

Nebraska Medicine

Fall 2013 | Volume 12, Number 3

Exercise

The Prescription
you Should Write
Every Day

Rx

Name

You

Address

Date

Today

- Improve diet
- Exercise
- Get fit!



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Association

Advocating for Physicians and the Health of all Nebraskans

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Phone (402) 474-4472
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The Rx that we should write every day

by Dan Noble, MD
Immediate Past President, NMA

No matter who you are (doctor or patient), what you do, or where you live, exercise should be a vital part of your daily routine. Over the years, I have heard of every excuse under the sun as to why “I just can’t find the time,” but they just never seem to stand up to closer scrutiny. I know we all lead busy lives, and there always seems a reason not to exercise today or tomorrow. Actually, that may be true once in a while, but, in reality, that is rarely the case. The real problem is not being able to clearly see the benefits of long-term exercise and the fitness it produces. It may take some creativity to fit in enough exercise in a day, but it can almost always be done. You will need four to five days of exercise a week during which you can mix and match flexibility, strength, aerobic, and even anaerobic training. You need to add in a rest day here or there, and that will contribute some flexibility to your schedule.

First, you have to find which form of exercise you enjoy the most because that will keep you interested. If you don’t like it, you won’t do it. Running, walking, biking, weights, yoga, P90X, Insanity, dance, swimming, martial arts, cross fit training, and/or other moderate exercise will all lead to excellent results over time. Make it challenging, but also fun. Choose more than one form of exercise for the sake of variety and the

cross training benefits. Have an exercise buddy if you can. Once you have started a program, commit and stick with it. Never underestimate the value of setting goals. Pursue them with passion and realize the significance to your health achieving them will bring. Do not settle for less. It will be worth the effort in the end, and you may even inspire others around you by your example.

In reality, exercise and good nutrition together have amazingly positive effects on you and your body that are greater than either one individually. Synergistically, they can produce a new you that is healthier, more flexible, stronger, and fit enough to blast through life without worrying about it.

Pursuing a course of good nutrition and exercise is a lifestyle choice we make. By choosing wisely, we will be happier, have more energy, think more clearly, and definitely live longer. Just make it a regular part of your life and start now. No shortcuts. And as Jillian Michaels says: NO EXCUSES!

Some really interesting exercise research findings report:

- A graded aerobic training program over a three-month period can augment the aerobic power of 65 year old subjects, effectively reducing the biological age of the oxygen transport system by 20 years!
- Muscle strength can be greatly increased by as little as eight weeks of resistance training, even in 90 year old subjects!
- Regular load-bearing exercise can halt and sometimes even reverse bone mineral loss through the eighth decade of life!
- Regular exercise training is protective against a number of chronic diseases, and biologic age can be reduced by as much as 20 years!



Patients may or may not follow your lead on a suggested exercise program. One thing for certain, they won’t begin one if it’s not discussed, but studies show they are far more likely to do so if recommended by their doctor. A 2010 CDC report revealed that only 32.4% of patients had been advised to take up or continue to exercise by their doctor or health professional, despite the fact that 82% of all adults do not achieve the recommended amount of exercise per week by HHS guidelines. We can and must do better. The same CDC report indicates that 58% of physicians exercise three days or more per week. We should try to obtain at least that high a percentage in our patients.

At least \$150 billion per year is spent on the care of health problems related to obesity and poor fitness levels which would be drastically reduced if exercise would become a cultural expectation of daily life. Exercise and nutrition could be the yin and yang of the solution to many of the medical problems which our society now faces. □

The Exercise Prescription: A tool to improve physical activity

By Edward M. Phillips, MD
Founder and Director, Institute of Lifestyle
Medicine, Joslin Diabetes Center,
Harvard Medical School, Assistant
Professor of Physical Medicine and
Rehabilitation, Harvard Medical School
and

John C. Luce, DO
Clinical Fellow, Harvard Medical School
Resident Physician, Spaulding
Rehabilitation Hospital



Edward M.
Phillips, MD



John C. Luce,
DO

Background of the Problem

Physical inactivity has been described as the biggest public health threat of the 21st century.¹ In 2006, the U.S. Department of Health and Human Services called for the creation of physical activity guidelines.²

These guidelines were released in 2008. However, according to Healthy People 2020, more than 80% of adults do not meet the guidelines.³ It is imperative to employ new strategies that will resonate with Americans and move toward achieving the physical activity recommendations outlined in the Physical Activity Guidelines for Americans (Guidelines).

