

HOW TO CHOOSE A WORKOUT THAT'S RIGHT FOR YOU

Set your health goals before you break a sweat

Figure out where you want to end up, then choose a plan that will help you get there.



Pat Lueken (left) of St. Louis does squats while being watched by trainer Brett Henderson at HammerBodies Custom Fitness in Creve Coeur. Her husband, Mike Lueken, does exercises to strengthen his back while being watched by his trainer, Bart Emmett. Photos by Fielder Williams Strain

"We deal with real facts, measurable facts. ... That way we have an intelligent way of seeing where you are now so we can design a program to get you where you want to be."

Coach Hammer, owner of HammerBodies.

Editor's note: This is the third installment of our new monthly "how to" series. See our other stories at www.stltoday.com/healthfitness.

By Amy Bertrand
POST-DISPATCH HEALTH & FITNESS EDITOR

From Pilates and running to weightlifting and yoga, choosing the right workout can be a daunting task for many of us.

We only have so many hours in the day, and using that time wisely is key. But how do you know where to begin?

Step 1

Talk with your doctor.

The first step, say area experts, is to get an exam by your doctor.

"Even if you think you are in good health, you should see your doctor," says Rebecca Henderson, a trainer and owner of the Training Station in Florissant. "Because you never know if there's something going on inside your body; not everything is visible."

At HammerBodies Custom Fitness in Creve Coeur, trainers do a 90-minute assessment before they design a program for you. But before they can do that, they make a point of talking to your doctor, after you've given the OK, to make sure all concerns are covered.

"We check for any red flags," says Jeff Huse, clinical director at HammerBodies. "And we work with your doctor to help you improve. Designing a safe workout is what it's about."

Step 2

Think about your goals, likes and dislikes.

This is vital, say the experts. "Figure out what your goals are," says Henderson. "Once you do that, you can start to figure out where you want to work out." For instance, if you just want to improve your heart health, walking may be enough for you.

You also want to think about what you like and what you dislike. If you like to swim, incorporate that as part of

your cardiovascular training. If you are afraid of water, obviously, don't.

Of course, to get in good shape you may still have to do some things you dislike (for instance, some people hate stretching, but flexibility training is a necessity).

Step 3

Get a fitness assessment.

Most gyms do some type of fitness assessment. At HammerBodies, that includes not only measurements, weight, blood pressure, resting heart rate and body composition (they do a seven-site caliper test), but also tests to check your flexibility, range of motion and cardiovascular capacity.

"That's the cornerstone of our program," says Coach Hammer, owner of HammerBodies. (Coach Hammer is his legal name.) "We deal with real facts, measurable facts. ... That way we have an intelligent way of seeing where you are now so we can design a program to get you where

PLEASE SEE **WORKOUT** | HF6

Different strokes ...

Different people need different workouts. Here's a look at a St. Louis couple and their workouts.

Name: Mike Lueken

Age: 55

Health concerns: Mike has Type 1 diabetes. He started at HammerBodies five years ago, when he decided he needed to be in better shape. More than a month ago, he ruptured two disks in his back while gardening.

Goals: To increase his flexibility, to strengthen his back, to increase mobility and to maintain overall strength.

His workout: Mike spends a lot of his workout time on flexibility and strengthening his lower back and abdominals. He works out Monday, Wednesday and Friday at HammerBodies for about an hour at a time. He spends 20 to 30 minutes on the stationary bike (it's easier on his back). He then moves on to Pilates-type exercises to strengthen his core muscles. Then he'll do a few strengthening moves with lighter weights and some moves designed to help improve flexibility and range of motion. He'll finish up with some yoga-type exercises. In addition, he tries to play golf once a week and enjoys bike rides with his wife.

Results: Before the ruptured disks, Mike noticed significant changes in his strength and stamina. His neurologist and chiropractor are pleased with the results they are seeing in his back, he says. "I'm completely without pain," he says. "Having a personal trainer is almost like preventive medical treatment. Recovery is so much easier when you are in shape." In addition, his diabetes is under better control, and he's gone from size 38 to 36 pants.



Mike Lueken

Name: Pat Lueken

Age: 53

Health concerns: Pat joined HammerBodies a year and a half ago, after seeing the changes in her husband. She has mild arthritis and has trouble with her knees. Doctors have told her she'll need knee replacement surgery sometime in the future.

Goals: To lose weight, to be in better shape for her grandchildren, to improve her balance and to postpone knee replacement surgery as long as possible and be strong enough so that when she does have to have it, recovery will be easier.

Her workout: Pat goes to HammerBodies to work out with a trainer every Wednesday and Friday for about an hour.

Her workouts consist of 15 to 20 minutes on the stair stepper or bike (its easier on her knees) and then 40 minutes of strength and stability training. She does some weightlifting for her upper and lower body, but most of her time is spent doing core moves to help with balance and posture. In particular, she'll work with stability balls and Bosu balls (half-balls) to challenge her balance. "That's made all the difference for me," she says. She also works out on her own once a week, replicating the workout from HammerBodies as much as she can. And she likes to go bike riding with her husband.

