

CORE INTERVENTION

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The Importance of Core Training

By: NASM Editorial Staff

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Introduction

Ask anyone where they most want to reduce fat and/or increase muscle tone and you'll find a majority focusing on their abdominal and/or gluteal regions. Although aesthetics is one of the most popular training objectives for these parts of the body, science has shown that the muscles in these regions, considered to be the core of the body's structure, play critical roles in our ability to perform optimally in our everyday lives. Whether placing groceries in the trunk of a car or swinging a golf club on the weekends, the core musculature, when functioning properly, allows us to perform these activities safely and effectively.

Core Anatomy 101

The core region consists of the pelvis, hips, spine and rib cage. Approximately 29 muscles make up the core musculature. These muscles are divided into two categories, depending upon their primary function. The stabilization category includes the small muscles located relatively close to the spine. The transverses abdominis, the multifidus, and the diaphragm fall into this category. These muscles are responsible for stability of the spine and core region. The movement category includes the more superficial muscles in the core region. Some of the muscles in this category are the rectus abdominis, the erector spinae, and the external oblique's. These muscles fall into this group because of their function in the movement of the spine

and core region.

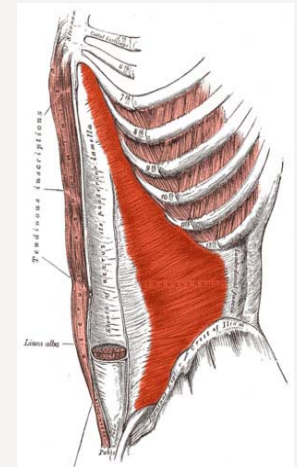
Why is the Core Important?

The core is critical to the integrity of the body's structure. A properly functioning core allows us to generate forces, accept forces, and stabilize forces exerted against our structure in every activity we perform. In other words, if the core muscles are working properly together, our ability to control our structure and stabilize our spine is hindered, thus increasing the risk of injury. It is important to note that:

- Low back pain effects nearly 80% of all adults.
- 43% of work-related injuries are sprains and strains, over 60% of which involve the core.
- Men who spend over half their workday sitting in a car have a 300% increased

risk of disc herniation.

Upon review of the above statistics it becomes evident that a sedentary lifestyle produces a structure that is less than prepared to handle the stresses placed upon it. As a result, core training becomes a critical factor in any health and fitness program.



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Researcher Touts Benefits of "Gym" Therapy

Everyone knows that exercise is good for the heart. And numerous studies have confirmed that exercise can help prevent diseases such as high blood pressure and type II diabetes.

Now new research suggests that people who suffer from these conditions can reduce their risk of developing cardiovascular-related complications by participating in moderate physical activity.

Individuals with high blood pressure or diabetes are at increased risk of having a heart attack or stroke.

Dr. Kerry J. Stewart, an exercise physiologist at Johns Hopkins University in Baltimore, Md., conducted an extensive review of 235 research studies, searching for possible ways exercise might boost the cardiovascular health of people with these conditions.

He found that there are several different ways that exercise can alleviate some cardiovascular-related problems brought on by diabetes and high blood pressure.

For example, exercise improves the ability of blood vessels to dilate, allowing better blood flow during times of stress. And it can help lower body-fat levels, which is particularly important for individuals with type II diabetes.

In addition to the pharmacological treatments currently available, Stewart suggests that "patients with these conditions can be treated with 'gym' therapy, which is low risk and widely available."

Of course, it is essential that anyone with these conditions first obtain medical clearance and possibly undergo an exercise stress test prior to beginning an exercise program.

Source: The Journal of the American Medical Association, 2002; 288, 1622-1631

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