



# retention**GURU**

Engage - Retain - Renew

# **Design Activities to Improve Exercise Adherence**





exercise**Adherence**



# Top 10 Factors Impacting Retention

1	<b>Visits</b>	6	<b>Goals</b>
2	<b>Interaction</b>	7	Contracts
3	<b>Programming</b>	8	Age
4	<b>Group Exercise</b>	9	<b>Inductions</b>
5	<b>Social/Community</b>	10	Discontent



**Exercise adherence** is the extent to which a customer acts in accordance with the advised **exercise** dose, and **exercise** dosing regimen.

Do they stick to the exercise programme as prescribed



# Prescription

12 exercises

2 set per exercise

10-12 Reps per exercise

70-80% 6 rep max

90 seconds rest

3 times per week





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# Walking Adherence in Older Women

Intervention group increased walking by 79%

61% of the intervention group walked seven or more miles per week

80% of all women walking at least five miles per week

Due to the strict nature of compliance (7 miles/week)

39% of the intervention group considered non-adheres

walked 5 miles/week over 2 years

Kriska, et al  
A RCT in older women:  
increased activity over two years and  
the factors associated with compliance  
Medicine and Science in Sport and Exercise.  
Vol.18, No.5 p557



# Reducing anxiety in the new to exercise



Those new to  
exercise often arrive  
full of **anxiety**

That anxiety can be  
labeled as  
**Pre-cognition**  
thoughts about what is  
to come.





The pre-cognitions may include negative thoughts about the experience, the potential for discomfort, pain (DOMS) and injury, and is often cited by non exercisers as a barrier to exercise.

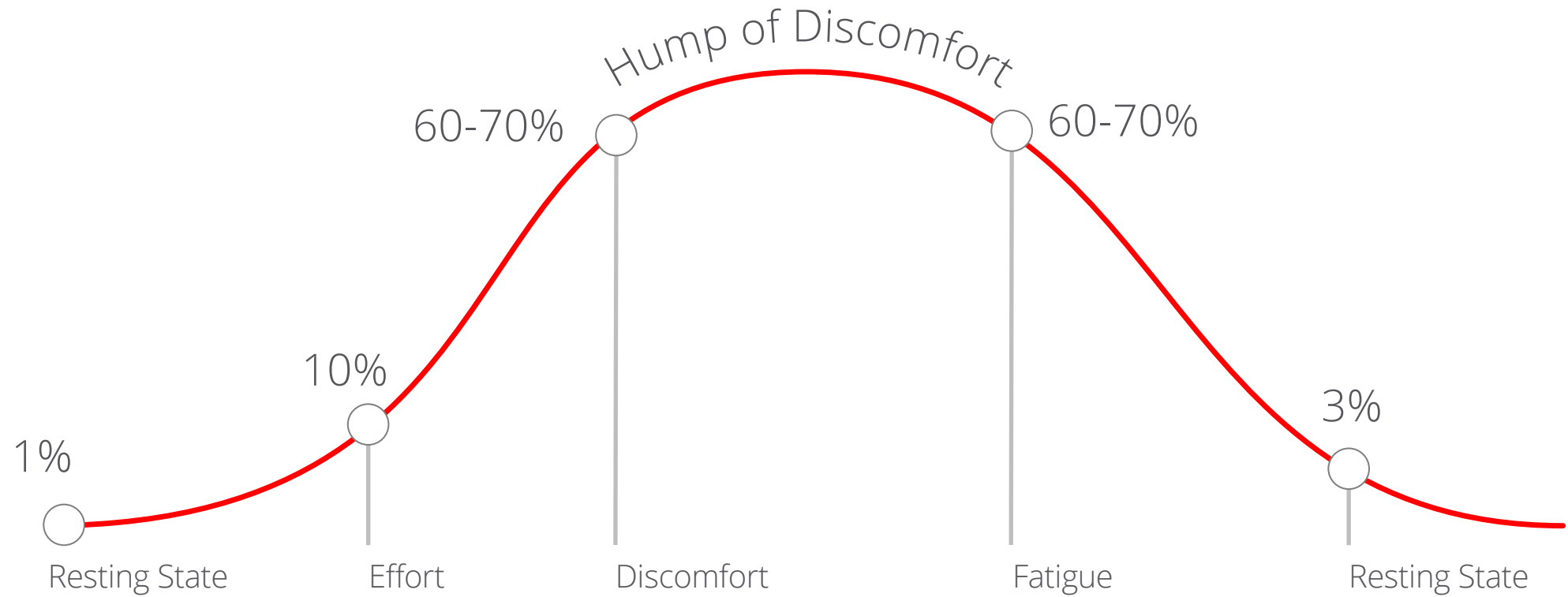




During exercise, the new exerciser will actually feel some levels of discomfort.

