

**Gettin' In Gear:
A Wellness, Health, and Fitness Program
for Commercial Drivers**

INSTRUCTORS MANUAL

A Federal Motor Carrier Safety Administration (FMCSA)
Education Program for Commercial Drivers

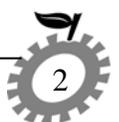
Developed by
American Transportation Research Institute
Alexandria, VA
in partnership with the
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Washington, DC

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**Gettin' in Gear:
A Wellness, Health, and Fitness Program
for Commercial Drivers
Instructors Manual and Supporting Materials**

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Foreword

This Instructors Manual provides resources to assist instructors in developing presentations on driver wellness, health, and fitness. It is intended to equip company instructors to offer their own classes to audiences of commercial motor vehicle (CMV) drivers, to the families of drivers, or even to other non-driver employees in the company. The manual covers the most common health and wellness threats and risks to commercial drivers. It provides truck or bus company instructors with commercial driver wellness information, and proactive approaches for achieving lifestyle changes that may improve and maintain health and fitness, and promote overall wellness.

Long-haul drivers spend long periods of time driving on the road – often over a period of years, even decades. They tend to lead a predominantly sedentary (seated) lifestyle, and too many are complacent or inattentive to personal health and fitness issues. This manual deals with issues of lifestyle health risks that can accompany commercial driving careers. The course material provides many proactive, preventive tips on how to develop a positive healthy attitude, and how to establish and pursue a personal wellness plan based on the Gettin' in Gear Driver Wellness Program.

A large portion of the content in this Instructors Manual was adapted from the Gettin' in Gear Driver Wellness Program developed by Sue Roberts Health Concepts of Des Moines, Iowa, in collaboration with the National Private Truck Council (NPTC) of Alexandria, Virginia under a cooperative agreement sponsorship by Federal Motor Carrier Safety Administration (FMCSA). These portions of the Gettin' in Gear program are documented in the FMCSA report:

Design Development and Evaluation of Truck and Bus Driver Wellness Programs: Final Report, June 2000; prepared for Federal Motor Carrier Safety Administration, Office of Research and Technology, Washington, DC.

The research work and the report itself were conducted and prepared by Sue Roberts along with Jim York of NPTC's Private Fleet Management Institute.

Further development of this Instructors Manual and other Gettin' in Gear course materials was done by Gerald P. Krueger, Ph.D., of Krueger Ergonomics Consultants, through a contract with the American Transportation Research Institute (ATRI).

This manual incorporates many principles from a variety of other health related programs, notably those Dr. Krueger encountered or participated in while he conducted occupational and preventive medicine research for 25 years as an active duty US Army officer. The source references are listed as Instructor References at the back of this manual.

The author gratefully acknowledges the assistance of many contributors and reviewers in the development and completion of this project, including the helpful critique and suggestions of select members of the FMCSA who participated in several reviews of material presentations. Special thanks go to Rebecca M. Brewster, ATRI project manager, as she guided the work and did substantial editing of various drafts of the manual and slides.



Instructors Manual

Gettin' in Gear: A Wellness, Health, and Fitness Program for Commercial Drivers

This instructional package is designed to provide a broad understanding of *wellness, health, and fitness* topics for commercial motor vehicle (CMV) drivers, especially truck and bus drivers. The information presented here is specifically geared to provide instructor education on *wellness, health, and fitness* courses for audiences that may include commercial drivers, dispatchers, driver managers, safety managers, risk managers, corporate occupational health managers, human resources personnel, and other corporate representatives in surface transportation industries.

Course Objectives

The objectives of this manual are to enable instructors to help course attendees to:

- **Identify the major health and fitness risks to commercial vehicle drivers.**
- **Discuss and examine the likely effects of these health risks on drivers' lifestyle and their implications for truck and bus safety.**
- **Explain wellness, health, and fitness-focused alternatives to the sedentary lifestyles associated with commercial driving.**
- **Understand how to apply knowledge of wellness, health, and fitness principles to their own lives. Drivers should be able to establish a personal wellness and fitness program to make personal improvements in their own lifestyle and health.**

This Instructors Manual for the Gettin' in Gear Driver Wellness course includes materials and discussion aimed at these questions:

- **Why should we address or discuss Wellness, Health, and Fitness of Commercial Motor Vehicle drivers?**
- **What are the most troubling threats and risks to drivers' health and fitness?**

- **Why is it important for drivers to take personal responsibility for their own health and wellness?**
- **How do I appraise or examine my own wellness, health, and fitness status? And how do I identify health issues I really need to attend to, and for which I need to make lifestyle changes?**
- **How can committing to the 4 Rs of the Gettin' in Gear wellness program help me?**
- **What personal health strategies should I carve out for myself to improve my own wellness, health and fitness?**
- **What pointers and guidance can the program offer me that I can use? Or that my family can use?**

The principal goal of the course is to bring about personal changes in commercial drivers' health-related behaviors. This personalized driver wellness program is called the Gettin' in Gear Driver Wellness, Health and Fitness Program. It is based around four health principles labeled as the **four Rs** of driver wellness:

Refueling: learning better eating practices so bodies and minds perform at their best, providing extra energy and better alertness, especially while driving.

Rejuvenating: improving physical condition through regular exercise, maintaining physical rigor and movement activities to preserve health and to remain physically fit.

Relating: understanding the importance of, and how to enhance relationships with others, both personal and professional. Understanding, too, how those relationships impact personal stress levels, job performance, and health.

Relaxing: becoming calmer in a fast-paced world – both at home and at work – by learning to recognize, control and manage responses to the many stresses of life.

Instructional Format

The goal of the manual is to prepare truck and bus company instructors to offer their own tailor-made courses (though there are certain recommendations). It is recommended that driver courses involve interactive lecture and discussion in small groups. Also, instructors may vary the format with group exercises or other devices as suggested in this manual (e.g. demonstrations of blood pressure monitoring, completing a personal health risk appraisal questionnaire, or demonstrating fitness, strength, and flexibility exercises in the classroom) or according to the instructor's own level of health program experience and the characteristics of the attendees.

Instructor Notes throughout the manual include practical comments and suggestions for class conduct, and supporting materials and class notes are provided for students/attendees. Instructors may also want to pay particular attention to the third section of the manual identified as "Instructor References."

Tips on How to Use This Material

This package contains the following elements:

1. **Instructors Manual.** The most important part of the instructional package is the Instructors Manual, which includes a topic-by-topic outline of the class, content and sequence of subjects, suggested insertion points for slides, videotapes, handouts, and advisory notes for the instructor. This is the principal "lesson plan" for instructional delivery.
2. **Instructor References.** This component expands on the Instructors Manual by providing more detailed information on written discussions and supplemental publications. It gives the instructor enough details, depth, and practical examples to tailor a successful course for almost any commercial driving industry audience. Sections of the Instructor References are designed as stand-alone pieces the instructor can photocopy for use in class, if desired.
3. **Instructional Media.** The lesson materials are supported by a set of 60+ slides in Microsoft PowerPoint® format. The slides are included in simple black and white format here, so that instructors can easily adapt them to their own computer software support systems and tailor them to whatever background or color scheme they would prefer. An instructor will be able to add in his or her company's own logo to these slides. The simplicity of the slides should accommodate a wide range of presentation formats, from black and white hardcopy handouts, to overhead transparency slides, to state-of-the-art digital projection systems for full color PowerPoint slide shows.

Additionally, each instructor will be provided with a Gettin' in Gear Driver Wellness Kit containing a video, five audio tapes and accompanying printed

materials for use by drivers. Additional copies of the Gettin' in Gear Driver Wellness Kit can be obtained from FMCSA for individual drivers or for placement in company libraries or resource centers for use by all driver employees.

Opening Activities: Welcome and Introductions

The instructor should welcome the participants/attendees to the course, and introduce himself/herself. Give a brief description of instructor's background, emphasizing subject matter expertise. Introduce any visitors to the classroom. This is also a good time to orient attendees to facilities, bathrooms, and phone or fax machines etc., or any refreshments being provided.

Administrative Information

Explain the purpose of the instruction: to establish the importance of commercial drivers paying significant attention to their own wellness, health and fitness, and striving to help them develop a personalized wellness program for themselves. The course highlights the most important and prevalent health risk factors facing commercial drivers. It offers occupational and preventive medicine guidance to assist drivers in their own wellness programs.

Explain that class discussion is encouraged. It may be useful and valuable to others in the course to share personal experiences pertinent to the course material.

Explain that feedback from participants is needed on the appropriateness of what is being taught to the audience. Also explain that more feedback may be sought several months later to see if the course prompted any lifestyle changes for the attendees or their families.

Explain that any health concerns discovered during the course of instruction should be brought to the attention of either the company's occupational health staff, or to the individual participant's doctor or health care professional.

Discuss the training schedule.

Ask if there are any questions.

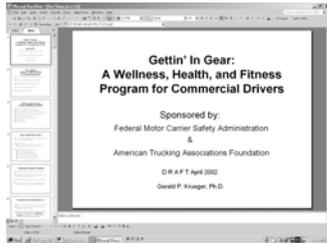
Health Risk Appraisal

Prior to starting instruction, the instructor should distribute and briefly discuss the Health Risk Appraisal, and ask attendees to complete the questionnaire. The

questionnaire, which can be found in the Instructor References, is meant to get the course attendees thinking about the topics to be covered, and **is not intended to be returned to either the course instructor or the company's management staff**. Explain that during the course, attendees will learn more about their health concerns and ways to incorporate wellness into their daily lives, and that the questionnaire will help them spot areas where they might need particular focus.

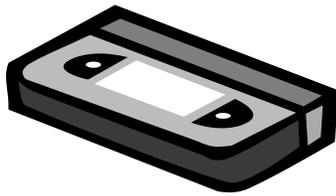
COURSE OVERVIEW

This Instructors Manual suggests slides corresponding to the material described in each section. Slides can be found in Section II of this Manual.



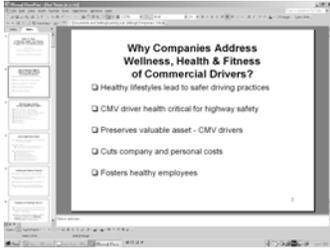
[Slide 1]

Gettin' In Gear: A Wellness, Health, and Fitness Program for Commercial Drivers



Introductory Video

*Utilize the short video on the **Gettin' in Gear** program found in the *Driver Wellness Kit* as a way to provide an overview of the material to be presented in this class.*



[Slide 2]

Why Address Wellness, Health and Fitness of Commercial Drivers?

- **Health behavior patterns of drivers are precursors to safe driving practices.** Wellness, health and fitness consciousness describe a frame of mind, and a philosophy of lifestyle that go hand-in-hand with a safe driving approach throughout a driving career.
- **CMV driver health is important to ensure alert, attentive driving for overall safety on the nation's highways.** Drivers who are generally more health conscious in their beliefs and behaviors, and who are more physically fit, are more likely to maintain continuously high levels of driving alertness and attention. They are more likely to have the **stamina** required of long haul drivers who endure long working and driving hours on the job. **Healthy, fit drivers are more likely to practice proven driver fatigue countermeasures** such as obtaining sufficient quantities of quality sleep, employing napping strategies, taking sufficient rest breaks from driving and paying attention to variations in mood, motivation, and performance. They are also more likely to act on telltale warning signs of the onset of fatigue and waning alertness while driving.
- **Preventing health problems preserves valuable employees.** It is admirable to talk about drivers' health from a humanitarian perspective. It is also practical to describe preventive medicine aspects of driver wellness in terms of keeping valued, skilled employees.
- **A good healthy work force cuts costs and helps preserve bottom-line profits.** Healthy, fit employees generally have higher levels of productivity, and they tend to have fewer lost duty days due to illness or injuries. They have fewer medical appointments and fewer compensation claims. A healthy workforce can lower medical insurance costs and other direct and indirect expenses associated with injured or ill employees. Bottom-line corporate profits can be measurably improved by having a corporate employee health, wellness and fitness program.

- **Driver wellness programs foster healthy employees.** Improved lifestyles help contain health care consequences for workers, their families, and employers. Promoting good health involves helping not only drivers, but their families and their employers too, to adopt a **proactive, preventive medicine approach to life itself.**



[Slide 3]

What are your concerns as they relate to your health?

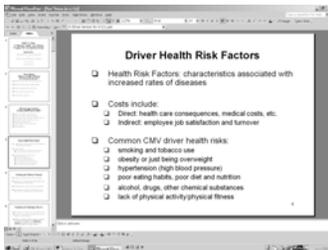
Here, have course attendees discuss briefly what they think, and how they feel about their own health concerns. Compare their comments to those from CMV drivers in several driver focus groups and surveys carried out by Sue Roberts Health Concepts in the late 1990s (Roberts & York, 2000) and listed below.



- A desire to live a longer, productive life; enjoy retirement
- Being overweight; my appearance is too fat, want to lose weight
- Heart disease, high cholesterol level; high blood pressure
- Poor diet and nutrition; I frequently over eat
- Not enough exercise; bending over to tie shoes is difficult
- Getting regular sleep, rest; concern over driver alertness/fatigue
- Lowering stress in my life; my reactions to stress
- Lack of family time; friends, quality of lifestyle

What are the Most Important Threats and Risks to Drivers' Health and Fitness?

No one is entirely sure how seriously incidences of illnesses, vulnerabilities to diseases, or other compromises to health threaten the wellness of commercial drivers. Only a limited number of analytical studies have systematically delved directly into the wellness, health, and fitness of commercial motor vehicle (CMV) drivers.

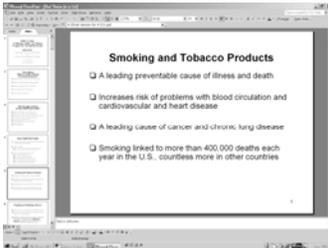


[Slide 4]

Driver Health Risk Factors

- **Health Risk Factors** are clearly defined patterns or characteristics associated with increased rates of subsequently occurring diseases.
- **Costs of health risks:** there are both **direct** and **indirect** costs associated with health risk factors.
- **Direct costs** appear to be a direct consequence of the health issues at hand. For example, they may **involve a driver's healthcare and maintenance**; e.g. health clinic visits, medical check-ups, medical care, health insurance premiums, actual health claims. Direct costs also include the expense of using replacement or temporary employees for those who are sick or laid up, etc.
- **Indirect costs** of drivers' health are those that are less easily quantifiable, such as employee morale, absenteeism indirectly attributable to health related matters, job satisfaction, employee turnover rates, employee replacement costs, etc.
- **Common CMV driver health risks** include:
 - **smoking and tobacco use**
 - **obesity or just being overweight**
 - **hypertension** associated with high blood pressure
 - **poor eating habits, diet and nutrition**
 - **alcohol and other chemical substances**, use and abuse, including use of **prescription and non-prescription**

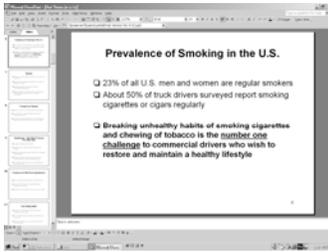
- medications and drugs** (diet pills, antihistamines, sleeping pills)
- **lack of physical activity, exercise,** and degrading state of physical fitness overall.



[Slide 5]

Smoking and Tobacco Products

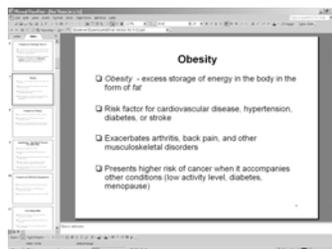
- **Use of tobacco products is a leading preventable cause of illness and death** in the United States. Frequent and long-term uses of tobacco products – smoking cigarettes and cigars, chewing tobacco – negatively affect **many aspects of general health**. Smoking and tobacco use are implicated in **all sorts of diseases** leading to shortened life spans.
- **Smoking substantially increases the risk of cardiovascular disease.** Smoking affects the heart and blood circulatory systems. Inhaled smoke constricts blood vessels. Over time, smoking causes predictable problems with the body's blood circulatory systems, and negatively impacts the all-important heart muscle. With all the nationwide publicity, these facts are no longer surprises; but still, many tend to **ignore the warnings**, and continue to smoke.
- **Smoking is involved in about 30% of all cancer deaths, and is the leading cause of chronic lung disease in the U.S.** Use of chewing tobacco is now shown to contribute significantly to the incidence of mouth and facial cancer. Medical scientists have established direct and indirect involvement of tobacco and smoking in many killer diseases. It is certainly not a secret or a mystery anymore. So why continue to smoke?
- **Smoking directly or indirectly contributes significantly to about 20% of all deaths.** As many as 400,000 deaths each year in the U.S. Smoking causes countless more deaths in other countries as well. Because of advertising and intense public health awareness campaigns in the U.S., Americans are very attuned to the bad news of smoking. In the past decade the overall amount of smoking the U.S. has been reduced – but **some still choose to ignore the bad news of smoking.**



[Slide 6]

Prevalence of Smoking in the U.S.

- **U.S. National Cancer Institute (April 2002) estimates are that 23% of all men and women in the U.S. are regular cigarette or cigar smokers.** In recent years there seems to be an increasing trend for **teenage girls** to start smoking. The social-psychological issues associated with advertising, teenage peer pressures, and what appears to be an inherent attractiveness of smoking to some Americans, are issues of public debate, and there is increasing pressure to limit smoking in public places. Smoking is not allowed in many buildings, airports, even restaurants and many motel rooms.
- But what about commercial drivers? **Over 50% of truck drivers surveyed claim they regularly smoke cigarettes or cigars.** Trade show surveys found that somewhere between 49% and 54% of truck drivers report regular use of cigarettes or cigars. There is also significant use of chewing tobacco. This probably does not bode well for long-term driver health.
- It is a common expectation that people who attempt to quit a long-time smoking habit are **likely to gain additional weight** in the process. Often this is disconcerting to them, and they eventually resume smoking again.
- **Breaking unhealthy habits of smoking cigarettes and chewing of tobacco is the number one challenge to commercial drivers who wish to restore and maintain a healthy lifestyle.**



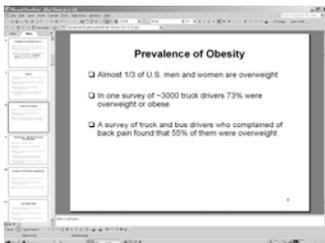
[Slide 7]

Obesity

- **Being labeled “overweight”** implies weighing more than an average or standard level for a given height and gender. Depending upon which community of health specialists is doing the

categorizing, statements vary a bit in terms of who is labeled as overweight, and by how much.

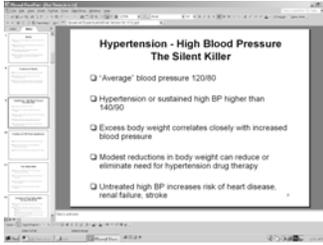
- **Obesity** is defined as excess storage of energy in the body in the form of **fat**. The label of “obese” varies depending on the health community involved.
- **Obesity** usually describes anyone weighing 30% more than their “ideal body weight” (average) for their height and weight. [See the Instructor References in Section III for more information on this topic.]
- **Obesity is a well-established risk factor for diseases** such as cardiovascular disease, hypertension, diabetes, or stroke. Additional health risks and consequences often accompany obesity.
- **Being overweight exacerbates conditions of arthritis, back pain, or other musculoskeletal disorders, such as carpal tunnel syndrome.**
- **Being overweight presents a higher risk of cancer** when it accompanies other health-related conditions such as low activity levels, diabetes, or even having recently gone through menopause.



[Slide 8]

Prevalence of Obesity

- In the general U.S. population, **about 1/3 of men and women** are identified as being **overweight**.
- Of almost 3,000 truck drivers surveyed **73% of truck drivers were either overweight or obese**.
- A 1993 study examining the prevalence of **back pain among 40 bus and 40 truck drivers** noted 55% of the drivers were overweight.



[Slide 9]

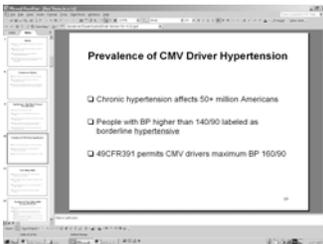
Hypertension – High Blood Pressure: The Silent Killer

- **Average normal systolic/diastolic blood pressure is 120/80 mm Hg (mercury).**
- **High blood pressure is usually thought to be in excess of 140/90.**
- **Excess body weight correlates closely with increased blood pressure,** and therefore is a good leading indicator to look for evidence of hypertension and related illnesses.
- **Body weight is the strongest single predictor of blood pressure.** It correlates closely with blood pressure readings. Losing weight is often a helpful partial solution to some high blood pressure problems.
- **The need for drug therapy for hypertension** often could be reduced or alleviated by modest reductions in body weight.
- **Untreated high blood pressure increases the risk of heart disease, kidney (renal) failure, and stroke.**
- **Blood pressure fluctuates during the 24-hr day.** Thus, when diagnosing hypertension and other ailments there is a need to take blood pressure readings several times per day. If you take your blood pressure in the morning, and again in the mid-afternoon, the measures might be different.
- **What you eat plays a role in your blood pressure** – too much **salt** intake can greatly increase your blood pressure and therefore we should limit salt in our diet as much as is possible.
- If you drink much **caffeine-laden coffee or soft drinks**, the caffeine will dramatically affect blood pressure measurements and they might fluctuate widely throughout the day.



[Here it is recommended that the Course Instructor conduct a short demonstration of a blood pressure monitor in class.]

[If time and circumstances permit, perhaps an in-class demonstration of the step test might illustrate the increases in blood pressure, and how out-of-shape one might be. Be sure this is done on the instructor himself or herself – to avoid unforeseen problems with course attendees who might actually have high blood pressure. Caution should be exercised when using any medical diagnostic tools – one high reading does not necessarily indicate high blood pressure, but does indicate a need to discuss blood pressure with a medical professional.]

