



# “THE MESSAGE”

## Health & Fitness Newsletter

JULY 2003

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## WHAT'S NEW WITH FIT FOR YOU?

➤ **LET'S MAKE A DEAL?** No it's not that old game show from how long ago, but it is a deal you don't want to pass up. I am looking for 5 participants to enter into my "Win-Win Fitness Challenge" Contest! You've heard of the Body For Life contest, well this is similar.

**Sign Up Today!** First Five To Register Are In!!! You can't lose, you get into better shape, look and feel great no matter what and you could win prizes on top of it!! *See the registration form on page 9.*

**You pay an entry fee of only \$39 to get in the best shape of your life within 90 Days and you're eligible to win prizes!!!**

### DETAILS!

- You participate in a complete fitness analysis screening;
- You agree to give testimony to your results!!!
- You receive **(3) customized nutrition plans** – one for per month for three months!
- You receive your very own customized exercise programs to follow for 90 days, **you get a new program every 30 days!!**
- You receive your very own cardio programs to follow for 90 days, 3 programs with detailed instructions to help you **burn more calories than ever, before!**
- **You pay an entry fee of only \$39 to get in the best shape of your life within 90 Days with prizes!!!**

### YOU COULD WIN...

- A Complimentary **RELAXATION MASSAGE!**
- A **FREE COPY** of my exclusive, soon to be published **"In-HOME" Exercise and Ultimate Fitness Bible – Book** before it's released for sale, learn all of the information and tips I've shared at seminars and learned at fitness events where trainers of the stars have attended.
- **\$50 CASH – IN HAND!**

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- **A Gift Certificate** For your car to be **Detailed, wax, wash, shine, and interior cleaned and scotch guarded.**

- **September 14, 2003** – Joe will be the featured guest speaker at the Lebanon County Parkinson’s Disease Support Group seminar. The event will take place at 2:00pm.
- **WINNER!** – Every three months a winner is randomly selected from a list of 5 names for fitness success story of the quarter. Our winner is Gwen Zimmerman who went down 2 waist sizes and lost over 34 pounds. Congrats Gwen, she will receive a 20” TV!

## RECIPE OF THE MONTH

### FRUIT & HONEY SPINACH SALAD

#### SALAD

8 cups loosely packed spinach leaves  
 1 ½ cups fresh blueberries  
 1 ½ cups strawberries, cut in half  
 1 slice red onion, separated into rings (optional)

#### DRESSING

2 tbsp seedless raspberry jam  
 2 tbsp raspberry white wine vinegar  
 1 tbsp honey  
 2 tsp olive oil  
 ¼ cup chopped walnuts

Wash spinach well and blot dry. Gently toss first four ingredients in a large bowl. Combine dressing ingredients in a small bowl, whisking until blended. Drizzle over salad and toss. Makes 6 servings.

*Per Serving: 130 calories, 3 g protein, 18 g carbohydrates, 6 g fat, 3 g fiber.*

## “FIND OUT THE TRUTH ABOUT CO-Q10 AND OTHER POPULAR DIETARY SUPPLEMENTS AND IF THEY WORK”

By Joe Green

Dietary supplements are very popular and gaining more attention all of the time. It seems the more attention they receive the more we are told that they can do for us. Unfortunately there is a lot of misinformation about dietary supplements. So often people will tell me all of the different supplements they are taking feeling as though they are doing a good thing, and maybe they but then again maybe they aren’t!

Most people do not really know the truth about what they are taking when it comes to supplements. They really truly do not know how effective the supplement is in helping them achieve their goals. This is not our fault, as consumers we rely on what the product tells us and maybe the person behind the counter who always seems to say something favorable about the product you happen to want to buy.

The trouble begins with the fact that dietary supplements were removed from the control of the FDA beginning in 1994. This unfortunately leaves the door wide open for manufacturers to suggest and promise us the world on the package labels, regardless if they have any real proof of safety or efficacy. It’s not enough to listen on a friend or to ask the part-time counter clerk and rely on their advice much the information on the bottle or package. We have to educate ourselves with information such as the UC Berkeley Wellness Letter, which is one of the most respected wellness letters in the nation. They have created a chart of the safety and effectiveness of dietary supplements. It’s information such as this that helps us make more informed decisions when deciding on starting the use of a dietary supplement.

Here is an excerpt taken from the UC Berkeley Wellness Letter, August 1998.

