

# AGING BACKWARDS: *FAST TRACK*



*6 WAYS IN 30 DAYS TO LOOK  
AND FEEL YOUNGER*

MIRANDA  
ESMONDE-WHITE

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FIRST EDITION

*Designed by Lucy Albanese*

Library of Congress Cataloging-in-Publication Data has been applied for.

ISBN 978-0-06-285941-9

19 20 21 22 23 DIX/LSC 10 9 8 7 6 5 4 3 2 1

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## FAST TRACK QUESTIONNAIRE

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### BIRTH TO AGE TWELVE

These formative years set the stage for your future body's health. During this time, you probably developed eating, sleeping, walking, and exercise (or lack of!) habits that stick with you to this day. Think back and make additional notes in your diary of those habits and any injuries or physical weaknesses that have perhaps gotten worse over time.

1. *Were you a healthy baby?* \_\_\_\_Yes \_\_\_\_No

If no, describe in detail. \_\_\_\_\_

2. *Were you an unhealthy child, prone to flus and colds?* \_\_\_\_Yes \_\_\_\_No

If yes, describe how being sickly affected your life. Did you miss a lot of school?

Did you outgrow being sickly? \_\_\_\_\_

3. *Did you have any illnesses during these years?* \_\_\_\_Yes \_\_\_\_No

If yes, describe in detail. \_\_\_\_\_

4. *Did you have any accidents (broken bones, car accidents, burns)?*

\_\_\_\_Yes \_\_\_\_No

If yes, describe in detail. \_\_\_\_\_

5. *Were you in the hospital for any long stays?* \_\_\_\_Yes \_\_\_\_No

If yes, describe for how long, what it was for, and how it affected your general health going forward into your teenage years. \_\_\_\_\_

6. *Was there stress in your home?* \_\_\_\_Yes \_\_\_\_No

If yes, elaborate on what it was and how it affected you (headaches, stomach-aches, depression, etc.). \_\_\_\_\_

7. Overall, did you have a happy childhood? \_\_\_\_Yes \_\_\_\_No

If not, detail how you feel this affected your health. Try to see if there is a connection to your health today. \_\_\_\_\_

8. Were you an active child? Did you participate in sports, dance, play the piano, or other activities? \_\_\_\_Yes \_\_\_\_No

If yes, describe what you did and how you felt doing these activities. \_\_\_\_\_

### AGE THIRTEEN TO NINETEEN

1. Did you have any broken bones during these years? \_\_\_\_Yes \_\_\_\_No

If yes, which ones, how many breaks, and did they heal completely? \_\_\_\_\_

2. Were there any complications with the broken bones that are still bothering you? \_\_\_\_Yes \_\_\_\_No

If yes, describe in detail. \_\_\_\_\_

3. Were you hospitalized for any serious conditions? \_\_\_\_Yes \_\_\_\_No

If yes, describe in detail. \_\_\_\_\_

4. Did you have any life-threatening illnesses? \_\_\_\_Yes \_\_\_\_No

If yes, describe your full recovery period. (Was it painful, did it take years? Are you still treating it? If so, what are the side effects of your condition?) \_\_\_\_\_

5. Did you participate in sports? \_\_\_\_Yes \_\_\_\_No

If yes, which ones and for how long? \_\_\_\_\_

6. Did you get injured playing sports? \_\_\_\_Yes \_\_\_\_No

If yes, what was the injury? Were you injured multiple times? \_\_\_\_\_

7. Did you dance? \_\_\_\_Yes \_\_\_\_No

If yes, did you have injuries dancing? If yes, describe in detail. \_\_\_\_\_

8. Are you still affected by those injuries? \_\_\_\_Yes \_\_\_\_No

If yes, describe in detail. \_\_\_\_\_

9. *Did you have feet or hand injuries after playing sports or dancing?*

\_\_\_\_Yes \_\_\_\_No

If yes, describe in detail. \_\_\_\_\_

10. *Do those feet or hand injuries still bother you?* \_\_\_\_Yes \_\_\_\_No

If yes, describe in detail. \_\_\_\_\_

11. *Did you play the piano or any other musical instrument?* \_\_\_\_Yes \_\_\_\_No

If yes, did you experience any repetitive motion injuries that might still be with you today? Describe in detail. \_\_\_\_\_

