



**Welcome to YOUR FIT NEWS!**

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**February 2006**

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**Client of the month! Ron Mester**

Name: Ron Mester

Age: 42

FIT Member since: 4/31/2002

Goal: Lose weight, lower cholesterol, get stronger

Results: In the last 10 weeks, Ron has lost 15 pounds. He has committed himself to his goals and does cardio now for 30 minutes following each session. He is also playing basketball on Sundays and has seen great improvement in stamina and strength, especially in the low post.

Likes: Sports, CAL sports in particular, basketball, time with daughters ping pong

Dislikes: Losing to Jimmy in ping pong

PR 500 meter row: 2:00

PR Chin-ups: 1 Bodyweight Pull-ups

Key to his success: We started doing more explosive movements (clean and presses with DB) and his cardio after his work outs.

Ron has been here three years and coming in 3 times a week. He is seeing results lately due to the change in his level of commitment. His cardio and the explosive training that we are now doing has helped him lose 15 pounds in 10 weeks, allowed him to be a stronger, if not better basketball player, with more stamina. Unfortunately for Ron, the added strength and speed has not translated into wins on the ping pong table. A side note, Ron and I have been playing Ping Pong for two years. The official tally for our rivalry goes like this:

Jimmy was champion for 2004 by virtue of winning the most 6 game series(number of workouts on each piece of paper in the folder) for the year.

I lead in 05, 5 sheets to four.



## Tufts University Reports on Vitamins and Minerals....



Scientists have identified nearly 40 vitamins and minerals that the body needs for various tasks, from shoring up bones to bolstering the immune system and repairing cellular damage. But as the Calcium Conundrum suggests, they work more subtly than drugs. Instead of delivering predictable effects at particular doses, they team up in complex ways that we're just beginning to understand. Forgo your daily orange for a vitamin C pill, and you will miss out on other compounds that protect the heart, fight cancer and combat infections. "You can't just pop vitamin E over hot-fudge sundaes and expect to get any benefit," says nutritionist Alice Lichtenstein at Tufts University.

But don't mistake the subtlety of these compounds for a lack of power. Exciting new findings are pouring out of the nation's research labs, linking long-neglected nutrients to everything from brain function to cancer risk. And it's increasingly clear that, despite our abundant food supply, we're still getting too little of some crucial vitamins and minerals. Here are some of the latest insights on how eating well can help us live well—and target some of our most common dietary deficiencies.

**CALCIUM** as it turns out, this mineral really is critical to bone strength. But as scientists are now learning, it doesn't work by itself. Healthy bones require a mix of calcium, phosphorus and magnesium. They also need adequate protein to form their basic framework, vitamin K to maintain structural proteins, and two other bone strengtheners that we're probably even shorter on than calcium: vitamin D (for calcium absorption) and exercise (to stimulate bone-building cells). Put it all together, and one potential explanation for the calcium paradox jumps out. Though doctors say genetic differences are partly responsible, vitamin D levels must be playing a role too. If you consider that we get most of our vitamin D from sunshine striking the skin, it's logical that people who live near the sun-drenched equator absorb their calcium better and suffer fewer bone fractures.

But calcium does more than build strong bones. It is crucial for transmitting nerve impulses and maintaining a regular heartbeat. It stimulates hormone secretions and activates enzymes. It may even help protect against colon cancer. And most of us could stand to consume more. "Only half of Americans are getting the required amount," says Dr. Felicia Cosman of the National Osteoporosis Foundation. Recommended intake is 1,000 milligrams a day for adults—1,200 for women older than 50 and 1,300 for teens.