In everyday life discomfort and pain are often signs that something is wrong and should be avoided.

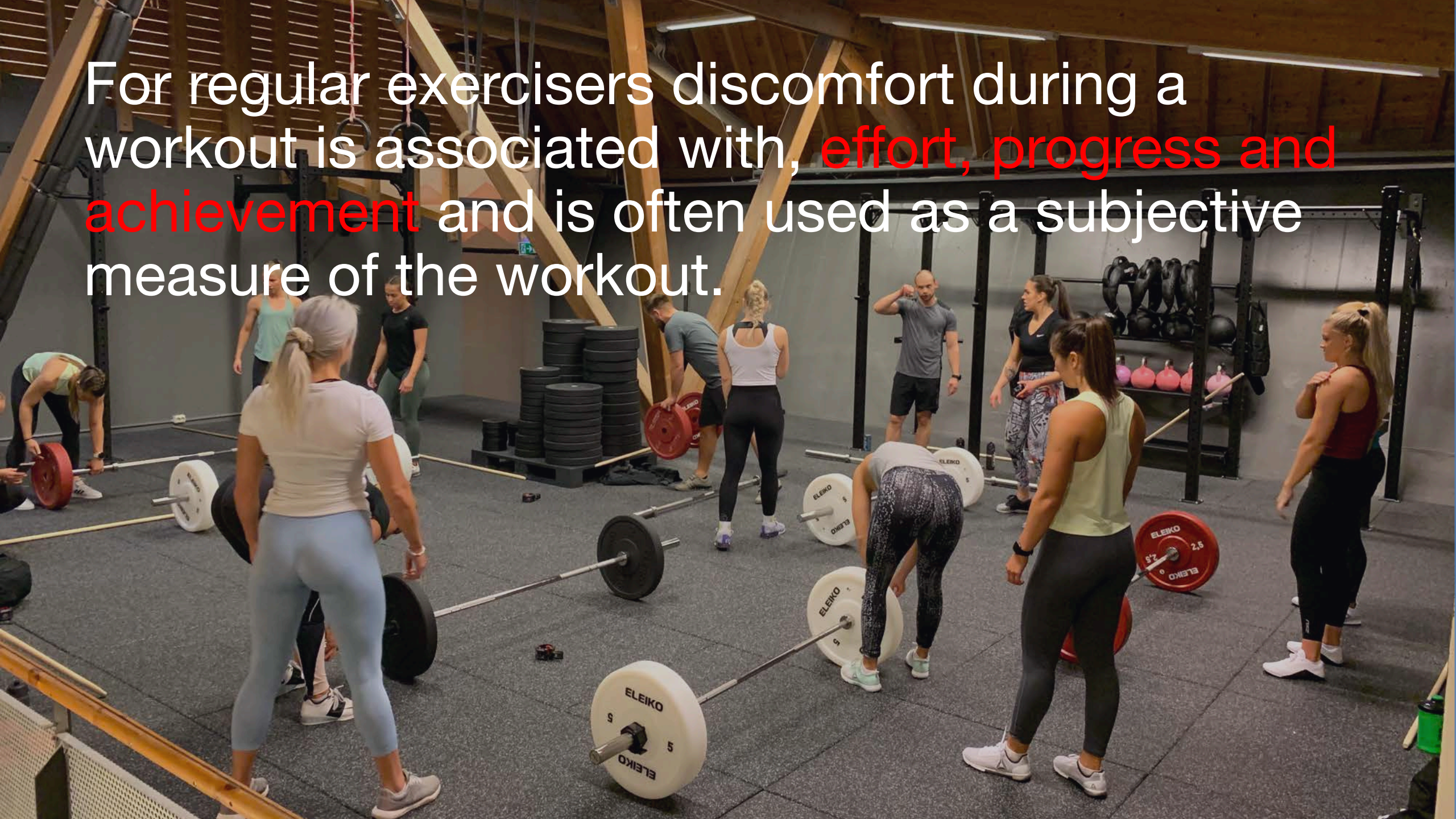




Those who are new to exercise need to learn the difference between the pain associated with injury and the discomfort associated with exercise



For regular exercisers discomfort during a workout is associated with, **effort, progress and achievement** and is often used as a subjective measure of the workout.







