First, let’s clear some of the confusion about cholesterol. Dietary cholesterol and blood cholesterol are two different types of cholesterol. Dietary cholesterol is found in animal foods such as pork, chicken, eggs and beef. Blood cholesterol is a waxy substance that is necessary for sex hormones and bile and is made by our body. If blood cholesterol in the body is too high, it can stick to artery walls and cause blockage. If you have high blood cholesterol you should limit consumption of dietary cholesterol (animal products); moreover, most persons should consider limiting saturated and trans fats because these substances can raise blood cholesterol levels. The American Heart Association (AHA) recommends that total fat comprise 30 percent or less of calories, emphasizing that saturated and trans fat intake not exceed 10 percent of total calories for healthy persons and be lower than 7 percent for those with heart disease, diabetes or high LDL cholesterol.

• Unsaturated fats Monounsaturated and polyunsaturated fats are primarily composed of unsaturated fats and help your body get rid of newly formed substances.
Physical inactivity has been classified as a major public health problem and has been associated with a decrease in physical function and the increased risk of several diseases, including cardiovascular disease (CVD), obesity, diabetes, hypertension, dyslipidemia (high cholesterol) and several forms of cancer. Physical inactivity is also the fourth-leading risk factor for global mortality. South Carolina ranks among the highest in the nation for several of the diseases mentioned above. These include CVD (15th), diabetes (10th) and obesity (9th). Horry County’s statistics are close to the state average in CVD (4.7 percent vs. 4.3 percent, respectively), diabetes (8.3 percent vs. 9.6 percent, respectively) and obesity (60.3 percent vs. 65.4 percent, respectively). The World Health Organization states that currently at least 60 percent of the world’s population fails to engage in the recommended amount of physical activity needed to cause health benefits. The Centers for Disease Control and Prevention reports that greater than 50 percent of U.S. adults and 53 percent of South Carolina adults don’t acquire enough physical activity to receive health benefits, and that 25 percent of both U.S. and South Carolina adults are not physically active at all. Evidence of this problem has been documented in several U.S. reports, namely the 2008 Physical Activity Guidelines Advisory Committee Report, a collaborative report by the Centers for Disease Control and Prevention and the American College of Sports Medicine, a Surgeon General’s Report, and a National Institutes of Health Consensus Conference.

The most alarming statistics concerning South Carolina include that obesity rates have increased by 19 percent in the past 10 years, and that 12 percent of all CVD deaths are attributed to physical inactivity. Barriers to physical activity such as lack of time, lack of social support, bad weather, disruptions in routine, facility inaccessibility and dislike of vigorous exercise are commonly cited as reasons for not engaging in a program of regular physical activity.

Traditionally, exercise prescriptions use frequency, intensity and duration of sessions to specify the amount or volume of exercise. These prescriptions, which are very structured, include recommendations to exercise three to five days per week, for 20 to 60 minutes each session, and at an intensity of 60 to 85 percent of maximal heart rate (American College of Sports Medicine, 2005). The traditional exercise prescription stresses relatively intense activity and often seems very intimidating to those who are sedentary. The 2008 Physical Activity Guidelines, published by the U.S. Department of Health and Human Services, has restated the recommendations in a less structured format. These new recommendations state that individuals must satisfy one of the following to receive health benefits: 1.) Achieve 150 minutes a week of moderate-intensity physical activity or 2.) achieve 75 minutes a week of vigorous-intensity physical activity. However, these recommendations still state that one must...continued on page12
It’s inevitable. It’s how our bodies were designed. Many of us try different strategies to keep it at bay, but one day we come to the realization that our bodies are not functioning as they used to. We’ve gotten older. Instead of looking at this reality with negativity or frustration, it’s important to stay positive and find out what you can do to maintain your quality of life now and in the years to come.

According to the National Pain Foundation, “Pain is a common problem in older adults:
• 73 percent to 80 percent of the entire elderly population have reported pain symptoms;
• 78 percent of independent, healthy people aged 60 to 69 report chronic pain; and
• 64 percent of independent, healthy people aged 80 to 89 report chronic pain.” (Martinez, 2006)

With these statistics, it’s important to know your options and to seek ways for a quality of life despite how your body is feeling. Pain can have an effect on our mood and our ability to do daily activities. In 2004, a study was conducted to determine: “Can Exercise Enhance Physical Function and Mood of People with Fibromyalgia?”

