

WELCOME FROM THE PUBLISHER


This issue of *Medical Wellness* coordinates with the first official meeting of the Medical Wellness Association, in partnership with the American College of Wellness at the Club Industry Expo in Chicago. This Medical Wellness Summit represents emerging trends and practices that are shaping the direction of medical wellness as well as implications for health practitioners.

The focus of the Summit is to encourage dialogue across the broad spectrum of health professionals with the goal of establishing a common platform for future efforts to identify best practices, regardless of modality, that will improve the health and well-being of the general population and those with special needs.

Therefore, the Medical Wellness Association is a catalyst for collecting and disseminating information for use by health practitioners to make informed decisions about the healthcare and wellness management of the total person.

We would like to welcome Kirsti Dyer, M.D. as a new medical advisor and guest editor for this issue.

George J. Pfeiffer
Publisher

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WHAT IS MEDICAL WELLNESS?

Medical wellness is an approach for delivering health care that considers the multiple influences on a person's health.

Accordingly, there are multiple options for treating and preventing disease.

Further, medical wellness:

- Provides a balanced, appropriate application of wellness practices within the clinical setting that are based on evidence-based practices.
- Promotes a cross-disciplinary approach to patient care, based on informed consent and decision support between the practitioner and patient.
- Establishes a foundation for dialogue and collaboration between conventional and complementary practices with the primary goal of promoting optimal health and well-being.
- Promotes the development and application of professional standards for wellness practices across clinical practices.

One-on-One with Robert Karch, Ph.D. American University



The following interview with Robert Karch, Ph.D. was conducted by George J. Pfeiffer, publisher and senior editor of *Medical Wellness*. Dr. Karch, Founder and Department Chairman of American University's internationally acclaimed health promotion program, shares his insights on health promotion trends and their role in the medical wellness model.

MW: For three decades you have been a leader in health promotion from two perspectives: as an academician and entrepreneur. How have these areas changed in the context of health promotion over the years?

George, I think what has changed most is that health promotion has grown and matured both as an accepted profession and an academic discipline. Today, in progressive companies, it is not at all uncommon to find HR, safety, food services, medical facilities, union representatives, and other business units all working together under the umbrella of a worksite health promotion program. Throughout the years as an academician, my challenge has been monitoring this maturation process closely and making appropriate

adjustments to our curricula to be sure our students are prepared for the marketplace. For example, in 1980 our curricula was purely business and exercise science. Today, while we still have that content, we also include policy, communications, global health courses and courses that focus on specific and timely topics.

As an entrepreneur, I have been very fortunate to be at a progressive university where the leadership has recognized and embraced a multidisciplinary approach for this profession. Further, my immersion over the years in contractual, advisory, and health promotion related business activities has allowed me to bring "real world" scenarios to the classroom. As well, I have been able to secure significant external funding for the University's continued support of research and student work-study opportunities.

MW: Many of your graduates have



www.medicalwellnessassociation.com

“There is a critical need to broaden the scope of educational preparation for our medical students so as to deepen their understanding of the domains of total health beyond the physical.”

been recognized as leaders in the field of health promotion. In general, what qualities have made them so successful?

I am extremely proud of the leadership roles that many of our graduates have assumed over the years. As you know, during the past 25 years we have admitted approximately 15 students a year into our two-year master's program in *Health Promotion Management* here at American University. Today we have more than 360 graduates across the U.S. and in many other countries. I try to maintain regular contact with our graduates, help where I can with their careers, and to gain valuable feedback for improving our academic programs.

In addition to meeting the University's and the program's academic standards, I look for qualities in our prospective students that demonstrate they truly care about people and show an unselfish desire to help individuals obtain and maintain their optimal level of health. In my opinion, if those qualities are missing, health promotion is the wrong career for that person to pursue. Once a student is admitted, we continue to reinforce those qualities in our students throughout the program. Most of our graduates recognize the responsibilities that come with leadership. They understand the past, while continuing to anticipate, project, and make the adjustments necessary to be prepared for the future of this industry.

MW: What do you perceive to be the greatest challenge in the delivery of health care in the United States?

There are a number of real challenges: cost, quality, access, and affordability of health care services. Although these challenges are not unique to the United States, the one multifaceted issue that is of particular concern to me is education. If health promotion is going to continue to grow and have the powerful influence on total health that so many of us believe it can, then, there is a compelling need to develop progressive educational programs in more universities to prepare both undergraduate and post-graduate health promotion professionals. At the same time, there is a critical need to broaden the scope of educational preparation for our medical students to include a deeper understanding of the domains of total health beyond the physical. And finally, it is essential that we educate the general population. Being well-informed consumers of health care services empowers people to be managers of their own health and the health of those for whom they are responsible.

MW: Has your curriculum changed to reflect that CAM interventions are gaining more attention as part of an integrative health model?

We try to stay abreast of emerging science that supports new and alternative approaches for treating and managing

health. Moreover, the management and strategic planning components of our curriculum stress the importance of including a broad array of such services when developing and managing health promotion programs.

MW: Are there significant differences between your foreign and domestic clients on health-related issues?