Leveraging Our Health Care Providers

Health care providers are uniquely positioned to educate people about the importance of physical activity as a regular part of their lifestyle. The National Physical Activity Plan, released in May 2010, advised physicians to make

physical activity a vital sign recorded at every visit to understand a patient's current level of physical activity.⁴

According to the Annals of Internal Medicine, 92% of patients agreed or strongly agreed with the statement: "If my doctor advised me to exercise, I would follow his or her advice."⁵ Unfortunately, clinicians are not taking advantage of this opportunity. Only one in three patients indicated that they had ever received advice to increase activity.^{6,7}

Advice in Prescription Form

Given the universal health risks of a sedentary lifestyle and the benefits of exercise, it is the role and responsibility of a physician to recommend exercise to

patients. The recommendation to exercise should be given with the same thoroughness as that of medication (Figure 1). It should be delivered in the form of a prescription, providing specific instructions on the proper dose and type of exercise needed (Figure 2).

Screening

While it is important to account for each patient's medical history, the evidence shows that the benefits of regular physical activity far outweigh the inherent risks.⁸ The most common type of adverse event is a musculoskeletal injury. Serious adverse events, such as myocardial infarction and sudden cardiac death, are relatively rare and

(continued on Page 4)

Medication Prescription	Exercise Prescription
Medicine: Ibuprofen	Exercise Type: Walk
Strength: 600 mg tablets	Strength/Intensity: Moderate intensity
Route: By mouth	N/A
Dispense: 90 tablets	Time: 30 minutes
Frequency: Three times per day	Frequency: Five days per week
Precautions: Discontinue for stomach upset	Precautions: Increase duration of walking slowly to avoid injury
Refills: 3	Refills: Forever

Figure 1. Comparison of Medication and Exercise Prescription Format

Figure 2. Exercise as a Prescription

most closely related to the intensity-level of the activity.²

Components of the Prescription

An exercise prescription should follow a similar format to a prescription for medication. The FITT principle (Frequency, Intensity, Time, and Type) serves as a template to write an exercise prescription.

Frequency

Frequency refers to how often an activity is performed. To reach the Guidelines goal value of 150 minutes per week, patients might exercise five days consisting of 30-minute walks, two days of 75 minute exercise classes, or anything in between. The most effective frequency to prescribe is one that is practical and attainable. Additionally, patients should be advised to complete muscle-strengthening activities for all major muscles groups at least two days each week.

Intensity

Intensity describes how hard the body needs to work to perform an activity. It is important, as it is the most closely related to serious adverse events. Prescriptions for low- to moderate-intensity aerobic activities can and should be given to most people, but vigorous intensity prescriptions should be more carefully scrutinized. Patients should be taught how to gauge their own level of intensity during the prescription process.

While metabolic equivalents (METs) are commonly used to express the absolute expenditure of energy, a relative measure of intensity may be a better indicator of cardiovascular stress.⁹

The talk test (TT) rates intensity based on the ability to talk during exercise and has been shown to be an effective tool for exercise intensity.¹⁰ At a low intensity, an individual should be able to talk or sing; at moderate intensity talking is still comfortable, but singing becomes more difficult; and at vigorous intensity neither singing nor prolonged talking is possible. This is an easy concept to describe and can provide a basis for intensity.

The Guidelines note muscle-strengthening activities need to be done at a moderate-to-high level of intensity.² For weight training, patients should be encouraged to choose a weight or resistance that allows them to complete at least 1 set of 8-12 repetitions. They should be encouraged to work toward completing 2-3 sets of 8-12 repetitions per exercise.