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**Beta Carotene** is rated safe and effective. Claims and benefits are that it prevents cancer and heart disease and boosts immunity.

It is not recommended for consumption if you are a smoker as studies suggest and increase in lung cancer risk for smokers taking these pills. Beta-carotene is plentiful in yellow, red and deep green veggies and some fruits and are beneficial in this form.

**Calcium** is rated safe and effective. Claims and benefits are that it prevents or slows osteoporosis.

Women over 50 (postmenopausal) and men over 65 may need supplements if they do not get 1,500 milligrams a day from food. It should be taken at meals and be combined with an exercise program especially weight bearing exercises such as resistance training (working out with weights) and walking. Calcium should also come from dietary sources, such as low-fat or fat-free milk and many leafy greens.

**DHEA** (Dehydroepiandrosterone) Claims and benefits are that it slows aging, prevents chronic diseases and cures some cancers. Its benefits are unproven.

DHEA is a human hormone that may have powerful positive or negative effects. It is too soon to know, as there is not enough research to know at this time. Additionally, what you get in the health food store may not be DHEA, so be very cautious and consider not taking this supplement at all.

**Echinacea** Claims and benefits are that it cures colds and boosts immunity. Its benefits are unproven.

Inconsistent evidence of benefit coupled with little known information about its toxicity make this product one to leave on the shelf. Products on the market are unstandardized.

**Ephedra** Claims and benefits are that it is effective for weight control, an herbal “high,” decongestant.

The active ingredient ephedrine is used in many decongestants and asthma drugs. It raises the heart rate and blood pressure and is dangerous for those with diabetes, high blood pressure and heart

disease. The FDA has proposed restrictions. It is used in so-called “herbal phen-fen” pills for weight loss, but may be dangerous.

**Folic Acid** Is rated safe and effective. Claims and benefits are that it prevents certain birth defects, heart disease and possibly some cancers.

There is solid evidence for all of these claims. All women capable of becoming pregnant should get 400 micrograms of folic acid a day from a supplement in addition to what they get from food. Other people who do not eat a well-balanced diet containing fruits, veggies, fortified grains and cereals should also consider taking a multivitamin containing folic acid.

**Garlic Pills** Claims and benefits are that it lowers blood pressure and blood cholesterol and prevents stomach cancer. The benefits are unproven.

There is no clear evidence that garlic pills are beneficial. No one knows which element in garlic is beneficial if any. Eating garlic cannot hurt, but it might help, so feel free to eat as much as you like.

**Ginkgo Biloba** Claims and benefits are that it improves blood flow and circulatory disorders and prevents or cures absentmindedness, memory loss and dementia. The benefits are unproven.

Ginkgo Biloba is prescribed in Germany and France for circulatory disorders. Ginkgo shows promise against claudication (leg pain due to obstructed blood flow, often caused by arteriosclerosis.) A recent study suggests there are limited benefits for some Alzheimer’s patients. There are currently no proven benefits for others though. Additionally, the products on the markets are not standardized, so you do not know the purity of what you are buying.

**Ginseng** Claims and benefits are that it improves athletic performance, fights fatigue and cures cancer and heart disease.

There is no evidence that ginseng does anything, though it has been used for thousands of years as a cure-all and energizer. The ginseng plant contains pharmacologically active elements, but they vary

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from one type to another. Many of the products available on the market do not contain any ginseng.

**Melatonin** Claims and benefits are that it promotes sleep, counters jet lag and improves sex life, etc. The benefits are unproven.

Melatonin is a human hormone. There is promise that it may be effective as a sleeping pill. However, it may have serious side effects. Further research is needed to determine the safety and efficacy of melatonin.

**Coenzyme Q-10** Is rated both safe and effective. Its claims and benefits are that it is a cure-all, and prevents heart disease.

This is an interesting antioxidant; it may be effective against heart failure. Talk to your cardiologist if you have heart disease and you are interested in taking this dietary supplement. It is expensive and the benefits for young people are not yet proven.

**Multivitamins/Minerals** They are rated safe and effective. Their claims and benefits are that they are used to compensate for a poor diet.

Unfortunately, no supplement can compensate for a poor diet. However, a daily multivitamin/mineral pill is a good idea for the elderly or others who may have specific nutritional deficits (for example: young women who don't consume enough folic acid).