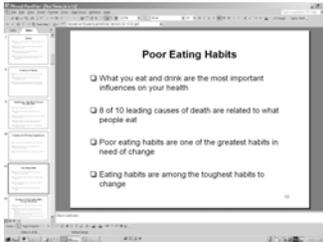


[Slide 10]

Prevalence of CMV Driver Hypertension

- More than 50 million Americans have **hypertension (high blood pressure)**. **Hypertension is a chronic disease**. Nationally, about a quarter of all adults (males and females) have blood pressure greater than 140/90, labeled as borderline hypertensive.
- **US Code, Federal Regulations, Part 391 permits a maximum blood pressure for CMV drivers of 160/90 mm Hg**. This figure is actually rather liberal, as in many health communities blood pressure greater than 140/90 is considered high blood pressure. Perhaps many CMV drivers, having passed their driver's physical and therefore qualified, are personally more complacent about high blood pressure than they ought to be.
- A 1993 study of almost 3,000 drivers attending a trade show found **33% had blood pressure in excess of 140/90**, and 11% had blood pressure greater than 160/95.

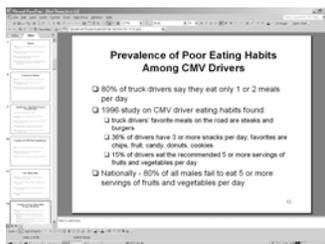
- A 1994 survey of male **bus drivers revealed elevated rates of hypertension** compared to national samples of similar individuals.
- A University of Pennsylvania Hospital study **found 240 drivers with high risk of sleep apnea had higher systolic measures** (e.g. average figures: 139/80; but the ranges were in some cases as high as 200 systolic and 120 diastolic).



[Slide 11]

Poor Eating Habits – Diet and Nutrition

- What we eat and drink are two of the **most important influences in an individual's health.**
- **You are what you eat: food is our source of fuel.** Thinking about food for its fuel value, rather than taste might help change habits. No one deliberately puts bad fuel in his or her engine.
- Dr. C. Everett Koop, the former Surgeon General of the United States, noted that **eight of the ten leading causes of death in the U.S. are related to what people eat.** The food and drink people put in their mouths has an influence on whether many chronic diseases develop, ranging from heart disease to cancer.
- **Poor eating and drinking** habits constitute some of the **habits in greatest need of change.** **Improving drivers' eating habits** therefore is **one of the major goals** of this course.
- Poor eating habits are also among the **hardest habits to change.**

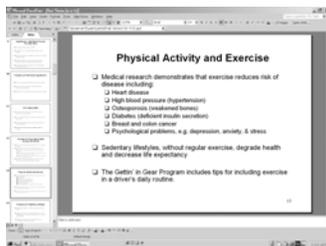


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Prevalence of Poor Eating Habits Among CMV Drivers

- In a survey of almost 3,000 truck drivers attending a trade show, **over 80% of truck drivers admitted they eat only one or two**

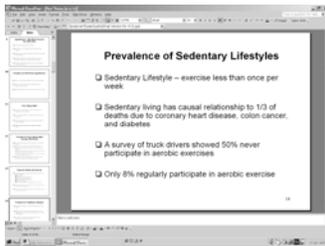
- **meals per day**, instead of the recommended three square (healthy) meals per day.
- A 1996 study of 30 truck drivers participating in a wellness program indicated their **favorite main courses for meals on the road are steaks and burgers** – not the best of healthy choices.
- **36% of those drivers had 3 or more snacks per day.** Their favorites seemed to be chips, fruit, candy, donuts, and cookies. The fruit sounds like a healthy choice, but the rest are extremely questionable.
- Only 15% of these drivers ate **5 or more servings of fruits and vegetables per day.**
- National statistics indicate over **80% of all American males fail to eat the five or more servings of fruit and vegetables per day** which has been highly recommended in a national health campaign.



[Slide 13]

Physical Activity and Exercise

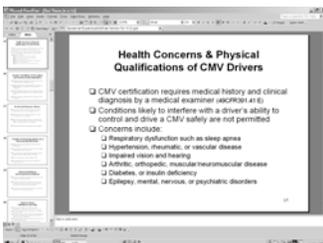
- Epidemiological evidence and medical research demonstrate that **physical activity (exercise) reduces the risk of many diseases**, including: heart disease, high blood pressure, osteoporosis, diabetes, breast and colon cancer. It also helps reduce psychological maladies (e.g. depression, anxiety & stress related ailments).
- **Sedentary lifestyles, without regular exercise, generally degrade our health and even decrease our life expectancy.**
- The **Gettin' in Gear Program** includes tips for including exercise in a driver's daily routine.



[Slide 14]

Prevalence of Sedentary Lifestyles

- **A sedentary lifestyle** is generally one in which a person **exercises less than once per week**.
- **Sedentary living is likely responsible for 1/3 of deaths in the U.S. due to coronary heart disease, colon cancer, and diabetes** – that is, lack of exercise is directly related to significant diseases.
- According to 1996 behavioral data, **over 57% of U.S. men and women have sedentary lifestyles**.
- In a 1993 survey of almost 3,000 truck drivers attending a trade show, **50% of truck drivers never participate in aerobic exercises**.
- **Only 8% of those drivers regularly participated in aerobic exercise**, which is activity involving the lungs in sustained exercise.
- There are no usable statistics on the **prevalence of sedentary lifestyles for bus drivers**; but it is reasonable to assume the circumstances are not much different than for truck drivers.

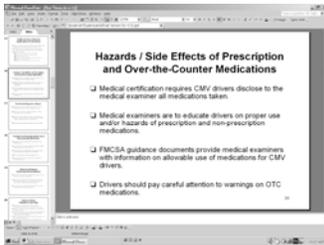


[Slide 15]

Health Concerns and Physical Qualifications of CMV Drivers

- **CMV certification** requires a medical history and a clinical diagnosis be accomplished by a medical examiner (49 CFR 391.41 Sub part E: Physical Qualifications for drivers).
- The regulations state that a person shall not drive a commercial motor vehicle unless he/she is physically qualified to do so, and has on his/her person the original or a photocopy of a medical examiner's certificate that he/she is physically qualified to drive a CMV.
- The medical examiner is to screen drivers for medical or physical conditions, and in effect: permit no condition likely to **interfere with driver's ability to control and drive a CMV safely**.

- A sample listing of the overriding medical concerns for qualification or disqualification includes:
 - Respiratory dysfunction to include conditions such as sleep apnea
 - Hypertension, rheumatic, or vascular disease
 - Impaired vision and hearing
 - Arthritic, orthopedic, muscular/neuromuscular disease
 - Diabetes or insulin deficiency
 - Epilepsy, mental, nervous, or psychiatric disorders



[Slide 16]

Hazards / Side Effects of Prescription and Over-the-Counter Medications

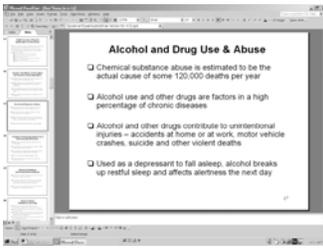
As part of the physical and medical checkup of applicants for CMV certification, the medical examiner is to verify **chemical substance use** by the driver and **provide advice to the driver** about the proper use of medications, both prescription and nonprescription. In part, this is because medical providers are generally thought to be in regular contact with their “patients,” to be knowledgeable about the driver’s specific medical conditions and lifestyle, and therefore to be in the best position to provide advice on the use of medications.

- Medical certification requires truck and bus drivers to disclose all medications taken to the medical examiner.
- Medical examiners are to educate drivers on the proper use and/or hazards of prescription and non-prescription medications.
- FMCSA guidance documents provide medical examiners with information on allowable use of medications for truck and bus drivers.



[Note for Instructor: The FMCSA developed a series of guidelines for use by medical providers who examine drivers to qualify them medically to operate commercial vehicles in interstate commerce (49 CFR 391, Sub part E). These guidelines advise medical examiners regarding the use of specific medications when operating commercial vehicles. There is more information about these guidelines in Section III: Instructor References. For additional information, see:

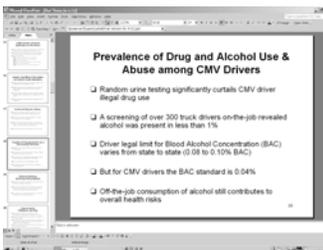
www.fmcsa.dot.gov/rulesregs/medreports.htm



[Slide 17]

Alcohol and Drug Use and Abuse

- Chemical substance abuse is estimated to be the actual cause of some 120,000 deaths per year in the United States, with **100,000 attributed to alcohol** and **20,000 to other drug use**.
- **Alcohol overindulgence and drug abuse undermines citizens' health directly and indirectly.**
- Alcohol and other drugs not only contribute to a **high percentage of chronic diseases**, illnesses and deaths, but also often lead to **unintentional injuries and deaths** resulting from "accidents" at home or at work, motor vehicle crashes, suicide, and other violent deaths.
- **Alcohol is a depressant.** It will make a person sleepy and tired, but alcohol use for sleeping gradually wears off and disrupts restful sleep late at night. The user is likely to be even more tired and likely to experience hangover effects, or sleep inertia the next day.
- **Alcohol was a factor in 41+% of highway crashes in all U.S. traffic fatalities in 1996** (National Safety Council 1996 statistics). During the 1960s and 1970s, national highway safety statistics regularly cited in excess of 50% of all fatal crashes on American highways as being alcohol related.



[Slide 18]

Prevalence of Drug and Alcohol Abuse Among CMV Drivers

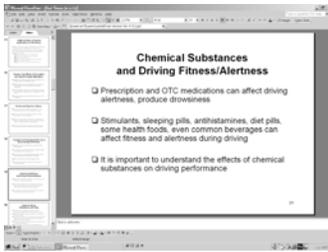
- Several national studies suggest that drinking and driving, or drug use and driving is not a large problem among CMV drivers in the United States. It is likely that random urine testing for drugs, various highway enforcement programs, and both employer and court imposed severe penalties on both drug and alcohol use by CMV drivers have made this less of a problem in the past decade or so.

- A 1986 study of 317 truck drivers screened for drugs and alcohol on-the-job in Tennessee **revealed alcohol was present in less than 1% of them.**
- However, when drivers consume alcohol off-the-job, and when the amount of alcohol consumed exceeds moderate levels, this behavior still contributes to overall health risks.
- The “**legal limit**” for **blood alcohol concentration (BAC)** for all drivers to be identified as driving while impaired, or driving while intoxicated, varies according to the state. In 33 states the legal limit is 0.10%, and in 17 states the legal limit is 0.08%.
- The legal blood alcohol concentration limit for CMV drivers is 0.04%.
- In a 1993 survey of almost 3,000 truck drivers attending a trade show, responses to questions on drinking alcohol revealed **23% of the drivers may have had a drinking problem.**



[If time permits, have a class discussion on how prevalent alcohol and drug use, and or abuse, are in our commercial driving communities? What about the effects of regular alcohol consumption on the health of our drivers?]

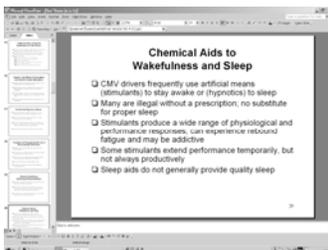
*There are of course **other impacts of chemical substances on our health and on our performance, even driving performance.** We could discuss the use of **other chemical substances**, those typically not thought to be illegal drugs, or those recreational drugs we could become addicted to. There are, for example, many prescription treatment drugs, or self-medications, or over the counter remedies like antihistamines, or diet pills and nutrition supplements; and all of them can have an impact on our health and our performance. Some additional information on these topics can be found in Section III, Instructor References.*



[Slide 19]

Chemical Substances and Driving Fitness/Alertness

- **Prescription and over the-counter (OTC) medications** of many types can affect driving alertness, as they can produce drowsiness.
- Stimulants, sleeping pills, antihistamines, diet pills, some health foods, even common beverages (e.g. soft drinks, sodas, coffee, tea, etc.) can **affect fitness and our alertness during driving**. Caffeine for example can affect sleep up to 9 hours after consumption.
- It is important to understand the **performance implications** of a whole list of chemical substances on performance, moods, and attitudes.



[Slide 20]

Chemical Aids to Wakefulness and Sleep

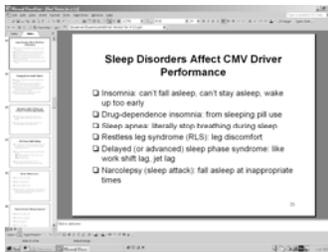
- Truck and bus drivers frequently use artificial means, e.g. **stimulants** to stay awake or **hypnotics**, as in sleeping pills or sedatives, to get to sleep and hopefully to stay asleep.
- Many stimulants and sleeping pills are illegal without a prescription; and **none of them are an adequate substitute for obtaining proper sleep**.
- In general, **stimulants produce a wide range of physiological and performance responses**. Most are not well understood by the scientific community and even less understood by those who would use them.
- **Some stimulants can extend performance temporarily**. For example caffeine can give a short-lived boost in alertness. However, the effects of some stimulants on performance are not always productive. Participants in stimulant research projects often

became so focused that they did not accomplish assigned tasks very well.

- Although they might help one get to sleep faster, **sleep aids (hypnotics or sedatives) do not generally provide quality sleep**, and sometimes they affect the **quantity of sleep** obtained as well.



[If time permits here, the instructor might engage course attendees in discussion about the above topics on alcohol and drug use, including both prescription and non-prescription medications. See Section III, Instructor References for more information on these topics.]



[Slide 21]

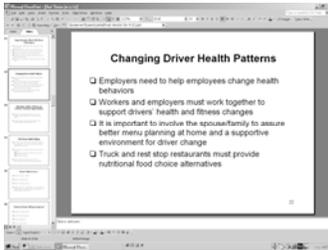
Sleep Disorders Affect CMV Driver Health and Performance

- **Insomnia:** means that a person can't fall asleep, can't stay asleep, or wakes up too early. The use of the term insomnia is usually **not specific enough** to determine what a person's sleep malady is, but most people grasp the general idea.
- **Drug-dependence insomnia** from sleeping pill use. The withdrawal symptoms for repeated use of sleeping pills can create disrupted sleep and disjointed sleep schedules.
- **Sleep apnea:** literally stop breathing during sleep. Normally the blood extracts oxygen from the alveoli in the lungs and carries it to the brain, the largest consumer of oxygen in the body. However, when the fleshy tissue called the "epiglottis" located just above the opening to the throat becomes big or bulbous it tends to block the airflow to the lungs when lying down. When that happens, and the blood oxygen flow ceases, the brain quickly perceives it is being deprived of its precious oxygen supply, and the brain then signals the body to snort, snore, toss, and turn etc. **to reopen that airway.**

- Essentially, as oxygen supply to the brain is disrupted at that point, it appears a person has “stopped breathing,” thus the Greek and Latin name “apnea.” This apnea condition can interact with other medical conditions such as cardiovascular and circulatory problems to become life threatening. Some patients have been known to suffer heart attacks in bed while they are experiencing a bout of sleep apnea.
- **Sleep apnea is diagnosable and it is treatable.** Drivers who meet early screening warning signals should get tested for sleep apnea at a sleep malady clinic. Often a driver’s family members will be the first to point out that he/she snores, seems chronically sleepy even after a night in bed, and that the driver is a likely candidate for apnea screening.
- **Restless leg syndrome (RLS):** leg discomfort. **Disrupts the ability to fall asleep**, and in severe discomfort cases prompts “patients” to visit a physician to determine what is wrong with them. Sometimes RLS accompanies apnea and is cleared up when the apnea is treated.
- **Delayed (or advanced) sleep phase syndrome: like work-shift lag**, or like a form of portable jet lag. Rotating work shift schedules disrupt our circadian physiological rhythms repeatedly. This can lead to **shift lag** to the point of it becoming a sleep malady. Solutions include stabilizing the work and sleep schedules.
- **Narcolepsy (sleep attack):** means falling asleep at inappropriate times. For example, a person with narcolepsy might fall asleep momentarily in the middle of a conversation, without seeming to recognize it. Then awakening, he/she will pick up the conversation where it left off, even in the middle of an interrupted sentence they were uttering. The listener knows what went wrong, but not the person who has narcolepsy. He or she should be referred for medical treatment for this serious sleep malady.

[This is a good point to take a break in the instruction for refreshments, restrooms, phone calls, etc. before moving on to the next section.]

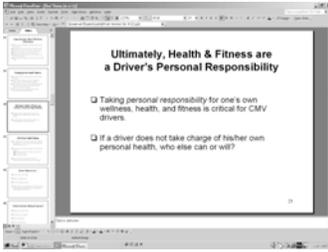
Health and Fitness as Drivers' Responsibilities: A Personal Examination of My Own Wellness, Health and Fitness



[Slide 22]

Changing Driver Health Patterns

- Employers need to help employees change their health behaviors.
- Workers and employers must work together to develop both the work and home environments to support **driver's health and fitness changes**.
- **It is important to involve the spouse/family in wellness programming**, particularly to assure better menu alternatives at home, and to provide a general supportive environment for change.
- If one spouse does the cooking, but doesn't cook healthy meals, it can thwart the best laid plans of the other.
- For an employee-oriented personal health program to work well, family members, employers, and fellow workers all need to be receptive and cooperative to the atmosphere.
- If drivers are to "eat better," **food selections at restaurants** where they eat (e.g. truck and bus stops) **must provide healthy food choice alternatives**; many still do not.

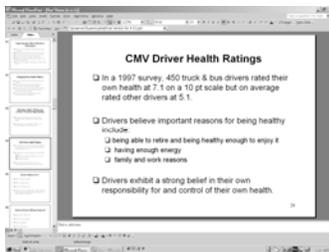


[Slide 23]

Ultimately, Health and Fitness are a Driver's Personal Responsibility

There are some corporate wellness programs, and obviously many companies, such as this one, are interested in the health and well being of their people, but no matter how good they are, personal health remains a personal responsibility.

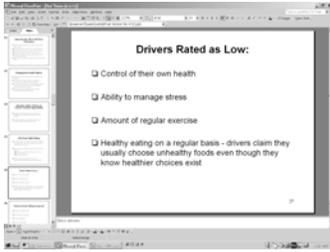
- Taking *personal responsibility* for one's own wellness, health and fitness is critical for CMV drivers.
- If a driver does not take charge of his/her own personal health, who else can or will?



[Slide 24]

CMV Driver Health Ratings

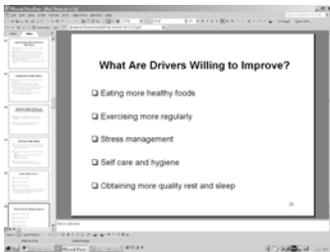
- In a 1997 driver survey, 450 truck & bus drivers rated their own health at 7.1 on a 10 pt scale, but on the average rated other drivers 2 pts lower at 5.1. Is this the phenomenon that it is always “the other guy” who has the problem, and not me?
- Drivers believe there are a number of important reasons for being healthy, included among them: to be able **to retire and being healthy enough to enjoy it; having enough energy; family reasons; work related reasons.**
- Drivers exhibited a strong belief in their own responsibility for and control of their own health.



[Slide 25]

In that same 1997 survey the drivers rated as low:

- Control of their own health
- Their ability to manage stress in their lives
- They thought they have better health today than one year ago
- They do more exercise regularly
- They eat healthy regularly
- Their actual follow through on eating healthy. Although drivers claimed they know how to eat healthy, they also admitted they mostly carry or choose unhealthy foods



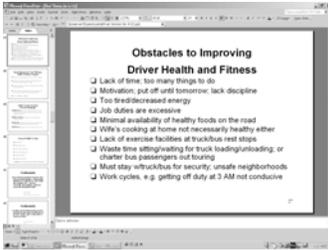
[Slide 26]

The health behaviors the drivers appeared most willing to improve were:

- Eating more healthy foods
- Exercising more regularly
- Stress management
- Self care
- Obtaining more quality rest and sleep



[Encourage class discussion regarding the list of behaviors that other drivers indicated they would be interested in improving about themselves; and then the list of obstacles to improving driver health and wellness on the next slide.]



[Slide 27]

Obstacles to Improving Driver Health and Fitness

When Sue Roberts and Jim York (2000) asked, “**What keeps you from improving your health behaviors,**” drivers reported the following:

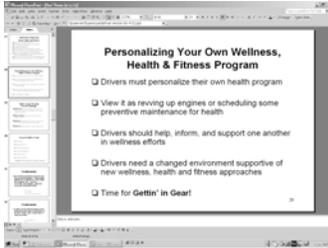
- Lack of time; too many things to do
- Motivation; put it off until tomorrow; lack discipline
- Too tired/decreased energy
- Job duties are excessive
- Minimal availability of healthy foods on the road
- Wife's cooking not necessarily healthy either
- Lack of exercise facilities at truck/bus rest stops
- Waste time sitting/waiting for truck loading/unloading; or charter bus passengers out touring
- Must stay w/truck/bus for security, unsafe neighborhoods
- Work cycles, e.g. getting off duty at 3 AM not conducive

What Preventive Medicine Guidance is Available for Me?



At this point, the Instructor can show attendees various brochures and other resources (from the Instructor References) on health, wellness and fitness available for reading after the course.

How Can a Commitment to the 4 Rs of the Gettin' in Gear Wellness Program Help Me?

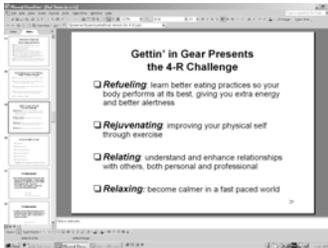


[Slide 28]

Personalizing Your Own Wellness, Health & Fitness Program

- The more an **individual driver can *personalize* his/her health program**, the greater potential for improved lifestyle behaviors.
- View this as **revving up the engines** or scheduling **preventive maintenance** for health. It is an opportunity for drivers to enjoy life's ride through improved wellness.
- Drivers should help, inform and support one another in their wellness efforts.
- Drivers need a changed environment supportive of new wellness, health and fitness approaches.
- **Join the *Gettin' in Gear* Wellness, Health, and Fitness movement.**

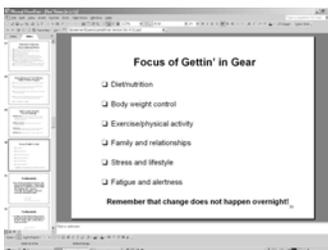
What Personal Plan of Attack Should I Carve Out for Myself to Improve My Own Wellness?



