

 Fitness Frontline
of primary health care



Driving Fitness
into the Frontline of
Primary Health Care



Miller Health

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© Miller Health Pty Ltd
7 Salvado Place
Stirling ACT 2611
(02) 6288 7703
(0424) 391 749
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 **Fitness Frontline**
of primary health care



Driving 'fitness' into the
frontline of primary healthcare

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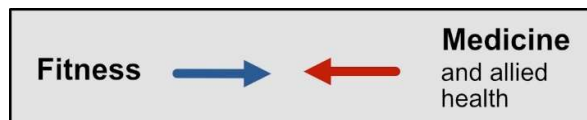


PREAMBLE

The **Frontline Primary Health Care** concept lays out the case for a dramatic change in our approach to primary health care, particularly when it comes to measuring, managing and monitoring prescriptions for the treatment of personally-generated body system dysfunctions.

The Frontline Primary Health Care is focused on:

1. inspiring and motivating people of all ages to become more intimately engaged in the process of attaining and maintaining their own health, fitness and wellbeing
2. expanding the range of health experts involved in the primary health care matrix - medical practitioners, fitness practitioners, physed teachers, dieticians and counsellors...
3. getting these experts working more closely with each other to get the best patient/client outcomes - in particular referring their clients to each other



4. making better use of technology - so individuals, their health advisors and insurers can better measure, manage and monitor improvements in health, fitness and wellbeing.
5. reducing the demand for medical services, which in turn will reduce the cost of medical services borne by governments, both Commonwealth, state and territory - and health insurers. In an ideal world where people are fitter and healthier, government and insurer outlays for medical services should be decreasing, not increasing.
6. reducing the cost of private health **insurance**.
7. propelling the fitness industry into the frontline of primary health care.

THE TOOLS

Frontline of primary health care is designed to provide medical practitioners, fitness practitioners, Physed teachers, dieticians, counsellors and individuals with the tools to better measure, manage and monitor personally-generated body system dysfunctions.

The tools include

- a range of digital risk assessments that can be used to measure progress toward attaining or maintaining a body in good health
- digital tracking apps that can capture data from a range of smart, connected devices

- digital health, fitness and wellbeing prescriptions that are designed to restore poor health to good - rather than being symptom masking - that can be put into practice by people themselves at minimal cost to themselves or the community
- a cloud-based digital platform that enables results to be recorded and stored in such a way that individuals and their health advisors can have instant access.
- reliable, practical, evidence-based information drawn from a range of sources.

Whilst hard-nosed scientific evidence (generated by the medical research industry) is appropriate for most conditions most of the time, at other times it may be appropriate to digest some of the information coming from people who, following a course of action healed themselves by changing their lifestyle.

THE CATCH

Frontline Primary Health Care practitioners are there to provide people with advice and encouragement, but there is a catch. When it comes to any type of health, fitness and wellbeing prescription, it's not something that can be sub-contracted out to someone else – or passive gadgetry, or pills.

Psychiatrist, Robert Butler inaugural CEO of the American Institute on Aging said, *'If exercise and physical activity could be packaged as a pill, it would be the single most widely prescribed and beneficial medicine in the nation.'*

Exercise physiologist, Kenneth Cooper put it succinctly when he said, *'I can give you the program, but I can't do it for you.'*

The corollary is that if people are not interested in improving their own health, fitness and wellbeing, what is the imperative therefore for the State to invest any more money in them?

The question to be asked before any prescription - pharmaceutical or lifestyle - is delivered by a health, fitness or wellbeing practitioner is, 'Do you want to get better?'

THE TAB

Deciding who should pick up the tab for the treatment of personally-generated body system dysfunctions is another matter. If the prescriptions people are given lead to treatments that they can do themselves, if they lead to the restoration of poor health to good, then there is a high likelihood that the tab will be significantly reduced.

One of the key measures that the health of the community is getting better is when the cost of providing services for illhealth rehabilitation is decreasing. The other key measures are whether people are becoming fitter, healthier and slimmer. The benchmark? when state and territory governments are spending less than 25% of their budget on medical services.

THE PARABLE OF THE RUNNER

A man went out for a run.

He'd only run a hundred yards when he felt a twinge in his right calf muscle. He stopped, turned around and walked home. He put ice on it, rested it for a few days, started walking again and soon found that he could shuffle slowly without discomfort. He gradually turned the shuffle into a jog. Then the jog became a run. He kept on running.

Then the weather took a turn for the worse, it became cold and wet. He wanted to stay in bed where it was warm, but he got up three mornings a week at 6.30, rugged himself up, went up the street to meet his running mate - and kept on running.

His work took him to a far-off place where it was hot so he couldn't train outside. He kept on running - inside on the treadmill at a local gym.

There were times when he was tired, when he'd gone to bed late. He changed his program on those days and exercised after work. He came home, put on his shorts, tee shirt and running shoes, got outside the front door - and kept on running - one leg at a time.

Other times while he was running, he felt that he couldn't go any further. So he slowed down, went back to shuffling and jogging, paced himself - he kept on running.

There were times he felt lonely, so he bought a dog. She became his best friend and motivator.

He had hard days and easy days, but regardless of how he felt at the start of a run - he kept on running.

When he became stale, he switched to cross training. As well as running he went swimming and cycling and worked out on the stepper. He lifted weights and after tea did his stretches on the floor while watching TV.

To keep track of his workouts he bought a Fitbit, setting a target of at least 50 zone points each day.

His health improved, he got back closer to his ideal weight, he slept better, his blood pressure and cholesterol came down. He was as lean as a greyhound, fit as a trout and toey as a Roman sandal. He could fit into his dinner suit.

He lost 30 lbs. He could '*fill the unforgiving minute with 60 seconds worth of distance run*'. He felt 100% better.

He who has feet let him run.

1.



It's a big ask expecting to stay healthy without keeping yourself fit.

It's an even bigger ask expecting to get better by having someone do something to you, sooner or later you have the to do something to yourself.

1.1

THE HEALTH CRISIS

Under the current primary health care system, the health of the community is getting worse.

To date a primary health care model focused principally on the medical industry has worked well - but within limits. The medical industry is good at dealing with medical problems.

However, the medical industry is floundering under the growing weight of avoidable health problems that are turning up in surgeries and hospitals. The evidence is there that the medical industry doesn't have the tools to deal with many of these problems.

These problems are related to personally-generated body system dysfunctions, in particular metabolic dysfunction, musculo-skeletal dysfunction and mental health dysfunction that require fitness, nutrition and counselling - rather than (or as well as) pharmaceutical and surgical interventions.

Plus, the medical industry is one of the few industries where the cost of services hasn't decreased with improvements in technology - or maybe they have, but they're not being passed on to consumers or health insurers.

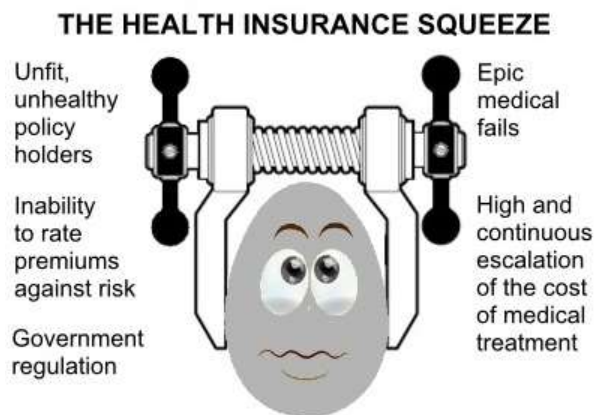
The expenditure on illhealth rehabilitation by the governments of Australia is in excess of \$200B (at least 10% OF GDP) a year. It's unsustainable. The state and territory governments are spending circa 30% of their budgets on medical treatments - and the community (egged on by some of the political parties) is screaming out for more money. (When the figure reaches 40% percent of their budgets, people will still scream out for more.)

The community has an insatiable appetite for access to free medical services, regardless of the care they take in keeping themselves fit and healthy.

The private health insurers are in a cleft stick. They're not insurers they're escrow agents. They don't rate premiums against risk. They neither measure, manage nor monitor risk.

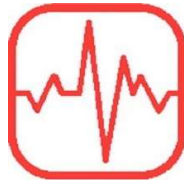
If they spend more money this year, they'll jack up the premiums next year.

As the population becomes more sedentary (and older younger), the 'insurers' that are unable to rate their premiums against risk are on a hiding to nothing.

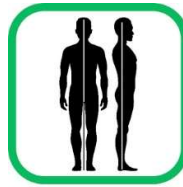


What's needed is a **Frontline Primary Health Care** system where problems associated with poor metabolic health, musculo-skeletal health and mental health can be treated by people themselves, with the assistance of a range of Frontline health practitioner. **Fitness** has to be front and centre of this new primary health care model.

1.2 THE THREE GREAT PERSONALLY-GENERATED BODY SYSTEM DYSFUNCTIONS



Metabolic



Musculo- skeletal



Mental

There is an epidemic of poor health,

- metabolic – aerobic fitness and diet
- musculo-skeletal – strength and flexibility
- mental

Much of it is personally generated.

The principal aim of the **Fitness Frontline Primary Health Care** concept is to

- reduce the incidence of personally-generated body system dysfunctions
- better diagnose the underlying causes of poor health caused by poor diet and the lack of regular, systematic exercise
- reduce the prescription of symptom-masking medicine
- give people the greatest encouragement and incentive to keep themselves fit and healthy by eating wisely and maintaining adequate levels of aerobic fitness, strength and flexibility.

There's a governor on our lives, and it's our identity –
what we think we're worth; what we think we deserve.
Ed Mylett

1.2a

POOR METABOLIC HEALTH



There is an epidemic of poor metabolic health. We know it by its symptoms. People are tired all the time. They're overweight, they get frequent headaches and suffer from abdominal pain, insomnia, brain fog, depression, reflux, constipation, piles, sore muscles and the deadly metabolic trinity - high blood pressure, high blood cholesterol and high blood sugar.



Poor metabolic health is growing at an exponential rate as people lead increasing sedentary lives, stuff themselves with various mixtures of fat, flour, potato and sugar, drink more and more alcohol, cola and bovine milk and live lives that swing between stressed-out-of-their-brain and quiet desperation.

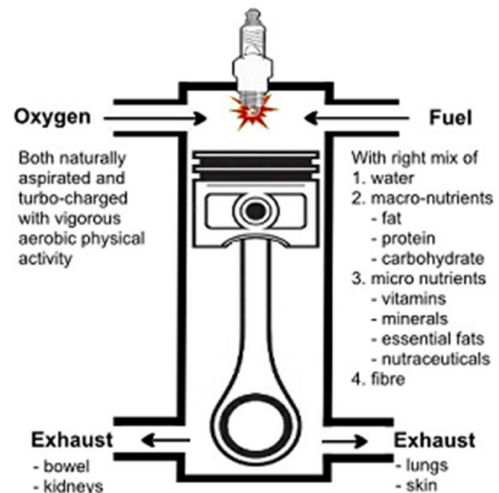
There are plenty of medical prescriptions that are designed to slow down the increase of poor metabolic health, but that's not the same as restoring poor health to good. This is because poor metabolic health is, in the main, related to fitness and diet, and only on the rarest of occasions can medical solutions fix fitness and diet problems.

THE METABOLIC HEALTH ENGINE

Metabolic health is the term given to describe the efficiency of the system that delivers essential nutrients and oxygen to every cell of the body and expels the waste products of metabolism to the outside world. The system is driven by the 'metabolic health engine' that resides inside your torso.

The metabolic health engine is responsible for optimal cell function. A more detailed look at the metabolic engine diagram outlines its principal functions.

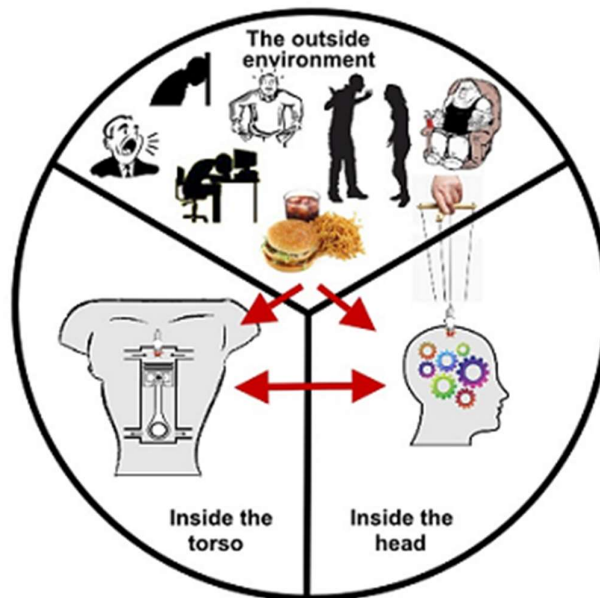
Poor metabolic health is intimately connected to both the outside environment and the internal environment (mental health).



People are poorly acquainted with the underlying causes of metabolic dysfunction. Similarly with physicians who prescribe drugs to mask the symptoms – without prescribing fitness and diet solutions.

You can be certain that headaches are not caused by a lack of Panadol, depression is not caused by a lack of Zoloft, Reflux is not caused by a lack of Mylantin.

High blood pressure is not caused by a lack of Avapro, High blood cholesterol is not caused by a lack of Lipitor, high blood sugar is not caused by a lack of Gliclazide anymore that piles are caused by a lack of Anusol!



An aim of the Frontline Primary Health Care concept is to provide individuals with every encouragement and incentive to keep themselves in good metabolic health.

THE METABOLIC HEALTH DEFRAG

Have you ever watched your computer defrag? You may well ask, 'What is a defrag?'

Well, to keep a long story short, and in layman's terms, when your computer saves information to the hard disc it can tend to do it in a chaotic fashion. Bits of the one document can be saved in different places on the disk.

The net effect of this chaotic placement of data is that it slows down the retrieval of the information. It takes longer for documents to open up. Over the weeks, months and years the 'ghosts in the machine' appear to be slowing it down.

Microsoft describes it thus:

'Disk Defragmenter consolidates fragmented files and folders on your computer's hard disk, so that each occupies a single, contiguous space on the volume. As a result, your system can gain access to your files and folders and save new ones more efficiently. By consolidating your files and folders, Disk Defragmenter also consolidates the volume's free space, making it less likely that new files will be fragmented.'

Here's what the defrag process looks like on your computer. There's a big difference.



before ...



after ...

When people embark on a metabolic defrag that includes a vigorous aerobic exercise program a similar thing happens. Resting heart is lowered. Blood pressure and blood glucose come down. Percent body fat is lowered. They sleep better. They feel better. The list goes on; the benefits are legion. Of course, diet is also an important metabolic defrag component.

Diagnosis of causation



Prescription



Support team



Doctor



Fitness practitioner



Dietician



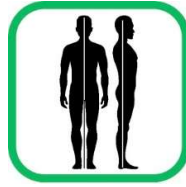
Counsellor



Friends

That which we persist in doing becomes easier, not that the task itself has become easier, but that our ability to perform it has improved.
Ralph Waldo Emerson

1.2b POOR MUSCULO-SKELETAL HEALTH



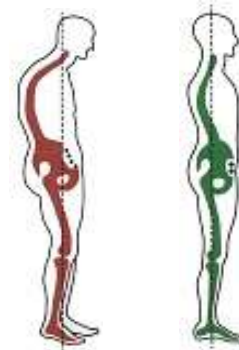
The Frontline Primary Health Care **Musculo-skeletal Health Program** is a systematic, intensive, strength and flexibility exercise program designed to dramatically speed up the recovery of people suffering from personally-generated musculo-skeletal dysfunctions.

THE PREMISE

A high proportion of people with back pain have a fitness problem. Tight muscles attached to the pelvis have allowed the bones of first the pelvis and then the vertebrae above it to move out of alignment.

Misalignment of the pelvis also affects the hip and knee joints.

Weak muscles leave the body unprepared to deal with the normal stresses of lifting, pulling, pushing and propelling oneself and objects. That's the bad news.



From thisto this

The good news is that there is a good chance the damage can be undone, with poor function being restored to good and pain being relieved by both a targeted and a general, strength and flexibility conditioning program.

Fitness generated problems need fitness solutions and the only person who can administer the fitness (strength and flexibility) prescription are the individuals in pain. Joint and muscle pain is not caused by a lack of rubbing, crunching, heating, cooling, vibrating, electronic muscle twitching, hanging-upside-down, doping or surgery.

The **Frontline Primary Health Care Musculo-skeletal Health Prescription** is suited to all people with low back and other joint and muscle pain. In particular it's suited to people who have already tried a range of therapeutic modalities that haven't given them the results they were looking for.

PRINCIPLES OF MUSCULO-SKELETAL DYSFUNCTION

1. Muscles move bones out of alignment. That's the bad news. The good news is that if bones have moved out of alignment, there is a fair chance they can move the bones back into alignment.
2. The cause of the pain is rarely at the site of the pain. Once muscles attached to the pelvis draw the pelvis out of alignment, the bones above and below move out of alignment 'in sympathy.' We need to do exercises that get these bones back into alignment.

3. Form (good skeletal alignment) follows function (the ability to successfully perform a range of flexibility exercises).
4. A high proportion of joint and muscle pain is personally-generated. In a way that's good news because chances are it can be personally ungenerated.
5. If you want to be pain free within the next hour, go to the chemist. But if you want to be pain free within the next 6 months (maybe more, maybe less) then do the re-aligning exercises regularly.
6. The more often you do the re-aligning exercises and the longer you do them for, the quicker your skeleton will get back into better alignment.
7. If one 'part' (your lower back) of the skeleton is in pain, then you can be pretty certain that you have a 'system' problem, not just a 'part' problem. Fix the system and the parts will look after themselves.
8. Pain is a symptom that the bones on either side of a joint are out of alignment. Get them back into alignment - and the symptom of the misalignment will disappear.
9. Only on the rarest of occasions are joint and muscle pain is caused by a lack of imaging, rubbing, crunching, strapping, heating, vibrating, doping or surgery.
10. Most joint and muscle pain is a fitness problem not a medical problem.
11. Hippocrates said, '*The physician speaks with more authority if he's had the disease.*' Rarely is joint and muscle pain a disease – it's most frequently a personally-generated dysfunction caused by a body in poor musculo-skeletal condition. Someone who has relieved their joint and muscle pain is usually a useful source of advice.
12. Generally speaking, the advice you're likely to receive about causation from a radiologist will not be helpful in determining causation. That being the case, the rehabilitation prescription is likely to be unhelpful.
13. For 80% of people there's an 80% chance that they can get themselves back to 80% of 'good nick' in around 80 days if they're diligent.
14. It's a big ask expecting to stay in good musculo-skeletal health without a good strength and flexibility training program.
15. It's an even bigger ask expecting to get better by having someone do something to you; sooner or later you have to do something to yourself.

The Fitness Frontline Primary Health Care **Musculo-skeletal Health Prescription** has been designed for people who:

1. need a strength and flexibility training program to avoid joint and muscle pain
2. are at grave risk of a serious musculo-skeletal breakdown
3. are already in breakdown – and in pain
4. are currently involved in a rehabilitation program.

It's a program containing exercises that can be done at home or at a Fitness Frontline centre.

Compared with sports injury rehabilitation, the joint and muscle pain rehabilitation industry has been left behind, with people going to a few appointments a week, mainly for passive treatments, which devolve the responsibility for getting better to someone else. As in professional sport, the more time spent on rehab, the quicker poor function is restored to good.

But what sort of a treatment is it where the symptom disappears while the underlying condition continues to get worse?

Most rehab programs lack a strength and flexibility program of sufficient frequency, duration and intensity to dramatically speed up the rehab process. In a **Musculo-skeletal Health Prescription Workout**, there's no such thing as a quick stretch. It takes time for muscles to get the message that it's safe to loosen off, but if the time spent loosening off is concentrated, every day, every week and every month, then the process is dramatically speeded up.

If massage is to do any good it needs to be long, slow, deep, relaxing and preferably mechanical massage. 20 minutes, three times a week doesn't fit those criteria.

To be able to spend extensive periods of time doing the exercises at home, promises to have a dramatic impact on speeding up the rehab process.

THE DISTINCTION

The distinction between the **Musculo-skeletal Health Prescription** and other therapeutic treatments is that it's

1. active, not passive treatment. Most joint and muscle rehab programs have as their core treatment, hands on, passive, one-on-one therapies
2. an injury management program in which participants become their own therapists, doing the strength and flexibility exercises that only they can do themselves to get back into good musculo-skeletal health.
3. a program directed at the cause of the problem (the muscles that have taken the pelvis and the bones above and below it out of alignment), not the symptoms (where ligaments, tendons and muscles have been stretched beyond their pain threshold and herniated discs are pressing against the spinal column.)
4. based on the fact that the therapy takes time. In some cases, you can count on noticeable improvement in a couple of days or weeks. For others it could be 80 days or more. It all depends on how long it took the problem to become manifest, and/or the severity of the problem. If you want to be pain free within the next hour, go to a chemist.

After downloading the exercises - or paying for a diagnostic report - the Musculo-skeletal Health Prescription doesn't cost a person anything, except time. Regularly doing situps, pressups and squats at home doesn't cost anything either. The benefits of a strength program at the gym will outweigh the cost.

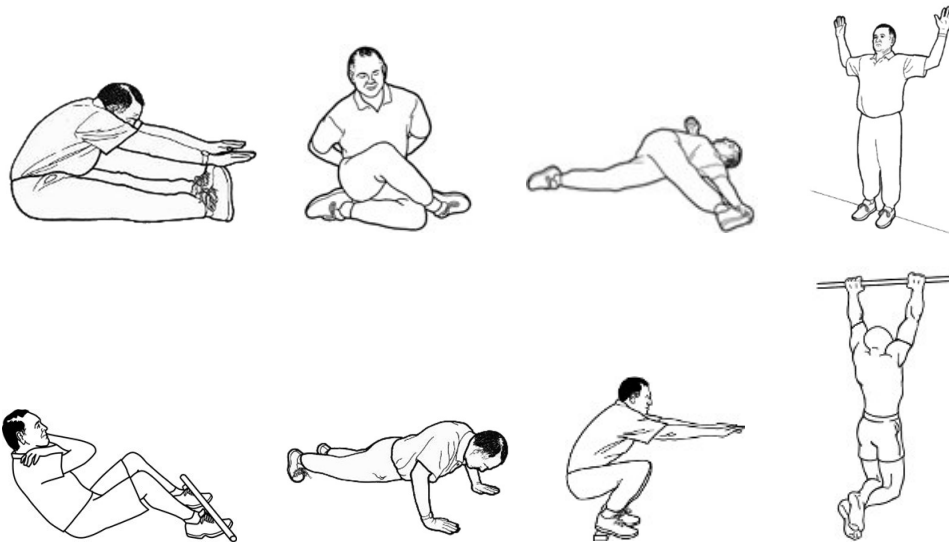
Diagnosis of causation

There are a range of assessments that can point to the cause of joint and muscle pain. However, for the greater proportion of people, the pain is personally-generated by the lack of a regular and systematic strength and flexibility program designed to keep the skeleton in good alignment and the muscles strong enough to enable the body to do everyday tasks – lifting, pushing, pulling, propelling ... without breaking down.



The Clinical Diagnostic Assessment involves

- seeing how well people can adopt a range of diagnostic postures and
- measuring how strong they are.



Prescription

There are four main **Musculo-skeletal Health Prescription** workouts to relieve back pain - all designed to loosen off the muscles that have taken the pelvis and the bones above it out of alignment - and strengthen the major muscles of the body

1. 20-minute workout - our recommended back pain maintenance program comprising a suite of flexibility and strength exercises - recommended for both work and home.
2. 1-hour workout - with more exercises and some being done for longer periods. Recommended for people who are at grave risk of back pain and those who already have it.
3. 2-hour workout - an extension of the one-hour workout with some exercises being done for longer periods of time.

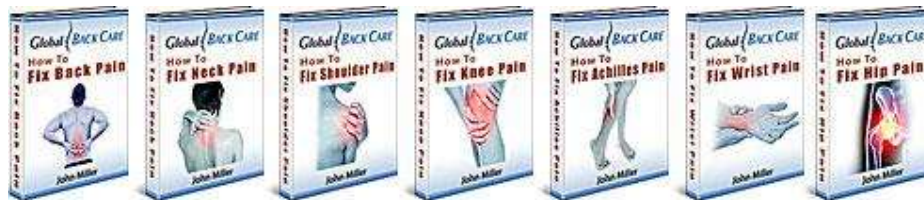
- 4. 6-hour workout - an intensive (though not strenuous) program of 6 hours a day over 5 or more days, designed to kick-start the rehab process by getting the body back into better alignment. Involves three rotations of the exercises in the 2-hour program, plus strength and aerobic fitness workouts and inner mental training.

If people are looking for the quickest and cheapest route to restoring poor musculo-skeletal health to good, suggest they take a week off work and spend most of their day going through the exercises that will get their body back into better alignment and pain free. After that they can cut back on the time.

Once they've fully recovered they can maintain their strength and flexibility with a 20-minute workout every day.

Resources

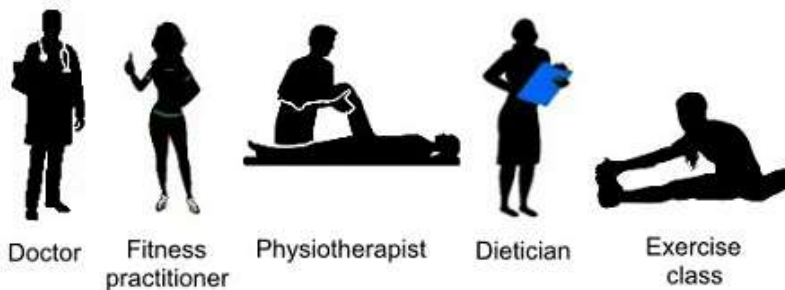
Our key resource is the [Global Back Care](#) suite of ebooks.



Classes and assessments



Support team



Diagnosis of 'what is' is only an eighth of the job. It's the easy part.
The second eighth is working out what caused 'what is'.
The third eighth is a prescription/program to restore poor function to good.
The rest involves doing the program.

1.2c

POOR MENTAL HEALTH

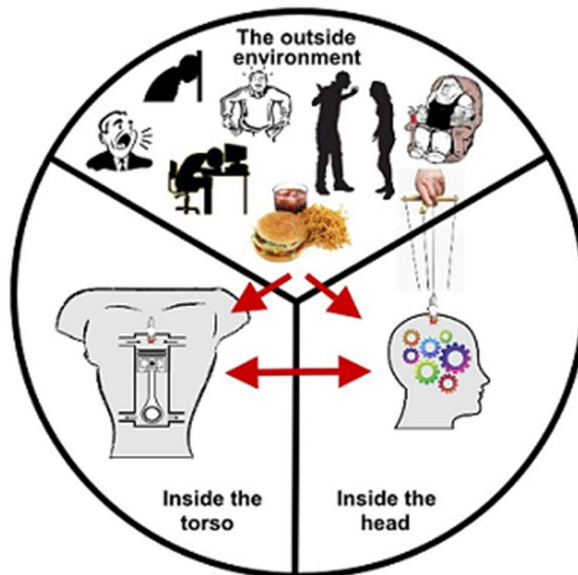


There is an epidemic of poor mental health. The **Frontline Mental Health Program** is focused on both ends (and everything that's in between) of the mental health continuum.



The green, orange, blue and black moods are related to one's environment, one's metabolic health and one's own thinking.