There are the obvious differences: culture, climate, language, and time zone; but surprisingly minimal differences in health status and disease states. Unfortunately, during the past several decades there has been a global unification of such health issues as cardiovascular disease, obesity, hypertension, stress, depression, and hypokinetic activity. As a result, the health promotion challenges are quite similar, particularly in workforce settings. And, while it's possible to consider approaches that have been used in other regions of the world to address those health issues, it is imperative that specific programmatic initiatives be localized. We have learned a lot about these challenges and how to face them through our International Institute for Health Promotion here at American University, which is augmented by our close working and sharing relationships with many outstanding health promotion partners around the world.

WHAT IS NCCAM?

National Center for
Complementary and Alternative
Medicine

NCCAM is dedicated to exploring complementary and alternative healing practices in the context of rigorous science, training complementary and alternative medicine (CAM) researchers, and disseminating authoritative information to professionals and the public. NCCAM's focus is on:

- **Research.** NCCAM supports clinical and basic science research projects in CAM by awarding grants internationally. It also designs, studies, and analyzes clinical and laboratory-based research on the NIH campus in Bethesda, Maryland.
- **Training and career development** for predoctoral, postdoctoral, and career researchers.
- **Outreach.** NCCAM sponsors conferences, town meetings, and educational programs, and operates an information clearinghouse and Web site of CAM practices.
- **Integration.** NCCAM announces published research results; studies ways to integrate evidence-based CAM into conventional medical practice; and supports programs to develop models for incorporating CAM into the curriculae of medical, dental, and nursing schools.

For further information, contact:
NCCAM Clearinghouse, P.O. Box
7923, Gaithersburg, MD 20898-7923
Call toll-free: 888.644.6226
E-mail: info@nccam.nih.gov
Web site: nccam.nih.gov

CAM: National Survey Results

In May 2004 the National Center for Complementary and Alternative Medicine (NCCAM) and the National Center for Health Statistics (NCHS), released findings from the 2002 edition of the NCHS's National Health Interview Survey (NHIS). The survey included detailed questions about CAM such as its prevalence, the most commonly used CAM therapies, and the reasons people are using them.

Key Findings

- In the United States, 36% of adults are using some form of CAM. When megavitamin therapy and prayer specifically for health reasons are included in the definition of CAM, that number rises to 62%.
- People of all backgrounds use CAM. CAM is used more by:
 - Women than men.
 - People with higher levels of education.
 - People who had been hospitalized in the prior year.
 - Former smokers than current smokers or those who have never smoked.
- When the definition of CAM includes prayer, the domain of mind-body medicine is the most commonly used (53%). When prayer is not included, biologically based therapies (22%) are more popular than mind-body medicine (17%). Prayer specifically for health reasons was the most commonly used CAM therapy. (See chart 2).

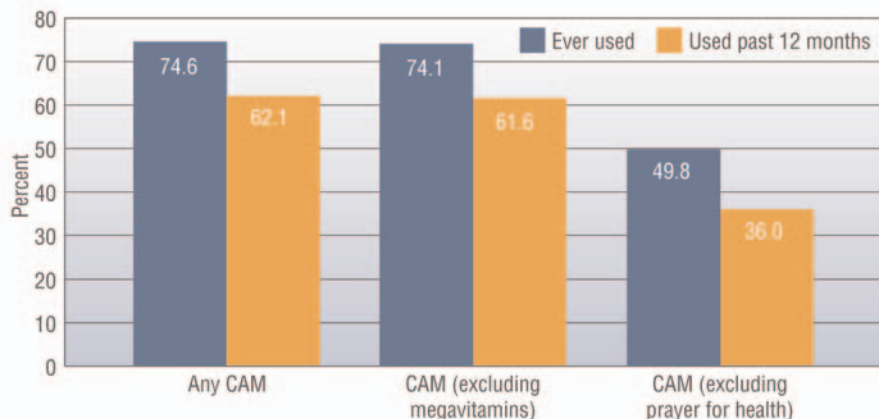
- Most people who use CAM use it to treat themselves, as only about 12% of the survey respondents sought care from a licensed CAM practitioner.
- Americans are most likely to use CAM for back, neck, head, or joint aches, or other painful conditions, as well as for colds, anxiety or depression, gastrointestinal disorders, or sleep problems. CAM is most often used to treat or prevent conditions involving chronic or recurring pain.
- The survey asked people to select from five reasons to describe why they used CAM.
 1. CAM would improve health when used in combination with conventional medical treatments: 55%
 2. CAM would be interesting to try: 50%
 3. Conventional medical treatments would not help: 28%
 4. A conventional medical professional suggested trying CAM: 26%
 5. Conventional medical treatments are too expensive: 13%

The Bottom Line

When prayer is included, the majority of consumers use some form of CAM within their own health management practices. More than half of respondents combine CAM with conventional medicine. This reinforces the need for physicians to survey patients about their use of CAM and discuss the benefits and risks of combining it with conventional medical treatment.

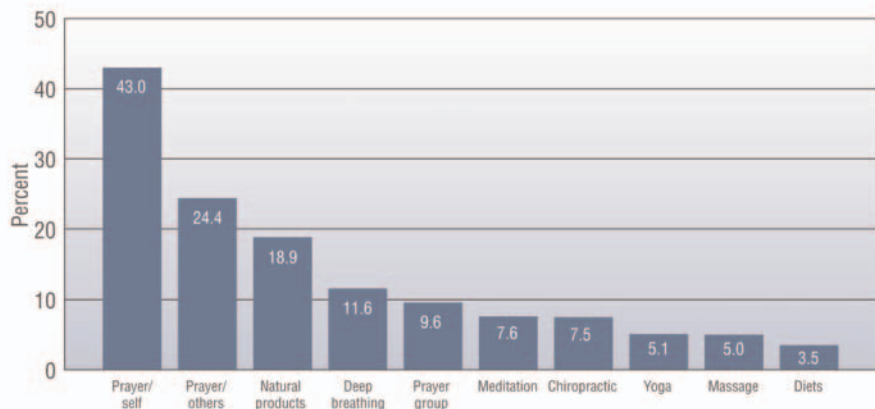
“55% of respondents believe health would improve when CAM was used with conventional medical treatments.”