**VITAMIN D** when epidemiologists Cedric and Frank Garland began mapping the incidence of colon cancer in the United States back in the 1970s, they noted a curious pattern. People in the South were half as likely to die of the disease as those in the Northeast. Could the reason be the sunshine vitamin—D? Since then the research has grown, linking vitamin D with lower risks of not just colon cancer but also breast, prostate and ovarian cancers. That's not all. People with higher levels of D are less likely to suffer autoimmune diseases, including type 1 diabetes and multiple sclerosis. They may even have less heart disease and better lung function. "I'm not an alternative-medicine nut who says one nutrient is good for everything," says biochemist Reinhold Vieth at the University of Toronto. "But vitamin D might be."

It clearly does far more than aid calcium absorption. Vitamin D helps mobilize and modulate the immune system—which explains its effect on autoimmune diseases. Biochemical studies suggest that it helps keep cells from becoming malignant—and when cells do go bad, it encourages them to self-destruct. Scientists suspect the vitamin has still other functions. "Tissues throughout the body have receptors for vitamin D," says Dr. Michael Holick of Boston University. "Why would they be there if they had no purpose?"

Just how much vitamin D we need is a matter of debate. The government recommends 200 to 600 international units a day, but a growing scientific consensus says that's too low. In a paper last month, the Garlands wrote that 1,000 units a day could cut colon cancer in half and reduce the rates of breast and ovarian cancer by 25 percent. Holick has stirred the ire of his fellow dermatologists by suggesting that the best source in the summer is five to 10 minutes of sunshine on the arms and legs two to three times a week, without sunblock. But in the winter, the sun's oblique rays are not strong enough in most of the United States to stimulate D production. For help, turn to supplements of vitamin D3, fatty fish and fortified foods, including milk and certain brands of orange juice and soy milk.

**OMEGA-3 FATTY ACIDS** in 2001 a series of ads appeared in Boston newspapers. "Are you extremely moody? Do you often feel out of control? Are your relationships painful and difficult?" The ads came from Harvard psychologist Mary Zanarini, one of the nation's leading researchers in borderline personality disorder. She was seeking volunteers to test a potential treatment for the ailment—a fish-oil component called EPA.

Fish oil? As medical treatments go, it may sound more like snake oil. But a growing body of research suggests the omega-3 fatty acids in fish oil benefit not just the heart but also a range of psychiatric and neurological problems, from bipolar disorder and schizophrenia to depression, ADHD, Alzheimer's and, yes, borderline personality disorder. The brain is an astonishing 60 percent fat, and it needs omega-3s for optimal function. Studies suggest they help build cell membranes, boost levels of the brain chemical serotonin and increase the number of connections between neurons. "It's like neuronal fertilizer," says Dr. Joseph Hibbeln, a psychiatrist at the National Institutes of Health. "Brain cells given omega-3s grow more synapses."

Omega-3s may even be good for bone. Nutritionist Bruce Watkins at Purdue University has found that they stimulate bone-building cells in the periosteum, the membrane that covers the long bones. "It's the part that hurts when you bang your shin," says Watkins. "I call it 'the brain of the bone' because it contains a lot of nerve tissue and controls a lot of bone metabolism." Nourish it with omega-3s, he advises, because its bone-building cells lay down the protein matrix on which calcium and other minerals are deposited.

Where can you find omega-3s? Food contains two basic varieties—the short-chain version (called ALA) found in walnuts, flaxseed, canola oil and leafy greens, and the long-chain versions (EPA and DHA) in seafood and omega-3-enriched eggs. The long-chain forms appear to have the greatest benefits, particularly for the brain. The American Heart Association also recommends eating fatty fish at least twice a week for the prevention of heart disease. For patients who already have heart trouble, it prescribes one gram of EPA and DHA a day, from fatty fish or supplements.

**CHROMIUM** unless dietary trends do an abrupt about-face, the world is heading for a dramatic increase in type 2 diabetes. According to the World Health Organization, the global caseload will more than double by 2025—to 300 million, up from 143 million in 1997. Want to avoid becoming a statistic? A good place to start is reducing your intake of white flour and sugar. But emerging evidence suggests you should also consider boosting your chromium.