In particular, poor mental health is frequently related to poor metabolic health which means that fitness and diet (along with cognitive and chemical treatments) are important aspects of a mental health recovery program.



Frontline Primary Health Care includes a range of diagnostic, prescription and management tools that provide individuals, their doctor, counsellor, fitness practitioner and dietician with every encouragement and incentive to keep themselves in good metabolic and mental health.

MENTAL HEALTH DEFRAG

As well as a metabolic health defrag, we need a mental health defrag. Here (again) is what the defrag process looks like on your computer:



If the mind is in the state of the 'before' image, then a mental health defrag is highly recommended.

The mental health defrag is also based on the premise that the problem maybe a system problem and not just a problem centred solely in the brain. It may even be the case that the cause of the problem is not at the site where the problem is manifest.

When people embark on a mental health defrag it will include:

- daily, vigorous aerobic exercise
- regular counselling
- a daily relaxation strategy
- personal development training
- working on closing the intimate relationship gap and
- a change in diet.

It may also mean changing the environment, going for as holiday, taking up a yoga class, changing jobs or relationships ...

Diagnosis of causation

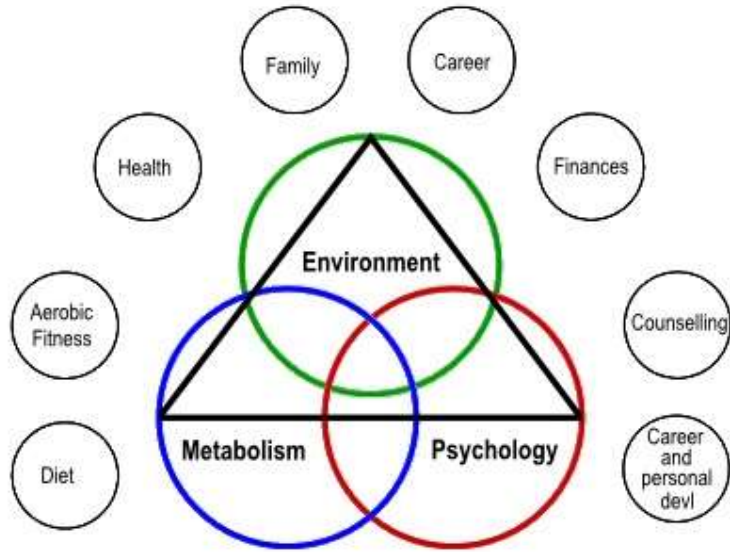


Prescription

The Frontline Primary Health Care solution to restoring poor mental health to good includes a systematic approach to addressing the issues highlighted in the circles surrounding the stress triangle (see overleaf).

Inner mental training is an important weapon in the mental health armoury.

STRESS TRIANGLE



Support team



Doctor



Fitness practitioner



Nutritionist



Counsellor

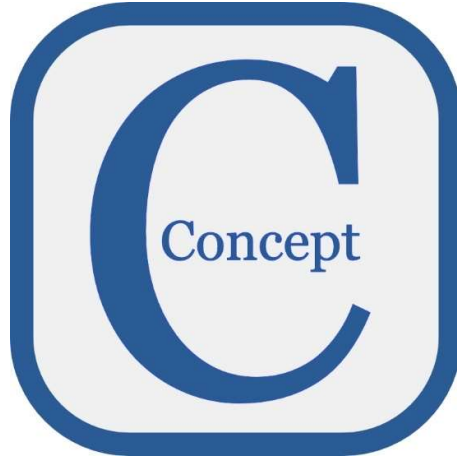


Friends

There is only one way to happiness and that is to cease worrying about things which are beyond the power of our will.

Epictetus

2.



The health of the community is getting worse. There are any number of reasons why, principle among them being:

1. The absence of individual responsibility

Too few people are taking responsibility for their health, fitness and wellbeing. The governments of Australia are groaning and travailing under the weight of expectation that the treatments for personally-generated body system dysfunctions will be paid from the public purse. People expect more from the government than they do from themselves.

2. Low levels of physical fitness

People are not keeping themselves fit and healthy to the best of their ability. In fact, a large proportion of people would have no concept of what it is like to be fit and healthy.

Very few people have a regular and systematic fitness training program that includes the aerobic, strength and flexibility components of sufficient frequency, intensity and duration to keep key body systems working at an optimum level.

3. Diets high in energy and low in nutritional value

People are eating and drinking too much of the foods that provide them with excess calorie intake and too few of the foods that adequately nourish the cells of their body. Men, women and children can't live on flour and sugar alone.

4. Lack of personal development

People are lacking in personal development. They don't do the things that people in good mental health do to manage their mental health.

5. The rise and rise of symptom-masking medicine

The medical industry has a blind spot. It is not good at diagnosing and treating personally-generated body system dysfunctions. It's why the scope of primary health care needs to be broadened.

6. Inadequate technical support

Failure to use modern technology to measure, manage and monitor the rise and fall of health, fitness and wellbeing.

2.1 PILLARS OF FRONTLINE PRIMARY HEALTH CARE



Frontline Primary Health Care rests on (at least) ten pillars:



- individuals looking after their own health
- fitness practitioners
- counsellors and personal development trainers
- nutritionists
- smart, connected technology
- Medicare
- physed teachers
- physiotherapists
- medical practitioners
- private health insurers

THE EXPERTS

Frontline Primary Health Care is driven by the health care expertise of

Individuals - you don't need to be a rocket scientist or a genius to have the knowledge to keep yourself fit and healthy. In fact, you have an obligation to keep yourself fit and healthy. The right to universal health care is attended by the responsibility to keep yourself fit and healthy to the best of your ability.

A half decent health and physical education program should have given school students the skills to look after their own health. Obviously, it hasn't. Chalk that up as a 'fail'.

Furthermore, a good case can be mounted to label **Frontline Primary Health Care** as the care you give yourself, all other health care being secondary to that. A well-trained person is their own best health care practitioner.

Physed teachers - have a pivotal role in welcoming children into the fit and healthy way of life. Along with sports coaches they can inspire and motivate children to develop a love of physical activity and experience the joy of effort.

A physed teacher is judged by how many of the children they teach leave school - and eventually enter old age - in good physical condition and capable of looking after their own body.

Medical practitioners - are the right people to see if you have a medical problem. But if a medical problem has started off as a fitness, diet or personal development problem, then likely as not, a fitness, diet or personal development prescription will be the most important part of the rehab process.

Fitness practitioners - are the right people to see if people have a fitness problem. Becoming fitter will impact on their metabolic health, their musculo-skeletal health and their mental health.

To that you can add anyone who is going to get people focused on the task of keeping themselves physically fit. For instance, if everyone had a yoga teacher and did yoga a few times a week, doctors, radiologists, physiotherapists and chiropractors would be sitting around twiddling their thumbs.

If people have a fitness problem, a good person to seek advice from is one of their friends who has a good fitness routine. These are good people with whom to train.

Physiotherapists - provide people with expert diagnosis of the cause and treatment of musculo-skeletal dysfunctions

Dieticians (and naturopaths) - it's hard for anyone to get back into rude good health and back to their ideal weight without a good nutrition program.

Counsellors - the head is a part of the body. **Personal development** plays a key role in mental health and successful living. It's a sad fact that too few people ever consider being involved in personal development programs. Along with aerobic fitness and diet, personal development is one of the three great drivers of good mental health and successful living.

Technology – smart technology - designed to facilitate the process of measuring risk, managing risk and monitoring risk.

Private health insurers - who can no longer stand back and wait until their members 'fall off (or launch themselves over) the cliff'. They have to be part of the process that keeps their members as far away from the cliff face as possible. The very existence of health insurers depends on the health, fitness and wellbeing of their premium holders.

Medicare - there are not enough healthy taxpayers to pay for the escalating costs of medical treatments for people who are not prepared to lift as much as a finger to keep themselves fit and healthy. Medicare has to bring out a suite of carrots and sticks to give people the greatest encouragement to keep themselves fit and healthy.

And don't forget **friends, relatives, training partners and work colleagues**. You could be on the receiving end of all the expert advice available, and then stumble because you didn't have someone close to support you, train with you or look over your shoulder.

2.2 EFFECTIVENESS OF FRONTLINE PRIMARY HEALTH CARE - in the prevention and treatment of personally-generated body system dysfunctions -

When it comes to treating personally-generated body system dysfunctions, currently it's anybody's guess as to the effectiveness of each of the ten pillars.

What percentage of people are keeping themselves fit and healthy to the best of their ability? Few people would know. What percentage of doctors – or for that matter fitness practitioners – ever put their clients through a fitness test? It would be 0.01% or less. You'll be lucky to find any statistics on fitness of the community from any government or academic source. The Australian Institute of Health and Wellbeing doesn't do fitness.

Only a small percentage of people could tell you how fit they are, based on their performance in a fitness test. The medical, fitness and allied industries don't do fitness tests.

What percentage of people are eating wisely (most of the time)? Just look around you and see how many people are overweight. Being obese is a relatively recent phenomenon. There weren't many obese people living in Central Park, New York in 1930, serving their country at El Alamein in 1942 or frolicking around at Woodstock in 1969!

The rise and rise of the sale of the '**garbohydrate**' (yep that's a 'g' not a 'c') foods comprised of combinations of fat, flour, potato and sugar, in both supermarkets and take-away food outlets, suggests a declining number of people are eating wisely.

What percentage of people are in good mental health? The rise and rise of people with anxiety, depression, drug addiction and family violence, suggests that the number people in good mental health is steadily diminishing.

What percentage of health practitioners are objectively measuring then overseeing the health, fitness and wellbeing of their clients? When regularly measuring and monitoring key health, fitness and wellbeing parameters is a rarity; when increasing numbers of people are surviving on pharmaceutical drugs; when hospitals are over-loaded and when the national medical bill is rising exponentially, you'd have to say, 'Not enough.'

How many physed teachers are committed to sending their students out into the big wide world in peak physical condition? The growing number of children and adolescents with mental health issues suggests not enough.

How many fitness practitioners are actively engaged in attracting customers in poor physical condition?

How many health insurers and Medicare itself are providing their members with financial incentives to improve their health and fitness?

2.3

THE AIM



The aim of Frontline Primary Health Care is to:

1. change the face of 'primary health care' to **'Frontline Primary Health Care'** so it rests on (at least) 10 pillars, not one.

The sole responsibility for primary health care can no longer be left in the hands of a medical industry that's

- labouring under the weight of an exponential growth of the people in their waiting rooms suffering from personally-generated body system dysfunctions
- dealing with people in poor physical condition, who are not interested in, don't know how to, aren't being encouraged to or don't have an incentive to get themselves back into good physical condition.

It's ironic that when expenditure on health care has never been so high, the health of Australians has never been so poor.

It's clear that the current primary health care model has to be changed by including fitness, diet and personal development prescriptions in the **Frontline Primary Health Care** mix for the prevention and treatment of personally-generated metabolic, musculo-skeletal and mental health dysfunctions.

2. establish a **Frontline Primary Health Care Technology** platform that facilitates
 - the digital collection, storage and dissemination of health, fitness and wellbeing data so individuals can regularly monitor the status of their health, fitness and wellbeing - and primary health care providers and medical insurers can better monitor the health status of their clients/members
 - the flow of health, fitness and wellbeing information to individuals and the clients of Medicare and health insurance organisations, including reminders, newsletters, ebooks, apps, online logs, audio files, videos
 - the ability of health practitioners to electronically measure, manage and monitor the progress of their clients in attaining and maintaining themselves in good metabolic, musculo-skeletal and mental health.

FRONTLINE PRIMARY HEALTH CARE TECHNOLOGY MODEL



3. provide individuals with every encouragement and incentive to improve their health, fitness and wellbeing.

Any health care model can only be sustainable when the right to subsidized medical care and membership of a private medical insurance company, is attended by a responsibility to keep oneself fit and healthy to the best of one's ability.

A health system that relies on the generosity of all taxpayers and all health fund members is unsustainable if an increasing number of people fail to keep themselves in good physical condition.

4. propel physical fitness into the vanguard of Frontline Primary Health Care. A lack of aerobic fitness, strength and flexibility is the root of all manner of metabolic, musculo-skeletal and mental health dysfunctions.
5. change the way Medicare and private health insurance companies do business with their members and their service providers.

The **Frontline Primary Health Care** concept has the capacity to provide both Medicare and health insurance funds with information about the risk they are carrying and the role they are able to play in managing that risk.

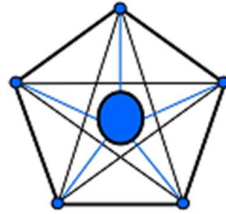
This is particularly imperative for health insurance companies operating in an environment where it is illegal to rate premiums against risk.

With respect to the relationship of health insurers and treatment providers, in most commercial transactions, *'He who pays the piper has the right to call the tune.'* This principle needs to be re-established between insurers and treatment providers.

You, the individual, can do more for your own health and well-being than any doctor, any hospital, any drug, any exotic medical advice.

Julius Richmond, US Surgeon General 1979

2.4 FRONTLINE PRIMARY HEALTH CARE MATRIX



Frontline Primary Health Care is focused on

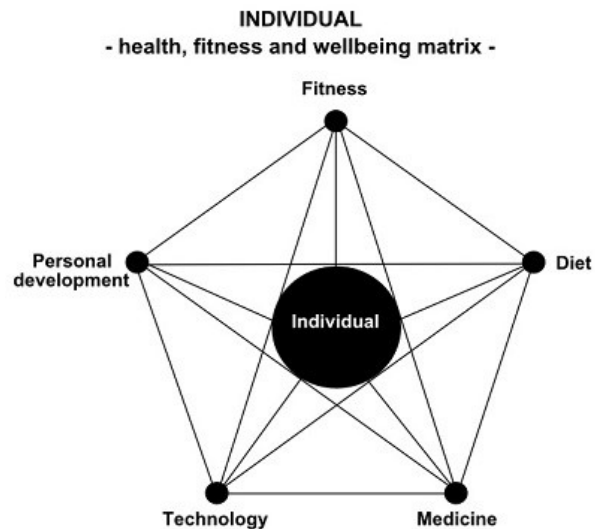
1. inspiring and motivating individuals to become more intimately engaged in the process of improving their own health, fitness and wellbeing
2. expanding the range of health experts involved in the primary health care matrix - medical practitioners, fitness practitioners, dieticians and counsellors
3. getting these experts working more closely together to get the best patient/client outcomes - in particular referring their clients to each other
4. making better use of technology - so individuals and their health advisors can better measure, manage and monitor improvements in health, fitness and wellbeing.

1. THE INDIVIDUAL - Frontline of Primary Health Care

The first question to ask yourself is, 'Am I keeping myself fit and healthy to the best of my ability?'

On the premise that not many people would give themselves 10/10, there's work to be done.

If everyone did keep themselves fit and healthy to the best of their ability, doctors and a host of medical and quasi medical professionals would be sitting around twiddling their thumbs. Hospitals and nursing homes would be well-nigh empty.



People with health, fitness and wellbeing problems need to answer a second question, 'Can I fix it myself or do I need some expert help?'

In many instances the answer would be, 'Yes, I can fix it myself'. It's not a tough assignment. How hard is it to embark on an exercise program? Once you're outside the front door with your sandals on, it's 'one step at a time'. How hard is it to start eating wisely? The internet, and particularly YouTube, is loaded with evidence-based ideas that you can adopt to improve your health.

If you can't fix it yourself, then find someone who can. If it's a medical problem, see a doctor. If it's a fitness problem, see a fitness practitioner. Same with diet and personal development.

Frontline of Primary Health Care rests on six founding principles.

1. *You, the individual, can do more for your own health and well-being than any doctor, any hospital, any drug, any exotic medical advice.*
US Surgeon General, Julius Richmond, 1979
2. *The right to universal health care is attended by the responsibility to keep yourself fit and healthy to the best of your ability.*
3. *It's a big ask expecting to stay healthy without keeping yourself fit.*
4. *It's a big ask expecting to get better by having someone do something to you, sooner or later you have to do something yourself.*
5. *You don't motivate yourself to do something, you do something and then become motivated. Nike, the Goddess of Victory was right; 'Just do it' has always been the start of accomplishment.*
6. *'I never got anywhere while I tried to do everything on my own.'*
Frank Woolworth

A health care system that ignores these principles will soon be so overwhelmed with customers that it will either break down or bankrupt the state and the insurance companies that support it.

Motivation

When it comes to keeping themselves fit and healthy, a high proportion of people report that they have a motivation problem.

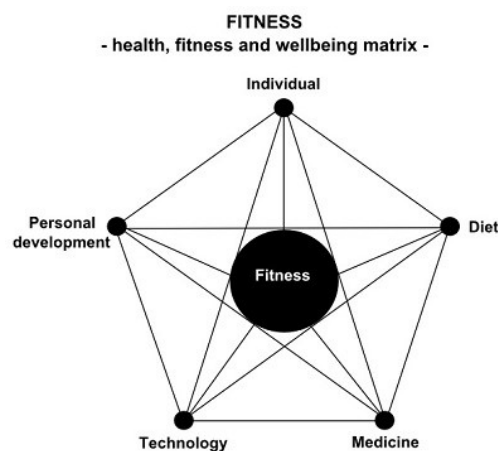
Take the advice of world middle and long distance running world record holder, Jim Ryun who said *'Motivation is what gets you started. Habit is what keeps you going.'*

2. FITNESS - Frontline of Primary Health Care

If you have a fitness problem, see a fitness practitioner.

In the beginning was the walk, then the walk became a shuffle, the shuffle became a jog, swim, cycle or gym workout.

Start with 5,000 steps a day and build up to 10,000. To reach 10,000 you'll probably need a 60-minute walk.



Here's what Henry David Thoreau had to say about walking,

'As a single footstep will not make a path on the earth, so a single thought will not make a pathway in the mind. To make a deep physical path, we walk again and again. To make a deep mental path, we must think over and over the kind of thoughts we wish to dominate our lives.'

Add the four major strength exercises included in the [Universal Fitness Test](#) and some flexibility exercises to square up your skeleton and you're on the road to better health.

The importance of physical fitness is highlighted by the principle is that it's a big ask expecting to stay healthy without keeping yourself fit. There's no doubt about that.

No health care system can sustain the attack on its services driven by people who are in poor physical condition.

An optimal level of **aerobic fitness** attends good metabolic and mental health.

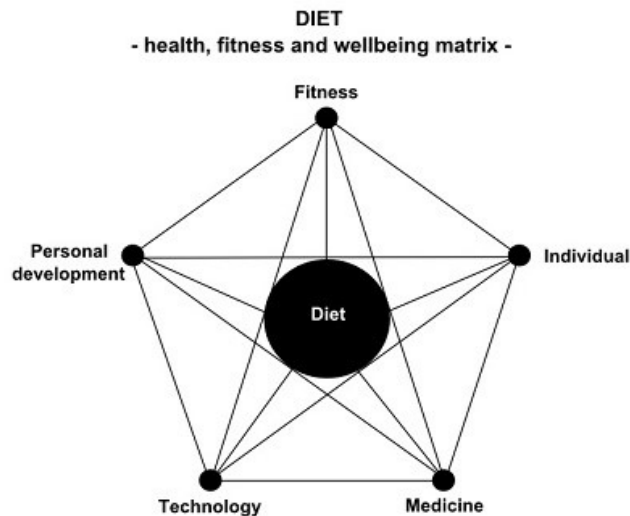
An optimal level of **strength and flexibility** attends good musculo-skeletal health.

3. DIET - Frontline of Primary Health Care

If you have a nutrition problem, see a nutritionist.

The health of the nation is getting worse. People are starving on full stomachs.

Both metabolic and mental health are suffering from energy dense diets comprised largely of the **garbohydrates** - fat, flour, potato and sugar, on their own or in combination - that are devoid of essential nutrients and are saturated with chemical food additives.



On the nutrition frontline we're guided first by Thomas Edison who said:

'The doctor of the future will give no medication, but will interest his patients in the care of the human frame, diet and in the cause and prevention of disease.'

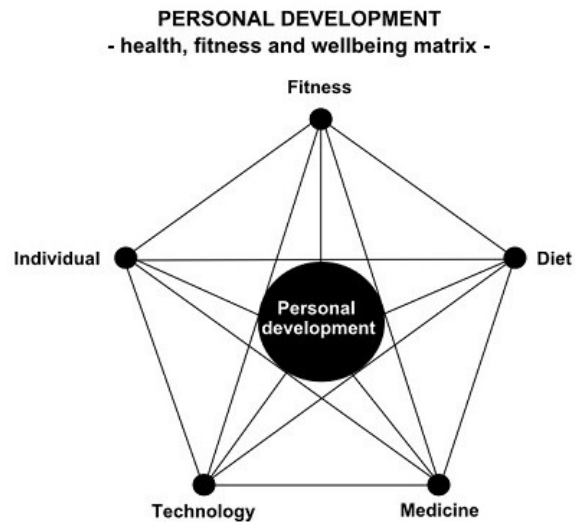
... and Hippocrates: *'Let food be thy medicine and medicine be thy food.'*

4. PERSONAL DEVELOPMENT - Frontline of Primary Health Care

The mental health of the nation continues to decline, for three likely reasons

- poor metabolic health
- lack of personal development.

When increasing numbers of people are living lives of quiet desperation, that are in turn reflected in the health of all body systems, the mental health defrag in the form of counselling and personal development programs - together with increased levels of aerobic fitness and better eating habits - has an important role to play in **Frontline Primary Health Care**.

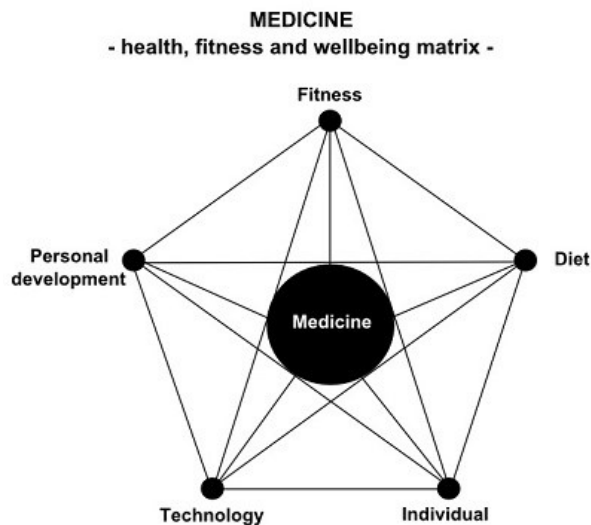


5. MEDICINE - Frontline of Primary Health Care

If you have a medical problem, see a medical practitioner.

Medicine works best when providing medical solutions to medical problems.

But because of its pre-eminent position in health care, with people regularly going to a doctor for a medical problem - but obviously also suffering from fitness, nutrition and mental health problems - doctors are in a good position to provide fitness, nutrition and counselling prescriptions.



The **Frontline Primary Health Care** suite of prescriptions is focused on

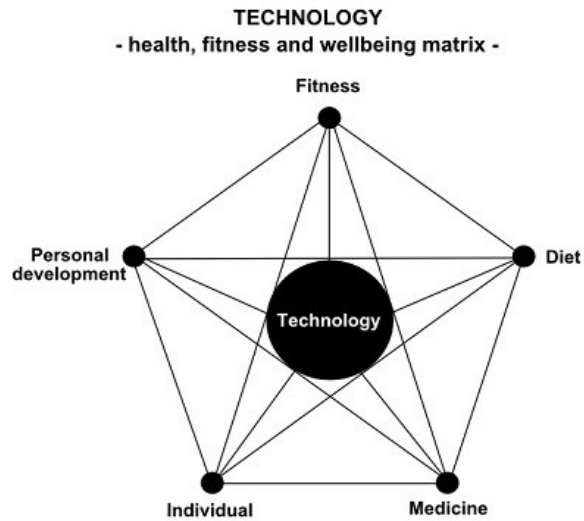
- preventing good health from becoming poor health and
- restoring poor health to good

Frontline Primary Health Care is *not* focused on the masking of the symptoms of poor health.

6. TECHNOLOGY - Frontline of Primary Health Care

The use of **Frontline Primary Health Care technology** as a means of collecting information that helps identify and measure risk, manage risk and monitor risk is the missing link in current primary health care.

It sets **Frontline Primary Health Care** up as a truly modern system of measuring, managing and monitoring health, fitness and wellbeing risk, like it's never been done before.



Until one is committed, there is hesitancy, the chance to draw back, always ineffectiveness.

Concerning all acts of initiative (and creation), there is one elementary truth the ignorance of which kills countless ideas and splendid plans: that the moment one definitely commits oneself, then providence moves too.

A whole stream of events issues from the decision, raising in one's favour all manner of unforeseen incidents, meetings and material assistance, which no man could have dreamt would have come his way.

I learned a deep respect for one of Goethe's couplets:

*Whatever you can do or dream you can, begin it.
Boldness has genius, power and magic in it!*

W H Murray
The Scottish Himalayan Expedition (1951)

2.5

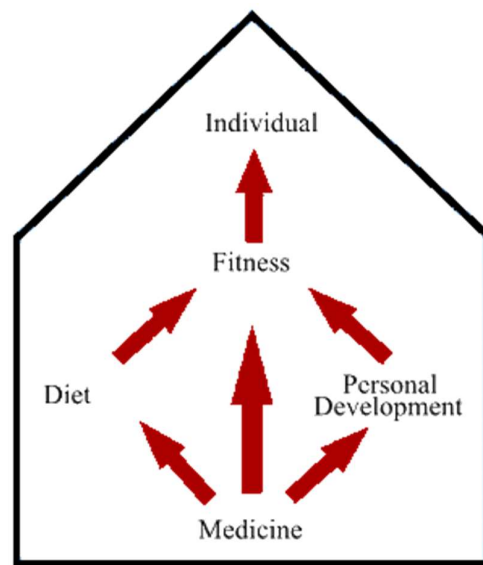
THE VANGUARD OF FRONTLINE PRIMARY HEALTH CARE



From a distance, **Frontline Primary Health Care** may well appear to be linear in nature, but when examined more closely, it's better described as a 'vanguard', where, by working together, fitness practitioners, dieticians, counsellors and doctors can be more effective than when working on their own.

As a society we've come to rely almost solely on medicine to cure all our ills and not just the ills that are of a definite medical nature.

However, the personally-generated body system dysfunctions are, at least in the early stages, more likely to respond to fitness, nutrition and counselling therapies than pharmaceutical therapies.



The vanguard of the **Frontline Primary Health Care** concept aims to give people the greatest support in improving their health, fitness and wellbeing.

It's designed to provide doctors with the greatest encouragement to resist the urge to prescribe a chemical fix - to mask the symptoms of personally-generated body system dysfunctions - to the exclusion of all other therapies.

Things that are useful are simple.
Michail Kalashnikov

2.6

THE PHILOSOPHY



The Frontline Primary Health Care concept is underpinned by a philosophy that says:

- It's a big ask expecting to stay healthy without keeping yourself fit.
- It's an even bigger ask expecting to get better by having someone do something to you; sooner or later you have to do something to yourself.
- Form (good working order) follows function. When you can do the things the body was designed to do, you'll know you're in good form.
- A high proportion of body system dysfunctions start off as fitness, nutrition and personal development problems. The best way to fix fitness, nutrition and personal development problems is with fitness, nutrition and personal development solutions.
- A big problem could have been fixed easily when it was a small problem.
- The fitness, nutrition and personal development industries are good at solving both small and large health problems
- If there is something wrong with a particular part of the body, chances are there is something wrong with the system. In which case, fix the system and there's a good chance the parts will look after themselves.
- The cause of the problem may not be at the site where the problem is manifest.
- For a lot of health issues, the position for the medical industry is the second row, not the first.