CAM Use by U.S. Adults—2002



Source: Barnes P, Powell-Griner E, McFann K, Nahin R. CDC Advance Data Report #343. Complementary and Alternative Medicine Use Among Adults: United States, 2002. May 27, 2004

10 Most Common CAM Therapies—2002



Source: Barnes P, Powell-Griner E, McFann K, Nahin R. CDC Advance Data Report #343. Complementary and Alternative Medicine Use Among Adults: United States, 2002. May 27, 2004

NCCAM DEFINES COMPLEMENTARY AND INTEGRATIVE MEDICINE

NCCAM defines complementary medicine as a group of diverse medical and health care systems, practices, and products that are not presently considered part of conventional medicine. Complementary medicine is used along with conventional medicine.

Integrative medicine is defined as a combination of mainstream medical therapies and CAM therapies supported by high-quality scientific evidence of safety and effectiveness. The integrated practice combines conventional Western medicine (allopathic) with complementary and non-traditional services such as acupuncture, chiropractic, massage, hypnosis, and homeopathic medicine.

Source: *What Is Complementary and Alternative Medicine (CAM)*, National Center for Complementary and Alternative Medicine (NCCAM), National Institutes of Health. Last modified May 26, 2004
<http://nccam.nih.gov/health/whatiscam>

Enhancing Well-Being

by Understanding Grief and Taking a Loss History

Kirsti A. Dyer M.D., M.S.

Loss—the disappearance of something cherished by an individual (i.e., person or property)—is a byproduct of living. Most people have experienced some type of personal or professional loss at some point in their lives. Many times these losses are never announced or acknowledged publicly. Instead, the person endures very private sorrows that can impact his/her health and well-being.

Health is the optimal state of well-being—being well physically, emotionally, spiritually, and mentally. Wellness is considered to be the state in which the physical, emotional, mental, and spiritual dimensions are balanced so that energy is used effectively. Experiencing a loss or a life challenge upsets this balance and reduces a person's energy. Grief is the normal reaction to a loss. Therefore, grieving is the process a person goes through while restoring his/her balance and energy. During this process the grieving person may experience significant and subtle changes that can impact his/her physical, emotional, mental, behavioral, and spiritual health thereby compromising overall well-being. Grieving losses is an important step toward restoring balance, because, according to Elaine Childs-Gowell, if we don't grieve the old losses, when faced with a new loss, we will have to use our energy to face the past as well as the current loss.

The Impact of Grief on a Person's Well-Being

Although grief and wellness seem unrelated, unrecognized acute loss or unresolved grief can mimic various medical conditions, lead to illness, and result in a decline in wellness. A grieving person may experience a variety of somatic complaints: fatigue, insomnia, pain, gastrointestinal symptoms, chest pressure, palpitations, stomach pains, backaches, panic attacks, increased anxiety, or a generalized feeling of not being quite right. These symptoms may be due to a medical disorder or a grief response following a loss. Potentially serious medical complaints require a thorough evaluation to exclude serious medical disorders before a grief response or depression can be diagnosed.

Loss and the resulting grief response can impact a bereaved person's mental and behavioral well-being. Repressed, unrecognized, or unresolved grief can cause personal anguish, increased anxiety, multiple physical complaints, functional impairment, strained relationships, marital discord, disrupted sleep, impaired childhood, increased substance abuse—tobacco, alcohol, drugs, tranquilizers—clinical depression, and an increased mortality from heart disease and suicide. The death of a spouse has been shown to have a negative impact on the health of the surviving bereaved spouse. This includes an increased risk of death.

Studies have shown that bereavement can lead to increased mortality from ischemic heart disease, development of high blood pressure, depression of the immune system, and increased depressive and anxiety disorders, including post traumatic stress disorder.

The Personal and Economic Impact of Loss

Each year, loss and life challenges have an enormous personal impact. In 2000 there were over 2.4 million deaths in the United States. Each individual death is estimated to affect between 8-10 family members resulting in at least 19—24 million new mourners created each year. Some estimates place this number as high as 30 million. However, these figures do not include the millions of additional mourners created by the friends, neighbors, colleagues, coworkers, social contacts, students, and others outside the immediate family of those who have died. These numbers also do not include the millions of mourners who have experienced one of myriad of losses other than death or those still grieving a long-standing loss.

Loss and the resulting grief response also have a significant economic and societal impact. This is manifested in the high costs of absenteeism, decreases in worker productivity, lower product quality, increases health insurance premiums, escalating social violence, substance

“Manifestations of depression and symptoms of distress can be part of a normal grief response to a major loss or a prolonged bereavement...”

abuse among workers, and problems from driving under the influence of drugs or alcohol, including accidents and increase in suicides or suicide attempts. A November 2002 report placed losses in the U. S. linked to grief at more than \$75 billion. The study, conducted by the Grief Recovery Institute, included losses from emotional pain ranging from miscarriages to pet loss.