**Vitamin C** Is rated both safe and effective. The claims and benefits are that it prevents colds and cures them and may help to prevent cancer, heart disease and cataracts.

Vitamin C is a powerful antioxidant that may protect against chronic disease. This is not a cold cure, but it can reduce the symptoms of a cold. Ideally, you should get as much vitamin C from produce-natural foods that contain other beneficial substances. You can also take 250 to 500 milligrams daily as a supplement.

**Vitamin E** Is rated safe and effective. The claims and benefits are that it may help prevent cancer, heart disease and cataracts.

Vitamin E is another powerful antioxidant but it is not plentiful in foods except in vegetable oils, nuts and seeds. You can take 200 to 800 IU of vitamin E daily as a supplement.

**Zinc** Is rated both safe and effective. The claims and benefits are that it cures or shortens colds; relieves prostate symptoms and slows/prevents macular degeneration (an eye condition that can cause blindness).

There is not convincing evidence that zinc lozenges prevent or relieve colds. Zinc is not recommended for prostate problems and the effect of zinc against macular degeneration are weak.

St. John's Wort Is rated safe and effective. The claims and benefits are that it alleviates depression.

Preliminary evidence shows efficacy against mild forms of depression. This should not be taken as a diet drug or with prescription antidepressants.

**Glucosamine & Chondroitin Sulfate** Its benefits are unproven!

Its claims and benefits are that it halts or reverses arthritis or that it can cure arthritis. It's probably harmless but these do not cure arthritis. Glucosamine may reduce pain for some people, but do not substitute these supplements for conventional treatment.

**Chromium Picolinate** The benefits are unproven. The claims and benefits are that it builds muscle, prevents and cures diabetes and promotes weight loss.

Chromium is an essential mineral but deficiency is rare in the US. There is no evidence that chromium picolinate supplements perform as claimed or that they promote weight loss or benefit healthy people. There is some evidence that they may harm cells. People with diabetes should only take this with the recommendation of their doctor.

**DISCLAIMER:** The information provided by this service is intended to serve as recommendations for people who desire to learn more about health, fitness and taking care of their bodies. Before beginning any exercise program, always consult your doctor to make sure you are able to begin exercising. Certain disabilities or conditions may contraindicate some activities, so be sure to clear yourself with your doctor

## FEATURE ARTICLE

### LIVING NEXT TO PARKINSON'S

Sandy Fritsch, Ph.D

When I was diagnosed with PD, I felt shock, followed quickly by terror and shame. I was consumed by the idea that I had this weird disease. It colored every aspect of my day and night. I reconnected with a few friends of mine in religious orders – nuns – and thought about organizing a campaign to pray for a miracle to rid me of this disease. (I never followed through on this.) I told all my friends about my diagnosis. I wanted to know, “Is there anybody else out there my age who has it too?” At first, I pretended that I was still capable of doing everything I used to do, particularly those activities that involved my children or my husband. I persisted in multi-tasking, rushing and pulling things off at the last minute-just like I had always done. But I began to hit walls more and more as I tried to operate the “old way.” Something would always get screwed up and I would feel mortified. I think I could probably call this the denial phase of my life with PD.

Then I began to see PD as a blessing and a curse. The physical limitations were depressing and a big weight- a curse. But the blessing was that I began to value every minute. Everything about my life seemed infinitely more precious, and I wanted to cherish every experience. As a result, I ‘fled’ into a state of hyperactivity. One of the first things I did was to create a big garden in my yard-and I did quickly because who knew how much longer I would be able to function? I played tennis more, sometimes 2 or 3 times a day – I rode a horse as much as possible – I learned Tai chi-all in addition to continuing my volunteer activities as well as my professional life. I think I could characterize this phase of my relationship with PD as trying to head off it-not letting it catch up with me because I was going too fast!