12. *Did you have an eating disorder?* \_\_\_\_Yes \_\_\_\_No

If yes, what affect did it have on your health over time? (Did your muscles atrophy and your bones weaken?) Are the side effects of your eating disorder still with you today? \_\_\_\_\_

13. *Were you a sedentary teenager?* \_\_\_\_Yes \_\_\_\_No

If yes, has that set you on a permanent sedentary path? \_\_\_\_\_

14. *Were you overweight?* \_\_\_\_Yes \_\_\_\_No

If yes, how much? Are you still overweight? \_\_\_\_\_

15. *Were you shy and awkward?* \_\_\_\_Yes \_\_\_\_No

If yes, did this stop you from living an active adolescence? How do you think that affected your body? Did you try to avoid eye contact by rounding your shoulders and dropping your head? Did you try to move as little as possible so people wouldn't notice you? \_\_\_\_\_

16. *Did you have chronic headaches?* \_\_\_\_Yes \_\_\_\_No

If yes, do you know why? Do you still have regular headaches? \_\_\_\_\_

17. *Were you under stress at home?* \_\_\_\_Yes \_\_\_\_No

If yes, how did this affect your health and your behavior? Were you always angry? Depressed? If so, have you sought therapy to be able talk out these issues? Do you still carry the anger or depression in your body in the form of tension or stiffness? \_\_\_\_\_

18. *Were you physically or sexually abused?* \_\_\_\_Yes \_\_\_\_No

If yes, describe in detail both the physical and emotional trauma. (Remember that this diary is for your eyes only.) Does this abuse affect the tension you carry to this day? Do you have injuries that you haven't fully healed from because you didn't want to revisit traumatic memories? \_\_\_\_\_

19. *For women: Do/did you have a difficult menstrual cycle?* \_\_\_\_Yes \_\_\_\_No

If yes, detail how this affected your ability to do sports or schoolwork. Did you suffer from extreme pain? \_\_\_\_\_

After filling out these first two sections, you will have a better grasp of the basic health you were in at the start of your adult life. Most likely, you were not living in a fresh new body, but one that had already experienced considerable trauma. We tend to forget everything that our body has been through over the decades of our life. The better we know ourselves, the easier it is to be compassionate toward ourselves and gentle with our bodies as we try to reverse the damage of our past.

## AGE TWENTY TO FORTY-NINE

You may notice that many of these questions relate to stress, tension, injuries, or trauma to your body. Often childhood injuries are not fully resolved or rehabilitated. When a body part is still inflamed, it will carry tension until it is healed; this could last for years. The tension means that we move it less than we do other body parts. This is the breeding ground in which connective tissue congeals and hardens. In time it can literally lock the inflicted joint in place. This imbalance leads to a chain reaction of further imbalance where one part wants to move but its neighbor cannot. So its neighbor becomes locked down.

Connective tissue does not change as rapidly as muscles. Fascia, tendons, and ligaments require slow, patient, gentle movements to loosen stiffness. Muscles strengthen and increase flexibility quite rapidly, but connective tissue is very slow to change and needs to be almost soothed into loosening up.

If you answer yes to many questions about growing stiffer, you can be pretty sure you're experiencing congealing connective tissue. The only way to reverse it is to work slowly, carefully, and in a very relaxed mode. And be patient.

1. *Did you go to college?* \_\_\_\_Yes \_\_\_\_No

If yes, for how many years? \_\_\_\_\_

2. *Were you physically active during your schooling years?* \_\_\_\_Yes \_\_\_\_No

If yes, detail all the various physical activities that you participated in. \_\_\_\_\_

3. *Were you sedentary during your schooling years?* \_\_\_\_Yes \_\_\_\_No

If yes, for how many years were you sedentary? Are you still sedentary? Were you semi-sedentary or completely sedentary? Explain what you mean by semi-sedentary and completely sedentary. \_\_\_\_\_

4. *Did you participate in any sports or fitness programs during these years?*

\_\_\_\_Yes \_\_\_\_No

If yes, were you participating at a highly competitive level? \_\_\_\_\_

5. *Did you have any serious accidents?* \_\_\_\_Yes \_\_\_\_No

If yes, detail the injuries (broken bones, burns, a concussion). How many accidents? How many broken bones? How long did your recovery take? Were they car accidents? Sports accidents? Construction accidents? \_\_\_\_\_