Results: So far, no knee surgery, and she's gone down a size in clothes. "I definitely see and feel changes."



Pat Lueken

Amy Bertrand

The controversy about mercury

If you have a dental filling, chances are you've got mercury in your mouth. Is that dangerous? It depends on whom you ask.

By Harry Jackson Jr.
ST. LOUIS POST-DISPATCH

For 150 years, dentists have used "silver fillings" in tooth cavities.

Surprise: The major component of silver fillings is mercury.

That has a lot of people concerned. Mercury in its many forms is poisonous, especially to children and pregnant women. The most heinous problems are neurological ones, which can hurt children's ability to learn, even before they're born.

Still, many dentists and all of the associations that back them say the fillings are safe. But some medical practitioners, holistic adherents and even the World Health Organization say mercury

shouldn't be considered totally safe under any conditions.

The answer as to whether you should fear your silver fillings falls to your own comfort level, dentists say.

Reputable studies say silver fillings pose no danger; others, including some dentists, say that if they hurt one person, that's one too many.

The studies

Silver fillings in teeth are called amalgams. They're about 50 percent mercury, plus a powder composed of silver, zinc, copper and tin. When those ingredients are mixed, the substance hardens and seals a cavity.

The mercury used in amalgam fillings is elemental mercury. Its primary danger is the vapor it gives off over time. Tests show the amount is tiny — about 0.03 to 0.27 micrograms a day, depending on the number of fillings in your mouth and what you've been chewing. The amount of mercury vapors needed to cause sickness — neurological problems, kidney problems and other illnesses — is about 1,000 times more than that, experts say.

Studies, including a big one as recent as April, say that years of research in Europe and the United States have found no ill effects in adults or children linked to mercury-based dental fillings.

As a result, federal agencies

have given mercury-based fillings a clean bill of health. Those agencies include the Food and Drug Administration, which approves medical applications such as mercury-based fillings, and the U.S. Centers for Disease Control and Prevention and the National Institutes of Health, which monitor medical research and applications.

Scientists consider the form of mercury found in some large fish a more immediate concern, especially to children and pregnant women. Go to www.epa.gov/waterscience/fishadvice/advice.html for the Environmental Protection Agency's guidelines on eating fish.

PLEASE SEE **MERCURY** | HF6



Research has found no danger from mercury-based fillings.

WORKOUT | FROM HF1

Set your fitness goals before you break a sweat

“You want to be.”
Another component of the tests is to see how working out affects your personality. If you stay energetic and happy at tough cardio loads, you have a different temperament from someone who complains, and that helps the people who assess you put you with the right trainer.

Henderson's gym also makes a point of figuring out your baseline fitness level. She has a special bike that tests your cardiovascular fitness level.

Step 4

Design a plan that incorporates all aspects of physical fitness (flexibility, cardio training and strength training), or, better yet, have someone design it for you.

For HammerBodies clients, “The good news is you don't have to worry about this part,” says Huse. “We do a complete evaluation and design the workout for you.” HammerBodies charges \$185 for the consultation, workout plan and nutrition plan. You can choose a package in which a trainer guides you through your workout, which is about \$60 an hour.

It's important that you include all aspects of fitness in your workout. “Most people don't want to do flexibility or core training,” says Huse, “but it's necessary, and we make it part of everyone's program.”



Trainer Bart Emmett (right) watches as Mike Lueken exercises to strengthen and stretch his back while at HammerBodies Custom Fitness in Creve Coeur. Fielder Williams Strain

Henderson agrees that for some people, hiring a trainer is the way to go. “There are so many factors to exercise, sometimes you need expertise,” she says. “But it's a big investment for most of us.”

If you can't afford a trainer or a gym membership, there are certainly things you can do, says Henderson. Walking or running is cheap, you can stretch on your own, and you can buy a pair of dumbbells to

get in your strength training. But, Henderson advises, be realistic in your training. “Don't go in gung ho. People who feel they got run over by a train just don't generally go back. That's not the motivation you need.”

Step 5

Re-evaluate.

Some gyms retest every six

weeks, but most experts recommend that every 12 weeks you should get a full re-evaluation. At HammerBodies, they reassess every 12 weeks and change your workout.

“That way you see tangible results,” says Huse. “And that way we are sure your body is making changes and making improvements.”

abertrand@post-dispatch.com | 314-340-8284

HEALTHY KIDS

Hoarse cry may be linked to an infection

Q: My 7-week-old son has suddenly developed a hoarse-sounding cry. He has been congested for 2½ weeks and was seen by the pediatrician in the last week. The doctor said everything looked good. The hoarse cry started today. His eating patterns have not changed.

DR. BOB WILMOTT



A: Your son probably has some irritation and swelling of the vocal cords or the larynx, which is often due to a viral infection. If he makes a noise when he breathes in, his condition would be called croup. It is probably going to persist for a couple of days, and he may have some cold symptoms or coughing. Your best course is to provide fever control (with Tylenol) and monitoring to be sure he is drinking enough.

