

WORLDWIDE SURVEY OF FITNESS TRENDS FOR 2012

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LEARNING OBJECTIVES

From this article, the reader should understand the following concepts:

- The difference between a fad and a trend
- Worldwide trends in the commercial, corporate, clinical (including medical fitness), and community health and fitness industry
- Expert opinions about identified fitness trends for 2012

Key words:

Commercial, Clinical, Corporate, Community, Expert Opinions, Future Programs

INTRODUCTION

Now in its sixth consecutive year, the 2012 ACSM Worldwide Survey of Fitness Trends embraced previous trends and also reinforced the deletion of what had seemed to be strong trends for 2 to 3 years but now have dropped off the list for the second year in a row relegating them to the growing bucket of fitness crazes, rages, and fads. Arguably, there are growing concerns about the still sluggish economy and how people choose to spend their hard-earned income. The results of this annual survey will help the health and fitness industry make some very important investment decisions when planning for the future. Those business decisions should be based upon emerging trends and not the latest exercise innovation peddled by late night television infomercials or the hottest celebrity endorsing a product.

As in the past five ACSM fitness trends surveys, respondents had to first make the important distinction between a “fad” and a “trend.” Many (if not all) surveys of this type rarely make a distinction, but because this is a survey of trends and not fads, it is important to define each. A *trend* has

been described as “a general development or change in a situation or in the way that people are behaving” (<http://dictionary.cambridge.org>). It would be totally expected then to see the same trends appearing for multiple years in a “trends survey.” The definition of trend, after all, includes the phrase “general development” as opposed to “a fashion that is taken up with great enthusiasm for a brief period,” which is the definition of a fad (<http://dictionary.reference.com>). For the last 6 years, the editors of *ACSM's Health & Fitness Journal*[®] have developed and widely disseminated electronic surveys to thousands of professionals to determine trends in the health and fitness industry that might help to guide programming efforts for 2012 and, perhaps, into the next decade. The first survey (1), conducted in 2006 (for predictions in 2007), was the initial effort to develop a systematic way to predict the future of the health and fitness industry, and surveys have been done each year since (2–5).

These annual surveys of health and fitness trends in the commercial (for-profit), clinical (including medical fitness), community (not-for-profit), and corporate sectors of the industry confirmed some trends revealed in previous surveys. Some of the trends first identified for 2007 have moved up and stayed in the top 10 since the original survey was published, whereas some new trends seem to be emerging for 2012, and others have disappeared out of the top 20. Future surveys will either confirm these new trends or fall short of making an impact on the health and fitness industry and drop out of the survey as did the stability ball, Pilates, and balance training in 2011; this was confirmed for 2012 as none of these appeared in the top 20. Dropping out of the survey may indicate that what was perceived to be a trend in the industry was actually a fad. Others

Fitness Trends for 2012

(ZUMBA® and outdoor activities) appear in the top 20 for the first time. Future surveys will either confirm or reject that these are emerging trends.

This survey made no attempt to evaluate equipment, gym apparatus, tools, or other exercise devices that may suddenly appear at clubs or recreation centers or during late-night infomercials often seen during the winter holidays or the week before and a few weeks into the New Year. The survey has been designed to reconfirm, confirm, or even introduce new trends (not fads) that have been sustained by having a proven impact on the industry according to the international respondents. Using this framework, it is understandable that some of the trends revealed in earlier surveys would appear again (and perhaps for several years as is the case for several of the top 10 trends). It is as important for the health and fitness industry to pay close attention to not only those trends appearing for the first time but also those that do not appear this year or have been replaced on the list by other trends (e.g., Pilates and stability ball). The ACSM annual worldwide survey of health and fitness trends should not be confused with estimating the potential impact of a piece of new equipment or some emerging exercise device on the bottom line in for-profit clubs. That type of information is left to the reader to determine if it fits into their business model and how best to use it.

The health and fitness industry should consider taking this information and applying it to its own settings, which may include commercial health clubs (for-profit), community settings (not-for-profit), corporate wellness programs, and medical fitness centers (clinical programs). The benefit to commercial health clubs (those that are for-profit) is the establishment (or perhaps justification) of new markets resulting in a potential for increased and sustainable revenue. Community-based programs should use the results to continue to justify an investment in their unique market by providing protracted programs serving families and youth. Corporate wellness programs and medical fitness centers may find these results useful through an increased service to their members and patients.

There were 37 possible trends in the 2012 survey (six more than for 2011). The top 25 trends from previous years were included in the survey as were some emerging trends identified by the editors of *ACSM's Health & Fitness Journal*®. To create a balance, the editors represent all four sectors of the health and fitness industry (corporate, clinical, community, and commercial) as well as members of academia. In the survey, potential trends were first identified, and then, short explanations were written to offer the respondent a few details without inconveniencing them with too much reading, analysis, or interpretation. The survey was designed to be completed in less than 15 minutes. As an incentive to complete the survey, the editors made available several ACSM books published by Wolters Kluwer/Lippincott Williams & Wilkins and Human Kinetics and a \$100 American Express gift card. See a list of winners in ACSM's Newsbriefs on page 2 of this issue. These incentives helped to increase participation in the survey.