“I trained legs  
yesterday, today I  
cant walk”

Positive statement about self  
induced physical discomfort.

New exercisers must learn to recognize the discomfort and pain created by exercise has a benefit.

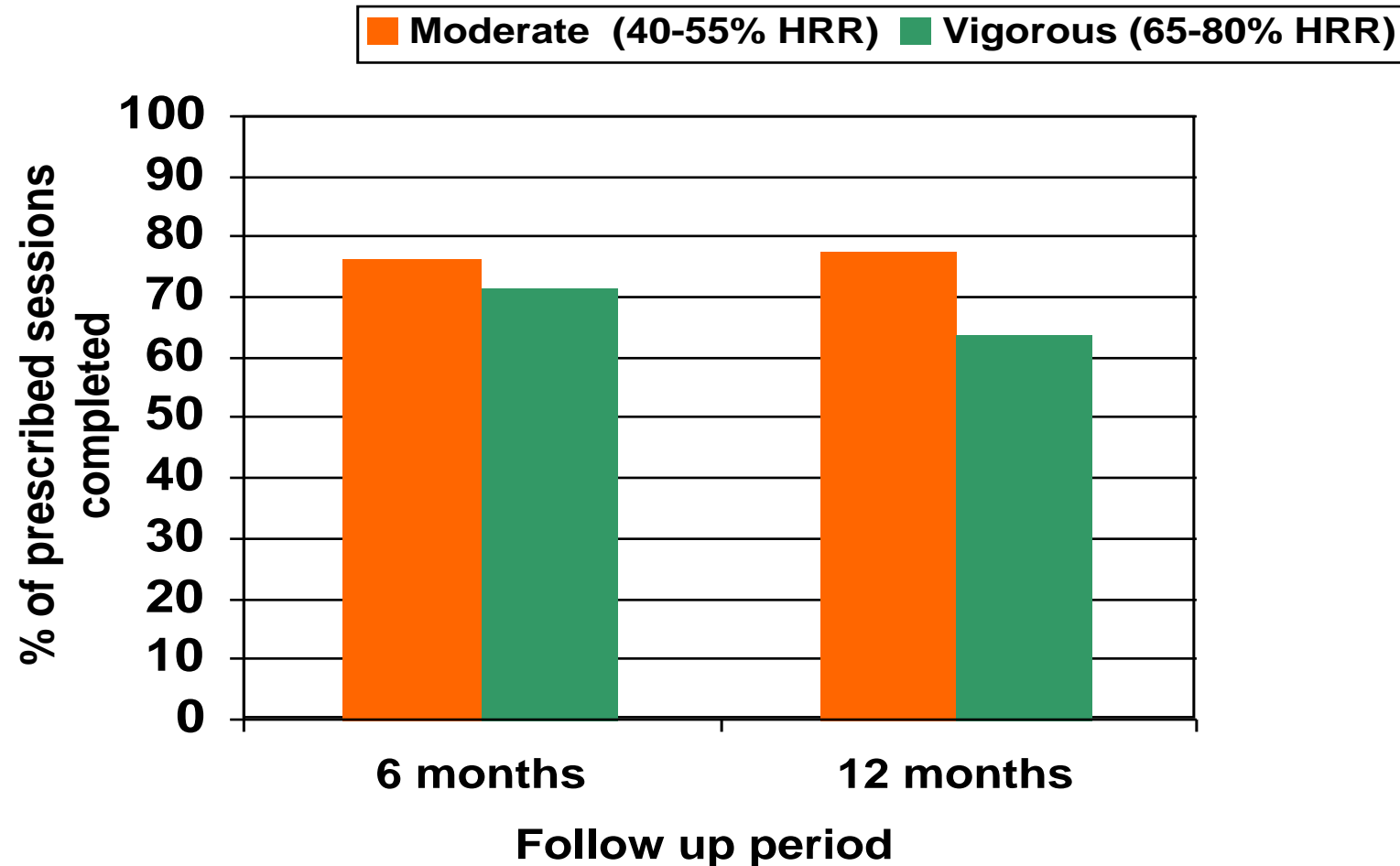


Unique Results - Colchester



You need to work clients within the existing limits and not expect new exercise to have developed the psychological or physical tolerance of discomfort, that experienced exercisers have.

