

# WORLDWIDE SURVEY OF FITNESS TRENDS FOR 2016

## 10th Anniversary Edition

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### LEARNING OBJECTIVES

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

- the difference between a fad and a trend
- worldwide trends in the commercial, corporate, clinical (including medical fitness), and community health fitness industry
- expert opinions about identified fitness trends for 2016

#### Key words:

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

### INTRODUCTION

This annual survey of worldwide fitness trends is now in its 10th year, and this time with some very surprising results. In 2014, high-intensity interval training took over the no. 1 spot previously long-held by educated, certified, and experienced fitness professionals, which was in that position since 2008 and now appears at no. 5. Body weight training took over the no. 1 spot for 2015 but fell to no. 2 in 2016 behind newcomer wearable technology. The 2016 ACSM Worldwide Survey of Fitness Trends continues to support previous trends, with two additional trends appearing in the top 20: flexibility and mobility rollers and smart phone exercise apps. Some of the survey respondents still argue that a persistent sluggish economy has influenced the results of this survey and that training

programs requiring expensive equipment or technical instruction are not supported because of the increased cost. Others believe that the economy has rebounded, and new technologies have been introduced that provide instantaneous monitoring. Still others argue that previously popular Zumba®, indoor cycling, Pilates, and now boot camp have run their useful course and can no longer be called a trend. A huge disappointment to those who believe that the fitness industry should take the lead in the battle against childhood obesity is the loss of interest in specialized exercise programs for these children (this year, trend no. 24). Nevertheless, the results of this annual survey may help the health and fitness industry make some very important investment decisions for future growth and development. Important business decisions should be based on emerging trends embraced by health fitness professionals and not the latest exercise innovation marketed during late-night infomercials on television or the next hottest celebrity endorsing a product.

During the last 10 years, the editors of *ACSM's Health & Fitness Journal*® have disseminated this electronic survey to thousands of professionals worldwide to determine health and fitness trends. The results in this issue of the *Journal* will help guide health fitness programming efforts for 2016. The first survey (1), conducted in 2006 (for predictions in 2007), developed a systematic way to predict health and fitness trends, and surveys have been conducted annually ever since (2–9) using the same methodology. Because this was a survey of trends, respondents were asked to first make the very important distinction between a “fad” and a “trend.”

**Trend:** “a general development or change in a situation or in the way that people are behaving” (<http://dictionary.cambridge.org/us/>).

**Fad:** “a fashion that is taken up with great enthusiasm for a brief period” (<http://dictionary.reference.com/>).

These annual surveys of health fitness trends in the commercial (usually for-profit companies), clinical (including medical fitness programs), community (not-for-profit), and corporate divisions of the industry continue to confirm previously identified trends. Some of the trends first identified for 2007 have stayed at the top of the list since the first survey was published, whereas other new trends appear to be emerging for 2016 and still others have dropped out of the top 20. Future surveys will confirm these as new trends or they will fall short of making an enduring impact on the health fitness industry and drop out of the survey as a trend. Dropping out of the survey may indicate that what was once perceived to be a trend was actually a fad (note that Zumba, stability ball, indoor cycling, and Pilates have yet to reemerge as a trend). Wearable technology emerged as a developing trend for 2016.

The ACSM survey makes no attempt to evaluate gym equipment or other exercise machines that may appear in clubs or recreation centers or show up during late-night television infomercials, often seen during the winter holidays or the week prior to and a few weeks into the New Year. The survey has been designed to confirm or to introduce new trends (not fads) that have a perceived impact on the industry according to the international respondents. By using this survey construct, some of the trends identified in earlier surveys would quite naturally appear for several years. Likewise, fads may appear but will predictably drop off the list in subsequent years. The potential market impact of new equipment, exercise device, or program is not evaluated by this annual survey. Information provided in this survey is left entirely up to the readers to determine if it fits into their own business models and how to best use the information for possible market expansion. It is equally as important for the health and fitness industry to pay close attention to not only those trends appearing for the first time but also those that do not appear (e.g., boot camp, Zumba and other dance workouts, indoor cycling, worker incentive programs, and Pilates).

The potential benefits to commercial health clubs (those that are for-profit) is the establishment (or maybe the justification) of new markets, which could result in a potential for increased and more sustainable revenue. Community-based programs (typically not-for-profit) can use the results to continue to justify an investment in their own markets by providing expanded programs serving families and children. Corporate

wellness programs and medical fitness centers may find these results useful through an increased service to their members and to their patients. The health and fitness industry should apply this information to its own unique settings.

