

“Health Warriors” Session# 4 – Activity

Encounter Church Health and Wellness Community
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1 – Introduction:

Activity/Exercise

Everything good thing in our lives is the grace of God in Jesus. Physical exercise is no different. In fact, perhaps the best way to start moving is to recognize this in prayer.

Three simple truths to remember ...

- First, thank you, God, for my body that, though imperfect, works now and will be resurrected one day.
- Second, thank you for the common grace behind such a facility like this that understands the importance of the body (admittedly, we do the YMCA, which may make this prayer easier than if at other gyms)
- Third, thank you for grace even when things are hard, and help me, in the toughest moments of this workout, to wrestle gravity in the strength you supply.

Exercise Assessment

EXERCISE		
EXERCISE HABITS: AEROBIC/CARDIO TRAINING		
a. During the average week, how many days do you exercise at a moderate to strenuous intensity (i.e. brisk walking or enough to break a light sweat)?	_____	days
b. During an average session, how many minutes do you exercise at a moderate to strenuous intensity (i.e. brisk walking or enough movement to break a light sweat)?	_____	min
	_____	total min/week (days x min)
c. List types of aerobic activities you do (i.e. walking, jogging, swimming, bicycling, dancing, etc.): _____		
EXERCISE HABITS: STRENGTH/RESISTANCE TRAINING		
a. During the average week, how many days do you do strength/resistance training?	_____	days
b. How many minutes do you exercise with strength/resistance training?	_____	min
	_____	total min/week (days x min)
c. List types of activities you do (i.e. weightlifting, Pilates, kettle ball, resistance machines, exercise bands, etc.): _____		
What MOTIVATES you or would motivate you to exercise? Check top three		
<input type="checkbox"/> Nothing would motivate me	<input type="checkbox"/> Family or partner	<input type="checkbox"/> Improve mood
<input type="checkbox"/> Control Blood glucose	<input type="checkbox"/> Body Image	<input type="checkbox"/> Increase Energy
<input type="checkbox"/> Decrease stress	<input type="checkbox"/> Prevent heart disease	<input type="checkbox"/> Prevent Bone loss
<input type="checkbox"/> Increase self-esteem	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Weight reduction
		<input type="checkbox"/> Reduce blood pressure
		<input type="checkbox"/> Improve sleep
Are there any BARRIERS or PROBLEMS that limit exercise? Check all that apply		
<input type="checkbox"/> No barriers	<input type="checkbox"/> Depression	<input type="checkbox"/> Work Responsibility
<input type="checkbox"/> Life Transition Period	<input type="checkbox"/> Time	<input type="checkbox"/> Fear
<input type="checkbox"/> Family Responsibility	<input type="checkbox"/> Apparel	<input type="checkbox"/> Energy
		<input type="checkbox"/> Cost
		<input type="checkbox"/> Other
EXERCISE SAFETY		
a. Do you have any injuries that would make it difficult to exercise?	No	Yes
If yes, please explain: _____		
b. Do you have any joint, muscle, or bone problems that might get worse with exercise?	No	Yes
If yes, please explain: _____		
c. Do you have any breathing problems while exercising?	No	Yes
If yes, please explain: _____		
d. Do you have any balance problems or have had a fall in the last 6 months?	No	Yes
If yes, please explain: _____		
e. Do you have any difficulty completing your activities of daily living (i.e. showering, dressing, toileting)?	No	Yes
If yes, please explain: _____		
Do you have any of the following health problems? Check all that apply		
<input type="checkbox"/> Arrhythmia or irregular heartbeat	<input type="checkbox"/> Uncontrolled diabetes	<input type="checkbox"/> Recent heart attack
<input type="checkbox"/> Arthritis or significant joint pain	<input type="checkbox"/> Severe or uncontrolled heart failure	<input type="checkbox"/> Chronic or unusual fatigue/tiredness
<input type="checkbox"/> Chest pain/angina	<input type="checkbox"/> Uncontrolled asthma	<input type="checkbox"/> Difficulty breathing with activity
		<input type="checkbox"/> Other

Patient Name: _____ DOB: _____

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page 2

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Activity Guidelines

from the American College of Lifestyle Medicine (ACLM)

Lifestyle Activity

Moderate Activity

- Brisk walking
- Heavy cleaning (washing windows, vacuuming, mopping)
- Mowing lawn (power mower)
- Light bicycling
- Recreational badminton
- Tennis doubles

Vigorous Activity

- Hiking
- Jogging
- Shoveling
- Carrying heavy loads
- Bicycling fast
- Basketball game
- Soccer game
- Tennis singles

*A limitation of labeling activities this way is that it does not consider the fact that some people have a higher level of fitness than others. It is important to tailor your activity to your own fitness level.