# Exercise Intensity and Adherence

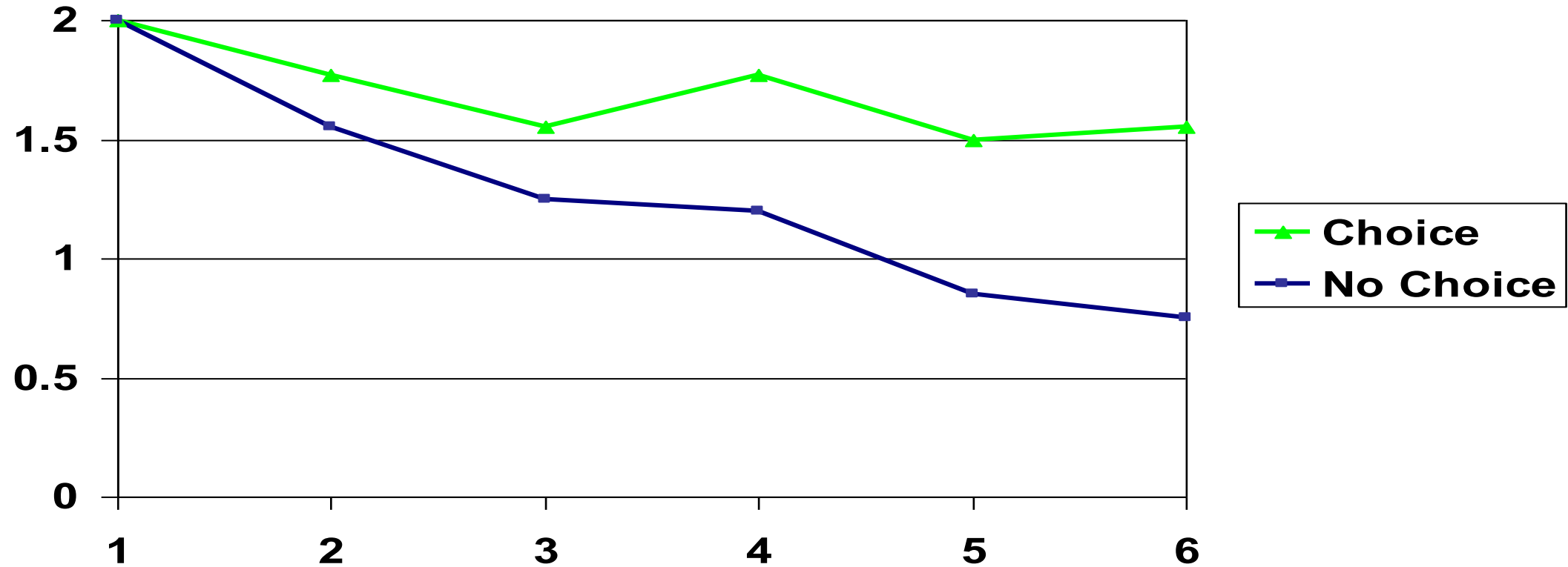


Cox KL.,  
Clin. Exp. Pharm. Phys.,  
1996.