6. *Were you physically or sexually abused?* \_\_\_\_Yes \_\_\_\_No

If yes, describe in detail both the physical and emotional trauma. (Remember that this diary is for your eyes only.) This is the same question as in the earlier section. Please use the same explanation as before. \_\_\_\_\_

7. *For women: Did you give birth?* \_\_\_\_Yes \_\_\_\_No

If yes, how many pregnancies? How many births? \_\_\_\_\_

8. *For women: Did you have complicated births that you never fully rehabilitated from?* \_\_\_\_Yes \_\_\_\_No

If yes, what are the issues you suffer from today that were not resolved? \_\_\_\_\_

9. *For women: Did you fully recover your health and the shape of your body after you finished your birthing years?* \_\_\_\_Yes \_\_\_\_No

If no, in what way did you not recover? \_\_\_\_\_

10. *Did you spend most of your twenties and thirties sitting behind a desk and taking care of your family, leaving no time to take care of yourself?*  
\_\_\_\_Yes \_\_\_\_No

If yes, what body shape or pain changes happened to your body as a result? \_\_\_\_\_

11. *Did you have a physically challenging job like construction, on-site engineering, or nursing that led to work-related injuries?* \_\_\_\_Yes \_\_\_\_No

If yes, describe the job and the related injuries and pain resulting from the job. \_\_\_\_\_

12. *Did you have to change jobs because of injuries related to doing your job?*  
\_\_\_\_Yes \_\_\_\_No

If yes, did that lead to emotional stress that may have caused tension that you are still holding in your body? \_\_\_\_\_

13. *Did you travel a great deal in your job?* \_\_\_\_Yes \_\_\_\_No

If yes, did that lead to poor eating habits, weight gain, and problems sleeping? \_\_\_\_\_

14. *Did you gain weight in these two decades?* \_\_\_\_Yes \_\_\_\_No

If yes, how much? \_\_\_\_\_



15. *Did you have financial worries that caused a great deal of stress?*

☐Yes ☐No

If yes, do you still hold some of that stress in your neck, shoulders, and torso? \_\_\_\_\_

## AGE FIFTY TO SEVENTY-FIVE

Some people consider these decades the best years of their life because they may have become somewhat financially secure and the children have left home. Even if the children are still at home, they probably don't need to be driven around town or have their lunch made. You may finally have some time for yourself. How good is that? However, these are also the decades when the issues of your physical body (that you've been ignoring) start to catch up to you. But never fear: During these next two plus decades, you can easily make enormous improvements to your physical health and reverse many of the negative signs of aging you may be experiencing.

1. *Are you starting to have difficulty getting in and out of a car?* ☐Yes ☐No

2. *Are you starting to have difficulty getting in and out of the bath?*

☐Yes ☐No

3. *Are you having trouble reaching into high cupboards?* ☐Yes ☐No

4. *Are you having difficulty doing basic household chores like vacuuming or washing floors?* ☐Yes ☐No

5. *Do you feel unstable walking up or down stairs?* ☐Yes ☐No

6. *Are you unstable when getting out of bed?* ☐Yes ☐No

7. *Do you feel that you need a cane to maintain your balance when walking?*

☐Yes ☐No

8. *Did you regularly do yoga?* ☐Yes ☐No

If yes, for how long? \_\_\_\_\_

9. Did you get injured doing it? \_\_\_\_\_
10. What were the injuries? \_\_\_\_\_
11. How long did they last? \_\_\_\_\_
12. Did you fully rehabilitate? \_\_\_\_\_
13. Did you return to yoga? \_\_\_\_Yes \_\_\_\_No
- 
14. Did you do Pilates regularly? \_\_\_\_Yes \_\_\_\_No  
If yes, for how long? \_\_\_\_\_
15. Did you get injured doing it? \_\_\_\_\_
16. What were the injuries? \_\_\_\_\_
17. How long did they last? \_\_\_\_\_
18. Did you fully rehabilitate? \_\_\_\_\_
19. Did you return to Pilates? \_\_\_\_Yes \_\_\_\_No
- 
20. Did you run regularly? \_\_\_\_Yes \_\_\_\_No  
If yes, for how long? \_\_\_\_\_
21. Did you get injured doing it? \_\_\_\_\_
22. What were the injuries? \_\_\_\_\_
23. How long did they last? \_\_\_\_\_
24. Did you fully rehabilitate? \_\_\_\_\_
25. Did you return to running? \_\_\_\_Yes \_\_\_\_No
- 
26. Did you do aerobics regularly? \_\_\_\_Yes \_\_\_\_No  
If yes, for how long? \_\_\_\_\_