## THE SURVEY

There were 40 possible trends in the 2016 survey. The top 25 trends from previous years were included in the survey, as were some potentially emerging trends identified by the staff and editors of *ACSM's Health & Fitness Journal*®. To establish equity, the editors represent all four sectors of the health fitness industry (corporate, clinical, community, commercial), as well as academia. In the survey, potential trends were first identified. Then, a short explanation was written to offer the respondent a few details without inconveniencing them with too much reading, analysis, or interpretation. The survey was designed to be completed in 15 minutes or less. As an incentive to complete the survey, ACSM made available nine books published by *Wolters Kluwer/Lippincott Williams & Wilkins* or *Human Kinetics* and a \$100 MasterCard gift card. These incentives helped increase participation in the survey.

The 40 potential items on the survey were constructed using a Likert-type scale ranging from a low score of 1 (least likely to be a trend) to a high score of 10 (most likely to be a trend). After each scoring opportunity, space was allowed for the respondent to add comments. At the conclusion of the survey, additional space was left for the respondent to include comments or potential fitness trends left off the list to be considered for future surveys. The next step was to send the survey electronically to a defined list of health and fitness professionals (n = 26,933) using Survey Monkey ([surveymonkey.com](http://surveymonkey.com)). This list included current ACSM-certified professionals, ACSM Alliance members, nonmember *ACSM's Health & Fitness Journal*® subscribers, *ACSM's Health & Fitness Journal*® Associate Editors, and *ACSM's Health & Fitness Journal*® Editorial Board members. In addition, a link was posted on the journal's Web site, ACSM Journals Facebook page, and on the *ACSM's Health & Fitness Journal*® Twitter page.

After 3 weeks and two additional notices, 2,833 responses were received, which represent an excellent return rate of 11%, one that is very similar to the return rates from prior years. Responses were received from just about every continent and included the countries of Australia, Canada, China, France, Germany, Japan, India, Italy, Russia, Singapore, Taiwan, United Kingdom, and United States. Demographics of the survey respondents included 66% females across a wide variability in ages (Figure 1), with nearly half (46%) having more than 10 years of experience in the industry (Figure 2) and 23% with more than 20 years of experience. Almost 32% of the survey respondents earned an annual salary of more than \$50,000, which included 5% who earned more than \$100,000 a

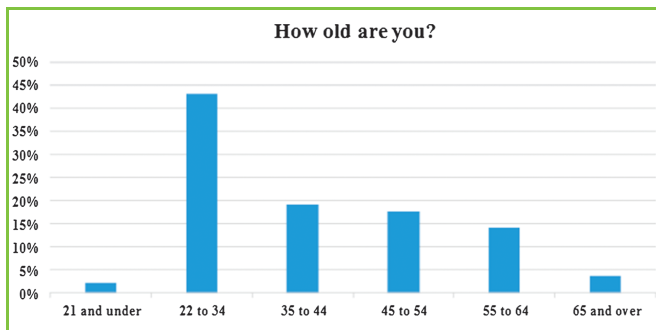


Figure 1. Age (in years) of survey respondents.

year (Figure 3). Respondents were asked to identify their occupations (Table 1), with 24% indicating that they were full-time or part-time personal trainers. When asked if they worked full time or part time, 62% indicated full time and 31% part time. The remaining respondents either worked between 20 and 40 hours a week or were full-time students who worked when they could, however inconsistently. Nearly 40% of the respondents said that this was their first job, whereas 35% said it was their second job after a career change. The remaining 28% said that they had worked more than two jobs before their current job. Figure 4 indicates where respondents work.

## SURVEY RESULTS

The first step in the analysis was to collate the responses and then to rank order them from highest (most popular trend) to lowest (least popular trend). Only the top 20 for 2016 are described in this report. After rank ordering the responses, four internationally recognized experts representing all sectors in the health and fitness industry commented on the findings. Their analysis and commentary are included at the end of this report. For a comparison of the top 10 trends from the past 9 years' surveys (1–9), please see the comprehensive comparison table online (available at <http://links.lww.com/FIT/A27>).