Distinguishing between Grief and Depression

Manifestations of depression and symptoms of distress can be part of a normal grief response to a major loss or prolonged bereavement response, which make it challenging for the

practitioner to determine between a grief response and true clinical depression. The table below summarizes key characteristics of grief and depression to help the practitioner distinguish between these two related but distinctive conditions.

Taking a Loss History

On a daily basis, physicians and other healthcare providers care for patients who are experiencing a life challenge or have experienced various losses; yet they may be completely unaware that the patient is grieving. In order to enhance our patients’ well-being, we need to identify their present and past losses, life challenges, or experiences that can be impacting their

health.

Current or prior losses typically are not included when asking a patient’s medical history. These losses can result in an acute grief response that can mimic different medical conditions. A loss history may also reveal contributing factors for many patients with multiple medical complaints. By asking the right questions, a health care provider may uncover losses that are impacting the patient’s health and well-being. Additional questions can determine any coping strategies used by the patient in the past, which can be helpful in revealing how the person has handled prior losses and may indicate how he/she might handle future loss. A loss history can be included as a

KEY DIFFERENCES BETWEEN GRIEF AND DEPRESSION

KEY CHARACTERISTICS	GRIEF	DEPRESSION
• Vegetative Signs or Symptoms	Subside with time	Persist > 2 months after the loss
• Pathology in Mental Function	Lacking	Severe, distorted, negative perceptions of self, world, and future
• Sense of loss	Recognized and acknowledged	Unrecognized and denied
• Energy level	Agitated, restless, transient	Persistently retarded or no energy
• Suicide gestures	Rare in uncomplicated mourning	Not atypical
• Reactions from others	Elicit sympathy, concern, desire to embrace	Elicit irritation, frustration, and desire to avoid
• Responds to warmth and support	Yes	Often does not
• Past or family history of depression	None	Common
• Preoccupation	With the deceased	With self
• Mood	Fluctuates	Stays down
• Overexpression of anger	More common	Less Common
• View of pain	Acknowledgment of the loss	Useless or meaningless
• Gender	Equal	More often in females

Understanding Grief—continued

RECOGNIZING DEPRESSION

Stress can contribute to depression and may complicate its symptoms. Depression is a major health problem that is commonly underdiagnosed and undertreated. Yet, 80 percent of those with depression can be treated successfully. Clinical depression is diagnosed if a patient has at least one of these two symptoms every day for 2 weeks or more:

- Feeling sad, blue, or down in the dumps
- Loss of interest in things that were once enjoyable

With at least four of the following, nearly every day:

- Losing or gaining weight
- Feeling tired or having low energy all the time
- Difficulty concentrating or making decisions
- Racing thoughts or slowed thinking
- Feeling worthless or guilty
- Trouble sleeping or sleeping too much
- Thoughts of death or suicide

Adapted from Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)

routine part of a history and physical questionnaire and updated at follow-up appointments. The patient's major losses can be listed either chronologically or in order of importance. All major types of losses should be included both current and distant:

- Deaths
- Divorce
- Loss or impairment of bodily function
- Job losses
- Illnesses—mental and physical, both personal and in the family
- Major moves, relocation
- Other significant losses for the person (e.g., miscarriage, pet loss)

Coping with Life's Challenges

Following a sudden loss, death, or tragic event, it is important for the grieving person to remember to take care of him/herself. Focusing on basic survival needs of the body is especially necessary during times of stress and uncertainty:

- Take it one hour at a time, one day at a time.
- Maintain a normal routine. Keep up your regular activities.
- Get enough sleep or at least enough rest.
- Regular exercise, even walking, helps relieve stress, tension, and improve your mood.
- Maintain a healthful, balanced diet. Limit high-calorie food, especially junk food

and comfort food binges.

- Drink plenty of water.
- Avoid using alcohol, medications, or other drugs to mask pain.
- Talk to others, especially those who have lived through and survived similar experiences. They may provide valuable insights for coping.
- Do things that—and be with people who—comfort, sustain, and recharge.
- Recall coping strategies used to survive past losses. Draw on these inner strengths again.

Conclusion

Failing to identify a grief response to loss may result in a poor response to therapy because the correct diagnosis (grief) was not made, nor was the underlying etiology for the symptoms ever identified. By not identifying the grief response, the patient may not receive the proper support to help him/her cope with a life changing event. Taking a loss history may help the practitioner identify and diagnose a grief response correctly. Then the practitioner can educate the patient about their symptoms and how they relate to the life challenge, which in turn helps the patient process the change, integrate the loss, begin living again, and restore balance, energy, and well-being.

Resource available on request. Contact Dr. Dyer at griefdoc@journeyofhearts.org

Kirsti A. Dyer, MD, MS, FAAETS, FACW, NCBE, CWS

Managing Stress, Managing Wellness

Christopher Breuleux, PhD

Each of us reacts differently to the stress in our lives. Stress can work to your advantage. For example, at work or home, when your team or family works cooperatively and competitively, the “let’s get it done” energy encourages performance and can stimulate new ideas. At other times, your stressors may build up until you feel that circumstances are spinning out of your control.

Chronic stress can raise blood sugar and blood pressure and constrict major arteries. Because unrelieved stress can threaten your health and well-being, it’s important to become more resilient (stress hardy) by adapting and responding to stress in more favorable ways. Balancing daily hassles with uplifts creates an optimal level of hardiness. Strive to balance stress-provoking situations, manage your reactions, and use effective coping skills. Seek a positive stress balance for both home and work.

