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livingwell

Build up your upper back

Trainer gives tips on sculpting back, shoulders

BY PATTY LEON
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Several muscles form the upper back, shoulder and neck area of the human body.

Some are classified as deep muscles close to the bone. Others are classified as intermediate and superficial muscles, lying under the layers of the skin and fascia.

A report issued by Marshall University breaks down the function of each of these layers. The deep layer of the back muscles allows for extension and rotation of the trunk and back as in back bends, side bends and twisting your body from side to side. The intermediate group of back muscles allows for the expansion and contraction that happens when you breathe by lifting and lowering the ribs.

The larger group of back muscles, the superficial muscles of the back, allows for the raising and lowering and certain movements of the arms, as well as the rotation and movement of the neck and head.

Having a strong upper back helps to improve posture, reduce back pain, prevent injury and increase overall confidence, according to a report published by the University of Texas at Austin.

Vince Gumataotao, owner and personal trainer at 24 Seven Fitness in Hinesville and soon in Glenville, said there are a variety of exercises that can be done to train

the back which target all the muscle groups.

And while he incorporates a variety of exercises, he said his favorite three back exercises are the lat pulldown, the close-grip pulldown and the single arm dumbbell rows.

The lat pulldown targets the largest group of back muscles known as the latissimus-dorsi (hence the term "lat" in the name of the exercise).

This exercise is normally performed on a lat-pulldown machine with a wide-grip bar attached to the top. After selecting the proper weight, you sit on the bench, facing the machine, and pull the bar down toward your chest and past your chin.

"Always pull the bar down to the front of your body. Don't lean forward and pull the bar behind your neck or turn your back to (the) machine to pull down behind your neck," Gumataotao said, explaining that pulling the weight and bar behind your neck can cause serious injuries because of improper form and body mechanics.

Reports indicate that pulling the bar behind your neck can damage the rotator cuff muscles as well.

Gumataotao, who has competed in bodybuilding for roughly 20 years and just placed fourth at a July 11 show in Atlanta, said he likes to follow up the lat pulldown with the close-grip pulldown because it targets the deeper inner muscles of the back.

"You work those out, and your



Photo provided

The work that Vince Gumataotao has put into sculpting the muscles of his body is obvious on his back.

lats come out," he said referring to the latissimus-dorsi. The lats are the widest muscle of the human body, as well as the largest and most powerful.

Well-developed lat muscles give the V-shape appearance most bodybuilder and fitness professionals are known for displaying. In the fitness industry, they are often described as having "great wings," much like guys with big biceps are said to have "nice guns."

After completing the close grip, Gumataotao said he finishes off with the single-arm dumbbell rows because they target the superficial and deeper muscle groups simultaneously helping to ignite the growth process, especially if done after his first two favorites.

Gumataotao said genetics does play a factor in just how wide you can develop your wings or how big you can develop your back and shoulders.

"You work out your whole body to become stronger even if, genetically, certain parts of your body don't develop as well as others," he said. "You still increase your overall strength."

As with any exercise routine, seek help from a professional when learning to use the equipment or do a specific exercise for the first time. Also, consult with your physician before starting any new exercise program.

Trainer's three favorite exercises

Lat pulldown

Attach a wide-grip bar to the lat-pulldown machine. Sit down and adjust the knee pad to fit your height.

When doing the wide grip, each hand should grip the bar and be spaced out at a distance wider than shoulder width. While your arms are still extending and gripping the bar, slightly arch your back — no more than 30 degrees — by sticking your chest out. This is your start position.

Breathe out as you pull the bar down toward your chest and concentrate on squeezing the back muscles as the bar reaches the lowest point, touching your chest, below your chin. After a second, raise the bar back to the starting position, take in a breath and repeat.

Close grip pulldown

To do a close-grip pulldown, the start and stop process are the same, but the grip should be at a distance smaller than your shoulder width.

Dumbbell row

Place a dumbbell on each side of a flat bench. Place your right leg on top of the end of the bench, bend your torso forward from your waist until your upper body is parallel to the floor, and place your right hand on the other end of the bench for support. Use your left hand to pick up the dumbbell on the floor and hold the weight while keeping your lower back straight. The palm of the hand should be facing your torso. This will be your starting position. Pull the weight straight up to the side of your chest, keeping your upper

arm close to your side and keeping the torso stationary. Breathe out as you perform this step. Concentrate on squeezing your back muscles once you reach the full contracted position. Also, make sure the force is performed with your back muscles, not your arms. Finally, your upper torso should remain stationary, and only your arms should move. Your forearms should do no other work except for holding the dumbbell; therefore, do not try to pull up the dumbbell using your forearms. Lower the weight straight down to the starting position. Breathe in as you perform this step. Repeat the movement for the specified number of repetitions. Switch sides and repeat again with the other arm.