The same top trends identified in 2008 to 2012 appeared as top trends for 2013, just in a different order, with educated, certified, and experienced fitness professionals maintaining the no. 1 spot; fitness programs for older adults dropping to no. 6; and strength training remaining at no. 2. Introduced in 2013 for

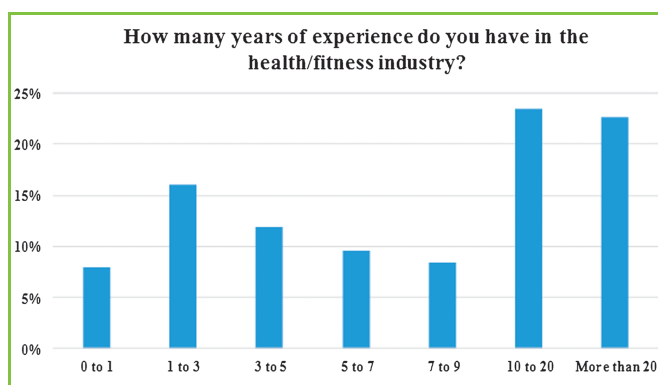


Figure 2. Years of experience reported by the survey respondents.

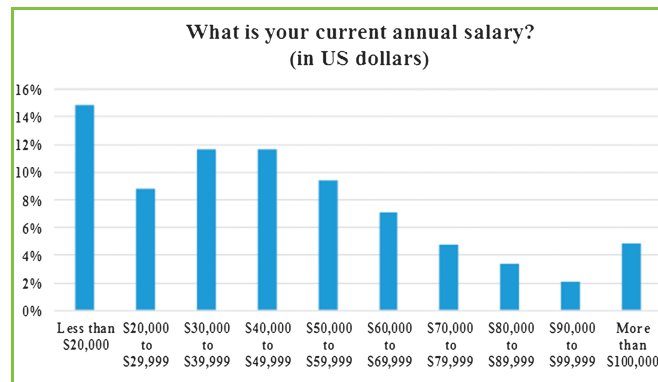


Figure 3. Annual salary of survey respondents.

the first time was body weight training, which landed at no. 2 in this year's survey. The 2016 survey results (Table 2) seem to reinforce the findings of previous years, which was expected when tracking trends and not fads. Remaining out of the top 20 trends for 2016 were Zumba, Pilates, and indoor cycling. New to the top 20 trends for 2016 are wearable technology (no. 1), flexibility and mobility rollers (no. 16), and smart phone exercise apps (no. 17).

**1. Wearable technology.** Introduced just a few years ago, wearable technology includes fitness trackers, smart watches, heart rate monitors, and GPS tracking devices. Examples include fitness and activity trackers like those from Misfit, Garmin, Jawbone, and Fitbit. The newly released Apple Watch® is another example. Some business analysts have predicted that the Apple Watch® will sell more than 485 million devices by the year 2018 (<https://www.abiresearch.com/>) and that the wearable technology market will approach \$6 billion dollars by 2016 (<https://technology.ihc.com/>). Trending in this part

## TABLE 1: Respondents' Occupation

Personal Trainer (part time)	14.12%
Personal Trainer (full time)	10.30%
Health Fitness Specialist (or equivalent)	7.71%
Health/Fitness Director	6.53%
Medical Professional (M.D./D.O., R.N., Physical Therapist, Occupational Therapist)	6.37%
Clinical Exercise Physiologist	6.33%
Professor	6.25%
Graduate Student	4.92%
Health/Wellness Coach	4.29%
Program Manager	4.17%
Undergraduate Student	3.78%
Owner/Operator	3.22%
Clinical Exercise Specialist (or equivalent)	2.71%
Group Exercise Leader	2.36%
Teacher	2.01%
Other	14.94%