As in all of the previous ACSM worldwide fitness trends surveys, the 37 potential items were constructed using a Likert-type scale ranging from a low score of 1 (least likely to be a trend) to a high score of 10 (most likely to be a trend). After each scoring opportunity, space was allowed for the respondent to add comments (these proved to be very helpful in the identification of emerging trends appearing in this year's survey). At the conclusion of the survey, additional space was left for the respondent to add comments or to add potential fitness trends left off the list to be considered for future surveys. This year's survey also included some valuable demographic information that will help to guide the construction of subsequent surveys. The next step was to send the survey electronically to a defined list of health and fitness professionals. Using Survey Monkey (www.surveymonkey.com), the online survey was sent to 18,474 health fitness professionals. This list included all currently certified ACSM Certified Personal TrainersSM, ACSM Health/Fitness Instructors® (presently known as ACSM Certified Health Fitness SpecialistsSM), ACSM Exercise Specialists® (now ACSM Certified Clinical Exercise SpecialistsSM), ACSM Registered Clinical Exercise Physiologists®, ACSM Health/Fitness Directors®, ACSM Program DirectorsSM, ACSM Alliance members, *ACSM's Health & Fitness Journal*® nonmember subscribers, *ACSM's Health & Fitness Journal*® Editorial Board, and *ACSM's Health & Fitness Journal*® Associate Editors. Of these, 283 were returned for bad addresses, 49 opted out, leaving 18,474 possible participants. After the 3-week window of opportunity had been completed, 2,620 responses were received, which represents an excellent return rate of 14% (401 more than last year and an increase of 1,143 in the last 2 years). Responses were received from just about every continent including Asia, Europe, Australia, Africa, North America, and South America (some specific countries represented included The United States, Australia, Canada, China, France, Germany, Japan, India, Italy, and Russia). Demographics of the survey respondents included 66.1% female and 33.9% male respondents with a wide variability in ages (Figure).

The first step in the analysis was to collate all of the responses and then rank-order them from highest (most popular trend) to lowest (least popular trend). Only the top 20 for 2012 are described in this report. After rank-ordering the responses, we asked four internationally recognized experts representing all sectors in the health and fitness industry to comment on the findings. Their analysis and commentary are included at the end of this report. Table 1 provides the top 10 results of the 5 previous surveys (1–5). The same top six trends identified in 2008, 2009, and 2010 appeared as top six trends for 2011 and now for 2012, just in a different order with educated, certified, and experienced fitness professional maintaining the no. 1 spot, fitness programs for older adults holding on at no. 3 and strength training landing at no. 2. Therefore, the 2012 survey (Table 2) reinforces those findings of previous years, which was expected when tracking

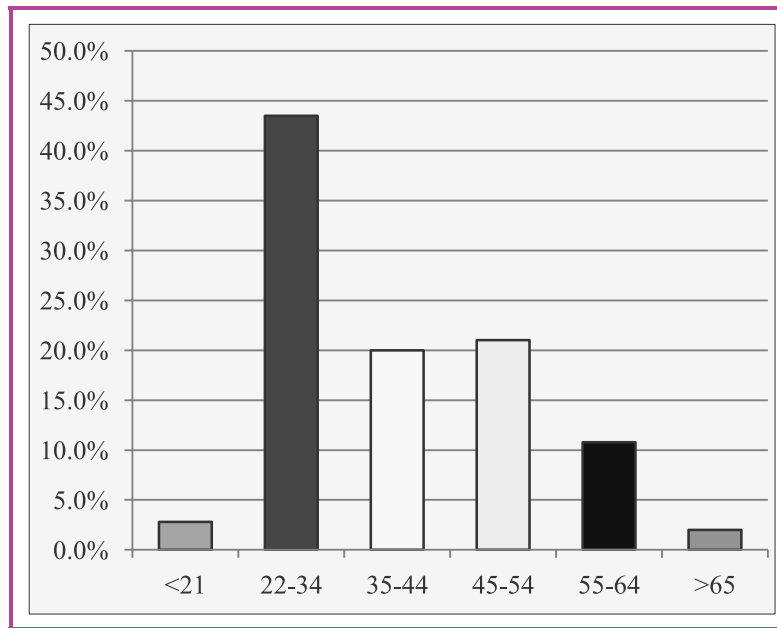


Figure. Age (years) of survey respondents.

trends and not fads. Dropping out of the top 20 trends for 2012 were outcomes measurements (no. 13 in 2011) and clinical integration/medical fitness (appearing for the first time in 2011 at no. 18). Staying out of the top 20 was balance training, Pilates, and stability ball (or Swiss Ball). These three potential trends had shown remarkable strength in past years. Pilates was no. 9 on the list as recent as 2010 and appeared also as no. 7 in 2008 and 2009. Although Pilates had all of the characteristics of a trend in the industry, it may now be thought of as a fad (as supported by this current trend analysis). Appearing for the first

time in the top 20 trends for 2012 were ZUMBA® and other dance workouts (no. 9) and outdoor activities (no. 14). Clinical integration/medical fitness (no. 18 in 2011) and outcomes measurements (no. 13 in 2011) dropped out of the top 20 for 2012.