I never liked the diagnosis much-in fact I hated the thought of having PD-I hated the name-I felt like a leper. As much as I tried to keep PD out of my life via denial, over activity, etc., I finally realized it had basically taken over my life. I had PD!! Then I remembered that as a psychologist, I never liked

diagnoses anyway. I knew of no one who ever fit neatly into a diagnostic category. I also remembered my belief that people are multi-storied-that is, every person's life is made up of many stories. Just because I had been diagnosed with PD, I didn't have to invalidate the rest of my life-or the other stories in my life. I was still here. I just had some extra baggage to carry around with me. I remembered myself to other ‘clubs’ of which I was a member. I was still a wife, a mother, a friend, a psychologist, etc. I had a choice about how I wanted to respond to the presence of PD in my life. While attending a conference in Australia last February, I discovered a book about the relationship between beliefs and chronic illness. The authors spoke about facilitative beliefs-i.e. Beliefs that increase solution options-and constraining beliefs, i.e. beliefs that decrease solution options. In that book, I also discovered the phrase: living next to the illness. This struck a chord in me. The idea of living next to PD fit in with my belief in being multi-storied and helped me to think about living my life more fully. It opened up more possibilities of how I could live my life. I found a facilitative belief! I began to think of PD as a disturbed child whom I had inherited. I did not adopt this child, nor did this child as to live with me. We inherited each other. I think of PD as being next to me on my right side. She has many needs. Sometimes she gets very rigid, stiff, and slow. Then I have to help her relax, stretch, breathe more deeply, and learn to be more patient. Other times, she speeds up and stumbles over her words or gets shaky and nervous. Again I have to calm her down, take deep breaths, etc. I always have to be mindful of her presence. The difference is she is next to me and not in the middle of my life occupying center stage and preventing me from doing the things I want. Of course, I've had to modify my life a lot and many things are more difficult. Somehow I feel freed from the oppression of PD when I think of living next to her instead of having her inside me, permeating every aspect of

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my being. I'm even considering giving her a name-maybe Sadie? I hope this is useful to you in some way. I've certainly been helped by listening to and witnessing many of your stories and your acts of courage in challenging the influence of PD in your lives. I hope my story is helpful to you too.

### **JOE'S TWO CENTS WORTH**

I personally had the pleasure of meeting Dr. Sandy Fritsch who gave an awe-inspiring speech at the Jane C. Wright symposium recently. Her compassion and character is both multi-dimensional and a true model of inspiration for all. I am honored that Sandy shared this article for publication in this month's newsletter.

Sandy has been practicing in the field of psychology for over thirty years in a variety of settings. She presently functions as the Coordinator of Medical Education for the Parkinson's Disease and Movement Disorder Center at Pennsylvania Hospital. She has been very involved in working with support groups in the tri-state area. She was diagnosed with PD in 1996 at the age of 49. Her experience of living with PD and her professional background give her a unique vantage point from which she works in helping others who are also struggling with the presence of PD in their lives. Sandy remains active with tennis, horseback riding, walking and the practice of Tai Chi. She is very interested in the application of complementary therapies to PD and especially in the ways people are able to re-write their life stories in response to the presence of PD.

**Thanks Sandy!**

### ***PEP TALK***

***"What lies behind us and what lies before us are tiny matters compared to what lies within us."***

***- Walt Emerson***

# THE 14 BEST CALORIE BURNING EXERCISES WITH A GUIDE TO LEARN HOW TO TELL HOW MANY CALORIES YOU'RE BURNING!

By Joe Green

Fact is that it takes 3,500 calories to burn one pound of fat and that majority of people aren't really sure how many calories they are burning. Seems odd since we have been made paranoid about this subject thanks to countless ads for supplements and weight loss clinic solutions that are all centered around calorie deprivation.

Rather than discuss the exact role of the weight loss industry relative to the subject of calories I would like to go more in depth on a subject that many of my clients have asked me to speak about, calories burned.

It's about time we get a good understanding of just how many calories we are burning since burning calories from exercise is such a key factor in the battle to get into better physical condition. In terms of caloric expenditure, the American College of Sports Medicine recommends a minimal of 1000 calories burned in a weeks time which roughly equals 200 calories a day (from exercise). In order to reach the point of losing weight the weekly goal would have to be more along the lines of 2000 calories burned according to your individual health and fitness level.

We know that to lose weight you have to take in less calories than calories burned from exercise. For example, I mentioned that there are 3,500 calories in one pound, if you create a caloric deficit of 500 calories per day (which means you burn 500 more calories than you consume), multiplied by 7 days, you will lose approximately 1 pound per week. So to establish your caloric deficit you'll want to reduce the number of calories consumed by 250 and burn off 250 from exercise.

## How Many Calories Does Exercise Burn?

I've been asked this question a lot and have surprised many by giving only a rough estimate.

