

WAFIC 2014: GIVE WOMEN WHAT THEY WANT AND NEED FOR FAT LOSS

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For years we have been told to train Women and Men the same way, but is this correct?

Should we be more considerate of the physical and hormonal differences?

As Personal Trainers what factors should we be aware of that will enable more efficient and effective fat loss results for our female clients?

Women are beautiful, dynamic and complex creatures. For the most part we are similar to our male counterparts, however once you get past the basic anatomy and physiology the similarities stop there.

Current Statistics:

- Currently in Australia over half the population are overweight or obese
- This trend is predicted to continue in the coming years
- Eating disorders are also increasing.
- According to the Academy of Eating Disorders “obesity and eating disorders are *not* at the opposite end of the spectrum; they may be viewed as occurring at the same end”
- Women are more likely to embark on diets, excessive exercise and use other ‘weight loss’ methods to try and manipulate their weight
- Women who diet regularly (more than 5 times) are 75 % more likely to experience depression*
- The majority of women (it has been estimated between 80 – 90% of women) do NOT like their body. Most will deprive themselves of activities such as swimming or having photographs taken as a result.

The Re-education of Women (and Men):

Given the above statistics and overwhelming anecdotal evidence I believe there are 3 major paradigm shifts that need to occur. We need to open the conversation around the following three points. Personal Trainers, coaches and exercise professionals are in the perfect position to educate and (re-educate) general population.

1. Weight Loss is NOT Fat Loss: There are fundamental differences between the two.

2. Most focus on Weight Loss before (or often at the expense of) health, however it needs to be the other way round. Health should be the primary concern with weight loss (in actual fact, fat loss) being secondary.
3. Instead of 'punishing' the body, women need to learn to work 'with their body'. The 'psychology of punishment' is counterproductive. Women and trainers alike need to have a better understanding of the 'science of the female body'.

What defines a 'healthy' woman?

The first thing that probably springs to mind is her physique. People tend to judge this immediately – is she overweight, underweight or 'just right'? Does she have a good body composition? Where does she carry her fat? Is it distributed evenly or concentrated in certain areas?

Exercise professionals use tools such as body fat percentage, girths measurements and clothes as an objective way to measure physical change.

According to ACE, body fat percentages in women can be categorized as:

Essential Fat:	10-13%
Athletes:	14-20%
Fitness:	21 – 24%
Average:	25 – 32%
Obese:	32 – higher+%

Whilst these body fat percentages provide us with a guide, and can give us generic information regarding her hormonal health they are only a part of the equation.

Good health goes beyond the physical. Good health starts with a healthy mind and spirit, which then leads the way for a healthy body. In order to change and improve ones physique the changes must first start in the mind. Bear this in mind, when approaching fat loss with your female clients.

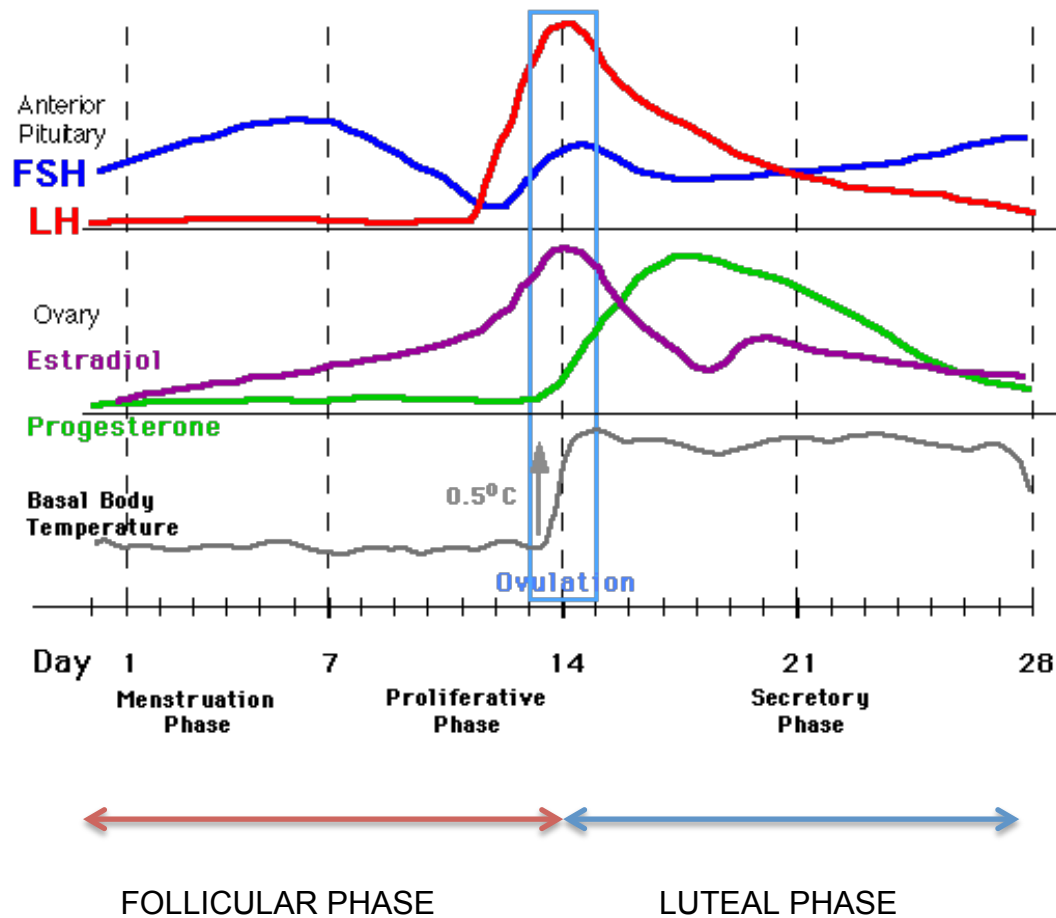
Menstrual Cycle:

The menstrual cycle is a complex series of changes that a women's body goes through monthly in order to prepare for pregnancy. It relies on the orchestrated timing of hormones to initiate each stage of the cycle. The Hypothalamus and the Pituitary gland send hormone signals back and forward to the Ovaries (known as the HPO axis or Hypothalamus/Pituitary/Gonadal Axis).

A 'normal' cycle runs between 28 – 35 days, and consists of 2 phases; the Follicular Phase and the Luteal Phase. Each of the phases consists of distinct fluctuations of the hormones Estrogen, Progesterone (produced in the ovaries), Follicle Stimulating Hormone (FSH), and Leutinizing Hormone (LH).

Day 1 = Menstruation (starts on the first full bleed day)
 Day 5 – 11 = Late Follicular
 Day 12- 14 = Peri-ovulation
 Day 14 = Ovulation
 Day 15 – 28 = Luteal

Hormonal Fluctuations during a Cycle:



- Due to the different fluctuations of hormones throughout the month there are definite changes in appetite, mood, energy levels, fluid retention and fuel oxidation.
- A women's cycle has a DIRECT effect on her ability to lose fat and change body shape.
- Both trainers and women need to work *with* the individuals cycle – not against it.
- A cycle that is erratic, or has had a change in pattern, is indicative of hormonal imbalances.

When Hormones go rogue:

Common issues that women are facing in these modern times:

PMS:

- A set of symptoms that normally appears close to menstruation. Symptoms are wide and varied but include bloating, pain, lethargy, cravings and mood swings (just to name a few, there have been up to 150 PMS symptoms noted!)
- Slight discomfort is normal, however pain is not!
- Caused by a disruption in the estrogen: progesterone ratio

ESTROGEN DOMINANCE:

- A term used to describe the change in balance between Estrogen and Progesterone. When the ratio becomes tipped in favour of Estrogen there is a hormonal imbalance.
- Women with this will store more fat around the tummy, hips and legs.

PCOS:

- Considered a hidden epidemic; 1 in 8 women have PCOS
- Results from a hormone imbalance (Both Testosterone and Estrogen dominance) and Insulin resistance
- Associated with Central Obesity

THYROID DYSFUNCTION (HYPOTHYROIDISM):

- It is estimated that 8% of women in Australia suffer from a dysfunction, however many go undiagnosed
- Is linked to chronic stress and “Adrenal Fatigue”
- Can cause full body weight gain

ADRENAL FATIGUE:

- (*Please note that the term “Adrenal Fatigue” is not a term used in conventional medicine, however it is widely used within the alternative medical fraternity – may also be referred to as Adrenal Fatigue Syndrome)
- As a result of chronic stress in which the body goes through stages of dysfunction. Stage 1 is associated with higher than normal Cortisol production. Stage 2 is associated with a decline in Cortisol production and Stage 3 is where there is little to no Cortisol production (stage 2 and 3 equal a Cortisol deficiency)
- Linked to fat gain around the midsection

All of these conditions have the ability to interfere with a women's overall health, wellbeing and her body composition. These may affect the way she metabolises nutrients from food, her energy levels and motivation, sleep patterns and her ability to tolerate stressors.

If your client has, or is experiencing any of the above you **MUST** address these issues first; focus on improving her **health first** and with time the fat loss will come (give her what she needs and then give her what she wants).

====> HEALING PROTOCOL

1. Improving her Gut health is a priority!
Consider supplements such as probiotics, and removing potential irritants for example Gluten, Wheat, Dairy and Alcohol
2. Regulate blood sugar levels
Consider her macronutrients, meal timing and her somatotype. Find her 'calorie ceiling'.
3. Nurture her Adrenals by reducing stress loads and supporting the adrenals
4. Improve her Sleep hygiene (8+ quality hours of sleep/night)
5. Support her elimination pathways e.g. Liver and large intestines. Must decrease her toxic load (reduce environmental toxins and estrogens). Improve elimination by increasing fiber.
6. Smart training! Cycle with her Cycle.

====> TRAINING PROTOCOLS:

Cycle with her Cycle:

By following the patterns of her hormonal fluctuations and capitalizing on these changes you can manipulate your training protocols to get the most out of your client.