**Identify  
Trainer  
behaviours  
that build  
confidence**

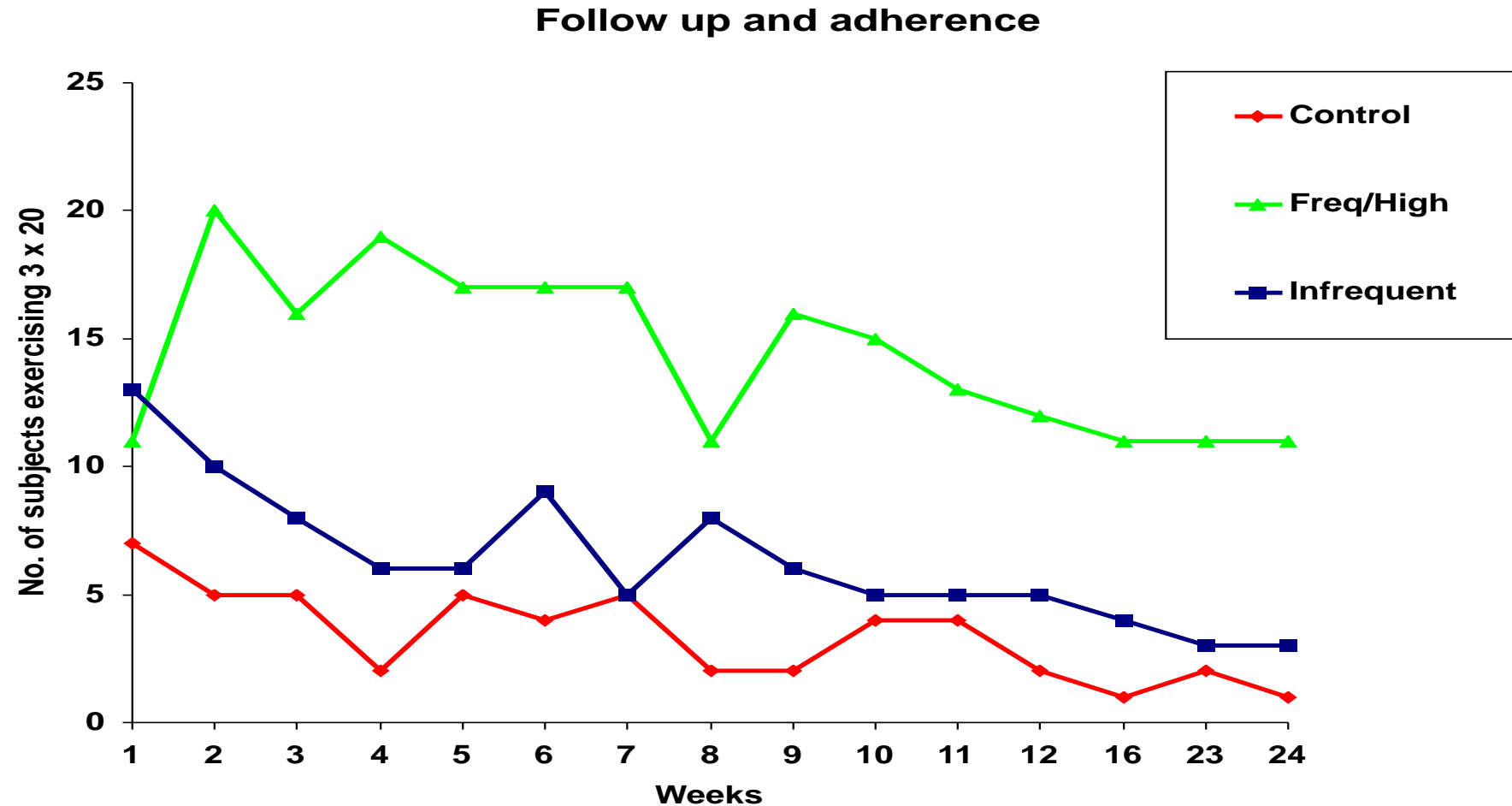
# Perceived Activity Choice upon Exercise Adherence



