

Let's All Return to Play

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Aside from working with great people, the best thing about being a professor or editor is that you get to read—a lot. A recent paper by Willis et al¹ caught my attention and brought back a flood of memories. The authors reported on a cohort of nearly 19 000 members of the Cooper Center Longitudinal Study and provided considerable insight into the relationship between physical fitness and the development of chronic diseases later in life. The bottom line? The least fit at age 50 experienced a far greater burden of chronic diseases later in life than those in the upper quintile of fitness. Importantly, even small shifts in fitness can make a difference.

Why did the paper trigger memories? It took me back to early in my career, when I read books by Dr Kenneth Cooper, who coined the term *aerobics*. During that time in my life and thanks to the influence of a few running colleagues, I adopted a far more active lifestyle. I dutifully recorded my aerobic points each week, guided by one of Dr Cooper's books. On the shelf next to Dr Cooper's books were books by another great proponent of exercise and health, Dr George Sheehan (1918–1993). Dr Sheehan was a cardiologist, writer, runner, motivational speaker, and philosopher. His column first appeared in *Runner's World* in 1970 and was, for me, the highlight of every issue. From Dr Cooper I learned why regular exercise was good for my health, whereas Dr Sheehan taught me why it was good for my life.

Fast forward to this issue of the *Journal of Athletic Training*, in which Lam and colleagues² provide research evidence for what Dr Sheehan already knew. Exercise and athleticism improve the quality of life for adolescents: the message is clear and unchanged. Exercise improves lives, reduces the burden of chronic disease, and, paraphrasing the words of Willis et al,¹ “compresses the morbidity of old age.” Today, we have more science supporting exercise as a powerful health-modifying modality. The American College of Sports Medicine guidelines³ on physical activity for adults provide a blueprint, not dissimilar to the recording of aerobic points, to guide the development of exercise programs.

Something, however, remains little changed—behavior. The growth in knowledge has not been accompanied by a similar increase in the general level of activity or fitness in the population. We only have to walk around our communities to be reminded that physical fitness is not a universally accepted pursuit in society. Why is something

as beneficial as exercise not a part of everyone's life and a high level of fitness the norm? As I read the papers and guidelines cited previously, I returned to Dr Sheehan for the answer. He wrote, “Fitness has to be fun. If it is not play, there will be no fitness. Play, you see, is the process. Fitness is merely the product.”⁴ The results reported by Lam et al² indicate that play also leads to a better quality of life.

Athletic training emerged from loving and valuing sport, which is organized play. Many athletic trainers see athletes at play as part of their daily work. I was privileged to do so for several years, but in the process, I lost focus and saw winning and losing, instead of fitness for life, as the product of my work. I submit that I am not alone but represent a society blind to the need for everyone to play.

The state of the health care system in the United States and other countries and the fitness of much of the industrialized world's population are topics of extensive discussion. Technological advances have not brought us a better quality of life lived by healthier, fitter people. Working to become fitter is not the answer. As children, we play, and then we seem to forget about the importance of play as life becomes serious.

Like children at play, we must relearn to challenge ourselves and seek personal bests rather than wins. Play must become a public health priority. Building a culture of play is an enormous challenge, but we athletic trainers live at the crossroads of health care and play. We can and must lead the way.

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