The reason for the rough estimate is that there are three definite pieces of information needed to accurately determine how many calories you burned from any one given exercise. You need the following information: (1) Your body weight in kilograms (there are 2.2 pounds in 1 kilogram) so in order to get kilograms from pounds, divide the number of pounds you weigh by 2.2 and you have your body weight in kilograms; (2) The amount of time you exercised and; (3) The rate of metabolic expenditure (known as METS). A MET or metabolic equivalent is a way of expressing the rate of energy expenditure from a given exercise. One MET is defined as the energy expenditure for sitting quietly, which for the average adult is approximately 1 kilocalorie per kilogram of body weight per hour burned - in other words 1 MET is equal to one calorie burned per kilogram of body weight per hour. For example if you weigh 80 kilograms, your energy expenditure for sitting quietly would be approximately 80 calories which means you burn 80 calories per hour just from sitting quietly at rest.

How many calories are you expending from physical activity? Simply multiply your body weight in kilograms by the MET value (which is noted in the chart below) and the duration of the activity (in hours-take the number of minutes you exercise and divide by 60). So if for example you weigh 60 kg and you bike at a value of 4 MET for 40 minutes, you have expended the following number of calories:

$$4 \text{ (METS)} \times 60 \text{ (kg)} \times (40/60) \text{ (time)} = 160 \text{ calories}$$

So many pieces of cardio equipment in the gym are giving us readouts of information that we sometimes fail to understand or at least put to good use for a customized and efficient workout. Don't take a stab in the dark, it's worth figuring out - these days time is everything. I have recommended to many the use of a unit called a Caltrac® which is a small pager like device you can clip on your belt and wear daily. This tells you (sometimes painfully) just how many calories you are burning on a daily basis.

If you're not the gadget type then look below at the table of MET values for a list of many common

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activities. This table does not list every single exercise so when viewing it look for the exercise that matches or comes as close as possible to what you do to figure out how many calories you're burning.

Activity	MET Value
Bicycling: < 10 mph	4
Bicycling: 14 - 15.9 mph (vigorous)	10
Bicycling:> 20 mph (racing)	12
Stationary Bicycling: (light)	5.5
Stationary Bicycling: (moderate)	7
Stationary Bicycling: (vigorous)	10.5
Circuit Resistance Training	8
Resistance Training (vigorous)	6
Stretching, Yoga	4
Water Aerobics	4
Aerobics: General	6
Aerobics: Low Impact	5
Aerobics: High Impact	7
Jogging: General	7
Running: 5 mph (12 min. mile)	8
Running: 6 mph (10 min. mile)	10
Running: 8mph (7.5 min. mile)	13.5
Running: 10 mph (6 min. mile)	16
Running Cross Country	9
Running Up-Stairs	15
Cals - Pushups, sit-ups vigorous	8
Cals-light moderate back exercises	4.5
Golf: In General	4.5
Golf: Carrying Clubs	5.5
Golf: Using Power Cart	3.5
Tennis: General	7
Tennis: Doubles	6
Tennis: Singles	8
Walking: < 2 mph-very slow	2
Walking: 3 mph- moderate	3.5
Walking 3.5 mph-brisk	4
Walking Uphill: 3.5 mph	6
Walking 4.5 mph very brisk	4.5
Walking the dog	3.5
Walking to class	4
Swimming: laps freestyle light	8
Swimming: Backstroke general	8
Swimming: Breaststroke general	10
Swimming: Butterfly general	11
Swimming: Leisurely - not laps	6
Skiing: In General	7
Skiing: Cross Country, light effort	7
Skiing: Cross Country, vigorous	14
Skiing Downhill, vigorous	8

## RESEARCH & REPORT CORNER

### NUTRITION AND PARKINSON'S DISEASE WE'VE COME A LONG, LONG WAY

By Kathrynne Holden, MS, RD

One hundred years ago, so little was known about Parkinson's disease that no treatment was available. PD symptoms progressed until the individual became immobile, and usually developed pneumonia, which led to death. Even fifty years ago, medications could manage only a few of the symptoms of PD.

Today, thanks to research and technology, people diagnosed with PD can look forward to a much brighter future. Now we have diagnostic equipment, medications, surgeries, physical and voice therapies, that were never available before. We also have a far better understanding of the relationship between nutrition and PD, and how we can use nutrition every day to both protect our health, and prevent many of the nutrition-related hospitalizations that occur in PD.