Thompson & Wankel, 1980



# Frequent Professional Contact



# Increasing Adherence (Self-efficacy)

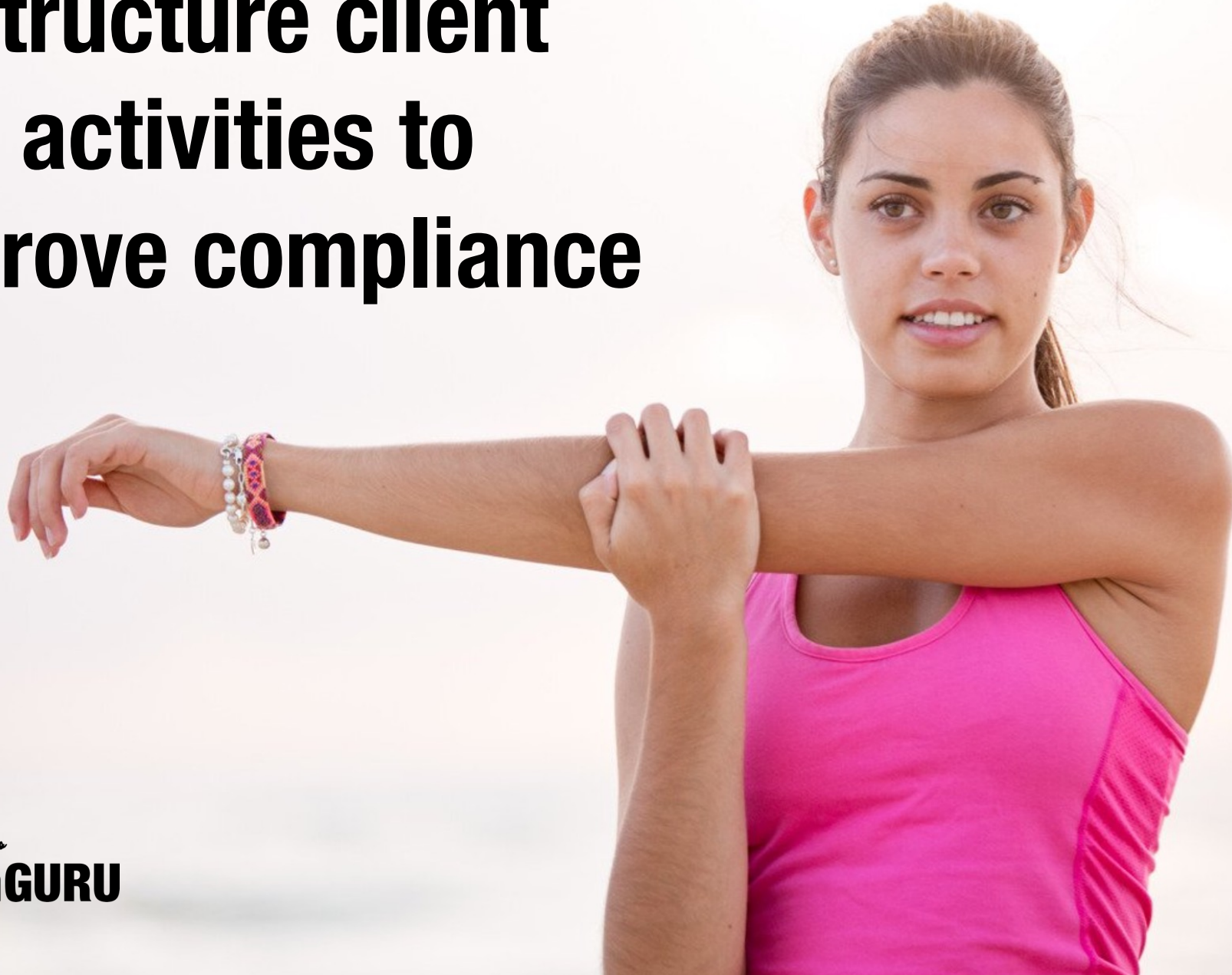
1. Make it personally relevant
2. Work to reduce barriers
3. Make it easy, enjoyable, and challenging
4. Provide reinforcement
5. Set realistic and achievable goals
6. Feedback, support and give recognition
7. Avoid threshold mentality



