

# the **CrossFit** JOURNAL ARTICLES

## Conventional Wisdom and the Fitness Industry

Mark Rippetoe

Glenn Pendlay and I were talking one evening about the prospects of making a living in the fitness business. He was finishing his masters in exercise physiology and wondering aloud about his options. I was providing the witty repartee and the beer. At the time I had been in the industry in some capacity for 23 years and a gym owner for 17—although any realistic assessment would have to conclude that, if earning lots of money were the criterion, I had not been terribly successful, so we were mainly discussing his situation.

“I don’t know if I want to work in this industry,” he said.

“Why not?” was my insightful, probing response.

“Because the general public doesn’t know the difference between me and you and the kid at Gold’s.”

“Well, nobody’s stupid enough to confuse me with you, but you may have a point about the pinsetter.”

“You know what I mean.” And I did. “The average person trying to make a decision about where to spend their money on a gym membership or personal training has absolutely no way to tell the difference between a coach with our experience and the kid that Gold’s certified last weekend.”

“Yeah, that’s a pain in the ass. And the pinsetter has better arms too.”

“And abs. How are you going to explain to a 42-year-old

salesman in a midlife crisis that the kid at Gold’s has abs because he’s skinny and 19? And that he really shouldn’t worry about abs right now? I mean, I’m a trainer, you’re a trainer, and the kid is a trainer, and of the three of us who looks the most like a trainer?”

“Well Glenn, I guess you need to give me 20 situps.”

This is a real problem for the fitness industry. Even among the state-licensed professions, there are glaring examples; every town has an embarrassingly bad doctor, lawyer, dentist, and architect who somehow manages to make not just a living but a good one. The obvious answer is that caveat emptor applies, always and everywhere—except that it doesn’t. People trust authority, even when it is unearned and undeserved.

As Dan John says, the pinsetter does have “Trainer” written on his polo shirt.

But what about when he has “Doctor” written on his shirt? Or “Physical Therapist”? Or even “Chiropractor”? These health care professionals have no specific training in sports performance or strength and conditioning, yet they frequently practice in this field as the patient is on the way out the door: “You don’t need to lift heavy weights for what you want to do anyway. Just do lighter weights for higher reps.” Without the slightest idea whatsoever about what they are saying. And since these people have the state’s stamp of approval and charge more than I do, they usually get listened to a lot more

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carefully. The public perceives medical professionals as the ultimate authority on all things having to do with the human body. This is frequently unwarranted.

It wouldn't be so bad if they said things that made sense, or asked us what to say since we are supposed to be familiar with this material. But they'll still tell you, right here in the twenty-first century, that full squats are bad for your knees, that weight training will jeopardize your son's career in sports, that long slow distance is necessary for "being in shape," and that one day on/one day off is always the best schedule. I do not practice orthopedic surgery. I claim no expertise regarding pulmonology or obstetrics. In a perfect world, those who do would not attempt to practice my profession in the absence of relevant training and experience.

The media feed this situation, precisely because they like to be fed themselves. The Noon News exists in the realm of the 60-second canned story, the gist of which is condensed into a simple, un-nuanced explanation of the bleeding obvious, and which always prominently features the considered opinion of an M.D. who wants you to see him before you start any exercise program, possibly for some reason that might involve a co-pay. The mainstream print media are no different, except that they can waste more of your time with longer stories. The reporters, anchors, and journalists that glue this mess together have no particular expertise in exercise, biology, or, really, anything else except presentation. Space is available, it must be filled, and that which comes from a medical professional is assumed to be correct. This bias is then transmitted to the general public and reinforced every time the TV is turned on or the Health section of the newspaper is opened.

The really weird part of this is that these medical people typically form their impression of what constitutes fitness from the very media they influence. Doctors, again having no specific training in exercise, come from school with only the information they have been able to obtain on their own. The most effective orthopods are often former athletes, who learned from coaches and personal experience about how the human body adapts to stress. But most did not, and so most get

their information from the same people their patients do. This is indeed a sorry situation.

Further complicating this matter is the sad fact that the academic exercise science community is also in the business of conventional wisdom. Biomechanics/kinesiology/exercise physiology/physical education has contented itself for many years with creatine studies and peer review of each other's work. For example, Volume 20, number 4 of the NSCA's *Journal of Strength and Conditioning Research* published a total of 42 papers, five (12%) of which list the editor-in-chief as a co-author, and 17 (40%) of which list associate editors (the ones doing the peer reviewing) as authors, either singly or in groups. One associate editor is listed on five papers. Another associate editor has 11 of his 14 published papers (according to the National Library of Medicine's catalog) published in the *JSCR*. The editor-in-chief has published 11 of his past 25 authored or co-authored articles in this journal. This level of cronyism is not the norm for most reputable peer-reviewed scientific journals, most of which are concerned less about the number of papers they publish and more about their quality and academic reputation.