Time

Time refers to the number of minutes an activity is performed. While 150 minutes of moderate (or 75 minutes of vigorous) intensity physical activity is recommended, the sessions do not have to be completed in one continuous bout. Accumulating activity through multiple short bursts of 10 minutes or more throughout the day will also produce health benefits.²

For muscle-strengthening activities, patients should be encouraged to work all of the major muscle groups to near exhaustion during each session.

Type

Type describes what kind of activity will be performed. The best type of activity for an individual is one they

will do regularly. It is advisable for patients to participate in more than one type of activity to utilize different muscles and help prevent overuse injuries.^{12, 13}

A discussion of all of their limitations, including physical and financial, is important. Simple is often best, and walking has consistently been shown to be an extremely effective form of aerobic exercise.² The same is true for muscle-strengthening activity. It is important to note that physical activity incorporated into daily life is an efficient way to accumulate physical activity.^{13, 14}

Progression

The final step in the exercise prescription process is progression, which can occur by increasing duration, frequency, intensity, or a combination of these. Pushing too hard in the beginning often leads to dropout. The ultimate goal for all patients should be to achieve an activity level that is consistent with the Guidelines.

Summary

Assessing physical activity as a vital sign broaches the subject of the patient's activity level and guides the initial negotiation of the exercise prescription. This process can be done effectively and efficiently if the physician sees it as their responsibility. The prescription itself mimics the form of a medication prescription. The frequency, intensity, time, and type of exercise are designed to safely progress the patient to meeting the Physical Activity Guidelines for Americans of 150 minutes per week of moderate intensity physical activity.

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Heart-healthy for a lifetime: my continued struggles

by Daniel R. Anderson, MD, PhD

Blame it on the stresses of medical training, lack of exercise, grabbing quick snacks and fast food in place of meals, or all of the above. But



when I stepped on the scale and it tipped 235 pounds, I knew I had to make some serious life changes.

My biggest change was truly being accountable for my actions or in reality, my inaction. I stopped snacking and nib-

bling and committed myself to eating balanced meals with no snacking in between. I picked a time and place and what I was going to eat (i.e., the foods as well as the portion size) and I stuck to those three decisions. Everything else was off limits ... I didn't eat it. I also practiced portion control and began making healthier food choices. I realized that many of the foods I was eating (in one sitting) supplied me with more than half the calories I needed in a full day. I also realized that snacking was my personal enemy. Bagels are my benchmark and are what I associate with being 235 pounds. Bagels are what I associate with being a cardiovascular event waiting to happen.

With the support of my wife and family, I started dropping the weight. As I dropped the weight we added exer-

cise to our routine, and we still run together today. Within a year, I lost 50 pounds. With that weight loss I was amazed at how much better I felt, both physically and mentally. My systolic blood pressure dropped 20 mmHg, my triglycerides dropped from 165 to <75, my HDL doubled to over 50, my LDL dropped from the 130s into the high 60s, and my snoring disappeared. Overall, I reduced my risk of having coronary heart disease within 10 years by 6 fold.

FYI, snoring has become my weight barometer and this has been a good thing!!!

I had been full of excuses for years. I now have no excuse and can't hide it. Again, my snoring gives it away!! There is no question I have relapses and I have to refocus. I view each day as a time to reassess. Thus, I weigh every morning and every morning is a starting point for setting a goal and making a plan for the day. I decide what I eat and my activity level. Do I stick to it every day? NO! Is life a balance? Yes! But the scale and my snoring keep me accountable!

Ownership of the problem: When finally I took ownership, that is when I succeeded, lost the weight, and thus far, I have kept it off. With ownership and accountability, I actually practiced what I preached to my patients. It's not rocket science, but it is HARD and requires true and constant effort.