THE SHIFT

In the last 30 years the epidemic of personally-generated body system dysfunctions (metabolic, musculo-skeletal and mental) has proceeded to grow at an exponential rate.

This shifting of the responsibility for an individual's health to the government has had a dramatic effect on the ill-health treatment ecosystem and on government budgets. Medical expenditure is sucking the lifeblood out of the country.

- It's led to a dumbing down of personal health literacy. Only a very small percentage of the population (at best 30%) is keeping themselves in good physical condition. The health of the rest of the population is getting worse by the week.
- Few health care practitioners are measuring physical fitness, let alone prescribing it in meaningful dosages.

- The medical industry has been
 - poorly trained to diagnose the cause of the personally-generated body system dysfunctions - otherwise they would be prescribing more lifestyle related therapies.
 - slow to recognise that many of these personally-generated body-system dysfunctions are fitness, diet and personal development related and that they are best treated with fitness, diet and personal development solutions.
 - reluctant to confront their clients about the cause of their poor health and reluctant to teach them how to fix these problems themselves.
- A physical education profession that's been asleep on the job, has to shoulder some of the blame for the decline in community health standards. For the last 50 years they've been sending school students out into the big wide world, overweight, under fit and lacking the skills and know-how to successfully navigate the wilds of a sedentary, junk food environment.

If children and adolescents don't graduate from high school in AAA physical condition; if they don't know how to keep themselves fit and healthy; if they don't know how to kick, throw, catch, hit or swim and don't have a keen involvement in sport; if they haven't been taught how to work out in a gym; if they haven't been involved in a daily physed workout; if they've never experienced the joy that comes with effort and the disappointment that comes with defeat - the chances of them staying in good health for the next 70 years of their life are quite remote.

- The fitness industry is either asleep at the wheel or lacking the confidence to elbow its way into the frontline of primary health care.
- The mental health industry has been slow to realize the necessity of prescribing their clients with fitness, personal development, nutrition, relaxation, inner mental training, yoga and tai chi prescriptions.

Plus, how many people can afford to fork out \$600 for 50 minutes with a psychiatrist?

DIRECT ACTION

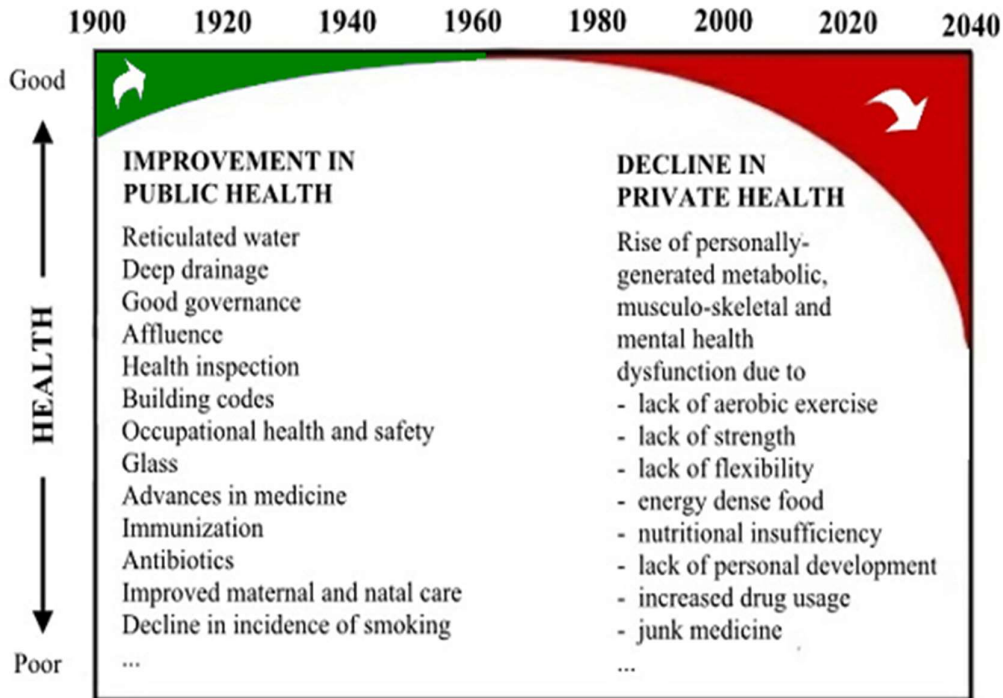
Frontline Primary Health Care is dedicated to providing people with the tools to better treat their own body system dysfunctions - metabolic, musculo-skeletal and psychological - those caused by a lack of fitness, poor diet and a lack of personal development.

In short, the objective is to have people know how to maintain themselves in good physical condition and how to restore poor function to good.

For individuals (and their health advisors), the skills needed to do this job are as simple as they are effective.

2.7

THE PUBLIC HEALTH ILLUSION



Since the 1970's, the health gains due to improvements in **public health** have been negated by the decline in **private health**. Nowadays, everyone expects the cost of treatments for privately-generated body system dysfunctions to come from the public purse.

In 1900 people were 'lean and hard and wiry', but without access to mass immunization, antibiotics, high-tech medical services, reticulated water, deep drainage ..., the lives of otherwise fit and healthy people could be cut short by the dead hand of fate.

Three impediments to good health were the first and second world wars (including post-traumatic stress for those who returned), and high rates of addiction to tobacco and alcohol.

Since the turn of the 20th Century life expectancy has been improving, but only slowly. John F Kennedy, just prior to taking up the office of President of the United States of America wrote an article published in the December 1960 edition of Sports Illustrated, titled 'the Soft American', alerting Americans to the problem of personally-generated body system dysfunctions. The softening process in America had begun in the 1940's.

Over 60 years later well could we say, 'Kennedy ain' seen nuthin'. Americans haven't been willing to assume responsibility for their own health, fitness and wellbeing. The wave of irresponsibility has spread throughout the Western world. Australians are not accepting responsibility for their own fitness either.

In fact, we've reached the crisis point. We're witnessing an epidemic of personally-generated body system dysfunctions that a high proportion of people are neither prepared to avoid, nor prepared to fix themselves. Overleaf are some excerpts Kennedy's article.



THE SOFT AMERICAN

The softening process of our civilization continues its persistent erosion.

The first indication of a decline in the physical strength and ability of young Americans became apparent among United States soldiers in the early stages of the Korean War. The second came when figures were released showing that almost one out of every two young Americans was being rejected by Selective Service as mentally, morally or physically unfit. But the most startling demonstration of the general physical decline of American youth came when Dr. Hans Kraus and Dr. Sonja Weber revealed the results of 15 years of research ... of physical fitness tests given to 4,264 children in this country and 2,870 children in Austria, Italy and Switzerland.

Especially disheartening were the results of the five strength tests: 35.7% of American children failed one or more of these, while only 1.1% of the Europeans failed, and among Austrian and Swiss youth the rate of failure was as low as .5%.

... But the harsh fact of the matter is that there is also an increasingly large number of young Americans who are neglecting their bodies - whose physical fitness is not what it should be - who are getting soft. And such softness on the part of individual citizens can help to strip and destroy the vitality of a nation.

For physical fitness is not only one of the most important keys to a healthy body; it is the basis of dynamic and creative intellectual activity. The relationship between the soundness of the body and the activities of the mind is subtle and complex.

Much is not yet understood. But we do know what the Greeks knew: that intelligence and skill can only function at the peak of their capacity when the body is healthy and strong; that hardy spirits and tough minds usually inhabit sound bodies.

In this sense, physical fitness is the basis of all the activities of our society. And if our bodies grow soft and inactive, if we fail to encourage physical development and prowess, we will undermine our capacity for thought, for work and for the use of those skills vital to an expanding and complex America.

But no matter how vigorous the leadership of government, we can fully restore the physical soundness of our nation only if every American is willing to assume responsibility for his own fitness and the fitness of his children.

2.8

THE PROBLEM LAID BARE



FOLLOW THE STATISTICAL TRAIL

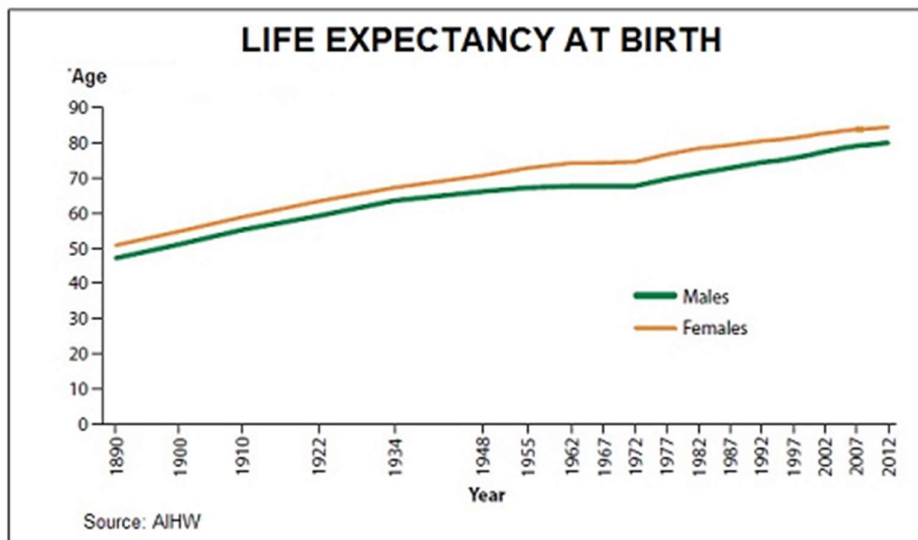
The statistics telling us that we're living longer, are dwarfed by those that suggest we are becoming unhealthier. There is no doubt that the health of Australians is getting worse.

One of the many reasons is a failure of primary health care as we know it. Unless the primary health care paradigm is replaced by a Frontline Primary Health Care paradigm, the health of Australians will continue to decline.

Medical treatments to deal with this epidemic of poor health will escalate. The cost, born largely by governments and medical insurance companies will escalate in lock step.

Public expenditure on the treatment of personally-generated body system dysfunctions is starving the states of the money they need for other things.

People are living longer



Life expectancy at birth needs to be juxtaposed with life expectancy at age 60.

With repeated inaction to restore the body to good function, small problems become big problems requiring big medical, big pharmaceutical and big money, vast amounts of money that people either don't want to pay or are incapable of paying.

Most people never see an account outlining just how much their treatment cost and who paid.

People who aren't prepared to lift a finger to improve their health fitness and wellbeing are increasingly calling on the government to pick up the tab for the treatment of their personally-generated body system dysfunctions. The governments of Australia are going broke - and health insurance organisations are pricing themselves out of business - trying to keep up with the increasing demand on their funds.

HEALTH COSTS WILL CONTINUE TO RISE EXPONENTIALLY

The health costs for people over the age of 60 continues to rise, but the health costs of the next generation of old people will be even higher.

Until the 1970's, those in their 80's and 90's lived comparatively austere lives compared with people currently aged under 50. Many were 'lean and hard and wiry' at least for the first 50 years of their life.

Judging by the look of them, the current crop of people under 50 is in much poorer shape.



*The time to be happy is now, the place to be happy is here
and the way to be happy is to make others so.*
Robert Ingersol

However, the life expectancy at birth graph doesn't tell the full story. Based on American statistics for white males and females aged 60, between 1850 and 1950, the expected longevity hardly changed at all - from 15 years to 16 years for men and 17 years to 18 years for women.

Period	Males		Females	
	Extra years	Age	Extra years	Age
1850	15	75	17	77
1860	15	75	17	77
1870	15	75	16	76
1880	15	75	16	76
1890	15	75	16	76
1900	14	74	15	75
1910	14	74	15	75
1920	15	75	16	76
1930	15	75	16	76
1940	15	75	17	77
1950	16	76	18	78
1960	16	76	20	80
1970	16	76	21	81
1980	17	77	22	82
1990	18	78	23	83
2000	20	80	23	84
2010	21	81	24	84
2020	20	80	23	83

When you strip out heroic infectious diseases, wars, industrial and farm accidents and dramatically lower smoking rates amongst men, add antibiotics and hundreds of billions of dollars a year in medical treatments, the fact that male lifespan (of those people who have reached age 65) has only increased by 5 years and female lifespan by 6 years since 1850, doesn't make for as rosy a picture as the Australian Institute of Health and Welfare would have us believe. If you want to see what the modern face of aging looks like, poke your head in the door of a nursing home.

The Institute's official position is that *'The health of Australians is getting better, they're living longer.'* It would be more apt to say, *'The health of Australians is getting worse, they're living longer.'*

The Institute has fallen for an example of the *post hoc ergo propter hoc fallacy*. Put simply the fallacy goes like this:

If 'A' occurs before 'B'. then "A" must have caused 'B'.

In this instance, people are living longer, therefore they must be healthier. Nonsense!

Just look around you. Do people look healthier? If you want a snapshot of how healthy people are, spend a few hours in the foyer of a hospital or a western suburbs shopping mall on pension day.

If you can cast your mind back that far, do people look healthier now than people in the 1950's?

But it's not just about health, it's also about physical fitness.

Exactly how physically fit were people 50 years ago, or 20 years ago - as measured by their aerobic fitness, strength and flexibility? We don't know because no-one measures how fit people are. We don't even have data from last year, let alone any of the years in between. Even schools don't have the data, despite having well-staffed physical education departments.

The Institute of Health and Welfare doesn't collect and doesn't have the data to make the claim that Australians are becoming healthier.

In Australia, the effect of World Wars I and II had a dramatic effect on reducing the increase in longevity.

Women's longevity began to take off in the 1950's as the full effect of advances in public health took effect.

Mass marketing of penicillin only started in the 1950's. Similarly, mass inoculation against TB, polio, and for overseas travellers mandatory vaccination against diphtheria, typhoid, yellow fever ...In more recent times have come the near mandated immunization against measles, chicken pox and mumps for children, followed by whooping cough, shingles, human papillomavirus, the flu and Covid 19.

Male longevity lagged and didn't pick up until the 1970's. We can only presume this was caused by the prolonged impact of the first and second world wars, industrial toxicity, workplace accidents, coupled with excessive drinking and smoking.

After 1980 we can presume that longevity is being bolstered by medical technology, better antibiotics and anaesthetics (and to an improvement in industrial health and safety, fewer motor vehicle accidents and a decline in smoking). It is certainly not because people are fitter and healthier. You be the judge. Just look around you.

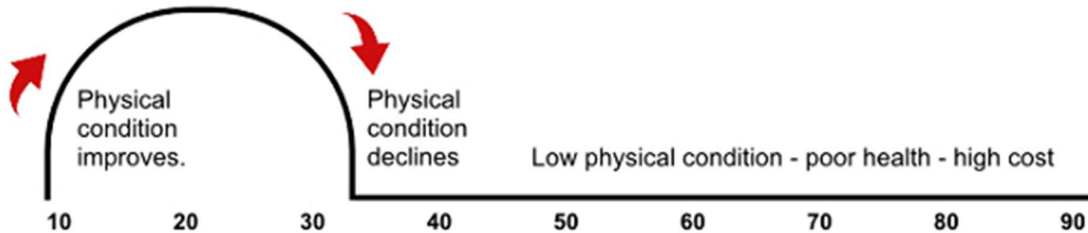
The unexpected consequences of the rise in government protection of the medical and pharmaceutical industries has meant that anyone can access expensive medical treatments, regardless of how well they look after their health, fitness and wellbeing, or their financial status.

Many of the recent innovations in medical treatments prolong life without restoring poor health to good. The quality of life for people over the age of 70 may well be declining. However, we don't really know. In any one suburb you could count on the non-opposable digits of one hand, the people who have a regular physical fitness assessment.

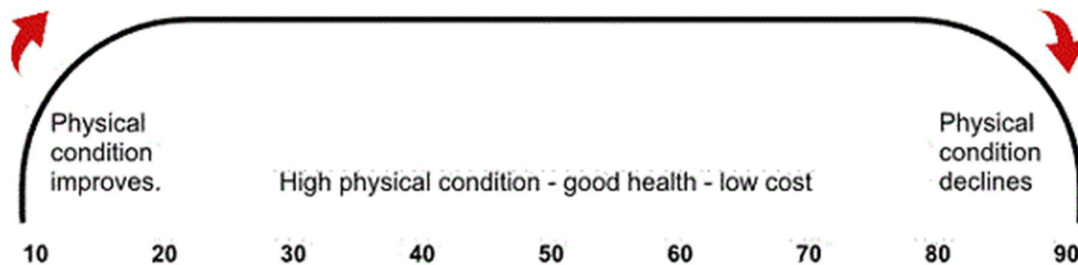
People are now approaching old age in poor physical condition. Due to medical interventions, they live longer - in poor physical condition. The expense related to keeping them alive and either dozing in a chair or watching TV in a nursing home is enormous.

THE LONGEVITY CHALLENGE

One of the great health challenges of the 21st Century is to ensure that quality of life matches life expectancy. People in poor physical condition become older younger - and at a high cost to themselves and the public purse.



People in good physical condition stay younger older!



The cost of medical treatments between the two groups is huge.

THE DESIRABLE FUTURE

What's the point of living longer if you aren't capable of living life to the full? As running coach, Percy Cerutti said, *'It's not that you're alive but how alive you are that matters.'*

You want to get to age 50 fit and healthy and then stay fit and healthy so you can enjoy the years that are ahead of you.

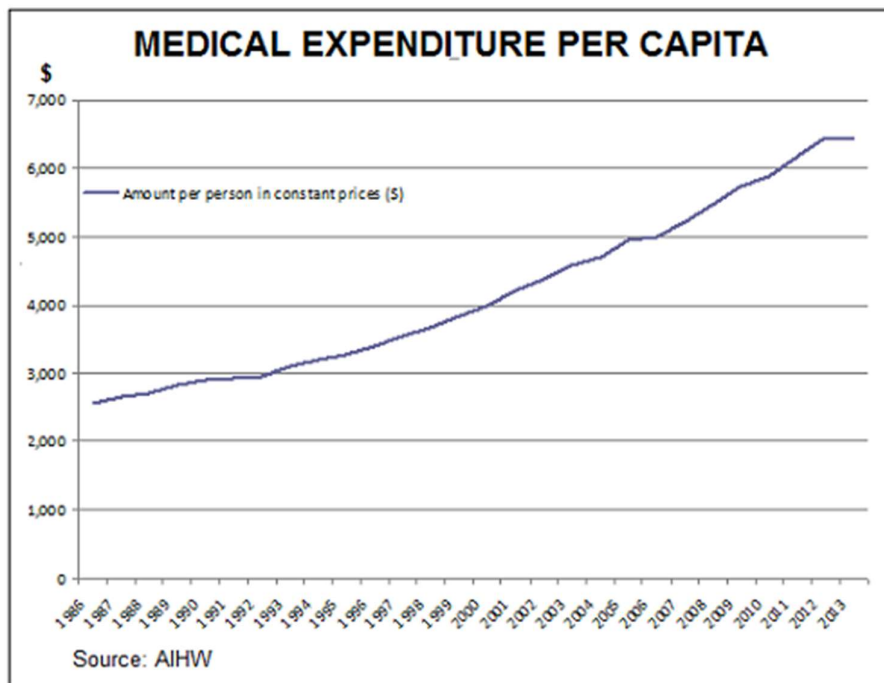
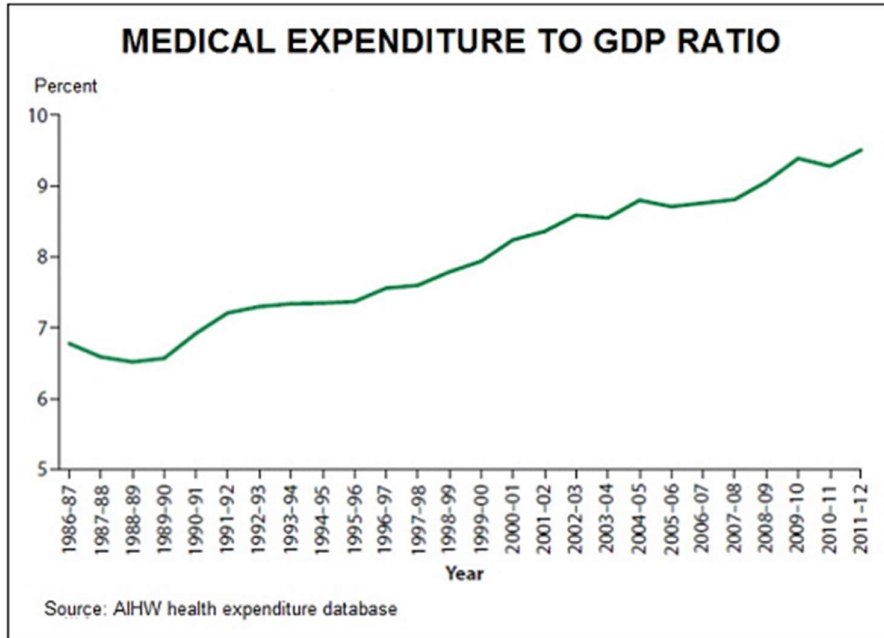
The cost of medical insurance continues to soar with premiums paid by healthy people subsidizing those paid by the unhealthy.

If the health of the population were getting better the overall medical-related expenditure would be declining. It's not. It's galloping, onwards and upwards.

If health were getting better, medical insurance premiums would be decreasing. They're not. They're increasing at more than twice the rate of inflation.

The following graphs need little explanation except to say that the rise and rise of medical expenditure by individuals and governments makes a nonsense of the claim made by the Australian Institute of Health and Welfare that the health of the community is getting better.

All truth is first ridiculed. It is then violently opposed.
Then finally it is accepted as self-evident.
Arthur Schopenhauer

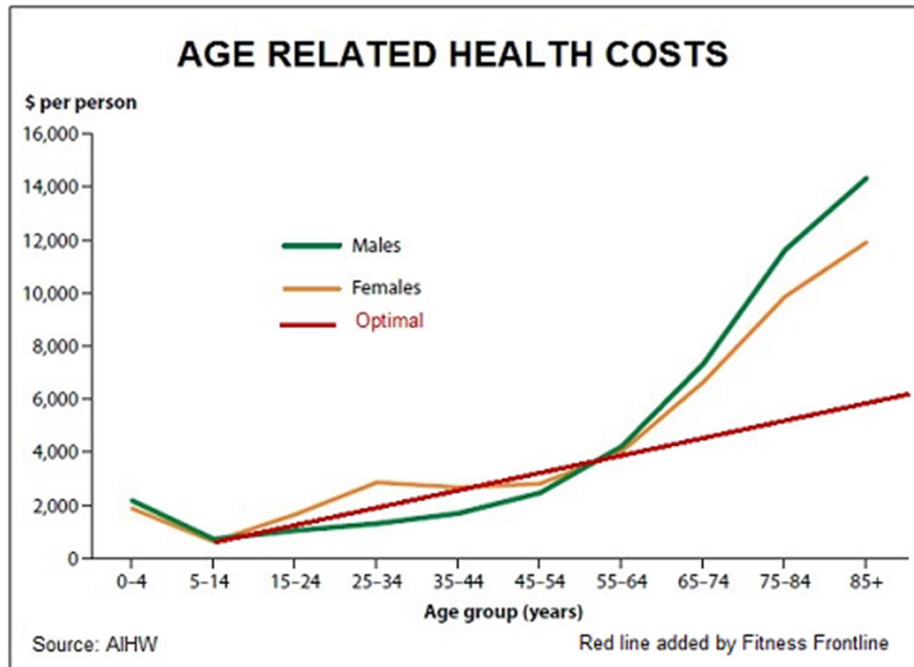


An example of Parkinson's Law: 'the use of medical interventions increases in direct proportion to the availability of treatments and regardless of cost.' Industry protection is a key driver of escalating medical costs.

Enoch Powell who was Minister of Health in the United Kingdom propounded a similar proposition, which he called Parkinson's Law of hospital beds: 'the number of patients always tends to equal the number of beds available for them to lie in.'

To paraphrase Milton Roemer's law; '... the greater the supply of doctors and the greater the number of hospital beds, the greater the number of hospital admissions.' Similarly, the more doctors there are, the higher the likelihood that more of their clients will consume services that they would not have chosen had they not been informed that they existed.

In the last 20 years, per capita expenditure on health has doubled, from \$4,000 to (circa) \$8,000. So much for the community becoming heathier!



THE NO BRAINER

Slowing down the rate of increase in medical costs as people become older would appear to be a no brainer.

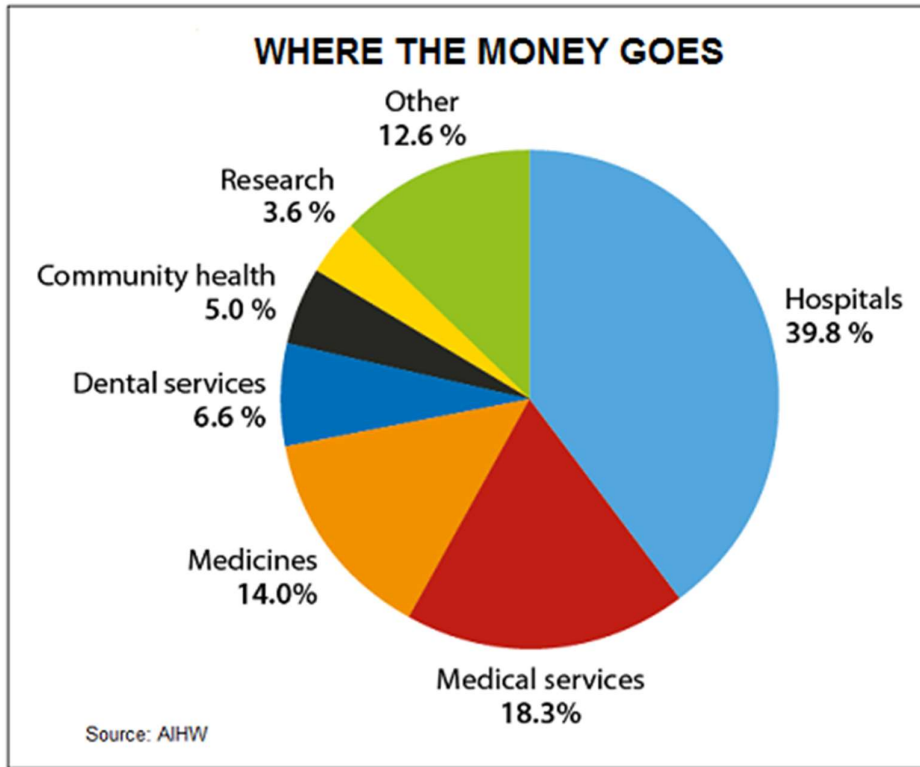
Another no-brainer is to encourage (nay demand) people maintain an ideal weight (less than 25% body fat for men and 35% body fat for women) and improve their aerobic fitness, strength and flexibility - or pay more for the cost of their health insurance premiums, their Medicare levee and their treatment. Shock horror!

But it's a choice people can make themselves. If people are not prepared to lift a finger to help themselves, why should governments continue to throw good money after bad providing them with more treatment? Does that sound fair?

Once people get to 50, they should be required to sign up for a special **Medical Benefits Seniors Membership** with specific requirements with respect to the status of their health and fitness.

