TALK TO THE MIRROR

FLORINE MARK

Plan ahead to maintain diet in workplace

We're a nation "on the run." With our hectic jobs, impending deadlines and busy personal lives, more and more of us are eating meals out of vending machines or grabbing something quick at our desks.

Many of the foods commonly available in most vending machines, corporate break rooms, company snack bars and cafeterias are unhealthy and detrimental to our weight management programs.

Most of them, such as candy bars, are very high in fat and very low in essential nutrients.

The best way to maintain a dieting program during your workday is to make nutritious, low-calorie choices. Don't go out for fast food or venture near the company snack cart. Instead, bring your healthy foods to the workplace from home.

The break room refrigerator will keep salads, nutritious soups, low-fat milk, non-fat yogurts, fresh fruit and raw vegetables fresh and on-hand. Dried fruits, plain popcorn and rice cakes can be kept at your desk. But don't make the mistake of substituting these snacks for lunch.

You can also try to persuade your company to put in at least one vending machine that offers fresh apples, dried fruits, fat-free granola, trail mix and other health foods.

Do the same with your cafeteria manager. Ask for low-calorie, high-nutritional menu choices made with minimal amounts of sugar and fat. Your coworkers will thank you for it!

Stay On Track By:

•bringing low-calorie lunches and snacks to work

•requesting nutritious, low-calorie foods in the company break room and cafeteria

•keeping low-calorie snacks at your desk

•skipping fast-food lunches and junk-food snacks

Some Tips For Success:

•munch on carrot or celery sticks instead of reaching for fat-laden chips

•skip the dressing at the salad bar or opt for vinegar and oil

•take the stairs instead of the elevators

Remember, everything is easier with encouragement and praise. Get a workplace friend to join you in eating healthy. Agree with colleagues that candy jars will be eliminated in your department. Add low-fat bran muffins and bagels to the doughnuts and other sweets that are typically served at morning meetings.

Organize a weight-watching support group with colleagues and friends, and attend meetings together. You can also organize a walker's club with co-workers and use lunch breaks to increase daily physical activity.

Exercise makes lunchtime a real break from work. Visualize the level of fitness you hope to obtain. Make a list of all the good things that will come from achieving your goal — more energy, physical ease and grace, clothes that fit better and increased self-confidence. You'll go back to work more refreshed and on track.

The easiest way to avoid the pitfalls of dieting during the work day is to stay away from the places where pitfalls occur. Few of us have enough will power to ignore the sights and smells of foods that aren't good for us. By bringing your own food to work, you don't expose yourself to the temptation. Stay out of the company cafeteria and the local bistro.

Instead, find a pretty park or pleasant fountain where you can people-watch, or bring a good book for a quiet read while you eat.

With a packed lunch, you'll save money, too.

(I love hearing from you! Please submit any questions, inspirational stories or suggestions for upcoming articles to: "Talk to the Mirror," Weight Watchers Corporate Communications, P.O. Box 9072, Farmington Hills, MI 48334-2974 or fax: 248-533-7106.)

Pro practices speak to common injuries

BY NICOLE STAFFORD
STAFF WRITER

Professional athletes might seem like physical gods in their ability to rapidly recover from injuries, but they differ little from weekend warriors and other exercisers when it comes to a hamstring pull or knee blow-out.

"They're just like everybody else," said Christine Magnant, supervisor of Henry Ford West Bloomfield's Center of Athletic Medicine, where many of the Detroit Rockers, Lions, Red Wings and Tigers come for rehabilitative treatment of their sporting injuries.

Rest, ice, light stretching and a gradual return to physical activity is the same process that brings athletes back into the playing arena, she said.

The West Bloomfield medical center also boasts having Dr. Keith Burch, one of the Detroit Lions' two team physicians, on the staff of their internal medicine department. The Bloomfield Hills resident also is Henry Ford Health System's northwest region medical director.

Burch not only monitors the overall health and injuries of all the Lions players but also travels with the team, attending both home and away games from the sidelines.

Professional athletes do tend to recover from injuries more quickly than recreational athletes because of their high motivation levels and excellent physical condition, Burch said.

Another factor is their access to physical therapists, physicians and other health professionals with experience in sports medicine, said Lions head athletic trainer and president of the National Association of Athletic Trainers, Kent Falb.

