
What separates those who are inactive from those who exercise? Is it that non-exercisers have more diseases, physical disabilities, or time constraints? Consider what the real reason might be: Fear fear of injury or medical problems, fear of the unknown, and fear of failure. Overcoming these very human fears is a process that starts with a safe exercise plan and ends with the continued successes of meeting personal fitness goals.

Close to 60% of Americans are inactive, even though the message to exercise becomes louder every year. What separates those who are inactive from those who exercise? Is it that nonexercisers have more diseases, physical disabilities, or time constraints? No. I believe there is more to it. Let's level the playing field and consider what the real reason might be: Fear fear of injury or medical problems, fear of the unknown, and fear of failure. Overcoming these very human fears is a process that starts with a safe exercise plan and ends with the continued successes of meeting personal fitness goals.

Conquering the fear of injury or medical problems

Ken B. came to me at the request of his doctor. Ken is an above knee amputee, has diabetes, and received a kidney transplant a few years ago. Ken has put on considerable weight over the past years. He confessed that he would not have come on his own. Exercise scares him because he does not know what to do and he is afraid he will hurt himself.

An initial health screening is recommended before participating in a new exercise program. This is especially true if a person has been inactive, has a known cardiopulmonary, metabolic, or musculoskeletal disorder, or is a male 45 years and older or a female 55 years and older. The health screening should include a health history and a physical examination. At the very least, the doctor should be informed if someone is interested in becoming more active. The doctor may also have some recommendations on how to keep exercise safe.

Most exercise-induced injuries result from doing too much, too fast or from doing something above a person's present skill level. Here are tips on how to avoid falling into these traps.

Conquering fear of the unknown

Ken has been exercising for two weeks now. He thinks he is comfortable following his prescribed exercise program, but he hasn't gained the confidence to make modifications in his program.

How often, how hard, and how long should someone exercise? An easy way to answer this is to talk about the F.I.T. Principle. F.I.T. stands for frequency, intensity, and time of exercise. A F.I.T. prescription will change as a person becomes a more seasoned exerciser. For beginners, start with approximately three sessions a week on nonconsecutive days. Keep the exercise intensity low-to-moderate. Make sure it's possible to pass the "talk test" while exercising, being able to talk comfortably with an exercise partner. Keep in mind that many people drop out of exercise because they perceive it as being too hard or painful.

During the first four to eight weeks of exercise, intensity should be down and enjoyment up.

Finally, let's look at how long each exercise session should last. Start off with short sessions, letting the body adapt gradually. Make it a goal to progress up to 20 consecutive minutes of exercise during the initial four to eight weeks. Interval training is one way for beginners to work on endurance and take necessary rest breaks. Another way to increase endurance gradually is to add two to three minutes of exercise each session, until one reaches the 20 minute goal.

Start each exercise session with a low intensity warmup. Slow walking or cycling, along with light stretches, will help "wake up" the body and mind, get blood flowing and decrease chances for injury. Repeat this process at the end of each session to help pump blood back into the upper torso and decrease muscle soreness.

Make sure to include muscle strengthening exercises in the routine. Increasing muscular strength will make activities of daily living easier and exercise more enjoyable.

Ken is doing five-minute intervals of bike riding with one minute of rest in between. He does a total of four to five intervals, depending on how he feels. Gradually, he will increase his riding time and decrease his rest time until he can reach the 20-minute goal.

Frequency: Approximately three times a week.

Intensity: Low-to-moderate.

Time: Work up to 20 consecutive minutes.

Ken has been experimenting with the bike. He likes to ride with his prosthesis and now carries an Allen wrench in order to adjust his foot to the pedals. He wants to conquer the treadmill next.

Deciding which mode of exercise is best depends on the availability of equipment and facilities, present skill level, and likes and dislikes. I encourage people to keep it simple when they start out. Treadmill walking and stationary cycling (arm or leg) are excellent ways to build endurance and to begin adapting to exercise with a prosthesis. Swimming is another activity that many amputees enjoy: the key word is enjoy. Take time to do a little investigating into exercise classes offered through the local YMCA, Arthritis Foundation, and city recreation departments. Call local exercise sites and ask about handicap accessibility. For home exercise, consider an exercise video for amputees. Another excellent resource is the Home Exercise Guide For Lower Extremity Amputees by Robert S. Gailey, M.S. Ed., P.T.

Conquering fear of failure

Failure occurs when we set our goals too high. I believe that overcoming small hurdles is the way to make it over the mountain. If initial fitness goals are realistic, measurable, and obtainable, success will result. Focus goals on the behavioral changes that are likely to occur during the first four to eight weeks of exercise. Accept any physiological changes, such as a decrease in body fat or blood pressure, as a bonus.

Behavioral changes:

Increased sense of mastery and accomplishment.

- Increased self-esteem.
- Feeling energized.
- Better sleep at night.
- Conquering fear.

Make sure new plans are not too ambitious. Is driving 30 minutes to get to an exercise class realistic? Is club membership affordable? If it appears that a plan is too ambitious, come up with one that will work. Don't get set up for failure. Gather support from family and friends. Who knows, it may motivate them to start an active life, too. Turn over a new leaf and make exercise a positive experience as well as a lasting one.

EXERCISE RESOURCES

Home Exercise Guide for Lower Extremity Amputees

Robert S. Gailey, M.S. Ed, P.T.
Ann M. Gailey, M.S., P.T.
Sandra L. Sendelbach, M.S., P.T.

Seat-A-Robics:

Exercise for the Disabled

(708) 831-4007 voice/fax

Chairobics

Cherly Spessart, BSN, RN
1-800-610-4270

Aerobics for Amputees

Produced by DS/USA
1-800-610-4278

Nancy's Special Workout: For the "Physically Challenged"

Nancy Sebring, OTR
1-800-610-4278

Flex-ercise

Produced by Flex-Foot, Inc.
1-800-233-6263 ext. 23

About the Author...

Kate Shult completed her M.S. in exercise physiology at the University of Tennessee. Presently a clinical exercise physiologist at the U.T. Medical Center, she handles a diverse caseload, and has also designed and implemented a kidney transplant rehab program. Certified by the American College of Sports Medicine, Kate has spent the past 10 years lecturing, training, and educating in the health and fitness field, and is the UTMC Heart at Work coordinator.

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