Why? Scientists have long known that chromium is involved in sugar metabolism. Whenever your body mobilizes stored glucose, it requires chromium to do that. Now research is showing that the mineral may help diabetic and pre-diabetic patients boost their insulin sensitivity by increasing both the number of insulin receptors on cells and the activity of those receptors. "In almost every study where we gave chromium, we got better control of glucose with less insulin," says biochemist Richard Anderson at the USDA's Human Nutrition Research Center in Beltsville, Md. Since we need only trace amounts of chromium, it should be easy to get enough from the diet. Yet research suggests that many of us are falling short—perhaps because we're eating so many refined carbohydrates. So try consuming more chromium-boosting broccoli, apples and other produce while cutting down on chromium-depleting sugar. As a fallback, consider a supplement of chromium picolinate. (Multivitamins contain chromium, but in a less absorbable form.) The current recommendation is 25 to 35 micrograms a day, but trials have used 200 or more.

**POTASSIUM** potassium gets almost no press, yet it's remarkably effective at lowering blood pressure—and even a 1 to 2 percent reduction translates into a reduced risk of strokes. Potassium also helps prevent kidney stones and heart arrhythmias. It even appears to benefit bones by neutralizing acids in the bloodstream that leach calcium from bone deposits. "Unless you have kidney disease, potassium is one of those things, like love and money, that you just can't get too much of," says University of Mississippi physiologist David B. Young.

The current guidelines call for 4,700 milligrams a day, but most Americans don't even get close. It's not that hard. A single cup of sweet potato has 950 milligrams. Four figs boast 540; a cup of cantaloupe, 500, and a glass of OJ, 450. "If you can consume 8,000 milligrams a day in your diet—the level we

evolved to eat—chances are you'll get everything else you need, too," says Dr. Steven Pratt of San Diego's Scripps Memorial Hospital. That would include fiber and thousands of beneficial plant chemicals, such as the cancer-fighting compounds in broccoli.

In the end, there are few shortcuts to optimal health. Much as we would like to rely on pills, fitness requires regular exercise and a healthy diet—one that's rich in fruits, vegetables and whole grains, along with smaller amounts of fish, nuts and dairy. "The amazing thing is, the same dietary pattern helps everything from cancer to heart disease and diabetes," says Lichtenstein. There's no conundrum there. Bring on the vegetables.

### Ask the FIT Experts! Johnny Nguyen, FIT Exercise Director

Q: So give it to me straight: How hard must I work? I already train twice a week with a personal trainer, and I've been doing this for two years. Why can't I lose the 15 to 20 pounds that I have wanted to lose in forever?

A: To get it out of the way: It isn't weight that you want to lose, rather it is body fat. Now that we got that out of the way, let me tell you about a client of mine, whom I'll refer to as Client X.

She is in her 40s, never played a sport, and doesn't consider herself athletic. She holds a PhD and admits that she is far more cerebral than she is physical. She owns and runs a business. She is like many clients I know – a job, a spouse, some good friends, social activities, personal responsibilities, vacations, and a wrist watch to keep her on schedule with everything in life. But on most days of the week, if she is not already in the gym working with trainers and coaches, she carves time for herself at home, in the middle of a busy day, for more exercise.

In the beautiful and quiet neighborhood of Los Altos, Client X can be found in her garage lifting a heavy barbell above her head, over and over. She also goes to the track regularly for sprint intervals, and she runs a certain loop in the neighborhood. She stays active even while on vacation, lifting volcanic stones along a trail in Hawaii, and she has pictures to prove it – all in good fun, of course, but it doesn't take away the physical work.

She remains physically active year-round, even through plantar fasciitis, as well as through the most stressful periods that inevitably come with business ownership and sometimes with life itself.

Client X also eats a diet that puts mine to shame, and I'm very conscientious of what I put on my plate. But this is not to mean that she deprives herself of good food and flavors. In fact, the exact opposite: She is a die-hard fan of food. She even gave me a book on this very topic, appropriately called *Slow Food: Collected thoughts on Taste, Tradition, and the Honest Pleasures of Food*, written by Carlo Petrini. (If you haven't read it, you should. You will look at (and eat) food differently, in a good way.)