1. Educated, Certified, and Experienced Fitness Professionals.

Holding on to the no. 1 spot for the last 5 years, this is a trend that continues with education and certification programs that are fully accredited by national third-party accrediting organizations for health/fitness and clinical professionals. There

TABLE 1: Top 10 Worldwide Fitness Trends for 2007, 2008, 2009, 2010, and 2011

2007	2008	2009	2010	2011
1. Children and obesity	1. Educated and experienced fitness professionals	1. Educated and experienced fitness professionals	1. Educated and experienced fitness professionals	1. Educated and experienced fitness professionals
2. Special fitness programs for older adults	2. Children and obesity	2. Children and obesity	2. Strength training	2. Fitness programs for older adults
3. Educated and experienced fitness professionals	3. Personal training	3. Personal training	3. Children and obesity	3. Strength training
4. Functional fitness	4. Strength training	4. Strength training	4. Personal training	4. Children and obesity
5. Core training	5. Core training	5. Core training	5. Core training	5. Personal training
6. Strength training	6. Special fitness programs for older adults	6. Special fitness programs for older adults	6. Special fitness programs for older adults	6. Core training
7. Personal training	7. Pilates	7. Pilates	7. Functional fitness	7. Exercise and weight loss
8. Mind/Body exercise	8. Functional fitness	8. Stability ball	8. Sport-specific training	8. Boot camp
9. Exercise and weight loss	9. Stability ball	9. Sport-specific training	9. Pilates	9. Functional fitness
10. Outcome measurements	10. Yoga	10. Balance training	10. Group personal training	10. Physician referrals

TABLE 2: Top 20 Worldwide Fitness Trends for 2012*

2012

1. Educated, certified and experienced fitness professionals
2. Strength training
3. Fitness programs for older adults
4. Exercise and weight loss
5. Children and obesity
6. Personal training
7. Core training
8. Group personal training
9. ZUMBA and other dance workouts*
10. Functional fitness
11. Yoga
12. Comprehensive health promotion programming at the worksite
13. Boot camp
14. Outdoor activities*
15. Reaching new markets
16. Spinning (indoor cycling)
17. Sport-specific training
18. Worker incentive programs
19. Wellness coaching
20. Physician referrals

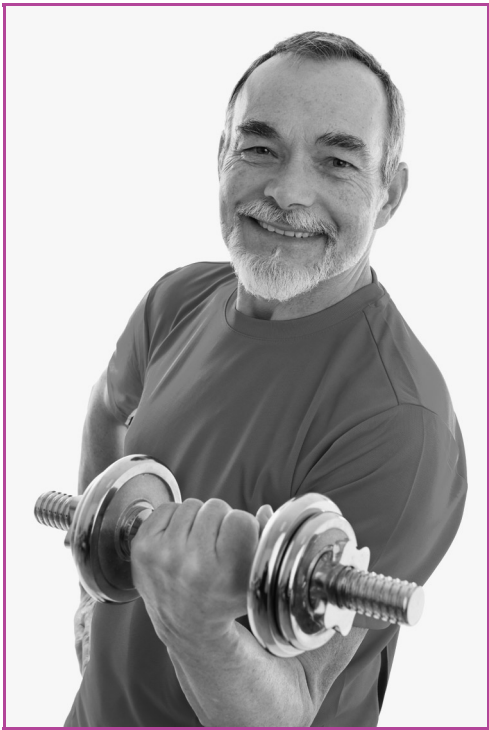
*Indicates a top 20 position new for 2012.

seems to be exponential growth of educational programs at community colleges and undergraduate programs and graduate programs at colleges and universities, which have become accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) through the Committee on Accreditation for the Exercise Sciences and more certification programs accredited by the National Commission for Certifying Agencies (NCCA). According to the U.S. Department of Labor Bureau of Labor Statistics (BLS), "...jobs for fitness workers are expected to increase much faster than the average for all occupations [through 2018]" (<http://www.bls.gov/oco/ocos296.htm>, cited on July 25, 2011). They go on to say "Those with formal training or experience will have the best chances to get a job." The BLS defines "much faster than average" (their highest rating) as an increase of 20% or more. The BLS estimated that in 2008 there were approximately 261,100 employed fitness trainers and projects that by 2018 that number will increase to 337,900 (a difference of 76,800 workers, a 29% increase in the work force in just 10 years). It has become abundantly clear in this still sluggish economy that as the market for fitness professionals becomes even more crowded and more competitive, some degree of regulation either from within the industry or