The following suggestions may help balance stress:

- Identify stress busters that work effectively for you, such as taking off your shoes and closing your eyes for a few moments, going for a walk, getting a massage, or talking it out with a friend.
- Learn to recognize when you’re getting close to your breaking point. Don’t let stress turn into distress.

- Organize and prioritize your work. Don’t try to be perfect.
- Use a stress reduction strategy that you know works, such as deep breathing or meditation, before you begin to feel overwhelmed.
- Share your stressors with a confidant. Recruit someone you can call when times are tough. Develop a coworker support network.
- Optimize your health with good nutrition, exercise, and rest.
- Find some time during the day to practice relaxation techniques.

Manage stress throughout the day at work and don’t let it build up. You’ll be more caring and supportive at home if you don’t carry the distractions of a stressful workday home with you.



DEEP BREATHING AND STRESS REDUCTION

CHARLENE FOX, RMT, RYT

The simple practice of long deep breathing offers many benefits. It will:

- Relax and calm.
- Increase lung capacity and clarity.
- Help manage stress.
- Balance emotions.
- Prevent depression.

Imbalances in breathing disturb the body’s physiological functions, leading to such physical disturbances as asthma, migraines, and hypertension.

Just sitting quietly, focusing on shallow or irregular breathing, can bring new awareness. With increasing awareness comes physical and mental relaxation.

As the mind relaxes, clarity of thought and focused attention are enhanced, which helps improve cognitive skills.

It is common for beginners to deep breathing to experience dizziness or light-headedness. But within the first few weeks of regular practice, the lungs will build their endurance and these symptoms will subside.

Because improved endurance increases aerobic capacity, practicing breathing exercises regularly will enhance physical function and performance.

Practitioners should encourage their patients with symptoms of stress and anxiety to practice deep breathing and other meditative practices that focus on breath control. Within a short period of time, patients practicing deep breathing should experience less muscular and mental tension.

Developing a Weight Loss Program

Lauve Metcalfe, M.S., FAWHP

Throughout the last decade, obesity has risen to epidemic levels in the U.S. Obesity reduces life expectancy, leads to devastating and costly health problems, and is associated with stigma and discrimination. According to the National Institutes of Health, more than 65 percent of U.S. adults are considered overweight or obese. Nearly 31 percent of adults—more than 61 million people—meet the criteria for obesity. If the current trend continues, the escalating rates of obesity in the U.S. population will place an ever growing economic burden on the nation's health, our healthcare system, and on small and large employers.

A realistic solution to this growing health problem will require more than simply asking people to eat less and exercise more. Obesity is a social, environmental, emotional, and physical issue that requires a broad-based plan of attack (multidisciplinary approach) to establish lifestyles and workstyles that support healthier behaviors, which will help reduce our nation's waistline.

The first step in creating a weight-loss strategy is to identify available resources in the community, national and local organizations, and Web-based information sources. A multidimensional model can be created to fit any budget. The key is offering core components that have been successful in weight-loss and maintenance programs.

A core educational program emphasizing the following four primary components is recommended:

1. Increasing physical and lifestyle activity
2. Establishing healthful eating patterns
3. Creating positive social support systems
4. Understanding the mind/body connection

Physical and Lifestyle Activity

Lifestyle activity focuses on multiple possibilities available to increase energy expenditure through simple lifestyle behavior changes. Research shows we expend fewer calories in physical activity than we did in the past because of technologies that have made our lives so comfortable. These include computer games, elevators, remote controls, and drive-through windows. Participants are encouraged to burn approximately 1,500-2,000 calories per week through an exercise routine.

Walking is the recommended activity. Primarily, because nearly everyone can walk and it can be done throughout the year.

Pedometers can be used to monitor daily steps with the goal of working up to 10,000 steps per day. Participants should experiment with ways to increase lifestyle activity, such as walking the dog, taking the stairs, parking further away from the destination, washing the car, moving furniture, carrying groceries, and walking to

a coworker's office instead of sending an e-mail.

Healthful Eating

This component emphasizes a nondieting approach to weight loss. The foundation of this segment includes choosing appropriate foods, drinking enough water, becoming an educated consumer, limiting or cutting out junk food, planning meals using a variety of foods, developing dining out strategies, and reducing both fat calories and portion sizes. Participants should be encouraged to eat 200-300 fewer calories per day than they have been eating, emphasize fruits and vegetables, consume less than 30 percent of calories from fat, and minimize fast food, sugar, and salt in their food plans.

Social Support

Social interaction helps develop positive interpersonal relationships and skills for dealing with psychological and emotional barriers to weight loss. Support groups can be organized to meet weekly for exercising, sharing recipes, and reviewing daily challenges with the program. There are also various online support resources. Coaching and training skills should be provided to maintain support and develop active listening and group dynamic skills. Support groups provide a safe environment for participants to discuss their feelings including their barriers to losing weight.

“Many adults do not have the knowledge or skills they need to modify their eating and physical activity habits.”

Mind-Body Connection

This program segment highlights the interconnection of the mind and body, in particular that thoughts can influence eating behavior. Participants are also provided with insights on food issues, body issues, eating behavior, making appropriate food choices, emotional issues about food and daily challenges, and developing skills to live a wellness lifestyle.