[Slide 29]

Gettin' in Gear Wellness Program Presents the 4-R Challenge

- **Refueling:** learn better eating practices so your body performs at its best, giving you extra energy and better alertness, especially while driving. This facet of the program essentially covers good diet and nutritional practices.
- **Rejuvenating:** improving your physical self through exercise, maintaining regular exercise and movement activities to preserve your health, and to remain physically fit.
- **Relating:** understanding the importance of, and how to enhance relationships with others, both personal and professional, as they impact your personal stress levels, our health, and your performance on the job.
- **Relaxing:** becoming calmer in a fast-paced world, both at home and at work, by learning to recognize, control and manage your own responses to the many stresses of life.



[Slide 30]

Focus of Gettin' in Gear Wellness Program for Drivers

The focus of this program is on health, particularly as related to the following six topics:

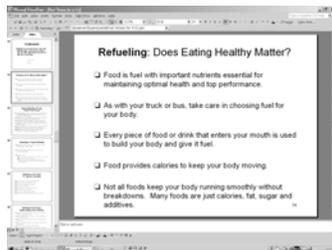
- **Diet/nutrition**
- **Body weight control, maintaining a healthy physique**
- **Exercise, physical activity, and physical fitness**

- **Maintaining good family and collegial relationships**
- **Managing life's stresses and our responses to them, an enhanced lifestyle**
- **Mastering driver alertness and managing driver fatigue**



[Slides 31-33]

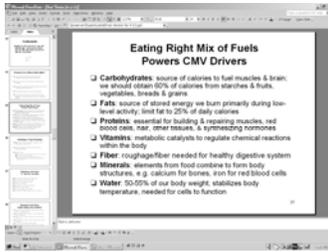
[Testimonials about Wellness, Health and Fitness and the Gettin' in Gear Program. The instructor may choose to read testimonials aloud or let attendees read for themselves from slides.]



[Slide 34]

Refueling: Does Eating Healthy Matter?

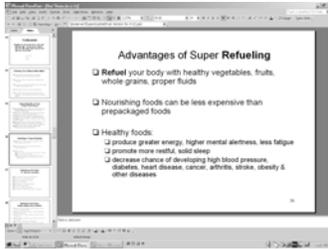
- Food is fuel composed of important nutrients essential for maintaining optimal health and top performance.
- Just as you are careful to keep your truck or bus engine running smoothly, take care in choosing fuel for your body.
- Every piece of food or drink that enters your mouth is used to build your body and give it fuel.
- Any food can provide calories to keep your body moving, but not all foods can keep your body running smoothly without breakdowns.
- Many available foods are just calories, fat, sugar and additives. You need much more to protect and energize your body.



[Slide 35]

Eating the Right Mix of Fuels Powers CMV Drivers

- **Carbohydrates:** are a source of calories to fuel muscles and brain; primary energy source for exercise; you should obtain about 60% of calories from starches and fruits, vegetables, breads and grains.
- **Fats:** are sources of stored energy burned primarily during low-level activity. Fat intake should be limited to about 25% of daily caloric intake (about 60-80 grams per day). One cheeseburger gives you most of a daily quota.
- **Proteins:** are essential for building and repairing muscles, red blood cells, enzymes, hair, other tissues, and for synthesizing important hormones bodies need.
- **Vitamins:** are metabolic catalysts to regulate chemical reactions within the body.
- **Fiber:** roughage, and fiber are needed daily to help keep the digestive system functioning properly; it helps to prevent colon cancer for example. Your body probably needs about 30-45 grams of fiber per day in its normal diet.
- **Minerals:** are elements from food which combine to form body structures, e.g. calcium for bones, iron for red blood cells.
- **Water:** 50-55% of body weight is composed of water. Water stabilizes body temperature, and is continually needed for cells to function properly.



[Slide 36]

Advantages of Super Refueling

- **Eat for health:** Now and for the long term, **refuel** your body with healthy vegetables, fruits, whole grains and proper fluids, e.g. water, fruit juices.
- Fruits, vegetables, grains, other natural nourishing foods are better for you and can be **less expensive too**, as they compare favorably in nutrients and price against fast food and highly packaged convenience foods.
- Healthy foods **produce greater energy**, help maintain **higher levels of mental alertness**, and therefore **lessen fatigue** throughout the day.
- A good healthy diet, along with other measures helps you obtain **more restful, solid sleep**.
- With a healthy diet, there is less chance of developing high blood pressure, diabetes, heart disease, cancer, arthritis, stroke, obesity and other diseases.



[Slide 37]

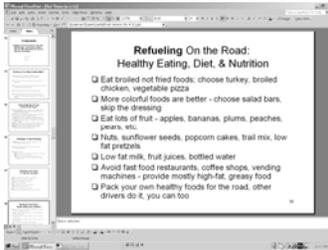
Refueling on the Road: To Tune Up Your Body

- Eat for health; plan out your food intake
- Eat a variety of wholesome foods
- Eat lots of vegetables and fruits, preferably 5 helpings of fruit and vegetables every day to provide desired minerals, vitamins, roughage, and also to help prevent cancer
- Choose whole grains

- Eat foods low in fat and cholesterol, look for nutritional content of the foods you choose to either carry or buy while on the road
- Eat beans and nuts often
- Use fewer sugars and less salt in your daily diet
- Drink plenty of healthy fluids: especially water and fruit juices; limit caffeine



[Instructors should consult Section III, Instructor References, for additional materials on diet and nutrition and ideas for discussion with the course attendees.]



[Slide 38]

Refueling On the Road: Healthy Eating, Diet, & Nutrition

- Eat broiled instead of **fried foods**. Eat more turkey, broiled chicken, vegetable pizza.
- Eat at **salad bars frequently**, but don't get tempted into loading up on fattening salad dressings, and items like potato salad, or coleslaw with plenty of dressing on them. Use either no salad dressing or low or nonfat dressing.
- Fruit, apples, bananas, plums, peaches – most fruits are quite healthful. They provide fiber and bulk in the diet in addition to vitamins and minerals contained within.
- Eat nuts, sunflower seeds, popcorn cakes, trail mix, low fat pretzels.
- Drink low fat or skim milk, plenty of fruit juices, and lots of water. Stay away from too many soft drinks, as they are not very nutritionally sound. A 12-ounce soda generally has about 150 calories, and no nutritional value.

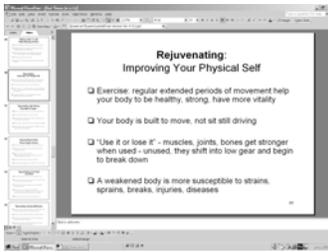
- **Pack your own healthy food alternatives.** On trips, stock up on healthy foods at known rest stops, and break those out at the next rest stop.
- Obtain a **cooler or refrigerator** for your truck or bus; pack and take along your own healthy food choices. **Countless other drivers do it –you can too.**



[Slide 39]

Watching What You Eat While Refueling at Home

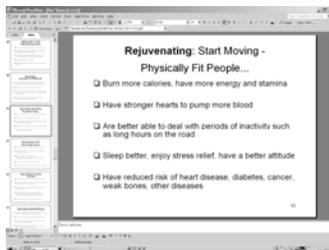
- **Be more attuned to what you eat and to how much you eat at home.** Discuss healthy food choices with your spouse and children. Children usually learn more about nutrition at school than their parents did and can help “police” family meal selections.
- Eat only when physically hungry and your stomach is truly empty.
- **Avoid absent-minded snacking.** Do not eat snacks in front of the TV unless they are healthy snacks, like fresh vegetables or fruits.
- Your family and friends want to eat out at restaurants regularly too; so do not forget them when you think you have tired of eating out frequently while on the road.
- Do not get tempted to go back for second helpings at buffets.



[Slide 40]

Rejuvenating: Improving Your Physical Self

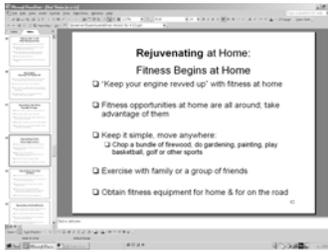
- **Regular exercise**, consisting of extended periods of movement helps your body to be healthy, strong, have more vitality, and permit you to work strong.
- **Your body is built to move**, not to sit still while driving. Since you spend so much time sitting behind the wheel of your vehicle, you must make a concerted effort to get out and get moving or exercising when your vehicle is stopped.
- **“Use it or lose it.”** Muscles, joints, bones get stronger when used. Unused, they shift into low gear and begin to break down.
- A weakened body is more susceptible to strains, sprains, breaks, injuries, and diseases.



[Slide 41]

Rejuvenating: Start Moving – Physically Fit People:

- Burn more calories, have more energy, more stamina. Feel better all over most of the time.
- Have stronger hearts to pump more blood to muscles when needed and to the brain for staying awake/alert.
- Are better able to deal with periods of inactivity such as lengthy hours on the road.
- Sleep better, enjoy stress relief, and have a better attitude overall.
- Look better with a physically toned body, stave off aging effects.
- Have reduced risk of heart disease, diabetes, cancer, weak bones, and other diseases.



[Slide 42]

Rejuvenating at Home: Fitness Begins at Home

- **“Keep your engine revved up”** with a fitness program at home.
- Keep it simple, move anywhere. Just be attentive to doing physical things, e.g. walk up stairs at home, chop a bundle of firewood, do gardening, yard work, painting, play basketball, golf or other sports (*discuss examples in class*).
- Exercise with your family, the children and their friends, or with a group of your own friends.
- Recall that if you are over age 40, are about 20 or more pounds overweight, and are beginning a vigorous exercise program of your own, you should first **consult your physician for advice**.
- Make small improvement steps by adding more repetitions or different forms of exercise to your routine as you feel comfortable doing more. Build up to it gradually.
- **Do not exercise too vigorously**, and strain yourself, or cause yourself to lose interest because it seems too tough to do. Usually if you can have a conversation with someone while you are exercising you are not doing it too vigorously, and you are probably exercising at a comfortable, suitable level.
- Be sure to do warm-up and cool-down stretching exercises for the muscle groups that you use in your program.

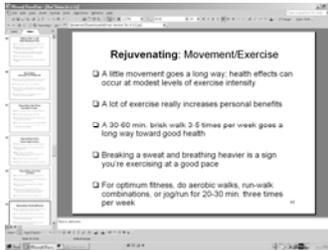


[Slide 43]

Rejuvenating on the Road: Just Move!

- **Any movement is exercise** and is undoubtedly good for you.
- **Get an attitude** to exercise wherever/whenever you can. The key habit to develop is to *move* more than you do now.

- When you establish an on-the-road exercise regimen, be sure to include appropriate stretching exercises to warm up the muscles before starting. Do easy stretches. Perhaps use a large elastic band to do about 5 or 6 stretches of about 30-seconds duration each.
- **Exercise helps you stay awake, alert, energized behind the wheel.**
- Plan your on-the-road exercise program to complement your exercise program at home.
- **Don't say, "I can't do it" until you seriously try it!**

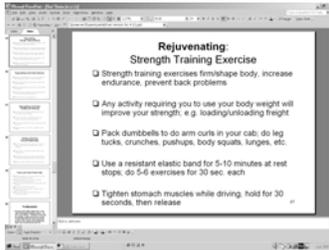


[Slide 44]

Rejuvenating: Movement/Exercise

- **A little movement goes a long way;** health effects can occur at modest levels of exercise intensity. Be conscious of moving for exercise when you can and make healthy choices. For example, walk up the stairs instead of taking the escalator, or the elevator.
- **A lot of exercise really increases personal health and fitness benefits.** The duration and intensity of exercise do matter.
- You probably are a long way from being ready for it, but it is well known that a 22-25 minute jog or run 4 times per week provides **optimum aerobic fitness.**
- But **walking for about 30 minutes 3-5 times per week** can provide almost as many aerobic benefits for sustained health. A 30 to 60 minute **brisk walk**, about 3 to 5 times per week, goes a long way toward good health. Find a place to do your aerobic walk and get a good shower to clean up afterwards, and then go eat at a healthy salad bar.
- Breaking a sweat and breathing heavier is a sign you are exercising at a good pace.

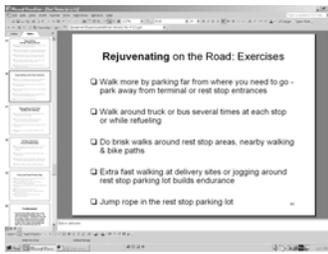
- Do aerobic walks, run-walk combinations, or jog/run for 20-30 minutes three or four times per week for aerobic fitness. If you are just starting your exercise routine, then be sure to work up to this level gradually, even if it takes you weeks and months to achieve it – it is worth it.



[Slide 45]

Rejuvenating: Strength Training Exercises

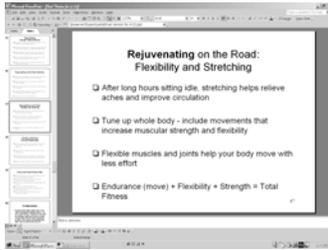
- It is actually pretty simple: if you do not continually build muscle, you'll lose muscle. It really is a "use it or lose it proposition."
- **Strength training exercises** firm/shape your body, increase endurance, prevent back problems, and lighten daily tasks.
- Having more muscle mass acquired from strength training actually **helps you burn more calories** when you work using those muscles.
- **Any activity requiring you to use your body weight will improve your strength**, such as loading and unloading crates.
- Some **loading and unloading of cargo or freight** on your truck then can be a good thing; however awkward postures or unwieldy cargo can do more harm than good.
- **Do body weight exercises:** 50 seated leg tucks or crunches and 30 push-ups; upper body rowing, lower body squats, stationary lunges.
- Pack dumbbells to do arm curls in your truck cab or at the side of your bus.
- Use a resistant elastic band and do stretches for 5-10 minutes at rest stops. Select a program of 5-6 stretches and do each for about 30 seconds each.
- Tighten stomach muscles while driving, hold for 30 seconds, then release.



[Slide 46]

Rejuvenating on the Road: Exercises

- **Walk more by parking far from where you need to go**, e.g., park farthest away from terminal or rest stop entrances. The walk across the long parking lot helps a bit, and it usually makes it easier to park.
- If safe to do so, walk around your truck or bus several times at each stop or while refueling.
- **Do brisk walks around rest stop areas**, or on nearby walking and bike paths. Of course, finding safe, suitable locations to do this and also to obtain a shower when finished can tough. Plan out stops at known locations where this is possible.
- Some drivers have been known to take their bicycle along on the trip, and they select new bike trails to be explored on their off duty hours while gaining healthy exercise at the same time.
- Extra fast walking at delivery sites or jogging around the perimeter of rest stop parking lot builds endurance (uses more oxygen to strengthen heart and lungs).
- Jump rope in the rest stop parking lot.
- If available, ride a stationery bike at a rest stop fitness center. Some drivers even pack their own stationery bike or roller blades. Use your imagination to select suitable physical activities you like.
- Often **women drivers** feel less comfortable doing exercises, and express personal security concerns at rest stops. They are less likely to want to engage in exercise programs unless there is some security, and moderate privacy too. Be conscious and respectful of your fellow drivers' needs. Either offer to accompany them, or leave them alone to do their own exercise routines without interruption or additional harassment.



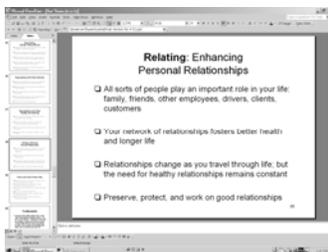
[Slide 47]

Rejuvenating on the Road: Flexibility and Stretching Exercises

- After long hours sitting idle, stretching helps relieve aches and improve circulation; always **stretch muscles**.
- **Tune up your whole body:** include movements that increase your muscular strength and flexibility.
- **Flexibility** is the ability to move, bend, twist, and stretch easily.
- While standing, try reaching around the back of your waist and clasping your hands over your forearms. If you cannot readily do this, perhaps you need to do some flexibility and stretching exercises, and possibly lose some of that mid-rib bulge as well.
- Flexible muscles and joints help your body move with less effort.
- Endurance (move) + Flexibility + Strength = **Total Fitness**



[Here the course instructor can demonstrate some stretches and other exercises.]

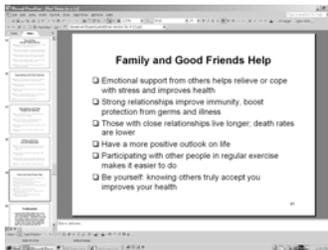


[Slide 48]

Relating: Enhancing Personal Relationships

- All sorts of people play an important role in your life: family, friends, other employees, drivers, clients and customers, or even complete strangers you meet.
- Your network of relationships fosters better health and longer life.

- Relationships change throughout life; but **the need for healthy relationships remains constant.** The people you know and interact with regularly today are not likely to be the same ones you interact with 15-20 years from now. Thus you need to continue making new friends, solidifying relationships with those you have, etc.
- Preserve, protect, and **work on your good relationships.** Establish new ones frequently.



[Slide 49]

Relating: Family and Good Friends Help

- Emotional support from others helps you relieve or cope with stress and it maintains, and even improves your health.
- Strong relationships can improve your immune system, helping to boost your protection from germs and illness.
- Those people with close relationships tend to live longer. The **death rates** of people with solid interpersonal relationships **are lower** than those who have none.
- Establish a positive outlook on life. Anticipate sharing time with a spouse, a friend, a child, a fishing buddy. Even a pet gives you something to look forward to after each trip.
- Participating with other people in physical activities or exercise makes it easier to do.
- Be yourself: knowing that others truly accept you as yourself improves your health!



[Slide 50]

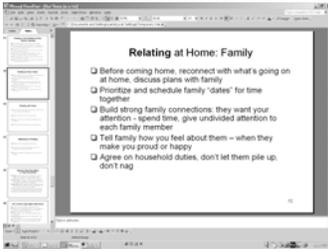
[Testimonial on Relating – Instructor can read aloud or allow attendees time to read from the slide.]



[Slide 51]

Relating on the Road/and at Home:
Family is Important

- **Good relationships are important to your health.**
- Life on the road is hard on everyone, not just the driver; being away means added responsibilities and stress for the spouse and the rest of the family left at home.
- Put yourself in their shoes; spouses miss one another; children miss a parent who is away on the road.
- **Contact home often**; let them know you're okay; that you're interested in them and in what's happening at home.
- **Keep track of family calendar/schedule, important dates, birthdays, children's school activities, extracurricular activities, e.g. know about their upcoming tests, term papers, your spouse's appointments, etc. and be sure to mention or inquire about them during important phone calls home.**
- When calling on the road, **inquire about your family members**; find out about family, not about just things, do not do all the reporting of your own activities first, play those down and emphasize finding out what your family and loved ones are up to and show interest in them.
- Call, send mail, postcards, use emails, send cards, flowers, and small gifts; but not too frequently; initiate surprise gifts every now and then.



[Slide 52]

Relating at Home: Family

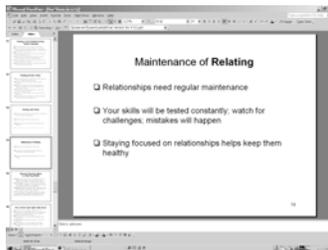
- Several days before coming home, be sure to “reconnect” with what’s going on at home, discuss plans with family by phone.
- Before going home, be sure to take time to **disengage, defuse, get rid of the stresses of the driving life** so as not to walk into the home and begin focusing on your problems. Your family wants you home, but not your job stresses and frustrations which undoubtedly they find hard to relate to, and besides they have situations of their own they might like you to hear about.
- Returning home Friday evening after being gone for a week on the road can often frustrate a driver who encounters traffic delays frustrating his/her goal of arriving home at a reasonable hour to be with the family.
- **Prioritize and schedule family “dates” for time together when home**; do things as a family, not just doing chores; schedule outings, as they want to get away from the house too.
- **Build strong family connections**: your family members want your attention, your time, your love; they do not particularly need dads bearing gifts.
- Spend quality time, and provide undivided attention with each family member, but remember they have scheduled activities of their own to pursue too.
- Tell family how you feel about them – tell them when they make you proud or happy. **Kind words** from Dad or Mom returning home after being away on a long trip **are greatly appreciated**.
- Agree on household duties, don’t let the chores pile up, so that when you are home that is all you have time to do; don’t nag one another.



[Slide 53]

Relating with Friends

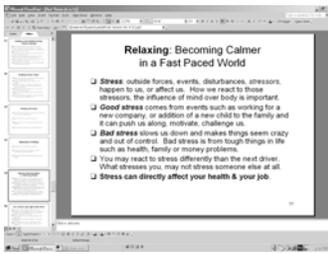
- **Good friends lend support;** they give a different perspective on life, they can share fun and hobbies.
- Have fun with them when you are home.
- Make contact from the road, **set up dates for joint activities**, e.g. "lets go fishing this weekend."
- Help friends out; participate in their activities too. Go help a neighbor or fellow driver from work to take care of a chore that requires some help.
- Listen with interest about your friends' jobs, families, hobbies; stick with them through tough times.



[Slide 54]

Maintenance of Relating

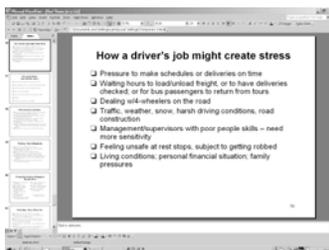
- **It is also important to do regular maintenance on your relating skills and on your friendships.**
- Your skills will be tested constantly; watch for challenges; mistakes happen; get over them.
- Staying focused on our relationships helps keep them healthy; **stay positive.**



[Slide 55]

Relaxing: Becoming Calmer in a Fast Paced World

- **Stress:** outside forces, events, disturbances, *stressors*, happen to us, or affect us. How we react to those stressors; the mind's influence over the body is important.
- **Good stress** can push us along, motivating and challenging us. Good stress usually comes from positive events such as working for a new company, or addition of a new child to the family; volunteering for a leadership position at your church, or just taking on some other church- or charity-related volunteer work.
- **Bad stress** slows us down and makes things seem crazy and out of control. Bad stress is derived from tough things such as health, family or money problems. Perhaps a family member is scheduled for surgery, or a parent requires constant medical care in old age, or you do not get along with your fellow workers, or with your spouse. Or perhaps you simply have too much to do on your to do list, etc. All of these can contribute bad stress to your life.
- You may react to stress differently than the next driver. What stresses you, may not stress someone else at all.
- **Stress, good or bad stress, can have a direct effect on your health and your job.**



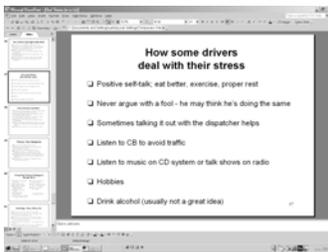
[Slide 56]

How a driver's job might create stress in his/her life

Some drivers relate the following examples of how stress creeps into their driving lives:

- Pressure to make schedules or deliveries on time.
- Sometimes unable to locate a suitable rest stop.