In this study researchers were able to confirm not only an improvement in mood after exercise, but that it also improved physical function of the fibromyalgia subjects (Gowans, deHueck, Voss, Silaj, & Abbey, 2004).

For folks living with chronic pain day in and day out, whether it is arthritis or fibromyalgia, there are great benefits to using exercise to manage that pain. Most individuals feel pain and want to stop activity because it’s too painful. But sometimes lack of activity can cause more longterm problems for our health. Overcoming the negative thoughts and focusing on the benefits can help provide the motivation to make “moving” a priority. It’s important to seek guidance from your physician or healthcare provider to find an activity plan that is right for you.

Regular moderate exercise offers a whole host of benefits to those living with chronic pain. How would you define moderate? The American College of Sports Medicine defines moderate as, “on a scale of 1 to 10, you should be working at a 6, still able to have a conversation” (“Physical activity &”). Exercise actually reduces joint pain and stiffness. Your balance can get better, your flexibility can increase and your pain may be managed by moving through the water. When you use water activities as your mode of exercise, the properties of water allow your body to feel “weightless” due to the buoyancy provided. With buoyant support, you are able to do things you may not be able to do on land. Always remember to see professional help for guidance in any exercise program.

To conclude, don’t let your pain keep you from staying active. Inactivity can sometimes worsen our conditions. It’s important to know that there are alternatives. Water exercise and activity, like water walking, can provide great benefits for pain management. Stay positive, keep moving and enjoy the water! $
CCU’s Exercise and Sport Science Program: Recent Research...

The Coastal Carolina University Exercise and Sport Science (EXSS) Program made a strong showing in February 2011 at the annual Southeast American College of Sports Medicine (SEACSM) meeting held in Greenville, S.C. CCU faculty and students have been working on various research projects that led to five presentations. Will Lyerly, Hope Epton, and Kelly Fitzsimmons each presented on the potential health benefits of playing golf (Lyerly is an EXSS assistant professor while Epton and Fitzsimmons are current EXSS students). Stacey Beam (EXSS Laboratory coordinator) presented on the effects of strength and conditioning on CCU athletes, and Ashleigh Gaspari (also an EXSS student) presented on the ability to accurately predict individual maximal heart rates to be used for exercise prescription.

Physical inactivity is a major public health problem that has been associated with the increased risk of several diseases, including cardiovascular disease and hypertension. Since golf is a form of physical activity that is both enjoyable and inviting to a large variety of people, the sport may offer great potential for individuals of a wide variety of health levels to improve their health by lowering blood pressure or helping to maintain an ideal body weight. Lyerly’s study compared the cardiovascular responses between walking while carrying one’s clubs vs. using a pull cart to play nine holes of golf. It was found that heart rate significantly increased while playing golf whether using the pull cart (38 beats per minute higher as compared to rest) or carrying the clubs (almost 18 beats per minute higher than resting heart rate). Interestingly, heart rate rose more, on average, while walking with a pull cart as compared to walking while carrying a golf bag. This rise in heart rate (in either case) indicates that playing golf may be enough activity to produce beneficial changes in cardiovascular health.

Although it is assumed that riding in a cart while playing golf requires minimal physical activity as compared to walking, few studies have compared the acute cardiovascular responses to playing golf while walking vs. riding. Some individuals with low endurance or the inability to walk for two hours (the average time it takes to play nine holes) may benefit from playing golf while riding, even if the intensity is not quite the same. After all, any physical activity is better than none at all! Fitzsimmons reported that both walking and riding led to significantly increased heart rates while playing. Walking increased heart rate by about 25 beats per minute over resting heart rate, while riding led to an increase in heart rate of about 8 beats per minute. The heart rate responses to walking and riding were equivalent to 52.3 percent and 42.5 percent of the subjects’ age-predicted maximal HR, respectively. This study suggests that although walking leads to greater heart rate responses than riding (not surprising), one should not ignore the benefits of playing golf while riding as a form of physical activity for those with low endurance, even if just as a starting point.

Epton reported on the caloric expenditure associated with playing golf while riding vs. walking. The 2008 Physical Activity Guidelines suggest that a minimum expenditure of 712.5 kilocalories per week is required in order to realize health benefits. Few studies have been conducted to determine if lifetime activities, such as golf, meet these guidelines. Furthermore, little is known about the potential benefits associated with riding while playing golf, which may be an alternative mode for those with limited functional ability as mentioned above. The results of the study indicate that walking nine holes of golf yields a caloric expenditure of over 700 kilocalories, while riding required an expenditure of almost 360 kilocalories. Although it is not surprising that walking nine holes expends more energy than riding, the fact that riding just nine holes of golf may help one expend well over 300

In conjunction with the Federal Trade Commission’s (FTC) recent lawsuits on acai berry weight loss products, the Better Business Bureau is warning consumers to be wary of phony “news” announcements of free trial offers for online diet pills.