27. Did you get injured doing it? \_\_\_\_\_
28. What were the injuries? \_\_\_\_\_
29. How long did they last? \_\_\_\_\_
30. Did you fully rehabilitate? \_\_\_\_\_
31. Did you return to aerobics? \_\_\_\_Yes \_\_\_\_No
32. Did you regularly use a treadmill or weight-training equipment?  
\_\_\_\_Yes \_\_\_\_No  
If yes, for how long? \_\_\_\_\_
33. Did you get injured doing it? \_\_\_\_\_
34. What were the injuries? \_\_\_\_\_
35. How long did they last? \_\_\_\_\_
36. Did you fully rehabilitate? \_\_\_\_\_
37. Did you return to the treadmill or weight training? \_\_\_\_Yes \_\_\_\_No
38. How old were your instructors? \_\_\_\_\_
39. Did any of your teachers, coaches, or instructors have hip or knee  
replacements? \_\_\_\_Yes \_\_\_\_No  
If yes, which replacement? \_\_\_\_\_
40. Do you garden? \_\_\_\_Yes \_\_\_\_No  
If yes, for how many hours a week? \_\_\_\_\_
41. How strenuous is your gardening? \_\_\_\_\_
42. Is your main form of exercise walking? \_\_\_\_Yes \_\_\_\_No  
If yes, for how long do you walk and how rapidly do you walk? \_\_\_\_\_

43. *Are you becoming more sedentary than you were in your thirties?*

☐Yes ☐No

If yes, how much more? Try to count the hours that you are not sitting. Being in a car is sitting. Eating in a restaurant is sitting (but walking a long way to get there counts as movement). \_\_\_\_\_

44. *Did you have any serious illnesses?* ☐Yes ☐No

If yes, have you fully recovered? ☐Yes ☐No

45. *Did you have long periods of bed rest?* ☐Yes ☐No

46. *Did you require a lot of medication?* ☐Yes ☐No

47. *What long-term effect did the medication have on your weight?* \_\_\_\_\_

48. *Did your medication make your bones brittle?* ☐Yes ☐No

49. *Did you need medication to counter the side effects of other medication?*

☐Yes ☐No

50. *Are you still taking medication?* ☐Yes ☐No

51. *Have you gone through any personal traumas such as a divorce or a death in the family?* ☐Yes ☐No

If yes, how did these events affect your physical body? \_\_\_\_\_

52. *Did you carry the stress and sorrow in tension somewhere in your body such as in your neck, shoulders, and back?* ☐Yes ☐No

53. *Is the tension still lingering in these places?* ☐Yes ☐No

54. *Did the stress and sorrow lead to additional health issues, such as cardiovascular or digestive problems?* ☐Yes ☐No

55. *Did the stress and sorrow lead to rapid weight loss or gain?* ☐Yes ☐No

56. *Have you begun to have chronic pain in your joints?* ☐Yes ☐No

If yes, where do you feel the pain? Knees? Hips? Back? Spine? Fingers? Feet? \_\_\_\_\_

57. *Do your knees hurt when walking up and down stairs?* \_\_\_\_Yes \_\_\_\_No  
If yes, when did this begin? \_\_\_\_\_
58. *How bad is the pain on a scale of 1 to 10 (with 1 being mild and 10 being severe)?* \_\_\_\_\_
59. *Have you been diagnosed with arthritis?* \_\_\_\_Yes \_\_\_\_No  
If yes, how serious is the pain on a scale of 1 to 10 (with 1 being mild and 10 being severe)? \_\_\_\_\_
60. *Are you still mobile or will you need a joint replacement?* \_\_\_\_Yes \_\_\_\_No
61. *Are you taking pain medication?* \_\_\_\_Yes \_\_\_\_No
62. *Are you taking arthritis medication?* \_\_\_\_Yes \_\_\_\_No
63. *What, if any, are the side effects of the medication?* \_\_\_\_\_
64. *Have you been diagnosed with osteoporosis?* \_\_\_\_Yes \_\_\_\_No  
If yes, have you been doing regular daily exercise to help reverse this condition?  
\_\_\_\_Yes \_\_\_\_No
65. *Do your exercises focus on improving your posture?* \_\_\_\_Yes \_\_\_\_No
66. *Are you taking medication to help reverse this condition?* \_\_\_\_Yes \_\_\_\_No
67. *For women: Did you have a difficult menopause?* \_\_\_\_Yes \_\_\_\_No  
If yes, detail all of the ways in which your menopause affected your health, weight, and emotional life. \_\_\_\_\_
68. *Have you had any problems with drug addiction?* \_\_\_\_Yes \_\_\_\_No  
If yes, what kind of addiction? \_\_\_\_\_
69. *How much damage did it do to your muscles, bones, and organs?* \_\_\_\_\_