There are a variety of social and cultural issues that sabotage weight loss and maintenance. Five potential barriers include:

1. Hesitation to put self first (caregiver mentality). Many women and men feel guilty about putting their health priorities above their work, family, and community commitments. Early in weight loss programs, it's key to encourage participants to fuel up their own tanks first and then take care of everyone and everything else.
2. Unrealistic expectations. The quick fix—taking the easy way—to weight management is seductive. Advertisements give misleading information and provide unrealistic outcomes creating nationwide confusion about the difference between a good and bad carbohydrates, good and bad cholesterol, and good and bad fats. Participants should be educated that healthy weight loss constitutes one to two pounds per week.
3. Unreasonable social norms. Our social perception of an ideal body type is extremely unrealistic, especially for girls and women in today's culture. Body image pressures that keep men and women from liking or accepting their bodies include demands for

being youthful, thin, fit, and sexy. A healthy weight program emphasizes beauty in all body types and supports each individual to reach the best fitness level they can.

4. Family dynamics. Experiences and skills acquired in youth have a great influence on adult lifestyle habits and behavior. Identifying a person's family-accepted norms about food, physical activity, and emotional nurturing patterns can provide valuable insight into reinforcing positive behavior and altering negative adult habits.
5. Lack of skill development. Many adults do not have the knowledge or skills they need to modify their eating and physical activity habits. Seeking a professional for education, guidance, and coaching while learning new behavior skills is essential. There are many community health professionals available to help, including exercise trainers, registered dietitians, physicians, health counselors, and chefs and local restaurants catering to wellness. These providers can share a wealth of information about preparing healthful foods, establishing new eating behaviors, creating a physical activity plan, finding the time to exercise, and developing the skills to maintain emotional balance. These skills are essential for ongoing success. Women and men of all ages need encouragement, education, and mentoring to develop the necessary skills and behaviors to tackle this growing obesity epidemic. Providing opportunities for weight loss at home and at the worksite leads to a healthier community.

Lauve Metcalfe is Director of Program Development and Community Outreach for the University of Arizona's Center for Physical Activity and Nutrition.

PROVIDING SUPPORT FOR WEIGHT LOSS

For most people who are significantly overweight, losing as little as 5% to 10% of their body weight will bring health benefits—and losing more might not. Statistics show that people who are successful at losing weight are more knowledgeable about health, nutrition, physical activity, and wellness than those who are unsuccessful. So what sets these groups apart?

In many successful weight management programs, participants find that keeping a journal of their daily physical activity and food intake helps them lose weight. They also set reasonable goals for themselves and work toward positive changes in behavior. Then they work at maintaining their changes; not allowing themselves to slip back into negative eating habits and not exercising. The use of self-monitoring tools and assessments help guide many individuals in a successful approach to weight loss.



FINDING MEANING IN MEDICINE

Finding Meaning in Medicine is a community of like-minded healthcare professionals dedicated to rekindling in one another the commitment to service and exploring the core questions of a life in medicine such as:

- ◆ Are you feeling the strain of practicing good medicine in today's tumultuous medical and healthcare environment?
- ◆ Do you still experience the same enjoyment and satisfaction that your profession once gave you?
- ◆ Are you a medical student who wants to hold on to your ideals and values? Or another healthcare professional or practitioner who holds the vision of a more holistic healthcare system?
- ◆ Do you yearn for a community of physicians or other like-minded healthcare professionals, medical educators, and students who share your values of compassion, harmlessness, reverence for life, and service?
- ◆ Do you wonder how to rediscover and strengthen the meaning of your work?

The Institute for the Study of Health and Illness (ISHI) has been assisting physicians nation-wide to develop self-directed, ongoing values and meaning discussion groups in their communities, independent of institutional support. *Finding Meaning in Medicine* has evolved into a very simple and replicable group process that enables physicians to uncover the deep meaning that lies below the daily routine of practice, and to find strength within a community of physicians who share their values.

Medical students, other healthcare professionals, and medical educators are now replicating the program and adapting it to meet their respective needs.

The *Finding Meaning in Medicine* website, www.meaninginmedicine.org provides resources needed to help start an FMM group in your community, network with other FMM group facilitators, or join an online FMM group with your colleagues.

Medical Spas

There is growing interest in medical spas that include both wellness programs and medical services. Medical doctors and professional staff in spas and wellness centers enhance the credibility and image of the operation. However, having a medical model in spas increases the risk of liability and medical malpractice. Specific aspects of medical regulations, ranging from OSHA to HIPPA affect medical spas in ways that have never before concerned owners and management. The "Blood-Borne Pathogen Standard" and other OSHA regulations require control for exposure to blood and other potentially harmful body fluids. It stipulates that therapists wear gloves while performing certain treatments. According to OSHA, medical spas must comply with the "Health Insurance Portability and Accountability Act of 1996."

What Are Medical Spas?

A medical spa is defined as a facility with a medical program closely supervised by a licensed healthcare professional. Services integrate traditional medicine, nontraditional medicine, and spa treatments. Facilities can be classified in one of four categories:

- 1. Beauty or Skin:** Offers services that include medically-based consultations and treatments provided by a licensed healthcare professional or medically-trained aestheticians and therapists.
- 2. Therapeutic:** Services include therapeutic modalities focusing on specific medical issues such as cardiovascular disease and bariatrics.
- 3. Medical Centers or Hospitals:** Offer programs that include both Eastern and Western techniques of evaluation and treatment integrated with a variety of spa services.
- 4. Wellness Centers:** Encompass many of the same services as the medical/hospital facilities if they are physician-owned. May also be owned by medical wellness practitioners or entrepreneurs.

