



## Welcome to YOUR FIT NEWS!

### In This Issue:

November 2006

- "Current Fitness Trends" by Gabe Rinaldi, FIT General Manager
- "Drawing the Line with our Toes?" by John Nguyen, FIT Exercise Director
- Holiday Eating Planned Right
- "The Virtues of Fitness Blogging" by Cathy Siciliano, HyperStrike CMO
- FIT November 2006
- "Shoulder Separations vs. Shoulder Dislocations" – Chris Reed MPT, OCS, ATC

### "Current Fitness Trends" by Gabe Rinaldi, FIT General Manager

#### Current Trends in Fitness and Personal Training

According to the International Health, Racquet & Sportclub Association (IHRSA) the U.S. fitness industry revenue for 2005 was 15.9 billion dollars. There are a lot of people who want to look better, become healthier, and perform better. Trainers are constantly looking for ways to differentiate themselves from competition. Health clubs continually evolve to attract new members. This scenario causes some useful training methods as well as some extremely bizarre trends to develop. A simple search for "fitness trends" on the Internet will yield hundreds of unique classes and exercise methods that are quite comical – to me at least.

This article is going to be different than all the other "fitness trend" articles out there. I am not going to explain the latest fusion of pilates, yoga, dance, and samurai sword fighting. I will not be talking about the stripper and dominatrix workout classes. Instead, this article will talk about 5 trends in the fitness industry as seen through my eyes.

Trend 1: Core training has been a buzzword for years. There has been a lot of talk about exercises to specifically recruit certain core muscles and to retrain the nervous system to get these muscles to contract in a certain pattern. The trend now is to only use these exercises such as draw-in maneuvers with very low-level clients or physical therapy patients. The current choice for the core is to use dynamic, multi-joint exercises with a lot of demand on the torso; e.g., hanging leg raises, rotations with everything from cables, med balls, barbells, dumbbells, and kettlebells, I-sits, and heavier movements with a lot of demand on the midsection



such as snatches, squats, presses, farmer's walks, waiter's walks, etc. Oh yeah, and we try to call it something other than "core training" because that term causes an adverse reaction similar to listening to a boy band from 8 years ago.

Trend 2: Functional training was a trend that took training so far off path that it became a dysfunctional beast. The industry went through a phase when any ridiculous exercise was considered functional. An exercise on one leg was considered more functional than an exercise on two legs. An exercise on an unstable object was considered more functional than an exercise on the stable ground. To develop proprioception (your body's awareness in space) it was advised to close your eyes or even shake your head while performing an exercise. Pretty soon trainers had clients balancing on a wobble board, doing a 1-legged rotational squat while shaking their head. The only thing this might be good for is a very stupid circus trick. The trend now is getting away from the ridiculous exercises and getting back to a variety of dynamic movements done on the stable ground to develop functional athletic traits. Some of these so-called functional exercises are still done, but to a much smaller degree – maybe 5% of the total training program.

Trend 3: Historically most exercisers separate cardio like running, biking, swimming, and rowing from weight training. In most commercial gyms across the U.S. people either go to the gym to do cardio, weight training, or both. If they do both, then they typically do one activity before the other. A current trend in the industry for people who wish to optimize health and fitness is to combine both methods simultaneously. For example, performing heavy deadlifts alternated with indoor rowing. This method will not maximize strength, but elicits tremendous gains in overall fitness. Many new gyms are opening with the equipment layout designed to make these sorts of workouts easier to administer.

Trend 4: Small group training is another trend in the fitness industry. In the past many business models were solely personal training or solely large group training like boot camps, jazzercise, cardio kickboxing etc. Now many trainers are offering high quality instruction to small groups of about 3-10 people. This creates a fun competitive workout for many people and allows the coach to provide individual feedback and coaching instruction. Financially, it offers a price break to the customer while allowing the trainer to typically earn more money. In the future more facilities will start to offer this type of training.