70. How old were you when you struggled with the addiction? \_\_\_\_\_

71. How long were you an addict? \_\_\_\_\_

72. Are you presently an addict? \_\_\_\_\_

73. Have you had any problems with alcohol addiction? \_\_\_\_Yes \_\_\_\_No

If yes, are you still an alcoholic? \_\_\_\_Yes \_\_\_\_No

74. How much damage did it do to your muscles, bones, and organs? \_\_\_\_\_

75. How old were you when you started drinking in excess?

\_\_\_\_\_

76. How long have you been an alcoholic? \_\_\_\_\_

77. Have you suffered from fibromyalgia? \_\_\_\_Yes \_\_\_\_No

If yes, for how long and when did it start? \_\_\_\_\_

78. Do you have it under control? \_\_\_\_Yes \_\_\_\_No

79. Are you presently on any medication to reduce the pain or discomfort you are experiencing related to fibromyalgia? \_\_\_\_Yes \_\_\_\_No

\_\_\_\_\_

Feel free to add as much detail or as many additional categories as you wish. While you are doing the 30-day program, make it a point to come back to this diary regularly. Often we forget some of the most important events in our life. The better you remember your life history, the easier it will be for you to reverse any lingering damage that these events may have done or are still doing to your physical body.

# THE STARTER WORKOUT

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## **MINI-WORKOUT 1: FOR FINGER AND WRIST MOBILITY**

Do these movements as often as you'd like:

- Rotate your wrists in both directions.
- Flex and extend your wrists up and down.
- Make a tight fist and open your fingers as wide as possible.
- Pretend to play the piano by moving one finger at a time.

These exercises will not hurt you and will help relieve the pain of arthritis, as well as shoulder and neck pain. (They also help relieve migraines!)

## **MINI-WORKOUT 2: FOR TOE AND ANKLE MOBILITY**

Do as many of the toe and ankle isolation exercises as you can:

- Point your feet, flex your toes, then flex your ankles, then reverse it.
- Extend your ankles while keeping your toes flexed, then point your toes.
- Rotate your ankles slowly, and in both directions.

## **MINI-WORKOUT 3: FOR SPINE FLEXIBILITY**

During your first trip to the bathroom in the morning, place one hand on the side of the vanity or sink, position your feet wide apart, and twist your spine in the opposite direction of your hand, trying to turn your full torso so you can look behind you. (You can do this in the kitchen, holding on to the kitchen counter, or at work, holding on to your desk.)

## **MINI-WORKOUT 4: FOR SPINE LENGTHENING**

This is another one to do during that first bathroom trip. Standing at the sink, reach above your head with one arm and try to “touch” the ceiling (not literally, but reach

far!) with your fingers. Slowly alternate your arms with each ceiling reach, repeating 16 times. Doing this in the morning will get your posture set for the day and help stop spine shrinkage.

### **MINI-WORKOUT 5: FOR ELBOW RELAXATION**

This can be done at any time—standing on the bus, chatting with a friend, or sitting at your desk. Bend your elbows and quickly straighten them, imagining you are flicking water off your fingers, as if you just washed your hands. This will force your elbows to relax, which indirectly helps the shoulders and neck to relax.

### **MINI-WORKOUT 6: FOR CIRCULATION**

Before you sit down to watch TV or start work, take a moment to do this mini-workout. From a standing position, take side-to-side steps, alternating sides 16 times, to get the blood circulating and increasing your energy level before beginning your next task.

### **MINI-WORKOUT 7: FOR RELEASING NECK AND HEAD TENSION**

Try to do this movement all of the time, during a conversation or while working, spending time on the computer, or watching TV. Slowly and in a relaxed mode, remember to keep turning your head and raising and lowering your chin. Try not to ever just sit looking straight in front of you for an extended period of time.