To learn more about medical spas, visit the Medical Spa Association Web site at <http://www.medicalspaassociation.org>

Acupuncture

a Supplemental Therapy

Dr. Patrick Gentile

Acupuncture is a Chinese system of healing that dates back at least 3,000 years. In acupuncture, sterile painless needles—as thin as a hair—are placed in strategic spots on the body to help fight pain and disease. The needles sit in place for 10 to 30 minutes while the patient lies comfortably on a massage table. Many people find the experience so relaxing they fall asleep during treatment.

Traditional Chinese medicine tells us that acupuncture works by directing the flow of qi (pronounced chi) through the body. According to ancient Chinese texts, disease arises when the normal flow of qi is blocked by what we would define today as stress, infection, poor diet, and other lifestyle issues such as smoking. From these and other factors, diseases such as high blood pressure, heart disease, cancer, emphysema, arthritis, and other common ailments may arise. Acupuncture is said to benefit people with these conditions by unblocking the flow of the body's natural energy, thus restoring health.

Research suggests that acupuncture may exert its healing effect by way of a network that runs through the body but is independent of the nervous or blood circulatory system. Laboratories continue to study the exact mechanisms through which acupuncture produces its therapeutic results. Increasing interest has focused on acupuncture for treating conditions that have no known therapy.

Fibromyalgia, chronic fatigue syndrome, irritable bowel syndrome, and

stress are among problems helped by acupuncture treatments.

In a typical acupuncture session, the patient lies down and is asked to relax. Then the acupuncture needles are inserted at specific points on the body. The location of the needles and the number of needles used will vary depending on the condition being treated. In certain instances, such as low back pain, a mild electrical current may be added to the treatment to provide faster and more thorough healing.

Treatments such as acupuncture are intended to provide a useful supplement to the therapies being provided by the patient's physician and should not be viewed as a replacement for them. Like all therapies, it may not benefit every patient, but countless numbers of people have been helped by acupuncture. Research is ongoing to define acupuncture and expand its use as its popularity continues to grow.

Dr. Gentile is director of a Complementary and Alternative Medicine Program in Wilmington, Ohio.



PEDOMETER USE AND INACTIVE PATIENTS

New research suggests that family practice doctors can motivate patients to be more active by providing a pedometer and explaining the benefits of exercise.

Ninety-four inactive participants who visited their family practice doctor for routine office visits received a short message encouraging physical activity to improve mood, energy, and overall health, along with a one-page handout about the benefits of exercise. They also received three follow-up phone calls from a health educator.

Of the 94 participants, 50 received pedometers with instructions to record their daily steps. For a period of 9 weeks, the researchers tracked the subjects' self-reported walking activity, participation, and adherence to the program. For the pedometer group, step counts were recorded as well.

At the study's end, both groups had walked more and improved their overall physical activity. However, 21 participants in the pedometer group reported adding nearly 2,000 steps per day to their routine. These steps translated into an extra 15 minutes of walking each day—half the amount of daily activity recommended by the American College of Sports Medicine.

SOURCE: Research presented at the American College of Sports Medicine's 51st Annual Meeting in Indianapolis. The author of the study is Steven B. Stovitz, MD.

Therapeutic Massage for Healthcare Services

Christopher Breuleux, PhD, RMT

Massage is one of the oldest therapies known to mankind. The oldest touch therapy records, dating back 4,000 years, document its medical use. The ancient Egyptians, Hindus, Persians, and Chinese applied forms of massage for many treatments and health conditions. Almost everyone, from newborns and children to seniors— even athletes—can enjoy the wellness benefits of therapeutic massage.

Massage therapy has been proven to be beneficial for both acute and chronic conditions such as low back pain, arthritis, bursitis, fatigue, high blood pressure, diabetes, immunity suppression, infertility, smoking cessation, and depression. A growing number of physicians and healthcare practitioners prescribe massage treatments for their patients and clients.

Physicians also recommend massage for relief of stress and tension that can lead to illness and disease.

“The health benefits of massage are far-reaching,” says Les Sweeney, executive vice president of Associated Bodywork and Massage Professionals (ABMP). Recent studies show continuing growth of therapeutic massage programs in medical facilities. Research from the American Hospital Association (AHA) confirms the number of licensed or registered massage therapists working in medical centers has increased significantly in recent years.

Qualifications of Massage Therapists

In most states, massage therapists are required to graduate with a minimum of 500 hours from an accredited school of massage. They must pass a written and practical exam and obtain a license or certification in the state in which they practice. Massage therapists indicate their credentials with the designation RMT (Registered Massage Therapist). The increased regulation of massage makes physician referral and insurance reimbursement more common. Currently 33 states and the District of Columbia regulate massage therapy as a profession.

Types of Massage

Many consumers are confused by the more than 200 variations of massage, bodywork, and somatic therapies.

Therapy categories include:

- **Massage therapy.** The application of soft-tissue manipulation techniques to the body, generally intended to reduce stress and fatigue while improving circulation and relaxation.
- **Bodywork.** This includes various forms of touch therapies such as massage, structural integration, polarity, Rolfing, and Hellerwork. They often use manipulation, movement, and/or repatterning to affect structural changes to the body.
- **Somatic.** The term meaning “of the body,” is often used to describe a mind-body or whole-body approach instead of a physical perspective alone.