Q: I am writing in response to the question that you answered in the July 17th issue of the Post-Dispatch about the baby hitting her head. I, too, encountered this alarming problem

with my son when he was about 12 months old. I took him to the doctor at the insistence of my mother.

The doctor discovered that he had eczema behind his ears that was itching him so badly that it caused him to bang his head. All it took was a prescription cream to put on the eczema and the head banging stopped immediately.

This all took place about 29 years ago. I'm happy to report that my son is a fine young man who recently turned 30.

A: Parenting can be challenging and confusing, to be sure. But sometimes, as you pointed out, the solutions to our most perplexing situations are right under our noses (or behind our ears, as it were).

The key is to involve the child's pediatrician in finding the cause of the child's behavior. Thank you for writing to share your experience.

Dr. Bob Wilmott is chief of pediatrics at Cardinal Glennon Children's Medical Center and is a professor of pediatric medicine at St. Louis University School of Medicine. If you have a child health question for Dr. Wilmott, go to the "Ask Dr. Bob" section of the Cardinal Glennon Web site at www.cardinalglennon.com.

MERCURY | FROM HF1

Is the mercury in dental fillings dangerous? That depends on whom you ask.

Some people don't trust the government or the studies to be that precise.

The fact is: Mercury is harmful even when it doesn't hurt enough people to sway a double-blind, controlled study.

Dr. Ron Schoolman, who practices dentistry with Cherry Hills Dental Group in Wildwood, said he and his partner haven't used silver fillings for more than 15 years.

“The possible toxicity of mercury has been an issue,” he said. Despite the American Dental Association's endorsement, “... a mercury vapor analyzer can be placed in people's mouths and you can see the mercury vapors coming off of these (fillings).”

Also, he cited the International Association of Oral Medicine and Toxicology as saying that mercury vapors come from a tooth when rubbed with an eraser —

something that might simulate chewing, he said.

Despite the reports of overall safety, and despite how small the amounts of mercury vapors might be, he said, “We don't know who is (sensitive) to mercury and who is not. It has to do with your genetics. Only people who can detox their bodies naturally can handle these fillings and other people may not. These mercury fillings could be a problem for their general health.”

Some don't doubt

Proponents of using amalgam fillings — or more precisely, people who don't fear them — point to the latest study that was printed in the Journal of the American Medical Association in April. The studies were sponsored by the National Institute of Dental and Craniofacial Research and the Na-

tional Institutes of Health.

Both studies watched children from 8 to 10 years old, a total of more than 1,000 — half getting amalgam fillings and half getting composite fillings made from plastic.

The studies found no medical problems that could be linked to mercury poisoning. Scientists checked for neurological, digestive, kidney and mental problems. They even watched for drops in IQ as small as 3 points.

They found that children with amalgams excreted slightly higher amounts of mercury in the urine: about 15 micrograms per liter at the most. “However, these numbers fall within the so-called ‘background’ level of 0-4 micrograms per liter for an average person not exposed to industrial or other known sources of mercury,” the researchers wrote.

Alternatives

This is where the proponents and opponents agree. Amalgam fillings are about to hit the end of their shelf life.

Dr. Jeffrey Dalin, who practices dentistry in Creve Coeur, and is a spokesman for the Greater St. Louis Dental Society, says he finds amalgams safe, but that because of the alternatives, he hardly uses them any more.

A plastic composite currently looks like real tooth material and is as dependable as amalgam fillings.

“I like the composite plastics — tooth-colored materials. They look nice, they bond to the tooth and there's no post-operative sensitivity — patients can eat right away without being on the ‘dental diet,’” Dalin said. “It's not that I'm worried about it, I'm just more posi-

tive on the plastic.”

The only problem is small, he said. The tooth surface must be perfectly dry when it's placed. If not, it won't hold. If that becomes a problem, the amalgams are the next option, he said.

Still, he said he honors patients' wishes. So the alternatives include gold fillings or other means of repairing a tooth that's falling apart.

Schoolman of Cherry Hills also likes the alternatives: “If we have a material that's hard enough to withstand the chewing forces in the back teeth and isn't toxic to your body, why use something that could be toxic to some people's bodies?”

Taking action

Dentists said that the silver fillings can be removed, but no dentists questioned had seen a rush to have amalgam fillings taken out.

Nevertheless, removing them

could cause more problems than they cure. Drilling, even accompanied by instruments that reduce the smoke and vapors, could produce more toxic vapors in a short time than someone would get for a long time simply by letting the tooth sit. Also, removing a filling could remove more of the tooth, and the only alternative after that is a cap, dentists said, a more expensive option.

Still, dentists say they'll remove amalgam fillings on request.

Be aware, doctors say, that insurance companies are wishy-washy on what they will and won't reimburse. Before incurring a high cost, check to find out what an insurance company will cover and how much you have to pay from your own pocket.

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