Trend 5: The fitness industry is evolving with the development of Internet technology. Companies such as Hyperstrike.com are being developed to help the end user obtain quality information in a useful fashion. Many of these

companies also offer tools and services to assist the fitness professional. Other video hosting companies allow people to share their workouts with millions of people. This allows new concepts to spread rapidly. Educated trainers can ditch out the fluff and keep the good stuff. Internet forums are becoming more expansive and easier to use so many people have access to lots of rapidly changing content – some really horrible and some excellent. Technology will continue to evolve and change the industry.

### **"Drawing the Line with our Toes?" by John Nguyen, FIT Exercise Director**

Drawing the Line with Our Toes?

It's common in the fitness industry to hear someone, like a personal trainer, say: "During exercise, never allow the knees to go in front of the toes."

When the knee moves beyond the toes, as in walking lunges or a full-depth squat, the torque at the knee joint increases and the pressure of the patella (knee cap) against the femoral condyle (the base of the thigh bone) is also increased. Many take this to mean that an injury is waiting to happen.

The warning is well-meaning. That is, well-meaning to prevent us from reaching our optimum functional capability. We should, instead, question what happens to the knees during daily activities, sports and recreation. Don't our knees move in front of our toes in real-life? The answer: Quite often and quite naturally!

Excuse the expression, but good luck using the toilet without letting the knees peek over the toes. Or maybe you should avoid stooping to tie your shoe laces, forget about gardening, and quit walking, running or getting in and out of the car. If you are human like the rest of us, your knees will, at random time, move in front of the toes. Maybe we all should stop being human.

Or maybe we should acknowledge that it is perfectly normal for the knees to move in front of the toes and should train them to do so with confidence.

Look at the cultures around the world that spend a large part of their lives squatting on their haunches for extended periods during daily routines. They have no more (and probably fewer) complaints about knee problems than cultures like ours who spend little time crouching while most of the time sitting in chairs. How about retired Olympic Weightlifters who perform the heavy snatch and clean lifts with full squats, often with the knees out in front of the



toes, for years and decades and yet have no more knee pain or problems as compared to the general population? One thing that a study has found with these retired Olympic weightlifters is that their physical capacity is about 20 years younger than others of equal ages. (So, no increased incidence of knee problems, yet my body can be functionally 20 years younger than others of my age? I'll spend some time on my haunches with a barbell on my shoulders, thank you!)

An argument can be made that the knee was not meant to bend all the way down while loaded under heavy weight (like in strength training). If we were to follow that logic, then we should not train with weight at all because the body wasn't design to bench press, dead-lift, military-press, and pull its own weight up in the pull-up exercise. But we do them any way and with healthy results. To make the body stronger, stress must be applied. It is not a matter of loading the body with heavy weight, but the careful undertaking of slow, progressive loading over a period of time so that the body can accommodate to the increased stress. It is how we become stronger and more functional.

There has been no research to prove that deep squats or allowing the knees to move beyond the toes necessarily lead to injury in the knee joints. This concept – a disservice to many people who otherwise would have benefited from deep squats and allowing the knees to naturally move in front of the toes – is a fallacy, borne from speculations based on mechanical engineering. Mechanical engineering, however, cannot always be applied to something as organic and dynamic as the human body, an organism that is able to transmit forces in complex ways and adapt to properly applied stress by becoming stronger.

The only time we want to avoid full-depth squats or prevent the knees from moving in front of the toes is when the knee is symptomatic or currently has a problem. Other than that, a full range of motion that allows the body to express natural movement patterns is suggested to prevent knee problems in the first place. Squatting down to our haunches is as primal as the cupping of our hands to bring water to our mouths during our early days.

Of course, we must use our head. If we haven't spend much time squatting, lunging or doing activities that place the knees in front of the toes, then we should introduce these activities slowly – just as we should introduce any exercise slowly. You wouldn't want to put a 100-pound barbell on your back and do full-depth lunges with the knees moving beyond the toes if you've never even performed lunges. Your body is organic and naturally adaptive, and it goes through positive changes without problems if you are smart about the procedure. Always start with slow movement and

the lightest weight you can use, and try to exercise through a natural, full range of motion. As you smartly progress to faster movement and/or higher resistance, your body becomes stronger through the range of motion used.

For 2.5 million years, we didn't have personal trainers telling us not to let our knees move in front of our toes. We have survived so far with our knees intact.