The key to remember is that what you eat counts. Heart disease is due to a lifetime accumulation of bad food choices and unhealthy lifestyle habits

on top of your family history and genetic background. Heart disease starts in childhood, progresses as an adult, and typically presents in the sixth decade. However, as we all know, heart disease can present in the 30s and 40s. Obesity is a central aspect of this problem. Obesity reflects or represents the clinical presence of the many pathogenic mechanisms of accelerated heart disease. Just by losing weight and making better food choices, like me, you can lower your heart disease risk dramatically.

Importantly, it's never too late to make changes and reverse some of the risk factors for heart disease. As I tell my patients, friends and family, you can make a significant impact even if you are 80 years old. Modifying your risk factors has the real potential to change or lengthen the time before you have a cardiovascular event, or your "time-to-event." For example, if I had a crystal ball and knew my heart attack would occur on July 3, 2023 at 07:24:35, what I confidently know is that I can delay "my time-to-event" with healthy choices and exercise. Likewise, I can also accelerate "my time-to-event" with bad choices.

Let's see... do I pick to have a heart attack in 2019? How about 2016? Should I stick with 2023? Maybe 2030? How about NEVER!?

Time will tell! Again, I have no excuses since I have proven already I can change my risk profile. My general rules for healthy eating are well established. These include not only controlling your calorie intake but also, make

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“Health is merely the slowest way someone can die.”

– Author Unknown

by Wade Fornander, MD

Imagine the headline: “Add three years to your life! Think more clearly and improve concentration. Have more energy every day. Reduce stress. Reduce your risk of diabetes up to 50%. Reduce your risk of high blood pressure, stroke, heart disease, and cancer. You can have all this for one low price!!” If this were packaged in a pill for 30 dollars a month, there would be advertisements everywhere we look. Health stores and pharmacies would be making millions of dollars selling this promise, and the American public would be lining up to buy it by the truckload.

Obviously, there is no pill that will do all the headline promises. However, the amazing news is a 1.5% time investment in exercise can do everything promised and more. Research on exercise has proven exhaustively all we need to do is get moving to enjoy all these benefits. Exercising 150 minutes a week (30 minutes a day, 5 days a week) equates to only 1.5% of our time in a week (2.5 hours out of 168 hours per week). Knowing what little time it takes for exercise to be beneficial and looking at all the time we spend on less important things, how can we afford not to exercise? How can we not be recommending exercise to our patients?

According to the Centers for Disease Control and Prevention, 35.7% of U.S. adults are obese and annual costs for

medical care related to obesity are close to \$150 billion a year. Fast food, overeating, an abundance of nutrient-deficient food, sedentary lifestyles, video games, television, and many other factors have contributed to this epidemic. It is time for physicians and other health care workers to take control of their own health and be an example for their patients.

As a busy family medicine physician, I previously worked in McCook with the McCook Clinic and McCook Community Hospital. The past two years I have been a faculty physician for the Lincoln Family Medicine Residency Program. Like many physicians, I work full days and take call, cover OB care, and staff inpatient admissions. The hours can be hectic and unpredictable, especially in rural practice with emergency room coverage and seven day a week coverage of hospital patients. Even during this time, I decided fitness and exercise would be a priority in my life. I trained for road races, marathons, and most recently finished my first Ironman Triathlon in Madison, Wisconsin. I have made choices about how to spend time outside of work which make a difference in my health and my ability to enjoy life and be a husband and father. If you think you are too busy to exercise, consider reordering your priorities to make time to exercise, improve your eating habits, and add years to your life.

Here are five suggestions to get you started:

- Schedule exercise time on your calendar. Exercise early in the morning – this limits interruptions and does not affect family time.
- Write down your goals. Schedule a road race or walk, bike ride, or other event to keep you motivated.
- Cut out 30-60 minutes of television or other screen time (or use a treadmill or fitness equipment while you watch TV). Try cutting cable or satellite – it’s refreshing!
- Find an accountability partner to meet you every day – you can’t leave them waiting outside for you on a cold morning.
- Make exercise “family time” (walk the dog together, ride bikes together, go to the park and play soccer).