According to the FTC, millions of consumers are being lured to websites that imitate those of reputable news organizations. The “reporters” on these sites have supposedly done independent evaluations of acai berry supplements, and claim that their products cause major weight loss in a short period of time with no diet or exercise. In reality the websites are deceptive advertisements placed by third-party or “affiliate” marketers. The websites are aimed at enticing consumers to buy the featured acai berry weight-loss products. These fake news operations are the subject of a nationwide law enforcement initiative.

Ubiquitous deceptive online ads for the acai berry weight loss products can be found posing to be from popular outlets like ABC, Fox News, CBS, CNN, USA Today and Consumer Reports. According to the FTC, the defendants collectively have paid more than $10 million to advertise their fake news sites, and have likely received well in excess of that amount in ill-gotten commissions.

In 2010, the FTC filed an action against acai berry marketer Central Coast Nutraceuticals which has an F rating with BBB. According to the more than 2,800 complaints to the Central, Northern and Western Arizona BBB the company deceptively marketed acai berry supplements as weight-loss products, and “colon cleansers” along with a variety of refund and exchange issues.

“Fighting deceptive free trial offers online continues to be a game of whack-a-mole,” said Kathy Graham, President and CEO of the Better Business Bureau of Coastal Carolina. “Just as soon as one company is put out of business it’s replaced by another with the same model of ripping consumers off under the guise of a no-risk free trial offer.”

“Before signing up for any free trial offer, read the fine print carefully and always check the company out with BBB. You’ll save time and money by avoiding the hassle and recurring charges of some unsavory offers,” added Cox.

Additional advice on signing up for free trial offers is available at www.bbb.org/us/article/free-trial-offers-are-they-good-deals-425. Consumers who believe they have been misled by a free trial offer can file a complaint online with the BBB at www.bbb.org. Visit www.bbb.org/us for more information. §
The Health Benefits of Playing Golf

Our study has obtained data that was recently presented at the Southeastern Chapter of the American College of Sports Medicine (ACSM) and will be presented at the upcoming ACSM national meeting. These presentations included data on the energy expenditure and cardiovascular responses of playing nine holes of golf while either walking (carrying their clubs or using a pull-cart) or riding. Our data suggest that walking nine holes of golf yielded a caloric expenditure of 7.10±4.44 kcal/L (7.66±0.29 kcal/kg), while riding yielded a caloric expenditure of 37.63±22.12 kcal/L (3.88±0.18 kcal/kg).

Our data also suggest that individual heart rates (HR) increased to an equivalent of 52.3 percent and 42.5 percent of age-predicted HRmax in walking and riding, respectively. These levels put the activity into the light- to moderate-intensity level categories. These results suggest that playing golf has the potential to elicit health benefits. Further research is warranted, however, to determine the necessary duration and frequency of each mode of play (walking carrying bags, walking using pull-cart, or riding).

The benefits associated with this study are numerous. We will not only continue learning valuable information regarding the potential health benefits of golf in individuals of all ages and abilities, but also giving our CCU students an excellent learning experience in a rapidly emerging field of research. This study is exposing our students to community-based and field-based research, in addition to the already established lab-based research. The hands-on experience is greatly improving their knowledge and giving them valuable skills needed in the areas of research, professional advancement and social interaction.

Lastly, the CCU community will benefit by having a local research project aimed at increasing the health benefits, especially cardiovascular benefits, of individuals of all ages and abilities in a region that is among the top in the nation for risk of CVD, diabetes and obesity.

Will Eyler can be reached at 843-349-6681 or geyler@coastal.edu.

Greg Martel can be reached at 843-349-2957 or gmarcel@coastal.edu.

PALLIATIVE CARE, HOSPICE AND HEALTH CARE IN THE 21ST CENTURY

By Charles Sauer, M.D., Medical Director, Mercy Care

PT Note: In a recent article in USA Today (Feb. 23, 2011) attention was drawn to the differences between palliative care and hospice and the fact that few people, for whom it could be very important, know about palliative care and the availability of it outside of hospitals. PT asked Mercy Care for an assist to inform our readers and Dr. Sauer agreed.