### **Holiday Eating Planned Right**

Well, it's that time of year again: 'Tis the season to gain weight. Temptations of food are all around us for the next couple of months: The leftover Halloween candy, the leftovers of Thanksgivings, the cookies, treats and parties of the Holidays, and then the New Years celebration.

Lets put things in perspective: to gain almost five pounds from November 1 to the end of January, all you have to do is eat an average of 200 calories per day more than you need – some leftover candy here, a couple cookies there, an ounce of gravy...eggnog and drinks...you get the picture. It is very easy to gain even more than 5 pounds because the opportunities present themselves.

This is a very difficult time of year for those of us wanting to control our weight. People typically indulge in high-fat, high-calorie foods that are low in nutrients, and this is usually the time we're most likely to make excuses for skipping exercise.

Who or what's to blame? Peer pressure? A feeling of "it's only once a year"? The holiday blues, shopping or stress?

Here's a potential physiological explanation: as we know, one of the most significant diet dangers revolves around sugar consumption. Problems arise when your blood sugar fluctuates like a roller coaster. The highs and lows of sugar binges may create cravings of more sugar, and your energy level may go up initially, but then there will be a drastic low, slowing you down. As a result, there is a drop in serotonin, a chemical in the brain that regulates sleep, mood, appetite and reacts with sunlight (recall that during this time of year, daylight is shorter). Thus, here is the situation you can create within yourself when you eat sugar:

Blood Sugar ↑, Serotonin ↑, Mood ↑ (i.e. Happy), Appetite ↓  
=> Content

But then eventually the "sugar high" goes away, and we have this within us:



Blood Sugar ↓, Serotonin ↓, Mood ↓ (i.e. Depression),  
Appetite ↑ => Eat More!

This is the cycle that can continue with us throughout the season. We come home from the party, driving through the darkened night, have a decrease in blood sugar on the ride home, and right when we get in the door, make a trip to the refrigerator.

On the other hand, if we are feeling the "holiday blues", sugar-containing foods offer a quick pick-me-up cure for this (increases serotonin, therefore increases mood), but it really does not fix the problem, it only adds to it. You do not want to be a puppet of your hormones, so you must minimize sugar consumption, take control and try to make this time of year as easy as possible.

You can still enjoy the holidays while controlling or, dare I say it, losing weight. Here are some tips to follow the next couple of months.

1. Make a daily eating plan. This is very important. Think about where you will be, who you will be with, what foods will be available, what foods you REALLY want to eat vs. those that you could probably do without, what are your personal trigger foods that cause you to overeat (i.e. foods that you can't eat just one) and how can you minimize them. Once you've thought about all of these things, make a plan of action and stick with your plan. It's much easier to deal with a difficult social eating situation if you've already planned for it.
2. Eat 5-6 small meals throughout the day to maintain your blood sugar, to control your appetite, to control your serotonin levels and to control you mood.
3. As for that Halloween candy, you have some options: Take it to the office and let the co-workers fight over it, give it to a teacher to pass it out to her class, melt chocolate pieces like Nestle's Crunch bars, Hershey bars, etc. and use them in other baked goods like topping for Rice Krispie treats, cupcakes, frostings, etc., or stuff them in a holiday piñata.
4. Plan on NOT dieting after the New Year. Anticipation of food restriction sets you up for binge-type eating over the holidays ("after all, if I'm never going let myself eat this again after Jan. 1st, I might as well eat as much as possible now!"). Besides, a "diet" never works, healthy lifestyle changes do.
5. Stay active every day and accept no excuses. This will help create a daily release of endorphins (the chemicals released in the brain that make you feel good), which will help you cope better with stress.

Gotta shop? Try not to park so close. Purposely park far away. You'll probably find a spot easier as well as get in a small walking workout. Wanna make it more of a workout? Shop briskly.

6. Offer to bring a favorite low-calorie dish to holiday parties, so you know there will be at least one "safe" item available. Enjoy the people you are with and indulge in conversation.