Working longer hours, making more money, watching more television, and suffering from chronic, preventable diseases will not be something to remember. That is not the legacy you want to leave to your children; that is not a good example for your patients. Strengthening your body and mind, hiking mountains, riding bikes with your children, and interacting with God’s creation and nature should be all the motivation you need to get moving!



My personal weight loss story

by Mike Zaruba, MD
NMA Board Member

In August 1991, I began medical school weighing around 170 pounds. I felt healthy and I routinely exercised. Nearly 20 years later,



February 2010, I had reached a weight of 272 pounds. I had fallen into a pattern of unhealthy eating and indulging in fat-laden foods. I was overeating on a daily basis and I always had an excuse to not exercise. Quite frankly, the

last thing I worried about was my own health! As I examined my personal health habits, I realized I was heading down a path in life with very devastating consequences. I discovered in February 2010 that I had a metabolic syndrome. Because of this diagnosis, I felt an urgency to make an immediate change in my life if I wanted to see my young daughter grow into adulthood.

My story of regaining a healthy lifestyle begins Feb. 28, 2010, not with a quick-fix or fad diet, but simply, with a change to a more healthy diet and a commitment to exercise on a daily basis. As a primary care physician, I am frequently asked by patients about the latest and greatest weight loss diets or

recently introduced “miracle pills.” Most of us know that meaningful life-long results cannot be achieved by either of these methods. The simple truth is that weight management is based on this basic principle: Daily caloric intake cannot exceed daily calories expended. While the concept is easy to understand, the commitment can be very difficult.

My personal health plan has two basic parts:

- On a daily basis, I record the caloric content of everything I eat. Recording the food I eat with the caloric content requires me to know what I am eating and how much I am eating. Surprisingly, this knowledge has proven to be very useful in my practice while counseling patients on nutrition and weight management. Most people, including some physicians, have very little knowledge about the nutritional value of foods and serving sizes. I believe that one needs to keep this tracking simple to be successful. Therefore, I track only calories and I do not track individual nutrients such as fat, carbohydrates, or protein. However, I do review this nutritional information on food labels when making my food choices.
- I exercise every day and make it a routine to my day. For me, it is

scheduled early every morning. I find that many people fail to exercise because they fail to commit it to their schedule. Their lack of scheduling exercise automatically makes exercise a non-priority. I am proud to say that at the time of this article I have missed only one day of exercise, due to illness, in the last 1200+ days.

Through the tracking of calories and exercising daily I now maintain a weight of 175 pounds and I have a normal BMI. My success with a course correction in my life did not come without a commitment and hard work. I firmly believe I was successful and continue to be successful in my quest to maintain a healthy lifestyle by focusing on the simple principle of calories in versus calories out. As physicians, I think it is important when educating and counseling patients that we focus on this principle to help patients develop their own custom plan for success.

My hope in sharing my personal story is that all residents and young physicians will make healthy habits a priority in their life today. I also wish to relay to the older physicians that it is never too late to start practicing a healthy lifestyle. □

Wellness Programs: creating a supportive culture in clinics and worksites

by Rebecca Vinton Dorn, MA
Executive Director
Wellness Council of the Midlands
(WELCOM)
www.Wellnesscouncil.org

Creating a worksite wellness program is an effective way for health care clinics, small nonprofits, and large companies to create a culture that supports a healthy lifestyle. However, the first challenge is to overcome the stereotype of the definition of “wellness.” To many, the word “wellness” only constitutes eating healthfully and working out. Workplaces, both from the private and public sector, which focus on the “whole person,” have found great success in combining traditional wellness initiatives with a specific business plan that is integrated throughout the entire mission of the clinic or organization.

Worksite wellness programs often times get labeled as, “fluffy” and not integrated the way other programs, such as safety, are implemented. However, the most successful wellness programs, meaning those that are results-driven, stem from creating a long-term business plan that fits the specific needs and interest of both the staff and the clinic or company itself. Through these programs, a supportive culture is being built that will not only align with the organization’s overall mission, but enable all staff the ability to either sustain or begin a more positive quality of life. Remember, the ultimate goal of any worksite wellness program is not to change the person, but

to change the environment to support them in their efforts to maintain or begin a healthy lifestyle.