—bodybuilding.com



Vince Gumataotao, who has competed in bodybuilding for roughly 20 years, placed fourth at a July 11 show in Atlanta.

Photo provided

Most registered for medical marijuana are younger than 17

ANDY MILLER
Georgia Health News

Children with seizure disorders have led the initial wave of patients registered for medical marijuana use in Georgia, state officials said Tuesday.

State Department of Public Health officials said cancer was the second-leading diagnosis for registrants.

The agency last month launched its Web portal and registration cards for medical cannabis oil. A law passed earlier this year made it legal for some people to possess the oil for medical purposes. Physicians can apply for a card on behalf of a patient with one of eight medical conditions.

The program is strictly regulated, and possession of marijuana products remains illegal for the general

public in Georgia.

Two-thirds of the Georgians newly registered for medical marijuana are younger than 17. And the most prevalent diagnosis for the cannabis oil is seizure disorder, Donna Moore, state registrar overseeing the agency's vital records section, told a Public Health board meeting.

She said 54 patients have been registered so far.

Patients and caregivers of patients who obtain a card are allowed to possess 20 fluid ounces of "low THC" oil within the state of Georgia. THC is the ingredient in marijuana that produces the "high."

House Bill 1, passed by the Legislature, allowed the use of medical marijuana for people with cancer, ALS, seizure disorders related to epilepsy or trauma related head injuries, multiple sclerosis, Crohn's disease, mitochondrial disease, Par-

kinson's disease and sickle-cell disease.

The plight of young patients was front and center in the debate over medical marijuana in the state.

State Rep. Al-len Peake, R-Macon, the main sponsor of the legislation, said during the General Assembly session that a goal was to bring Georgia's "medical refugees" home.

Peake was referring to Georgia parents living with their ailing children in Colorado to give the youngsters access to medical cannabis. Colorado's relaxed marijuana laws

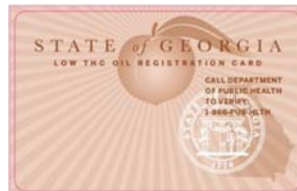


Photo provided

The state issues a card to people eligible to use marijuana oil for medicinal purposes.

had made it a magnet for families whose children needed the treatment.

Those medical refugees were among the first patients registered, said Shawn Ryan, a Public Health spokesman. He said the agency created the secure Web portal and reg-

istration system in just two months after HB 1 was signed by Gov. Nathan Deal.

Moore said 66 caregiver cards for registrants have been approved so far. Both parents of a child may receive a card, which contains information for law enforcement to verify.

The fee for a card is \$25.

"We are treating this card as a vital record," Moore said.

She said 96 physicians who applied to register their patients already have been approved. Of the remaining 30 applicants, 26 still are being evaluated.

"Four were denied access to registering," Moore said.

These individuals either were not listed in the Georgia Composite Medical Board database or were not physicians at all, she said.

"One was a teenager," she added.

GSU study: Overweight teens think they're 'just fine'

SPECIAL TO THE COURIER
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As national obesity rates have risen in the last 20 years, overweight and obese adolescents now are less likely to accurately perceive their body weight, according to a recent study at Georgia Southern University.

The study, "More Overweight Adolescents Think They Are Just Fine," is being published in the upcoming issue of the American Journal of Preventive Medicine and is part of a series of research initiatives led by Dr. Jian Zhang, associate professor of epidemiology in the Jiann-Ping Hsu College of Public Health.

While previous papers

have focused on the parents of preschoolers and school-age children, Zhang said this study focuses on the adolescents themselves, both because of their growing independence from parents and because of a diminishing likelihood they will outgrow their obesity as adults.

"It's estimated that about a third of obese preschoolers and half of obese school-aged children — including adolescents — will become obese adults," he said. "Adolescents with accurate self-perceptions of their body weight have greater readiness to make weight-related behavioral changes and are more effective in making the changes. By contrast, overweight adolescents who

do not perceive their weight status properly are less likely to desire weight loss and are more likely to have a poor diet."