7. Eat a high fiber and/or high protein foods, such as raw veggies, apples, pears, meats and nuts before going to holiday parties. This will prevent you from arriving to a party famished where fat-packing alcohol and sweets may be plentiful.

8. Focus on weight maintenance vs. weight loss during the holidays. If you are currently trying to lose weight, you still can. Enjoy the meals on Thanksgiving, the Holidays and the parties, but stay committed to your eating plan and exercise routine. A handful of meals throughout approximately a 2.5 month span of time will not cause you to gain fat – a lack of activity and eating high-calorie meals will cause a significant increase in weight.

9. At parties and holiday dinners, we tend to get caught up in the social aspect of eating and drinking rather than what we really need or want. To avoid recreational eating, consciously make one plate of the foods you really want and savor it. Then, when you're done, pop a mint or stick of gum in your mouth, get a tall glass of water and sip on it throughout the night, or position yourself away from the buffet table or food trays to keep yourself from overeating.

10. Here are some suggestions for reducing fat in recipes: Try using applesauce in place of oil in your favorite holiday breads; use egg substitutes in place of whole eggs; try plain nonfat yogurt in place of sour cream. Magazines and [www.foodnetwork.com](http://www.foodnetwork.com) are full of reduced calorie and reduced fat holiday recipes. Give them a try.

11. Don't pass up favorite foods or deprive yourself completely. Moderate consumption is the key.

12. Choose your beverages wisely. Alcohol is high in calories and sets creates a metabolic environment for fat gain. Liquors, sweet wines and sweet mixed drinks contain 150-450 calories per glass. By contrast, water and diet sodas are calorie-free. If you choose to drink, select light wines and beers, and use non-alcoholic mixers such as water and diet soda. Limit your intake to 1 or 2 alcoholic drinks per occasion. And, watch out for calories in soda, fruit punch, and eggnog as well.

13. Expect "surprise favorite foods" at parties. These are the foods that others say, "You've gotta try." Fine. Try it. Is it great? Great. Now the curiosity of how it tastes is over, you can brag about it with your friends and you do not have to feel guilty about indulging over it. Great Food ≠ Must Indulge Food...just enjoy it.

14. Maintain perspective: As mentioned earlier, overeating one meal in a day won't make or break your eating plan. If you feel you want to overeat at a meal, then skip one of the other 5-6 meals you were planning on eating. That one meal will not make you gain weight! It takes days and days of overeating to gain weight. Return to your usual eating and exercise plan the next day without guilt or despair.

Any questions? Email me at [scott@focusedtrainers.com](mailto:scott@focusedtrainers.com).

Until next time, Happy Holidays!

## **"The Virtues of Fitness Blogging" by Cathy Siciliano, HyperStrike CMO**

The Virtues of Fitness Blogging

By: Cathy Siciliano, CMO, HyperStrike

I have officially joined the blogging world, or for those in the know, the "blogosphere". It started out as an experimental site – a place where I could learn how to blog and promote HyperStrike. I was also hoping to gain enough knowledge to start our own company blog.



After about three posts to my "experimental site", I was hooked on the fitness blogging concept for me and for HyperStrike.

Why did I start a fitness blog?

I started a fitness blog to log my times for certain exercises. For example, I knew that I was making progress in the 1000 meter row, but I just couldn't keep all of my times in head. So I started a fitness blog as a little diary of times, a place where I could tell myself, "Great job!".

I'm also an analytic person, and so keeping track of numbers, sets, reps, weights, and everything in between is motivating and comforting. I track a lot of things in my personal life, like how much oatmeal we eat every week (it's about 3/4 of the tall box), how much gas I use (not quite one tank per week), and the amount I spend at Starbucks each week (about \$20). These are little trends I like to track, so the fitness blog fits right into my daily life.

What benefits do I receive from my fitness blog?

The biggest benefit is motivation. It sounds wierd, but my blog is like a personal trainer or workout buddy for me. Since I have to report back to the blog, it means I have to be aware of what I'm doing in the gym and at the pool, how well I did it, and how I felt. This hyper-awareness contributes to the quality of my workouts.

