

The Biomechanics of Obesity

Anthony Carey, MA, CSCS, ACE-AHFP, says we have to adapt our strategies to the specific needs of overweight clients, especially if they have issues with pain management.

Anthony Carey, MA, CSCS, ACE-AHFP, owns Function First in San Diego, voted one of the city's Best Personal Trainer/Studios in 2010 and 2011 and its Best Health & Fitness Club in 2012. Aside from being named 2009 PFP [Personal Fitness Professional] Trainer of the Year, he has written two best-selling books, *The Pain-Free Program: A Proven Method to Relieve Back, Neck, Shoulder, and Joint Pain* (Wiley 2005) and *Relationships and Referrals: A Personal Trainer's Guide to Doing Business with the Medical Community* (CreateSpace 2012). He has been a resource for *The New York Times*, *Time*

and *O, The Oprah Magazine* for his expertise in biomechanics, corrective exercise, functional anatomy and motor control, and in their relationships to musculoskeletal pain and function. He has also received national attention for inventing the Core-Tex™, a dynamic reaction tool now being used by numerous professional sports teams, health clubs and universities worldwide.

ACE: In your day-to-day life, how do you see the impact of the obesity epidemic in the lives of your clients, your friends and family, or the people you pass on the street?

Anthony Carey: Unfortunately, I believe that society has raised the "scale" (versus the bar) on what we now consider obese. Many people I know would not apply the term *obese* to someone unless the person was morbidly obese. This is because we are so used to seeing and interacting with obese people every day that it is only the morbidly obese person who stands out.

This has led to a perception that an obese level of BMI is acceptable because so many people fall into this category. As someone who has the privilege of traveling around the world, I see an astounding con-

trast between obesity levels in the United States and those in many other countries.

Because obesity is so prevalent in our society, many people appear to have become indifferent to the physical and economic burdens associated with it. I fear that until it impacts their own quality of life either directly or indirectly, the general public won't give it the attention it desperately needs.

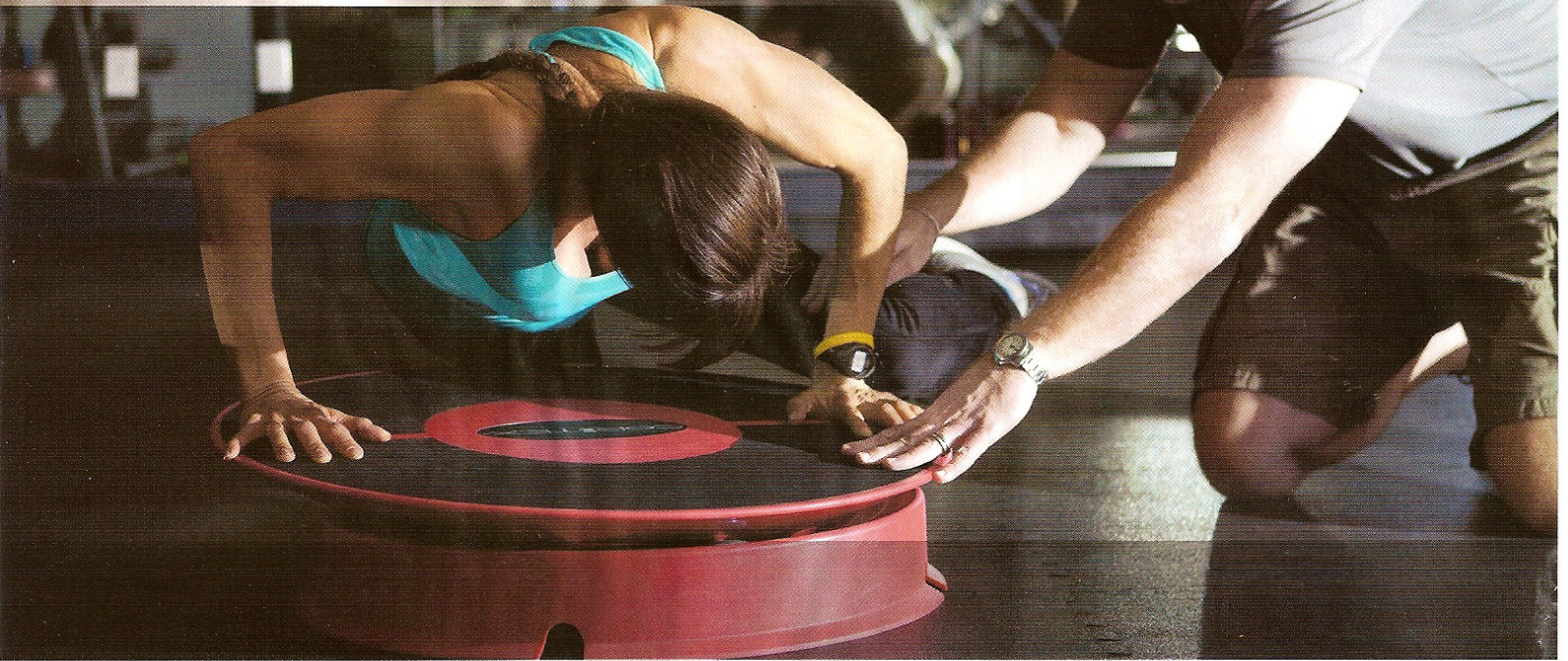
Take for example the obese person sitting across from you at the airline gate, waiting to board your flight. You may not give that person's situation much thought until he or she sits next to you on the plane and occupies half of your seat. Now the epidemic is real and personal for you. The ramifications of obesity go far beyond that example, but society as a whole needs to address this issue—not just the obese person and the healthcare providers.