Zhang and researchers from Georgia Southern and Fudan University in Shanghai compared data from adolescents ages 12-16 who participated in the National Health and Nutrition Examination Survey in 1988-1994 and in 2007-2012. Respondents were asked if they thought they were overweight, underweight or just about the right weight.

The study revealed that overweight or obese adolescents from the most recent survey were 30 percent less likely to accurately perceive their body weight compared



Dr. Jian Zhang

to adolescents from the earlier survey.

The researchers suggest that a combination of issues may be the reason for this change in perception. As the prevalence of obesity has more than doubled in adolescents during the last 20 years, Zhang believes our socially accepted standards for "normal weight" may be shifting accordingly.

In addition, researchers pointed to social-comparison theory as a possible explanation. According to the theory, individuals compare themselves to others, rather than to some scientific standard such as the Body Mass

Index.

"In the wake of an obesity pandemic, a teenager is more likely to compare his or her body size to peers or friends, or anyone she or he sees daily," said Andrew Hansen, Dr.P.H., assistant professor of community-health behavior and education and spokesman for the research group. "Teenagers are less likely to use growth charts and biologic tools to measure their weight, but are more likely to socially compare or associate their weight to what they feel is normal."

Because of these factors, Zhang says exploring new strategies to correct these body-weight misperceptions is more urgent than ever,

and that parents are a key factor.

"As parents, we need to proactively create a conducive family environment to engage kids with a healthy lifestyle — clearly let our teens know that we care," he said. "It is also crucial that we proactively discuss weight issues with doctors to make sure youths are on a healthy growth track."

Zhang says parents also should serve as role models, watching their own weight and focusing on healthy lifestyles instead of weight control to protect their teens' attitude about body image.

"This doesn't have to be an anti-obesity campaign," Hansen said. "This can be a pro-health campaign."

Develop healthy sleep schedules for students as classes loom

By Dr. MARH KISHEL
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It might be hard for most parents (and definitely kids) to believe, but the end of summer break is right around the corner.

In the midst of all of the back to school preparation, it's important to remember that your children are about to experience a dramatic shift in schedules, which can potentially lead to sleep problems.

According to the National Sleep Foundation, school-age children need between nine and 11 hours of sleep each night, and teenagers need eight to 10 hours. However, most parents say their children don't get enough, and a quarter indicated that their kids should be getting a full hour more per night to be at their best.

Lack of sleep can contribute to issues such as impaired performance in school and behavioral or emotional problems. It also can exacerbate health concerns such as obesity and ADHD, so it's not something to be taken lightly.

Here are five tips to help ease your children into a new sleep pattern and make sure they don't start the school year off on the wrong side of the bed:

1. Gradually re-establish school schedules: If your kids have gotten used to going to bed and waking up later, use the end of summer break to get into a school-day rhythm. Schedule some morning activities outside the house and start enforcing new bedtimes.

2. Develop a consistent bedtime routine: Maintain a regular bedtime and develop

a routine of calming activities in the hours before bed. Taking baths, reading books and listening to music can help kids relax. Avoid TV, web surfing, video games, physical activities and sugary foods or drinks before bedtime. You might want to remove computer tablets from the bedroom.

3. Keep it quiet once they're in bed: It can be tough for kids' bodies to understand that it's time to go to sleep if parents or older siblings are still being active or loud. They feel like they're missing out on something.

Once your child is in bed, dim the lights in the house and stick to relaxing, quiet activities. Who knows, this could also help improve your sleep habits.

4. Maintain a balanced schedule: At the beginning of the school year, it's exciting to

see all the great activities and opportunities available to your children, but be careful not to overcommit. Evening activities and homework are commonly cited reasons for a lack of sleep, especially among teenagers.

5. Be on the lookout for medical conditions that interfere with sleep: There are a number of sleep disorders that can affect children. If children go to bed at a reasonable time but still show signs of sleep deprivation, they may have an issue affecting their sleep patterns.

Common signs of sleep deprivation include difficulty waking up in the morning, taking excessive naps, acting overly emotional, hyperactivity or having trouble with concentration.

Children who display these symptoms could have an issue such as sleep apnea,



Photo provided

Experts estimate that children need nine to 11 hours a sleep a night, teenagers eight to 10.

sleep anxiety, restless-leg syndrome, or allergies. Consult your doctor if you think your child has a problem.

Kishel is senior clinical officer for Blue Cross Blue Shield of Georgia and a fellow of the American Academy of Pediatrics.

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