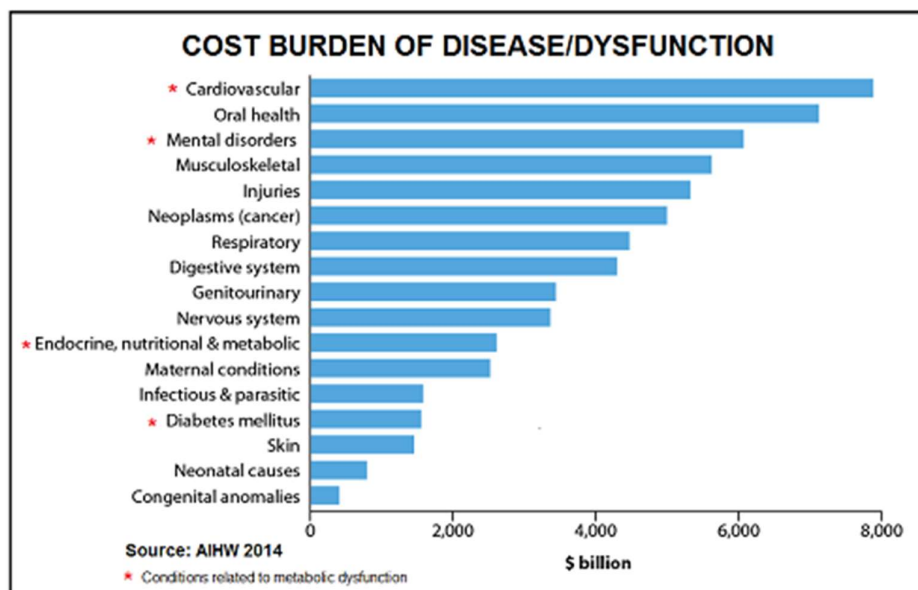
To avoid going broke, the government should establish a **Medical Contributions Fund** that entitles Medicare to claw back money from deceased estates. That would sharpen a few minds. Maybe it would galvanize potential inheritors of estates to encourage their parents to stay in good shape!

Why should university students be the only ones who mortgage their future with a HECS debt, while their ancestors are given a free run into the surgery and the hospital?



Strange that there is no money passed on to the fitness industry! The 'preventive health' warblers don't want to get their hands dirty!

The cost of personally-generated metabolic and musculo-skeletal dysfunctions is 'ginormous'. Plus, there's something wrong with a community in such poor mental health.



The cost of dental health sticks out like the proverbial. Anyone who has had crowns or implants will be left with a sour taste in their mouth when they go to the front desk and get an account for \$1,500 for 15 minutes work!

Some aspects of mental health disorders would be more appropriately flagged as metabolic health disorders.

The line that medical, fitness and allied health professionals need to take, starts with a question: *'Do you want to get better?'*

If the answer is, *'No'*, the only option a medical practitioner has is to say is, *'I can't help you further.'*

If the answer is, *'Yes'*, the medical practitioner can write out a series of prescriptions, pharmaceutical, fitness, nutrition and counselling.

FORM FOLLOWS FUNCTION

When people can do the things normal fit and healthy people can do (function) there is a high likelihood that the body systems will all be working normally (form).

We have met the enemy and he is us.
Walt Kelly

2.9

EPIC FAIL



The back side of the Western world.

There are a lot of things the medical industry can be proud of, most of them at the top of the medical feeding chain.

The Australian program, 'RPA' showcases the most fantastic surgical achievements.

On the British program, 'An Hour to Save Your Life' you'll witness the most extra-ordinary medical interventions in the frontline of trauma and emergency medicine - even to the point of performing open heart surgery to bring an accident victim on the pavement back to life.

At the general practice level, you can see good practical medicine being practiced on the British TV program 'Embarrassing Bodies' where general practitioners reveal their expertise in dealing with medical problems.

But while 'Embarrassing Bodies' show-cases the very best of general practice medicine, generally speaking, the story at the parish level can be quite different.

The reason is that a large proportion of people are presenting at doctors' surgeries, not with medical problems but with the symptoms of personally-generated body system dysfunctions driven by low levels of physical fitness, dietary excess (and insufficiency) and a lack of personal development training.

And if the diagnostic regimes that the medical industry uses to determine the underlying causes of personally-generated body system dysfunctions are inadequate, the treatments are also likely to be inadequate.

As a result, the medical industry at the general practice level is leaving in its wake a litany of epic failures that frequently end up in hospitals, with the state, territory and the Commonwealth governments left to pick up the tab. The solution is for doctors to provide their clients with Frontline Primary Health Care prescriptions and manage and monitor those prescriptions using smart digital technology.

Along with restoring poor health to good, the aim of Frontline Primary Health Care is to nip the personally-generated body systems dysfunctions in the bud - before they became medical problems.

For instance, as soon as the symptoms of these dysfunctions start to manifest themselves, the **Frontline Primary Health Care Monitoring System** kicks into action. Aerobic fitness, strength and flexibility are improved. Body weight remains within reasonable bounds.

The epic fails listed below are evidence of a medical system that's been found wanting, that needs a new direction in treating its clients. To manage someone's high blood pressure (via medication) without putting them on an aerobic fitness training program, a diet low in flour and sugar and a stress management program is not best practice, evidence-based medicine.

Without the **Frontline Primary Health Care Monitoring System**, the medical industry fails the test of best evidence-based practice. Only on the rarest of occasions are people having their fitness measured. Only on the rarest of occasions are they being given a fitness prescription of a dosage likely to improve their health. Only on the rarest of occasions is their fitness being monitored to see whether it is improving.

As a result, you can see what happens when you look at the litany of epic fails.

FAIL

Type 2 diabetes



Type 2 diabetes is not caused by a lack of Gliclazide.

FAIL

High blood pressure



High blood pressure is not caused by a lack of Avapro.

FAIL

Obesity



Obesity is not caused by a lack of Xenical.

FAIL

Sleep apnoea



Sleep apnoea is not caused by the lack of a gas mask.

FAIL

High cholesterol



High cholesterol is not caused by a lack of Lipitor.

FAIL

Erectile dysfunction



Erectile dysfunction is not caused by a lack of Viagra.

FAIL

Headaches



Headaches are not caused by a lack of Panadol.

FAIL

Insomnia



Insomnia is not caused by a lack of Stilnox.

FAIL

Depression



Depression is not caused by a lack of Zoloft.

FAIL

Back pain



Back pain is not caused by a lack of Celebrex.

FAIL

Angina



Angina is not caused by a lack of nitroglycerin.

FAIL

Reflux



Reflux is not caused by a lack of Mylantin

FAIL

Gout



Gout is not caused by a lack of Aloprim.

FAIL

Candida



Candida is not caused by a lack of Nizoral ...

FAIL

Piles



... any more than piles are caused by a lack of Anusol.

THE REASONS FOR THE EPIC FAILS

There's been an epic fail in getting people to exercise more.

There's been an epic fail in getting people to eat less of the food that's bad for them and more of the food that's good for them, lay off the grog and quit smoking.



There's been an epic fail in getting people to attend personal development programs and counselling.

Without the supervision of a doctor who believes in the value of a **Frontline Primary Health Care Prescription**, small, personally-generated body system dysfunctions become large problems that end up in specialist's rooms and operating theatres.

One of the aims of Frontline Primary Health Care is to simplify the complicated, make the opaque transparent and the expensive cheap.

TAKE OFF THE BLINKERS

The medical treatment of personally-generated body system dysfunctions has been perverted by

- selective evidence-based medicine
- a rampaging pharmaceutical industry
- a government protection racket and
- failure to apply fitness-based solutions to fitness related problems.



When it comes to solving fitness-generated problems, the governments of Australia and the medical insurance industry are neither backing enough horses or the right horses! Most **Frontline Primary Health Care Prescriptions**, whilst relying on a reliable body of evidence need be neither complicated nor expensive.

All that these prescriptions involve, is -

- an understanding of the fundamental role that exercise, nutrition and personal development play in underpinning good health.
- the prescription of a supervised diet, exercise and personal development program that restores poor health to good.
- people completing fitness and eating diaries and completing diagnostic questionnaires to determine the status of their mental health.

- electronic data collection and monitoring.
- people come away from a consulting room with a sheet of information or access to a down-loadable booklet that will outline their Frontline Primary Health Care practitioner's personal insight into the nature of their problem and what they, themselves can do to fix it.
- being directed to the Frontline Primary Health Care ebook, video and audio file store.
- being given a prescription for the local health food (or online) store to purchase nutritional supplements.
- being directed to a fitness centre where people can have access to a fitness practitioner just about every day of the year.
- being directed to a nutritionist or a counsellor.

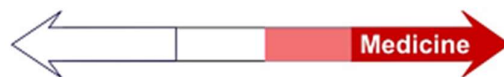
OPEN THE DOORS OF PERCEPTION

*'If the doors of perception were cleansed
everything would appear to man as it is, infinite.
For man has closed himself up, till he sees all
things thro' narrow chinks of his cavern.'*
William Blake



The doors of perception about what people can do to attain and maintain peak health have been closed to the point where the best advice most doctors can give their customers is a couple of words on a prescription pad.

MEDICAL VIEW OF THE WORLD



HEALTH VIEW OF THE WORLD



When a **Frontline Primary Health Care** practitioner reaches for the pad, their clients will know that the aim is to restore poor health to good. But most importantly it is the clients who will be doing the restoring.

So, don't just ask what your doctor can do for you, ask what you can do for yourself.

If you need health advice, don't forget to include your medical practitioner, fitness practitioner, dietician and counsellor in the **Frontline Primary Health Care** information loop.

TOO FEW BASKETS, TOO MANY BROKEN EGGS



Putting the overwhelming majority of the health eggs into the medical/pharmaceutical basket hasn't worked. Too many eggs that could have been kept in good condition have ended up becoming rotten. Too many eggs have been broken. It's time for a new primary health care model.

If you cannot find the truth right where you are, where else do you expect to find it?
Dogen Zenji

2.10

THE FRUSTRATION



We did a survey of **Frontline Primary Health Care advisors**, asking them, 'What frustrates you most about your work?'

The number one frustration was giving their clients advice on what they, themselves could do to become fitter and healthier and then finding out months later that their clients hadn't done anything. Their health had become worse.

They didn't

- improve their aerobic fitness
- improve their strength and flexibility
- lower their blood pressure, glucose or cholesterol
- join a yoga class
- eat better
- reduce the fat content of their bodies
- stop smoking
- drink less alcohol
- reduce sugar intake - particularly soft drinks
- drink less coffee
- reduce their anxiety
- go see a counsellor
- take part in a personal development program
- sleep better
- relax more
- take the holiday they were going to take ...

On the basis of our survey, we judged that there was a missing link in the engagement process, i.e., an inability to maintain close, regular contact with clients. That was a key motivator for us to develop the Frontline Primary Health Care technology concept.

2.11

BAD NEWS – GOOD NEWS



THE BAD NEWS

There is an absolute epidemic of personally-generated body system dysfunction.

What's alarming about this epidemic is that many people seem unaware of the fact that the health of key body systems is gradually being compromised by their lifestyle. They don't attribute their headaches, lack of energy, high blood pressure or back pain to

- what they're doing too little of
- what they're doing too much of
- what they're eating too much of or
- what they're eating too little of.

They don't realize that the symptoms of personally-generated body system dysfunctions are usually not apparent until dysfunction has well and truly set in.

They don't recognize the small signs, preferring to 'leave to chance' that nothing catastrophic will happen to them.

In our culture, the most common approach to individual and collective health is to do nothing in the way of maintenance, relying on the faint hope that nothing is going to break down - and if it does, modern medicine will come to the rescue and an employer, or the government will foot the bill. What sort of a risk management strategy is that?

THE GOOD NEWS

The good news is that if body system dysfunctions have been personally generated, there's a fair chance they can be personally ungenerated. There is reasonable certainty that people can restore poor function back to good function if they're diligent and persistent. Small health, fitness and wellbeing problems don't have to escalate into large medical problems.

All it takes to restore poor function to good is a bit of time and effort; it doesn't take much money.

The benefits? In the first instance you'll feel better. Scores on the Health Climate Survey will go back under 40. Joint and muscle pain will disappear. Sadness and despair will make way for happiness, joy and (for those who can spell it), 'ecstasy'.

We act as though comfort and luxury were the chief requirements of life, when all we need to make us really happy is something to be enthusiastic about.
Charles Kingsley

2.12

THE SOLUTION

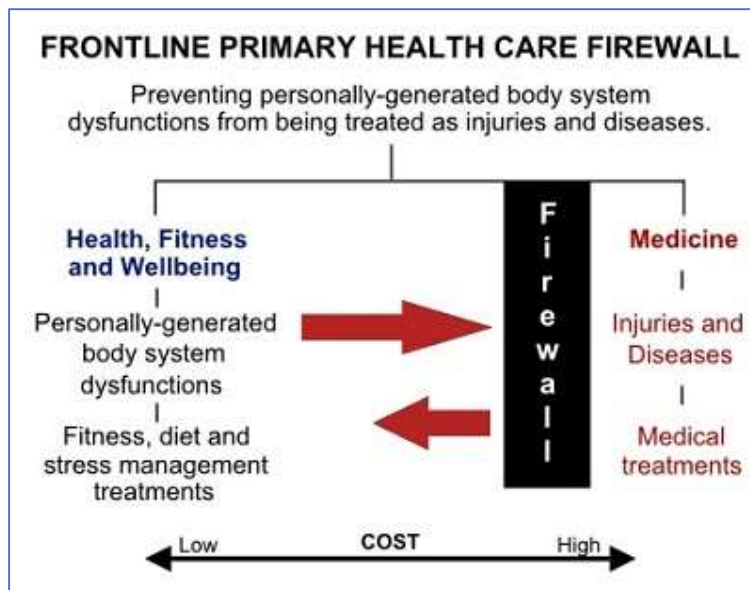


For individuals, the solution is simple: keep yourself fit and healthy to the best of your ability. The **Frontline Primary Health Care** assessment and monitoring system will show people the way.

THE FRONTLINE PRIMARY HEALTH CARE FIREWALL

Most people are capable of establishing their own, personal health firewall, the aim of which is three-fold:

- stop personally-generated body system dysfunctions from occurring in the first place - by keeping fit and healthy
- stop waiting until small personally generated body system dysfunctions become large dysfunctions - before they are treated
- stop personally-generated body system dysfunctions from being classified and treated as injuries and diseases. This will keep the focus of treatment back in the health, fitness and wellbeing arena, rather than the medical arena.



For Frontline Primary Health Care practitioners, the aim is to push treatments back into the health, fitness and wellbeing arena where people can take responsibility for restoring poor health to good.

For medical practitioners, the **Frontline Primary Health Care** concept is designed to encourage them to work closely with fitness practitioners in diagnosing fitness related body system dysfunctions and in prescribing and monitoring exercise prescriptions - and with nutritionists and counsellors.

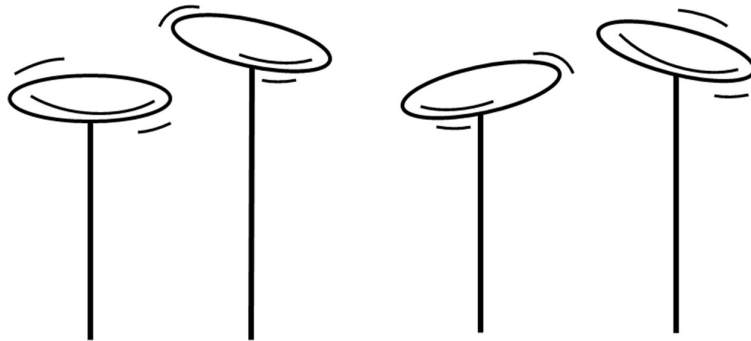
For fitness practitioners, the aim is to encourage them to work closely with medical practitioners, nutritionists and counsellors to provide people with assessments, prescriptions and a monitoring system that encourages them to get themselves back into good health.

For nutritionists, the aim is to provide their clients with fitness prescriptions, counselling and inner mental training programs.

For counsellors, the aim is to provide their clients with the exercise, diet and inner mental training prescriptions.

The online [Health and Fitness Audit](#) is a tool that people can complete whenever they go to their doctor or counsellor. Chances are that on a significant number of visits to the doctor, it's the system that broke, not just one of the parts.

Keeping the plates spinning takes both skill and practice.



Don't lower your expectations to meet your performance.
Raise your level of performance to meet your expectations.
Brian Keplacki

2.13 THE 'PREVENTIVE HEALTH' MISNOMER



You don't prevent health you create it - yourself.

When you look at it, the term 'preventive health' is a misnomer. It's not an optimistic concept. You don't 'prevent health', you 'promote health'. At the very least, the aim of 'preventive health' is to 'prevent illhealth'.

Immunization, fresh water, deep drainage health inspection, food quality standards ... are just some of the initiatives that do in fact 'prevent' people from becoming unhealthy.

Be that as it may, whilst the bold and noble intention of the 'Preventive Health' movement is *'to prevent people from becoming unhealthy'*, it's a sad fact that good intention is increasingly being thwarted by the growing practice of **symptom-masking health care**.

When it comes to the personally-generated body system dysfunctions there are many occasions when prescribing medication is the right medical procedure to spare someone from an impending health catastrophe.

If on the other hand, once prescribed and the emergency averted, a primary health care practitioner:

- fails to provide a client with the information and encouragement to improve those aspects of their metabolic, musculo-skeletal and mental health that need improving
- doesn't put in train procedures to measure, manage and monitor the progress of restoring poor function to good...

... then the health care falls short of best practice.

To a degree the symptom-masking approach to primary health care is understandable. There are any number of factors at play:

1. It's easier and quicker to give someone a pill to mask a body symptom dysfunction than prescribe and then monitor a fitness program that restores poor health to good.
2. A lot of unhealthy people don't think they have a responsibility to themselves to get back into good condition. This is a key frustration for primary health care practitioners. It costs individuals, health insurers and governments huge amounts of money.

3. Primary health care practitioners and their clients often collude with each other to take the easiest way out. In the medical arena, doctors may well know that their client isn't going to embark on a fitness, diet or personal development program so the best thing to do is prescribe the medication that decreases the chance of a catastrophic health breakdown, and/or slows down the rate of decline in health.

The doctor may well be uneasy with this practice, but with the customer always being right and the consultation being for only 10 minutes, what more can they do? The impending catastrophe just gets pushed further into the future and on to the hospital.

In the musculo-skeletal health area it's often easier to give someone a crunch, a rub down or hook them up to a vibrating machine than prescribe and then supervise a strength and flexibility exercise program.

4. The tools to measure, manage and monitor progress on a daily or weekly basis just aren't available.
5. People don't want to pay for a premium service or worry about the future. *'Just get me out of here as quick as you can.'*
6. For any health practitioner it's hard to find time to drain the swamp when you're up to your neck in alligators.



Look around you. Do people look in great shape? Just ask people over 50, 'How fit are you?' They will have no objective data from a [fitness test](#) that they can show you.

Then ask them 'How many drugs are you taking?'

A 76-year-old friend of mine had an overnight stay at a hospital for a minor procedure. On arrival, the nurse asked him, 'Have you brought your medication with you?' He said, 'No'. She said, 'Is it at home?' He said 'No' again. After she asked him, 'Well where is it?', he finally twigged to what was going on and said, 'I don't have any.' The nurse nearly fell off her chair.

My friend is in good shape. He goes to the gym. He walks. He doesn't smoke, rarely drinks alcohol and doesn't stuff himself with junk food and fizzy drink.

Ask yourself how long it is since you had a fitness test? You've probably had a welter of pathology tests and a few MRI scans but no fitness test since you left school.

And ask yourself, have you ever been prescribed an [aerobic fitness program](#), one that included a 'dosage' based on times a week, duration of session and heart rate?

Have you ever had it monitored on a daily or weekly basis?

Have you ever received a prescription to improve your [strength, flexibility](#) and skeletal alignment? Probably not. Instead, you've been sent to someone who will attempt to rub, crunch and vibrate you back into a pain free state.

In a nutshell, primary health care is becoming increasingly charged with covering up and masking poor health - which in turn leads to even worse health and the ever-increasing expenditure on rubbing and crunching, drugs, surgery and intensive care.

Human nature being what it is, people take the pill believing their personally-generated body system dysfunctions will disappear. Chances are they won't. Without people actually doing something to themselves - like an aerobic fitness program, a strength and flexibility program, a diet and personal development program, the chances are that poor health is still lurking in the background, just waiting to roar back into the foreground.

For example, a person is prescribed a drug that lowers blood pressure on the understanding that it will lower the risk of them having a heart attack or a stroke. Whilst that may well be true, whether it is or it isn't, the client swallows the advice and takes the pill for the rest of their life. Mission accomplished, blood pressure lowered, end of story. Well not quite.

Whilst the blood pressure may well be lowered, the treatment is not based on a diagnosis of the underlying cause of the high blood pressure in the first place - lack of aerobic fitness, poor diet, stress ... and a treatment plan to restore poor metabolic function to good. Metabolic health continues to decline.

It's as straight forward as this; 'People who are fit and healthy don't have high blood pressure.'

The rise and rise of symptom-masking medicine reinforces the view that the practice of medicine is still being influenced by germ theory. i.e., if a pill will cure an infection, then it will also cure a personally-generated body system dysfunction. Wrong.

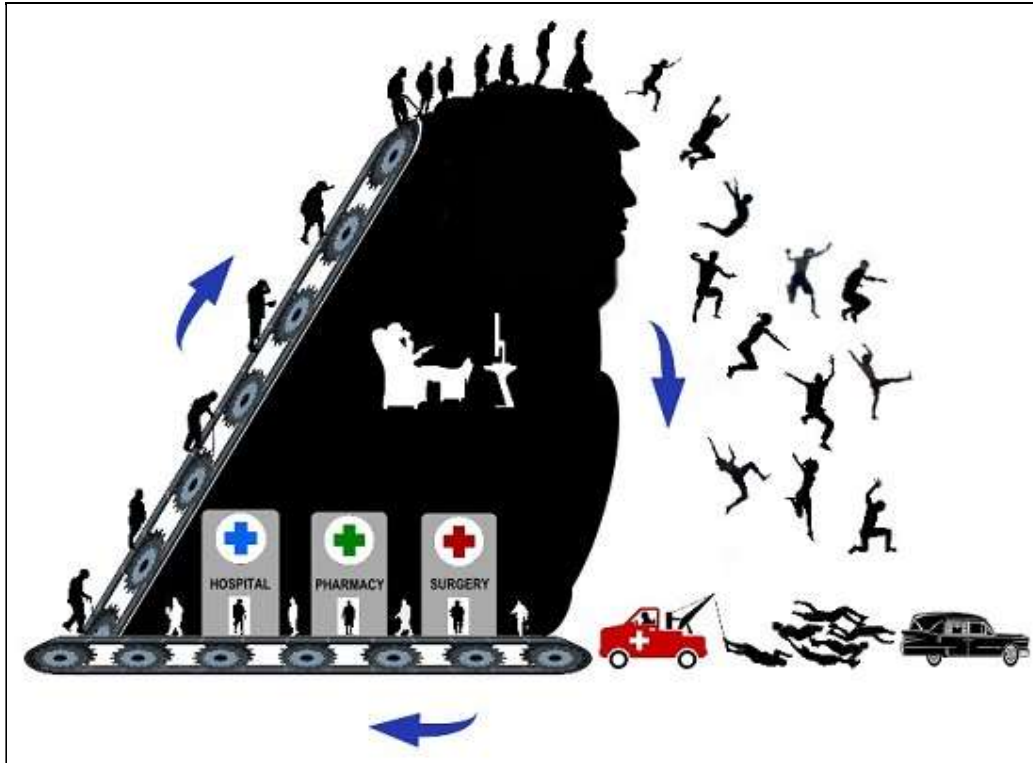
THE 'PREVENTIVE HEALTH' CYCLE

With respect to the personally-generated body system dysfunctions, too often '*preventive health*' care is more focused on slowing down the decline in body system dysfunction rather than restoring poor function to good.

A way of describing it is '**ambulances-at the-bottom-of-the-cliff**' medicine.

Under the guise of '*preventive health*', people become trapped in a vicious cycle.

First, they adopt a lifestyle that transports them to the edge of the poor-health cliff where they queue like lemmings, ready to either fall, topple or jump off. This is in the full knowledge that they'll be rescued - at little or no cost to themselves - at the bottom by an 'ambulance' crew that's standing by waiting to collect them.



The ambulance drops them off onto the '*preventive health*' conveyor belt that delivers them to the surgery, pharmacy and/or hospital. Once they're patched up, likely as not a second conveyor belt will take them back up to the cliff-face.

More and more people are becoming trapped in this insidious '*preventive health*' care cycle, one that doesn't encourage them to get back into peak physical condition. Their health, fitness and wellbeing declines with every lap.

A few people escape the cycle by waking up to themselves and getting back into good physical condition. Regrettably, and at great cost to themselves and the community, most people keep going around the system until they drop and are taken away in a hearse!

It's not that you are alive, but how much alive you are that counts
Percy Cerutti

2.14 PRO-ACTIVE HEALTH MAINTENANCE



You don't 'prevent' health you create it - yourself.

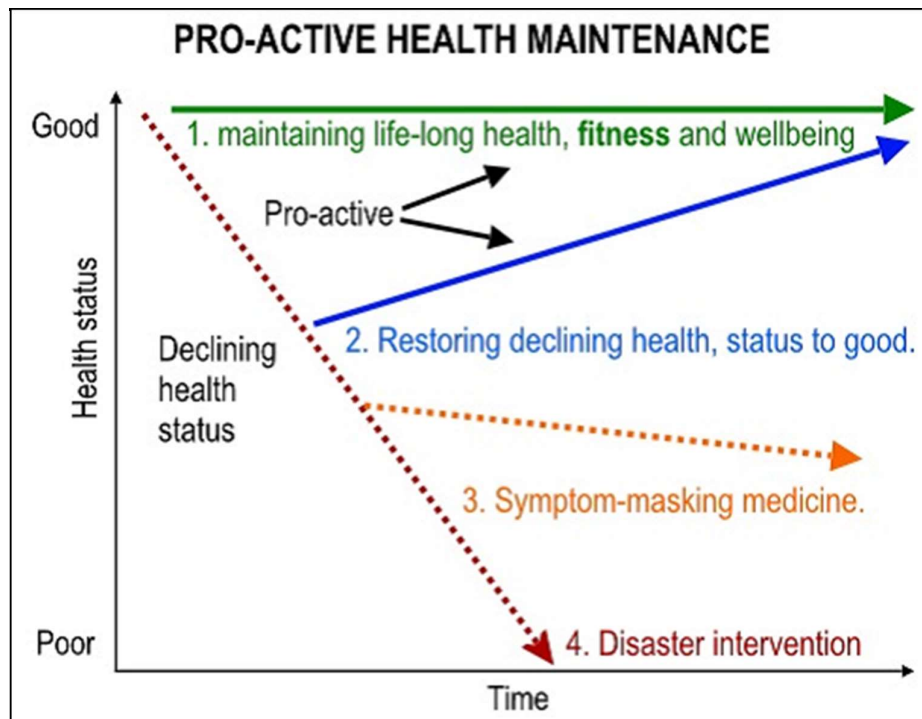
PRO-ACTIVE HEALTH MAINTENANCE

Any large manufacturing organisation that doesn't keep a close eye on the health of its machinery is in for a rude shock - after it breaks down. The cost of a **mechanical breakdown** is usually greater than the cost of continuous, programmed maintenance.