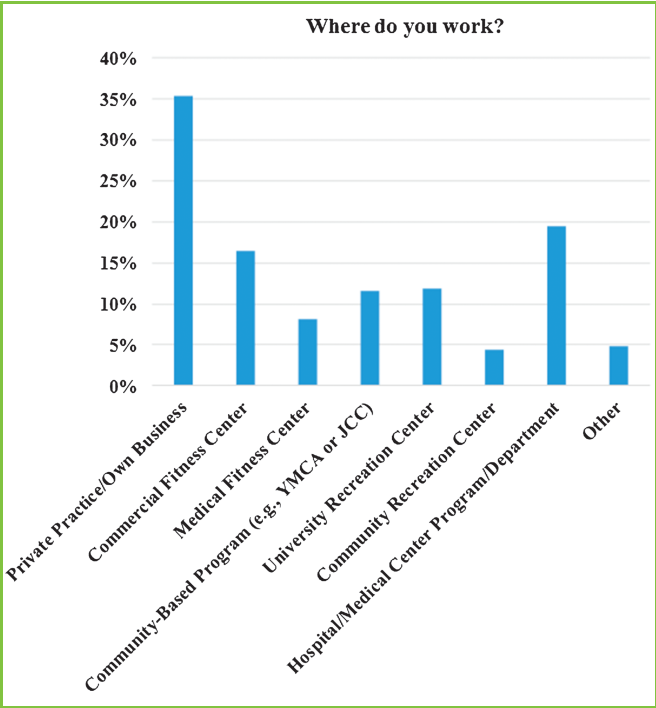


Figure 4. Where do you work?

of the industry today include smart glasses, with a predicted \$1.5 billion in sales (<http://www.juniperresearch.com/home>), and smart fabrics and interactive textiles, reaching sales approaching \$2.6 billion by 2017 (<http://www.strategyr.com/>). It seems as though the “back to basics” philosophy of the industry that was driven by the weak economy might be fading.



2016	
1	Wearable technology
2	Body weight training
3	High-intensity interval training (HIIT)
4	Strength training
5	Educated, certified, and experienced fitness professionals
6	Personal training
7	Functional fitness
8	Fitness programs for older adults
9	Exercise and weight loss
10	Yoga
11	Group personal training
12	Worksite health promotion
13	Wellness coaching
14	Outdoor activities
15	Sport-specific training
16	Flexibility and mobility rollers
17	Smart phone exercise apps
18	Circuit training
19	Core training
20	Outcome measurements

2. **Body weight training.** Appearing for the first time in the trends survey in 2013 (at no. 3) was body weight training, and it had taken over the top spot from last year’s first-time entry, high-intensity interval training. Body weight training did not appear as an option before 2013 because it only became popular (as a defined trend) in gyms around the world during the last couple of years. This is not to say that body weight training had not been used previously; in fact, people have been using their own body weight for centuries as a form of resistance training. But new packaging, particularly by commercial clubs, has now made it popular in all kinds of gyms. Typical body weight training programs use minimal equipment, which makes it a very inexpensive way to exercise effectively. Most people think of body weight training as being limited to push-ups and pull-ups, but it can be much more than that. As the no. 1 position in the survey suggested last year, body weight training is a trend to watch for the future.
3. **High-intensity interval training.** Falling from the top spot in the 2015 survey, high-intensity interval training typically involves short bursts of high-intensity exercise followed by a short period of rest or recovery and typically takes less than 30 minutes to perform (although



it is not uncommon for these programs to be much longer in duration). While being offered as a possible trend in previous surveys but not making the top 20, high-intensity interval training was no. 1 in the survey for 2014 despite the warnings of many survey respondents about potential dangers. Many of the comments claimed that clients liked this kind of program for a short time then were looking for something else, whereas others warned that it was very popular but were concerned with a potentially high injury rate. Others working with clinical populations said that they would like to try it with their patients but would substitute high intensity with moderate intensity. Despite the warnings by some health and fitness professionals of potentially increased injury rates using high-intensity interval training, this form of exercise remains popular in gyms all over the world.

4. **Strength training.** Strength training remains popular in all sectors of the health and fitness industry and for many different kinds of clients. Strength training dropped to no. 4 in last year's survey and maintains that position for 2016 after being at the no. 2 position for 2 years but has been a strong trend since the first year of this survey. Many younger clients of both community-based programs and commercial clubs train exclusively using weights. Today, however, there are many other individuals (men and women, young and old, children, and patients with a stable chronic disease) whose main focus is on using weight training to improve or maintain strength. Many contemporary health and fitness professionals incorporate some form of strength training into a comprehensive exercise routine for their clients and patients. It is not uncommon at all for cardiovascular and pulmonary rehabilitation or metabolic disease management programs to include weight training in the exercise programs for their patients.



