Keyword Search: Metabolism, Fat, Abs, Butt and Thighs
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Session Goal:			NOTES
 Discuss prevailing myth 			
 Introduce key strategies 			
What is Metabolism • What science tells us: ✓ Metabolism – compliving organism. The maintain a constant grow and reproduced typically divided in 1. Catabolism breat respiration. 2. Anabolism uses acids. • What our clients know at the period weight to achie to see weight to achie to starvation diets - be reserves for survival point theory). ✓ Rare situations (meacortisol); hypothyrosisism.			
pituitary disorders (SH)	on), iodine deficiencies, pregnancy,	
RMR	TEF	TEPA	
Resting Metabolic Rate	Thermic Effect of Food	Thermic Effect of Physical Activity	
Energy required to keep to body functioning at true r		Exercise Activity NEAT *	
	enesis: Energy expended for everything we nges from simple standing, to fidgeting and	e do that does not include sleeping, eating, d moving about.	
	matically increases daily caloric tween fat tissue and muscle tissus s RMR		

1.	Everything at night promotes greater increases in fat	NOTES
	Total caloric intake, not timing	
	• TEF, body heat and sleep quality – Stage 2 sleep disruption and cortisol if eating to fulfill caloric deficits	
	Calculate deliteral	
1.	Eating more frequently increases metabolism	
	 Thermic effect of food = 10 % TDEE Macronutrient differences and example 	
	• Effect of water	
1.	Carbohydrate-restricted diets = faster weight loss	
	 Ketogenic fuels and organ activity (brain/heart v. muscle) Blood sugar controls hunger 	
	• Glucogenic amino acids – BCAA (30% of muscle tissue) – skinny fat	
	<u>Prevailing Myths – Fat</u>	
1.	Thermogenic foods can melt way fat (specific foods – peppers, green tea) • Thermogenesis promotes weight loss	
	• 3 – 7 % increase in RMR (= up to 400 kcal / hour) but, acute stress elevates cortisol	
	levels to increase hunger (preservation of energy reserves).	
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1.	Bad carbs (i.e., high glycemic carbohydrates) convert more easily to fat. • Compare G.I. to Glycemic load - example	
	• Fructose and fatty liver	
1.	Your body can burn fat from specific areas • Genetics	
	GeneticsRole LPL	
	• Stress and hormones	
	✓ Roles and balance between cortisol, insulin, growth hormone, estrogen and	
	testosterone ✓ Cortisol-blocking agents v. diseases (adrenal / pituitary insufficiencies)	
	Cortisor brocking agents v. discuses (adrenary piturtary insurnements)	
	Prevailing Myths – Abs	
1.	Crunches promote spot reduction	
	• Differentiating sit-ups from crunches; muscle function and lumbar spine loading.	
	 Sub-cutaneous fat v. visceral fat Hormonal effects (estrogen, progesterone, testosterone, HGH v. cortisol) 	
	(12.2.2.3)	
1.	Train abdominal muscles differently from other muscle groups	
	 Aesthetics v. function (54 % type II fibers) McGill studies – balance between trunk extensors, flexors and sides. 	
	• Core v. abdominals	
	✓ Core (local) isolation – stabilization (unstable – volume)	
	 ✓ Trunk (global) isolation – mobilization (stable – load) ✓ Trunk integration – co-contraction (combinations) 	
	• Training volume and recovery	
	Build muscle (resistance) + cardio to lose fat = definition	

1.	 Work your lower and upper abs Single muscle - innervated by nerves from the anterior divisions of the seventh, eighth, ninth, tenth, and eleventh thoracic intercostal nerves (5 nerve groups) – inter-segmental stimulation, but fire as a unit. Abdominal function ✓ Stabilize hips - lift trunk - relatively more muscle shortening in upper region (+ internal oblique) ✓ Reverse crunches (lifting pelvis) – relatively more shortening in lower region (+ external oblique) Hip Flexor function 	NOTES
	Prevailing Myths – Butt & Things	
1.	 Losing fat will reduce my appearance of cellulite What is cellulite – Hypodermal layer under skin – areolar layer with vertical arrangement? How does it result in the dimpled effect – protrusion of fat cells into the dermis Differences between men and women. How can cellulite be reduced ✓ Exercise ✓ Liposuction and subcision ✓ Injectable, laser and skin treatments. 	
1.	 Training my glutes will give me a rock-hard butt Glute activation –Postural and lifestyle consequences: ✓ Tight hip flexors? – autogenic inhibition ✓ Foot pronation - turn on / turn off (demonstration) ✓ High heels = swayback posture – sacrotuberous ligament (sacrum to ischial tuberosity) stabilizes pelvis – no need for GM. Fat depositions and genetics 	
1.	Seated hip abduction and adduction will strengthen and firm my thighs • Role of estrogen in lower extremity fat storage • Gluteus medius function – concentric or eccentric – knee consequences	