



## Gymflesh® — Making the Everyday Hero Athlete® Firefighters' Edition Stop Loss Health Education & Medical Exercise Preparedness Protocol

### Gymflesh® School Required Reading, Supplement MEHA-FF 06.4

## The Firefighter Aerobic-Fixation Myth Exposed

One of the biggest myths in the fire service is that aerobic training is sufficient to lessen occurrences of firefighter fatalities and injuries. Deeply engrained within the fire service culture, this myth is widely exploited as a cure-all solution for the majority of firefighter health-related topics. Aerobic interventions (cardio exercises) have valid health-related legitimacy, but with many limitations and liabilities for firefighter-specific tasks. From a medical perspective, anaerobic exercises (resistance workouts) can be assessed as 400% more efficient (economical) and efficacious (successful) than aerobic training. From a firefighter's view, anaerobic exercises strengthen and improve the entire human, all 12 flesh systems, while aerobic training activates only three. Nonetheless, the popular fire service myth (perpetrated by the ever-present treadmill or stepper, but not the medically-needful arm ergometer), that cardio training is conclusively adequate for firefighters' health, prevails from the smallest of firehouses to many large oversight agencies. The myth of aerobic-fixation must be corrected by presenting precise medical data proving the absolute worth of anaerobic exercise for the personal lives and occupational activities of firefighters. Until firefighters receive proper health education on medical exercise, the unsafe myth of aerobic-fixation will exist, misleading and harming firefighters, their families, loved ones, and communities. This medical article intends to initiate this long-overdue dialogue on aerobic training versus anaerobic exercise as it pertains to the complete health of firefighters and to their occupational safety and retention.

### The Fire Service Culture of Immediate Function

No doubt the consistency of the fire service is its ability to act instantly and appropriately. Firefighters are required to serve without delay and to work with *immediate function*. To operate with abrupt response time and careful performance depends upon the overall *structural integrity* of a firefighter. Setting the stage for occupational activities, one's complete state of health determines the accuracy of direct functionality. If a firefighter's health is — as the launchpad to duty — incomplete or compromised, then the outcome of all operations will reflect those basic high-risks. The prevailing fire service culture of *urgency-to-act* endangers not only firefighters themselves, but also their communities since *urgency without complete physiological health is a danger in and of itself*. Firefighters must learn to slow down and take into account *continuing structure*, not just immediate function.<sup>1</sup>

### How Physical Prevention Is Avoided by Traditional Firefighter Excuses

Perhaps part of the reason is a traditional attitude based on *the assumption of career longevity* (even if that career spans only a few months): "I've been doing my work well for a long time, despite my physical condition and limitations, so there's really no practical urgency for me to start exercising now." This is a common firefighter excuse that really says: "Look, I'm getting by just fine, and the last thing I want to do is waste time in the gym when I'd rather do other important things." Until a physician tells a firefighter he or she has a heart condition, high blood pressure, elevated cholesterol, stress disorders, alcohol or drug problems, spinal trauma, torn ligaments, and other high-risk medical conditions that firefighters are prone to. Until a critical incident situation happens to the flesh of a firefighter, the tendency is to do all one can to avoid exercise. Firefighters go through the motions of being firefighters *externally* without immediate care for what's going on *internally* to them. Most of them know their states of health are volatile, and that exercise provides a list of medical benefits. But firefighters put it off. Imagine that, firefighters put off their own health — but when they get a call, they're on that run without delay, and *they won't allow any excuse or obstacle to impede their need to serve*. This is what makes firefighters unique, what defines each of them as Gymflesh® is *Making the Everyday Hero Athlete*.® Remember, each week holds 168 hours. How many hours are people actively being firefighters? And so, during the remaining hours, what are firefighters

<sup>1</sup> As evidenced by the Gymflesh® MEST® Techniques, Medical Exercise and Structural Training, whereby structure always precedes function.

doing to maintain optimal health? Anything at all? Or just getting by using their firefighter played-out *cultural assumption of career longevity* excuse?