"It's interesting to note that, whether you're a weekend warrior or an NFL superstar, you have the same body types and cell structure," Falb said. "The healing is about the same. We're just trying to speed it up a little bit."

"The similarities," Burch said, "are that you can't over-extend yourself and you should have some knowledge of the injury, so that you're not doing something that will further hurt or prolong it."

Although "John and Mary who run on the weekends don't have the luxury" of immediate diagnosis and daily physical therapy, Falb said, they can mimic the professional attitude towards injury.

In general, most keep close tabs on the condition of their bodies, he said. "The optimum health and function of the body is very important...in either case (professional or'non-professional) when there is a disease or injury in the body, it impedes physical ability."

But perhaps most critical to successful recovery and performance, Falb said, is determining when to resume physical activity.

Surprisingly, professional athletes tend to be more sensible about this decision, despite pressure to return to work, said Magnant.

Injured weekend warriors also probably do one-quarter of the recovery work professional athletes do, she said.

Everyday exercisers, who injure themselves and seek medical attention, typically meet with a physical therapist from two to six hours a week.

That's no comparison to the more than 20 hours a professional athlete would spend in rehab per week.

The bottom line is that professional athletes are privy to knowledge and resources that aid recovery.

Weekend warriors would be wise to seek out their own resources and develop the same kind of patience, Falb said.

Sometimes, the superhuman status of athletes skews public perception of human possibilities, he said.

"We get so carried away with the idea that we can beat mother nature," he said. "That's the exception, not the rule, even in professional sports."

STAFF PHOTO BY LAWRENCE R. MCKEE

Injury recovery: *Detroit Lions assistant athletic trainer Bill Ford tapes up the foot of Lions tight end David Sloan. The process of recovering from physical injuries is the same for professional athletes and weekend warriors, said those who regularly treat members of the Lions football team.*

Physical therapists oppose Engler decision

BY NICOLE STAFFORD
STAFF WRITER

Local physical therapists are concerned about a recent decision by Gov. John Engler to eliminate Michigan's licensing board for the profession.

In an executive order Engler signed Aug. 15, the governor abolished the nine-member board, comprised of five physical rehabilitation therapists and four public members, transferring authority over the field to the state director of the Department of Consumer and Industry Services (DCIS).

Michigan's Board of Physical Therapy, created by a 1965 statute, had been charged with issuing physical therapy licenses, handling consumer complaints and imposing disciplinary sanctions on therapists in violation of licensing requirements.

"The board is there to try and protect consumers and help set high standards of practice," said Rhonda Kotzen, a physical therapist at Botsford Hospital in Farmington and co-director of the Michigan Physical Therapy Association, eastern division. "It takes away our peer review, which we think is critical."

The board, by virtue of its public members, insured that the general public had an impact on how physical therapy was practiced in Michigan, said Janet Downey, PT, Michigan Physical Therapy Association president and an Orion Township resident.

"I feel very strongly that we need the professional direction of the board and that we need the public input," she said. "Also, professionals should discipline professionals."

Meanwhile, the legislature's house Health Policy Committee met Sept. 30 to consider a resolution opposing the executive order and to hear testimony on the issue. The legislature has until Oct. 15 to reverse the decision.

Submitted by Rep. Griffin (D-Jackson), the resolution received committee support and has been introduced in bill form on to both the house and senate floors.

Other reasons those in the health profession oppose the change include fears that:

-decreased oversight will result in an increase in fraudulent practices in the field

-the move is a step towards abolishing state licenses for physical therapists.

-licensures and other procedures carried out by the board will take longer periods of time to process.

Engler's rationale for the decision, according to Tom Lindsay, director of the state's Office of Health Services, was that activity on the physical therapy board was minimal.

The board handled less than 10 disciplinary actions in the last several years, he said, citing an example.

Besides, the authority transfer will not radically alter the process of handling consumer complaints and taking disciplinary actions, he said.

Staff members from the department he oversees are already responsible for investigating consumer complaints, and the DCIS director is charged with finalizing disciplinary measures.

"The governor is looking for all kinds of ways to make government smaller and more streamlined," Lindsay said. "This is one of his ways to do it."