- Waiting around for hours for loading/unloading freight, or to have deliveries checked; or for bus passengers to return from tours.
- Working 70+ hrs per week.
- Dealing with 4-wheelers on the road, e.g. a driver who pulls in front of your vehicle and then unexpectedly stops (name any hundred other examples).
- Traffic, bad weather, snow, harsh driving conditions, road construction.
- Dispatcher has an attitude; some managers see us as “dumb drivers.”
- Management/supervisors with poor people skills – need more sensitivity.
- Driving into unknown territory, ghettos, bad neighborhoods.
- Feeling unsafe at rest stops, subject to getting robbed.
- Living conditions; personal financial situation; family pressures.

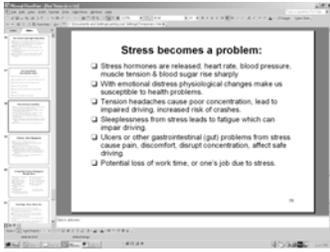


[Slide 57]

How some drivers deal with their stress

Surveys of drivers commonly elicit these responses as to ways they deal with stress:

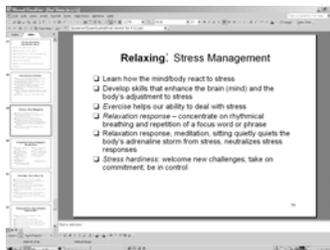
- Positive self-talk; eat better, exercise, proper rest
- Never argue with a fool – he may think he's doing the same
- Sometimes talking it out to the dispatcher helps
- Listen to CB to avoid traffic
- Listen to music on CD system or talk shows on radio
- Listen to Christian music
- Go to church regularly
- Drink decaf coffee, fruit juices, water
- Sometimes work is less stressful than life at home
- Hobbies, getting massage from spouse
- Drink alcohol (which is usually not a great idea)



[Slide 58]

Stress becomes a problem:

- When you encounter stressful situations, **stress hormones are released**. They cause a variety of body changes to occur; heart rate increases, blood pressure rises, muscle tension rises sharply; the blood sugar level rises; fatty acids are released into bloodstream.
- Physiological changes under emotional distress make us more susceptible to autoimmune disease, **lead to hypertension**, or cause other health problems.
- Tension headaches cause poor concentration, lead to impaired driving, and increased risk of crashes.
- Sleeplessness from stress leads to fatigue that can impair driving.
- Ulcers or other gastrointestinal (gut) problems from stress cause pain and discomfort that disrupts concentration and affect safe driving.
- Potential loss of work time or one's job due to stress.

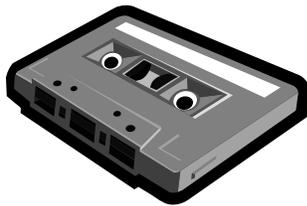


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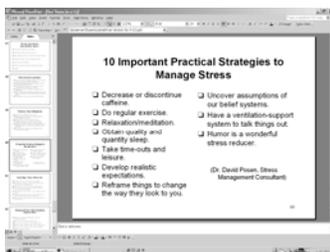
Relaxing: Stress Management

- Learn how the mind/body react to stress; identify and then attend to habits and tendencies that keep us stress prone.
- Develop skills that enhance the brain (mind) and the body's adjustment to stress.
- **Exercise dissipates the arousal and excesses of stress hormones** caused by the fight-or-flight physiological response to stress.

- **Relaxation response** – concentration on rhythmical breathing and the repetition of a focus word or phrase.
- Relaxation response, meditation, and sitting quietly can quiet the body's adrenaline storm from stress and neutralize stress response.
- **Stress hardiness:** welcome new challenges; take on commitment and be in control.



[Here, listen to portions of the Gettin' in Gear Audio tape on relaxation. Encourage drivers to make a habit of listening to such relaxing tapes, which are readily available in any music or bookstore.]

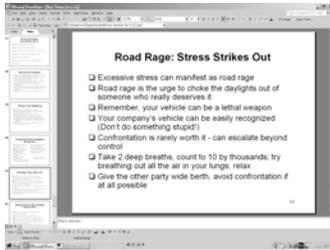


[Slide 60]

Ten Important and Practical Strategies to Manage Stress

(Dr. David Posen, Stress Management Consultant)

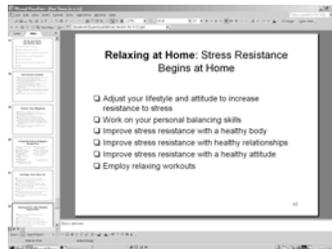
- Decrease or discontinue caffeine.
- Do regular exercise.
- Relaxation/meditation.
- Obtain quality and quantity sleep.
- Take time-outs and leisure.
- Develop realistic expectations.
- Reframe things to change the way they look and feel to you.
- Uncover the assumptions of our belief systems.
- Have a ventilation-support system to talk things out.
- Humor is a wonderful stress reducer.



[Slide 61]

Road Rage: Stress Strikes Out

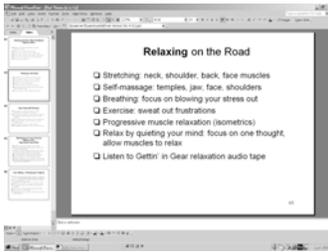
- Excessive stress can manifest on the highway as road rage.
- Road rage is the urge to choke the daylights out of someone (who really deserves it).
- Remember your vehicle can be a lethal weapon.
- Your company's vehicle will undoubtedly be easily recognized. (Don't do something stupid!)
- Expect to deal with road rage. You are more likely to witness it, and because you drive a large vehicle, you might even be more likely to be subjected to it from other drivers.
- Confrontation is rarely worth it, and it can escalate beyond control.
- Take 2 deep breaths, count to 10 by thousands (one thousand one, one thousand two, etc).
- Try breathing out all the air in your lungs; when you do that you cannot be tense at the same time. Then relax.
- Give the other party a wide berth; avoid confrontation if at all possible.



[Slide 62]

Relaxing at Home: Stress Resistance Begins at Home

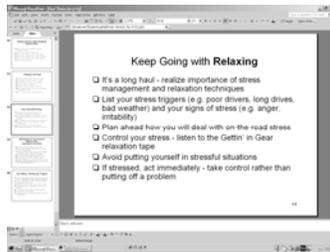
- Adjust your lifestyle and your attitude to increase resistance to stress.
- Work on your personal balancing skills.
- Improve your stress resistance with a healthy body.
- Improve stress resistance with healthy relationships.
- Improve your stress resistance with a healthy attitude.
- Employ relaxing workouts.
- Listen to relaxing music and tapes, do mediation sessions.



[Slide 63]

Relaxing on the Road

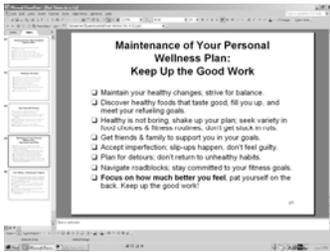
- Stretching: neck, shoulder, back, and face muscles
- Self-massage: temples, jaw, face, shoulders
- Breathing: focus on blowing your stress out
- Exercise: sweat out frustrations
- Progressive muscle relaxation (do isometrics, moving against an immovable force)
- Relax by quieting your mind: focus on one thought, allow muscles to relax **Listen to Gettin' in Gear relaxation audio tape which covers much of the above**



[Slide 64]

Keep Going with Relaxing

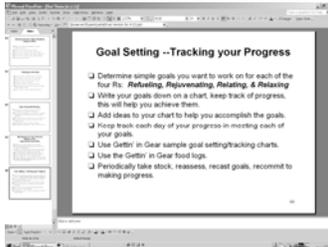
- It's a long haul to realize the importance of stress management, and relaxation techniques.
- List your stress triggers (e.g. poor drivers, long drives, bad weather) and your signs of stress (e.g. anger, irritability).
- Plan ahead how you will deal with roadblock stressors.
- Listen to the Gettin' in Gear relaxation tape: use short and long term relaxation techniques; control your stress.
- Avoid putting yourself in your known stressor or trigger situations.
- If stressed, act appropriately and immediately. Take control rather than putting off a problem.



[Slide 65]

Maintenance of Your Personal Wellness Plan: Keep Up the Good Work

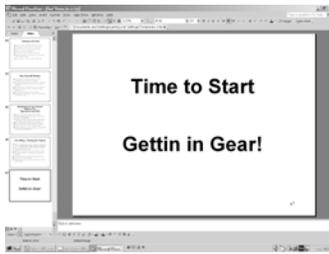
- Maintain your healthy changes; strive for balance.
- Plan for detours; don't return to unhealthy habits.
- Discover healthy foods that taste good, fill you up, and meet your refueling goals.
- Healthy is not boring, shake up your plan; seek variety in food choices & fitness routines; don't get stuck in ruts.
- Get friends & family to support you in your goals.
- Accept imperfection; slip-ups happen, don't feel guilty.
- Navigate roadblocks; stay committed to your fitness goals.
- Focus on how much better you feel. Pat yourself on the back. Keep up the good work.



[Slide 66]

Goal Setting – Tracking your Progress on Your Personal Wellness Plan

- Identify simple goals you want to work on for each of the four Rs: Refueling, Rejuvenating, Relating, & Relaxing **[See the Driver Wellness Kit]**
- Write those goals down on a chart and keep track of your progress – this will help you to achieve your goals.
- Add ideas to your chart to help you accomplish the goals.
- Keep track each day of your progress in meeting each of your goals.
- Use the Gettin' in Gear sample goal setting/tracking charts.
- Use the Gettin' in Gear food logs too.
- Periodically take stock, reassess, recast goals, recommit to making progress.



Instructor should thank participants for their time and attention and ask if there are any questions or further discussion. Inform participants that you would like to follow up with them in several months to find out what changes they were able to make in their lifestyles to improve their health and wellness.

Gettin' In Gear: A Wellness, Health, and Fitness Program for Commercial Drivers

Sponsored by:

Federal Motor Carrier Safety Administration

&

American Transportation Research Institute

August 2002

Why Address Wellness, Health & Fitness of Commercial Drivers?

- ❑ Healthy lifestyles lead to safer driving practices
- ❑ CMV driver health critical for highway safety
- ❑ Preserves valuable asset - CMV drivers
- ❑ Cuts company and personal costs
- ❑ Fosters healthy employees

What are your concerns as they relate to your health?

- Desire to live longer - enjoy retirement
- Want to lose weight, improve appearance
- Heart disease, high cholesterol, high blood pressure
- Poor diet and nutrition, frequently over eat
- Not getting enough exercise
- Getting regular sleep, driver alertness
- Lowering stress
- Lack of family time

Driver Health Risk Factors

- ❑ Health Risk Factors: characteristics associated with increased rates of diseases

- ❑ Costs include:
 - ❑ Direct: health care consequences, medical costs, etc.
 - ❑ Indirect: employee job satisfaction and turnover

- ❑ Common CMV driver health risks:
 - ❑ smoking and tobacco use
 - ❑ obesity or just being overweight
 - ❑ hypertension (high blood pressure)
 - ❑ poor eating habits, poor diet and nutrition
 - ❑ alcohol, drugs, other chemical substances
 - ❑ lack of physical activity/physical fitness

Smoking and Tobacco Products

- ❑ A leading preventable cause of illness and death
- ❑ Increases risk of problems with blood circulation and cardiovascular and heart disease
- ❑ A leading cause of cancer and chronic lung disease
- ❑ Smoking linked to more than 400,000 deaths each year in the U.S., countless more in other countries

Prevalence of Smoking in the U.S.

- ❑ 23% of all U.S. men and women are regular smokers
- ❑ About 50% of truck drivers surveyed report smoking cigarettes or cigars regularly
- ❑ **Breaking unhealthy habits of smoking cigarettes and chewing of tobacco is the number one challenge to commercial drivers who wish to restore and maintain a healthy lifestyle**

Obesity

- ❑ *Obesity* - excess storage of energy in the body in the form of *fat*
- ❑ Risk factor for cardiovascular disease, hypertension, diabetes, or stroke
- ❑ Exacerbates arthritis, back pain, and other musculoskeletal disorders
- ❑ Presents higher risk of cancer when it accompanies other conditions (low activity level, diabetes, menopause)

Prevalence of Obesity

- ❑ Almost 1/3 of U.S. men and women are overweight
- ❑ In one survey of ~3000 truck drivers 73% were overweight or obese
- ❑ A survey of truck and bus drivers who complained of back pain found that 55% of them were overweight

Hypertension - High Blood Pressure

The Silent Killer

- ❑ “Average” blood pressure 120/80
- ❑ Hypertension or sustained high BP higher than 140/90
- ❑ Excess body weight correlates closely with increased blood pressure
- ❑ Modest reductions in body weight can reduce or eliminate need for hypertension drug therapy
- ❑ Untreated high BP increases risk of heart disease, renal failure, stroke

Prevalence of CMV Driver Hypertension

- ❑ Chronic hypertension affects 50+ million Americans
- ❑ People with BP higher than 140/90 labeled as borderline hypertensive
- ❑ 49CFR391 permits CMV drivers maximum BP 160/90

Poor Eating Habits

- What you eat and drink are the most important influences on your health
- 8 of 10 leading causes of death are related to what people eat
- Poor eating habits are one of the greatest habits in need of change
- Eating habits are among the toughest habits to change

Prevalence of Poor Eating Habits Among CMV Drivers

- ❑ 80% of truck drivers say they eat only 1 or 2 meals per day
- ❑ 1996 study on CMV driver eating habits found:
 - ❑ truck drivers' favorite meals on the road are steaks and burgers
 - ❑ 36% of drivers have 3 or more snacks per day; favorites are chips, fruit, candy, donuts, cookies
 - ❑ 15% of drivers eat the recommended 5 or more servings of fruits and vegetables per day
- ❑ Nationally - 80% of all males fail to eat 5 or more servings of fruits and vegetables per day

Physical Activity and Exercise

- ❑ Medical research demonstrates that exercise reduces risk of disease including:
 - ❑ Heart disease
 - ❑ High blood pressure (hypertension)
 - ❑ Osteoporosis (weakened bones)
 - ❑ Diabetes (deficient insulin secretion)
 - ❑ Breast and colon cancer
 - ❑ Psychological problems, e.g. depression, anxiety, & stress

- ❑ Sedentary lifestyles, without regular exercise, degrade health and decrease life expectancy

- ❑ The Gettin' in Gear Program includes tips for including exercise in a driver's daily routine.

Prevalence of Sedentary Lifestyles

- ❑ Sedentary Lifestyle – exercise less than once per week
- ❑ Sedentary living has causal relationship to 1/3 of deaths due to coronary heart disease, colon cancer, and diabetes
- ❑ A survey of truck drivers showed 50% never participate in aerobic exercises
- ❑ Only 8% regularly participate in aerobic exercise

Health Concerns & Physical Qualifications of CMV Drivers

- ❑ CMV certification requires medical history and clinical diagnosis by a medical examiner (49CFR391.41 E)
- ❑ Conditions likely to interfere with a driver's ability to control and drive a CMV safely are not permitted
- ❑ Concerns include:
 - ❑ Respiratory dysfunction such as sleep apnea
 - ❑ Hypertension, rheumatic, or vascular disease
 - ❑ Impaired vision and hearing
 - ❑ Arthritic, orthopedic, muscular/neuromuscular disease
 - ❑ Diabetes, or insulin deficiency
 - ❑ Epilepsy, mental, nervous, or psychiatric disorders

Hazards / Side Effects of Prescription and Over-the-Counter Medications

- Medical certification requires CMV drivers disclose to the medical examiner all medications taken.
- Medical examiners are to educate drivers on proper use and/or hazards of prescription and non-prescription medications.
- FMCSA guidance documents provide medical examiners with information on allowable use of medications for CMV drivers.
- Drivers should pay careful attention to warnings on OTC medications.

Alcohol and Drug Use & Abuse

- ❑ Chemical substance abuse is estimated to be the actual cause of some 120,000 deaths per year
- ❑ Alcohol use and other drugs are factors in a high percentage of chronic diseases
- ❑ Alcohol and other drugs contribute to unintentional injuries – accidents at home or at work, motor vehicle crashes, suicide and other violent deaths
- ❑ Used as a depressant to fall asleep, alcohol breaks up restful sleep and affects alertness the next day

Prevalence of Drug and Alcohol Use & Abuse among CMV Drivers

- ❑ Random urine testing significantly curtails CMV driver illegal drug use
- ❑ A screening of over 300 truck drivers on-the-job revealed alcohol was present in less than 1%
- ❑ Driver legal limit for Blood Alcohol Concentration (BAC) varies from state to state (0.08 to 0.10% BAC)
- ❑ But for CMV drivers the BAC standard is 0.04%
- ❑ Off-the-job consumption of alcohol still contributes to overall health risks

Chemical Substances and Driving Fitness/Alertness

- ❑ Prescription and OTC medications can affect driving alertness, produce drowsiness
- ❑ Stimulants, sleeping pills, antihistamines, diet pills, some health foods, even common beverages can affect fitness and alertness during driving
- ❑ It is important to understand the effects of chemical substances on driving performance

Chemical Aids to Wakefulness and Sleep

- ❑ CMV drivers frequently use artificial means (stimulants) to stay awake or (hypnotics) to sleep
- ❑ Many are illegal without a prescription; no substitute for proper sleep
- ❑ Stimulants produce a wide range of physiological and performance responses; can experience rebound fatigue and may be addictive
- ❑ Some stimulants extend performance temporarily, but not always productively
- ❑ Sleep aids do not generally provide quality sleep

Sleep Disorders Affect CMV Driver Performance

- ❑ Insomnia: can't fall asleep, can't stay asleep, wake up too early
- ❑ Drug-dependence insomnia: from sleeping pill use
- ❑ Sleep apnea: literally stop breathing during sleep
- ❑ Restless leg syndrome (RLS): leg discomfort
- ❑ Delayed (or advanced) sleep phase syndrome: like work shift lag, jet lag
- ❑ Narcolepsy (sleep attack): fall asleep at inappropriate times

Changing Driver Health Patterns

- ❑ Employers need to help employees change health behaviors
- ❑ Workers and employers must work together to support drivers' health and fitness changes
- ❑ It is important to involve the spouse/family to assure better menu planning at home and a supportive environment for driver change
- ❑ Truck and rest stop restaurants must provide nutritional food choice alternatives

Ultimately, Health & Fitness are a Driver's Personal Responsibility

- ❑ Taking *personal responsibility* for one's own wellness, health, and fitness is critical for CMV drivers.
- ❑ If a driver does not take charge of his/her own personal health, who else can or will?

CMV Driver Health Ratings

- ❑ In a 1997 survey, 450 truck & bus drivers rated their own health at 7.1 on a 10 pt scale but on average rated other drivers at 5.1.

- ❑ Drivers believe important reasons for being healthy include:
 - ❑ being able to retire and being healthy enough to enjoy it
 - ❑ having enough energy
 - ❑ family and work reasons

- ❑ Drivers exhibit a strong belief in their own responsibility for and control of their own health.

Drivers Rated as Low:

- Control of their own health
- Ability to manage stress
- Amount of regular exercise
- Healthy eating on a regular basis - drivers claim they usually choose unhealthy foods even though they know healthier choices exist

What Are Drivers Willing to Improve?

- Eating more healthy foods
- Exercising more regularly
- Stress management
- Self care
- Obtaining more quality rest and sleep

Obstacles to Improving Driver Health and Fitness

- Lack of time; too many things to do
- Motivation; put off until tomorrow; lack discipline
- Too tired/decreased energy
- Job duties are excessive
- Minimal availability of healthy foods on the road
- Wife's cooking at home not necessarily healthy either
- Lack of exercise facilities at truck/bus rest stops
- Waste time sitting/waiting for truck loading/unloading; or charter bus passengers out touring
- Must stay w/truck/bus for security; unsafe neighborhoods
- Work cycles, e.g. getting off duty at 3 AM not conducive

Personalizing Your Own Wellness, Health & Fitness Program

- ❑ Drivers must personalize their own health program
- ❑ View it as revving up engines or scheduling some preventive maintenance for health
- ❑ Drivers should help, inform, and support one another in wellness efforts
- ❑ Drivers need a changed environment supportive of new wellness, health and fitness approaches
- ❑ Time for **Gettin' in Gear!**

Gettin' in Gear Presents the 4-R Challenge

- ❑ **Refueling:** learn better eating practices so your body performs at its best, giving you extra energy and better alertness
- ❑ **Rejuvenating:** improving your physical self through exercise
- ❑ **Relating:** understand and enhance relationships with others, both personal and professional
- ❑ **Relaxing:** become calmer in a fast paced world

Focus of Gettin' in Gear

- Diet/nutrition
- Body weight control
- Exercise/physical activity
- Family and relationships
- Stress and lifestyle
- Fatigue and alertness

Remember that change does not happen overnight!

Testimonials

“If you don’t feel good about yourself, it’s hard to feel good about anything. I started paying attention to my health when my older brother died of diabetes at 37. I know I’m succeeding..I’m just happier, I have more energy and I just plain feel better.”

Tom Rockwell

Driver Trainer

Ruan Transportation Management

Testimonials

“A healthy self is the ticket to feeling good and being able to make split second decisions on the road. Wellness gives us able bodies to do the job at 100%.”

Herschell Summers, Jr.

Driver

Collins & Aikman Corporation

Testimonials

“Evaluate your needs and desires, then start with baby steps. I’m much more relaxed, have a positive state of mind, and can deal with stress much better.”

Dave Ramos

Driver

DATTCO

Refueling: Does Eating Healthy Matter?

- ❑ Food is fuel with important nutrients essential for maintaining optimal health and top performance.
- ❑ As with your truck or bus, take care in choosing fuel for your body.
- ❑ Every piece of food or drink that enters your mouth is used to build your body and give it fuel.
- ❑ Food provides calories to keep your body moving.
- ❑ Not all foods keep your body running smoothly without breakdowns. Many foods are just calories, fat, sugar and additives.

