

fitness

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JULY 2008

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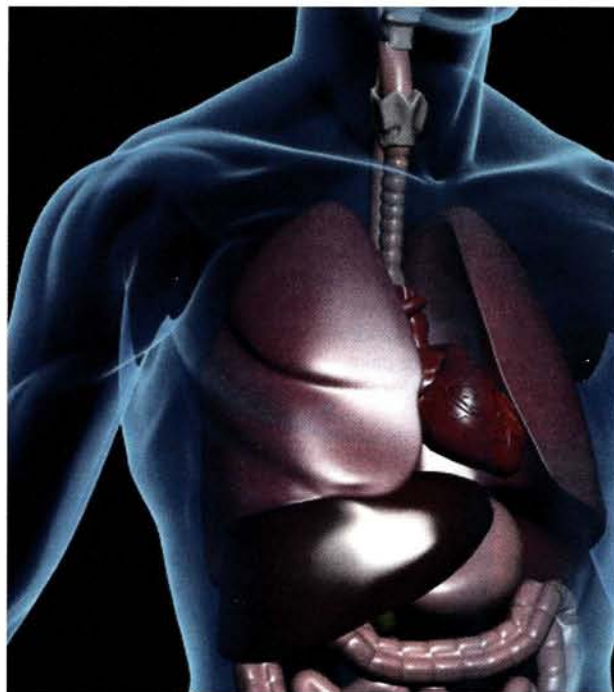
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What is a “stitch in the side”?

Many fitness enthusiasts have probably felt a “stitch in their side.” Technically referred to as “exercise-related transient abdominal pain,” its cause is subject to some debate. In the opinion of most authorities, it’s due to a restricted supply of blood to the diaphragm (the main muscle that’s used in breathing). The pain is localized in the abdominal area. When severe, the pain is sharp; when less severe, the pain is more like a cramp, an ache or a pull. It’s related to physical activity, especially those that involve repetitive movements of the torso such as running and swimming. The condition is fairly common: One study reported that nearly 20 percent of runners experienced a “stitch in the side” during the previous year.

The good news is that the pain often subsides quickly. A few words of advice, though: Having a pain in the side of the abdomen doesn’t automatically mean that it’s a “stitch in the side.” The pain could be related to an abdominal strain, for example. Or it could be even something that’s far worse. To be on the safe side, it’s important for sufferers to consult with a physician. **FM**



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Do free weights produce better results than machines?

Studies have shown that there are no significant differences in the development of muscular size and strength when comparing groups that used free weights and groups that used machines. The use of any equipment in which a load is progressively applied on the muscles will stimulate improvements. In one study, 22 college students were randomly assigned to two groups: One group performed the bench press and shoulder press with free weights, and the other group performed similar exercises with machines. Both groups used the same training protocol (three sets of six repetitions performed three times per week).

After five weeks, the subjects in the free weight group increased the strength of their elbow extensors by about 22 percent, and shoulder flexors by about 12 percent; the subjects in the machine group increased the strength of their elbow extensors by about 24 percent, and shoulder flexors by about 13 percent. There were no significant differences between the two groups.

Since a muscle doesn't have the ability to think or see, it cannot possibly "know" whether the source of resistance is a barbell, a machine or a cinder block. The sole factors that determine the response from strength training are genetics and effort, not the equipment that's used. **FM**

Does alcohol reduce the risk of stroke?

There appears to be a fairly strong association between a moderate consumption of alcohol and heart attacks; however, the link has been less consistent with stroke. Most studies that examined alcohol consumption and stroke didn't consider the role of dietary and other lifestyle differences among various types of drinkers (such as wine drinkers, beer drinkers and so on).

In one study, researchers followed 38,156 men (ages 40 to 75) for 14 years. They found a correlation between an increased risk of stroke and consuming three drinks or more per day, but not two drinks or less per day. The lowest risk for stroke was in those who consumed a moderate amount of alcohol (one to two drinks) three or four days per week. The type of alcohol is also a factor. This particular study suggested that red wine was more protective against stroke than white wine, beer and liquor. **FM**

Matt Brzycki is assistant director of campus recreation, fitness at Princeton University, Princeton, N.J. He has more than 25 years of experience at the collegiate level and has authored, co-authored or edited 16 books.

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