You see, Client X eats a good variety of whole foods that are minimally processed and high in fiber, nutrients and flavors. She even enjoys microbrewery beers. The secret? Two things: variety and moderation.

Oh, also slow down and truly taste the food.

Although you can hardly see any fat on her well-defined physique, exercising for improved aesthetics isn't her main goal. To her, exercising is a cerebral process as much as it is a physical one. She likes to think about how she can do something better, whether it's perfecting lifting technique, adding weight to the barbell, or becoming faster. While exercising makes her body sweat, it also keeps her mind busy. It is an anchor in her day, all other daily events being scheduled around her exercise, forming a cohesive relationship between the daily tasks that make all of us regular members of modern society. She has made exercise a part of her life, and has vowed to take it into her 70s, 80s and 90s – for as long as she can lift something over her head and fit into



running shoes.

By now you are beginning to get the idea of how hard you must work and how great your commitment must be. Ask yourself this question: If there are 168 hours in a week and if you workout twice a week, totaling a mere 2 hours, do you honestly think that's enough to lose the fat weight that you want to see gone? Client X works out with a trainer twice a week, and then she does something else four or five other times through the rest of the week on her own.

So if we can learn something from Client X, it is that great physical effort is needed, frequency must be a high priority, and the attitude toward exercise should transcend mere body image. Train hard, train often, and train for life.

On days that you don't workout with your trainer, get out there and go for a walk, a hike or a run. Do some high-intensity interval training by sprinting repetitively in short bursts. Or if you're not prepared for sprinting, walk the hills at a fast pace; if your legs or lungs begin to burn, slow down or stop to observe the squirrels, spy the birds, or smell the roses. But don't make a hobby out of nature watch because when your legs and lungs are recovered, it's go-time again. On some days you may just want to go for long a walk with your dog or with a loved one. But, the bottom line is, try to do something every day, making sure that some of it includes intense physical effort.

(And if you feel that time constraints and endless family responsibilities invalidate this story for you, I can tell you about another client who has three kids at very busy ages and who is also involved at a high level in her kids' schools, yet wakes at 5 o'clock three mornings a week to do a boot-camp class in addition to training with me two other times a week. But I won't tell you her story because I know you get the idea.)

Well, there it is. You asked. Which means you're serious about result. Which means you have the right attitude. Start planning what physical activities you'll do for those days you're on your own. Good luck.

[Also, see Scott Kolasinski's excellent article on fiber in this month's newsletter to get a deeper understanding of how Client X has been benefiting from the inclusion of fiber in her diet!]

### **FIT Nutrition Update! Scott Kolasinski, FIT Metabolic Science Director**

Fiber: Eatin' in the Roughage

Fiber is one of the most popular nutrients that intrigues scientists, yet we learn that there is continuously more to know. We know it's good for us, but what is it? Where can we find it? Does it help with fat loss? What else is there? Here we try to answer these and other important questions.

What is Fiber?

Unfortunately, there is not a universal definition of fiber that is accepted throughout the world. Why? Because so many types of fiber behave differently under various conditions that scientists cannot agree on what is a definition that would cover all of the physiological and scientific behaviors of fiber.

The "accepted" definition of dietary fiber is "the plant polysaccharides (i.e. long-chain sugars) and lignin which are resistant to hydrolysis by digestive enzymes of man." In layman's terms: undigested long-chain sugars and lignin from plant cell walls. The problems with this definition are:

- It fails to include the types of fiber that may reach the large intestine.
- It uses the ability to be digested as the basis for the definition when undigested food reaching the colon does not necessarily lack the ability to be digested, nor is it necessarily unavailable to the body.
- Fiber actually can be broken down, and used as an energy source for the body.