There is much debate about the need for health care reform in this country. Many would argue our health care is the best in the world, so why fix what isn’t broken? So far, the issue of un affordability, by itself, has not been convincing. The two most important causes of exploding costs are technology and the growth of the aging population. It is said that by 2030, 20 percent of the national population will be over 65. Guess what: in Horry County, it’s already 18 percent. It is this population who are more likely to have several chronic, incurable illnesses, whose illnesses aren’t always a good fit for hospitals designed to treat acute, curable diseases, and whose needs a palliative care team is specifically designed to address.

A bragging point distinguishing U.S. medicine from other industrialized countries touting universal health care coverage has been: “Here, you still get to choose your own physician.” But in the last two decades there has been a seismic shift in the nature of health care delivery, generally unrecognized by lay America. To appreciate this, ask your family doctor, “Will you attend me if I am sick in the hospital?” In this county, and in most of the country, over half of primary care physicians are either office or hospital-based, but not both. In times of life threatening illness requiring hospitalization, where tough decisions are often required, you are likely to be under the care of strangers. Especially in situations where complex, chronic, incurable illness has flared, and your care is shared by a number of specialists, it’s often hard to tell who’s in charge.

The reasons for such a shift are beyond the scope of this discussion; an unwelcome side effect, however, has been a major disconnect in the flow of important and timely patient information from one setting and provider to the next. The answer to important questions, such as, what is your past medical history, what are your goals and values, who are you and what do you consider most important in your life, may not get asked in the rush to cure what often turns out to be incurable. When life and death matters are to be discussed, it’s really helpful to have health professionals present who know you before you became so sick. Alas, such is not to be.

We all know about hospice. It began in this country as a grass roots initiative against often inappropriate and aggressive care given to people with terminal illness who really wanted to maximize their comfort, dignity and quality of life, and die at home, rather than continue a fruitless search for cure or a painful prolongation of dying. It is Medicare-supported care given to those who choose to forego traditional curative care with an estimated prognosis of six months or less if the disease runs its normal course (recognizing the scientific limitations of accurately predicting precise prognoses for any given disease).

Palliative care is confusing because it is both the same as hospice and different from it. The concepts are the same: 1) care for people with a life-threatening diagnosis; 2) by an interdisciplinary team (generally doctor, nurse specialist, social worker and chaplain as core members, recognizing the nature of multi-dimensional suffering experienced by this population of patients); 3) with a focus on relief of pain and physical symptoms, as well as suffering caused by many other issues, economic, social, spiritual, etc. They are different because there is no direct Medicare support for palliative care, nor any time restrictions. Thus we may conclude that all hospice care is palliative care, but palliative care is more than hospice care.

...continued on page 6
kilocalories means that playing 18 holes a week would help someone achieve the 712 kilocalorie expenditure suggested by the 2008 Physical Activity Guidelines. Although we would encourage individuals to strive for the ability to walk nine holes, riding nine holes may be a good starting point for those with no regular physical activity and/or low functional capacity.

Accurately predicting maximal heart rate has important implications for practitioners administering exercise tests and prescribing exercise regimens. A new prediction equation has been fairly recently developed that appears to do a better job of predicting maximal heart rates in older individuals, but little is known about how well this new equation does with younger individuals. Therefore, Gaspari examined data collected over the past few years in the Smith Exercise Science Laboratory to see whether the new equation (206 – 0.7 x age + 2.9) is a predictor than the traditional (220 – age) formula found in younger adults. The results indicated that the new equation may indeed be slightly more accurate at predicting maximal heart rate in young-adults when comparing the findings to actual maximal heart rates. However, the difference between the two formulas was less than one beat per minute. Therefore, both formulas appear to be useful for exercise prescription in younger individuals.

Finally, Bean reported on her work in the Smith Lab involving the effects of year-long strength and conditioning programs on CCU’s baseball, men’s basketball, and football teams. Few studies have examined body composition over multiple years in male collegiate athletes; therefore, Bean examined the year-to-year changes in body weight and percent fat over a four year period. When all the men were examined together (all teams combined), there was a significant increase in body weight between their sophomore and junior seasons, while percent body fat decreased each year. Football players had increased body weight before their senior season and increased percent fat before their junior and senior seasons. Baseball players had increased percent fat before their sophomore and junior seasons. Interestingly, the male basketball players maintained their body weight and percent fat over all four years. These data indicate that changes in body composition occur over the course of four years in a majority of male collegiate athletes, but are expressed differently based on sport. Further, the third year of athletics participation appears to be an important marker for changes in both body weight and percent fat, indicating a possible need for additional physical activity, dietary and/or behavioral guidance during this year of competition.