The way of preventing major catastrophic machinery breakdown is to regularly monitor such symptoms of creeping mechanical dysfunction as noise, temperature, pressure, alignment and vibration. As soon as a slight change in performance is detected, maintenance fitters are galvanised into action.

Of course, there is a difference between mechanical breakdown and health breakdowns, the principle one being that, caught early enough, you can fix a lot of health problems yourself. You don't have to call in a mechanic wearing a white coat.

When it comes to the personally-generated body system dysfunctions, ignoring the signs of declining health status and waiting for a **health breakdown** to happen, and then having to call in a 'maintenance fitter', (i.e., someone wearing a white coat) can be an expensive process.



2.15

HEALTH, FITNESS AND WELLBEING BENCHMARKS



As with machines, it's important that individuals and their health care advisors know what good function is.

A range of **Frontline Primary Health Care standards** are outlined in our various risk assessments, particularly the

- Health Climate Survey
- Health and Fitness Audit
- Specific health, fitness and wellbeing assessments
- 20m run
- Aerabytes per week
- Universal Fitness Test

It's important that when there is a deviation away from good function (as indicated by the assessments) a maintenance program can be put in place.

Failing to monitor health status and then waiting for a breakdown to occur is health care at its worst.

How individuals and their health care advisors can monitor risk through the use of **Frontline Primary Health Care Technology** is explained in the Technology section of this book.

It has been my observation that most people get
ahead during the time that others waste.
Henry Ford

2.16

BEST PRACTICE IN FRONTLINE PRIMARY HEALTH CARE



Best practice in **Frontline Primary Health Care** involves prescriptions designed to enhance metabolic, musculo-skeletal and mental health.

FRONTLINE PRIMARY METABOLIC HEALTH CARE

Best practice **Frontline Primary Metabolic Health Care** includes a vigorous **aerobic exercise** program coupled with a **metabolic health diet**.

FRONTLINE PRIMARY MUSCULO-SKELETAL HEALTH CARE

Best practice **Frontline Primary Musculo-skeletal Health Care** includes a regular and systematic **strength and flexibility** training program designed to restore the skeleton to good alignment and support it with a strong musculature.

FRONTLINE PRIMARY MENTAL HEALTH CARE

Best practice **Frontline Primary Mental Health Care** includes regularly counselling, and personal development training, adopting a 'mental health diet', dramatically increasing the daily 'dosage' of vigorous aerobic physical activity, and using the various **Frontline Primary Health Care** inner mental training apps.

FRONTLINE PRIMARY HEALTH CARE TECHNOLOGY

Best practice in the use of **Integrated Primary Health Care Technology** involves people and their health advisors using 'connected technology' to measure, manage and monitor progress toward good health, fitness and wellbeing.

FRONTLINE HEALTH INSURANCE

Currently 'insurers' are not able to rate their premiums against risk. They never measure risk. They are for all intents and purpose escrow agents. They are insurers in name only

As a result, it is in best interests of both 'insurers' and their policy holders, for 'insurers' to focus their attention on providing their policy holders with the greatest encouragement to keep themselves fit and healthy to the best of their ability. Fit and healthy people will make fewer demands on health insurance funds.

Without this focus private health 'insurance' is unsustainable.

Health' insurers' have to work with the other Frontline Primary Health Care sectors to

- enhance the health, fitness and wellbeing of their members
- lower the cost of premiums
- give themselves confidence in their ongoing viability.

At the present time the health insurers are medical insurers masquerading as health insurers.

THE ROLE OF MEDICARE

Similarly, Medicare is unsustainable in a community comprised largely of people who are hell-bent on throwing themselves into an illhealth black hole.

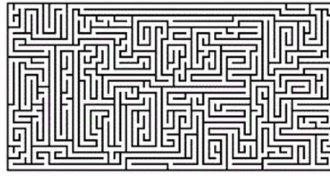
Medicare has to start supporting the prescription of treatments that get people back into acceptable levels of physical fitness and close to their ideal weight.

Medicare has to find acceptable carrots and sticks with which to drive people into the good health paddock.



The greatest weapon against stress is our ability to choose one thought over another.
William James

2.17 RAISING THE STANDARD OF HEALTH LITERACY



*The simple definition of health literacy is: '... the ability of a person to make good health choices. A more complicated academic version is: 'Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic **health** information and services needed to put into action appropriate **health** decisions. The band, 'The Who', were right, the simple has become complicated.*

NAVIGATING THE HEALTH MAZE

A key objective of **Frontline Primary Health Care** is to raise the level of community **health literacy** to the point where people can advise *themselves* on what they need do to stay fit and healthy - and put their knowledge into action.

You'd like to think that everyone who has graduated from high school in the last 50 years already had that level of health literacy. But when you look around, you'll see that many don't. Maybe they didn't get it at school. Maybe (like the maths and science they learned at school) they've forgotten it. Maybe they don't think it's necessary. Maybe it's too easy to reach for the tablet.

On the other hand, health consumers are often confused by conflicting information, between the evidence based (and selective-evidence-based) information they get from their doctor, fitness practitioner, dietician, counsellor, doctors Google and YouTube or a friend.

New evidence debunks old. They told you that eating fat made you fat. You cut back on your fat intake and still continued to put on weight. What they didn't tell you was to cut back on flour and sugar – and stop eating so much.

New technology opens doors to new treatments. The simple becomes complicated, the cheap becomes expensive, the transparent becomes opaque – you become confused.

So, who can you trust? It's difficult to know. Certainly, we can't go on the way we're going, because the health of the population is getting worse.

At **Frontline Primary Health Care**, the best we can do is to provide people with

- simple, straight forward, tried and tested information about what they can do to keep themselves fit and healthy to the best of their ability
- the tools to monitor their progress toward attaining and maintaining good health
- links to Frontline Primary Health Care practitioners.

2.18

IN A NUTSHELL



GUIDING PRINCIPLE

In a nutshell, the guiding principle of **Frontline Primary Health Care** is to

1. inspire and motivate people to keep themselves fit and healthy to the best of their ability
2. encourage medical, physical education, physiotherapy, fitness, diet and counselling practitioners to
 - a. hang out the Frontline Primary Health Care shingle, advertising programs that will help people to
 - stimulate their own body's recuperative power through activities that promote physical fitness - aerobic fitness, strength and flexibility
 - eat in a way that nourishes the cells of the body while maintaining an ideal weight manage their mental health in such a way that they can live rich and fulfilling lives
 - spend time on personal development.
 - b. use smart, connective technology to facilitate the measurement, management and monitoring of health outcomes.

There is a persistent struggle between man's need to move more and more and his desire to invent machines that allow him to move less and less.
Garry Egger

3.



Frontline Primary Health Care risk assessments provide people with a good idea of how fit and healthy they are.

They're based on the premise that the first step toward managing risk is measuring risk, and then continuing to measure it to keep an eye on progress.

If people know what sort of shape they are in, they can make choices about improving their health and lowering the risk of a host of body system dysfunctions.

Low levels of physical activity, poor diet and an inability to manage the stresses of life and work are contributing to an epidemic of avoidable body system, dysfunctions.

OUR ASSESSMENTS

- Health and Fitness Audit
- Health Climate Survey
- 20m run
- Universal Fitness Test
- Clinical Diagnostic Assessment of joint and muscle pain.

Modern medicine is a wonderful thing but there are two problems:
people expect too much of it and too little of themselves.
Donald Ardell

3.1



You've been to the doctor. You've gone away to have a few pathology tests done. You've gone back to the doctor to get the results; they're a mixed bag. You've been told to change your eating habits, lose weight, lay off alcohol, caffeine, flour and sugar and get more exercise.

One thing you won't come away with is an assessment of your aerobic fitness, strength, flexibility or mental health. In fact, you won't come away with a really good snapshot of your total health, fitness and wellbeing at all.

With the advent of the **Health and Fitness Audit**, that's all in the past. The Audit contains the following assessments.



HOW ARE YOU GOING

For donkey's ages, whenever Australians have met, they've been asking each other 'ow-y-garn'. One word. The usual response is 'not-bad-ows-y-self'.

The scale goes from zero (dreadful) through to 100 (absolutely fantastic).

This is the question that people ought to be invited to answer whenever they use an automatic teller machine.



HEALTH CLIMATE SURVEY

The mind is just one of many body systems in a complex ecosystem. The mind and the rest of the body systems are intimately connected. For instance, when we get mentally stressed, the stress registered in the mind is relayed to the body via the autonomic nervous system. Conversely when one of the other body systems becomes stressed, the stress is relayed to the mind. You may not realize how stressed you are until you complete the Health Climate Survey, but your body does. The body doesn't lie!



FITNESS

It's a very big ask in our culture expecting to stay healthy without keeping yourself fit. Knowing how fit you are is critical to establishing how healthy you are.

Aerobic fitness is the foundation of good metabolic health. It's also a key driver in supporting good psychological health.

The musculo-skeletal dysfunctions are driven by a lack of strength and flexibility.



MUSCULO-SKELETAL Fitness

The Musculo-skeletal Risk assessment provides individuals and organisations with an audit of current and future risk of coming down with joint and muscle pain – plus the tools they need to get their skeleton back into better alignment and their muscles strong enough to do everyday tasks without breaking down.

The tools are called strength and flexibility exercises.



METABOLIC HEALTH

The Metabolic Health assessment is designed to provide insight into whether or not you are already suffering from the ravages of general metabolic dysfunction. The causes stick out like a sore thumb – sedentary lifestyle, a toxic environment and a reliance on flour and sugar to fuel the body.

General metabolic dysfunction, stimulated by growing levels of insulin in the body are triggering all manner of body system dysfunctions.



DIET

We're living in an age of metabolically induced body system dysfunctions. What that means is that as a society generally we're not eating enough of the right food at the right time – and not getting enough exercise.

In earlier times the sage might have said that it was the love of junk food that was the root of all kinds of evil. Certainly, it is now the root of all kinds of body system dysfunction.



CHEMICAL INTAKE

Socially accepted drug use, including pharmaceuticals has become an integral part of our culture, particularly by people who are either over-stimulated or under-stimulated by their lives. The effects on the body can be both acute and chronic. Take this survey to determine whether you're squeaky clean in this department.



STRESS RISK

This profile is based on the habits of unstressed people. If you do what unstressed people do to manage their stress, then there's every chance you'll keep the stress of your life under control. Here are a couple of quotes to get you focused, the first from the first century by Epictetus: 'It's not what happens to you, but how you react to it that matters.'



CAREER SATISFACTION

This profile is based on the habits of people who are in the right job and love their work. They have a clear direction as to the course of their career.

Wouldn't it be good to have a job that you loved so much you'd do it for nothing, but which you did so well you'd be paid handsomely? The Buddha said, find that job you don't have to do another day's work in your life.



MEANING AND PURPOSE

Are you living the life you'd like to live?

Are you a power in your own life? Are you a power in the lives of other people?

Are you getting enough of what you want and need to live a fit, healthy, rich and fulfilling life?



FINANCE

Look after your finances. Being broke ain't no joke!

Financial health is an integral part of the rich and fulfilling life. We need a financial plan that enables us to live in the manner to which we are accustomed (or to which we aspire) now, and in the future.

The laws of financial freedom are about as long as your arm. How well do you understand these laws and how well are you applying them? If you don't know them, you run the risk of staying broke or going broke.



FAMILY

For most people, but not all, family is important, and if things go wrong in the family, it is often with long lasting consequences. It is hard enough growing up in, or being a member of a functional family, let alone a dysfunctional one.

There are many things to do to make sure it ticks over nicely.



PEOPLE

Close personal relationships with other people facilitates good health and helps us to become less stressed.

The support of families and friends acts as a buffer against the impact of stressful events. Talking about our problems, fears and tensions is a good way of getting a handle on them.

We get stressed because of our particular personality make-up and how that personality interacts and with the personalities of other people.



THINGS AND POSSESSIONS

There is one profile that I haven't yet developed, the 'things and possessions' profile.

But I presume that if you've got a car, a flat-screen TV, an internet connection and a mobile phone you're doing a lot better than your grandparents.

... to which can be added the usual suspects ...



... and the kings of aerobic fitness



3.2

HEALTH CLIMATE SURVEY

The mind is just one of many body systems in a complex ecosystem. The mind and the rest of the body systems are intimately connected. For instance, when we get mentally stressed, the stress registered in the mind is relayed to the body via the autonomic nervous system. Conversely when one of the other body systems becomes stressed, the stress is relayed to the mind. You may not realize how stressed you are until you complete this questionnaire, but your body does. The body is incapable of dishonesty!

Circle the numbers appropriate to the degree to which you experience the symptoms on the left-hand side of the page. The greater the symptom, the higher the score. Total the score at the bottom of the page.

	None	Not much	A fair bit	A lot							
1. Headaches (including migraines)	0	1	2	3	4	5	6	7	8	9	10
2. Lack of energy and vitality	0	1	2	3	4	5	6	7	8	9	10
3. Candida - jock itch, thrush, tinea, furry tongue	0	1	2	3	4	5	6	7	8	9	10
4. Poor sleep. (Score 10 if on medication)	0	1	2	3	4	5	6	7	8	9	10
5. Snoring and/or sleep apnoea (Use gas mask, score 10)	0	1	2	3	4	5	6	7	8	9	10
6. Musculo-skeletal dysfunction: joint and muscle pain	0	1	2	3	4	5	6	7	8	9	10
7. Frequent colds, flu and sinus	0	1	2	3	4	5	6	7	8	9	10
8. Unsettled stomach, reflux. (If on medication score 10)	0	1	2	3	4	5	6	7	8	9	10
9. Overweight - 1 point for every 2Kg overweight	0	1	2	3	4	5	6	7	8	9	10
10. Irritable bowel, constipation, diarrhoea, piles ...	0	1	2	3	4	5	6	7	8	9	10
11. Shortness of breath from asthma	0	1	2	3	4	5	6	7	8	9	10
12. Low level of fitness*	0	1	2	3	4	5	6	7	8	9	10
13. Chest pain, palpitations	0	1	2	3	4	5	6	7	8	9	10
14. Rashes, zits, skin outbreaks, psoriasis, itchy skin	0	1	2	3	4	5	6	7	8	9	10
15. Mouth ulcers, cold sores ...	0	1	2	3	4	5	6	7	8	9	10
16. Elevated blood pressure (Score 10 if on medication)	0	1	2	3	4	5	6	7	8	9	10
17. Elevated blood cholesterol (Score 10 if on medication)	0	1	2	3	4	5	6	7	8	9	10
18. Elevated blood glucose (Score 10 if on medication)	0	1	2	3	4	5	6	7	8	9	10
19. Shakes, nervous tics and mannerisms	0	1	2	3	4	5	6	7	8	9	10
20. Grinding teeth	0	1	2	3	4	5	6	7	8	9	10
21. Drinking too much alcohol (2 points per drink/day)	0	1	2	3	4	5	6	7	8	9	10
22. Smoking too many cigarettes (1 point per cigarette/day)	0	1	2	3	4	5	6	7	8	9	10
23. Drinking too much caffeine (1 point per cup per day)	0	1	2	3	4	5	6	7	8	9	10
24. Anxious about life, insecure, apprehensive about future	0	1	2	3	4	5	6	7	8	9	10
25. Are you depressed? (Score 10 if on medication)	0	1	2	3	4	5	6	7	8	9	10
26. Are you in the wrong job?	0	1	2	3	4	5	6	7	8	9	10
27. Do you feel under-appreciated at work?	0	1	2	3	4	5	6	7	8	9	10
28. Do you have a poor work/life balance?	0	1	2	3	4	5	6	7	8	9	10
29. Are you unhappy with your family life?	0	1	2	3	4	5	6	7	8	9	10
30. Are you unhappy with your financial status?	0	1	2	3	4	5	6	7	8	9	10

The score of a normal, fit and healthy human being is less than

TOTAL

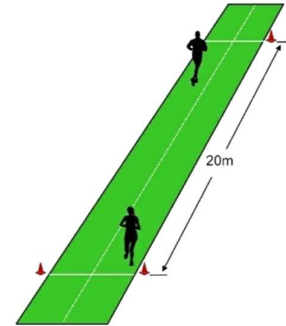
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3.3

20m run

The 20m run test of aerobic fitness is a simple and easy to administer, test of metabolic health - for children, 'regular folks', elite force personnel and athletes. It's reliable, valid and discriminating. It provides people with instant, easy to understand feedback.

The test should be included in all medical assessments of metabolic function, particularly for people with type 2 diabetes and high blood pressure, people who are overweight and people who are in just plain bad shape.



The 'usual' battery of pathology tests measures the symptoms of poor aerobic fitness, not in all cases but in a high proportion. The 20m run gets to the nitty gritty of poor metabolic health.

Based loosely on the well-known 'beep test' of aerobic fitness, all that participants have to do is to see how many times they can walk, shuffle, jog or run between two lines 20m apart in 5 minutes. If you're metabolic health is not good, walk and don't overdo it.

All any doctor, fitness practitioner or allied health professional needs to do is take their clients out the back of the consulting room or the gym and watch as they move between the lines.

No more making appointments, no more time going to pathology rooms to have blood drawn. No more time spent waiting to see the doctor to get the results. In just 5 minutes, any health, fitness or wellbeing practitioner can oversee the test on their own premises and give their clients immediate feedback.

The record so far is 60 laps for men and 55 for women. People in poor condition will struggle to get 20 laps. The lowest score recorded is 9 laps in 5 minutes.

A lot of people have an inflated idea of their level of aerobic fitness. They don't realize how much it's declined over the years. They start off like bulls running out of gates. Inevitably they slow down and come to a halt, exhausted after less than 2 minutes.

The 20m run test let's people know exactly what their physical condition really is. It's a salutary reminder of just how much fitness they have lost since they were adolescents.

Another thing about the test is that it is very weight sensitive. Imagine the effort it takes to stop, turn around and then crank up an extra 20Kg or 30Kg more than you did 20 years ago? If you embark on a regular and systematic aerobic fitness training program and lose weight you can expect an immediate improvement in the number of laps you can run.

SCORING TABLE FOR REGULAR FOLKS – laps in 5 minutes

Men	<20	20	24	27	30	34	37	40	44	47	50
Women	<18	18	20	24	27	30	34	37	40	44	47
Points	0	1	2	3	4	5	6	7	8	9	10

3.4



The Universal Fitness Test has been developed to provide people with a good idea of their level of aerobic fitness and strength. The aim is to give people encouragement to keep themselves fit for work and fit for life.

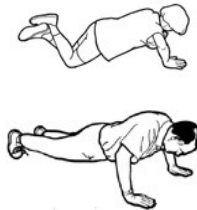
It's a test for school children, 'regular folks', employees of any organisation and in particular elite force staff.



Aerobic fitness



Front of body strength



Arm and trunk strength



Leg strength



Hand and arm strength

SCORING

The Universal Fitness Test Award is based on the lowest points scored for a particular test item.

Highlight your best individual scores. To signify your Fitness Award, place a tick in the award box on the right-hand side of the page, equal to the lowest score you achieved for the individual tests (as per the example below). Your award is based on the lowest score you achieve.

Level	Award	20m run		Pressups	Situps	Squats	Arm hang		Award
		Men	Women				Men	Women	
10	Platinum	55	52	70	70	70	120	100	
9	Diamond	53	49	60	60	60	100	80	
8	Ruby	50	46	50	50	50	90	70	
7	Emerald	45	43	40	40	40	80	60	
6	Gold	40	38	30	30	30	60	50	
5	Silver	37	36	25	25	25	50	40	✓
4	Bronze	34	32	20	20	20	40	30	
3	Green	30	28	15	15	15	30	20	
2	Amber	25	24	10	10	10	20	15	
1	Red	22	20	<10	<10	<10	10	10	
0	Black	<22	<20	<5	<5	<5	<10	<10	

Strength tests taken until exhaustion - without stopping. 20m run - laps in 5 minutes

3.5 CLINICAL DIAGNOSTIC ASSESSMENT - of joint and muscle pain -

For a large proportion of people lower back pain is personally generated. Over the months, years and decades, the lack of a regular and systematic strength and flexibility training program has seen muscles tighten up and take first the pelvis and then the bones above it out of alignment.



Ligaments, tendons and muscles are stretched beyond their pain threshold. Discs become herniated.

The **Clinical Diagnostic Assessment** of joint and muscle pain identifies which muscles are tight by taking people through a series of diagnostic postures. If function is good, form (good skeletal alignment will be good. Most people with lower back pain find it difficult to satisfactorily perform the diagnostic postures. Here are a few of them:



The inability to adopt these postures provides clues as to which muscle are tight - which in turn leads to the prescription of exercises that loosen them off.

Once people have completed the assessment, they are provided with a report telling them which muscles are most likely the cause of their problem. They are provided with (and taught how to do) the strength and flexibility exercises that will turn poor function into good.

Without the best possible diagnosis of causality, any rehab prescription is likely to be 'potluck', with the treatment frequently being directed at the site of the pain and not the site of the underlying cause of the pain.

Most people with lower back pain go to the doctor, get sent to a radiologist for a diagnostic image. Unfortunately, the image, whilst showing which bones out of alignment and which discs are herniated, does not identify the underlying cause of the misalignment and disc bulge(s). In short, the radiologist doesn't determine causation. Without taking their client through a Clinical Diagnostic Assessment, it's unlikely the doctor will either.

The net result is that treatment is usually centred on the site of the pain, not the loosening of muscles attached to the pelvis and the strengthening of muscles throughout the body.

Why would you join a health insurance scheme which had as members, people who had no intention of keeping themselves fit and healthy?

4.



Fitness Prescription

When you look at the list of epic fails in primary health care, the need for **Frontline Primary Health Care Prescriptions** for the personally-generated body system dysfunctions is obvious.

MULTIPLE PRESCRIPTIONS

The vaulting ambition of the **Frontline Primary Health Care** concept is that when people in poor physical condition visit their doctor, fitness practitioner, dietician or counsellor, they come away with multiple prescriptions designed to improve their physical fitness, the quality of the food they eat and their mental health.

Frontline Primary Health Care is a health, fitness and wellbeing package that treats the body as a whole.

As a rule of thumb, if a part is broken there's a fair chance the whole needs fixing as well. And when the whole gets better, the parts get better.

And after people have received their prescriptions, they're hooked up to a smart digital monitoring system that provides themselves and their Frontline Primary Health Care practitioners with information about their progress.

The medical prescriptions are already well covered and do not need to be included in this book.

However, the medical and fitness industries are plagued with people being given prescriptions and either not taking them (in the case of medication) or not doing them (in the case of fitness activities). Hence the need for smart digital monitoring systems where at all possible so outcomes can be measured and monitored.

We acknowledge that the start we've made on the development of lifestyle prescriptions is merely scratching the surface.

4.1

PRESCRIPTIONS



FITNESS



To improve your metabolic and psychological health you need a scientifically-based aerobic fitness prescription based on time and intensity (rated against heart rate).

Without these two key elements it's like prescribing a drug where the active ingredients or of unknown quantity and without instructions on how often to take it.

The Aerabyte aerobic fitness prescription will enable you to keep account of your aerobic training sessions in a way that involves frequency, duration and intensity.



The Complete Fitness Workout will help you improve the three main factors of fitness aerobic fitness, strength and flexibility.

It's a simple, tried, and effective program that's easy to understand and implement - written for regular folks who just want to get fit.

Without a good, all-round fitness program is well night impossible to achieve peak metabolic, musculo-skeletal and psycho-logical health

DIET



The Hourglass Diet is focused on the principles of eating wisely in a junk food world and getting people to eat in such a way that they nourish the cells of your body and maintain an ideal weight.

It puts to rest the usefulness of the diet pyramid concept. The diet pyramid doesn't work in a sedentary society. It fails to include manufactured foods. It's too reliant on flour-based foods masquerading as cereals. It's passed its use-by date.

In the Hourglass Diet model, the good food is at the top and the junk down the bottom. All you have to make is the distinction between good food and junk food.

Once you know how to eat more of the foods that nourish your body and less of the foods that just fill up your stomach, the meals will look after themselves.



If you're going to avoid junk food, you need to know what it is. Junk food is food that's been through the mill, the oven and the fat bath. It's much of the food lurking on supermarket shelves, in every gas station and news agency.

Garbohydrates

At the very core of the junk food diet are the garbohydrates (yep, that's a 'g' not a 'c').

You won't have heard of the term 'garbohydrate' before. It's a new word coined to describe the high-density refined carbohydrates, flour and sugar, on their own or in various combinations, including

- fat
- flour
- sugar
- flour and sugar
- flour and fat
- fat and sugar
- fat, flour and sugar
- fat, potato, flour and sugar



If you're going to lose weight, you're going to have to eat less food and increase your level of physical activity -no ifs or buts, no beating around the bush.

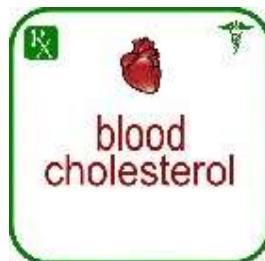
If you're serious you can lose 1% of your body weight a week. But you've got to be serious, and you can't take your eye off the ball.



You could add sleep apnoea to the metabolic trinity. It's a classic symptom of metabolic dysfunction that needs to be tackled with every weapon in the metabolic health armoury. Aerobic fitness is at the top of the list.

It's definitely not caused by the lack of a gas mask.

THE METABOLIC HEALTH TRINITY



High blood pressure and elevated levels of blood cholesterol and glucose are symptoms of metabolic dysfunction, an insidious process associated with a decline in the performance of the key body systems that are designed to supply the cells of your body with essential nutrients and oxygen and eliminate from the body, the waste products of cellular metabolism.

Elevated levels of blood pressure cholesterol and glucose are telling you your body needs a metabolic defrag - consisting of vigorous aerobic activity, a diet low in the garbohydrates and high in essential nutrients.

In the case of high blood pressure, vigorous aerobic exercise 'cools down' an over-stimulated sympathetic nervous system. A calm strategy (including yoga and meditation), coupled with stress management techniques, good sound sleep, holidays ... 'warms up' an under-stimulated para-sympathetic nervous system

An elevated cholesterol level is definitely not caused by a lack of statin medication. Try a lack of aerobic exercise and a diet full of garbohydrates.

In the case of blood glucose, a strength training program is also useful in depleting muscles of glucose so it can provide a 'safe haven' for the glucose that comes from the next meal. Both aerobic and strength exercise take pressure of the pancreas that is struggling to produce enough insulin to maintain normal levels of blood glucose.

MUSCULO-SKELETAL HEALTH



Joint and muscle pain is the body's way of telling you that your skeleton is out of alignment.

Get it back into alignment by loosening off the muscles that have drawn bones out of alignment.

Strengthen the muscles and prepare yourself for the strength activities involved in everyday life.

People with strong muscles can lift, push, pull and propel themselves and objects without breaking down.

The strength prescription involves a strength training program at home and in the gym.

Tight muscles gradually draw bones out of alignment. When the bones are out of alignment up end up with joint and muscle pain.

You can relieve this pain by loosening off tight muscles and getting the bones back into better alignment.

It's as simple as that. The catch is that it takes time.

INNER MENTAL TRAINING, MEDITATION AND RELAXATION



The true miracle of modern medicine is ... in making not only individuals but whole populations survive in inhumanely low levels of personal health.