Follicular Phase:

Days 1 – 5: Menstruation

- During her period allow her to perform lighter sessions. This is a good opportunity for her to do technique work, light 'cardio' predominantly aerobic based sessions, or restorative sessions such as yoga, pilates or mobilization sessions
- Let her body choose the type of activity it needs

- As her period comes to an end she will start to experience increases in energy levels – this is because Estrogen is starting to rise.

Days 6 – 16 Late Follicular Phase and Ovulation

- Since her estrogen and FSH is starting to rise there will be large increases in energy
- She is highly anabolic throughout this phase, so she can 'get away' with doing more steady state cardio without risk of going catabolic (remember a big focus is on lean muscle preservation)
- This is a good time to train with heavier weights, stick to standard strength or hypertrophy training parameters
- Keep selection of exercises to compound movements such as Deadlifts, Squats, Bench Press, Chins, Lunges etc...(Remember women can recover quickly so keep the rest between sets short. They can also recover quickly between days of training so can handle more volume)
- Keep intensity high

Days 17 - 28: Luteal Phase

- During the Luteal Phase energy levels start to change. Energy levels can still be high during the first few days of the Luteal Phase therefore keep the focus on intensity, but in the form of HIIT and Met Con type sessions (or can change the rep ranges in the strength/hypertrophy program to be higher reps and less loads)
- As some women approach their period their co-ordination and balance decreases, so be aware of this.
- Core temperature increases so be mindful of training in heat
- Towards the back end of this phase as she approaches menstruation energy expenditure increases and so to does her energy requirement. Her cravings for sugary, salty and fatty foods will increase – be mindful of this, as this is when the body tends to store more fat (need to monitor carbohydrate intake)
- If she experiences physical pain such as SI, lower back or abdominal pain be aware that her ability to engage her inner unit will be compromised
- Days 25 (ish) – menstruation: listen to her body. Movement is good but keep the loads and the intensity light.

GIVE HER WHAT SHE WANTS

Build Booty:

Strengthen and build the posterior chain: hamstring, glute and lower back work. Use the following: Deadlifts, Glut Bridges, Romanian Lunges, Good mornings, Hamstring Curls, Hip Bias Step Ups, Calf Raises, Box Squats, KB Swings etc..

Create the 'V':

Give women a nice taper, by building up their shoulders and lats, whilst creating the appearance of a small waist

'Flat' stomach"

Focus on TVA and inner unit activation. Work on building a foundation of core strength, which can then be transferred to more complex movements such as heavy lifts, or specific core conditioning exercises like gymnastics.

Improve posture:

By improving thoracic extension, holding themselves tall, and walking properly women can look visibly slimmer in seconds. Not only will this improve their overall look it will do wonders for their technique and overall health.

Other Training Considerations:

- Avoid loads of Quad hypertrophy work. For most women building their posterior chain is necessary for both aesthetics and function. There is a tendency for women to have quad dominance therefore it is in their best interest to focus on the extensor chain (this is particularly true if they wear high heels). Strengthen quads in integrated movements (assuming there are no structural issues that require specific isolated movements)
- Encourage them to engage in compound movements as opposed to isolated movements.
- Keep loads challenging and low in reps (e.g. moderate – heavy loads and 3 – 12 reps, depending on what your training phase entails)
- When performing lifts such as Deadlifts or Squats be mindful of their 'Q' angle (and hip mechanics). Set their feet into wider stances to accommodate for this (and also to increase the force and form closure of the SI Joint).
- Women have greater joint mobility and flexibility than men. Remember to assess this and adjust the ranges of movements accordingly
- Encourage Interval training and sprints (provided she has been qualified to do so) whilst minimizing the amount of long slow 'cardio' (note this can still be included in their training program but not at the expense of other training modalities)
- If your client wears high heels on a regular basis she will have tight calves and tight hip flexors (the higher the heels the worse this is). Ensure that you improve calf strength through a full range of motion. You **MUST** ensure appropriate ankle mobility before performing any

squats, OL or plyometric training!! Same goes for hip flexors – ensure adequate hip mobility before any hip extension exercises!

WORKING WITH OTHER PROFESSIONALS:

ACNEM: The Australasian College of Nutritional and Environmental Medicine
www.acnem.org

AIMA: Australasian integrative Medicine Association
<https://www.aima.net.au>

NIIM: National Institute of Integrative Medicine
<http://www.niim.com.au>

SELECTED RESOURCES:

National Eating Disorders Collaboration: <http://www.nedc.com.au>

Dr Lam: Adrenal Fatigue Center: <http://www.drlam.com/>

Dr Len Kravitz: <http://www.drlenkravitz.com>

Metabolic Effect: <http://www.metaboliceffect.com>

Alisa Vitti. *WomanCode: Perfect Your Cycle, Amplify Your Fertility, Supercharge Your Sex Drive, and Become a Power Source*. HarperOne; 1ST edition (March 19, 2013)

Louann Brizendine, M.D. *The Female Brain*. Transworld Publishers; 1st ed (June 2007)

Ruth Trickey. *Women Hormones and The Menstrual Cycle*. Allen & Unwin 2nd ed. (June 2003)

Note:

These notes and references will also be available at:

www.nardianorman.com/filex2014