Guidelines

The recommendation for adults 18-64 years old is to do at least 150-300 minutes of moderate intensity or 75-150 minutes of vigorous intensity activity weekly along with two or more days weekly of strength training. The more physical activity, the more benefit, but any amount of exercise is better than none. Working with a certified exercise specialist such as a kinesiologist, exercise physiologist, physical therapist, or certified personal trainer is the safest and most reliable way to begin an exercise program.

Activity Types

Aerobic or endurance activities include running, swimming, biking, hiking, playing sports, dancing and brisk walking.

Strength or resistance activities include weight lifting, pushing a wheelchair/stroller, kettlebells and body weight exercises such as squats, lunges, pushups, sit-ups etc.

Flexibility activities include stretching and some forms of yoga.

Balance activities include tai chi, qi gong and some forms of yoga.

Warning/Disclaimer: always talk to your doctor before starting a new activity

Activity Goals

Setting a goal is a great way to get started with physical activity. It's easier to achieve positive goals. An example of a positive activity goal is, "I will walk with a friend or family member for at least 20 minutes after dinner, every weekday for the next two months."

Specific - What specific activity would you like to add/change?

Measurable - How much activity, how many sessions?

Attainable - Do you have what it takes to follow through?

Realistic - What can you actually do? (know your limits, start small, build)

Time-Connected - How frequent or how long will you do the activity?



Helpful resources:

exerciseismedicine.org

Walk With a Doc:
walkwithadoc.org

CDC:
cdc.gov/physicalactivity

Find a Trainer Near You:
usreps.org

2019 Physical Activity Guidelines:
health.gov/paguidelines/second-edition/pdf/Physical_Activity_Guidelines_2nd_edition.pdf

ACE Exercise Library:
acefitness.org



lifestylemedicine.org

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Activity Scriptures

1 Thessalonians 5:23. “Now may the God of peace himself *sanctify you completely*, and may *your whole spirit and soul and body* be kept blameless at the coming of our Lord Jesus Christ.”

Romans 12:1-2 MSG “So here’s what I want you to do, God helping you: *Take your everyday, ordinary life—your sleeping, eating, going-to-work, and walking-around life—and place it before God as an offering. Embracing what God does for you is the best thing you can do for him.* Don’t become so well-adjusted to your culture that you fit into it without even thinking. Instead, fix your attention on God. *You’ll be changed from the inside out. Readily recognize what he wants from you, and quickly respond to it.* Unlike the culture around you, always dragging you down to its level of immaturity, God brings the best out of you, develops well-formed maturity in you.”

God Gives Us Strength For Physical Activity.

Isaiah 40:29-31 *He gives power to the faint,*
and to him who has no might he *increases strength.*
Even youths shall faint and be weary,
and young men shall fall exhausted;
but they who wait for *the Lord shall renew their strength;*
they shall mount up with wings like eagles;
they shall run and not be weary;
they shall walk and not faint.

Don’t worry about performance.

Luke 12:22-23 And he said to his disciples, “Therefore I tell you, do *not be anxious about your life, what you will eat, nor about your body, what you will put on.* For life is more than food, and the body more than clothing.

Dedicate our exercise efforts to God.

Philippians 4:13 *I can do all things through him who gives me strength.*

Fitness is an act of worship.

1 Corinthians 6:19-20 Or do you not know that *your body is a temple of the Holy Spirit* within you, whom you have from God? You are not your own, for you were bought with a price. So *glorify God in your body.*

Put forth your best effort.

2 Timothy 4:7 *I have fought the good fight*, I have finished the race, I have kept the faith.

We keep on keeping on! (I persevere.)

Hebrews 12:1-2a

Therefore, since we are surrounded by so great a cloud of witnesses, let *us also lay aside every weight, and sin which clings so closely, and let us run with endurance the race that is set before us, looking to Jesus, the founder and perfecter of our faith.*

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**I am a winner...
I am a champion...
I am the head and not the tail...
I am above and not beneath...
I am more than a conqueror!!!**