



The podcast “Consumer’s Guide To Health” returned to the airwaves in January. This biweekly podcast and live stream airs on BlogTalkRadio every second Thursday at 11:00am central time. Join the discussion!

Episode 41 is entitled “WalkSmart”. Walking may hold the keys to this country's exercise and fitness dilemma. It is something that people have been doing since they were 11 or 12 months old, so little is required in terms of education or sport training.

In today's fitness culture, running continues to grow in popularity, but the injury rate continues to grow as well. Anywhere from 60 to 90% of all runners will be injured within any given year, and the majority of these injuries are training-related.

WalkSmart was initially developed as a component of a program for running-related injuries.

The goal of the program is to facilitate various physiological responses - biomechanical, cardiovascular, neuromotor, and postural - through graded high-intensity walking.

But would a high-intensity walking program provide fitness participants with a safer environment for exercise, along with a significant training effect, with far less risk? Would this foster exercise adherence simply because participants won't experience a high injury rate?

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. The next episode will be on Thursday, April 26.

Episode 41 Notes: WalkSmart

Welcome to the Smart Life Project's "Consumer's Guide To Health" for April 12, 2012. I'm your host, Allan Besselink, coming to you live from Austin, Texas (as I do every other Thursday at 11:00 am central time). This show is brought to you by the Smart Life Project, a health initiative based in Austin, Texas committed to providing sports science solutions for training, rehab, and life. Life is a sport - play smart.

Becoming a consumer of your own health and health care is critical in this day and age. The health care and fitness worlds can be a challenge to negotiate. But we are also in an era of accessibility to information, and as I always say, knowledge is power - if only we'd use it. Let's face it though - the inability to challenge our belief systems in the face of good scientific evidence is the primary limiting factor in the advancement of both health care and coaching, as well as human performance and injury prevention. And as I always say - don't shoot the messenger.

The primary goal of this show is to increase awareness of these issues so that people can become better consumers of their own health - from the grass roots level.

With that in mind, our call in number is (347) 843-4753.

Today's episode 41 is entitled "WalkSmart".

Walking may hold the keys to this country's exercise and fitness dilemma. It is something that people have been doing since they were 11 or 12 months old, so little is required in terms of education or sport training. It doesn't require any fancy equipment - as a matter of fact, it could be done barefoot or in shoes.

In a recent study by Jama Purser of Duke University, it was found that slower walking speed may be a marker for identifying those at risk for knee osteoarthritis. The researchers found there was a consistent association between fast walking speed and reduced incidence of radiographic and symptomatic knee OA.

Walking may be the key to our country's health. But can we attain greater health effects with less?

In the early '90s, I did a lot of research into the mechanics and physiology of walking. There were a number of ideas floating through my mind at the time. In the running injury world, there was a lot of talk about cross training. My goal was to find an optimal cross training activity for runners. Walking has similar biomechanical characteristics, but could an athlete attain enough of a training stimulus while walking?

WalkSmart was initially developed as a component of a program for running-related injuries. The goal of the program is to facilitate various physiological responses - biomechanical, cardiovascular, neuromotor, and postural - through graded high-intensity walking. Once an injured runner is able to walk without pain, a high-intensity walking program could be initiated to foster the appropriate and similar physiological and biomechanical responses.

In 1994, I presented a paper at the Joint Congress of the Canadian Physiotherapy Association and American Physical Therapy Association in Toronto. This was entitled "WalkSmart: Implications Of A Graded High-Intensity Walking Program". Since then, I have included it as a

chapter in my book "RunSmart".

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