from external sources (*i.e.*, government) seems to be growing as a number of states and the District of Columbia consider legislation to regulate personal trainers just as it does physicians, lawyers, and pharmacists. Commission on Accreditation of Allied Health Education Programs and NCCA are both third-party accrediting agencies — CAAHEP for academic programs and NCCA for certification programs. Because of their independence, neither organization is directly influenced by the health and fitness industry. In 2007, CAAHEP added a Personal Fitness Trainer accreditation for certificate (1 year) and associate (2 years) degree programs. Accreditation for the academic training of the Personal Fitness Trainer joins academic program accreditation for Exercise Science (baccalaureate) and Exercise Physiology (graduate programs in either applied exercise physiology or clinical exercise physiology). Collaboration also has started within the fitness industry to address the issue of standardized facility practices. Coordinated by NSF International (www.nsf.org), this collaboration (known as the NSF Joint Committee on Health Fitness Facilities Standards) brings various sectors of the industry and the public together to resolve the issues of facility standards (*i.e.*, the characteristics of a health fitness facility). Look for these standards to be adopted by the joint committee within the year with a voluntary certification program to follow.

2. **Strength Training.** Strength training moved from no. 6 on the list in 2007 to no. 4 in 2008 and remained in that position in 2009. For 2010, strength training moved up to the no. 2 position on the list and, in 2011, dropped slightly to no. 3. This is a trend for both men and women to incorporate strength training into their exercise routines. For many years, and for a good number of health clubs (both for-profit and not-for-profit), a central theme remains—strength training. Historically, there are many clients who train exclusively using weights, and there are still those who lift weights for body building. However, today, there





are many other individuals (both men and women, young and old) whose main focus is on using weight training to simply increase or maintain strength. Most health and fitness professionals today incorporate some form of strength training into a comprehensive exercise routine for both apparently healthy clients and for patients with controlled disease. It is common for cardiac rehabilitation, pulmonary rehabilitation, or metabolic disease management programs to include some form of weight training in the exercise prescription. Strength training is popular in commercial, community, clinical, and corporate health and fitness facilities for men, women, and in many cases, children.

3. Fitness Programs for Older Adults. Jumping from no. 6 in 2010, fitness programs for older adults was no. 2 in the 2011 survey and now remains strong at no. 3. As the baby boom generation ages into retirement, and because they may have more discretionary money than their younger counterparts, fitness clubs may capitalize on this exponentially growing market. Falling from no. 2 in 2007 to no. 6 in 2008, 2009, and 2010 and then rebounding to no. 2 in 2011, fitness programs for older adults remain a strong trend for 2012. Falling to no. 6 between 2007 and 2008 was a bit of a surprise, considering all the discussion about the baby boom generation rapidly approaching retirement age. However, this trend continues to be strong, making the top 10 in each year of the survey. It is assumed that in retirement, people typically have greater discretionary money but have a tendency to spend it more wisely and have more time to engage in an exercise

program. Health and fitness professionals should take advantage of this growing population of retired persons by providing age-appropriate exercise programs. The more active older adult can enjoy golf and even an inspired game of pickle ball. The highly active older adult (the athletic old) also can be targeted by commercial and community-based organizations to participate in more rigorous exercise programs including strength training. Even the frail elderly can improve their ability to perform activities of daily living when provided the appropriate quality and quantity of exercise. Health and fitness professionals would be wise to develop and sustain fitness programs for people of retirement age.

4. Exercise and Weight Loss. For many years, exercise professionals have been trying to infuse a regular exercise program into the caloric restriction diets of many popular weight loss programs. Most well-publicized diet programs incorporate exercise program into their daily routine of providing meals to their clients. Exercise and weight loss is a trend toward incorporating all weight loss programs with a sensible exercise program. This has been a growing trend since the survey began. In 2009, exercise and weight loss was ranked no. 18, moving to no. 12 in 2010 and no. 7 in 2011, and now sits in the no. 4 spot. It seems as though people who are in the business of providing weight loss programs will incorporate regular exercise and caloric restriction for weight control. There also is increasing amounts of evidence that shows exercise is essential in weight loss maintenance.



Fitness Trends for 2012



- 5. Children and Obesity.** The problem with childhood and adolescent obesity continues to be a major health issue. As school systems face the reality of cutting programs, such as physical education and recess, to spend more time preparing for standardized testing in this challenging economy, this is a trend toward more programs and a potential new market for commercial and community-based organizations. Although slipping slightly to no. 4 for 2011 and no. 5 for 2012, for the sixth year, childhood obesity programming is a trend in the health and fitness industry. Health and fitness practitioners and industry leaders see the problem of childhood obesity and its associated comorbidities as an opportunity to positively influence a health issue that not only impacts the health care industry today but also has an even greater effect on the health of these children as they mature into adults. The health and fitness industry has recognized this problem and are beginning to mobilize with new programs aimed specifically at children. Corporate and clinical programs also may see this as an opportunity to develop specialized physical activity programs for children of their staff and clients.
- 6. Personal Training.** Many of the undergraduate majors in kinesiology cited in an American Kinesiotherapy Association report (6) will turn to the personal training industry as their vocational choice. The growing number of undergraduate students seems to suggest that some students are being prepared for graduate school, but as the report cited, graduate programs seem to be reducing in size for economic and other reasons. Therefore, the students who do not go on to graduate school are finding employment in the health and fitness industry, many of them personal trainers. As more professional personal trainers are educated and become

