

Some Principles of Regular Exercise

By Steven Jonas, MD, MPH, MS

Consistency is one of the most important parts of an exercise program but this is also the part for which many exercisers fail, especially the “beginners.” Some of the obstacles to keeping exercise regular are boredom, pain (both during and after exercise), and lack of technical ability. And some may simply want to quit if a specific exercise is perceived as hard.

Spring is here and in many parts of the country, thankfully, it has started to warm up. And so, as we approach the upcoming months and exercise opportunities the warmer months bring, your patients may be thinking about getting started, keeping going, revving up again, or preparing for a new racing season. Different individuals have different reasons for exercising; however, over the years I have discovered there are some key common principles despite where one is on the exercise spectrum. These principals are outlined below, not necessarily in the order of importance because it may vary depending on the individual.

One size does not fit all. This principal holds true regardless of the particular reason a person is a regular exerciser, or sets that as a goal to achieve. For example, with racing, it drives me nuts to read articles in *Runners World* or *Triathlete* that state, “If you want to do this, this is the program for you.” In a recent issue of *Triathlete* there were several so-called “beginner programs” that were a) obviously designed to help people coming into the sport, who are already fast in one or more of the three sports, go fast in the races and b) so inherently complex that very few people could actually follow it, even if they tried their best.

The same thing can be said about exercising to improve health, lose weight, become fit, or to

have a starting point to eventually train for a race. “One size does not fit all” and, therefore, it is important to establish clearly what the objectives of the proposed activity are for you or your patients; then start considering the direction of the program.

The hard part of regular exercise is the regular, not the exercise. As you know, consistency is one of the most important parts of an exercise program but this is also the part for which many exercisers fail, especially the “beginners.” Some of the obstacles to keeping exercise regular are boredom, pain (both during and after exercise), and lack of technical ability. And some may simply want to quit if a specific exercise is perceived as hard. We can help by giving them cues to keep them going, such as encouraging them to think of something else while performing the activity. In other words, help their mind “jump the obstacle(s).”

What qualifies as “regular” will vary from person to person. For example, some triathletes work out every day during the season. When training for a triathlon, I generally do five to six workouts per week and take two days off for recovery. It’s a schedule I’ve been following during the training season since I took up the sport 31 years ago (with 235-plus races under my belt). Of course, there are days when even us “regulars” want to forego a workout but I know for me, and I’m sure for you, we reach deep inside to keep going and tackle that workout. We know how important it is to maintain the “regular” aspect of our schedule to reach our goals, whatever they may be.

Understand the difference between exercising regularly and training. Regular exercise is planned physical activity undertaken on a regular basis in order to gain one or more of the manifold intrinsic benefits of doing it. “Training,” on the other hand, is planned physical activity, specifically in a sport or sports, undertaken with the specific goal of: a) engaging in competition such as in racing, team sports, racquet sports, golf, etc. or b) engaging in non-competitive sports for which physical strength and endurance training is a necessary requirement for safety, if nothing else. This can include such activities as mountain climbing, wilderness hiking, or scuba-diving, to name just a few.



When you talk to regular exercisers, it's important to remember the primary reasons for making or keeping it regular: it makes you look good, feel good, and feel good about yourself. And if you can find an activity that you enjoy, the exercise itself can be fun, not a chore.

If a patient wants help becoming a regular exerciser for the purpose of gaining one or more of the benefits of exercise, the recommendations should differ from those given to a person who is training regularly. This, of course, relates back to the "one size does not fit all" principal.

Why regular exercise? We need to be very clear as to how we relay the importance of this principal, for our patients. We all know the relationship between exercising regularly and improving one's health. Listing just a few of these would include its ability to reduce the risk of developing cardiovascular disease, certain types of cancer, Type II diabetes, hypertension, and impaired activities of daily living. The important point here is that the relationship between exercise and health always revolves around the matter of "risk" and risk *reduction*. For years I have told our residents in preventive medicine that health promotion and disease prevention carries only one guarantee: if you engage in it wisely and well, you will reduce your risk of coming down with a, b, or c (but there are no other guarantees that go along with that one).

The reality is, however, that not too many regular exercisers engage in an activity/exercise primarily for the health-related reasons listed above. Many times I have told the story of hearing Dr. Ken Cooper present on the health benefits of regular exercise about 30 years ago at a meeting of the American Public Health Association (and some of you know the story well because it is worth repeating!). He presented slide data for about 20 minutes. Even back then (the detractors to the contrary notwithstanding) there was plenty of exercise-is-health-promoting data, much of it gathered by Ken and his Dallas Institute. Following the slide presentation, Ken asked the room full of public health professionals how many of us exercised regularly. Almost all of our hands went up. "Ah, preaching to the choir," Ken said. But then he asked if we did it because of all the health-benefit evidence he had presented. "No, that's not it," was the general consensus. "Why do you do it then?" he asked. And indeed, as if from a choir, the answer came back unanimously: "Because it makes us feel good."

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regular: it makes you look good, feel good, and feel good about yourself. And if you can find an activity that you enjoy, the exercise itself can be fun, not a chore. Finally, just the act of taking control of part of your life—of deciding to do something for yourself, setting goals, and then setting out to achieve them—can be very beneficial to both physical and mental health. Of course, there are other "why do its" but for many, both regular exercisers and race-trainers, this is the most important reason. It's important to bear this in mind when you talk with your patients about exercise.

Why, specifically, do we race-train? This principal is obviously focused on the training aspect of exercise, specifically for endurance-sport racing. First, you must consider the relationship between training and racing. Some folks become racers because they've done enough regular exercise and feel equipped to race. "Might as well try this," they might say, or "Let's just do it." This is what I call the "race because I train" group. Racing is optional, one might say. Others, including me, train in order to race and most likely wouldn't do as much regular exercise if they didn't race. This is the "I train because I want to race" group. A subset of the latter, of course, is the group who engage in intensive training for racing because they don't want to just get to the start line and cross the finish line (like I do); instead, they want to go fast.

Most racers start out in the first category; some then migrate to the second. But they are distinct from each other. In planning their training programs, it is useful for both you and your patients to understand in which "racing" group they belong. Whichever group one is in—and most often members of the first group have a more casual approach to training than members of the second—one should have their racing goals clearly in mind before planning a program. Just as when planning any regular exercise program, the setting of goals should be realistic for that person in terms of skill and talent, available time to train, and, most importantly, reality-based desire in terms of the racing itself. Of course, these factors are all inter-related and you can be very helpful to patients by helping them work toward an appropriate and realistic balance for themselves.

The five exercise principals stated in this article are intended to give you some thoughts to ponder when helping your patients get started with new exercise goals or reviving old ones. Or, perhaps, you may be starting a regime yourself. As you know, exercise and training and the motivation that drives each of us differ between individuals. If anything, I hope you can take that message back to your patients to help them find an appropriate and *sustainable* program for themselves.

Note: This column is based in part on my column "Talking About Training: Why Do We Exercise? Why Do We Train?" published in the *AMAA Journal* in 2008 (Volume 21, Number 1).

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