ACE: What roles do you feel members of the fitness industry play in reversing this epidemic?

Anthony Carey: We must open our doors, our minds and our programming to the needs of obese clients—not by making things bigger to fit their bodies, but by offering lifestyle modifications that are

Editor's Note: Bridging the Gap is a series of interviews conducted by the American Council on Exercise with professionals throughout the fitness and allied health industries, as well as our partners in the corporate world. ACE hopes this column will start a conversation among those entities about the impact of the obesity epidemic and how we can all work together to eliminate it by 2035.

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more accessible to them. Business as usual is obviously not getting the job done.

Those of us in the fitness industry have to “walk the talk.” If I don’t present myself as someone who lives in pursuit of optimal health through exercise, nutrition and mindfulness, why should anyone take my advice? The caveat is that we cannot set unrealistic expectations based on our level of fitness. Fitness professionals should forgo walking around in skintight, revealing clothing, as this presents standards that are out of reach for many.

Next we must meet clients where they are in order to show them how to get where they want to go. This often means beginning with small changes to nutritional practices and gradually adding to activity levels. We build momentum and reinforce positive behavior by celebrating clients’ victories.

ACE: What information do you feel we need to start communicating to aspiring fitness professionals so they can accurately connect with overweight and obese clients?

Anthony Carey: I have always been an advocate of running your professional niche deep and not wide. The complexity of the obese client deserves an increased focus on preparation and on understand-

ing the condition. If this is a population you really want to positively affect, gear your studies and practical experience toward working with these clients.

ACE: How do you feel your research into biomechanics and corrective exercise has helped you more accurately meet the needs of overweight and obese clients?

Anthony Carey: You will never get an obese person to progress an exercise program if he or she experiences pain with movement. And many overweight and obese people will attribute their weight gain to a lack of activity related to a musculoskeletal complaint or limitation.

At Function First, we believe added weight does not create pain, but it may exacerbate it. Corrective exercise and improved biomechanics lead to (1) better quality of movement, which removes mechanical stress from the body and restores confidence in the client’s ability to function, and (2) establishment of an exercise habit and a shift toward self-responsibility for one’s health.

ACE: What advice would you give to people who may not know where to start when it comes to losing weight and changing the way they live?

Anthony Carey: I believe all change

must start from within. Before people seek the help of a fitness professional or a nutritionist, I think they must establish for themselves why they want to change. A number, either a percentage of body fat or pounds on the scale, is not a real goal. The real goal is what a person wants from life and how losing weight will enhance that or help the person get there faster.

To lose 30 pounds because your doctor said you should lose 30 pounds has not connected to your “why.” The pounds are simply a metric to gauge whether your strategy is working. Exercise and food choices are the mechanics to get you to your goal, but it’s unlikely they will be the engine to drive it. ■

Cedric X. Bryant, PhD, FACSM, is chief science officer for the American Council on Exercise and represents it as a national and international lecturer, writer and expert source. Dr. Bryant serves on scientific advisory boards for IDEA Fitness Journal, Better Homes & Gardens and Shape magazine. He has written more than 250 articles or columns in fitness trade magazines, as well as sports medicine and exercise science journals, and has written, co-written or edited more than 30 books.