### **MINI-WORKOUT 8: FOR STRENGTHENING AND STRETCHING YOUR CALVES**

Do these heel raisers while waiting for the kettle to boil. Steady yourself by holding on to the kitchen counter, wall, or handrail while you slowly raise and lower your heels. Don't worry about the height you raise your heels—even a little bit is good for you. Do a maximum of 8 heel raisers at a time, and wait at least an hour before doing another set of 8.

# MARK THE CHANGE: CELEBRATE YOUR PROGRESS ON DAY 1, DAY 15, AND DAY 30

There is nothing like the thrill of seeing the proof of your improved strength and flexibility in black and white. Take these fitness evaluations on Day 1, Day 15, and Day 30 of the Fast Track plan and record how you are getting younger.

Don't forget to take the Mirror Test on Day 1 and Day 30, too.

## THE STAIR TEST

The goal of this test is to check how easily you can climb stairs, not to win a race.

Set a timer for 5 minutes to see how many stairs you can climb up and down in that time.

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## TRACK YOUR PROGRESS

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1. *How many steps were you able to take in five minutes?*

DAY 1: \_\_\_\_\_ DAY 15: \_\_\_\_\_ DAY 30: \_\_\_\_\_

2. *Did you feel unsteady, as if you would fall, while you were stepping up and down?*  
(Circle a number from 0 to 5, with 0 meaning you felt steady and balanced, 5 meaning you felt unsteady and as though you might fall.)

0      1      2      3      4      5

3. *Average pain level*

(Circle a number from 0 to 5, with 0 meaning no pain and 5 meaning the worst imaginable pain.)

0      1      2      3      4      5

4. *If you were in pain, where did you feel it?*

DAY 1: \_\_\_\_\_

DAY 15: \_\_\_\_\_

DAY 30: \_\_\_\_\_

## THE GET UP AND GO TEST

The Get Up and Go Test measures the ease and effort it takes to get up, walk a short distance, and return to a seated position. This test is commonly used by physical and occupational therapists to assess a person's gait, walking ability, and balance. Performance on this test is also seen as a strong indicator of a person's mobility. Repeat the same sequence each time you take this test.

1. Choose a set distance, such as 10 feet (3 meters) away from a chair.
2. Set a timer (or ask someone to time you).
3. Sit with your back against the chair.
4. Rise from a sitting position.
5. Walk the set distance.
6. Turn around.
7. Return to the chair and sit down.
8. Turn off the timer.

---

## TRACK YOUR PROGRESS

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1. *How long did it take you to complete the Get Up and Go Test? (seconds)*  
DAY 1: \_\_\_\_\_ DAY 15: \_\_\_\_\_ DAY 30: \_\_\_\_\_
2. *Did you use the support of an armrest, cane, table, or other to rise? (Y/N)*  
DAY 1: \_\_\_\_\_ DAY 15: \_\_\_\_\_ DAY 30: \_\_\_\_\_
3. *Did you feel unsteady, as if you would fall while you were getting up and down?*  
(Circle a number from 0 to 5, with 0 meaning you felt steady and balanced, 5 meaning you felt unsteady and as though you might fall.)  
0      1      2      3      4      5
4. *Average pain level during this exercise*  
(Circle a number from 0 to 5, with 0 meaning no pain and 5 the worst imaginable pain.)  
0      1      2      3      4      5
5. *Average pain level after this exercise*  
(Circle a number from 0 to 5, with 0 meaning no pain and 5 the worst imaginable pain.)  
0      1      2      3      4      5
6. *Where did you feel the pain?*  
DAY 1: \_\_\_\_\_  
DAY 15: \_\_\_\_\_  
DAY 30: \_\_\_\_\_

## THE WALKING TEST

This is not a very accurate test, as some days we are more energetic than others, but it is fun to take anyway.