Greg Martel can be reached at gmartel@coastal.edu.
Many PrimeTimers have made known their interest in participating in Smith Exercise Science Laboratory research projects.

---

You Can’t Leave Footprints Standing Still... By Muriel Ward O’Tiel, Ph.D., Education, Author, Motivational Speaker

My first name is Muriel. I like the sound of it when it’s pronounced in the languid cadence of my native South. On the cultivated Southern tongue, it has a smooth flow, like molasses pouring onto hot, buttered pancakes in a warm country kitchen on a cold morning; like the lazy flow of the Pee Dee River as it slinks through the Low Country on its way to Winyah Bay.

When I was born, “Muriel Ward” was the name that went on my birth certificate, but my family did not speak with the cultivated Southern tongue. Theirs was a backwoods dialect that shortened and hardened the name to “Merle.”

For me, the distance between Merle and Muriel was the distance between ignorance and education; between high school and college; between drudgery and fulfillment. I have trodden those paths, and have earned the third syllable in my name. In the world of challenge and success in which I now walk, my name is Muriel, not Merle. There’s a doctor in front of it, thanks to the Ph.D. I earned from the University of South Carolina, and the last name is O’Tiel, thanks to my marriage to a wonderful man who encouraged me to go for the doctorate, and who was at my side through most of my career in education and speaking until his fatal heart attack at the age of 59. (He held a Ph.D. in school administration and was selected South Carolina’s “Superintendent of the Year.”) If, on the sidewalks and beneath the shades of Tabor City, N.C., my family and old friends still call me Merle, I am comfortable. It reminds me of my roots and of the distance I have come. It helps me to remind others that they too can make that trek.

As we stride toward success and fulfillment, we leave footprints. Some of them are visible accomplishments that we can point to with pride. Others are footprints on the heart – imprints that we have made on the lives of others. Many of those imprints may be long forgotten by us, though they may be treasured by those whose hearts hold the impressions. As we move toward the fulfillment of our dreams, our hearts will also accumulate footprints left by those who, in many ways, inspired us and boosted us toward our goals.

I first began leaving footprints in the moist black soil of coastal North Carolina, where my father was a farmer and a water well-driller. For the children in my family, there were two major dates in spring: Easter and May 1. Easter was a time for spring finery, church services and colored eggs. May 1 was the date my father decreed for the taking off of shoes.

Whether it was sultry or chilly, rainy or dry, May 1 marked the beginning of barefoot season, and we children looked forward to it for weeks. It was almost a ceremonial thing. We would remove our shoes and socks and step gingerly onto the bare earth, our tender soles protesting each time they touched the smallest pebble or twig. But in time, our feet developed thick, leathery soles that defied all but the crudest of thorns and briars.

It was with feet unshod that I walked the fields of my father’s farm, feeling the soft, damp soil yield to my steps gently pressing up between my toes, soothing them with its cool and comforting texture. I would trudge the rows of young corn and beans, sweet potatoes and strawberries, carrying water to my dad and my thirsty siblings as they labored in the sun. At 1 grow older I joined them in their labor. As I walked those rows, I could look back and see my footprints in the plowed ground.

Usually, by the end of the day, those footprints would have been obliterated by other footprints, or by the hoof prints of mules, the tread marks of tractor tires, the shallow rut where a sack of fertilizer had been dragged across the ground, or the marks of sunday other disturbances that kept the farm soil agitated until it finally birthed a crop.

...continued on page 14
Saturated fatty acids are found mainly in vegetable oils like olive, canola and peanut. These oils may help lower LDL (bad) cholesterol and reduce heart disease risk. For this reason, it is recommended that you use canola as your main oil, substituting others such as olive, sesame, peanut and safflower for different flavors.

Polyunsaturated fatty acids are mainly found in vegetable oils like safflower, sunflower, corn, flaxseed and soybean. They contain two essential fatty acids that our body cannot make – omega-6 and omega-3. Just like the monounsaturated fatty acids, consuming polyunsaturated fats in place of saturated fats decreases LDL (bad) cholesterol and reduces total cholesterol. Because so many restaurants use polyunsaturated oils for food preparation, it is suggested that if you eat away from home often you should balance polyunsaturated fatty acids with monounsaturated oils at home. Furthermore, try to increase omega-3 consumption through choosing fish, flax and canola oil.