Eating Right Mix of Fuels Powers CMV Drivers

- ❑ **Carbohydrates:** source of calories to fuel muscles & brain; we should obtain 60% of calories from starches & fruits, vegetables, breads & grains
- ❑ **Fats:** source of stored energy we burn primarily during low-level activity; limit fat to 25% of daily calories
- ❑ **Proteins:** essential for building & repairing muscles, red blood cells, hair, other tissues, & synthesizing hormones
- ❑ **Vitamins:** metabolic catalysts to regulate chemical reactions within the body
- ❑ **Fiber:** roughage/fiber needed for healthy digestive system
- ❑ **Minerals:** elements from food combine to form body structures, e.g. calcium for bones, iron for red blood cells
- ❑ **Water:** 50-55% of our body weight, stabilizes body temperature, needed for cells to function

Advantages of Super **Refueling**

- ❑ **Refuel** your body with healthy vegetables, fruits, whole grains, proper fluids

- ❑ Nourishing foods can be less expensive than prepackaged foods

- ❑ **Healthy foods:**
 - ❑ produce greater energy, higher mental alertness, less fatigue
 - ❑ promote more restful, solid sleep
 - ❑ decrease chance of developing high blood pressure, diabetes, heart disease, cancer, arthritis, stroke, obesity & other diseases

Refueling on the Road: To Tune Up Your Body

- Eat for health, plan out your food intake
- Eat a variety of wholesome foods
- Eat lots of vegetables and fruits
- Choose whole grains
- Eat foods low in fat and cholesterol
- Eat beans and nuts often
- Use fewer sugars and less salt
- Drink plenty of healthy fluids: water, fruit juices

Refueling On the Road: Healthy Eating, Diet, & Nutrition

- Eat broiled not fried foods; choose turkey, broiled chicken, vegetable pizza
- More colorful foods are better - choose salad bars, skip the dressing
- Eat lots of fruit - apples, bananas, plums, peaches, pears, etc.
- Nuts, sunflower seeds, popcorn cakes, trail mix, low fat pretzels
- Low fat milk, fruit juices, bottled water
- Avoid fast food restaurants, coffee shops, vending machines - provide mostly high-fat, greasy food
- Pack your own healthy foods for the road, other drivers do it, you can too

Watching What You Eat While **Refueling** at Home

- Be more attuned to what & how much you eat at home
- Engage with both your spouse and children for grocery shopping and family meal planning
- Think about food choices; plan healthy menus; shop smart; select meals for easy cooking & preparation
- Choose one place at home to eat
- Avoid absent-minded snacking; eat only when physically hungry

Rejuvenating: Improving Your Physical Self

- ❑ Exercise: regular extended periods of movement help your body to be healthy, strong, have more vitality
- ❑ Your body is built to move, not sit still driving
- ❑ “Use it or lose it” - muscles, joints, bones get stronger when used - unused, they shift into low gear and begin to break down
- ❑ A weakened body is more susceptible to strains, sprains, breaks, injuries, diseases

Rejuvenating: Start Moving - Physically Fit People...

- ❑ Burn more calories, have more energy and stamina
- ❑ Have stronger hearts to pump more blood
- ❑ Are better able to deal with periods of inactivity such as long hours on the road
- ❑ Sleep better, enjoy stress relief, have a better attitude
- ❑ Have reduced risk of heart disease, diabetes, cancer, weak bones, other diseases

Rejuvenating at Home:

Fitness Begins at Home

- ❑ “Keep your engine revved up” with fitness at home
- ❑ Fitness opportunities at home are all around; take advantage of them
- ❑ Keep it simple, move anywhere:
 - ❑ Chop a bundle of firewood, do gardening, painting, play basketball, golf or other sports
- ❑ Exercise with family or a group of friends
- ❑ Obtain fitness equipment for home & for on the road

Rejuvenating on the Road: Just Move!

- ❑ Any movement (exercise) you do is good for you
- ❑ Exercise wherever/whenever you can - develop habit to *move* more than you do now
- ❑ Exercise helps you stay awake, alert, energized behind the wheel
- ❑ Plan your on the road exercise program to complement your program at home; be sure to do warm up stretching exercises, they are helpful
- ❑ Don't say I can't do it until you seriously try it!

Rejuvenating: Movement/Exercise

- ❑ A little movement goes a long way; health effects can occur at modest levels of exercise intensity
- ❑ A lot of exercise really increases personal benefits
- ❑ A 30-60 min. brisk walk 3-5 times per week goes a long way toward good health
- ❑ Breaking a sweat and breathing heavier is a sign you're exercising at a good pace
- ❑ For optimum fitness, do aerobic walks, run-walk combinations, or jog/run for 20-30 min. three times per week

Rejuvenating: Strength Training Exercise

- ❑ Strength training exercises firm/shape body, increase endurance, prevent back problems
- ❑ Any activity requiring you to use your body weight will improve your strength; e.g. loading/unloading freight
- ❑ Pack dumbbells to do arm curls in your cab; do leg tucks, crunches, pushups, body squats, lunges, etc.
- ❑ Use a resistant elastic band for 5-10 minutes at rest stops; do 5-6 exercises for 30 sec. each
- ❑ Tighten stomach muscles while driving, hold for 30 seconds, then release

Rejuvenating on the Road: Exercises

- Walk more by parking far from where you need to go - park away from terminal or rest stop entrances
- Walk around truck or bus several times at each stop or while refueling
- Do brisk walks around rest stop areas, nearby walking & bike paths
- Extra fast walking at delivery sites or jogging around rest stop parking lot builds endurance
- Jump rope in the rest stop parking lot

Rejuvenating on the Road: Flexibility and Stretching

- ❑ After long hours sitting idle, stretching helps relieve aches and improve circulation
- ❑ Tune up whole body - include movements that increase muscular strength and flexibility
- ❑ Flexible muscles and joints help your body move with less effort
- ❑ Endurance (move) + Flexibility + Strength = Total Fitness

Relating: Enhancing Personal Relationships

- ❑ All sorts of people play an important role in your life: family, friends, other employees, drivers, clients, customers
- ❑ Your network of relationships fosters better health and longer life
- ❑ Relationships change as you travel through life; but the need for healthy relationships remains constant
- ❑ Preserve, protect, and work on good relationships

Family and Good Friends Help

- ❑ Emotional support from others helps relieve or cope with stress and improves health
- ❑ Strong relationships improve immunity, boost protection from germs and illness
- ❑ Those with close relationships live longer; death rates are lower
- ❑ Have a more positive outlook on life
- ❑ Participating with other people in regular exercise makes it easier to do
- ❑ Be yourself: knowing others truly accept you improves your health

Testimonials

“ Keeping in touch with my family when on the road is important for both them and me. I try to be a good listener. I might feel rushed and the last thing I want to hear about is how the car won't work, but I also have to remember my wife is home having to deal with the kids, dinner, the car and her job by herself.”

Mark Sullivan

Driver

DATTCO

Relating on the Road/and at Home: Family is Important

- Good relationships are important to your health
- Life on the road is hard on everyone - being away means added responsibilities/stress for spouse/family
- Put yourself in their shoes
- Contact home often; let them know you're okay; that you're interested in them
- Keep track of family calendar/schedule, important dates, birthdays, children's school activities
- When calling from the road, inquire about them, find out about family, not things
- Before going home, take time to defuse & disengage from driving chores/stresses

Relating at Home: Family

- ❑ Before coming home, reconnect with what's going on at home, discuss plans with family
- ❑ Prioritize and schedule family “dates” for time together
- ❑ Build strong family connections: they want your attention - spend time, give undivided attention to each family member
- ❑ Tell family how you feel about them – when they make you proud or happy
- ❑ Agree on household duties, don't let them pile up, don't nag
- ❑ Plan for a healthy meal together, a back yard picnic, an evening out at a restaurant, etc.

Relating with Friends

- Good friends lend support, give different perspectives on life, share fun and hobbies
- Have fun with them when you are home
- Make contact from the road, set up dates for joint activities
- Help friends out, participate in their activities too

Maintenance of **Relating**

- ❑ Relationships need regular maintenance
- ❑ Your skills will be tested constantly; watch for challenges; mistakes will happen
- ❑ Staying focused on relationships helps keep them healthy

Relaxing: Becoming Calmer in a Fast Paced World

- ❑ **Stress:** outside forces, events, disturbances, *stressors*, happen to us, or affect us. How we react to those stressors, the influence of mind over body is important.
- ❑ **Good stress** comes from events such as working for a new company, or addition of a new child to the family and it can push us along, motivate, challenge us.
- ❑ **Bad stress** slows us down and makes things seem crazy and out of control. Bad stress is from tough things in life such as health, family or money problems.
- ❑ You may react to stress differently than the next driver. What stresses you, may not stress someone else at all.
- ❑ **Stress can directly affect your health & your job.**

How a driver's job might create stress

- Pressure to make schedules or deliveries on time
- Waiting hours to load/unload freight, or to have deliveries checked; or for bus passengers to return from tours
- Dealing w/4-wheelers on the road
- Traffic, weather, snow, harsh driving conditions, road construction
- Mgmt/supervisors with poor people skills – need more sensitivity
- Feeling unsafe at rest stops, subject to get robbed
- Living conditions; personal financial situation; family pressures

How do some drivers deal with their stress?

- Drink alcohol (usually not a great idea)
- Self-talk; eat better, exercise, proper rest
- Never argue with a fool - he may think he's doing the same
- Sometimes talking it out with the dispatcher helps
- Listen to CB to avoid traffic
- Listen to music on CD system or talk shows on radio
- Hobbies

Stress becomes a problem:

- ❑ Stress hormones are released; heart rate, blood pressure, muscle tension & blood sugar rise sharply
- ❑ With emotional distress physiological changes make us susceptible to health problems.
- ❑ Tension headaches cause poor concentration, lead to impaired driving, increased risk of crashes.
- ❑ Sleeplessness from stress leads to fatigue which can impair driving.
- ❑ Ulcers or other gastrointestinal (gut) problems from stress cause pain, discomfort, disrupt concentration, affect safe driving.
- ❑ Potential loss of work time, or one's job due to stress.

Relaxing: Stress Management

- ❑ Learn how the mind/body react to stress
- ❑ Develop skills that enhance the brain (mind) and the body's adjustment to stress
- ❑ *Exercise* helps our ability to deal with stress
- ❑ *Relaxation response* – concentrate on rhythmical breathing and repetition of a focus word or phrase
- ❑ Relaxation response, meditation, sitting quietly quiets the body's adrenaline storm from stress, neutralizes stress responses
- ❑ *Stress hardiness*: welcome new challenges; take on commitment; be in control

10 Important Practical Strategies to Manage Stress

- Decrease or discontinue caffeine.
- Do regular exercise.
- Relaxation/meditation.
- Obtain quality and quantity sleep.
- Take time-outs and leisure.
- Develop realistic expectations.
- Reframe things to change the way they look to you.
- Uncover assumptions of our belief systems.
- Have a ventilation-support system to talk things out.
- Humor is a wonderful stress reducer.

(Dr. David Posen, Stress Management Consultant)

Road Rage: Stress Strikes Out

- ❑ Excessive stress can manifest as road rage
- ❑ Road rage is the urge to choke the daylights out of someone who really deserves it
- ❑ Remember, your vehicle can be a lethal weapon
- ❑ Your company's vehicle can be easily recognized (Don't do something stupid!)
- ❑ Confrontation is rarely worth it - can escalate beyond control
- ❑ Take 2 deep breaths, count to 10 by thousands; try breathing out all the air in your lungs; relax
- ❑ Give the other party wide berth, avoid confrontation if at all possible

Relaxing at Home: Stress Resistance Begins at Home

- Adjust your lifestyle and attitude to increase resistance to stress
- Work on your personal balancing skills
- Improve stress resistance with a healthy body
- Improve stress resistance with healthy relationships
- Improve stress resistance with a healthy attitude
- Employ relaxing workouts

Relaxing on the Road

- Stretching: neck, shoulder, back, face muscles
- Self-massage: temples, jaw, face, shoulders
- Breathing: focus on blowing your stress out
- Exercise: sweat out frustrations
- Progressive muscle relaxation (isometrics)
- Relax by quieting your mind: focus on one thought, allow muscles to relax
- Listen to Gettin' in Gear relaxation audio tape

Keep Going with **Relaxing**

- ❑ It's a long haul - realize importance of stress management and relaxation techniques
- ❑ List your stress triggers (e.g. poor drivers, long drives, bad weather) and your signs of stress (e.g. anger, irritability)
- ❑ Plan ahead how you will deal with on-the-road stress
- ❑ Control your stress - listen to the Gettin' in Gear relaxation tape
- ❑ Avoid putting yourself in stressful situations
- ❑ If stressed, act immediately - take control rather than putting off a problem

Maintenance of Your Personal Wellness Plan: Keep Up the Good Work

- ❑ Maintain your healthy changes; strive for balance.
- ❑ Discover healthy foods that taste good, fill you up, and meet your refueling goals.
- ❑ Healthy is not boring, shake up your plan; seek variety in food choices & fitness routines; don't get stuck in ruts.
- ❑ Get friends & family to support you in your goals.
- ❑ Accept imperfection; slip-ups happen, don't feel guilty.
- ❑ Plan for detours; don't return to unhealthy habits.
- ❑ Navigate roadblocks; stay committed to your fitness goals.
- ❑ **Focus on how much better you feel**, pat yourself on the back. Keep up the good work!

Goal Setting --Tracking your Progress

- Determine simple goals you want to work on for each of the four Rs: ***Refueling, Rejuvenating, Relating, & Relaxing***
- Write your goals down on a chart, keep track of progress, this will help you achieve them.
- Add ideas to your chart to help you accomplish the goals.
- Keep track each day of your progress in meeting each of your goals.
- Use Gettin' in Gear sample goal setting/tracking charts.
- Use the Gettin' in Gear food logs.
- Periodically take stock, reassess, recast goals, recommit to making progress.

Time to Start

Gettin in Gear!

Gettin' In Gear: A Wellness, Health, and Fitness Program for Commercial Drivers

Section III

Instructor References

Before teaching this course, carefully review the **Gettin' in Gear (GIG) Driver Wellness Kit**. The Kit contains an introductory video, a five-part audiotape series, and a driver wellness notebook. Listen to the audiotapes at least twice, once before reading this reference section, and again after reading it. Also, take time to closely examine the written materials in the GIG Driver Wellness Kit.

This Instructor Reference Section expands on the idea of the **Four Rs** of the GIG program – **Refueling, Rejuvenating, Relating and Relaxing**. It is meant to serve as a reference document and background material on the most common health risks of CMV drivers. This section provides some behavioral change “pointers” to help prepare instructors to interact with class participants. It also contains hints on approaches to implementing a driver’s personal wellness, health and fitness program. Instructors are encouraged to photocopy pages of this reference chapter (for example, the section on hints to help stop smoking), and to provide them to drivers attending class. Some of these materials may be of help in stimulating class participation and discussion.

The Gettin' in Gear Wellness, Health, and Fitness program is about change – behavioral change. It strives to convince CMV drivers to change, to improve, their lifestyle, their health, their overall fitness, and to extend their lives. The Gettin' in Gear program captures the attention of the drivers focusing on their individual need for implementing change. Then it challenges them to make a personal commitment, plan to enact important lifestyle changes, and make those healthy changes become permanent habits.

The Stages of Healthy Behavior Change

Healthy Behavior Changes

Explanations of how people make personal behavior changes or “change models” are important. They help explain the nature and dynamics of healthy behavior as well as the possible effects of external influences on behavior. In designing an employee wellness program, understanding how individuals change behavior is an integral part of good planning.

Psychology is important. Behavior change is a process, not an event. A habit is something that is relatively permanent, something learned through practice. We must involve the dynamics of health behavior as well as the effects of external influences on behavior, such as workplace, work schedule, employer, family, and friends.

Individuals are always at varying levels or stages of readiness to change and they are always aware, at some level, of their own state of health and fitness. Not surprisingly, attempts to elicit change are most effective when the attempts match their level of readiness. Those consciously attending to it, perhaps ready to give more emphasis to its importance, are more likely to make significant lifestyle changes. That is essentially what the GIG program attempts to do – to make drivers consciously attend to their wellness, health, and fitness.

The changes required for some behaviors are more complex than for others and can make it more difficult to maintain. Quitting smoking, for example, is an all or nothing decision – and easy to judge. On the other hand, with eating the behavior is not ceased, but modified. As such, it requires significant thought and preparation on an ongoing basis. Either way, it is important to recognize that movement through the stages of change is a mark of success in and of itself. It is noticeable progress.

Behavior Change States

Five stages of behavior change:

1. **Pre-contemplation stage:** In this stage a person has no desire or intention of changing his or her behavior. They may be unaware of a problem or a need to change, or they may be deliberately resisting (for example, “I love double cheeseburgers and fries, low fat stuff tastes lousy!”) They may resist efforts to initiate change in part because of earlier failures. The focus here should be on increasing awareness and concerns that personal change needs to be initiated.

2. **Contemplation stage:** Individuals in this stage are considering behavior change, but are still ambivalent about it. They are thinking about change in the near future, but not yet committed to action. They may doubt the benefits of change outweigh the costs. (“Maybe I should try a chicken sandwich instead of my usual double cheeseburger – but it might not taste as good, and it costs more.”)
3. **Preparation Stage:** Here, the person is actively gearing up to change in the near future (e.g. next 30 days) but has not started. Individuals in this stage believe the benefits of the planned change outweigh the costs. They are mentally ready for designing a plan for change, even if they don’t know quite how to go about it. (“I’ll try to eat right, but I’d like to do more and I’m not exactly sure how to do it.”)
4. **Action Stage:** At this stage an individual has implemented a specific action plan. The change they’ve undertaken has been sustained for a period of time, from one day up to six months. There is a real effort being made to sustain the change, though challenges and the potential to fail still exist. (“I eat low fat food. I don’t stop at fast food restaurants. I don’t use butter on my potatoes etc, but still it’s sometimes tough when I’m on the road.”)
5. **Maintenance Stage:** This is the stage where the individual has continued their new habits for longer than six months. They are truly committed and reaping the rewards of their efforts. (“I feel great. I enjoy eating right and the weight loss that’s come from it. I’ve really improved my health and I can feel it!”) Individuals in this stage are fully committed to their new lifestyles, but even so, must work to solidify their healthy habits and avoid relapses.

Common CMV Driver Health Risk Factors

Smoking, Tobacco Use and Disease

The single best health choice a CMV Driver who smokes can make, is to quit.

Smoking is linked to cancer:

Smoking or tobacco use and poor diet are the top two causes of cancer, accounting for about 2/3 of all cancer deaths in the United States. Both “bad habits” are directly under an individual’s own control, and therefore are among the most correctable causes of illness and death from disease. **Smoking (or chewing) tobacco is a leading cause of preventable illness and death.**

A special issue of the Scientific American (1996) pointed out that tobacco smoke is the single most lethal carcinogen, leading to numerous cancer-related deaths, mostly attributable to chronic lung cancer. Smoking also leads to cancer of the upper respiratory tract, esophagus, bladder, pancreas, and probably stomach cancer. The lung cancer death rate for smokers is over 15 times as high as for nonsmokers.

Smoking is linked to other diseases:

In addition to its link to cancer, smoking contributes and even directly leads to the onset of several other devastating diseases including emphysema, chronic bronchitis, heart disease, and vascular disease. A smoker who has a combination of one or more other health risk factors (e.g. smoking and elevated blood cholesterol) also has an increased risk of heart disease and heart attack. If you have high blood pressure, elevated blood cholesterol, and smoke cigarettes, your cardiovascular risk is increased even more. Cigarette smokers are about twice as likely to die of heart disease or heart attack as nonsmokers.

It is known that cigarette smoke combines with and exacerbates the damage already done by many environmental poisons such as carbon monoxide, asbestos, and many industrial carcinogens. Inhaling smoke, whether directly or in the form of second-hand smoke, worsens many other diseases such as high blood pressure, high cholesterol, and even allergies.

Disease-causing effects of cigarettes are related to the number and kind of cigarettes smoked on a regular basis. The National Cancer Institute (NCI) defined persons having smoked one or more cigarettes in the past 30 days as “smokers.” An April 2002 NCI report suggested that about 23% of the U.S. population qualify as smokers. For more on NCI’s survey reports see the web site: www.cancercontrol.cancer.gov/tcrb.

People who smoke regularly have approximately **70% greater** chance of dying from disease than do nonsmokers. For those who smoke two packs of cigarettes per day, that percentage jumps to an almost **100% greater** likelihood of dying from diseases related to smoking. Life insurance statistics suggest that at any age, smokers have a shorter life expectancy than do nonsmokers. For both men and women, the difference in life expectancy between smokers and nonsmokers is greatest between the ages of 45 and 65 years.

Risks for women who smoke:

National statistics suggest that teenage girls currently are more commonly adopting regular smoking habits. Health studies demonstrate that cigarette smoking increases the risk of heart disease among women, and that risk obviously increases with the number of cigarettes smoked per day. Women who smoke regularly are 2 to 6 times more likely to suffer a heart attack than nonsmoking women. Pregnant women who smoke are more likely to have stillborn babies, spontaneous abortions, or premature deliveries than are women who do not smoke. Babies who are born to smoking women often are smaller than those born to nonsmoking mothers. The combination of cigarette smoking and the use of birth control pills greatly increase the risk of heart disease among women.

Smoking cessation clinics capture attention depicting lung cancer surgery:

It is a common tactic of smoking cessation clinics to show would be quitters a video of actual lung cancer surgery. Viewing the removal of an ugly black lung, darkened by years of cigarette smoking, is meant to scare one into making a commitment to stop smoking. It is gruesome, and it really should be enough incentive to quit. But smokers and smoking cessation experts both know the tactic only captures attention. The serious work of “breaking the habit” is yet to come.

Chewing tobacco can be almost as dangerous:

For years many people thought that chewing tobacco was a “safe” alternative to smoking. Western movies and television and professional athletes helped popularize chewing as something for active people who couldn’t keep a cigarette with them on the field or while working. That has all changed.