Walk the same route each time, noting where you were after 10 minutes. As you do this test, keep these guidelines in mind:

1. Set a timer for 10 minutes.
2. Begin walking.
3. Walk as far as possible in 10 minutes.

4. Stop the timer after 10 minutes and see how far you have gone compared to your previous walk.

---

## TRACK YOUR PROGRESS

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1. *How much distance did you cover doing the Walking Test? (miles/kilometers)*  
DAY 1: \_\_\_\_\_ DAY 15: \_\_\_\_\_ DAY 30: \_\_\_\_\_
2. *Did you use the support of a cane or walking aid to complete this test? (Y/N)*  
DAY 1: \_\_\_\_\_ DAY 15: \_\_\_\_\_ DAY 30: \_\_\_\_\_
3. *Did you feel unsteady, as if you would fall while you were walking?*  
(Circle a number between 0 and 5, with 0 meaning you felt steady and balanced and 5 meaning you felt unsteady and as though you might fall.)  
0      1      2      3      4      5
4. *Average pain level during this exercise*  
(Circle a number from 0 to 5, with 0 meaning no pain and 5 the worst imaginable pain.)  
0      1      2      3      4      5
5. *Average pain level after this exercise*  
(Circle a number from 0 to 5, with 0 meaning no pain and 5 the worst imaginable pain.)  
0      1      2      3      4      5
6. *If you were in pain, where did you feel it?*  
DAY 1: \_\_\_\_\_  
DAY 15: \_\_\_\_\_  
DAY 30: \_\_\_\_\_

## MOBILITY AND FLEXIBILITY TESTS

These four tests—the Stand and Reach Test, the Sock Test, the Back Touch Test, and the Lie Down, Sit Up, Get Up Test—help us to become more conscious of the status of our current mobility and flexibility and how they change during the 30-day program. The movements tested mirror the kinds of movements we do in our everyday life and are a good indicator of the current health and chronological age of our body.



They can be a good wake-up call to notice how we've adapted to our sedentary way of life.

### Stand and Reach Test

This test evaluates the range of motion in your shoulders and your overall functional mobility level for daily tasks; it tests the strength and flexibility of the muscles of your spine and torso. We have many muscles running along the spine that offer support within each vertebra. If these muscles start to degrade, we can develop conditions such as arthritis, osteoporosis, and frozen shoulder. The strength and flexibility of these muscle groups (such as the latissimus dorsi, the deltoids, and the rotator cuff) can reduce pain in the back, neck, and shoulder areas. Freedom of movement and range of motion will help you in your daily life, such as reaching up into the cupboard or twisting to grab something off the back seat in the car.

Repeat the same variation each time you take this test. As you do this test, keep these guidelines in mind:

1. Stand facing a wall, about 1 foot away.
2. Extend your right arm up to touch the wall as high as you can.
3. Try reaching for something on the ceiling.
4. Use a pencil to mark how high you were able to reach.
5. Repeat with your other arm.

---

## TRACK YOUR PROGRESS

---

1. *How high could you reach while doing the Stand and Reach Test?*

DAY 1: \_\_\_\_ DAY 15: \_\_\_\_ DAY 30: \_\_\_\_

2. *Average pain level during this exercise*

(Circle a number from 0 to 5, with 0 meaning no pain and 5 the worst imaginable pain.)

0      1      2      3      4      5

3. *Average pain level after this exercise*

(Circle a number from 0 to 5, with 0 meaning no pain and 5 the worst imaginable pain.)

0      1      2      3      4      5

4. *Where did you feel the pain?*

DAY 1: \_\_\_\_\_

DAY 15: \_\_\_\_\_

DAY 30: \_\_\_\_\_

5. *How fatiguing was it to extend your arm upward?*

(Circle a number from 0 to 5, with 0 meaning no fatigue and 5 meaning exhausted.)

0      1      2      3      4      5

### The Sock Test

Putting our socks on can provide insight into the ways our body has changed with time. As deceptively simple as this act is, our ability to complete it can help us evaluate hip mobility, as well as many other things: overall strength, flexibility, range of motion, and motor control of your entire body. While there is no wrong and right way to put a sock on and take it off, doing this test can help you begin to analyze the ways in which your body may overcompensate or unconsciously avoid certain movements while completing a task. Use this test to become more conscious of this daily action; attach your mind to the movement.

1. Use a timer and start the timer when you begin.
2. Start with no socks on.
3. Put one sock on.
4. Put the other sock on.
5. Take the first sock off.
6. Take the other sock off.
7. Stop the timer.

---

## TRACK YOUR PROGRESS

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1. *Was this easy to do? (Y/N)*

DAY 1: \_\_\_\_\_ DAY 15: \_\_\_\_\_ DAY 30: \_\_\_\_\_

2. *How fast were you able to get through this exercise?*

DAY 1: \_\_\_\_\_ DAY 15: \_\_\_\_\_ DAY 30: \_\_\_\_\_

3. *Average pain level during this exercise*

(Circle a number from 0 to 5, with 0 meaning no pain and 5 the worst imaginable pain.)