For example, when levodopa was introduced in the 1960s, it was a breakthrough in minimizing PD symptoms. It caused extreme nausea, however, and physicians quickly realized that proteins in food, iron supplements, and large amounts of vitamin B6, could block its absorption, rendering it useless.

Then in the 1970s, levodopa was combined with carbidopa, which reduced the nausea and protected the levodopa to a great extent, allowing it to be better absorbed.

But there were still "motor fluctuations" - when the levodopa wore off before the next dose was due. Researchers determined that if people avoided protein throughout the day, eating it only at the evening meal, they could have better "on time" through the day, and confine most of the "off time" to nighttime, when they were in bed. Others found that a high-carbohydrate diet could also produce better "on time."

Then in the 1990s COMT-inhibitors were introduced. These medications prolong the favorable effects of levodopa. It is no longer necessary for most people to avoid protein during the day, although some reduction in protein may be necessary. Mealtimes can be much more natural and enjoyable.

We've also learned that people who use levodopa may develop elevated homocysteine, a substance in the blood that is associated with atherosclerosis, coronary heart disease, stroke, congestive heart failure, cognitive decline, and Alzheimer's disease. But along with this discovery has come the knowledge needed to reduce homocysteine in the blood. People with PD can enjoy the benefits of levodopa without increasing their risk for homocysteine-associated diseases. A diet rich in the B vitamins, and, if necessary, B-vitamin supplements, can keep homocysteine levels normal.

Vitamin E is a powerful antioxidant, and researchers hoped that supplements of vitamin E might slow progression of PD; a very large study, however, found that the pills did not have the hoped-for effects. However - that wasn't the end of the story. A more recent study has showed that dietary vitamin E - vitamin E in foods - appears to reduce the risk for PD. People who consumed the highest level of vitamin E from food had a 32 percent reduction in risk for PD. Also, people who consumed nuts had a 43 percent reduction in risk for PD. If, in time, dietary intake of vitamin E is definitely shown to be protective against PD, then it's reasonable to suppose that foods rich in vitamin E, such as nuts, may also help slow the progression of PD. It may be that some components of these foods work together with the vitamin E to provide protective effects, while supplements don't have this synergistic effect.

We can also hope that supplements of Coenzyme Q10 (CoQ10, or Q10, for short) may slow the progression of PD. A recent study found that early PD patients taking very high amounts of CoQ10 in supplement form experienced a slower functional decline. The study was too small to be definitive, however, and a larger study is now underway to attempt to duplicate the results. Studies have also shown that a legume eaten for centuries in Mediterranean and Middle Eastern countries

contains significant amounts of levodopa. The vicia faba, variously known as fava beans, faba beans, broad beans, and horse beans, resembles a giant green bean. The young, immature pods and the beans within contain levodopa in an edible form. In small studies, some people found that the anti-PD effects from the fava beans were more prolonged than the effects from levodopa in pill form.

Berries and green tea are also being studied for possible protective effects on PD symptoms; and it's reasonable to believe that the next few years will bring about a whole new menu of foods that will safeguard health and - perhaps - slow the progression of PD.

In short, to be diagnosed with PD today is not at all the same as being diagnosed 50, 20, even ten years ago. Today we have a wide array of tools at our disposal, among them our daily menus. People with PD are empowered to take charge of their own health as never before. In the coming months we'll talk more about those foods, and other nutrition-related issues. In the meantime, here's to your good health!

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### ***COMING UP IN NEXT MONTH'S ISSUE...***

- **Stay Tuned for Fitness Information that you can't afford to miss, the type of "inside stuff" your friends wish they knew!**
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# TROY CONSULTING

## "Helping You Help Others"

*Specializing in non-profit and corporate partnering, general development and fund-raising, and cause related marketing. We can help you help others!*

### JULY TIP

Now that summer is here, the kids are off, and you may (or not!) have some free time, remember that non-profit organizations are in need of volunteers, as many of their dependable people take off for the summer. What better way to show your child the benefit of giving back to the community, then by

donating your time together - parents and children. So, don't hesitate to call organizations that you have an interest in, and offer your time - as a family. You may be amazed at the fun you will have, together.

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## WIN-WIN FITNESS CHALLENGE CONTEST



### REGISTER ME RIGHT AWAY!!

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Phone (Day): \_\_\_\_\_

Signature: \_\_\_\_\_

Fill out the entry form above and fax it to: (717) 545-2595, Hurry! There are only (5) spaces available!