe and permanent injuries to her back.

The complaint and later the plaintiff's Second Supplemental Verified Bill of Particulars specified the allegations put forth in this action. The following allegations were made against the personal trainer wherein the plaintiff alleged that the trainer recklessly, negligently and carelessly failed:

- to provide a proper fitness evaluation of the plaintiff before devising an exercise routine;
- to devise a safe and proper exercise routine for the plaintiff;
- to consider the plaintiff's prior injuries and physical condition before preparing an exercise routine;
- to conduct a health risk appraisal;
- to take the necessary and proper steps to minimize the risk of injury to the plaintiff;
- to identify the plaintiff as someone with an increased risk of injury;
- to provide adequate supervision of the plaintiff at . . . [the facility].

#### The allegations against the health and fitness facility also included the following similar claims:

- ignoring the plaintiff's concerns about the prescribed exercise routine; failing to provide proper instruction;
- failing to evaluate the plaintiff's medical condition before preparing an exercise routine;
- encouraging and instructing the plaintiff to exercise after she expressed concern about the exercise routine;
- encouraging and instructing the plaintiff to continue to exercise despite complaints of pain;
- failing to provide a personalized exercise routine as promised;
- failing to meet the representations made to the plaintiff and to the public at large;
- failing to follow internal rules, employee manuals, regulations, and operating and training procedures;
- failing to follow operating and training procedures, and rules and regulations generally accepted in the industry;
- failing to follow industry standards;
- encouraging the plaintiff to perform an exercise routine beyond her physical capabilities;
- failing to properly evaluate the plaintiff's exercise experience before creating an exercise routine;
- failing to properly train and instruct the plaintiff on the use of equipment and lifting techniques;
- failing to ensure the plaintiff had adequate rest periods during her exercise routine;
- holding himself out as a trainer with expertise sufficient to devise a training program that was safe for a person with physical injuries, limitations and a history of surgeries when he did not have adequate education, training and/or experience to do so;
- failing to warn the plaintiff about the risks of injury associated with her exercise routine;
- failing to adjust the plaintiff's exercise routine despite the knowledge that such a routine caused injury to others in the past;
- failing to distinguish those exercises that were safe and appropriate for the plaintiff from those that were dangerous and inappropriate; and
- being otherwise careless, reckless and negligent.

Prior to trial, the plaintiff's lawyer, New York lawyer, Joseph D. Morath, Jr., took the trainer's deposition. This pre-trial testimony indicated that the trainer graduated from college with a degree in health/wellness exercise physiology and had taken classes over a four year program in anatomy, physiology, exercise physiology, kinesiology and sports nutrition. He had previously been certified as a strength and conditioning specialist by the National Strength and Conditioning Association (NSCA) but had let that certification lapse by the time he trained the plaintiff. Apparently, this trainer never had the plaintiff fill out a medical questionnaire since he felt he knew the client's "body, inside and out." However, he did candidly admit, "I knew her for a year and a half and I guess I wasn't thinking that maybe I should have her fill this out [a medical questionnaire] to cover my ass." During his pre-trial testimony, the trainer admitted that he had no contract document with the plaintiff, that he had not used any medical questionnaire in connection with training her, and that he had no "written records whatsoever of any of the workouts [the client] . . . ever participated in [at the defendant facility]."

On the day the client was injured, the plaintiff, who weighed 125 pounds, was directed by the personal trainer to perform sets of burpees, jumping jacks and dead lifts with a seventy-five (75) pound weight load. Apparently, no rest between each exercise was provided to her by the trainer.

At trial and on cross-examination by the plaintiff's lawyer, the trainer admitted to knowing about the American College of Sports Medicine (ACSM) and the National Strength and Conditioning Association (NSCA) and their recommendations about having a client fill out a medical questionnaire prior to training. However, the trainer also admitted, despite the recommendations of at least these two "respected" fitness industry organizations as he characterized them, that he didn't have the plaintiff get any kind of clearance from her doctor. While the trainer also admitted that he should have followed the NSCA recommendation on client medical clearance as a rule when he was affiliated with NSCA, he ceased viewing that rule as anything more than a recommendation once he did not keep up his NSCA certification and let it lapse. In this regard, he testified "What I'm telling the jury is that, when I was affiliated with the NSCA, I would follow their rules. If I am no longer affiliated with them, I don't need to follow their particular worded rules."

The plaintiff argued that the trainer's workout routines for the client, given her extensive medical history, were not appropriate and caused her injuries. The plaintiff also argued that the training was done without the use of a medical questionnaire prior to activity despite the existence of standards or at least recommendations developed by the foregoing and respected fitness organizations. Lastly, the plaintiff also focused on the trainer's lack of written records and his lack of certification when he trained the client to attack his method of training.

#### Points to Consider

While certification as a personal trainer is not a license issued by any governmental entity, it does provide some evidence of professional competency. Such certifications should be obtained and kept current by personal trainers. A certification should come from an accredited fitness professional certification organization such as the Aerobics and Fitness Association of America (AFAA), the International Sports Sciences Association (ISSA), the ACSM, the NSCA or another organization which is accredited by either the National Commission for Certifying Agencies (NCCA) or the Distance Education Accrediting Commission (DEAC) as recommended in 2006 by the International Health, Racquet & Sportsclub Association (IHSA). Secondly, the standard of care for the industry specifies that written clearance documents be used for an evaluation of a client's readiness to begin an activity program – either with or without medical consultation – before that activity starts and at intervals thereafter. Thirdly, the creation and maintenance of written or other documented form of client records is part of the standard of care for the industry and such records should be developed, used in reference to the provision of services to clients and maintained by fitness professionals.

All fitness professionals should remember, "Adherence to published standards of practice decreases legal liability exposures, whereas the failure to adhere to them increases legal liability exposures." In practice, following these three fitness industry standards of care may help arm all personal fitness trainers with the ability to withstand a verdict like that rendered in this case.

#### In summation, personal fitness trainers should:

- obtain an accredited certification and keep it current;
- use pre-activity screening devices; and
- develop, use and preserve written or documented client records.

This publication is written and published to provide accurate and authoritative information relevant to the subject matter presented. It is published with the understanding that the author and publisher are not engaged in rendering legal, medical or other professional services by reason of the authorship or publication of this work. If legal, medical or other expert assistance is required, the services of such competent professional persons should be sought. Moreover, in the field of personal fitness training, the services of such competent professionals must be obtained.

Adapted from a Declaration of Principles of the American Bar Association and Committee of Publishers and Associations.

#### More Info