### **Practical Firefighter Health and Real-Time Anaerobic SOPs**

Medical exercise is the only reliable strategy for firefighters. Medical exercise underscores *the actor*, not just *the actions*. Medical exercise prepares firefighters for real-time physical work that makes the entire firefighter's flesh work: from brain to toes, ears to immune system, arms to respiration, back to nervous system, elbows to skin, and so on. In the trenches, firefighters utilize all 12 flesh systems concurrently, and so, the health and integrity of all systems must be optimal and receive integrated health interventions. Everything from wearing, carrying, walking, climbing, pushing, pulling, punching, slamming, extricating, confining, staying awake, all these tasks (and all others) require acute mental concentration, undeniable skeletal stability, absolute muscular strength, uncompromising cardiovascular and respiratory endurance, fixed neurological accuracy, proper hormonal balance, and so on — the workings of all 12 flesh systems as one. *Not one part of the flesh goes unused or unexhausted by firefighters*. Real-time anaerobic SOPs (standard operating procedures) demand complete health and medical exercise protocols for the whole person assuring firefighter-specific occupational safety. A firefighter may have optimal heart-health, but be plagued by other physiological disorders, limitations, or weaknesses not of the cardiovascular system. What then? Here the myth of aerobic-fixation fails and induces potential trauma.

### **Liabilities and Contraindications of Heart-Health Obsession in the Fire Service**

Statistics show one thing: The majority of firefighter deaths are heart related. The causes of death are usually attributed to either heart attack or stroke. However secondary and tertiary variables, often unrecorded or unthought of (if not hidden on purpose), typically point to additional physiological-failure conditions and causes of death. *The liability of the aerobic-fixation myth is deadly*: It somehow asserts that heart-health is the all-inclusive safety zone for firefighters. Yet medical science shows that complete health — psychoemotive as well as physiological and social — define “complete health” and assure *optimal continuing structure* and immediate function. This obsession within the fire service to promote the myth of aerobic-fixation is deeply entrenched in its culture and is sure not to change in the near future. But dialogue on this topic must start now. The medical contraindications against aerobic-fixation for any high-risk occupation requiring extreme psychophysiological intensity and longevity are many.

### **Unreported Firefighter Statistics and the Pandemic of In-House Untruths**

Yet statistics are only as valid as the tools used to collect data, and as legitimate as the intentions of those analyzing its content. It comes as no surprise that conclusive data collection in the fire service is far from being accurate or exhaustive. A death cannot be concealed, neither a career-stopping disease nor a long-term job disability. However, what can be hidden and left unspoken are millions of injuries and limitless stress conditions. The stubborn *modus operandi* of firefighters to not discuss personal injuries and never talk about internalized stress skews data collection. Many of these injuries, whether minor or major, go unreported (often redacted and erased). The pandemic of in-house untruth-telling works against firefighters' complete health. In some cases, it may be understandable why firefighters do not report each injury or occurrence of stress (whether physical or emotional). None wants to lose time from work or be placed on limited duty. Add to this the traditional bravado mindset of firefighters who “work through” the pain, putting their own health on hold. It may be reasonable why firefighters do not report all incidences; *what is not acceptable is what causes in-house untruths to be perpetrated*. Within their communities, firefighters do not choose to be left unhealthy or injured. So one must look at peripheral agents and seek out external relevant causes that provoke firefighters to stay silent about their health. Meanwhile, the aerobic-fixation myth must be exchanged for medical facts benefiting the complete health of firefighters even if they must do so in silence amongst themselves.

### **The Inclusive Nature of Medical Exercise and Complete Health**

Today's world of quickly evolving scientific facts and medical science advances require people to have some level of education about their own states of health, firefighters not excluded. The only way to monitor and preserve one's own health is to have a basic education on health and one's own flesh and its 12 systems. Such an educational program, paralleled with a course of training on firefighter-specific medical exercises benefiting the whole person, seems best fit for firefighters, not wholesale workout routines based on civilian standards. Once the aerobic-fixation myth is addressed, suppressed, and replaced with accurate health education and medical exercise protocols, only then can firefighters make informed decisions about and consent freely to programs committed to their complete health, programs that — even if only in-house and forever unreported — save lives and provide quality of life assurance. Firefighters always prefer hardcore, abrupt truthful answers, even if painful, rather than watered-down and sweetened myths.

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