Time and medical studies have shown there are many dangers from chewing tobacco – including cancers. In the 1990s, Joe Garagiola, a baseball Hall-of-Famer and TV announcer, conducted a personal campaign to convince tobacco-chewing ballplayers to quit. Joe got tired of seeing so many young baseball

players openly chewing tobacco, and the TV cameras seemingly glorifying their spitting the brown stuff during close-up views of baseball games in action around the country. So Joe made a visit to the dugouts of all professional major league baseball teams and he brought with him several prominent ballplayers, each of whom had survived various forms of facial cancer and the accompanying facial surgeries that left them alive, but permanently disfigured. They shared their own horror stories regarding the health hazards of tobacco chewing. It is now rare to see any ball players chewing tobacco; and when they do, the TV cameras most often turn away.

There are Real Benefits to Quitting

Tobacco users who quit get a new lease on life

Smokers can reduce the risk of heart disease and early death by quitting smoking. Most long-term studies of health trends indicate that in some cases within just two years, but assuredly within five to ten years of living smoke free, smokers who quit a pack-a-day cigarette habit have the same life expectancy as a nonsmoker. For ex-smokers who smoked more than a pack per day, the risk of death due to heart disease is proportional to the total lifetime exposure to cigarette smoke.

Likewise, those who quit chewing tobacco reduce their chance of mouth and throat cancers.

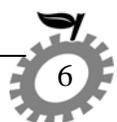
People who cease smoking all together can expect greatly improved health, and they will look and feel better, too. Family members gain real health benefits as well – they are no longer exposed to secondhand smoke. Those who quit smoking will enjoy the freedom of not depending on tobacco when at work, under stress or in social settings.

Along with health benefits, quitting smoking produces bottom line benefits as well. A pack-a-day-plus habit can cost as much as \$100 a month, well more than \$1,000 a year. For tobacco chewers the money may or may not be as great – but it still adds up.

Techniques and Aids in Quitting Smoking

Develop a list of personal reasons to quit smoking or stop using tobacco:

The list should be kept handy – in a wallet or pocket – and referred to often, especially when the temptation to light up grows. The list can grow, in fact adding to it helps keep it in mind. A personal list might include things like:



- Smoking is an unhealthy habit that can lead to disease and threaten my life.
- It shortens my breath and restricts my level of physical fitness.
- My early morning cigarette cough is aggravating to my family and me.
- It is an expensive habit: buying the cigarettes, replacing smelly clothes, added health costs
- It negatively impacts my life and health insurance rates.
- It is a dirty habit, and I am forever cleaning up my smoking remains.
- It stains my teeth, affects my breath, and stinks up my clothes, my house, and the cab of my vehicle.
- It is a habit my family, friends, and my significant other do not approve of, and they want me to quit.
- It is a habit that is becoming increasingly difficult to satisfy because most of society now frowns upon smoking and smoking is not permitted in most public buildings.

Make a commitment to quit using tobacco:

Set a target date to quit smoking (or using chewing tobacco) and stick to it. Let your family and friends, work colleagues, and others in your life know about your intentions, as that will help strengthen your resolve to actually quit. Ask for their support and patience and understanding. Talk to other friends who have quit and learn what worked for them. Agreeing to work together with a partner to quit smoking is a good way to keep each other faithful to the plan. Work together and compare your progress often.

Identify your “Tobacco Triggers:”

Some stop-smoking programs suggest following this procedure. For the three days preceding the “quit-day” use tobacco as usual. Record the time and rate the desire for a cigarette or a dip. Rank the feeling or desire from 1 to 5, with 1 being a minimal need and 5 being the greatest. Then review the record to identify patterns of behavior. Certain events, places, or even people may create an urge to light up. Note the critical times where a response is so automatic that it’s not even thought about. These are smoking trigger situations. Such triggers might be meeting with friends who also smoke; a coffee break; or time in the car, bus, or truck cab. They might also be as simple as watching TV, talking on the telephone, or drinking alcohol.

Develop a plan of action in response to each trigger situation:

A good plan of action should include 3 coping strategies:

1. An alternative behavior – eating some alternative healthy food, like low calorie snacks, or carrot sticks;

2. Develop a situation or a barrier that makes smoking difficult, such as put cigarettes out of sight and out of reach, go into a public building where smoking is not permitted; and,
3. A behavior that changes a smoking lifestyle, such as completely skipping the coffee break or other smoking situation. Change your routine. Instead of coffee and a cigarette before showering, take a quick morning walk and then shower, no cigarette.

Set a planned “quit-smoking-day” for yourself:

On “quit smoking day,” throw away all cigarettes, matches, and ashtrays. Put your plan of action to work as each trigger arises. The first few days will test your will. Each day without smoking brings you closer to your overall goal of a healthier lifestyle. If withdrawal symptoms arise, remember they are signs your body is beginning its return to a normal state. The symptoms are only temporary; they will eventually go away. In the meantime try deep breathing exercises and get plenty of rest. Cut back on fried foods, red meat, and whole-milk dairy products. Drink lots of water, as many as eight glasses per day.

You can do other things to make the effort to stop smoking a little easier: avoid places like bars and cafes, or wherever folk gather to take their smoke breaks and chat. Avoid places you know will tempt you to light up. Even avoid your old smoking buddies for a while, but explain why. Better yet, talk one or more of them into attempting to quit with you. Set goals together and work as a pair or group to help one another out.

To help maintain your nonsmoking status learn to deal with stress head on so you don’t resort to smoking in stressful situations. Take mini-breaks during the day when you feel stress mounting or use a squeeze ball or handgrips to help work off energy. Blow off steam by exercising, particularly aerobic exercise, as it is good for both your body and your mind. Sit quietly and breathe deeply; use relaxation exercises.

Many people are tempted to eat more as they quit smoking. But that’s a bad idea. Too, many people substitute food for cigarettes and then gain weight. Then they tend to give up and go back to smoking. Instead, when you feel the urge to smoke, try going for a brisk walk in the fresh air instead. You’ll not only get the benefit of the fresh air, but you will burn calories as well.

It’s a good idea to keep a pack of sugarless gum handy at all times, and use it to help you satisfy your cravings. You can also stockpile crunchy, healthy snacks, like carrot sticks, and pretzels at home and especially at work in the cab of your vehicle. Eat them when you have the urge to smoke.

You will need to develop the willpower to refuse to light up even when you really want to. It may be a struggle at first. Always remind yourself of your goals and your reasons for quitting and refer to your list often.

It's important, too, to recognize that in the early stages of quitting, many people have a relapse. It is a setback – but if it happens do not let it be the end of your hard work. Forgive yourself, and do not light up again. **Keep on trying.** Think about what triggered your smoking. Plan ways to prevent it from happening again the next time you face that particular trigger. Quitting smoking can take practice before you finally quit for good.

Many who quit smoking need additional support. If you think a support group setting will make quitting easier for you, enroll in a smoking cessation class. Or join a support group of ex-smokers who know what it's like to quit. They can give advice that may be a big help. Meetings of “stop smoking” support groups are usually listed in a local newspaper's schedule of events. Through the Internet, you can visit newsgroup websites on quitting smoking, where various chat rooms might supply information on how other smokers cope with the cravings for nicotine.

Nicotine is highly addictive and cravings for a smoke can be very strong when attempting to quit smoking. If you have this craving, and it is stronger than you are willing to put up with, then consider first switching to a much lower nicotine cigarette, and then when you have adjusted to that, take the next step and cut out the cigarettes entirely.

You might also consider using nicotine patches or nicotine gum, either of which might be of help. But consult your physician first if you plan to use them. Be sure to follow the instructions included with such nicotine products because they can bring about side effects and medical problems if not used correctly.

Reward yourself for your successes:

By quitting, you'll improve your health and the health of your family. For that you deserve rewards. Make a list of the things you will treat yourself with after your successes. Consider treating yourself to a great meal (nutritious and low-calorie, of course). Set aside cash you saved by not buying cigarettes and buy yourself something special. Remind yourself of the other benefits of quitting: a healthier body, more energy, better taste and smell, less premature skin wrinkling, less risk of diseases, fewer risks during pregnancy, feeling good, and feeling good about yourself for quitting. Celebrate and reward yourself for quitting.

For additional information regarding smoking and smoking cessation, consult the American Cancer Society at (800) 227-2345 and the American Lung Association at (800) 586-4872.

Common CMV Driver Health Risk Factors

Obesity, Excess Weight and Weight Loss Programs

What is Obesity?

“Obesity” usually describes anyone having “overfatness” and weighing in excess of 5% more than their “ideal body weight” (average) for their height and gender. Specialists periodically adjust the definition of what constitutes “overweight” and “obesity” but the general idea remains.

In general, for young men aged 17 to 27, ideal average body fat measures would be about 15% of body mass, and therefore the borderline for obesity would be 20% body fat (i.e. a 200lb. man with 40lbs. of fat). For middle-aged men, age 27-50, whose average fitness measure is approximately 25% body fat, obesity would be defined as a body fat content in excess of 30%. Thus, male obesity is often cited as being in excess of 130% of ideal body weight.

For young women aged 17 to 27, obesity would correspond to a body fat content above 30%; for middle-aged women, aged 27 to 50, the borderline between the average and obesity for these women would be anyone with an excess of about 37% body fat, or being in excess of 137% of ideal body weight.

How Prevalent is Obesity?

In the U.S., studies show about 1/3 of the general population is overweight. On the other hand, of almost 3,000 truck drivers surveyed, 75% were either overweight or obese; 40% had an overweight body mass index (BMI) between 25 and 30. In this survey, a BMI greater than 30 was considered obese; 33% of the respondents were classified as obese. A 1993 study examining the prevalence of back pain among 40 bus and 40 truck drivers noted 55% of the truck drivers were overweight.

Obesity is a well-established risk factor for diseases such as cardiovascular disease, hypertension, diabetes, or stroke – and it brings other problems and risks as well. Being overweight exacerbates conditions of arthritis, back pain, or other musculoskeletal disorders, such as carpal tunnel syndrome. It also presents higher risk of cancer when it accompanies other health related conditions such as low activity levels, diabetes, or even having recently gone through menopause.

The amount of body fat is a reflection of the balance between the food someone eats and their physical activity. One pound of fat tissue represents an imbalance of about 3500 calories. (That is, the person at some point consumed more energy through food than their body used). There are a number of factors, such

as heredity and age that affect your body weight. As one gets older, new fat accumulates, though not evenly, all over the body. Instead, particularly for males it accumulates in increased amounts in the abdominal area, forming “the potbelly.”

To lose weight you must burn more calories than you take in:

Increasing physical activity, reducing caloric intake, or a combination of both can do this. Increasing activity and moderately reducing the calories you eat is the best method to lose fat and keep it off. Increased intake of calories will, of course, promote fat formation.

Some important weight loss basics:

Not all weight is fat. Lost weight usually consists of a combination of fat, lean body mass, and water. But watch out for crash diets. **The more rapidly weight loss occurs, the larger the amount of lean body mass lost.** That means while the scale may register a significant weight loss, the type of tissue lost is not all fat. Some of the rapid weight loss achieved by crash diets is also caused by a large loss of water. There is always some loss of water during any diet. Generally, this type of fluid loss is only temporary and once a normal diet is restarted the body will then retain the natural amount of fluid it needs to function.

The roller-coaster effect of weight gain due to on and off again adherence to fad diets is clearly not the goal. Weight loss should be gradual. When fat is lost, it usually is lost evenly from all over the body. A rapid weight loss may be medically hazardous. Usually quick weight loss diets are not nutritionally complete. They may promote the formation of kidney stones or electrolyte disturbances that may lead to cardiac difficulties and even death. So when you see advertisements for weight loss programs that make claims to help you lose large amounts of weight over a short duration, the claims that sound too good to be true probably are.

Change your habits gradually:

A gradual weight loss averaging not more than one to two pounds a week is best. Many people decide to go on a quick loss diet with the aim of a rapid reduction in weight and then plan to eat less in order to keep the weight off. As good as it sounds, it almost always fails; their eating and exercise habits got them where they are. There is no easy way around that. If magically you lost twenty pounds, but did not change the way you eat or exercise, you would gradually regain your weight and end up right back where you are today. You have to change your habits.

Start by examining your diet for unnecessary calories. Fat, sugar, and alcohol are called empty calories. They provide energy, but no essential nutrients. A lot

of empty calories can be cut out of our diets by simply reducing our sugar and fat intake.

Weight maintenance:

Any personal weight control program is doomed to failure if it does not address weight maintenance. You need to emphasize developing sensible eating and exercising habits.

If you are concerned about reducing body fat, then look at changing habits connected with your daily activity and your eating patterns. Habits are learned through practice and become relatively permanent. Any change you want to make should likewise be considered a plan that is going to be relatively permanent, that is, something you can and will do for the rest of your life.

Many people learn to consistently moderate their caloric intake by becoming more conscious about the availability of food and eating opportunities. Excess calories are often consumed simply because they can be. People frequently snack while reading, playing cards, or watching television. They are not really hungry – just in the habit of eating when there's food around. Once these habits have been identified, you can take the steps necessary to correct them.

To help break the habit of snacking without thinking, some people find keeping a food diary helpful, listing food items and the amount eaten. The food diary should be completed immediately before or after eating an item. There is a food diary available in the Gettin' in Gear Driver Wellness Kit.

If you are serious about reducing your weight, you will have to give up some of the old excuses for not doing so. They include such comments as: "I am heavy because I have a large frame with large bones." Or, "I can't lose weight, I have tried too many times before and failed each time."

You will be more successful and less resentful if you think of the plan as something you started for your own benefit instead of a punishment inflicted on you ("I'm getting in shape" instead of "My doctor put me on a diet"). On the other hand, if your desire for food is stronger than your desire to lose weight, you've already admitted to defeat and you will probably remain unhealthy and self-conscious about your weight for the rest of your life.

You do not have to go it alone:

As mentioned before, losing weight can be even tougher than quitting smoking (you can't stop completely for all time). But you don't have to go it alone. Family and friends will help if you ask them to participate – such as choosing a

restaurant where you can make good food choices. There are also, of course, numerous support groups to help you adhere to a weight loss program, and a variety of health sites and chat rooms on the Internet.

Common CMV Driver Health Risk Factors

Diabetes

Diabetes mellitus (sometimes called sugar diabetes) is a disease in which the body does not properly utilize or produce sufficient insulin in the pancreas glands. Insulin is a hormone essential to properly metabolize sugar (glucose) and to maintain the proper blood sugar level in the body. This results in an inability to metabolize glucose in the normal way. The failure of the body to properly handle glucose results in metabolic changes that have adverse affects on the body. There can be changes in the blood vessels that make them more susceptible to damage. The eyes, kidney, extremities, and heart may also be affected. Individuals with diabetes have a greater occurrence of eye disorders, kidney disease, and arteriosclerosis (degeneration of blood vessels caused by fatty materials along the linings). Additionally, poor circulation in the feet and legs may lead to gangrene and eventually amputation may become necessary.

Causes of diabetes:

The development of diabetes is probably due at least in part to genetics and inherited traits. But whether or not someone with these genetic traits becomes diabetic is due to a number of factors – many diet related. There is no cure for diabetes, but it can be controlled. While you cannot control your genetic makeup, you can control these other factors. By doing so you can delay the possible onset of diabetes for years and minimize any complications that may occur.

What you can do to avoid problems with diabetes?

To reduce the chance of developing diabetes and its complications, the primary factor that is under your control is your body weight. Get to and maintain your ideal body weight – aim for a midrange value, not the upper limit of the weight tables recommended by health specialists (if your ideal weight range is 160 to 180 aim for about 170, not 179.99). Follow a diet that helps to reduce the likelihood of developing hardening of the arteries. Avoid the intake of concentrated sweets, such as candy and desserts, and be sure to exercise on a regular basis.

Exercise is key to managing and controlling certain health problems such as diabetes. If you have diabetes, talk to your physician to find the best exercise plan for you.

Common CMV Driver Health Risk Factors

Hypertension (high blood pressure)

Blood pressure (BP):

The heart pumps blood throughout the body. Blood travels from the heart through large blood vessels called arteries and through the smaller vessels called arterioles, which in turn regulate the blood flow into the capillaries so they can supply nutrition to various tissues and organs in the body. Blood pressure is a measure of how hard blood is pushing against the artery walls as it is propelled through the arterial blood vessels into the capillaries. If blood pressure is high, the heart has to work harder to move blood through the body. Blood pressure is one body function that needs a periodic check.

Blood pressure is measured with a blood pressure cuff on the upper arm, pumping pressure against your blood vessels and taking two measurements on an instrument called a sphygmomanometer. The first measurement (the top number) represents the *systolic* pressure – the greatest internal pressure or force that the blood exerts against the vessel walls as the heart beats or pumps the blood to the body (the contraction phase). Normally the systolic measurement ranges between 100 and 150 mm Hg. The second measurement (the bottom lower number) is the *diastolic* pressure. Diastolic pressure is the point of lowest pressure exerted against the vessel walls as the heart rests or relaxes (relaxation phase). It normally ranges from about 60 to 100 mm Hg. “Average normal” blood pressure is about 120/80 mm Hg. If either of these two numbers is consistently high for you, you may have high blood pressure.

High Blood Pressure or Hypertension:

High blood pressure or hypertension is often called the silent killer, because there are no specific warning signs and no symptoms. Untreated high blood pressure is the leading cause of strokes. Often the word “hypertension” conjures up an image of an anxious individual of the overstressed executive type. But that is not necessarily the case. The hypertensive patient may be tense or relaxed, forceful or subservient, active or inactive and **the only way to find out if you have high blood pressure is to have a medical check up or have it measured with a blood pressure cuff.**

Borderline hypertension, or high blood pressure, is defined in an adult as blood pressure that is consistently elevated above 140/90. The World Health Organization (WHO) actually classifies a range of systolic Blood pressure from 140-159 mm Hg and diastolic Blood pressure ranging from 90 to 94 mm Hg as *borderline hypertension*. The WHO classifies *hypertension* as either measurement being above 160/95.

Generally, when the blood circulation regulatory system is going awry, the small arterioles, the regulators of blood pressure, stay constricted and the blood pressure begins to stay chronically high. Over 90% of all people with high blood pressure have what is called essential hypertension. This means there is no clearly identifiable specific cause for why they have the condition. The other 10% have high blood pressure that is in part attributable to kidney disease, diabetes or another disorder.

Hypertension is present in epidemic proportions in the U.S. population. Although no one is entirely sure how many, some estimates are that about 35 million people in the U.S. have high blood pressure. Since high blood pressure has no easily recognizable symptoms, you can feel fine and not know you have this very serious disease. About half of the people with the condition very likely don't even know that they have it. It is often detected during routine checkups or medical exams – and again, a blood pressure check is the only way to detect it.

CMV Drivers and High BP:

Just because a driver passes a physical examination, they should not assume their blood pressure is perfect. The U.S. Code, Federal Regulations, Part 391, permits a maximum blood pressure for CMV drivers of 160/90 mm Hg. This figure is actually somewhat liberal, as in many health communities a reading of greater than 140/90 is considered high, and is labeled as borderline hypertension. People with borderline high blood pressure (140/90), or those with occasional elevated readings, should take frequent blood pressure measurements to monitor the development of hypertension.

Don't take a chance on encountering the silent killer. When blood pressure rises, unlike in vehicles, there is no monitoring light to warn an individual. The only way to see if it is elevated is to have it checked. CMV drivers ought to have their blood pressure measured periodically, and they should keep their own personal notes on it. If they become concerned about their blood pressure, they should consult a health care specialist such as an occupational health nurse or their own physician. Monitoring your own blood pressure from time to time is a good example of why it is a driver's responsibility to monitor and maintain his or her own good health status.

Once is not enough:

A medical diagnosis of Hypertension requires more than one high reading. An individual would never be diagnosed as *hypertensive* on the basis of one blood pressure reading alone. Blood pressure measurements fluctuate throughout the day, in fact, blood pressure changes constantly according to your body's needs. For example, when you are exercising, or become agitated, excited, or angry, your blood pressure increases; but when you are relaxing or sleeping your blood pressure decreases. These changes are completely normal.

If you consumed caffeine-containing beverages like coffee or soft drinks prior to taking measurements, your reading is likely to be spuriously high because of the caffeine. Of course, that also points out that regularly consuming large amounts of caffeine can subject you to frequent bouts of high blood pressure when we are not likely to be aware of it.

Again, a single reading is not decisive. But if either of the two measurements (systolic/diastolic) is consistently too high, above 140/90, it can signal hypertension.

About 70 percent of people with high blood pressure have relatively “mild” hypertension – systolic pressure between 140 and 159. This is usually the first stage, since many cases of hypertension worsen over time if untreated. Systolic hypertension may be caused by an increase in the amount of blood pumped by the heart, or more commonly by the loss of elasticity of the large arterial walls. The latter is most often due to arteriosclerosis (hardening of the arteries), a condition often encountered in mild forms even in otherwise healthy people, as they grow older.

Slightly elevated diastolic blood pressure (85 to 89 diastolic) can be called “high normal” blood pressure, but it can still become dangerous if it persists. Diastolic hypertension results from an excessive constriction or narrowing of the arterioles throughout the body. As might be expected, the greater the degree of arterial narrowing, the greater is the diastolic blood pressure elevation. Of the two types of blood pressure elevation, diastolic hypertension exerts the most injurious bodily effect over a long period of time. Diastolic hypertension is commonly accompanied by elevated systolic hypertension as well.

In short, high blood pressure adds to the workload of the heart and the arteries. The heart must pump with more force, and the arteries must carry blood that is moving under greater pressure. If high blood pressure continues for a long time, the heart and the arteries may not function as well as they should. Other body organs may also be affected and there is increased risk of stroke, heart failure, kidney failure, and heart attack.

Contributing factors for hypertension that cannot be controlled:

Heredity: a family history of hypertension can put you at a greater risk.

Gender: men are at a slightly greater risk. However, after menopause and during pregnancy, a woman’s risk increases. Some women who lead a stressful lifestyle, perhaps perpetuated by a high stress job (CMV drivers?) seem to also have a greater likelihood of high blood pressure.

Age: hypertension is more common after the age of 35.

Race: high blood pressure is more common among persons of color. The reasons for this are not yet completely understood.