Also, I know that there are people (ok, just a handful) who "count on" me for my blog entries. I know "count on" is probably a very strong descriptor of what this blog does for my readers, but it motivates me nonetheless. I don't want to disappoint, so I must workout, and I must blog!

The second biggest benefit is learning. I want to learn from other people. Things like how they workout, what's easy, what's tough, what I can do better, etc. So thank you to whoever added the one comment to my blog -- I learned from your contribution, and hope that you contribute more! (Hint to all readers: Please add comments to my blog!)

How did I get started with a blog?  
I have a friend who uses Blogger, and since the tool was free, I signed up for an account, picked a design, picked a blog name, and posted my first entry. Seriously, it was that simple. It doesn't take a lot of web savvy or technical knowledge – just register and go!

Of course, now I'm addicted to all things blogging. I subscribe to Feedburner to track the number of subscribers and visitors, and I just implemented a tool so that readers can receive my blog entries via email.

Please join me in the blogosphere!  
It doesn't take nearly as much time as you think it would, and it's actually fun. In fact, if you're a HyperStrike member, please enter the HyperStrike blogging contest for your chance to win a professionally designed blog! Entries will be accepted through November 30. Enter now!

<http://www.hyperstrike.com/pages/Blog/> .

And while you're at it, check out my blog --  
<http://seemyworkout.blogspot.com> .

## **FIT November 2006**

Client of the Month:

Client Name: Erica Vener

Age: 51

FIT member since: The BEGINNING!

Goals:

- Weight Loss
- Improve aerobic conditioning
- Improve muscular endurance
- Improve overall strength

Results:

- Clean and Jerked 30kg
- Snatched 20kg
- Dead Lifted 45kg
- 15 strict push-ups
- Lost 17lbs and 2 dress sizes!

Likes:

- Dead Lifts
- Lunging Matrix
- Boxing
- Cheese :)

Dislikes:

- Anything that makes her dizzy

PR 500 meter row: 2:06 (improved from 2:45)

PR chin-ups: 11 in a row, Level 14 (improved from level 17)

Key to success: Erica is dedicated and patient with her training, nutrition, and sleep. She follows recommendations regarding healthier choices and ways to fuel her body, aims to get adequate sleep every single night (and slips a nap in here and there), and consistently completes her workouts at FIT and at home.

At the start of our training adventure together, Erica couldn't perform any real physical activity for longer than 2-3 minutes without her heart rate sky rocketing to 130bpm. This range was very uncomfortable for her and caused her to have to take numerous breaks, sit down,



limiting the level at which she could push herself. We decided to implement interval training (both in the weight room and on the rower) in conjunction with her strength training, which allowed us to slowly increase her aerobic threshold. Currently, Erica is able to work within a heart rate range of 140-150bpm for the majority of her workouts. This is an increase of approximately 20bpm! In addition, Erica has been tracking everything she's eating and hours of sleep she's gotten per night. This information has helped us to find the optimal types of foods and amount of sleep for Erica's body. More than anything, it has enabled Erica to learn more about her body while losing approximately 15 pounds and 2 full pants/dress size! Erica's performance both in and out of her workouts has been balanced, consistent, and outstanding. Thank you for your hard work and congratulations on the beginning of many successes!

Quote from COTM:" First let me tell you how excited I am to be chosen as client of the month. It may not seem like much to you, but I have never been singled out for anything to do with athletic ability. I'm the student who got stuck on the climbing rope and hit myself in the face with a volleyball return. You've made fitness accessible to me, and I want to thank you for that.

Even though my workouts at FIT had made me much stronger, I still found myself dizzy and gasping for air too often. After a series of tests with a pulmonary specialist, I found out that my lungs were fine ("for a woman of my age..."), it was my workout that wasn't. Analisa took me on as a project just a few months ago, and has made a huge difference. With her as a coach/cheerleader, I've been able to improve my aerobic fitness, lose some weight, and gain confidence in my abilities. "

## **"Shoulder Separations vs. Shoulder Dislocations" – Chris Reed MPT, OCS, ATC**

Shoulder Separations vs. Shoulder Dislocations: What's the Difference?  
Chris Reed MPT, OCS, ATC  
Agile Physical Therapy



With the football season well under way, it is common to hear the terms "shoulder separation" and "shoulder dislocation" being discussed. The general public often misunderstands the distinctions of these terms. "Shoulder separations" refer to injuries of the acromioclavicular joint (AC joint). "Shoulder dislocations" refer to injuries of the glenohumeral joint or the ball and socket joint commonly thought of as the shoulder. This article will describe the clinical features and treatments of these two common injuries.