And it does affect the quality of the publication. Volume 20 of the *JSCR* contains a peer-reviewed study that determines that the best direction to look when squatting is up, but it fails to include a description of the exercise; the actual method used to squat might be germane to the topic, you'd think. There is a peer-reviewed study of the effects of bands on the squat that uses a Smith machine for the exercise. There is a peer-reviewed study on the effects of different pacing strategies on the 5-km running event that uses a treadmill instead of a track or road. Another peer-reviewed study compares the effects of super-slow training with volitional speed training—in other words, super-slow vs. no particular speed, which is unable to conclude anything except that super-slow doesn't work very well when compared to anything else. There is even a study that probably should have appeared in the journal *Duh* that demonstrates that step aerobics does not improve vertical jump or power production. The NSCA's other peer-reviewed publication, the *Strength*

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and *Conditioning Journal*, ran an amazing article a few years ago by one of their state chairmen that advocated a program for—I am not making this up—periodized abdominal training.

The big-box health club industry at large is the concentrated, stinking, gelid mass of the sum total of this silly bullshit. The industry-standard floor configuration is 55 percent of the space in treadmills and the latest fashion in “cardio” equipment. Closing The Sale is the only valued expertise on the staff. Deadlifts and chalk are prohibited, sweating is discouraged, and noise is considered offensive. Squats and presses are understood to be Smith machine exercises. There is probably a wrist curl machine. The two-year contract sticks it all together.

This mass of conflicting information has produced confusion in the general public about whom to listen to, whom to take seriously, and whom to pay. It has also produced a population that is unimpressed with the fitness industry, a population that is fat, diabetic, lazy, and convinced they can never be anything else. All the aforementioned problems within the industry have contributed to the lack of results that would tell them otherwise.

Government licensure has been suggested as a remedy for the widely varying quality of exercise advice. But this is absolutely the last thing that legitimate practitioners should ever want. If the government grants your trainer’s license, and the government gets to administer the test and thereby set the standards for practice, who will get to tell the government whether full squats are in fact bad for the knees? Or whether it is safe to work at intensities above 75 percent of “max” heart rate? Not the folks taking the test, most certainly. Because after all, doctors know more about this than anybody

else. What do you think they’ll say? And when we’re all operating under the same standards of practice, your license will depend on your adherence to them, not on your ability to produce results for clients and trainees. Think long and hard about this one.

So how do you inform an uninformed public? How can you communicate the not-too-complicated-but-more-complicated-than-Sudoku concepts of human adaptation to physical stress, and the real exercise that relies on these concepts, to people not equipped with the information and experience to understand them?

Well, how did Covert Bailey manage to convince everybody that dietary fat was the equivalent of rat poison, even though they most definitely did not want to hear that? How did Kenneth Cooper get everyone in any field that involves wearing a white coat to believe that exercise equals long slow “cardio”?

Through endless repetition, that’s how. Through the conversion of one person at a time. After all, LSD (long slow distance) does work better than absolutely nothing, and enough people lost enough weight and gained enough fitness with jogging and a low-fat diet that inroads were made. Stories were written, TV specials were filmed and repeated, jogging became the exercise of choice in movies and television shows, and doctors told their patients. The public schools and universities and public health services incorporated the LSD paradigm into their curricula. Thirty years later, here we are.

We have a harder job than they did. “Cindy” and carb control are not as comfortable and easy as jogging and Snackwells. But our type of exercise has always worked; since Sparta, people have been getting out of their training exactly what they put into it. I didn’t invent

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squats, Coach Burgener didn't invent snatches, and Coach Glassman isn't the first to use chins, cleans, and burpees in a single short, hard workout. Many generations of people have learned the same things we know and have done the same things we do. The difference now is the media, which have caused two new things to happen. First, people are now more aware of their health and how the things they do affect it than ever before. This is good. But, second, the media want the things they say to be believed so they can retain their gravitas, and easy things are more likely to be believed than hard things. So while they have focused attention on health—and, by extension, fitness—like never before, their version of fitness is just silly, incapable of producing compelling results for anybody except the most detrained people. And then the medical community, probably in an effort to follow the modern version of Hippocrates' maxim ("First, do not get sued"), picks up this ineffective, sub-adaptive approach to fitness and makes it The Law under color of authority.

Our job can be done the same way they did theirs. First, we continue to get superior results for our trainees. Working with high-profile trainees is quite

helpful, since they are the focus of media attention. But word-of-mouth is even more necessary; people are influenced by what they see and read, but their personal acquaintances and friends make a greater difference in their perceptions of things like this. The more people learn from us and grow stronger, healthier, and more capable—and easier on the eye—the less difficult our job will be. When the weight of experience begins to tip public perception in our favor, the media and the healthcare profession will also alter their perception of what works and what doesn't. Just keep doing what's right, like you would anyway.

"So I guess we're both screwed, huh?" I asked Glenn.

"Not me," he said. "I'm going to cut in line. I'll get in the barbell business."

"Hmm. Maybe there's an angle there. Maybe I'll write a book."



Mark Rippetoe is the owner of [Wichita Falls Athletic Club/CrossFit Wichita Falls](#). He has 28 years experience in the fitness industry and 10 years as a competitive powerlifter. He has been certified as an NSCA Certified Strength and Conditioning Specialist since 1985 and is a USA Weightlifting Level III Coach and Senior Coach, as well as a USA Track and Field Level I Coach. He is co-author, with Lon Kilgore, of the books [Starting Strength: Basic Barbell Training](#) and [Practical Programming for Strength Training](#), and has published a collection of his essays titled [Strong Enough?](#)