In the executive order, Engler also eliminated the state's Board of Occupational Therapists. A similar board for registered sanitarians also was recently eliminated.

About 5,000 licensed physical therapists practice in Michigan.

"The only thing that this really changes is that we used the board of physical therapy, as we used other boards...to make rule changes or a policy change...what this will mean is that (DCIS directors) will have to look for ways to accomplish this task informally," Lindsay said.

"We will still be reviewing and investigating physical therapists and taking actions where it is appropriate."

However, some therapists believe the mere existence of a licensure board wards off harmful and fraudulent practices.

"My sense is that we might well see an increase in the report of complaints and problematic practices," Downey said. "It's much like the speed limit signs on the highway."

Check out the facts before taking diet pills

TO YOUR HEALTH

DR. KEITH LEVICK

Every newspaper, television network and radio station has discussed the dangers of diet drugs. The entire weight loss industry is paying close attention to the recent hysteria, and drug companies are scurrying about trying to recover losses and look for new and improved drugs.

Physicians willing to write endless prescriptions are meeting with their bankers and CPA's. Lost in this mayhem are the millions of patients who were taking Phen/Fen, Redux and other such medications.

This has led many of my adult patients to inquire about the use of Phen/Fen, which is a combination of two drugs. As the battle of the bulge continues to escalate – and with more overweight people than thin – the need for immediate intervention is paramount. But are diet pills right for you – especially in the light of negative media attention?

Taking any medication for a disease or illness is a serious decision. Obesity in a disease; being 10 pounds overweight is not. Obesity is defined as being 30 percent over your ideal weight and/or having a BMI (Body Mass Index) greater than 27. A woman who stands 5-4, for example, should weigh approximately 120 pounds, depending on muscle mass and other factors. At 160 pounds, this woman may be classified as obese. Body Mass Index is another way in which obesity is defined but requires the use of a complex formula.

Like many Americans, you may not be obese but want to lose those extra pounds for any number of reasons. Why not take medication to aid your efforts? There's a simple reason to that question: Medical intervention is not intended for cosmetic desires. To do so would be tantamount to using a sledge hammer to hang a picture on a wall. Unfortunately, American society is conditioned to seek the quickest, fastest and easiest solution, and in the end many are left with failure and other complications.

But what if you are one of the 60 million people who suffer from obesity? Is medication an option? What about the associated risks? If I can borrow a line from comedienne Joan Rivers, "Can we talk?" Medical intervention is necessary for an obese individual. The numerous associated health risks can be deadly.

Now, the facts about Phen/Fen. These medications have been used successfully for years. In fact, Pondimin (Redux) has been used in Europe since 1985. Why then did the Food and Drug Administration take these medications off the market? In July, the Mayo Clinic reported a possible link between Phen/Fen and heart valve disease – and the hysteria began. The public received only pieces of information, however, resulting in misunderstandings. I have serious concerns as a researcher.

First, this was a report and not a scientific study. The usual controls (the Scientific Method, for example) were not in place. Next, the report established a "possible link". In the field of science, there is a major difference between "possible link" and "casual link".

Finally, the report was based on a sample of just 24 women. Two took a higher than recommended dose, while another five were taking the prescription drugs Prozac and/or Zoloft in conjunction with Phen/Fen. Based on these findings further scientific research is required, but to draw a major conclusion is inappropriate.

I am not defending the use of these medications. My points are two-fold. First, all medications have side effects. We depend on the scientific community to provide us with the safest and most effective ways to deal with disease. In this particular case media sensationalism has fueled the fire of hysteria. Only the facts can diminish the flames, and although it's not perfect, science is our best hope.

Furthermore, pointing fingers at the FDA, pharmaceutical companies, and physicians is ludicrous. Laziness and the conditioned need for a quick fix has led to medication abuse. The legitimate programs, physicians and medications are not responsible for our failures. We are responsible for our health, so let's start demonstrating that responsibility.

If you need medical help for obesity, The American Society of Bariatric Physicians (ASBP) is a medical organization that teaches physicians how to treat the problem. To find a bariatric physician near you, call 1-303-779-4833.

(Dr. Keith Levick is a health psychologist and the director of The Center for Childhood Weight Management in Farmington Hills. You can reach him at 248-855-5771 or send him an e-mail at Klevick@aol.com.)