### Shoulder Separations

"Shoulder separations" are injuries to the acromioclavicular joint (AC joint), which is the articulation between the distal end of the clavicle and the acromion process of the scapula. They are the most common shoulder injuries, accounting for 40-50% of athletic injuries of the shoulder (1). The AC joint is commonly injured in collision sports such as football, hockey, and rugby with males being 5-10 times more likely than females to develop an AC joint injury (1).

The four AC ligaments (superior, inferior, anterior, and posterior) as well as the coracoclavicular ligament complex (CC ligaments) stabilize the AC joint. The superior AC ligament is considered to be the strongest and most important of the AC ligaments and shares fibers with the deltoid and trapezius muscles. The AC ligaments are believed to provide horizontal stability to the joint. The CC ligament complex is made up of the conoid and trapezoid ligaments and is believed to provide vertical stability to the AC joint (1).

The most common mechanism of injury for the AC joint is from a fall on the point of the shoulder which results in an inferior force being applied to the acromion. This force causes the AC ligaments to be sprained or torn (1,2). Shoulder separations are graded from I-VI based on the severity of the injury. A grade I shoulder separation is a simple sprain of the AC ligaments. A grade II injury results in tearing of the AC ligaments. When sufficient force is applied, the CC ligament complex is torn resulting in a grade III injury. A grade IV injury results when the AC and CC ligaments are completely torn and a posterior displacement of the clavicle is present. If the distal clavicle is displaced more than 100% superiorly, then a grade V injury exists. While rare, a grade VI injury is when the clavicle is displaced inferiorly to the acromion (1,2,3).

Treatment of grade I-III AC joint injuries is based on pain and swelling modulation. A sling is often utilized to immobilize the shoulder. Ice and NSAID's are also helpful in reducing the pain and swelling in these cases (1,2,3). Return to sport ranges from 14 days for a grade I injury to 6-8 weeks for a grade III injury (3). In the case of a grade IV-VI injury, surgical intervention is required to reduce the joint. Based on the severity

of the injury, return to activity will vary greatly.

### Shoulder Dislocations

The shoulder accounts for 40-50% of all dislocations in the body. It can dislocate anteriorly, posteriorly, superiorly, or inferiorly. The vast majority of shoulder dislocations (~96%) are due to a traumatic event, with 85-90% being anterior dislocations (4,5). Up to 90% of teenagers and 15% of adults over 40 years of age will have a recurrent dislocation within 2 years of the initial injury (4).

The mechanism of injury for an anterior dislocation of the shoulder is from forced abduction and external rotation and is commonly associated with falling on an outstretched arm (4,6). Common symptoms include acute shoulder pain that follows a feeling of the shoulder popping out. There may be a deformed look to the shoulder when compared to the other side. A loss of sensation may indicate damage to the axillary nerve (7). It is commonly seen in contact sports such as football, hockey, and rugby (6).

Initial treatment of a shoulder dislocation consists of reduction of the glenohumeral joint. Once the joint is reduced, pain management becomes the primary objective. This is often accomplished by placing the arm in a sling, taking NSAID's, and diligent use of ice to control the swelling. Following the acute phase, treatment depends on the severity of the dislocation. Physical therapy is commonly prescribed to assist the athlete with regaining full range of motion and to work on regaining the strength of the rotator cuff. If there is significant damage to the surrounding soft tissues, or if there is recurrent dislocations, than the athlete may have to undergo surgery to stabilize the glenohumeral joint (4-7).

Return to play criteria following a shoulder dislocation includes full range of motion and full shoulder strength. Often, if surgery is not necessary, the athlete can return to play in about 3 months. If it is necessary to have surgery, it may take up to 6 months before the athlete is ready to return to sport activities (4).

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