We will see later how this definition does not cover those types of fiber that reach the large intestine intact, but are broken down into byproducts made available by the local normal flora (i.e. the bacteria normally found there).



#### Viscous and Fermentable Fiber

In the US, fiber is typically categorized as "soluble" and "insoluble" fiber, but even these terms are now starting to fade away. Soluble fiber were once characterized to be viscous in the stomach or small intestine, attenuate blood glucose after eating, and lower LDL cholesterol (the "bad" cholesterol). Some still do, but not all soluble fibers are viscous.

Insoluble fiber were once thought to be those that do not dissolve in water, contribute to fecal bulk and improve laxation. However, not all insoluble fibers improve laxation.

So the terms "soluble" and "insoluble" are being phased out as more physiologically meaningful definitions such as "viscous" and "fermentable" are preferred. Below is a list of some of the many types of fiber found in plants and on ingredient labels:

cellulose hemicellulose lignin pectin guar gum xanthan gum methylcellulose  
agar psyllium  
carageenan

The effects of the above types of fiber vary based on the types and concentrations of ingested fiber in each meal. Significant characteristics of dietary fiber that affect its physiological and metabolic roles include:

- water solubility
- hydration or water-holding capacity and viscosity (thickness of fluid)
- adsorptive attraction or ability to bind organic and inorganic molecules
- degradability or fermentability by intestinal bacteria.

As such, we should get our fiber from various sources to take advantage of viscous and fermentable fiber.

Soluble fiber (mostly viscous) can be found in oatmeal, oatbran, nuts and seeds, legumes, apples, oranges, pears, strawberries, and blueberries.

Fermentable fiber can be found in whole grains, fruits, beans and veggies.

#### Physiological Effects of Fiber

When you hear fiber and the body, you have to think about the GI tract. The effects of fiber on the body and GI tract are largely dependent on the type and concentration of fiber eaten.

Many, not all, studies have shown viscous fibers in the stomach can delay the rate of emptying ingested foods from the stomach into the duodenum. The discrepancies in the studies could be as a result of the other food components and the amount or type of fiber consumed.

In the small intestine, the viscous, gel-like material produced by fiber has been shown to:

- Inhibit enzyme activity associated with fat, protein and carbohydrate digestion. This results in reduced intestinal absorption of these macronutrients as well as cholesterol.
- Reduce the glycemic index of a meal
- May reduce the risk and treat upper small intestine ulcers (specifically fruit or veggie fiber, not cereal fiber).

The effects of fiber on the large intestine (colon) are very dependent on the type of fiber's fermentability, which depends on the chemical behavior of the fiber and the concentration of natural bacteria in the colon. Highly fermented fibers are oat bran, pectin, psyllium and guar gum, whereas cellulose and wheat bran may be poorly fermented. In general, fruits and veggies (rich in hemicelluloses and pectins) contain more fermentable fiber than do cereals (rich in celluloses). Fiber also may attract water while traveling through the colon. The greater the attraction of water into the colon (e.g. wheat bran), the greater the laxative effect. As fermentable fiber passes through the colon, they produce large amounts of short-chain fatty acids (SCFAs) including butyrate, acetate and propionate, which is the primary energy source of the colon and hypothesized to be protective against colon cancer.

#### Fiber and Weight Loss

Viscous fiber has been reported to reduce hunger. This has partially been attributed to the delayed emptying of food from the stomach, causing an extended feeling of fullness. However, this is dependent on the amount of fiber

consumed.

It has been repeatedly shown adding fiber to a weight-reducing diet results in greater weight loss when calories remain the same between a control and experimental group. One interesting study demonstrating this used a resistant starch. Resistant starch (RS) is another term used to describe any starch that is not digested in the small intestine but passes to the colon. During this study, the researchers discovered that following eating a meal consisting of 5.4% RS, stored fat, not meal fat, was the predominant source of fat utilized for energy, contributing approximately 80% of the total fat metabolized. The researchers suggested the increase use of endogenous fat may be due to an increase in circulating SCFAs produced by the bacterial fermentation of RS reaching the colon.