Ivan Illich



In the quietness of meditation, we tap into the sub-conscious area of our brain. It's here that we can change our programming and focus on living the life we'd like to live. As we relax and calm ourselves down, we stimulate the parasympathetic nervous system which causes muscles to relax throughout the body, thereby lowering blood pressure.



An increasing number of people are becoming depressed. Our view is that it is related to both metabolic and psychological dysfunction (and perhaps chemical insufficiency) and that treatment needs to include **fitness, nutrition, medication, counselling and inner mental training prescriptions.**



Poor sleep is another example of *aerobic exercise deficit syndrome*. It's also the first casualty of anxiety.

That being the case it can be treated with the same weapons as any metabolic dysfunction, plus a stress management, relaxation and inner mental training program. It's certainly not due to a lack of Stilnox!

GENERAL HEALTH



It's time to start breathing fresh air.

You don't need a lecture on why smoking is no good for you. Regardless of how old you are, you've known it's a bad idea since you were 4.

The **Quit Smoking Prescription** contains an eight-step program to be smoke free in 21 days.



Despite the fact that headaches are not caused by a lack of panadene, at the top of the first page on Google of just about every imaginable key word search containing the word 'headaches', there appears an advert for a proprietary brand of panadene.

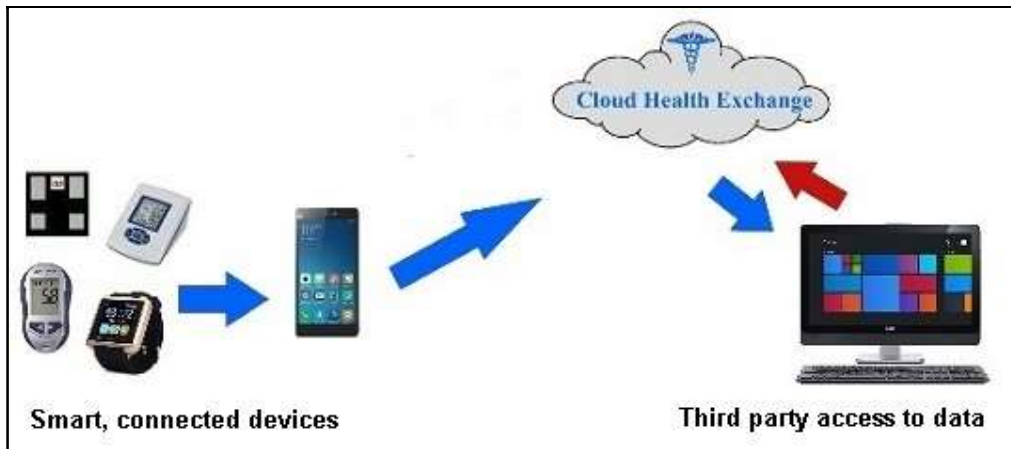
There are a lot of factors involved in causing headaches. Poor metabolic health and dietary insufficiency and excess and allergies stand at the top of the list.

5.



The Frontline Primary Health Care monitoring system

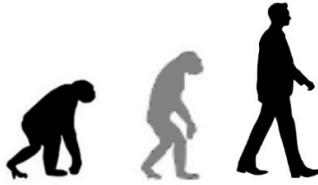
The system works by using smart technology to gather and then distribute basic health and fitness information to trusted third parties – doctor, fitness practitioner, nutritionist, counsellor ...



It's pretty simple, either you do it or you don't.

5.1

THE MISSING LINK



Another of the great tragedies of modern health care is the inability of individuals and their health care practitioners to monitor the progress of restoring poor health to good. It's primitive.

Worse still, most Australians wouldn't have a clue what good health was. No-one ever measures how healthy people are. And if you don't know what good health is how can you ever hope to achieve it?

Nope, nope and nope

Your blood pressure is high. Your doctor hands you a prescription for a drug to lower it. Are you given instructions to monitor it and how to automatically send status reports back to the doctor?

Nope! Do you get a leaflet telling you the myriad things you need to do to lower your blood pressure? Nope! Are you given access to a relaxation audio file? Nope again!

Your level of aerobic fitness is low. Your doctor tells you to walk more. But do you get a prescription for a pedometer or better still a smart watch which will monitor the length of time you exercise, the number of steps you take and your heart rate – and convert the results into the Aerabyte co-efficient? Nope!

Is the doctor automatically able to see how many steps you've done, how much time you've exercised, your heart rate while you're exercising, the number of Aerabytes per week or your resting heart rate? Nope!

Does the doctor receive a notification of your performance in the 20m run test of aerobic fitness? Nope!

Has your doctor told you how to send in reports concerning your weight, percent body fat or blood sugar level? Nope! 'Just come back in a couple of months and I'll scribble a note for the pathologist.'

But it's not just the doctor, what about your fitness practitioner, dietician or counsellor? Are they keeping track of your progress? I bet it's nope, nope and nope all round.

We don't stop exercising because we grow old.
We grow old because we stop exercising.

6.



At the heart of the **Frontline Primary Health Care** concept lies the use of smart technology.

The aim of the system is to provide individuals with

- instant and automatic feedback about key performance indicators and training results
- a digital storage platform accessible by themselves, their friends and their health, fitness and wellbeing practitioners.

For the first time it will provide people and their health professionals with timely data about the status of their health, fitness and wellbeing, the deviation from good health and the progress being made to improve it.

The arrival of numerous digital monitoring devices linked by Bluetooth to mobile phones, ipads and computers - and stored in the cloud - has provided this opportunity.

The Dalai Lama, when asked what surprised him most about humanity, answered, 'Man. Because he sacrifices his health in order to make money. Then he sacrifices money to recuperate his health. And then he is so anxious about the future that he does not enjoy the present; the result being that he does not live in the present or the future; he lives as if he is never going to die, and then dies having never really lived.'

6.1

SMART EQUIPMENT AND DEVICES



The digital equipment in the Frontline Primary Health Care technology map overleaf is readily available. All that needs to happen is for it to be developed and marketed as an integrated, personal health and fitness monitoring system.

It's our vaulting ambition to have it made available in all of its diversity with a wide selection of

- apps and online logbooks
- assessments and prescriptions

... at the cheapest possible price, with ready access to the advice needed to make it easy for health-conscious individuals, doctors, fitness practitioners, physed teachers, nutritionists, counsellors ...

Technology advice and assistance

One snag that attends the use of the **Frontline Primary Health Care Technology** system is educating people how to use it. For the **Frontline Primary Health Care** concept to be successful there will be a need to elevate not only health literacy but digital literacy of practitioners and individuals.

One way is training senior school, TAFE and uni students and interested people to teach other people how to connect their smart devices, phones and computers to the Frontline Primary Health Care system.

Some years before birth, advertise for a couple of parents
belonging to long-lived families.
Oliver Wendel Holmes.

6.2 FRONTLINE SMART TECHNOLOGY MAP

The aim of Frontline Primary Health Care technology is to deliver, direct to trusted third parties – doctor, fitness practitioner, counsellor, dietician ... - the results of regular health and fitness assessments, particularly blood pressure, blood glucose, aerobic fitness training (as measured by Aerabytes) and weight.

We believe this technology will revolutionize the way aerobic fitness exercise information is measured, managed and monitored, the prime objective being to stimulate exercise adherence.

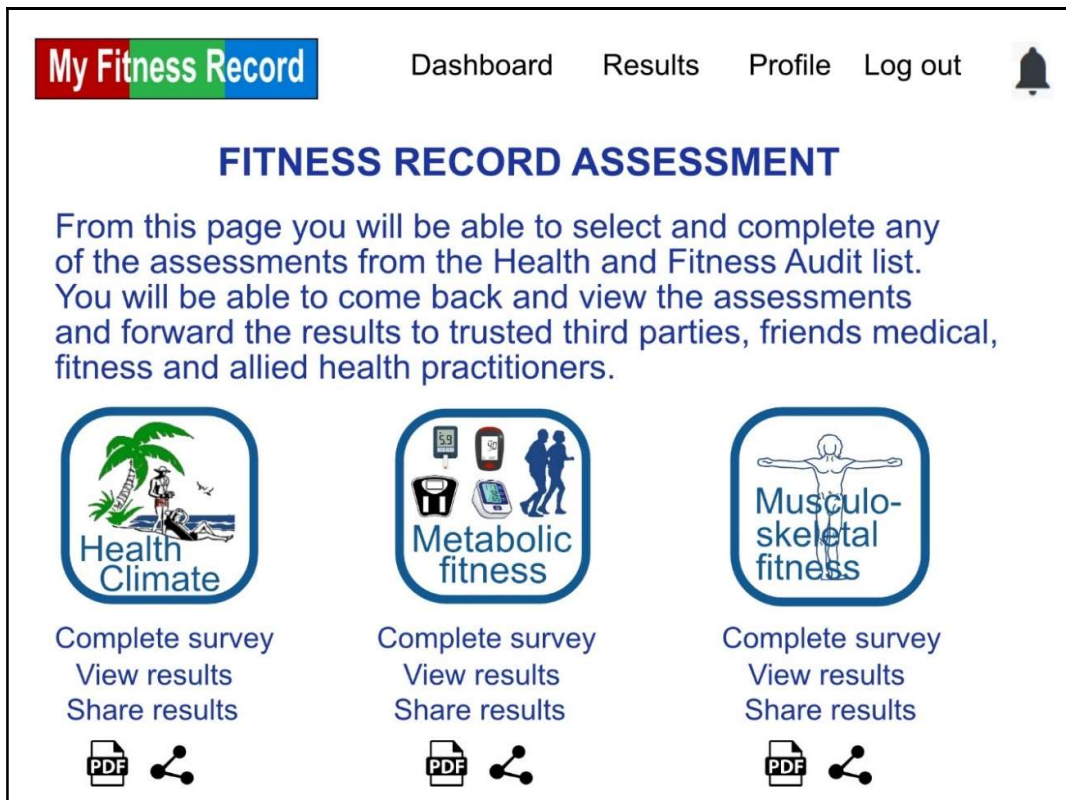


6.3.



My Fitness Record is a digital fitness bank where you can deposit information based on fitness assessments and training results. It's an important part of the Frontline Primary Health Care technology concept.

Initially it has being designed so individuals can complete the assessments listed in the Health and Fitness Audit, store the information and then send the results to trusted third parties, including friends, medical, fitness and allied health practitioners.



The focus is on providing people with assessments that relate to their metabolic, musculoskeletal, and mental health.

The assessments will assist people to keep track of their fitness data and provide their medical, fitness, and allied health practitioners with the information they have never before had access to.

They'll be able to establish their own personal My Fitness Record vault.

The Commonwealth Government's My Health Record is, for all intents and purposes, a My Medical, Pharmaceutical and Surgical record.

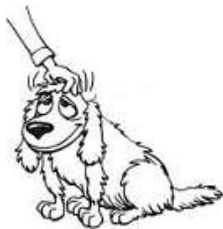
Once people have registered, they will be able to log in and complete one or more of the assessments.

They'll be able to save their results and send them to other people.

Along with automatic sharing of information from smart watches, smart bathroom scales, smart blood glucose and other monitoring devices, the Health and Fitness Audit assessments and the My Fitness Record promises to revolutionize the way key health and fitness indices are completed, stored and shared as an integrated health, fitness and wellbeing prescribing, measuring, managing and monitoring platform.



The growth in smart heart-rate monitoring watches also promises to revolutionize the collection of fitness data – steps and zone minutes. Health professionals will be able to prescribe a certain number of steps and zone points per day per and view the results on a daily or weekly basis.



A pat on the head ...



... a bag of lollies ...



... a koala stamp ...



... or a metaphoric kick in the pants!

Health insurance organisations can also reward members who achieve fitness targets.

If the Australian Government is fair dinkum about improving community fitness, recognizing people who exercise regularly with a National Fitness Award, could be just the shot.

6.4

FRONTLINE DIGITAL MENTORS



Navigating Frontline digital technology can be a tough assignment. You've bought a smart watch and after a couple of hours you're about to either take it back or throw it against the wall you're so frustrated.

Put yourself in the hands of an expert.

Our fitness centres have digital mentors who can sit down and help you make the best use of technology in measuring, managing and monitoring your health, fitness and wellbeing data.

We act as though comfort and luxury were the chief requirements of life,
when all we need to make us really happy is something to be enthusiastic about.
Charles Kingsley

7.



Fundamental to the success of **Frontline Primary Health Care** is the use of digital applications to facilitate the collection, storage and monitoring of personal health, fitness and wellbeing data.

The number of apps that are currently available on the internet and various play stores is legion. As time goes by, we'll be providing reviews of apps that we believe are ideal for our members.

What is outlined below is a list of our own fitness app suggestions - and a few from other sources.

Foremost of the apps we're developing is the Aerabyte app.



Some years before birth, advertise for a couple of parents belonging to long-lived families.
Oliver Wendel Holmes.

7.1



Aerobic fitness prescription and tracking app

The Aerabyte app (currently in the final stages of the development) will be the world's premier aerobic fitness prescription and tracking app. The algorithm rates time (in minutes) with intensity of effort (rated against heart rate).

The Aerabyte app stands to revolutionize the way aerobic exercise is prescribed and monitored. It's a game changer in the management of metabolic health.

It's become achievable by riding on the back of smart, heart-rate monitoring and information syncing watches.

Your level of aerobic fitness is probably the most important general measure of how healthy you are; it's the foundation of good metabolic health.



For the first time, the Aerabyte aerobic fitness prescription will enable doctors, fitness and allied health professionals to prescribe aerobic exercise in specific dosages. Individuals and their health and fitness practitioners will be able to keep a strict account of their aerobic training sessions in a way that involves frequency, duration and intensity.

People can use the aerabyte system while walking, jogging or running, while your swimming, cycling or while you're on the stepper or cross trainer, doing a pump or aerobics class, as long as they know what their heart rate is.

All you need is a smart watch with a heart rate monitor.

Here's the formula:

$$\text{Aerabyte} = \text{time in minutes} \times \text{effort rated against heart rate}$$

Based on the original statement prepared by the American College of Sports Medicine, the World Health Organisation recommends that people get at least 150 minutes of moderate exercise a week. However, neither the College nor the WHO outline what 'moderate' means. The Aerabyte concept overcomes this oversight. Plus, it encourages people to work with more vigour, providing they don't exercise past their safe working heart rate.

Here's how it all works. A smart watch or chest strap will pick up your heart rate while exercising. The app will manipulate the heart rate data into Aerabytes. The results can be shared with trusted third parties.



The Aerabyte prescription

AEROBIC FITNESS TRAINING RECOMMENDATIONS

	Good	Better	Best	Defrag
Sessions per week	4	6	8	10+
Minutes per session	20	30	40	40+
% of maximum heart rate	60%	65%	70%	75%+
Aerabytes per minute	4	5	6	7+
Aerabytes per week	400	600	800	1000+

Here are the point scores, based on a percentage of (estimated) maximum heart rate.

Aerabyte points per minute- based on % of age-related maximum heart rate.										
Effort	Light	Moderate		Vigorous		Hard		Very hard		Ultra
Pts/min	1	2	3	4	5	6	7	8	9	10
% MHR	55%	60%	65%	70%	75%	80%	85%	90%	95%	100%
Age										
20	105	114	124	133	143	152	162	171	190	200
25	102	111	120	130	139	148	157	167	185	195
30	99	108	120	130	140	150	160	170	180	190
35	96	105	114	123	131	140	149	158	175	185
40	99	108	117	126	135	144	153	162	180	180
45	94	103	111	120	128	137	145	154	171	175
50	89	97	105	113	121	129	137	145	161	170
55	89	97	105	113	121	129	137	145	161	165
60	86	94	102	110	118	126	133	141	157	160
65	81	88	96	103	110	118	125	132	147	155
70	79	86	93	100	107	114	122	129	143	150
75	76	83	90	97	104	110	117	124	138	145
80	73	80	86	93	100	106	113	120	133	140
85	70	77	83	90	96	102	109	115	128	135
90	68	74	81	87	93	99	105	112	124	130

Keeping track of your aerobic fitness workouts is one of the best ways to keep you motivated to maintain a regular aerobic fitness exercise program. Being able to share your scores with friends, doctors, health and fitness practitioners will help keep you up to the mark.

The American College of Sports Medicine's aerobic exercise prescription (adopted by the World Health Organisation) is: *'Adults should get at least 150 minutes of moderate-intensity exercise per week.'*

The Aerabyte app solves this problem with an aerobic exercise prescription based on frequency, duration and intensity (rated against heart rate). 'Moderate' starts at 60% of estimated maximum heart rate.

7.2



It's time there was a national, anonymous daily survey of how people are feeling. At the beginning of each day, open the *'How are you going'* app. Click on a number, '100 is absolutely fantastic and 0 is dreadful. Off it goes into the ether.

You'll be able to keep a record of how you feel. Also, your score will be sent anonymously the *'How are you going'* index and you'll be able to tune into the nightly news and find out how the nation is feeling. Results will be broken down into cities, suburbs and towns throughout the country. The app will also appear on every rediteller machine, so while people are waiting for their money to come out, they can register their *'how are you going?'* response.

This is a free app that comes with a download link to the 'Absolutely Fantastic' ebook.



The iitrain app is designed to connect you with people in your local area who would like an exercise partner(s).

It contains built in security features, but more importantly, you'll be able to use your training partner(s) to review your fitness training, fitness test results and progress toward attaining and maintaining an ideal weight.

That will keep you up to the mark.



The road to hell is paved with good intention. Most of us need to remind ourselves of what we've set out mind on achieving and doing.

So, write down what you're going to do, look at it every day... and do it. That will make you happy.



Interval training of one sort or the other is the current fashion.

Got a circuit at home or the gym, run intervals in the park? You need the beep.

Want to do the 20m run aerobic fitness test on your own, set the timer to beep every 30 seconds and let you know each minute as it passes.



The world's premier test of aerobic fitness. If the 20m run is not included in any medical or fitness check-up, you're being short changed.

Using the beep app, you can do it yourself at home. All you need to do is mark out two lines 20m apart and get cracking.

Use the app to record your scores.

Purchase the app and you'll be able to download the '20m run' handbook.



One of the secrets to quitting smoking to set a date about three weeks into the future and between then and now start, first by having your first cigarette later each day and then by having one less cigarette each day.

The Quit Smoking app encourages you to program when you plan to have those cigarettes.

Purchase the app and you'll be able to download the 'Smoke Free in 21 Days' handbook and audio file.



You want to lose weight? The 1% weight loss app sets you a weekly (achievable) target.

To achieve the 1% weight loss, you'll need to increase your exercise and cut down on your food intake.

It's as simple as that.



Modern blood pressure monitors are Bluetooth connected, so with the right app you can take your blood pressure and before you can say, 'Jack Robinson' your doctor and fitness practitioner can be looking at it.

This app saves you the bother of writing it down. It will save you the bother of spending a couple of hours going to the doctor for what you and your doctor can do online.



Blood glucose monitors now come with Bluetooth connectivity which means that if you have a blood glucose problem your doctor can keep a daily eye on it.

Recording your results several times a day will assist you to better plan your exercise, diet and weight control program.

Purchase the app and you'll be able to download the 'How to Lower Your Blood Glucose Naturally' handbook.



If you're on cholesterol lowering medication you owe it to yourself and your doctor to monitor the process of lowering it.

Purchase the app and you'll be able to download the 'How to Lower Your Blood Cholesterol Naturally' handbook.



You don't need to go to the expense of spending a couple of nights in hospital being hooked up to a computer. You can get a reading of your sleep pattern every morning, brought to you by your smart watch and your smart phone.

You don't need to purchase an app, Apple, Fitbit, Garmin ... all have sleep tracking apps. and you'll be able to download the 'How to Get to Sleep Quickly' handbook and audio file.



Your heart rate monitor will record your lowest sleeping heart rate.

Resting heart rate is one measure of your metabolic health. As you become more aerobically fit, as your metabolic health improves resting heart rate will come down.

On days when you're stressed, over tired or 'coming down with something' it will be elevated.



'They' say sitting is the new smoking - it's that bad for you. So, set the walk break timer, get up from your desk and go for a quick walk. You might have a water break at the same time.

Map out a 5, 10 or 15 minute circuit, including stairs if possible. You might take in a wee break and a water break at the same time.

Purchase the app and you'll be able to download the '21 Minute Aerobic Fitness program' handbook.



Whether it's working outside or working in an air-conditioned office it's easy to become dehydrated without knowing it.

The water break app will remind you that it's time for a drink - plain water or green tea.

Bring a water bottle and glass to work to make having a drink easy. Keep an eye on the colour of your urine. If it's dark, you're definitely dehydrated.



Take a break from your work and do a few stretches. On this app we've got some of the best stretches known for relieving joint and muscle pain.

Purchase the apps and you'll be able to download the 'Stretch Break Exercises' handbook containing diagrams and brief explanations.

Improving flexibility is the key to having a skeleton in good alignment - and relieving joint and muscle pain.



At any time in the day, hook the earphones into your phone and play the Calm app. You can set the timer for 5, 10 or 15 minutes.

Drift off with the fairies. Calm yourself down.

Purchase the app and you'll be able to download the 'How to Calm Yourself Down' handbook.



Featuring Emile Coue's famous inner mental training routine, '*Day by day, in every way I'm getting better and better.*'

Listen to the app twice a day as it repeats 20 times: 'Day by day, in every way I'm getting better and better.'



This time the refrain is 'Day by day, in every way I'm getting fitter and fitter.'



'Day by day, in every way I'm getting thinner and thinner.'

Your subconscious mind has a fair idea of what your ideal weight is and what you need to do to reach it.



Until your sub-conscious is programmed to believe that you're becoming more and more relaxed you'll still be running around like a headless chook.

By regularly listening to the app, combined with the calm break, soon you'll be finding more time to take it easier and finding more time to give back to yourself.



This app will teach you Jose Silva's technique for going to sleep quickly.

You'll use the whiteboard technique to gradually count yourself down into the land of nod!



If your aim is to quit smoking, this app will take you through an inner mental training routine that repeats 20 times, 'I breathe fresh air.'

Listen to it a number of times a day to get your subconscious mind focused only on breathing fresh air.

A good plan vigorously executed right now is far better than
a perfect plan executed next week.
George Patton

8.



As well as using apps, you may choose to keep an online log of your progress in a range of activities, for instance -

20m run challenges



Universal Fitness Test Challenges



Probably more than anything else, I think, is a love of gardening. A love of the sheer - and it sounds mad - the sheer pleasure of hard physical work and what it does to you. It makes you extremely healthy.

And above all the need to actually grow your own fruit and vegetables, and I'm saying to people you can do it even in a tiny back yard.

And that is the road to the most wonderful wealth, and that is health right, and success. And success is feeling great about yourself.

Peter Cundall

9.



If our greatest challenge is to elevate the fitness industry to higher position on the health feeding chain, relative to Big Medicine, Big Pharma, Big Food and Big Health Insurance, then we have to establish a new fitness centre paradigm. It's called Big Fitness, meaning:

- fitness centres, who wish to elevate their status to the frontline of primary health care with the capacity to attract and sustain the membership of a further 20% of the population.
- accommodation for multi-disciplinary, ancillary health disciplines,
 - medicine
 - nutrition
 - physiotherapy
 - counselling
- ... which feed clients into the fitness arena.
- adequate financial resources to meet increased demand and develop new programs for 'regular folks'.
- competent fitness practitioners who can manage the prescription, measurement, management and monitoring of exercise programs.

The medical industry is sucking the oxygen out of the fitness industry with big medicine, large organisations running small (local), medium (multi-function surgeries) and large medical factories (hospital) across the country – underpinned by big money from governments and insurance companies.

Industry protection in the medical arena makes clients indolent and suppliers inefficient and expensive. Protecting the medical industry and not also protecting the fitness industry only leads to poorer health outcomes.

There is no comparison between what Big Medicine (and Big Pharma) receive in the way of subsidies, grants and insurance payments compared with the type of money that trickles into the fitness industry. And all the time the health of the community continues to decline.

It's time for the fitness industry to become Big Fitness and attract more clients and draw in Big Money.

10.



The way for the fitness industry to propel its way into the frontline of primary health care is to position itself in the centre of the **fitness hub** as one of the key drivers (along with diet and personal development) of Frontline Primary Health Care. There is a compelling case for medical centres to be located in fitness centres.

It will take big money to underwrite the move, some of which will come from an increase in the number of fitness centre members and some from the medical and allied health industries within fitness centres, the latter bringing with them government subsidies, health insurance company inducements and fitness centre clients.

The aim is to double fitness centre membership from circa 20% of adults, to 40% of adults. The first 20% is low hanging fruit, people who are highly motivated to keep themselves fit.



They are aged (mainly) under 40, though there is a growing number of retirees joining fitness centres. At the moment, these people are an exception.

The new fitness centre will be focused on a broad demographic of people who see the value in:

- improving their health, fitness and wellbeing
- measuring, managing and monitoring their health, fitness and wellbeing
- restoring poor metabolic, musculo-skeletal and mental health to good.

Being located in fitness centres, this will be the biggest opportunity the medical industry will ever have to put its 'preventive health' rhetoric into practice.

11.



The most precious commodity of a fitness centre is 'community'.

At a fitness centre I attended, I could count on the non-opposing digits of one hand, the number of times in three years, that the proprietor or the manager walked onto the gym floor and spoke to me. These people were invisible.

There were more people behind the front counter than on the gym floor. The café was not much bigger than a pocket handkerchief. The off-duty personal trainers sat in an office toying with their mobile phones.

For all intents and purposes, I was just a commodity, paying for the use of machines. There was no community out in the space where all the aerobic fitness and strength training machines were installed, except the one I established myself by introducing myself to some of the regulars. But I'm an extrovert.

The fitness centre of tomorrow will have a staff member to greet you at the door, will have an Ipad with your fitness details on it, will ask if you need help in any way, will invite you to do a fitness assessment, join a class ... and will then patrol the floor.

Motivation is what gets you started. Habit is what keeps you going.
Jim Ryun

11.1

THE FITNESS REVOLUTION

Religious organisations are attracting less and less people – for a lot of reasons. ‘Reason’ is one of them, along with science, technology; education, liberation and equality for women; the rise and rise of human rights and the freedom of thought and expression – the list goes on. In fact, the Enlightenment is still gaining momentum. The new ‘gods’ are media giants, movie stars, rock stars, sporting heroes and the technology sextet of Gates, Jobs, Page, Brin, Ellison, Bezos and Zuckerberg.

We can learn at least three things from religious organizations –

1. the establishment and fostering of community
2. consistent and conscientious regularity of attendance
3. music.

There is no doubt that **fit people train religiously**.

THE NEW PERSUASION

And here’s another slant. If people aren’t getting community from a religious organisation, where are they getting it? Some get it from walking, book reading, singing and mah-jong groups. Some get it from community organisations, Rotary, Probus, Men’s Sheds, Country Women’s Association Then there are sporting clubs.

Having said that, a lot of people aren’t natural joiners. What promises can we make to draw them into the fitness community?

It’s my thesis that it would not be hard to elevate health, fitness and wellbeing into a ‘religious’ space. It’s an important aspect of life. You carry your health around with you all day. It’s always there, good, bad or indifferent.

In the days of old when life was brutal, all that people had to look forward to in life was the promise land. Keep yourself fit and healthy and you can enjoy the promise land that is here and now.