• **Saturated fats** Saturated fatty acids are found mainly in animal products such as beef, poultry, whole milk and butter. Some vegetable oils like coconut and palm are also sources of saturated fats. Usually, saturated fats are solid at room temperature. Consuming too many saturated fats can increase LDL (bad) cholesterol and total cholesterol – both risk factors for heart disease.

• **Trans fats** Trans fatty acids are formed when vegetable oils are processed and changed from a liquid to a solid fat. They are often found in crackers, snack foods and baked goods. Look for “partially hydrogenated,” “hydrogenated oils” or “vegetable shortening” on product ingredient lists to determine if foods contain trans fats. Be aware that food labels may list trans fat as 0.5 g. per serving if they have less than 0.5 g. per serving. Checking the ingredient list for the word “hydrogenated” may help discern which foods contain trans fats. Trans fats act like saturated fats in that they raise total and LDL (bad) cholesterol, yet they go a step further and also lower HDL (good) cholesterol. To lower trans fat intake, when choosing margarine, select the tub, diet or liquid “squeeze” types. The more solid the margarine, the more hydrogenated it may be.

Recent findings on trans fats have been alarming. For example, a study of nearly 90,000 women found that those consuming the most trans fats (particularly from margarine) had a 50 percent higher risk of heart disease. It has been estimated that replacement of partially hydrogenated fat in our diet with natural unhydrogenated oils would prevent 30,000 premature coronary deaths per year, while epidemiological evidence suggests this actually may be closer to 100,000 premature deaths annually.

Should fats be restricted when dining? It might be beneficial not to limit fats too much, because studies show that dietary compliance improves when people have some fat in their diet. A study of 101 overweight men and women who were assigned to one of two groups – 20 percent fat (very low fat diet) or 30-35 percent fat (mostly monounsaturated [good] fats from peanut butter, nuts, olive and canola oils) – found that only one in five could stick to the very low fat diet where more than 50 percent stuck to the higher fat diet. Both groups lost 11 pounds the first year; however, the moderate fat group was followed for over two years and they kept a significant amount of weight off while most on the very low fat diet gained back their weight within a year. It appears that moderate fat consumption, particularly mono- and polyunsaturated fat, can be included in a healthful eating plan to lose weight.

To summarize, certain types of fats are smarter choices than others. Try to increase monounsaturated fat intake while lowering consumption of saturated and trans fats. Choosing moderate amounts of “healthier” fats can help prevent cardiovascular disease and promote satiety.

Sharon Thompson is a frequent contributor to PrimeTimes and her articles can be found in previous issues by visiting coastal.edu/lifetv and clicking on PrimeTimes. She can be reached at shthompson@coastal.edu

---

**Fat Basics**

- Saturated fats
- Trans fats
- Polyunsaturated fats
- Saturated fats
- Monounsaturated fats

**Nutritious Fats**

- Olive oil
- Canola oil
- Peanut oil

**Unhealthy Fats**

- Trans fats
- Monounsaturated fats

**Good Fats to Consume**

- Olive oil
- Canola oil

**Bad Fats to Avoid**

- Trans fats
- Monounsaturated fats

---

**Should I Try Yoga?**

By Julinna C. Oxley, Ph.D., Director, Women’s and Gender Studies Program, Assistant Professor of Philosophy, Coastal Carolina University

**Absolutely, yes!**

Yoga is for everyone – even the oldest, most rationalistic, materialistic, overweight, tight-hamstrung, stressed-out person you can imagine. Everyone can benefit from yoga – physically, psychologically and even morally.

As a yoga practitioner for more than a decade, I have met many people who say, “I’ve always wanted to try yoga, but….” But what? They say, “But I’m not flexible enough to do yoga.” However, that is the whole point of doing yoga – yoga is for those of us who are inflexible and who need help becoming more flexible. One of my first yoga teachers taught yoga to an older man who was extremely obese and could barely reach over his waist. After several months, not only had he lost weight, he could reach his knees and was an impressive yoga practitioner. As this teacher always said, “You have to start somewhere.” You start where you are and go from there.