Therefore, for those trying to lose weight, fiber may help to burn more stored body fat and help individuals achieve successful fat loss.

#### Fiber and Its Many Preventive Abilities Metabolic Syndrome and Diabetes

Researchers at the US government science agency Agriculture Research Service say the results from a study of over 2000 people suggest at least three or more servings of wholegrain foods each day could reduce chances of developing "metabolic syndrome." Metabolic syndrome is a condition marked by a combination of abdominal obesity, high blood pressure, poor blood sugar control, low HDL "good" cholesterol and high blood fats. Collectively, these increase the risk of developing type 2 diabetes and heart disease.

The ability of fiber to be beneficial for type 2 diabetics comes from the list of how viscous fiber behaves as previously mentioned: decreases meal glycemic index, delayed gastric emptying, and slower rate of digestion and absorption. Included in this list is an increase in insulin sensitivity. The cells of diabetics have difficulty identifying insulin that suffer from diabetes. Intake of whole-grain foods and cereal fiber have been recorded with a lower type 2 diabetes risk.

#### Blood and Heart

Large epidemiologic studies showed a protective effect of dietary fiber against coronary heart disease (CHD). The mechanism by which fibers may protect against CHD include lowering blood cholesterol, triglycerides (i.e. fatty acids in the blood), blood pressure, homocysteine and normalizing after-meal blood glucose levels.

What is nice here is that both viscous and fermentable fibers have been recorded to protect the heart and blood – one is not necessarily better than the other.

#### Cancers

It was long thought that fiber was protective against colon cancer. However, three long-term studies of hundreds of people looking at polyp recurrence concluded that dietary fiber is not protective against colon cancer. Why? The following reasons have been proposed and suggest further research:

- Polyp recurrence may not be a good surrogate marker for colon cancer
- Insufficient fiber intake
- Wrong type of fiber used in the studies
- Confounding dietary factors may have been present

Fiber may be protective against breast cancer. The mechanism that has received the most attention is through decreasing serum estrogen concentrations. Estrogen is excreted via the GI tract, but may be reabsorbed in its broken form (i.e. unconjugated form). Fiber can bind to its unconjugated form, therefore preventing its reabsorption.

Finally, because of fiber's ability to regulate blood estrogen concentration, some researchers have hypothesized a protective effect against hormone-related cancers, such as endometrial, ovarian and prostate cancer. Thus far the research is young. The research is questionable for endometrial cancer, potentially favorable for ovarian cancer, but there is no significant differences involving the risk of prostate cancer and dietary fiber.

#### Recommendations

The current adequate intake suggests that adults consume 25-38 grams (or 14

g/1000 calories) of dietary fiber per day, not necessarily one type over another. Men are at the upper end of this recommendation versus women.

The American Diabetes Association recommends diabetics should get 25-50 grams of dietary fiber (15-25 g/1000 kcal) per day.

Children over age 2 should consume an amount equal to or greater than their age plus 5 grams per day. The average American eats only 14-15 grams of dietary fiber a day.

#### Adding Fiber

Start making changes slowly, adding an additional 3 grams more per week until achieving the adequate intake. Initially, you may experience an increase in flatulence, laxation or feeling bloated. However, as the gastrointestinal tract begins to adapt to this overload of fiber, your body will become comfortable and adapt.

For those that may think they need fiber supplements, look for those that contain psyllium, a viscous fiber. This is the most comfortable form of supplementary fiber available. Others do exist. However, understand that many dietary fiber supplements require high doses in order to get a significant amount. It can be annoying taking capsules after capsule. Read the labels and know what type of fiber you are ingesting.

Usually you can get the required amount by eating more dense vegetables, such as broccoli and asparagus and whole-grains. However, people with digestive disorders may want still want to take one. On the good side for these people, there is no evidence that long-term use of fiber supplements, such as Metamucil, Konsyl or Citrucel, is harmful.