Sensitivity to sodium: some people are more sensitive than others to sodium. Table salt is sodium chloride. Sodium sensitivity can lead to an increase in body fluids, including blood. This increase causes a greater pressure on the walls of the arteries. Even though you may be born with this sensitivity, you can control its effects by reducing your sodium intake.

Despite these factors that cannot be controlled, high blood pressure or Hypertension is often referred to as a lifestyle disease because many factors that contribute to it can be controlled:

Weight: Being overweight forces your heart to work harder to pump blood throughout your body. To control this condition, loose weight gradually. Decrease your fat consumption to 30% or less of your total daily calories. Exercise regularly along with your dietary measures to loose weight.

Alcohol: Regular and excessive drinking of alcohol can dramatically increase your blood pressure. To control this condition moderate both frequency and the amount you drink.

Heavy caffeine consumption: As mentioned earlier, cutting down on caffeinated beverages such as coffee can help bring your blood pressure under control. Switch to decaffeinated beverages and drink more water, fruit juice, and herbal tea.

Tobacco use and cigarette smoking: Every time you smoke a cigarette your blood pressure rises. Nicotine causes the small blood vessels to become even narrower causing your blood pressure to rise as your heart works harder to force blood through these narrow passages. Controlling this behavior, of course, calls for quitting smoking.

Control high levels of sodium or salt in the diet: Remove the saltiest foods from your diet. Eliminate or control the amount of snack foods (chips, salted nuts, crackers, popcorn, pretzels) and seasonings like soy sauce, MSG, catsup, Worcestershire sauce, salted spices (onion salt, garlic salt), some mustards. Also limit your intake of pickled products like vegetables, olives, sauerkraut, some canned vegetables, tomato juice, paste or sauce, and smoked, cured or pickled meats and fish, bacon, corned beef, ham, luncheon meats, sausage, hot dogs, and many types of cheese.

Lack of regular aerobic exercise: Increase your physical activity level with aerobic exercises that use the large muscles of the body. Walking, swimming, and bicycling are good for burning fat. Exercise has been shown to reduce average

blood pressure slightly; the average reduction in both systolic and diastolic values is approximately 6 to 10 points (and that's whether or not you lose weight). Although this might not sound like a big drop, in many cases it might be just enough to postpone the need for blood pressure medications or permit the physician to decrease the amount of medication prescribed.

Harig et al (1995) suggest that people exhibiting regular high blood pressure have often been told not to engage in isometric exercise such as weight training or pushing against a wall, since it might increase the blood pressure. While moderate isometric exercise raises blood pressure temporarily during exertion, researchers speculate that over time it may stimulate a "rebound effect" causing the body to adjust blood vessel resistance. Overall, research suggests that if you have high blood pressure, and do isometric exercise, you should keep the intensity light to moderate, rest between brief bouts, and never hold your breath while exerting a force.

Stress: Blood pressure naturally rises when you respond to the problems and crises of your daily life. We have to learn to break those tension cycles. Invoke the Gettin' in Gear relaxation techniques and use the tapes supplied to help control stress responses.

Sleep apnea: A University of Pennsylvania Hospital study found 240 drivers with high risk of sleep apnea had higher systolic measures (e.g. avg. figures: 139/80), but the ranges were in some cases as high as 200 systolic and 120 diastolic (Pack, et al., 2000). Sleep apnea often is accompanied by cardiovascular problems, and so the risks of having both conditions make for greater health and life threats. If you have either condition, but especially if you have both, you need to get medical treatment going as soon as possible.

Does controlling my blood pressure reduce my health risks?

Yes. Controlling your high blood pressure reduces your chances of suffering from complications such as stroke, heart disease, and kidney disease. Several health studies have shown that people who have controlled high blood pressure have fewer strokes and less heart disease than do those who have uncontrolled high blood pressure.

If you have high blood pressure, you should first work with your physician to determine the best treatment for you. Many hypertensive people keep their high blood pressure under control by making lifestyle changes. These include smoking cessation, weight loss and maintaining weight control, adhering to a careful diet, reduction in salt intake, avoiding caffeine and reducing alcohol intake, performing regular exercise, stress management, use of relaxation techniques, and in cases where it is warranted under a qualified physician's care, by taking prescription medication.

Categorizing Medical Options Associated with Diagnosis of High Blood Pressure

Category	Systolic/ Diastolic	Recommendation
Normal to High Normal	Less than 130/85 130-139 / 85-89	Recheck in two years. Recheck in one year; begin lifestyle modifications
Hypertension Stage 1	140-159 / 90-99	Confirm in two months; begin lifestyle modifications
Hypertension Stage 2	160-179 / 100- 109	Medical evaluation; begin treatment within one month
Hypertension Stage 3	180-209 / 110- 119	Medical evaluation; begin treatment within one week
Hypertension Stage 4	210 / 120 and over	Immediate medical evaluation; begin treatment immediately

Adapted from Harig et al., 1995

Common treatment regimens might include a low-fat, low-salt diet, and changes in living habits such as losing weight and getting more exercise. After a sincere effort is made to modify lifestyle habits contributing to hypertension, your physician may recommend drug therapy. There are a variety of prescription drugs available that a treating physician can prescribe. Since many medications have side effects, implementing non-drug therapies and remedies are generally the preferred way to first proceed.

Your doctor may recommend you frequently measure your own blood pressure. Taken regularly, your measurement records may help your physician evaluate your condition and treatment, and taking your own blood pressure will show you the rises and falls as affected by your own behaviors and lifestyle changes. When you work together with your physician to control your high blood pressure, you can help reduce your risk of stroke, kidney and heart failure, and heart attack.

A note to employers:

Companies or employers interested in raising their employees' consciousness regarding the importance of frequently monitoring their own blood pressure might acquire portable blood pressure measurement devices and provide them in drivers' day rooms or near their locker rooms at the company. If this is done, then someone at the company must be assigned to regularly check the instrumentation to ensure it is working properly, that preventive maintenance is conducted, and that the batteries are changed regularly.

Common CMV Driver Health Risk Factors

Poor Eating Habits, Diet and Nutrition (Refueling)

Even the most reliable engine, out of fuel, goes nowhere. Food is more than something that stops hunger. It is the body's source of fuel, composed of important nutrients essential for maintaining optimal health and top performance. Those nutrients also help protect from cellular damage, including cancer. CMV drivers must learn the basics of good nutrition to be able to adopt suitable eating habits, if they hope to maintain their performance and health both at home and on the job.

Nutrition Information:

As noted Section I, we should eat for our health, because, "we are what we eat." Busy lifestyles often seem to keep us from eating regular, balanced meals. But with a little planning and forethought, that doesn't have to be the case.

Planning is important because there is no one magic food. A healthy diet will contain a wide variety of foods with the majority of calories coming from high nutrient carbohydrate foods such as vegetables, starches, and fruits. A key point then is to try to eat a variety of foods as each food offers special nutrients that others do not.

Another key is **moderation**. Strive to maintain your ideal body weight by balancing your caloric intake with your actual needs. A healthy diet will not contain excessive amounts of sugar, salt, alcohol, or fat – particularly saturated fat. You need to include foods with adequate starch and fiber while avoiding too much sugar and salt. But moderation doesn't mean cessation; even soda and chips, in moderation, can fit into a well-balanced diet. For the most part, try to choose natural or lightly processed foods as often as possible, such as whole-wheat rather than white bread, apples rather than apple juice, and baked potatoes rather than potato chips.

Eating a healthy diet will allow you to feel your best and to function at full potential. If you provide your body with the right combination of nutrients, it will help prevent development of diseases such as cancer, heart disease, hypertension, and osteoporosis.

The components of the various foods are listed below along with additional commentary on each.

Components of food and their roles:

The *nutrients* our bodies need are contained in *proteins, carbohydrates, and fat*, as these macronutrients are consumed as fuel, stored as fuel, and then ultimately broken down for fuel.

In addition, *minerals* (seven of them are essential) are an integral part of the body systems (e.g. calcium in bones and teeth) and necessary for chemical reactions. *Vitamins* are necessary for chemical reactions and enhance the immune system (there are eleven essential vitamins). Water, too is vital and comprises over two-thirds of the body's make-up.

Carbohydrates: a source of calories that fuels muscles and brain. Carbohydrates are the primary energy source used when you exercise hard. In general, you should get 60% of calories from the starches and sugars found in carbohydrate-rich foods such as fruits, vegetables, breads, and grains. Carbohydrates also boost brain serotonin levels, which act as a calming neurotransmitter that counters irritability and depression.

Protein: essential for building and repairing muscles, red blood cells, hair and other tissues, and for synthesizing hormones. Protein is digested into amino acids, which are rebuilt into the protein in muscle and other tissues. Protein is a source of calories and can be used as energy if inadequate carbohydrates are available such as during a strict diet or exhausting exercise. About 15% of calories should come from protein-rich foods such as fish, chicken, and dried beans.

Fats: a source of stored energy that is burned primarily during low-level activity, such as reading and sleeping. Limit our fat intake to about 25% of daily total calories. In general, choose fats with a high percentage of polyunsaturated fat and a small percentage of saturated fat.

Saturated fat comes mostly from animal sources, and is generally solid at room temperatures. A few plant sources such as tropical oils like palm and coconut, coca butter, and hydrogenated vegetable oil are saturated. Saturated fats are associated with raising LDL (bad) cholesterol and total blood cholesterol levels.

Polyunsaturated fat is found in most vegetable oils and is generally liquid at room temperature. These fats can actually help reduce cholesterol.

Monounsaturated fat lowers LDL-cholesterol levels. Olive and canola oils contain a high percentage of monounsaturated fat.

Hydrogenated fat makes fats artificially hard at room temperature and more saturated. Products like shortening, margarine, peanut butter, and crackers contain hydrogenated fat and are generally a poor food choice.

Minerals are elements obtained from food that combine in many ways to form structures of the body (for example, calcium in bones) and regulate body processes (for example, iron in red blood cells helps transports oxygen). Along with calcium and iron, other important minerals are magnesium, phosphorus, sodium, potassium, and zinc. Minerals are important building blocks, but they do not provide energy.

Vitamins are metabolic catalysts that regulate the chemical reactions within the body. They include vitamins A, B complex, C, D, E, and K. Most vitamins are chemical substances that the body does not manufacture, so you must obtain them through your diet. Like minerals, they also are not a source of energy.

Water is an essential substance that makes up about 50 to 55% of anyone's weight. Water stabilizes body temperature, carries nutrients to and waste away from cells, and is needed for cells to function. Surprisingly, many, many people overlook the importance of adequate amounts of water in their daily diets.

The USDA Food Guide Pyramid:

The U.S. Department of Agriculture (USDA) has published the Food Guide Pyramid as a guide to help people balance daily food choices. The Pyramid outlines what types and amounts of food to eat each day. It's not a rigid prescription, but rather a general overview that lets you chose a healthful diet that should be right for you. The Pyramid suggests eating a variety of foods to get the nutrients you need and the right amount of calories to maintain a healthy weight.

The USDA Food Guide Pyramid emphasizes foods from the five food groups, as each of these provides some, but not all, of the nutrients we need. **Foods in one group cannot replace those in another.** No single food group is more important than another – for good health, we need them all. (Give up the all pizza, all the time, diet).

The Food Guide Pyramid's five food groups and ranges of measured servings are:

- (1) *Bread, cereal, rice, and pasta group* (6 to 11 servings). The base of the Pyramid includes complex carbohydrates as the body's most efficient fuel. Choose a variety of unprocessed whole grains, cereals, breads, and pasta. Whole grains provide the fiber that aids in moving food through the

intestines. This shortens the time that cancer causing substances stay in the body, thereby reducing the cancer risk.

- (2) *Fruit and vegetable group* (2-4 fruits and 3-5 servings of vegetables). Make vegetables the main attraction of your meals. Include 3-5 servings of fresh vegetables per day, and avoid over-cooking the vegetables because that leads to a loss of vital nutrients. For maximum nutrients and fiber it is best to prepare and eat vegetables with the skin left on. Include at least 2-4 servings per day of fresh fruit and fruit juices in your diet. Fresh fruit is an ideal snack – colorful, sweet, crunchy, high in nutrients and low in fat.
- (3) *Meat, poultry, fish, dry beans, eggs, and nuts group* (2-3 servings). Serve smaller portions of meat than you are accustomed to eating. One serving in this case equals 2-3 oz. (or the size of a deck of cards) of cooked meat, protein, or dairy products. Try non-meat protein sources such as grains, dried beans and peas that are low in fat and calories and contain no cholesterol.
- (4) *Milk, yogurt, and cheese group* (2-3 servings). Choose low-fat or nonfat dairy products. Some good cheese choices are 1% cottage cheese or farmers' cheese, part-skim mozzarella and part-skim ricotta. Skim milk and skim milk products contain more calcium and less fat than whole milk.
- (5) *Fats, oils, and sweets* (use sparingly). Limit intake of oils, fats, and sweets. Sugars are empty calories having no nutritional value. They often act as a false energy booster, making blood sugar peak for a short time then dip lower than normal. Also limit your intake of alcohol, as it has no nutritional value and robs the body of vitamins.

The USDA Food Guide Pyramid shows a range of daily servings for each food group. The number of servings that is right for you depends on how many calories you need. The energy your body needs depends on your age, gender, and size. It also depends largely upon how active you are.

In general, the Food Guide Pyramid suggests daily food intake should be about:

- 1,600 calories per day for most women and older adults;
- 2,200 calories per day for children, teenage girls, active women and most men; and
- 2,800 calories per day for teen boys and active men.

People with lower calorie needs should select the lower number of servings from each food group. For example, their diet should include 2 servings of meat for a total of 5 ounces. Those with average calorie needs should select the middle number of servings from each food group. They should include 2 servings of meat for a total of 6 ounces. Those with higher calorie needs should select the

higher number of servings from each food group, such as 3 servings of meat for a total of 7 ounces. Along with these general recommendations, it is also recommended that pregnant or breastfeeding women, teens and young adults up to age 24 should consume 3 servings of milk daily.

Learn about servings:

If you eat a larger portion, it will likely be more than one serving. For example, a slice of bread is one serving. A hamburger bun is two servings. There are many charts available to help you get an idea of “serving size,” and, prepared foods list serving sizes along with other nutritional information.

It is important to match serving size to the quantity you consume. Many cereals for instance, list a serving as 1 oz., while you may think it takes several ounces to “fill” the cereal bowl. Understanding what you are actually consuming – how many servings – can be key to effectively moderating your food intake.

For mixed foods, estimate the food group servings of the main ingredients. For example, a large piece of sausage pizza would count in the bread group (crust), the milk group (cheese), the meat group (sausage) and the vegetable group (tomato sauce). Likewise, a helping of beef stew would count in the meat group and the vegetable group.

Five fruits and vegetables a day to help prevent cancer:

Consistent with the USDA Food Guide Pyramid, the National Cancer Institute (NCI) of the National Institutes of Health recommends eating five servings of fruits and vegetables each day to help maintain health. Fruits and vegetables taste great, are low in calories and fat, and high in vitamins, minerals, and fiber. The ingredients in fruits and vegetables help with improved healing, and reduce the risk of cancer, high blood pressure, constipation, and aid in recovery after exercise.

NCI's research suggests people who eat diets with lots of fruits and vegetables seem to have lower risks for some cancers than people who eat few of these foods. The fiber, vitamins, or other components in fruits and vegetables may be responsible for this protective effect. Fruits and vegetables are also good sources of many nutrients. Some examples are included in the table below.

High in Vitamin A	High in Vitamin C	Good Source of Fiber
apricots	apricots	apple
cantaloupe	broccoli	banana
carrots	brussel sprouts	blackberries
kale, collards	cabbage	blueberries
leaf lettuce	cantaloupe	brussel sprouts
mango	cauliflower	carrots
mustard greens	chili peppers	cherries
pumpkin	collards	cooked beans and peas (kidney, navy, lima, pinto, lentils, black-eyed peas)
romaine lettuce	grapefruit	dates
spinach	honey dew melon	figs
sweet potato	kiwi fruit	grapefruit
winter squash (acorn, hubbard)	mango	kiwi fruit
	mustard greens	oranges
	oranges	pears
	orange juice	prunes
	pineapple	raspberries
	plums	spinach
	potato with skin	strawberries
	spinach	sweet potato
	strawberries	
	bell peppers	
	tangerine	
	tomatoes	
	watermelon	

Note: Nutrient definitions based on FDA Food Labeling Nutrient Content Descriptors

For more NCI information about diet and cancer or about the "5 a day for better health" program call the Cancer Information Service at 1-800-4 CANCER.

Eating in the Fast Lane:

Eating at fast food or quick service restaurants generally sets you up for high-risk, unhealthy eating. Consuming 60% of calories as fat or refined sugar affects more than your waistline. It also fills you up and in doing so limits your choice of fresh fruits and vegetables, milk and other nutrient packed foods. You also don't get the fiber you need – fiber that may help protect against heart attacks and cancers (both of which are more prevalent in people with a diet high in fat and calories).

The more consumers ask for healthy foods such as vegetarian menu choices, the more it motivates restaurants to offer them. Today, many chain fast food restaurants and convenience stores offer a variety of salads and salad bars. Some offer baked potatoes and sell small child-sized portions. Some offer non-breaded, non-fried chicken selections. With proper planning, you can eat healthy when eating out.

You can even find healthy meals at fast food and convenience restaurants. Some restaurants list nutritional information for their menu's items. And if they do not, you can ask the manager or write directly to the company to inquire. In many instances, particularly in the case of chain restaurants, you can check the restaurant's Internet web site.

Many restaurants also offer food selections with "healthy heart" symbols designating low calorie, low fat choices. These too, can help. Your goal should be to try to have the main entrée under 15 grams of fat, and the whole meal under 20 grams of fat. This amount represents about 1/3 of the fat allowance for a 1,500-calorie eating plan or 1/4 of that for a 2000-calorie plan.

Additional hints on how to eat healthier in fast food restaurants:

- Pass up mayonnaise-type sauces and tarter sauces.
- Choose the smaller burger, rather than the larger ones.
- Skip the extra crisp/crunchy coatings.
- Be careful with beverages. A regular 12-ounce soda has 150 or more calories, and no nutritional value (free refills do have a cost)!
- Choose a salad, but be careful of the extras, such as creamy dressings, bacon bits, cottage cheese (if not low fat), potato salad, olives and cheese.

Total Fat / Saturated Fat Allowance for a Healthy Cardiovascular System:

How many grams of fat and saturated fat per day are acceptable for your target level? If you know the desirable caloric level for your age, height, weight, and activity level, the table below will show you the grams of total fat and saturated fat you can include in your meal plan and still be taking care of your heart health. For example, if your desirable caloric level is 1800 calories/day, you should limit your total fat intake to 60 grams/day and your saturated fat intake to 20 grams/day.

<u>Calories</u>	<u>Grams of Total Fat</u> 30% of Calories	<u>Grams of Saturated Fat</u> 10% of Calories
1200	40 grams	13 grams
1400	46-47 grams	15-16 grams
1500	50 grams	16-17 grams
1600	53 grams	17-18 grams
1800	60 grams	20 grams
2000	66-67 grams	22 grams
2200	73 grams	24 grams
2400	80 grams	26-27 grams
2600	86-87 grams	28-29 grams
2800	93 grams	31 grams
3000	100 grams	33 grams

Common CMV Driver Health Risk Factors

Chemical Substances

Commercial driver use of chemical substances and their resultant affect on driving performance is not limited to use of illegal drugs or drugs used to the point of addiction. Instead, the issue is much broader. It involves myriad prescription and non-prescription medications or drugs such as diet pills, food supplements or additives, and chemical compounds found in both food and drink.

The issue includes drivers self-medicating, for example taking headache remedies or antihistamines to alleviate symptoms of rhinitis, hay fever, or other seasonal allergies. Those attempting crash weight loss programs may take commercially available diet pills containing a variety of chemical substances, or “stay awake” substances ranging from caffeine to energy drinks containing taurine and guarana. These types of items are touted to promote alertness, and are prominently displayed for sale at truck stops.

Additionally, some drivers take a variety of health food supplements with little regard for what effect they will have with other substances they are consuming. How do some of these other chemical substances, not prescribed by a physician but rather self-administered, affect wellness, health and fitness? And how do they affect alertness or level of drowsiness? Here are some general answers:

Stimulants:

With many stimulants, the body adjusts to the intake of the drugs, so over time, the user must take increased dosage levels to obtain the same effect. As most of the stimulants are also addictive, this adaptation hastens the addictive process. Stimulants therefore risk producing longer-term health consequences.

Worse yet, most stimulants also produce a “rebound fatigue” effect, in that people are more tired and fatigued after they stop taking the drug than they would have been if they had avoided it in the first place.

Amphetamines produce strong central nervous system stimulation, increasing physical and mental alertness. The Physician’s Desk Reference (PDR) lists elevated blood pressure, restlessness, dizziness, euphoria, and headaches as side effects of amphetamine usage and warns that their use may impair the ability of a person to engage in potentially hazardous activities such as operating machinery or vehicles.

Besides the side effects, dependence on amphetamines can cause irrational behavior; restlessness, anorexia, insomnia, agitation, tremors, increased motor activity, hallucinations, and some individuals may even be hostile and aggressive.

The National Institute on Drug Abuse (NIDA) indicates there is scientific evidence that even three years after ceasing regular use of methamphetamine, the dopamine neurons in the brain are still damaged.

Sleeping pills:

With most hypnotics, there is usually a risk of hangover effects; that is a person is still pretty tired after awakening from a drug-induced sleep period. In that sense, the drugs usually leave some sleep inertia effects to overcome before a person is alert enough to perform at his or her best.

As with stimulants, people may also adapt to sleeping pills, and therefore have a tendency to take more of them, eventually becoming addicted. When someone tries to wean him or herself off of regular use of sleeping pills, he or she is likely to experience withdrawal symptoms that disrupt our sleep and upset our circadian rhythm physiology.

Antihistamines:

Often taken as a prescription or an over-the-counter form of medication for colds or allergies. Most antihistamines produce drowsiness for a period of time after ingestion and some people use them as sleeping pills. Further research is still needed on the performance effects associated with antihistamines. From the research reports published to date, the results vary considerably.

Non-sedating antihistamines are still somewhat new on the market and are still being subjected to scrutiny to determine their ability to provide allergy relief without contributing to driver drowsiness.