certified, they are more accessible to more people in all sectors of the health/fitness industry. Personal training has been in the top 10 of this survey for the past 6 years and top 5 for the past 5 years. Recently, much attention has been paid to the education and certification of personal trainers. In a number of states (California, New Jersey, Massachusetts, Georgia, and several others), legislation has been introduced to license personal trainers, none of which has yet passed. Although there are some minor variations of personal training (e.g., small groups as opposed to one-on-one), respondents to this survey believe that personal trainers are here to stay and will continue to be an important part of the professional staff of health and fitness centers.

- 7. Core Training.** This trend stresses strength and conditioning of the stabilizing muscles of the abdomen, thorax, and back. Core training continues to use stability balls, BOSU balls, wobble boards, and foam rollers among other pieces of equipment. Although some have speculated that core training just a few years ago was a “fad,” it seems to have stood the test of time as it appears at no. 7 on our trends list for 2012. Core training typically includes the muscles of the hips, lower back, and abdomen, all of which provide support for the spine and thorax. Exercising the core muscles may enable the client or patient to improve the overall stability of the trunk and transfer that to the extremities, enabling the individual to meet the demands of activities of daily living and for the performance of various sports that require strength, speed, and agility.
- 8. Group Personal Training.** Falling to no. 14 for 2011 from the top 10 in 2010 but rebounding to the no. 8 spot in 2012 is group personal training. This trend allows the personal trainer to still provide the personal service clients expect but now in a small group of 2 to 4, offering potentially deep discounts to each member of the group. In 2007, group personal training was no. 19 on the list. In 2008, it rose slightly to no. 15 but dropped again in 2009 to no. 19 and to no. 10 in 2010. In these still arguably challenging economic times when personal income may be decreasing, personal trainers must be more creative in the way they package personal training sessions. Training two or three people at the same time in a small group seems to make good economic sense for both the trainer and the client.
- 9. ZUMBA® and Other Dance Workouts.** ZUMBA® requires energy and enthusiasm from the instructor and the participants, which combines Latin rhythms with interval-type exercise and resistance training. ZUMBA® and other dance workouts first appeared on the list of potential trends in 2010 and ranked no. 31 of 37 potential trends; in 2011, it was ranked no. 24 of a possible 31 choices. In 2012, it jumped to the top 10. Clearly, the popularity of ZUMBA® is growing with this rapid escalation in popularity. Future surveys will determine if this is a trend or a fad.
- 10. Functional Fitness.** Rounding out the top 10 for 2012 is functional fitness. Functional fitness is defined as using strength

training to improve balance, coordination, force, power, and endurance to improve someone's ability to perform activities of daily living. The exercise programs reflect actual activities someone might do as a function of their daily living. Functional fitness first appeared on the survey in the no. 4 position in 2007 but fell to no. 8 in 2008 and no. 11 in 2009. It reappeared in the top 10 in 2010 at no. 7 and in 2011 at no. 9. Some survey respondents thought that there may be a relationship between functional fitness and fitness programs for older adults. Many exercise programs for the older age group are composed of functional fitness activities.

11. **Yoga.** Yoga has taken on a variety of forms within the past couple of years (such as Power Yoga, Yogalates, and other forms including Yoga done in hot and humid environments). Some of these forms are known as Iyengar Yoga, Ashtanga, Bikram Yoga (the hot and humid one), Vinyasa Yoga, Kripalu Yoga, Anuara Yoga, Kundalini Yoga, and Sivananda Yoga. Instructional tapes and books are abundant, as are the growing numbers of certifications for the many Yoga formats. Yoga appeared in the top 10 in this survey in 2008 and seems to be making a comeback in 2010 (no. 14) and 2011 surveys (no. 11).
12. **Comprehensive Health Promotion Programming at the Worksite.** Worksite health promotion programs jumped from no. 20 in 2010 to no. 12 for 2011 after first appearing in the 2009 survey at no. 12. This is a trend for a range of programs and services provided to improve the health of workers and incorporates systems to evaluate their impact on health, health care costs, and worker productivity. Some of these programs are housed within the company or corporation building or on their campus. Other programs may contract with independent commercial or community-based programs. Within the context of pending health care reform in the United States, health promotion programs may take on additional importance in the future.
13. **Boot Camp.** After first appearing in the 2008 survey at no. 26, Boot Camp was no. 23 in 2009, no. 16 in 2010, and no. 8 in 2011 but fell to no. 13 in 2012. Boot Camp is a high-intensity, structured activity patterned after military style training. Boot Camp includes cardiovascular, strength, endurance, and flexibility drills and usually involves both indoor and outdoor exercises typically led by an instructor who means business. Boot Camps also can combine sports-type drills and calisthenics. Because of its climb in the survey rankings in just 2 years with a slight decrease in the trend analysis this year, it will be interesting to see if Boot Camp programs continue as a trend in the fitness industry.
14. **Outdoor Activities.** This is a trend for health and fitness professionals to offer more outdoor activities to their clients. In 2010, outdoor activities ranked no. 25 in the annual survey, and in 2011, it ranked no. 27. Perhaps the best reason as to why there seems to be a trending up for outdoor activities came from