The way to draw into fitness centres the next 20% of the population will be to focus on community and the promise of better health, fitness and wellbeing. Build community, educate and teach people the why and how of exercise, instil the habit of going regularly and there’s a fair chance the fitness will look after itself.

Big Fitness will be built on classes for like-minded and like generation people. It will have to be big because of the doubling in numbers.

Whilst the leotard and lycra set, the grunTERS and posers, (and a lot of regular folks) don’t need a lot of enticing, their parents and grandparents do. This new demographic will want to come at specific times, exercise together in classes and stay for coffee afterwards. They’ll respond to pastoral care. They’ll attend social functions.

There is already a groundswell of older people attending fitness centres. A few months ago I watched a bloke pulling back 75Kg on the upright rowing machine. I introduced myself and asked him how old he was. He said ‘85’. If he’s anything to go by, 85 is the new 65.

Doubling the number of people going to fitness centres will mean attracting people over 40 and people of any age who are in poor physical condition.



If the medical industry gives the parents and grandparents of the under 40's a push and a shove and fitness industry pulls from the other direction, fitness centres can look forward to increased prosperity and status.

This, of course means a big change in attitude by both the medical and fitness industries.

OVERCOMING FEAR AND LOATHING IN THE GYM

Each year, a significant number of people let their fitness centre membership lapse. No-one rings them up. These are \$700 customers.

There's no-one there to shake their hand at the door or sit down and talk to them over coffee, after their session. No-one cares.

As well as offering 'community', there will be a percentage of people who will respond to advertising based on guilt, fear, loathing and shame. Helping people to overcome their fear is one of the major challengers for fitness centres.

Another advantage the fitness industry has is the fact that, like the 'ole religion' 'ole primary health care' isn't working either. The medical industry has its back to the wall. It's become a branch of the pharmaceutical industry.

On the other hand, old fitness centre models, (sweat shops) won't attract a new demographic either. For every customer who signs up another will drop out.

The medical industry has made promises it can't keep. Health continues to decline; they don't do fitness.

Doing the things that doctors won't or can't do is a '**foot-in-the-door**' moment for the fitness industry to propel itself into the frontline of primary health care - doing things like:

- shepherding people from poor health, fitness and wellbeing to good
- building a community.
- targeting the personally-generated body system dysfunctions - metabolic, musculo-skeletal and mental



The fitness centre of the future, providing it's a 'club', has the potential to be the new 'persuasion'. Fitness centres will retain more members of their current demographic and attract more of the other 20% of people who right now don't have 'fitness centre' on their radar.

11.2

A CLASS ACT

On the other hand, there are classes that people attend regularly, at the same time each week and led by the same fitness instructor. This is best practice.



When I originally joined my current gym, I received a thorough induction and had to get a medical clearance. This is best practice. There was an older instructor, fit as a trout, who walked the floor, a guy you could seek out for advice. He even doled out advice without being asked! He was a great asset to the gym. Regrettably, he passed away and no-one took his place. After that, nothing.

When I go to the gym, I know what to do, I've been going to fitness centres for donkey's years, but a new customer, even with an induction session could feel very uncomfortable, alone and bewildered.

At least when you go to church, the pastor usually shakes your hand and gives you a greeting as you leave after the service. There are people who pick out a new-comer, have a chat and invite them round the back after the service for a cup of tea.

Instead of expensive, 1 on 1 personal training, people will be encouraged to join a like-minded group where the personal trainer takes the class and gives information and encouragement to many people. Personalized T-shirts with names printed on them would be an asset for community building. Here in Australia the men just call each other 'mate'.

*Want to know what to do increase your aerobic fitness, strength and flexibility?
Want to fix up a crook back? Join a class and select a time you're going to
attend on a regular basis.*

You're locked in. This fosters regular attendance and builds friendships. The same thing applies to the new target market of people referred by their doctor, dietician or counsellor and needing to improve metabolic, musculo-skeletal and mental health.

Regularly attending fitness classes ought to be almost obligatory for people who are overweight, diabetic and hypertensive. The savings on surgery, radiology and pharmaceuticals would be enormous if people with serious back, hip and knee pain attended a regular and strength and flexibility class.

As for mental health, it's not well known, but a year's supply of daily aerobic physical activity trumps a year's supply of Prozac.

Of course, there are people who know what they're doing and just want to work out on their own. They don't need a class. A large proportion of the people we want to attract into fitness centres most probably do want to attend a class.

11.3

FROM FITNESS INSTRUCTORS TO FITNESS PRACTITIONERS

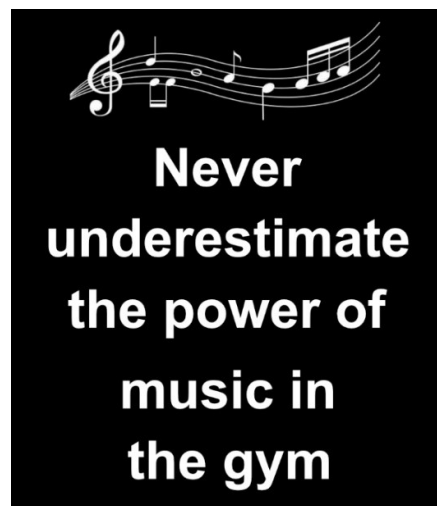
For successful health and fitness leadership, fitness instructors will need to step up to a new level and become fitness practitioners who will

- provide members with a wide variety of health and fitness assessments
- teach members the principles of a Complete Fitness Workout and maximize the benefits of their exercise sessions
- help people with particular needs, e.g., designing and supervising programs to improve metabolic health and relieve joint and muscle pain
- measure, manage and monitor progress
- inspire and motivate people
- communicating with members
- ...

It would not be a big leap forward for the fitness industry to put itself on a footing where it can exceed other health disciplines in terms of results.

We're talking neither medical nor rocker science.

Inspiring, motivating and assisting people to improve their metabolic, musculo-skeletal and mental health is a job that ought to come naturally to trained fitness practitioners, a vocation they ought to do better than any other health discipline. It's their bread and butter. It's fun.



11.4

FITNESS FRONTLINE AMBASSADORS



It's a common feature of all successful membership-based organisations – profit or not for profit - that they have people whose job it is to

- greet people, particularly new members
- make them feel comfortable and part of a group
- introduce them to other members
- provide assistance when people look like their need it.
- make contact when people don't turn up.

These people can be volunteers or paid staff.

An honorarium, a discounted membership, and thanks is all most volunteer ambassadors will want.

Changing the job description of fitness practitioners to include looking after their clients (customer service officers) makes eminent good sense. If a fitness centre is losing a handful of members each week, keeping in touch is not a cost, it's an investment.

Fitness is as much a mental exercise as a physical one. The hardest part is getting started. After that it's one leg at a time.

12.



We have three programs that we recommend fitness centres adopt to attract 'regular folks'.



Aerobic fitness programs can be monitored automatically using on a smart watch (or chest strap), with results being synced to a smart phone and then forward to trusted third parties.

Encouraging fitness centre members to use an aerobic points-scoring system and share the results with 2 or more other people is something for all fitness centres to promote.



The **Complete Fitness Workout** because it's a program that encourages people to adopt a regular and systematic fitness training program that improves **aerobic fitness**, **strength** and **flexibility** and improve all-round fitness and health.



Half the adult population aged over 40 put up with persistent joint and muscle pain. This is a market the medical industry can't satisfy. They don't have the tools. The best they can do is prescribe temporary pain relief.

12.1

AEROBIC FITNESS MONITORING AND SHARING



Racking up aerobic fitness zone can be a wonderful motivator. The sense of motivation can be enhanced if you're a member of a group that shares /zone information each day.

The rise and rise of smart watch technology has revolutionized the way aerobic fitness workouts can be quantified, based on a coefficient of the duration and intensity (rated against heart rate) of the training sessions.



With regard to motivation, you're more likely to exercise if you know someone is looking over your shoulder, and you're looking over theirs. Join a sharing group.

While you're waiting for the Aerabyte aerobic fitness prescription and tracking concept to be fully operational, I recommend you use the **Fitbit Zone concept** and sharing facility.

Using the Fitbit Zone concept, you'll score 1 point per minute when your heart rate is over (about) 60% of your (estimated) age-related maximum heart rate and 2 points per minute when your heart rate is over (about) 75% of your maximum heart rate.

You can set yourself a daily and weekly target of zone points to accumulate. Brisk walking will probably get you 1 point per minute. To get 2 points per minute you'll need to exercise with more vigour. 40 zone points a day would be good, 50 better and 60 best.

Every evening as you're about to retire, you can share your zone [points, steps and other information to members of your aerobic training group. If you've reached 50 Fitbit zone points for the day and 7,500 steps you can go to sleep justified.



12.2



The Complete Fitness Workout is an individual, paired or class-based fitness training system for people of all ages, shapes, sizes and levels of fitness which involves

- 5-minute stretching warmup
- 30 minutes continuous aerobic activity at a pulse rate of at least 60% of your age-related maximum, either running outside or the aerobic fitness equipment in the gym
- 30 minutes of systematic strength exercises using pin-loaded strength training equipment in a system designed to improve both strength and muscle bulk
- 15 minutes of flexibility exercises.



In the complete fitness workout, you've got around 25 minutes on an aerobic piece of equipment.

Pick a piece of equipment that you'd like to work out on, use the Aerabyte standard to select the intensity of your workout and get cracking

	GOOD	BETTER	BEST
Heart rate in beats/minute	60% MHR	70% MHR	75%+ MHR



Ideally the gym will be set up in a circuit formation so two people, working together can-do supersets. The concept of a **superset** is to perform 2 exercises back-to-back.

For instance, one person starts with the bench press, the other with the upright row. And rotate through three sets before moving to the next pair of exercises.

This system keeps the general activity in the one area of the body by strengthening different muscles, whilst giving each muscle group time to recover before the next set of repetitions.



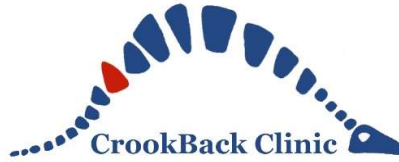
The final section of the Complete Fitness Workout is the 15-minute flexibility session doing the key exercises to loosen of those muscle most likely to take your skeleton out of alignment.

Spend a minute on each exercise.

A selection of exercises appears on the Crook Back Clinic pages – over leaf.

Fitness is like a relationship. You can't cheat and expect it to work

12.3



The secret to fixing musculo-skeletal pain is getting your body back in alignment. One of the best kept secrets is how to do this; the secret being, strengthening weak muscles and loosening tight muscles. In some ways it's a bit like fixing up a tent after the ropes have slackened off.

Regular one-hour classes, plus exercises at home is the cheapest, simplest and most logical way to relieve joint and muscle pain

The CrookBack Clinic provides participants with clues, insight, awareness and understanding as to what may be causing their musculo-skeletal pain. It involves

- an initial Clinical Diagnostic Assessment of joint and muscle pain
- being taught the key exercises that need to be done to loosen off tight muscle and strengthen weak muscles (in association with the Complete Fitness Workout
- joining a regular 1-hour class to go through the exercises in a group setting.

In an age where the simple has become complicated and the cheap has become expensive, the CrookBack Clinic stands like a beacon attracting people to a centre where they can learn how to get their bodies back into better alignment and pain free by improving their strength and flexibility. It's the most cost-effective way to relieve pain.

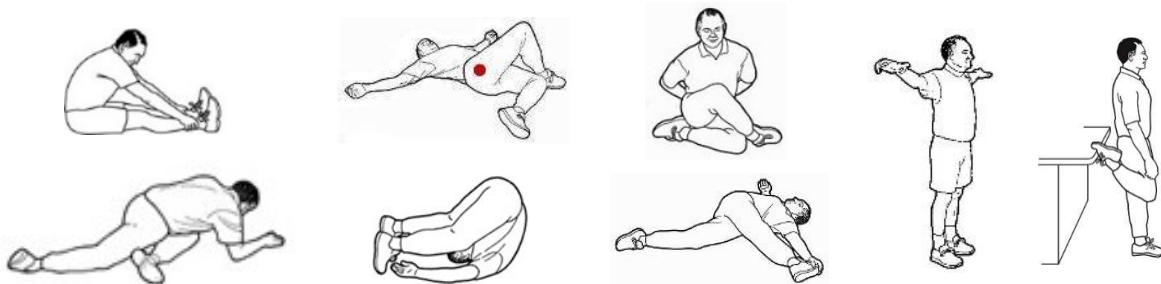
ALIGNMENT, ALIGNMENT, ALIGNMENT

If the fundamental principle of real estate is location, location, location, the fundamental principle of musculo-skeletal function is alignment, alignment, alignment.

A body in alignment stays in alignment unless acted upon by a force. In most cases of misalignment, the forces are ones we generate ourselves. It's our own tight muscles that have drawn bones out of alignment.

The good news about that is that if you have generated the pain there's a fair chance you can 'ungenerate' it, particularly if you catch it early enough.

If the exercises recommended in the CrookBack training program are done on a regular and systematic basis you'll feel better as bones are drawn back into better alignment.



13.



The manual in the glove box of your car has a detailed description of the things you need to have attended to on a regular basis. Your motor mechanic uses it every time you get your car serviced: plugs, points(!), grease, oil change, brake fluid, water, rotate tyres ...

But do any of your primary health practitioners have such a schedule - one that's especially tailored for yourself? It's essential for health insurers to require you to have regular maintenance checks. No checks, no insurance.

Test	.../.../...	../.../...	./.../...	./.../...	./.../...
Blood pressure					
Blood glucose					
Blood chemistry					
Weight					
Percent body fat					
Aerobic fitness					
Strength					
Flexibility					
Prostate/pap smear					
Breast screen					
Faecal occult blood					
Colonoscopy					
Skin screen					
Health climate survey					
Stress					
Sleep					
...					

14.



An essential feature of **Frontline Primary Health Care** is the ability to build awareness and provide people with support.

Exercising with friends, relatives and work colleagues, and being able to share your health, fitness and wellbeing data with them and your health practitioners will provide you with great encouragement.



It will work both ways.

The iitrain app

The iitrain app is designed to connect people to like-minded exercise partners, friends, relatives, neighbours, work colleagues.



Frontline Primary Health Care providers

Make sure your vital statistics are shared with you doctors, fitness practitioner, dietician, counsellor.

Next time you meet with them they'll be able to look at your results and either give you a pat on the head, a bag of lollies or a metaphoric kick in the pants!



Digital partners

Establishing a partnership with internet search engine and content providers to give producers of digital products the Frontline Primary Health Care imprimatur makes eminent sense



There are a lot of people speaking the Frontline Primary Health Care language on YouTube. In fact, it's amazing how many people freely devote their knowledge and expertise to interested viewers.

Medicare and private medical and workers compensation insurers

The benefit to insurers of measuring risk and better managing the risk by people becoming fitter and healthier is compelling. It's another no-brainer. Not only health of their members but their own survival depends on it.



The day will come when insurers adopt the Frontline way of rewarding members who achieve daily/weekly fitness targets. Stimulation of the hip-pocket nerve may well be the key to smartening people up.

Corporate organisations

There are any number of compelling reasons why corporate organisations should be measuring and managing the risks associated with personally-generated body system dysfunctions.



For starters, the pre-employment medical needs beefing up to the point where it is a comprehensive health, fitness and wellbeing screen.

Neglecting to measure and manage health, fitness and wellbeing risks leads to increased costs of absenteeism, presenteeism and workers compensation. At the moment, all potential employees have to do is pass the 'fog the mirror' test and jerk their leg when their knee is tapped with a tack hammer!

Workers compensation insurers

Insurers are not rating premiums against risk. They don't measure risk. Therefore, it behoves employers to measure and manage the risk of personally-generated body system dysfunctions becoming work-related injuries.



It's why employees need to be fit enough to do their job without breaking down, whether it's a job sitting at a desk or wielding a shovel.

Links

There's no need to re-invent the wheel. If we find useful links, we'll let you know. There's a lot of good 'stuff' around that never sees the light of day.



There is valuable information all around us just waiting to be synthesized, sanitized and being made readily available for popular consumption.

Frontline Primary Health Care research is focused on validating natural fitness, diet and personal development remedies for personally-generated body system dysfunctions.

It's frequently the case that the advice provided by academics and medical charities is so biased, 'sanitized' and wishy-washy it's well-nigh useless.



The heart charities promote walking around the block for ten minutes three times a day as being sufficient to give people a metabolic health defrag. They don't have an aerobic fitness test, or a prescription based on frequency, duration and intensity of effort.

The National Health and Medical Research Council guidelines on the causes and treatment of back pain are more about red flags and drugs than exercise. They believe that a crook back comes from out of the blue, or from cleaning a desk or bending down to pick a leaf up off the lawn!

The Diabetes Association doesn't have an aerobic fitness prescription. They sell fruit cake at their trading tables.

You'd have to question some of the advice that comes out of the Dietician's Association. They're sponsored by some of the world's leading manufacturers of junk food.

When it comes to treating depression, how many people know that a year's worth of daily aerobic exercise trumps a year's supply of Prozac?

And do you really believe what your favourite confectioner, breakfast carbohydrate purveyor or carbonated beverage vendor says about sugar?

All research ain't equal. Some research is more useful than others.

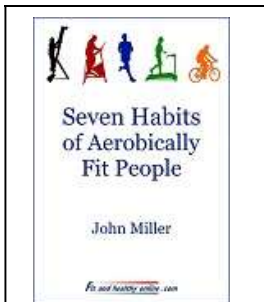
Governments can no longer continue to subsidize the medical costs of people who are in just plain dreadful physical condition and who are not prepared to lift as much as a finger to get themselves back into good physical condition.

15.

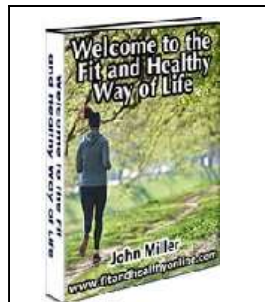


These are our Frontline publications:

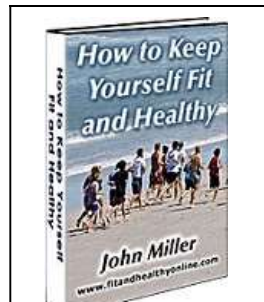
FITNESS



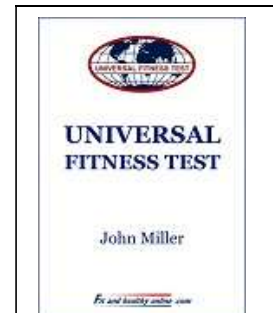
A short, sharp and shiny outline of what aerobically fit people do to keep themselves motivated.



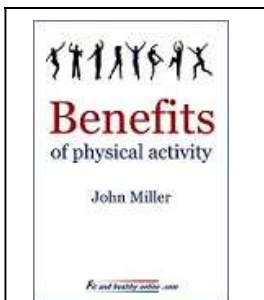
This book will give you a short and sweet snapshot of what it takes to live the fit and healthy way of life.



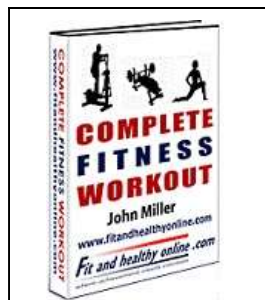
It's pretty straight forward, keep yourself fit, eat wisely, manage the stress of your life.



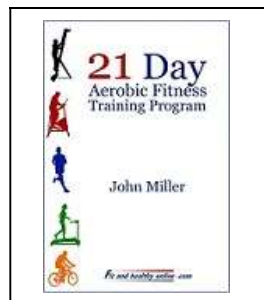
The Universal Fitness Test is the premier test of overall fitness this side of the black stump.



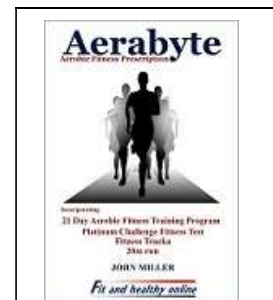
The benefits of physical activity are legion.



The definitive fitness training manual including aerobic fitness, strength and flexibility programs

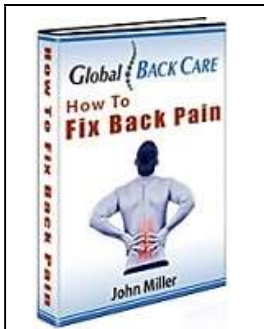


If you're not in great metabolic health you need to ease into an aerobic fitness training program,

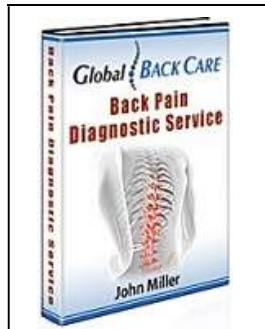


As yet no one has come up with a good aerobic fitness prescription - that is until now.

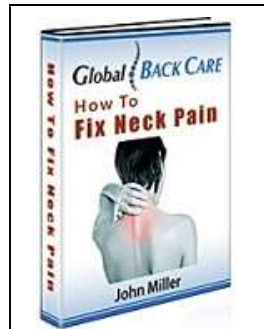
JOINT AND MUSCLE PAIN



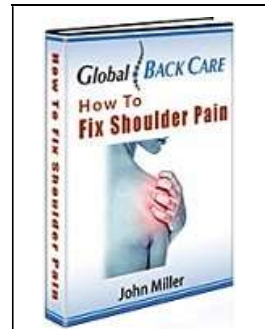
What you'll get is a detailed outline of the causes of back pain and some of the key exercises you need to do to get your pelvis and the bones above it back into better alignment.



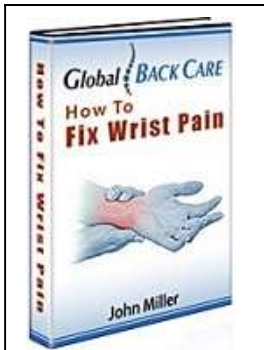
We take you through a step-by-step analysis of which muscles are most likely to have taken your skeleton out of alignment and provide you with the exercises to get it back into alignment.



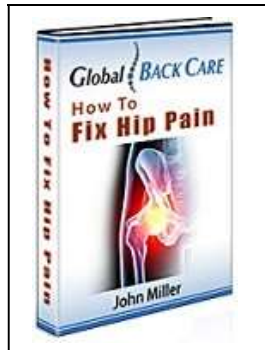
The most likely cause of neck pain is weak and tight muscles right down the spinal chain. We'll provide you with the exercises to get the bones in your neck back into better alignment.



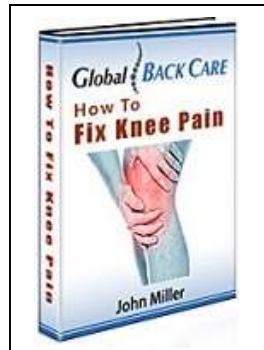
Contains the exercises designed to loosen and strengthen the muscles around your shoulder girdle. Most people don't have a shoulder strength and flexibility training program.



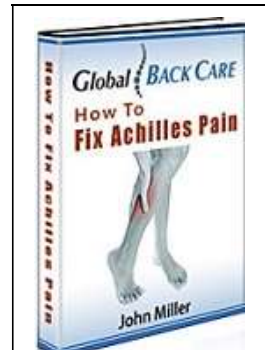
No strength exercises: no flexibility exercises! Put that down as a recipe for wrist pain. Simple as that. We'll show you which exercises to do.



There are a lot of muscles connecting the upper leg to the pelvis. It only takes a couple of them to tighten up causing misalignment of the upper leg and the pelvis

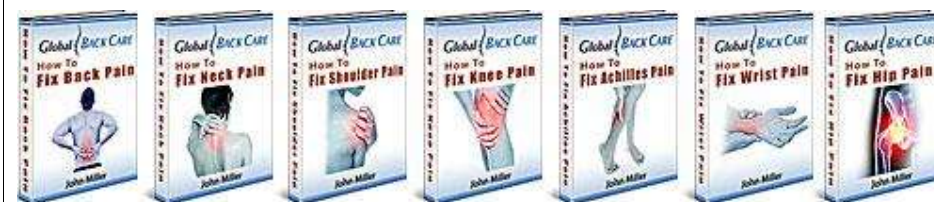


Knee pain is definitely caused by the mis-alignment of the upper and lower leg. The 'bearing' between them wears out. You need exercises to get the bones better aligned.



Achilles' tendonitis and plantar fasciitis are tough nuts to l've got some answers including strength, stretching and long, slow mechanical massage.

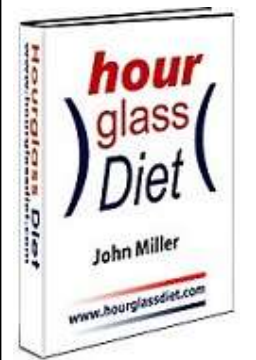
Purchase the complete suite of Global Back Care ebooks



Coming soon.

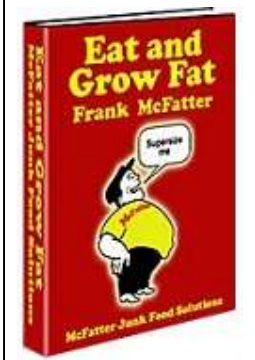
DIET

How to eat wisely in a junk food world, that is the question.

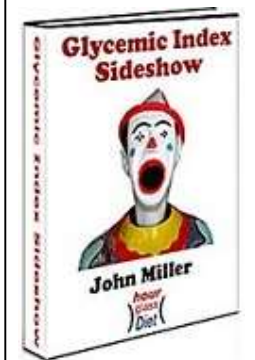


The Hourglass Diet is healthy eating program. If you eat from the top of the Hourglass there is a good chance that you'll be able to

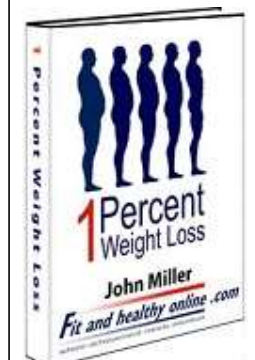
- nourish the cells of your body and
- maintain an ideal weight.



We're living in the junk food era characterized by cheap, tasty, energy dense, manufactured food that comes packaged, either ready to eat or ready to heat up and serve with minimal inconvenience.



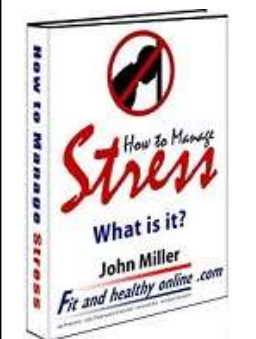
The GI concept doesn't make clear enough the distinction between eating fresh and natural food and junk food. As I see it, there are ten reasons to suggest that the GI model, about how to eat wisely is a side show.



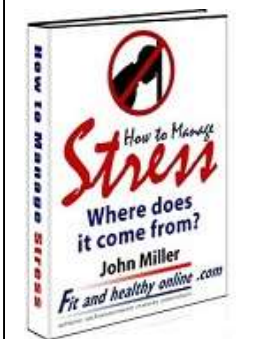
Reducing your body weight by 1% per week is achievable. OK, it's a stretch, but not beyond reach, providing you eat from the top of the Hourglass, you don't eat too much and you get over 1000 Aerabytes of aerobic exercise each week.

STRESS RELIEF

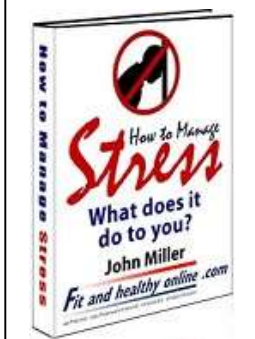
Stress, what is it, where does it come from, what does it do to you and how do you get ahead of it?