Most varieties of massage therapy can be broken down into five basic categories:

1. Swedish and Contemporary/Western massage
2. Oriental and Eastern massage
3. Structural/functional and movement integration
4. Neuromuscular, deep tissue, and sports massage
5. Medical massage

Most Common and Popular Types of Massage

- **Swedish massage.** This is the predominant and most commonly used method of contemporary massage. This method, developed in Sweden and northern Europe, uses a system of long strokes, kneading, vibrating, and tapping techniques on the more superficial layers of muscles. It is designed to increase circulation and relaxation, which may improve healing and decrease swelling from an injury.
- **Neuromuscular massage.** Varieties include trigger point massage and myotherapy. Therapists apply strong finger pressure on trigger points of pain, deep massage, and passive stretching of specific muscles.
- **Deep tissue massage.** This approach is used to alleviate chronic muscle pain and soreness by friction and deep manipulation of soft tissues and muscles in problem areas.

Christopher Breuleux, PhD, RMT is President of the Medical Wellness Association. He resides in Houston, Texas.

“Massage therapy has proven beneficial for both chronic and acute conditions..”

- **Sports massage.** This uses techniques similar to those in deep tissue massage but is specifically adapted to the needs of athletes (both professional and the week-end variety). This massage often is used before or after sporting events as part of an athlete’s training, and to promote healing from injuries. It also benefits performance, recovery, and injury prevention.
- **Medical Massage.** Medical massage, which differs from deep tissue and Swedish massage, is an adjunct to medical treatment to enhance the effectiveness of care. This form is beneficial as

part of the physiological and psychological healing and rehabilitation process.

Medical massage works for patients who have health problems or injuries that require physician or hospital care.

Massage therapy appears to be growing in public popularity and is gaining acceptance in the medical community. As a profession, massage is a scientifically proven health and medical modality that has gained widespread popularity and consumer value.

1. Berland, Theodore., *Hospitals Embrace Massage*, *Massage Therapy Journal*, January 2004, p60.
2. Beck, Mark., *Theory and Practice of Therapeutic Massage*, Milady Publishing, Albany, NY, 2002.



Briefs

COMMUNITY WELLNESS PROGRAMS

American on the Move

www.americanonthemove.org

This initiative is dedicated to helping individuals and communities make positive changes to improve health and quality of life. It promotes two simple daily changes: walk 2000 more steps and eat 100 fewer calories per day. These practices will help participants become more energetic while preventing weight gain.

WALKING IN THE FALL

Walktober is a new national walking campaign inspiring individuals to make walking a priority during the month of October and beyond. It was developed for use by Health and Wellness Coordinators, Human Resource Managers, Fitness Trainers, and Healthcare Professionals.

MEDICAL WELLNESS NEWS!

Now you can get FREE personalized health information!

You will receive *Medical Wellness News* directly via your e-mail. The e-newsletter is free, and what's even better, you can customize your newsletter to suit you. Your customized/personalized Medical Wellness e-newsletter will contain only the health information you select.

TriHealth Pavilion

Program Review

Providing integrated and comprehensive services to the Cincinnati community



Overview

The TriHealth Fitness & Health Pavilion opened in 1997 to improve the health status of the community through prevention, wellness, exercise, rehabilitation, and health education. As an integral part of the TriHealth healthcare system serving Cincinnati and surrounding communities, the wellness programs provide a variety of opportunities for physical, mental, and emotional well-being delivered by caring health professionals. The TriHealth Pavilion brings together a full range of medically sound programs as well as credentialed medical, health, and wellness professionals from partnership of Bethesda and Good Samaritan Hospitals to help members meet their personal wellness goals. TriHealth Preventive Health Systems currently offers programs and internships for Integrative Health & Medicine, Athletic Training, Corporate Health Promotion, Wellness, Child Development, Fitness Business Management/Marketing, and Day Spa Management.

Programs and services

The TriHealth Pavilion provides a full range of medically sound wellness programs, ranging from stress management to low-fat cooking and skin cancer prevention, from area

physicians and dietitians. Holistic Therapies offered include Integrative Medicine, acupuncture, Alexander technique, healing touch, intuitive energy, massage therapy, meditation, reiki, Tai Chi, and yoga. Body Treatments offered in the spa include salt glow, aroma therapy, herbal, enzyme, seaweed and mud wraps, facials, craniosacral therapy, and myofascial release. The aquatic center and warm water therapy pool meets the guidelines of the Arthritis Foundation for group exercise classes taught by Arthritis Foundation certified instructors, and Back Basics taught by an Athletic Trainer. People of all ages and health can enjoy a variety of activities aimed at enhancing quality of life.

Highlights and Awards

The TriHealth Pavilion was the first joint-venture wellness center between two major healthcare systems. The TriHealth Pavilion has been recognized as the Best Health Club in Cincinnati, one of the Top 100 Clubs in North America, Fitness Management NOVA7 Awards for Promotions, Sales and Marketing for Innovation in Wellness & Health Promotion, and the 2002 MFA Distinguished Achievement Award for facilities over 50,000 square feet.

Medical Wellness Association
9100 Southwest Freeway, Suite 152
Houston, TX 77074



281.313.3040 voice
713.271.3261 fax
www.medicalwellnessassociation.com