a respondent who wrote "The best things about outdoor activities are that you don't get bored, you spend precious time with family and friends, you give your mind a rest and put most of your energy into the physical aspect of your body and best of all, you don't even realize that you are exercising."

15. **Reaching New Markets.** This is a trend that identifies new markets in all aspects of the health/fitness industry. With an estimated 80% of Americans not having a regular exercise program or a place to exercise, commercial, clinical, corporate, and community programs will reach out to tap into this huge market. Reaching new markets appeared in the top 20 in previous years of this survey but dropped out in 2010. In 2011, it reappeared as no. 19, moving up to no. 15 for 2012. As with some of the other trends already discussed, health fitness professionals and their employers may be searching for new ways to deliver their services to the majority of people who are still not engaged in their programs.
16. **Spinning (Indoor Cycling).** Staying in the top 20 for 2012 is indoor cycling or spinning. As an instructor explains the terrain and provides the motivation, this group fitness program has been described as pedaling outdoors without temperature, humidity, or other environmental changes. The pedal tension on the stationary bike can be varied to simulate riding uphill or through valleys. Upbeat background music motivates people through this relatively high-intensity workout. Spinning classes have been reported to be one of the most popular group exercise programs in the commercial sector.
17. **Sport-specific Training.** Falling from a top 10 spot (no. 8) in 2010, sport-specific training dropped to no. 16 for 2011 and no. 17 for 2012. This trend incorporates sport-specific training for sports such as baseball and tennis, designed especially for young athletes. For example, a high school athlete might join a commercial or community-based fitness organization to help develop skills during the off-season and to increase strength and endurance specific to that sport. Breaking into the top 10 for the first time in the survey in 2009 (no. 9), sport-specific training jumped from no. 13 in 2008 after falling from no. 11 in 2007. This is an interesting trend for the health/fitness industry to watch over the next few years because of the fall to no. 17 for 2012 from its relative popularity in 2010. Sport-specific training could possibly attract a new market to commercial and community clubs as well as offer a different kind of service that could lead to increased revenues.
18. **Worker Incentive Programs.** Appearing for the first time in the survey top 20 in 2011 are worker incentive programs. This is a trend toward creating incentive programs to stimulate positive healthy behavior change as part of employer-based health promotion programming and health care benefits. This trend might represent a resurgence of corporate health promotion programs as a potential result of rising health care costs experienced by both small and large companies and corporations. It also may be

Fitness Trends for 2012

a response to recent health care reform legislation in the United States. Worker incentive programs also may be associated with the trend to provide worksite health promotion programs (no. 12 on the 2011 and 2012 surveys) in an attempt to reduce health care costs.

19. **Wellness Coaching.** Falling from no. 13 in 2010 but remaining in the top 20 for 2011 and 2012 is wellness coaching. This is a trend that incorporates behavioral change science into health promotion and disease prevention programs. Wellness coaching often uses a one-on-one approach similar to a personal trainer with the coach providing support, guidance, and encouragement. The wellness coach focuses on the client's values, needs, vision, and goals. It seems as though wellness coaching and its principled techniques of behavior change are being adopted by not only personal trainers but also health care providers.
20. **Physician Referrals.** Jumping from no. 17 in 2010 and rounding out the top 10 for 2011 was physician referrals, a program associated with ACSM's Exercise is Medicine® initiative. In the 2012 survey, physician referrals fell to no. 20. This is a trend toward an emergent emphasis being placed on partnerships with the medical community, resulting in seamless referrals to a health and fitness facility and health fitness professionals. Physician referrals to fitness professionals first appeared in the top 20 in the 2010 survey and will find, it seems, additional traction because of ACSM's Exercise is Medicine® initiative and health care reform measures being considered around the world. All four sectors of the health and fitness industry can take advantage of the renewed interest of physicians and the health care insurance industry to add exercise to the daily regimen of their patients.

WHAT'S OUT FOR 2012?