A strategy that has proven to be highly successful for over 20 years for companies and clinics of all sizes is “The Well Workplace”© model, developed by the Wellness Council of America (WELCOA). The seven benchmarks, more commonly known as the “7 Cs” of worksite wellness, have enabled organizations the ability to develop long-term initiatives that are showing results both on the bottom-line as well as a more supportive work environment. By incorporating the benchmarks into a wellness program, organizations are focused on showing outcomes, rather than just addressing the “health issue of the month” mentality.

Companies that successfully “Navigate the 7 Cs” address the following points: 1. Capture Senior Level Support, 2. Create a Wellness Team, 3. Collect Data, 4. Create an Operating Plan, 5. Choose Appropriate Interventions, 6. Create a Supportive Environment and 7. Carefully Evaluate Outcomes. This process has a proven track record of success with physician clinics, schools, small business, and large companies alike. Although this process is a common-sense approach, implementing all the benchmarks appropriately can sometimes be challenging; especially if there is no support from the “top” down. Senior leaders or “champions” of wellness that communicate the importance of a healthy culture and the value the employees bring to

the clinic or workplace will find great success with participation in the wellness program. If the 7 Cs are repeated each year, the wellness program will begin to grow and a results-driven wellness program will develop.

So, what types of programs are essential in showing outcomes? The five key health interventions (benchmark #5) that WELCOA recommends all organizations implement include: Physical Activity, Healthy Eating/Nutrition, Stress Management, Tobacco Cessation, and Medical Self-Care. By offering programs on these five issues, the clinic will be addressing health issues that could benefit every individual in some capacity.

As with other clinical or business initiatives, results-driven wellness programs do take time and communication is the key to success. By shifting the attitude toward wellness into a more business-minded approach, clinics can create an environment that meets the needs and interests of all employees which is the ultimate goal. Sometimes reading between the lines or implementing initiatives that don’t fall within the stereotypical “health bucket,” such as reviewing the policy manual to include items that create an environment that employees feel appreciated and valued as individuals. Some examples of such policies include: flex time, telecommuting, vacation time, compressed work week, well-days off, etc. Additionally, employees that feel that



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Resources

In May 2013, the Nebraska Department of Health and Human Services along with the Nebraska Medical Association and several other organizations sponsored a conference titled: Creating a Culture of Wellness in Health Care Settings.

The following resources from this conference are available to you at http://dhhs.ne.gov/PublicHealth/Pages/wellness_conference_2013.aspx.

- Managing Stress, Achieving Balance, and Preventing Burnout for Healthcare Professionals
Jeremy Lazarus, MD, President of the American Medical Association
- Imperative for Lifestyle Medicine
- Liability Issues of Prescribing Physical Activity
- Exercise is Medicine: How to Get You and Your Patients Moving
- Lifestyle Medicine: National Perspective, Resources & Community
- Commitment to the Culture of Wellness: An Action Plan
Edward Phillips, MD, Institute of Lifestyle Medicine, Harvard Medical School
- Coding Preventive Visits
David Filipi, MD, Blue Cross and Blue Shield of Nebraska
- Liability Issues of Prescribing Physical Activity
Ryan Whitney, MD, Bryan Health
- Diet and Exercise as Medicine for the Whole Body: An Uncensored View
Dan Anderson, MD, PhD, University of Nebraska Medical Center
- Healthy in a Hurry
- Healthy in a Hurry: RESOURCES
Angie Frederick, MS, ACSM-HFS & EIM, YMCA
Julie Luzarraga, LICSW, DCSW, Omaha Integrative Care
Katie Walz, MS, RD, LMNT, Bryan Health
- 15 Minutes or LESS Office Health Coaching: Nutrition, Exercise, Tobacco Cessation
Katie Walz, MS, RD, LMNT, Bryan Health
Cindy Kugler, MS, CES, CSPS, CSCS, Bryan Health
- Practical Wellness Tips
- Prescription for Weight Loss
James Early, MD, University of Kansas School of Medicine-Wichita
- How Will You Create a Culture of Wellness in Your Clinic?
Joann Schaefer, MD, Blue Cross and Blue Shield of Nebraska
- Be Your Own First Patient
Tom Lenz, PharmD, MA, and Nicole White, PharmD
- Physician Clinic Success
James Canedy, MD, FACHE (Simply Well)
- Workplace Wellness
Rebecca Dorn, MA, (WELCOM)
- Healthy Eating on the Mediterranean Sea
Marcia Wallen, MS, RD, LMNT, Hy-Vee