# Cognitive Load or Cognitive Overload



# Structure client activities to improve compliance

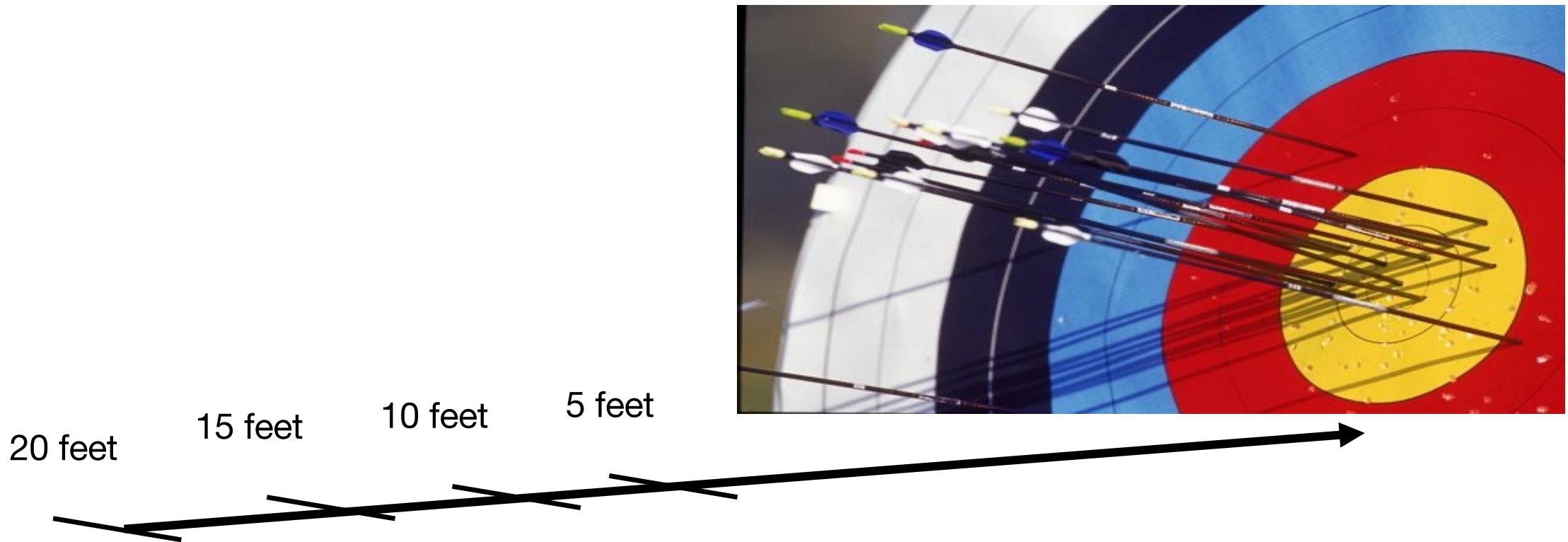






# Build Self-efficacy

Competence + confidence = compliance





# Give people things they can be successful at

Basic skills + Practice = Confidence



# Competence Key

When feed back is  
focused at individuals  
dropout can fall to as  
low as to 10%.





**Technique**  
**Effort**  
**Skill Acquisition**



# Competence Key

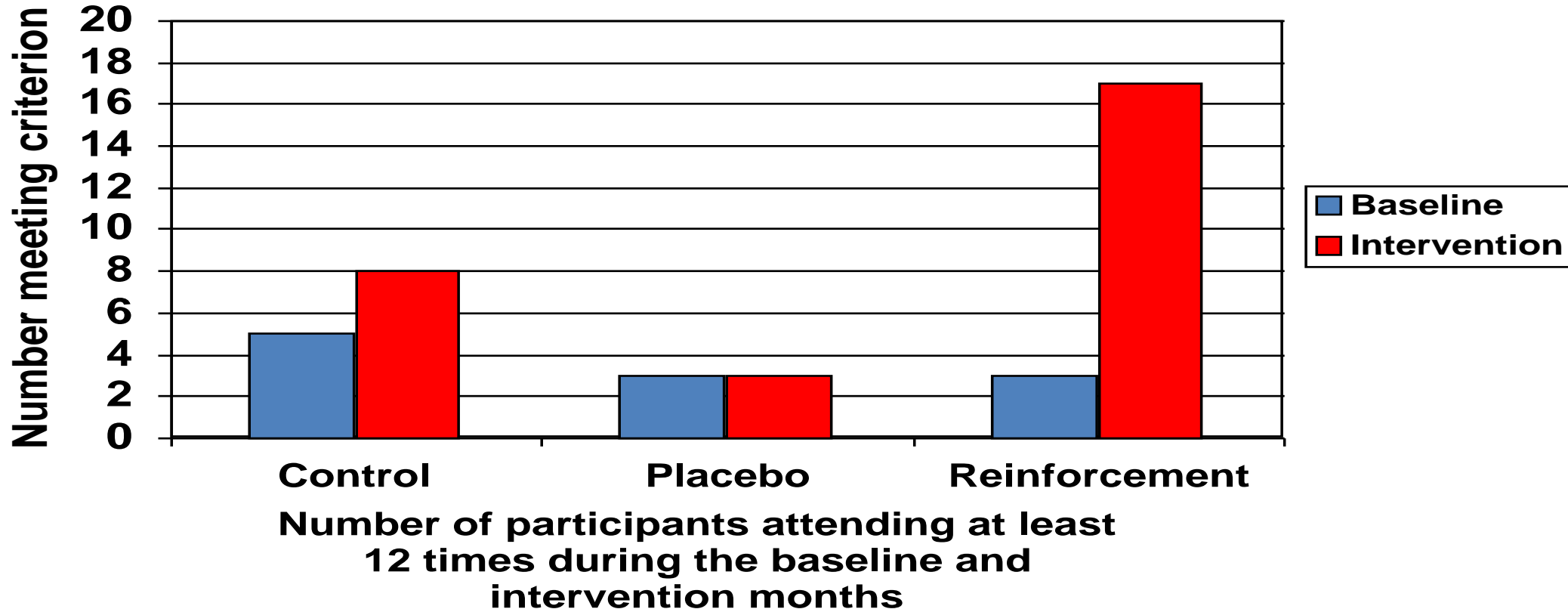
Studies conducted to measure changes and effects of feedback on people have identified that it is not the feedback per se.