Other people say that they are a bit worried about the “religious” part of yoga. But the good news is that there is no religious dimension to yoga. Yoga originated in India, but it is not a religious practice, certainly not in its American format. Some American (and local) teachers sing Hindu chants (equivalent to wishing for a nice practice session) or say “OM” in order to relax and focus, but many do not. There are a wide variety of yoga teachers and yoga studios in the Myrtle Beach area, and you are bound to find a teacher and a studio that suits your personality and interests.

The physical benefits of yoga have long been touted. Yoga essentially is about seeking a balance between strength and flexibility. As we age, our bones get more brittle, we lose muscle mass and our bodies become less flexible. This is why yoga is highly recommended for aging people. It is a no-impact form of exercise, and you use your own body weight to build muscle. Teachers are extremely sensitive to their students’ bodies and can tailor the yoga session to suit your needs and ability. If you are unable to move in a way that the teacher describes, there is always a way to modify the posture to suit your ability. The teacher will ask, “Do you have any injuries? Is there a particular part of your body that is hurting?” And they will (or should) always tell you to stop when you feel pain.

The psychological benefits of yoga are also well-known. Yoga increases concentration because as you do yoga, you must focus on your breathing and how your body is moving. The first time I did yoga, I realized I had never paid so much attention to simply standing on my own two feet. In fact, there is a yoga position for what most of us refer to as “standing.” It is called Mountain Pose, and you would be surprised at how complicated such a thing as standing is. Once you start paying attention to how you hold your torso, whether you are squashing up your shoulders or straining...
What is mindfulness? Mindfulness expresses yoga’s unique approach to life. It involves being aware of yourself; your existence and thoughts; other beings, including their thoughts, feelings and situations; and your relationship to others and with the world. The aim of cultivating an attitude of mindfulness is to become more calm, thoughtful and aware of others rather than preoccupied with your own mental life. People learn mindfulness by doing meditation (guided or individual) and relaxation (in postures such as savasana or seated lotus).

When people are mindful, they will (hopefully) perform actions that exhibit their attitude of mindfulness. For example, showing concern for others, sharing with others, giving to charity, mentoring others, caring for friends and family, volunteering through a local church or organization, or caring for the environment are ways that people can be mindful.

They say you can’t teach an old dog new tricks. But that shouldn’t be true for humans, especially those who want a rich and fulfilling life. So go ahead, put aside your fear of the unknown, and try yoga!

Julie Na Osley can be reached at joxley@coastal.edu, or 843-349-6548.

Speech Therapy ........... continued from page 1

overall healthcare continue to increase in strength and effectiveness, providing help to those affected. These include pharmaceutical intervention, radiological intervention, rehabilitation and lifestyle changes.

Speech therapy, a form of rehabilitation, is an intervention that may help a person suffering from a swallowing, cognitive-language or communication disorder regain control of his or her life. Speech therapy services are mainly dependent upon the person involved and the cause of the language or swallowing disorder. Initially, goals are created and an overall plan of care is developed by a licensed Speech-Language Pathologist (SLP) to guide the therapy.

An SLP, also known as a speech therapist, holds a masters degree in Speech-Language Pathology as well as accreditation from the American Speech, Language, and Hearing Association.

The main types of speech therapy include: aphasia therapy to address speech and language deficits caused by a stroke, voice therapy to address a variety of vocal disorders caused by vocal fold nodules, over/ misuse of the voice, or neurological conditions such as Parkinson’s Disease. There is also dysphagia therapy, which is training of swallowing compensatory strategies to address swallowing difficulties from a variety of causes, and Cognitive-language therapy to address memory, reasoning or problem-solving deficits caused by injury or a disease such as Alzheimer’s disease or general dementia.

Symptoms of any speech language, cognitive- language or swallowing disorder need to be reported to a primary physician who can then refer the person to an SLP for further assessment and treatment. Regardless of the path of referral or intervention, it is important that any significant symptoms are reported, evaluated and treated as close to the time of onset as possible, in order to provide the affected individual optimal services and quality of life.

Please contact your doctor or an SLP with any questions or concerns you may have concerning your speech, language or swallowing abilities.

As Adlai Stevenson once said, “It is not the years in your life, but the life in your years that counts.”

Kimberley Ady is a speech-language pathologist with Conway Medical Center / Kingston Nursing Center, located at 2379 Cypress Circle, Conway, South Carolina 29528. You can reach her by calling 843-347-8179, ext. 4438. Visit www.asha.org for additional information from the American Speech Language Hearing Association.