0      1      2      3      4      5

4. *Average pain level after this exercise*

(Circle a number from 0 to 5, with 0 meaning no pain and 5 the worst imaginable pain.)

0      1      2      3      4      5

### The Back Touch Test

By doing daily exercises that involve rebalancing the shoulder joints and the rotator cuff muscles, we protect our range of motion and help to decrease our risk of pain. As we age, we want to avoid problems before they arise; we want to avoid pain and retain mobility. The Back Touch Test will help you evaluate the strength and flexibility of your rib cage and shoulders—which govern your ability to dress and groom yourself, reach into the back seat, even go to the bathroom. This test will chart your improvement after doing your daily workouts.

1. Touch your left shoulder with your right hand.
2. Touch your right shoulder with your right hand.
3. Touch your right waist with your right hand.
4. Touch your right lower spine with your right hand.
5. Touch your left shoulder blade with your right hand.
6. Repeat the test on the other side with the other hand.

---

## TRACK YOUR PROGRESS

---

1. *Did you use the assistance of your other arm to be able to reach any part of your back? (Y/N)*

DAY 1: \_\_\_\_\_ DAY 15: \_\_\_\_\_ DAY 30: \_\_\_\_\_

2. *Could you complete all the touches easily? (Y/N)*

DAY 1: \_\_\_\_\_ DAY 15: \_\_\_\_\_ DAY 30: \_\_\_\_\_

3. *Average pain level during this exercise*

(Circle a number from 0 to 5, with 0 meaning no pain and 5 the worst imaginable pain.)

0      1      2      3      4      5

4. *Average pain level after this exercise*

(Circle a number from 0 to 5, with 0 meaning no pain and 5 the worst imaginable pain.)

0      1      2      3      4      5

5. *Were you limited in your range of motion?*

DAY 1: \_\_\_\_\_

DAY 15: \_\_\_\_\_

DAY 30: \_\_\_\_\_

### The Lie Down, Sit Up, Get Up Test

It's easy to take movement for granted. But when we can't get out of a chair easily or pick ourselves up off the floor, we're in dire shape. These actions require you to have strength, flexibility, and muscle power relative to the weight of your body—especially in your larger muscle groups, such as your quads, glutes, and core. These movements also require that you have balance and motor coordination.

This test will provide a lot of insight into your ability to perform simple daily activities, such as retrieving something that falls under the bed or getting into and out of the bathtub without falling. Studies have shown that the ability to lie down on and get back up off the floor is a predictor of your longevity and can also be a very accurate indicator of your ability to live an independent life.<sup>20</sup>

1. Start a timer.
2. From a standing position, lie down on the floor.
3. Get back up.
4. Turn off the timer.

---

## TRACK YOUR PROGRESS

---

1. *How long did it take you to lie down on the floor and get back up?*

DAY 1: \_\_\_\_\_ DAY 15: \_\_\_\_\_ DAY 30: \_\_\_\_\_

2. *Did you use the assistance of a wall, chair, hands, or arms to be able to get down or up from the floor or the chair? (Y/N)*

DAY 1: \_\_\_\_\_ DAY 15: \_\_\_\_\_ DAY 30: \_\_\_\_\_

3. *If yes, which ones and how did you use them?*

DAY 1: \_\_\_\_\_

DAY 15: \_\_\_\_\_

DAY 30: \_\_\_\_\_

4. *Was your movement coordinated and controlled? (Y/N)*

DAY 1: \_\_\_\_\_ DAY 15: \_\_\_\_\_ DAY 30: \_\_\_\_\_

5. *Did you feel strong and confident during this exercise? (Y/N)*

DAY 1: \_\_\_\_\_ DAY 15: \_\_\_\_\_ DAY 30: \_\_\_\_\_

6. *Average pain level during this exercise*

(Circle a number from 0 to 5, with 0 meaning no pain and 5 the worst imaginable pain.)

0      1      2      3      4      5

7. *Average pain level after this exercise*

(Circle a number from 0 to 5, with 0 meaning no pain and 5 the worst imaginable pain.)

0      1      2      3      4      5

8. *Where did you feel limited in your range of motion?*

DAY 1: \_\_\_\_\_

DAY 15: \_\_\_\_\_

DAY 30: \_\_\_\_\_