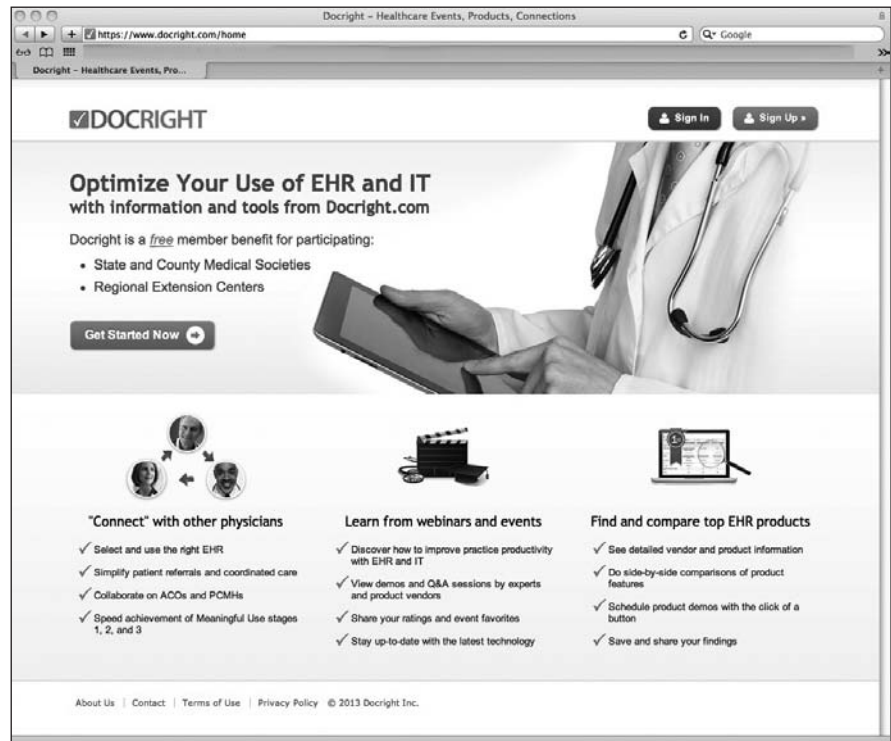
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The Exercise Prescription: A tool to improve physical activity *(continued)*

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Heart-healthy for a lifetime: my continued struggles (*continued*)

sure those calories are healthy calories. We all know these recommendations; we now need to ensure we OWN these recommendations.

- Limit saturated fats and cholesterol and avoid trans-fats. Trans-fats, the worst of the fats, are “hydrogenated” or “partially hydrogenated” oils. Read the nutrition labels and choose foods with monounsaturated fats such as olive oil or polyunsaturated fats found in nuts and seeds. Avoid over-processed oils and avoid cooking at high heat since heating oil results in oxidation of oils which is unhealthy. Importantly, trans-fats (more than two grams/day of a 2000 calorie diet) confer more cardiovascular risk than any other macronutrient.

- Choose low-saturated fat protein sources.
- Eat more fruits and vegetables. A diet high in soluble fiber, the kind found in fruits and vegetables can help lower blood cholesterol and reduce your risk of heart disease.
- Select whole grains. Whole grains are an important source of fiber and can help lower your risk for heart disease.
- Avoid overly processed foods. A good rule of thumb is: if it rotted in the refrigerator, you should’ve probably eaten it; if it’s still in your pantry, look twice at the label.
- My personal and newest addition to the above is to follow a relative calorie restricted diet, or calorie restriction

without weight loss. Multiple well designed studies have demonstrated that a relative calorie restricted diet reduces the risk of cardiovascular events, cancer, and tissue aging.