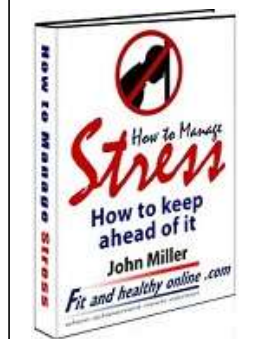
Stress is the difference between what you're getting and what you want.



Stress comes from both your internal and external environments. It's not what's happening to you but how you react.

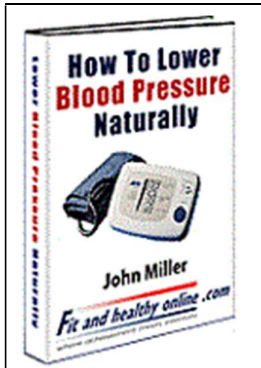


Stress over-stimulates your sympathetic nervous system which in turn affects the performance of other body systems.

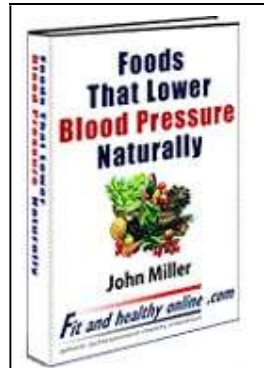


First work out what you want. That means having a powerful vision of the good life, plus you need support, holidays, exercise and self-love.

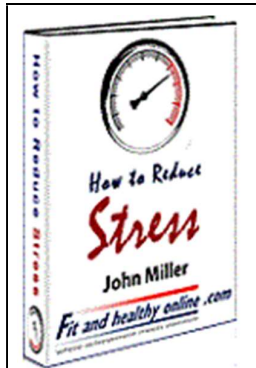
LOOK AFTER YOUR SELF



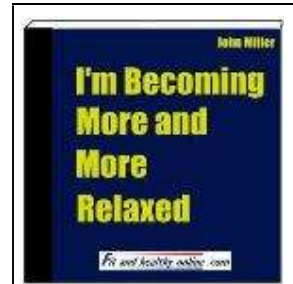
The blood pressure lowering formula: exercise more, eat less of the carbohydrates, get back close to your ideal weight, manage stress, get a good night's sleep and relax more,



'Let food be thy medicine' is a saying that's been around since antiquity. It still holds true. It's just bad luck that the information has been swamped by Big Pharma and Big Phood (sic).

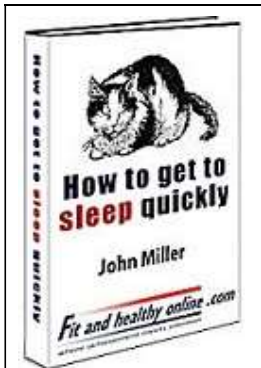


Managing stress is one of the keys to lowering blood pressure, along with a good diet and regular vigorous aerobic activity. This is a shortened form of the Stress Relief suite of ebooks

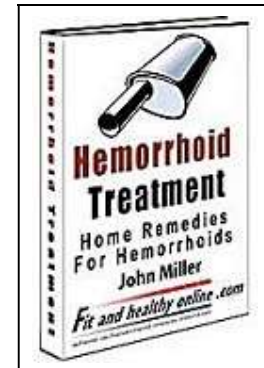


Just about everyone knows the blood pressure lowering effects of regular meditation sessions. In this audio file I get you into a relaxed state and then feed in the 'I'm becoming more and more relaxed' mantra

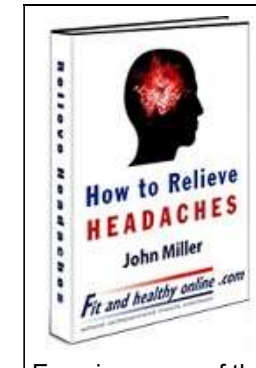
GENERAL HEALTH



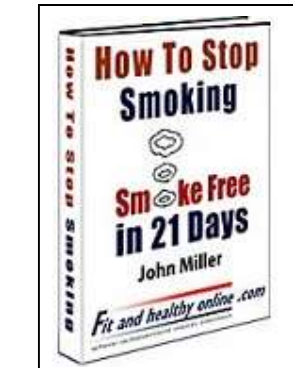
The better sleep formula: daily aerobic exercise, lay off coffee and alcohol, reduce stress, take a holiday, get a life. Includes audio file



Haemorrhoids certainly fall into the category where the cause of the pain is not at the site of the pain. Keep a close eye on what you put in your mouth,



Examine some of the key reasons why people get headaches and what you, yourself can do to relieve them.

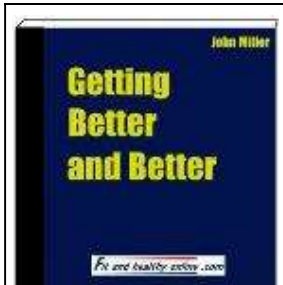


This book will provide you with strategies for becoming smoke free. Psych yourself up to quit smoking. Put more money in your pocket? Includes audio file.

Go confidently in the direction of your dreams! Live the life you've imagined.
As you simplify your life, the laws of the universe will be simpler."
Henry David Thoreau

INNER MENTAL TRAINING

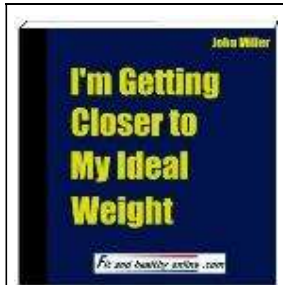
Through introspection, reflection, contemplation, meditation, inner mental training and autosuggestion we have the ability to change what's going on inside our heads, in both the conscious and sub-conscious minds. You can, metaphorically give yourself a mental health defrag; remove or change some of the old programs that are holding you back and reprogram yourself so you can (as Thoreau said) 'go confidently in the direction of your dreams'. Along the way you may have insight, discernment, understanding and awareness of how you tick, how the universe works, what's going on around you and what you need to do to live that Bertrand Russell and James Rohn called 'the good life'.



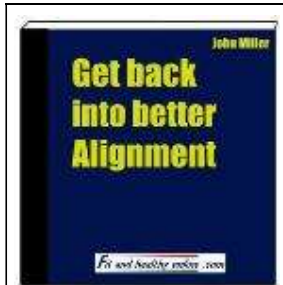
A relaxing rendition of Emile Coue's classic 'Day by day in every way I'm getting better and better'.
If you want things to get better - physical and mental, if you want to psyche yourself up to move forward in the direction of your goal(s) this might be the audio file that gets you there.



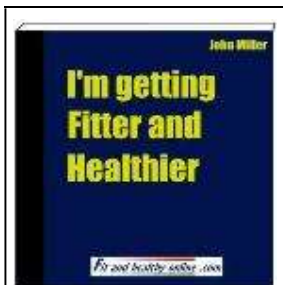
You're roaring through life at a frenetic pace, rushing around like headless chook, all the pressure indicators telling you you've got to slow down.
Make yourself comfortable, close your eyes, slow your breathing and start becoming more and more relaxed.



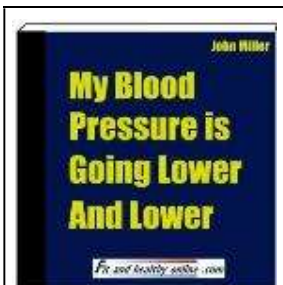
If you want to lose weight it's best you psyche yourself up, switch on your subconscious and get it working for you.
Losing weight can be a tough assignment. 1% a week is no push-over. You need to keep your mind on the job.



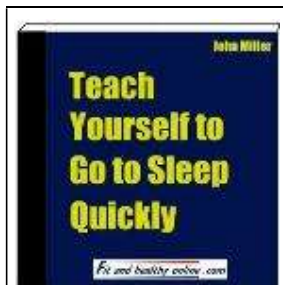
If you want to relieve joint and muscle pain, you need to stay focused on doing the strength and flexibility exercises that you need to do to be pain free.
Get into your mind the picture of a person in good alignment, a person without aches and pains.



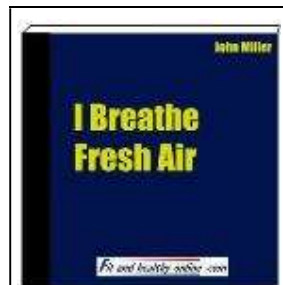
This audio file will help you program yourself to make physical activity a daily part of your life. To become fit and healthy to the best of your ability you need to harness your mental resources to keep your mind on the job.



If you've got elevated blood pressure you want to do everything in your power to get it back to a healthy level.
Listen to this audio file every day while you're meditating



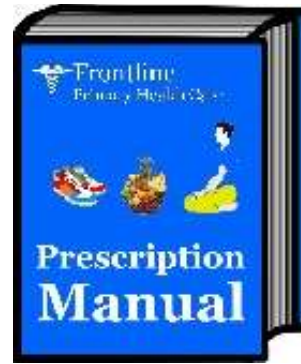
This audio file is designed to help you program yourself to go to sleep. It's based on Jose Silva's sleep technique.
You'll learn how to lower yourself deeper and deeper until you fall asleep.



If you've decided to quit smoking you need to get your brain focused on replacing the 'I breathe tobacco smoke' program with the 'I breathe fresh air' program.

The Fitness Frontline Prescription Manual

contains evidence-based information on likely causes of personally-generated body system dysfunctions and recommended prescriptions that people can do by exercising and eating wisely.



Frontline Primary Health Care magazine

A monthly magazine available from leading supermarkets and newsagencies – and online to members of fitness centres, health insurers, surgeries ...



Digital newsletter

A free digital newsletter, available to anyone and everyone who enrolls in a health, fitness or wellbeing program, visits a doctor or allied health practitioner, is a member of a health insurance fund program.



Fact sheets

You want the facts, in plain, simple easy to understand green language.

You want the facts on likely causes of your dysfunctions - and treatments that you yourself can do to restore poor function to good.

We want you to have the facts, handed to you by your Frontline health practitioner or downloadable in the privacy of your own home.



Success usually comes to those who are too busy to be looking for it.
Henry David Thoreau

16.



almost the daily health break

Welcome to the (almost) Daily Health Break.

Register to join our email mailing list and starting next Monday and every day from then on, (at least 3 days a week) you'll receive the Daily Health Break email.

The aim of the (almost) Daily Health Break is to encourage you to take a couple of minutes out of your workday to give your metabolic, musculo-skeletal and mental health systems a quick 'defrag' and then deliver you back into the work zone, refreshed, relaxed and revitalized.

The posts and activities are varied, enjoyable, thought-provoking, practical ... and take no more than 3 or 4 minutes to digest.

Some of the messages will come with a call to action, some will give you food for thought, some will calm you down and some to give you a good laugh.

Every now and then you'll receive some plain old-fashioned, no-nonsense common-sense advice on how to better manage your work environment.

There will be some activities that you'll want to include in your daily routine on a permanent basis.

If you've got any suggestions for health breaks, feel free to pass them on.

Here's to your good health and the good health of your organisation.

Next Monday your first Daily Health Break will appear in your inbox.

17.



SEMINARS run by our partners, fitness centres, surgeries, insurers

PUBLICATIONS

REFERRALS – from Frontline Primary Health Care affiliates

WORD OF MOUTH – by satisfied customers

ADVERTISING – directed at the next generation of members

*'Don't wait until you die to enter the **promise land**, it's here - good health, vitality, and active longevity... are within your reach NOW! With a few exceptions, the only enemy that's stopping you from being the fit and healthy person you'd like to be, lies within. Cast off the shackles of the inner enemy and let the animal run loose.'*

Currently, a lot of advertising puts more people off than it switches on. Most of it is filled with images of young svelte bodies. You can't target your parents and grandparents with that sort of advertising.

SERVICE – good service

When I say I lack the time to exercise, is this really true, given that I have time to watch television? Perhaps it is just difficult for me to admit that I may be lazy.
Keshavan Nair

18.



With respect to the fitness industry, success will depend on the partnerships formed with other Frontline Primary Health Care affiliates, affiliates and collaborators.

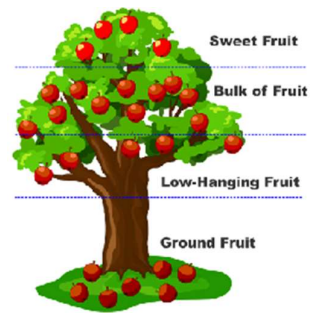
Think Big
Big Government
Big Technology
Big Fitness
Big Insurance
Big Corporations
Big Medicine
Big PhysEd
Big Psychology
Big Nutrition
Big Rewards

19.



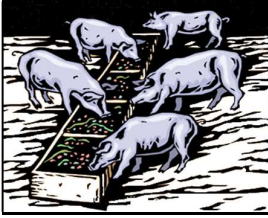
OPPORTUNITY IS KNOCKING ON THE FITNESS INDUSTRY DOOR

The growth of the fitness industry is being impeded by its focus on plucking the low hanging fruit on the fitness tree. You know this is happening when you look at its advertising.



What sort of advertising will attract the next generation of clients?





Meanwhile, a little further up the tree and within easy reach, is fruit being plucked by the medical, pharmaceutical, aged care, disability, mental health, weight loss, workers compensation, and physiotherapy industries, all of them with their snouts in one or more government troughs.

medicare

Medicare, the foundation of Australia’s universal healthcare system, has been in place for nearly 35 years. It has hardly changed during that time. Medicare’s main objective was to ensure all citizens had access to affordable basic health care (correction, medical care).

Medicare has a blind spot. It’s high time it added to its objectives a focus on ensuring all citizens are keeping themselves fit and healthy to the best of their ability.

There is a need for the governments of Australia to separate their departments of health into two divisions:

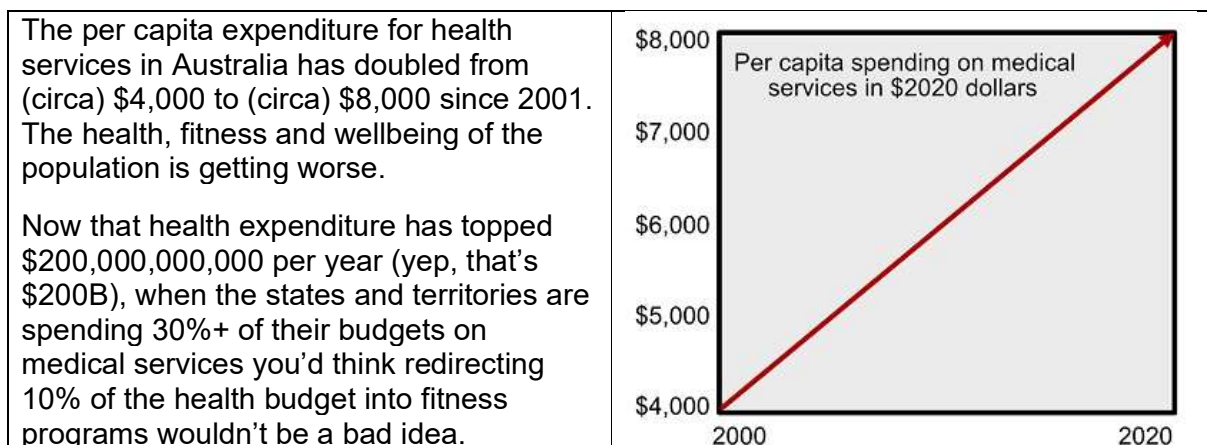
- health, fitness and wellbeing and
- medical services.



Since the inception of Medicare, the Australian community has had an insatiable appetite for medical treatments at little or no cost to themselves. Don Ardell, publisher of the ‘REAL Wellness Report’ and author of ‘High Level Wellness,’ puts it thus:

‘Modern medicine is a wonderful thing but there are two problems: people expect too much of it and too little of themselves.’

The scheme has ballooned out at an exponential rate. It’s unsustainable.





The aims of Primary Health Care Australia, (the industry group representing 24 private health insurance companies) are to

- represent over 13 million Australians who choose better quality healthcare services and to put their healthcare needs first and to foster and promote the principles, practice, development and philosophy of voluntary health (medical) insurance.

Nowhere in their list of objectives is the aim to give their customers great encouragement to keep themselves fit and healthy. That's someone else's job. The problem is that 'someone else' doesn't exist.

The private health insurance business is in a cleft stick.

- They are not insurers; they are escrow agents: they don't rate premiums against risk. The Government legislation does not it. There is no incentive for their customers to keep themselves fit and healthy. Regardless of the standard of their health and fitness, all customers pay the same fee. That's not an easy proposition to sell to people who are fit and healthy.

Workers compensation insurance is based on the same premise.

ACME Fitness Rewards

A **reward scheme** for people who reach daily/weekly targets for steps, zone points and percent body fat makes eminent good sense. Smart technology is already capable of over-seeing such a program.

- Being escrow agents they have no 'skin in the game' when it comes to lowering insurance costs. There is little incentive for them to
 - ensure their customers keep themselves fit and healthy
 - divert people with metabolic, musculo-skeletal and mental health problems to fitness centres
 - call on governments to reduce medical industry protection, particularly when it comes to surgery and surgical prostheses.
- They are not health insurers; they are medical insurers. They fail to encourage their customers to keep themselves fit and healthy to the best of their ability. They don't have a fitness focus, whereby their customers are diverted to treatments that involve aerobic fitness, strength and flexibility.
- They don't measure, manage and monitor the health and fitness of their customers.
- They don't require their customers to adhere to a strict health and fitness check-up schedule. *'No check-up, no insurance!'*

I know one person who cost his health insurer tens of thousands of dollars because he didn't complete a bowel cancer test in a timely manner.

Problems that could have been solved when they were small, end up being big problems that require big medicine, big surgery, big pharmacy, big technology and big money to restore poor function to good.

- It's a shoddy 'insurance' business model where businesses don't have a clear idea of the risk they are carrying when they take on a new customer. New customers don't have to acknowledge how fit and healthy they are based on previous medical experience and a battery of health and fitness tests.

Long standing customers would be appalled to know that their health insurer is accepting as new customers, people in poor condition.

Australians have turned health insurance system churning into an art form, hopping, willy nilly from one company to the next without any regard for the business model of the health fund they are joining.

Is it any wonder that the number of people in the 20–49 year-old age group who have medical insurance, declined by more than 55,000 in the year ending June 2020.

There is a golden opportunity for the fitness industry to co-operate with health insurers, stepping in with programs designed to

- measure, manage and monitor the fitness of their clients
- keep people fit and healthy
- restore poor function to good

.. and taking every new member through a fitness assessment - and every year there-after.

The field is wide open. The fitness industry has a key role to play in conducting fitness assessments for health insurance organisations and then continuing to monitor progress through fitness centre membership by health insurance fund members.





Every time I walk past a chemist shop, I see a Diabetes Service placard in the window enticing people to come in a fulfil their prescriptions.

When the major cause of adult-onset diabetes is caused, in large measure, by a lack of regular vigorous aerobic fitness and strength exercise, there should be a placard in the window of every fitness centre, with proprietors and staff clipping the government's ticket every time a diabetes customer walks through the door.

Prescribing exercise with an adequate active ingredient (based on frequency, duration and heart rate), then measuring, managing and monitoring the prescription using Frontline technology should trump a prescription for symptom-masking pharmaceuticals. People can wear on their wrists, the technology that already exists to do this.



Like health 'insurance' there is a fitness industry opportunity to partner with life insurance, income protection insurance and workers compensation insurance organisations.

These organisations tend to rate premiums against risk. The older you are, whether you have pre-existing medical conditions, whether your blood pressure and blood glucose are high, whether you smoke – all affect the premium. What they don't do is measure fitness.



Workers Compensation



The **workers compensation industry** is ripe for a shakeup. This is a cosy, parasitic industry, in bed with the legal and medical industries ripping off employers by

- not rating premiums against individual risk.
- not rejecting claims for personally generated body system dysfunctions.

They're escrow agents; they're not betting with their own money; they don't care.

Too many claims for personally-generated joint and muscle pain are classified as work-related injuries.

This is an industry ripe for a fitness-generated shakeup.

Work health and safety managers act dumb, turn a blind eye and don't manage the risk either, the net effect being roting on a grand scale.

Then there are the organisations that are self-insurers, another target market for the fitness industry. Most do not have strategies in place to measure, manage and monitor risk.

Superannuation funds

There are more superannuation funds than you can poke a stick at, the bigger ones being quite capable of supporting the health, fitness and wellbeing of their superannuants.



Unions, while maintaining a keen interest in health and safety, rarely extend their attention to fitness. Lack of aerobic fitness, strength and flexibility is the major cause of poor health amongst union members.

Industry associations



It's in the interests of industry organizations to encourage their members to look after the health, fitness and wellbeing of their staff.

There are a lot of companies, small, medium and large who are bearing the high cost of unfit employees.

Elite force - defence, police, fire, emergency services, and hospitals

The elite force organisations stand to benefit from the involvement of the fitness industry in keeping staff fit and healthy – with tailored fitness centre programs including group training sessions and regular fitness evaluation.



Voluntary organisations

There are hundreds, nay thousands of voluntary organisations servicing the community who may well be inspired to take up the fitness challenge on behalf of their members.



Mental health organizations



There is a compelling reason for people touting mental health services to also include prescribed, measured, managed and monitored physical activity in the remedial mix. This is an opportunity for the fitness industry to set in to fill the gap.

In the book 'Healing without Freud or Prozac', psychiatrist, David Servan Schreiber outlined the case for exercise. He reports a study from researchers at Duke University who compared the anti-depressant effects of jogging with those of Zoloft.

'After four months patients treated with either approach were doing well. On the other hand, a year later, there was a major difference between the two types of treatment. More than a third of the patients who had been treated with Zoloft had relapsed, whereas 92 percent of those who had followed the jogging programme were still doing well.'

Fitness chains

Which brings us to the last of the big opportunities.

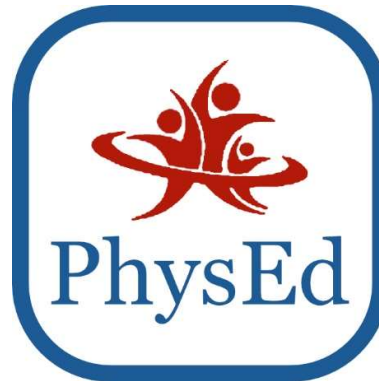
Just as the Enclosure Acts of the 17th and 18th centuries changed the face of English agriculture, so the public face of the fitness industry is changing as more and more individual fitness centres becoming franchises of larger corporate organisations.

The chains have the capacity to affect the way their franchisees do business and broaden their scope to

- attract the next 20% of people
- interact with health insurers, corporate and voluntary organisations.
- take a leading role in the prescription, measurement, management and monitoring of fitness programs.



20.



There is a compelling case for PhysEd to be at the very front of the frontline of primary health care.

The impetus for PhysEd becoming a major part of the school curriculum was initiated by the National Fitness Act of 1941, which the Commonwealth Government passed to improve the fitness of the youth of Australia and better prepare them for roles in the armed services and industry. Money was located for the training of PhysEd teachers in universities and teachers colleges. The Act was repealed in 1994.

It was not until the early 1970's that large numbers of PhysEd teachers entered the workforce. Since that time the fitness of the millions of people who have had a physical education in secondary schools has continued to decline. PhysEd in primary schools continues to be a Cinderella subject. The debate on whether specialist Physed teachers should be appointed to primary schools continues to drag on.

PhysEd in schools now has the opportunity to propel itself into the frontline of primary health care via the same programs and using the same technologies as the fitness industry.

The principal focus needs to be on graduating children and adolescents who are fit and healthy, who are well educated and who have a commitment to staying fit and healthy for the rest of their life. Amongst all the other areas in the PhysEd curriculum, measuring, managing and monitoring the fitness of students will be a key objective.

It's important for the country to know just how fit and healthy students are at each year level.

Technology will play an important role in this process, automatically collecting exercise and fitness data and passing the data seamlessly to students, teachers, parents and the Australian Institute of Health and Welfare!



21.

Miller Health

Miller Health is one of Australia's leading corporate health management organisations specializing in health fitness and wellbeing seminars, assessments and audits.

Located in Canberra, Miller Health has been in the corporate health arena for over 25 years and in that time, we've been able to determine what the key issues are and how to approach them.

At a personal level, our seminars and assessments provide people with useful information about their health, fitness and wellbeing and in many instances provide them with the motivation to start focusing on themselves and get themselves back into better shape.

At the corporate level, our focus is on what we believe is the most pressing workplace health issue - stopping the personally generated musculo-skeletal and (non-clinical) psychological dysfunctions from being treated as work-related injuries. We conduct our corporate health, fitness and wellbeing activities Australia-wide

We also have a community health focus having developed a range of health, fitness and wellbeing assessments that are appropriate to the general medical and fitness arenas.

John Miller

John Miller, Canberra (Australia) based physical educator is the Managing Director, author, program developer and presenter of health fitness and wellbeing programs at Miller Health Pty Ltd.

John's background as a physical educator and his experience in the development and presentation of corporate health programs, plus his involvement in the fitness and personal development fields has led to the development of an authoritative suite of programs, assessments, books and websites.

Keynote seminar presentations

John Miller is a keynote speaker and seminar presenter. His presentations include:

- Seven Habits of Fit and Healthy People
- How to manage stress
- How to eat wisely in a junk food world
- the Complete Fitness Workout
- Musculo-skeletal health
- Frontline Primary Health Care



John Miller is an original thinker with a unique ability to put across concepts relating to health, fitness and wellbeing in an entertaining and thought-provoking way.

John is experienced in

- the successful development, promotion and management of community and workplace health, fitness and wellbeing programs
- fitness centre management
- writing, editing, publishing and internet marketing

John has been an active participant in a range of government and non-government committees at national and state level.

- Australian Youth Fitness Survey and Award
- Australian Sports Science Council
- Australian Fitness Accreditation Council

Career path

2005 -	Managing Director, Miller Health P/I
1996-2005	Managing Director, Miller Health P/I Proprietor Fit and Healthy fitness centre
1994-95	Manager, Australian Institute of Sport, Health Management Centre
1992-94	Management consultancy, Miller Lifestyle Management
1991	Director 1991 ANZAAS Congress
1987-90	Director, South Australian Recreation Institute
1979-87	National Executive Director of the Australian Council for Health, Physical Education and Recreation (ACHPER)
1978	Advisory teacher in physical education to the SA Education Department
1974-1977	Physical education teacher at Concordia College Adelaide.
1969-1973	Physical education teacher in South Australian Education Department

Publications and programs

Physical Education Parts I & 2, author and publisher
Daily Physical Education program, publisher
ACHPER National Journal, editor and publisher
Publisher, Australian Journal of Science and Medicine in Sport
Workplace Accident Insurance Blueprint
Frontline Primary Health Care
Publications associated with the programs listed overleaf.

<p>Any sufficiently advanced technology is indistinguishable from magic. Arthur C Clarke</p>
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Religiously means consistent and conscientious regularity.
If you want to be fit, exercise religiously.

Corporate details

Miller Health Pty Ltd
7 Salvado Place,
Stirling ACT 2611 Australia
(08) 6288 7703

Name:	Miller Health Pty Ltd
ACN:	073 392 686
ABN:	85 073 392 686
Registration date:	28/03/1996
Status:	Registered
Type:	Australian Proprietary Company, Limited by Shares
Locality of registered office:	STIRLING ACT Australia 2611

To achieve great things, two things are needed: a plan and not quite enough time.
Leonard Bernstein