*It is the effect of the feedback on the Subjects perception of competence, that moderated changes in motivation.*



# Reinforcement and attendance

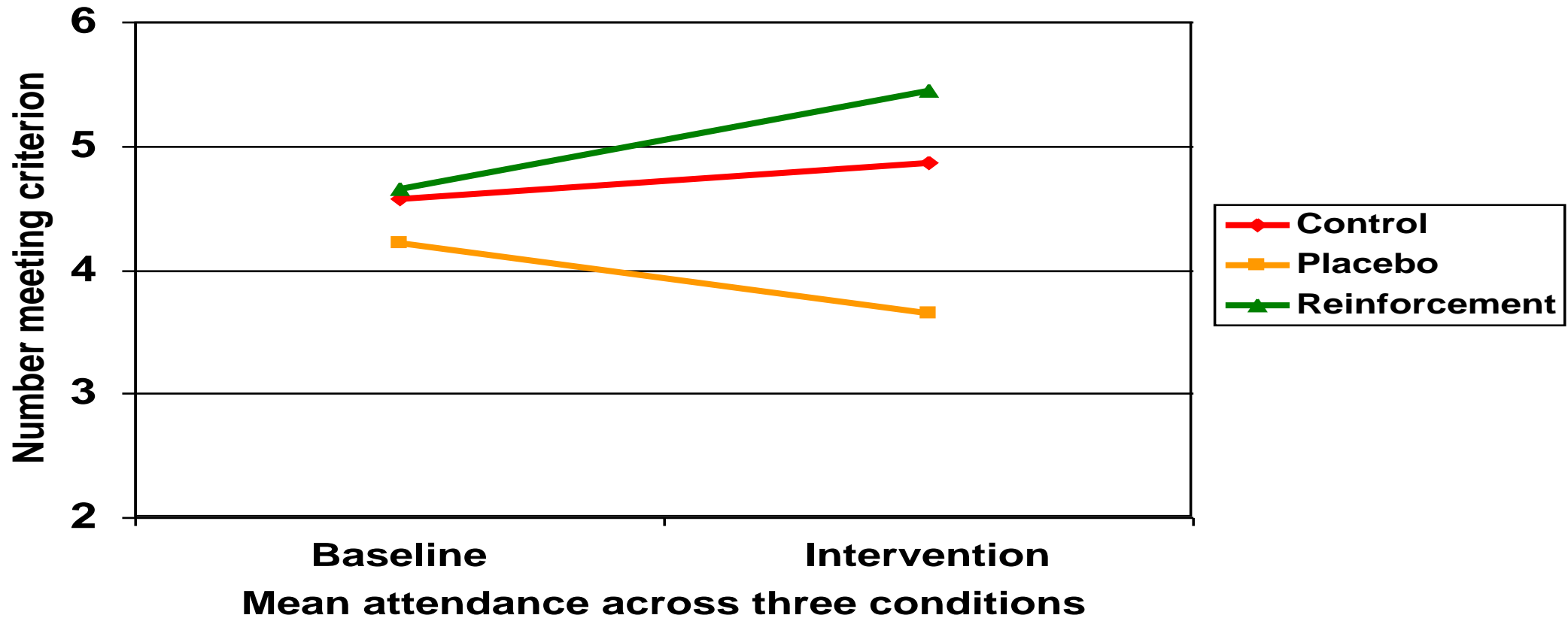
(n=300)



Courneya et al., Health Education  
and Behaviour 1997



# Reinforcement and Attendance









# Goal Setting

1. Document and monitor goals related to physiological changes and physical activity behaviour.
2. Super Ordinate Goal (S.O.G)
3. S.M.A.R.T
4. Document the steps required to achieve your specific goal.





## Self-Monitoring

This involves documenting your activity behaviour, the data collected often includes; date, time of exercise, duration, type of exercise, type of activity, heart rate and/or rate of perceived exertion.



Sharing this document with a others to build some accountability and facilitate exercise adherence.

# INCENTIVE

These strategies are often associated with self-monitoring and/or goal setting and involve the rewarding yourself and/or being rewarded by a group leader once you reach an activity-related goal.



# INCENTIVE

The best types of rewards are those that are not detrimental towards your overall goal.

It could be a physical reward of practical use or simply the acknowledgement amongst peers.







## **Problem Solving**

Identify the obstacles and barriers that stand between you and your physical activity goals.

Then generate and implement solutions, evaluate the outcomes and choose different solutions if needed.



# Social Support

Taking part as part of a group program, with a friend or family member or interactions with health professional can increase exercise adherence as you will have a network of people working towards a common goal.



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