Common CMV Driver Health Risk Factors

Lack of Physical Activity and Physical Fitness (Rejuvenating)

Being physically fit improves your overall health. Fitness reduces your risk for various health problems, including heart disease, high blood pressure, diabetes, and some types of cancer. Being fit can help prevent or relieve problems including tiredness, stress, depression, and even some back problems. **Regular exercise is also key to losing excess weight and keeping it off.** People who are physically fit are generally more alert and productive; have more energy, both physically and mentally; handle stress better; sleep better; and are less prone to injury. So, make physical fitness a lifetime commitment. Build a fitness plan you can stick with.

Being physically fit does not mean building big muscles or running races. It does not require fancy equipment or expensive clothing. Fitness is actually a balance of three physical conditions of the body: flexibility, strength, and aerobic conditioning.

Flexibility:

Stretching exercises help make your body more flexible and less likely to be injured. They relieve stress, and can help improve your posture. Flexibility is a very important component of overall fitness and proper stretching techniques are important to achieve greater flexibility.

Follow these tips: Before stretching, walk slowly for a few minutes to warm up your body. When you stretch, you should feel tension in your muscles but not pain. Don't pull, bounce or strain when stretching. Traditional bouncing was once thought to be the best way to improve flexibility. Physiologists now advise that this is not an effective method of stretching and it can make your muscles tighter, increasing the risk of injury. Instead, relax and let the weight of your body help with a static stretching technique. It should be slow steady stretching for a period of 20-30 seconds. Breathe steadily – don't hold your breath while stretching. Each time you exhale, try to relax a little more and stretch a bit farther. Hold the stretch for 15 to 30 seconds to gain the most benefit and to prevent muscle strain in your exercise program. Drivers can acquire a large elastic band (normally available at sporting goods or health and nutrition stores) to use for stretching exercises while out on the road.

Strength:

Building strong, well-toned muscles helps you look, feel, and function better all around. Muscular strength helps keep your bones healthy, can improve your posture, limit soreness, improve your energy level, and lower injury risk.

Strengthening the muscles also allows them to be more resistant to bodily trauma such as twisting an ankle or breaking a fall.

Strength training is also called resistance training and often is thought of as lifting weights or using weight machines at the gym. That's true, but you do not need access to an actual set of weights to increase your strength. Push-ups, sit-ups, other exercises requiring no special equipment; even just doing work around the yard at home requires the muscles to work harder than at rest and can result in muscle strength gain while helping you burn more calories. Strength training does not mean bodybuilding and it does not have to result in large bulky muscles in men or women.

Tips for resistance training:

When you work on strengthening your muscles, do so safely. You can do this by first warming up your muscles by walking slowly for several minutes before you start. Breathe steadily as you move through your exercises. Do not hold your breath. Work toward 8 to 12 repetitions of the same exercise. If you work with weights, as you get stronger, add more weight and decrease repetitions. Avoid sudden, large increases in how much weight you use, how many sets you do, or how long you exercise. Try exercises such as abdominal crunches and push-ups.

Aerobic conditioning:

Aerobic exercises use large muscle groups and improve muscle tone and muscle endurance. Aerobic exercises get the heart pumping oxygen faster to all parts of your body, thus increasing cardio respiratory fitness levels. Brisk walking, jogging, bicycling, roller-blading, swimming, aerobic dance, or calisthenics to music are all exercises that strengthen your heart and lungs. To get the full benefits of aerobic conditioning, you should attempt to exercise 20 to 30 minutes about 3-5 days per week. Try to be active on most days of the week even if you are not on your scheduled exercise routine.

Intensity of aerobic exercise is how hard you exercise. When you are just starting out go slowly. Try to keep moving, but you do not want to get out of breath or sweat a lot. If exercise feels too hard, slow down. If you are doing aerobic exercise, such as jogging, the talk-sing test lets you know how hard you are working. If you can talk while you are exercising you are in a safe range. If you are out of breath, slow down. If you can sing while you are exercising, you should step up the pace of the exercise.

It is a good idea to stretch for 5-10 minutes to warm up your muscles before your aerobic exercise. Proper stretching reduces chances of injury by improving the flexibility of the joints. Begin your aerobic exercise with a warm up of a slower,

gentler version of your exercise for 5 to 10 minutes. Also, be sure to cool down after you work out.

Duration of exercise is how long you exercise. It is recommended that you gradually work up to being able to do at least 30 minutes of activity on each day of exercise. You can exercise all at once or in a few shorter sessions. When beginning an aerobic exercise program it is wise to exercise every other day for 20-30 minutes at a slow to moderate pace, and then gradually to increase your pace to whatever level feels comfortable to you. You might start by alternating walking and jogging in 2-4 minute bouts until your 20 to 30 minute exercise period is up.

After your exercise, when your muscles are warm and you are ready to begin your cool down, is another good time to improve flexibility. Stretching at this time may also reduce muscle soreness.

When exercising in hot weather, be sure to wear proper clothing and make certain you drink plenty of water (drink more than you are thirsty for). Drink at least 10 oz. of water before starting your workout. Reduce your distance and/or pace in severe heat, or do not exercise at all.

Having an Exercise Action Plan:

Deciding to begin an exercise program may sound comparatively easy, but staying with it can be tough unless you have a plan. These tips may help:

Set realistic goals. Set specific goals you can measure and achieve.

Start slowly. If you are just beginning a fitness program, ease into it. As you are able, lengthen your workouts and slowly step up the pace.

Make it convenient. Find ways to fit activity into your daily life. Write exercise times in your calendar as if they were appointments to keep.

Keep a log. With a log, you can track your progress and even note health improvements over time.

Find an exercise buddy. Working out with a partner can help you both stay motivated.

Add variety. To prevent getting bored, try switching among several physical activities that you enjoy.

Common CMV Driver Health Risk Factors

Stress (Relaxing)

Dealing with Stress:

“Stress” is somewhat of an overused term, which means many things to many people. Stress has come to mean just about any physical, emotional, or even chemical factor that causes us bodily tension, mental tension, or both. Although stress cannot be touched or perceived directly, it prompts a large number of symptoms ranging from outward physical changes (e.g. rashes, hives, or even premature baldness) to life threatening conditions, such as hypertension and even heart attacks.

What does psychological or physiological stress do to cause our bodies trouble? Hans Selye, a world-renowned medical scientist, characterized the “flight or fight” stress response decades ago. When a person encounters a stressful situation, his or her body responds by releasing various chemicals to prepare the body to fight a perceived threat, or to take flight – to run away. Physiologically, the adrenal glands release adrenaline and other hormones that cause the heart rate and blood pressure to increase. Muscles tense for action, blood sugars and fat are released into the bloodstream for extra energy. Pupils dilate to see better, perspiration increases to cool the body, and breathing accelerates to increase the amount of oxygen available in the blood. If there is an actual injury, additional body chemicals are emitted that make it easier for blood to clot.

If you are in a situation where you expect to either fight or flee (e.g. confronting an attacking animal or a mugger in the streets) such physiological changes in the body can be beneficial. Additionally, stress can also help prepare and motivate you to do well on some challenging physical or mental task. “Good stress” then are those stresses that simply motivate you or make you happier about some event you are encountering. “Bad stress” on the other hand, is stress that provided too much of a good thing -- too much physiological change for too long for good health. **If you spend a lot of time in a hyper-alert state, responding to stressful situations, you will pay a physical or psychological price.**

Specific results of stress:

Stress affects the heart. It causes blood vessels to constrict, which then increases blood pressure. It causes blood platelets to become stickier than they normally are, making clots more likely. It cuts testosterone levels, reducing good cholesterol and increasing triglycerides (blood fat linked to heart disease). A continued condition of unmanaged stress will also depress your immune system’s ability to fight disease, increase the risk of heart problems and make a heart attack or stroke more likely.

Stress has been called the “sly thief” because it snatches health and peace of mind from people without their realizing they’ve been robbed. Most people attribute symptoms such as frequent colds, muscle aches, and fatigue to bad luck or advancing age. They are reluctant to admit that physical ills could be rooted in a psychological cause, such as unmanaged or poorly managed stress. That is an important point – because it is impossible to defeat an enemy you do not acknowledge.

Prolonged Stress can play havoc with our bodies. It has been linked to the following conditions:

- Angina (chest pain)
- Anxiety
- Baldness
- Behavioral and emotional problems
- Grinding of teeth
- Canker sores
- Cold sores
- Chronic fatigue
- Depression
- Dyspepsia (stomach cramps and discomfort not linked to a specific cause)
- Skin disorders, including eczema, dermatitis, psoriasis, hives, and acne
- Headache
- Heart attack
- High blood pressure
- Impotence
- Indigestion
- Insomnia
- Irritable bowel
- Menstrual disorders
- Migraine
- Muscle aches
- Muscle twitches and tics
- Obesity
- Premature ejaculation

Change, good or bad, is a common source of stress. Positive changes, such as graduating from school or a class, getting married or having a child, can be as stressful as negative changes, such as death of a loved one or experiencing a divorce.

Stress does not become a health problem until the demands related to it outweigh your personal resources for dealing with them positively. That may occur when several stressors that would have been manageable on their own converge. It could also happen when one usually intermittent and manageable

stressor becomes an ongoing problem. As with most other health factors, some individuals can tolerate more stress than others.

One of the most common causes of ongoing stress in life is usually related to the workplace. Not surprisingly, since many people spend most of their waking hours at work. But several psychological studies point out that a huge source of stress in the workplace is attributable to a “lack of control” over workplace decisions. Thus, workers who have little control over workplace decision-making are not only less happy, but are probably suffering emotionally and physiologically as well.

There are several telltale stress signals that indicate we are undergoing “bad stress” and that we could use some stress control in our lives.

Physical signs of stress:

- Tense muscles
- Stiff neck and shoulders
- Headaches
- Backaches
- Tight or fluttery stomach
- Pounding or racing of the heart
- Rapid pulse
- Shortness of breath
- Increased perspiration
- Cold hands and/or feet

Emotional signs of stress:

- Lots of worrying
- Lack of concentration
- Desire to cry or run away
- Loss of self-confidence
- Anxiety, fear, panic
- Irritability or edginess
- Frequent anger
- Frustration

Behavioral signs of stress:

- Change in appetite
- Change in sleep pattern, sexual functioning
- Change in use of alcohol, tobacco, drugs
- Forgetfulness
- Accident proneness
- Crying, yelling, blaming

- Nail biting, teeth grinding
- Decline in productivity
- Absenteeism
- Avoiding others
- Change in personal appearance

Stress Management Strategies:

There are countless books, references, and formal programs available on stress and stress management. The following lists of ideas are adapted from materials provided by the U.S. Army Health Promotion Program (Fit to Win Handbook, 1987) and to a lesser degree from work by Kassberg-Regan & Jonas (1999). They may be helpful as you and/or your friends and family attempt to manage life's stresses.

To help prevent and reduce stress' impact on your life:

1. Get the proper amount of quality sleep you need to be refreshed, awake and alert and to be a responsible attentive driver. For most people this will be about 7-8 hours of sleep in a 24-hour day. It is best to obtain as long and continuous a single bout of sleep at one stretch as you can; but, if you cannot obtain 5-6 or more hours of sleep in one stretch, then attempt to augment what long sleep you do obtain with naps throughout the day.

Sleep deprivation or sleep loss is a big contributor to our stress levels. In turn, stress is a common cause of insomnia. While difficult to know which comes first, the stress or the sleeplessness, it is clear that obtaining more sleep will help alleviate much of the stress in your life.

2. Exercise 30 minutes per day three times per week and monitor your pulse rate periodically during the exercise. As the Gettin' in Gear program highlights, getting plenty of exercise, especially aerobic exercise, burns off the excess body stress chemicals, therefore, exercise is a big stress alleviator.
3. Do not smoke or inhale the smoke of others.
4. Drink only moderate amounts of alcohol (less than 2 drinks daily). Having a glass of wine with dinner or before bed may be relaxing. But having several alcohol drinks only adds to our stress levels physiologically. Remember that alcohol, used as a relaxant before going to sleep, tends to disrupt REM sleep (rapid eye movement, or dreaming sleep) later in the sleep cycle when the alcohol effects begin to wear off – producing less restful sleep overall.

5. Maintain your normal weight. Excess weight puts a strain on many body systems and therefore contributes in numerous ways to stress levels. Exercise and maintain what is your normal weight level at all times to minimize these stress contributors.
6. Develop and maintain family, friends, and pets as your psychological support systems. As the Relating portion of Gettin' in Gear recommends, maintaining good relationships with all sorts of people tends to keep the overall stress levels at bay.
7. Be sure to eat a healthy breakfast. Your grandmother and your mother both recommended that you eat a healthy breakfast every day. It was good advice then and it still is. Also, try to avoid drinking too much coffee with caffeine at breakfast.

Change, avoid or minimize stressors in your life:

1. As much as possible, avoid exposure to your known stressors (e.g. work situations you detest, being around certain individuals who you do not deal with very well); avoid smoking and using too much caffeine. Avoid rush hour traffic if you can, but obviously, this is often not within the control of most commercial driving schedules.
2. Learn to deal with aggressive personalities; sometimes getting to know a person better and letting them know you can defuse some of the tension between you and that person. Try it and see if it works.
3. Avoid continuous interruptions; your time is precious, and you can learn to avoid some situations that eat into your time, both at work and at home.
4. Anticipate change and prepare for how you deal with it. You do this daily with regard to handling traffic, highway construction zones, and of course the weather. You should learn to anticipate other changes in your life and learn to respond to them in a similar way – prepare for how you will meet those challenges.
5. Learn to just leave or depart stressful situations (take breaks, take yearly vacations).
6. Listen to relaxation music or tapes in your truck, bus, or car. These are readily available in the music section of most stores. As recommended by at least one driver on the Gettin' in Gear video, you might try listening to books on tape.

Change the way you think and communicate:

1. Change your negative self-talk and irrational thinking about situations and other people. Talk with yourself in a positive attitude.
2. Examine your personal performance expectations. Are you striving to do too much? Have you set unrealistic goals for yourself? Be sure your expectations are realistic for you and make small strides of progress in meeting those goals. Reward yourself often for those achievements you do make.
3. Work on your self-esteem. You might take stock of what your strengths and weaknesses are, and then learn to accentuate your strengths, while you work on minimizing your weaknesses.
4. Learn to communicate effectively; practice active listening and assertiveness. You can practice better communication with everyone you deal with: your children, your spouse, your dispatcher, your fellow workers, your clients (shippers and receivers, etc.).
5. Practice anger management. At the slightest hassle or inconvenience, do you coil up like a snake, strike out at others, do a slow burn and become hostile yourself? Perhaps it is time to take an accounting of your anger quotient and learn to practice anger management.
6. Identify and eliminate your anxiety-producing beliefs. Try to look at stressful situations in a larger context. Learn to let go of things you have no control over anyway.
7. Practice the three Cs for thinking about and coping with stressful situations: “Control,” “Challenge,” and “Commitment.” Avoid losing your cool, losing control – and that can be a challenge. Recognize that, and then make a personal commitment not to lose your cool, but rather to take a deep breath or three and clean up your response.

Relaxing and Relating go hand-in-hand:

If one member in any relationship handles stress poorly, the other will no doubt be affected directly. Our partner (spouse, significant other, team driver) becomes a “safe target,” someone on whom the stressed-out partner can vent his or her frustrations and anxiety. Think about it. Most of us try to avoid arguing with coworkers, neighbors, and people waiting in line at the grocery store. On the other hand, most of us expect to argue with our partners. Do we really only hurt the ones we love the most? Of course, since it would be virtually impossible to share our lives with another person without disagreeing about issues large and small on a fairly regular basis, it is vital to work together to manage stress in positive ways.

References Cited or Used in this Instructors' Manual:

American Heart Association (1997). Exercise and heart disease.

Anonymous (2000). Healthy People 2000: Midcourse Review and 1995 Revisions. Washington, DC: U.s. Department of Health and Human Services Public Health Service.

Berea, R.L. (1991). The effects of behavioral risks on absenteeism and health care costs in the workplace: Dupont Company – 46,000 Employee lives from 1984 - 1988. Journal of Occupational Medicine, Vol. 33, No. 11, pages 11-19.

Brest, A. N. & Moyer, J. H. (1973). High blood pressure. Pg 115-122. In: D.G. Cooley (ed.) Better Homes and Gardens Family Medical Guide. New York: Better Homes and Gardens Books.

Brink, S.D. et al. (1995). Health risks and their impact on health costs. Data from the Chrysler Corporation – 6000 life years 1989-1991. Milliman and Robertson.

Busick, P. (1996) Data from Behavioral Risk Factor Surveillance System obtained in Sue Roberts conversation with the BRFSS Coordinator (Pat Busick) of the Iowa Dept. of Public Health.

Buxton, S., Hartley, L. & Sully, M. (2001) Testing drivers for drugs: A review of methods and results. Western Australia: Murdoch University Institute for Research in Safety and Transport.

Crouch, D.J. et al. (1993). The prevalence of drugs and alcohol in fatally injured truck drivers. Journal of Forensic Sciences. Vol. 38, No. 6 (November, 1993). Pages 1342-1353.

Crowder, T. A. (2001). Personal Fitness: Applied Physiology for the Army. West Point, NY: United States Military Academy, Department of Physical Education.

David, et al. (1996), Body weight and blood pressure regulation. American Journal of Clinical Nutrition. Vol. 63, (supplement) 1996. Pages 423-455.

Department of Physical Education, US Military Academy, (2000). Introduction to Wellness Instructor's Manual, Academic Year 2000-2001. West Point, NY: US Military Academy.

Driskell, J.E. & Salas, E. (Eds.), 1996. Stress and Human Performance. Mahwah, New Jersey: Laurence Erlbaum Associates.

Evans, G. (1994). Working on the hot seat: Urban bus operators. Accident Analysis and Prevention. Vol. 26, No. 2, 1994 pages 181-193.

Federal Motor Carrier Safety Regulations, U.S. Department of Transportation, Federal Highway Administration, Washington, DC.

Glanz, K. & Rimer, B.K. (1995). Theory at a glance: A guide for health promotion practice. Washington, DC: National Cancer Institute.

George, M. (1958). Learn to Relax: A Practical Guide to Easing Tension & Conquering Stress. London: Duncan Baird Publishers.

Harig, P., Halle, J., Mosier, R., Reagan, J., & Richardson, M. (1995). Wellness for senior leaders taking care of yourself: A proactive approach. Carlisle Barracks, PA: U.S. Army War College, Army Physical Fitness Research Institute.

HealthScreenings (2002). Tone Zone: Arms, Shoulders, Chest, Take out the Band (Pamphlet). Louisville, KY: Health Screenings Physical Therapy Center.

HealthScreenings (2002). Fighting Fatigue at the Wheel (Pamphlet). Louisville, KY: Health Screenings Physical Therapy Center.

Holmes, S.M., Power, M.L. & Walker, C.K. (1996) A motor carrier wellness program: Development and testing. Transportation Journal. (Winter 1996). American Society of Transportation Logistics. Pages 31-48.

Korelitz et al. (1993). Health habits and risk factors among truck drivers visiting a health booth during a trucker trade show. American Journal of Health Promotion. Vo. 8, No. 2 (November/December, 1993), pages 117-123.

Kassberg-Regan, M. & Jonas, S. (1999). Help Your Man Get Healthy: An essential guide for every caring woman. New York: Avon Books, Inc.

Kroemer, K., Kroemer, H., & Kroemer-Elbert, K. (2001). How the body does its work, Chapter 2. pages 90-124, in Ergonomics: How to design for use and efficiency, 2nd Ed. Upper Saddle, NJ: Prentice Hall

Krueger, G.P., Brewster, R. M., & Alvarez, A. (2001). Getting in Gear, a commercial driver training program on health, wellness and fitness: Precursors to Mastering Driving Alertness and Managing Commercial Driving Fatigue. In: Proceedings of the International Truck & Bus Safety Research and Policy Symposium; Knoxville, TN, November 2001.

Lowenthal, S. (2000). Fighting Fatigue at the Wheel: Sleep Better, Live Better. Brochure on exercises to be done inside or alongside your vehicle. Louisville, KY: HealthScreenings, Inc.

Lund, A. K. et al. (1988). Drug use by tractor-trailer drivers. Journal of Forensic Sciences. Vol 33, No. 3, May 1988. Pages 648-661.

Magnusson, M.A et al. (1996). Are occupational drivers at an increased risk for developing musculoskeletal disorders. Spine. Vol. 21, No. 6, 1996, pages 710-717.

McArdle, W. W., Katch, F. I. & Katch, V.L. (1991). Exercise physiology: Energy, nutrition, and human performance. Philadelphia, PA: Lea & Febiger.

McLaughlin, P. & McLaughlin, P. (1998). Catch Fire: A 7-Step Program to Ignite Energy, Defense Stress, and Power Boost Your Performance. La Jolla, CA: Fitnessage Media Books.

National Institutes of Health, National Cancer Institute, (1995). Eat 5 fruits and vegetables a day. (NIH Publication No. 95-3862). Washington, DC: Public Health Service, National Institutes of Health.

National Institute on Drug Abuse (2001). Mind over matter: The brain's response to methamphetamine. Washington, DC: National Institute on Drug Abuse, National Institutes of Health.

Pack, A., Maislin, G., Staley, B. & Dinges, D.F. (2000). A study of prevalence of sleep apnea among commercial truck drivers. Philadelphia, PA: University of Pennsylvania Hospital.

Physicians Desk Reference. (1987). Oradell, NJ: Medical Economics Company.

Pidetcha, P. et al. (1995). Screening for urinary Amphetamine in truck drivers and drug addicts. Journal of Medical Association in Thailand. Vo. 78, No. 10 (October, 1995). Pages 554-558.

Roberts, S. & York, J. (2000). Design, development and evaluation of truck and bus driver wellness programs: Final Report. Washington, DC: Federal Motor Carrier Safety Administration, Office of Research and Technology.

Stay Well Company (2000, 2001) Assortment of health pamphlets and brochures. San Bruno, CA: The Stay Well Company, Krames Health and Safety Education.

U.S. Department of the Army (1987). Fit to Win, Your Handbook: The U.S. Army's Health Promotion Program. Washington, DC: U.S. Government Printing Office.