The key for me has been accountability and ownership. Form habits that instill life changes for continued lifetime success. There are no quick fixes and it is a lifetime challenge. That’s the daunting realization. However, now that I realize it I know what I need to do.

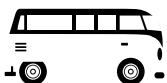
It has been seven years and I have kept the weight off, plus or minus five pounds. However, as I type this, I think I need to get back to my ideal weight. I’m up those five darn pounds.

(It was seven pounds last week.) ☐

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Wellness Programs: Creating a supportive culture in clinics and worksites *(continued)*

they can express opinions openly, have close social relationships at the clinic, and feel that their supervisor cares for them as an individual have a greater tendency to stay at their jobs long-term, therefore impacting job turnover and increasing employee retention.

In a nutshell, to create a culture of health and wellness in a clinical setting or company wellness must be integrated into the overall mission and treated unlike any other business strategy. At the end of the workday, employees want to feel appreciated, valued, and

supported not only at their job, but as an individual. It is only logical that clinics and worksites take an active role in creating an environment that supports all staff members. Outcomes matter. It just makes good business and wellness sense. ☐

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Roth vs. Traditional – What's Your Strategy?

by Ross Polking
Provided by the Foster Group

A physician called last week to say he decided to direct all of his 401(k) contribution into the plan via the Roth feature his practice had recently begun offering participants. Good decision? Let's take a closer look.

Traditional Versus Roth

The key difference between a traditional 401(k) and a Roth 401(k) is that with a traditional 401(k), you contribute income *pre-tax* and then pay taxes on the funds when you withdraw them during your retirement years. With a Roth 401(k), however, you pay the taxes up front so you can make withdrawals tax-free during retirement.

By paying taxes now on deferrals, particularly if the participant is in a higher tax bracket than they most likely will be in retirement, the contribution will have a reduced opportunity for growth and may then result in fewer dollars available when needed.

The physician who called in would best be served if they felt certain their marginal tax bracket would be higher in retirement than they are subject to right now. For most, that's not a likely

scenario; additionally, projecting future tax policy is anyone's best guess.

Capitalizing on the Roth Advantage

Roth IRAs present another decision point and potential opportunity for investors, but high-income folks, specifically, often bump into earnings caps. Married couples filing jointly begin to lose the ability to fully fund a Roth IRA once their income exceeds \$173,000. However, there is an entirely legal "work-around" for those who still want to have a Roth IRA.

STEP 1: Make *non*-deductible contributions to a *traditional* IRA, up to \$5,500 annually or \$6,500 if you're 50 or older (assuming your income exceeds the above threshold, you're an active participant in an employer-sponsored retirement plan and you receive taxable compensation of at least these amounts). STEP 2: Each year, *convert* the traditional IRA contribution you just made to a Roth IRA, so long as no other traditional IRA assets exist. If others exist, please consult your CPA before taking any action as other considerations must be made. Once your traditional IRA funds are transferred to the Roth IRA, none of the future

distributions from your Roth IRA, *including* earnings, will be taxable, provided you don't take any distributions for at least five years after you make your first Roth IRA contribution and you are age 59 1/2 or older.

One more factor to consider: Roths appeal to those who want to pass money to their heirs, because there are no Required Minimum Distributions (RMDs) starting at age 70 1/2 on a Roth IRA for the account owner or a surviving spouse. Non-spouse heirs will be subject to a tax-free required minimum distribution.

With all the technicalities and regulations governing the world of retirement accounts, you'll want to confer with your tax accountant or financial advisor to help determine which 401(k) and IRA options are right for you.

The information and material provided in this article is for informational purposes and is intended to be educational in nature. We recommend that individuals consult with a professional advisor familiar with their particular situation for advice concerning specific investment, accounting, tax, and legal matters before taking any action. □

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