It is always interesting to see what fell out of the top 20 list on this survey for the next year and what seems to be supported by this year's survey. Particularly surprising, but supported by the 2012 survey, was the fall of Pilates from no. 9 in 2010 (and a top 10 trend for the previous 3 years) to being not even in the top 20 for 2011 and no. 26 in 2012. Pilates is a form of exercise that targets the core of the body (*i.e.*, the abdomen, back, and hips) while using the entire body during a training session. It also increases flexibility and improves posture. The exercises are typically done lying down on a mat and involve a series of controlled movements of the arms and legs that strengthen the abdominal muscles, hips, and back. Pilates first appeared in the top 10 on the survey in 2008 and remained strong through 2010 but disappeared from the top 20 for 2011. The 2012 survey suggests that perhaps Pilates was a fad and not a trend after all.

Also falling out of the top 20 for 2011 and supported by the 2012 survey was the use of the stability ball and balance training. A stability ball is a round object constructed of rubber with a

variable diameter of between 55 and 85 cm (22 to 34 inches), allowing for a wide range of activities to be performed. The stability ball also is known by other names, including exercise ball, gym ball, Pilates ball, Swiss ball, sports ball, fit or fitness ball, therapy ball, yoga ball, balance ball, or body ball. The stability ball was a surprise in the top 10 for 2008 and 2009 but fell to no. 18 for 2010, no. 26 in 2011, and no. 27 in 2012. This type of exercise did not make the top 20 in 2007, giving some indication that the use of the stability ball alone may have been a 3-year fad and not a trend at all, as suggested in the 2010 survey (4).

The continued interest of the health fitness industry with specialized exercise programs for the older adult has triggered balance training as a possible trend in past surveys. Activities that promote balance include Tai Chi, yoga, and Pilates as well as exercise balls, wobble boards, BOSU balls, and foam rollers. In 2007, balance training was not in the top 20 in the trends survey. It first emerged at no. 14 in 2008 and gained strength in 2009 in the no. 10 position. In 2010, balance training not only fell out of the top 10 fitness trends but went to nos. 19 and 21 for 2011 and no. 24 for 2012.

A growing segment of the commercial health club industry is unmonitored fitness facilities (as evidenced by the sales of franchises in many parts of the world). However, what seems to be a growing trend in the industry is not supported by this survey. Superficial monitoring is typically only during "normal work hours," but members can access the facility at any time by using a special keypad that unlocks the door to the facility. Respondents to this survey placed this trend nearly last (no. 32) on the potential list of 37 trends. Clearly, health fitness professionals do not believe that this trend will continue, regardless of the business model and its apparent success in the commercial marketplace.

SUMMARY

As in the previous six ACSM worldwide surveys, some trends were embraced again (*e.g.*, educated and certified health fitness professionals), whereas others fell out of the top 20, and still, others were not supported at all (unsupervised and unmonitored fitness facilities). Trends have been defined as a general development that takes some time and then stays for a period (usually described as a behavior change), whereas a fad comes and goes. In the top 10 fitness trends for 2012, eight have been on the list in previous years. Falling out of the top 20 for 2011 and for 2012 includes balance training, Pilates, and the use of the stability ball. Pilates dropped the furthest in the last 2 years as it was listed as no. 9 in the 2010 survey and no. 7 in 2008 and 2009. It appears from this survey that Pilates may not have been a trend at all but may be considered a fad in the health fitness industry. ACSM's Exercise is Medicine® initiative continues to be strong in the survey as physician referrals continues to appear in the top 20 in the survey but is a concern as clinical integration dropped out of the top 20 for 2012.

INTERNATIONAL EXPERTS COMMENT ON 2012 TRENDS



Josie Gardiner, American Council on Exercise Instructor of the Year 2005, IDEA Instructor of the Year 2002. After 40 years in the fitness industry and turning 65 this month, I am looking at fitness trends from a different perspective than many of my younger fitness professionals have. I

have seen many fads come and go. It seems as if we are going full circle back to the 1960s. Baby boomers are turning 65 for the first time, and we are seeing the physical effects of all the high impact, killer, and extreme programs that have been popular. I believe we will see a rise in a combination of rehab and strength training focusing on the joints (ankle, knee, hip, shoulder, wrist, and elbow). Balance training will again be integrated into all forms of programs to help avoid falls. Core training that emphasizes spinal stability and utilizes equipment such as stability balls, Pilates circles, Bender balls to engage the core and work the weakest links. Small group personal training is on the rise especially with the uncertain stock markets. Many of these trainings are taking place in private homes and condominiums with gyms rather than in the health club setting. Personal training specific to the older adult is on the rise. The problem seems to be the fact that there is a shortage of older or younger certified personal trainers with the knowledge and understanding of how to develop a safe and effective program for the older adult. The challenge is finding a trainer who can decide how to select exercises where the risk does not outweigh the benefits! ZUMBA® is still the hottest dance exercise program worldwide. This is because the company is committed to their ZUMBA® Instructor Network by providing continuing educational materials on a monthly basis. They also are expanding their programs to fit the needs of all populations as well as bringing fun back into fitness. Definitely, programs to get our obese of all ages moving will soon be mandatory. Lastly, I believe that we will see a rise in medically based programming for all special populations like cancer, breast cancer, Parkinson's disease, multiple sclerosis, and autism. It is an exciting time, and there is a great need for instructors and trainers to become more educated in all areas of fitness to make a difference in this world.