Many people take fiber supplements for constipation. Be sure to drink plenty of water or other fluids every day if you take fiber supplements. Fiber tends to absorb water. If your fluid intake is low and you increase fiber in your diet, stool can become hard — making constipation worse.

#### Conclusion

Various sources of fiber are an important part of a healthy diet. Some times, for those of us struggling with dieting, it is the missing link needed to reach our goals.

Get at least the 25-38 grams of dietary fiber per day for adults. For children over age 2, the recommended intake is the child's age + 5 grams. The best sources are fresh fruits and vegetables, nuts and legumes, and whole-grain foods.

Understand there is a limit, and in some cases too much fiber can create poor absorption of certain minerals, such as calcium, iron, magnesium or zinc. However, this does not happen in the presence of adequate mineral and water intake.

Some tips for increasing fiber intake:

- Eat whole fruits instead of drinking fruit juices.
- Replace white rice, bread, and pasta with brown rice and whole-grain products.
- Choose whole-grain cereals for breakfast. Fiber One has the most on the market. Put in yogurt, smoothies or on salads.
- Snack on raw vegetables instead of chips, crackers, or chocolate bars.
- Substitute legumes for meat two to three times per week in chili and soups.
- Eat the skins of vegetables, such as potatoes, cucumbers, grapefruit, etc.
- Wisely research and consult with a physician any fiber supplements before taking them.

## 2006 FIT CALENDARS ARE IN!

Ever wonder what FIT trainers do for athletic fun when they're not training you? Get your copy of the 2006 FIT Calendar – our first ever – available NOW.

This beautiful full color calendar features incredible action photos of FIT trainers playing sports, body building, coaching, weight lifting and more! The calendar covers the 12 months of 2006 plus January and February 2007 and includes training tips from each of the trainers. All images are courtesy of professional photographer, two-time cancer survivor and FIT client Sheryl L. Ross, whose images can be seen in the FIT gallery. The cost is just \$35.00 and all profits will go to the Tower Cancer Research Foundation.

Buy two -- one for the athlete in you and another for the athlete in someone you love.



## Trainer Spotlight! Gabe Rinaldi

Gabe Rinaldi

General Manager of FIT

Master of Arts – Kinesiology  
Bachelor of Science – Kinesiology  
Certified Strength and Conditioning Specialist  
USA Weightlifting Club Coach  
CrossFit Certified Trainer\*

Earned a Bachelor's degree in Kinesiology with a minor in Sports Nutrition and a Master's degree in Kinesiology with a focus on Biomechanics and Sport Performance from San Jose State University. He is a Certified Strength and Conditioning Specialist (CSCS) with the National Strength and Conditioning Association (NSCA), a USA Weightlifting Club Coach, and plans to become a CrossFit Certified Trainer in February 2006.

Gabe worked at F.I.T. for 3 years and was fortunate to work with a wide variety of clients and experience the growth and success of the business from Day 1. After leaving F.I.T. he and his girlfriend Michelle moved to San Diego for a short 7-month stint. He worked as a trainer, but mostly enjoyed the beaches. Gabe and Michelle returned to the Bay Area and were recently married in October of 2005. For the last 15 months Gabe was the Sports Performance Director at Velocity Sports Performance in San Carlos.

He believes everything happens for a reason and he is very excited to be joining the F.I.T. family again. He looks forward to delivering the highest quality service possible!

Gabe has also worked as a strength and conditioning coach at the Division I collegiate level as well as in a variety of other private and commercial settings. His background has led him to formulate a performance-based training philosophy to improve health, function, appearance, and obviously performance. This philosophy holds true regardless of age or ability, the difference lies with exercise variations and intensity level. He enjoys hanging out with his wife, mountain biking, snowboarding, cars, movies, surfing the web, and of course doing all the same exercises he has his clients perform.



For more information regarding FIT:  
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