Deborah Riebe, Ph.D., FACSM, Chair, Department of Kinesiology, University of Rhode Island; Chair, ACSM Committee for Certification and Registry Boards. The most impressive result of the 2012 fitness trends is the consistent importance placed upon the educational levels and

experience of health fitness professionals. As the health and fitness industry matures, the expectation of having highly qualified professionals continues to grow. ACSM has kept up with this trend by introducing changes in the eligibility criteria for some certifications (e.g., candidates for ACSM's Certified Health Fitness SpecialistSM

certification must now have a bachelor's degree from an exercise-based program) and maintaining highly respected clinical and health fitness certifications. The new job task analyses that will soon replace the current KSAs (knowledge, skills and abilities) have a greater emphasis on resistance training (no. 2) and behavior change. Although not specifically cited, behavior change is an important component in many of the top 20 trends including weight loss, personal training, worksite health promotion, worker incentive programs, and wellness coaching. I believe that exercise professionals will continue to integrate behavior change techniques into fitness and wellness programs to promote motivation and adherence to healthier lifestyles. Finally, the Exercise is Medicine® program has potential to facilitate relationships between physicians and qualified exercise professionals. Although the results of the survey show physician referrals decreasing in importance, this remains a viable method for exercise professionals to increase their reach and attract new business.



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One of the most encouraging findings from the survey is that fitness professionals continue to recognize the need for quality educational programs and nationally accredited certifications. Regardless if this is driven by industry peer pressure or demands from an increasingly informed consumer base, the trend is welcome and encourages recognition of fitness professionals and their contributions to the general public's overall health and well-being. I believe strength training and fitness programs for older adults continue to rank among the top five trends because of two factors: a changing demographic, and an increased awareness and understanding of the role strength training and regular exercise play in maintaining general health for all populations. Because many Baby Boomers and aging adults have been exercising for years, the findings remain consistent. I am not surprised that ZUMBA® and dance-based workouts have moved rapidly into position no. 9. Current pop culture greatly contributed to this rise by indirectly encouraging the unfit to "get up and move" with reality TV shows such as "Dancing with the Stars" and "So You Think You Can Dance." ZUMBA® and similar formats, such as Batuka and Flirty Girl Fitness®, offer noncompetitive, accessible, fun activities driven by upbeat, motivating music. Because dance is not commonly viewed as exercise, these formats are reaching a new market demographic (trend no. 15). Lastly, that no. 4 (exercise and weight loss) and no. 5 (children and obesity) remain high on the list alludes to the unfortunate fact that our industry still has a great deal of work to do combating global obesity. I am encouraged though that because they remain high on the "to do" list, more initiatives will be taken to address these issues.



Olivia Affuso, Ph.D., Associate Professor, Department of Epidemiology, Associate Scientist in the Nutrition Obesity Research Center, and Associate Scientist in the Center for Exercise Medicine, University of Alabama-Birmingham, Birmingham, Alabama. As a physical activity epidemiol-

ogist, it is quite interesting to see the continued increase in strength training (no. 2) that may have been influenced by the 2008 Physical Activity Guidelines for Americans, which recommends two or more days a week of “muscle-building” activities for adults. In addition, this trend also may have been affected by fitness-based TV programming that shows nonathletes reaching their health and fitness goals by incorporating strength training into their exercise routines. What exactly is responsible for the continued growth in the strength training trend is unknown. However, trained and experienced fitness professionals have an opportunity to gain new clientele desiring to incorporate muscle-building activities into their exercise regimens. In contrast, one worrisome trend is the continued decline in focus on children and obesity (no. 5). Although the Continuous National Health and Nutrition Examination Survey reports an apparent plateau in childhood obesity prevalence, it is clear that children still are not sufficiently active and continue to be at risk for chronic diseases such as type 2 diabetes. Interestingly, it is possible that the new trend of outdoor activities (no. 14) may translate into more activity for the children of clients who participate in this type of fitness training as time spent outdoors is one of the strongest predictors of physical activity among children. Lastly, it is not surprising to see ZUMBA® and other dance workouts (no. 9) emerging in the top 10 trends for 2012. Dance-based workouts overcome barriers to fitness training such as gym access and inclement weather.

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CONDENSED VERSION AND BOTTOM LINE

The 2012 worldwide survey of fitness trends is now in its sixth year. It assists the health and fitness industry in making critical programming and business decisions. The results are applicable to all four sectors of the health fitness industry — commercial, clinical, corporate, and community fitness programs. Although no one can accurately predict the future because of the continued uncertain economy all over the world, this survey helps to track trends in the field that will assist owners, operators, program directors, and personal trainers make important business decisions.