## 5. **Educated, certified, and experienced fitness professionals.**

Falling to no. 3 last year and to no. 5 this year, this is a trend that continues now that there are accreditations offered by national third-party accrediting organizations for health and fitness and clinical exercise program professionals. There continues to be exponential growth of educational programs at community colleges and colleges and universities that have become accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP, [www.caahep.org](http://www.caahep.org)) through the Committee on Accreditation for the Exercise Sciences ([www.coaes.org](http://www.coaes.org)) and more certification programs independently accredited by the National Commission for Certifying Agencies (NCCA, [www.credentialingexcellence.org/NCCA](http://www.credentialingexcellence.org/NCCA)). The U.S. Department of Labor Bureau of Labor Statistics predicts "...employment of fitness trainers and instructors is expected to grow by 13% from 2012 to 2022" (<http://www.bls.gov/ooh/personal-care-and-service/fitness-trainers-and-instructors.htm>, cited July 29, 2015). As the economy continues to grow and as the market for fitness professionals becomes even more crowded and more competitive, interest in some degree of regulation either from within the industry or from external sources (*i.e.*, government) seems to be expanding. CAAHEP and NCCA are both third-party accrediting agencies; CAAHEP for academic programs and NCCA for certification programs. In 2007, CAAHEP added a Personal Fitness Trainer accreditation for certificate (1 year) and associate (2 years) degree programs. The accreditation for the academic training of the Personal Fitness Trainer joined academic program accreditation for Exercise Science (baccalaureate) and Exercise Physiology (graduate programs in either applied exercise physiology or clinical exercise physiology). Recently, the not-for-profit Coalition for the Registration of Exercise Professionals (CREP) was created by organizations that offer NCCA-accredited exercise certifications. CREP maintains the U.S. Registry of Exercise Professionals, which is recognized internationally. For more information, contact [info@usreps.org](mailto:info@usreps.org).

6. **Personal training.** As more professional personal trainers are educated and become certified (see trend no. 5), they are increasingly more accessible in all sectors of the health and fitness industry. Personal training has been in the top 10 of this survey for the past 9 years. Attention recently has been paid to the education (through third-party accreditation of CAAHEP) and certification (through third-party accreditation by NCCA) of personal trainers. Legislation has been introduced to license personal trainers in a number of states and the District of Columbia (California, New Jersey, Massachusetts, Georgia, and several others). While there have been some minor variations of personal training (*e.g.*, small groups

as opposed to one-on-one), respondents to this survey believe that personal trainers will continue to be an important part of the professional staff of health and fitness centers. Personal trainers are employed by community-based programs, in commercial settings, in corporate wellness programs, and in medical fitness programs or are self-employed and work independently.

**7. Functional fitness.** Replicating actual physical activities someone might do as a function of his or her daily routine, functional fitness is defined as using strength training to improve balance, coordination, force, power, and endurance to enhance someone's ability to perform activities of daily living. Functional fitness first appeared on the survey in the no. 4 position in 2007 but fell to no. 8 in 2008 and no. 11 in 2009. It reappeared in the top 10 for 2010 at no. 7 and in 2011 as no. 9. In 2012, functional fitness was no. 10 and, in 2013 and 2014, it was no. 8. Last year, this trend was no. 9. Some of the survey respondents said that they typically pair functional fitness with fitness programs for older adults (see trend no. 8) depending on the needs of the client. Functional fitness also is used in clinical programs to replicate activities done around the home.

**8. Fitness programs for older adults.** Health and fitness professionals should take advantage of this exponentially growing market by providing age-appropriate and safe exercise programs for the aging sector of the population. The highly active older adult (the athletic old) can be targeted by commercial and community-based organizations to participate in more rigorous exercise programs including strength training and team sports. Even the frail elderly can improve their balance and ability to perform activities of daily living when provided appropriate functional fitness activities. It is assumed that people who are retired not only have greater sums of discretionary money but also have a tendency to spend it more wisely and may have more time to engage in an exercise program. Health and fitness professionals should consider developing fitness programs for people of retirement age and use the time during the day when most gyms are underutilized (typically between 9 and 11 a.m. and 2 and 4 p.m.). The concern for the health of aging adults has been consistently at the top of this survey, and this year is no different. The "baby boom generation" is now aging into retirement, and because they may have more discretionary money than their younger counterparts, fitness clubs should capitalize on this exponentially growing market. Fitness programs for older adults will remain a strong trend for 2016.

**9. Exercise and weight loss.** The combination of exercise and weight loss is a trend toward incorporating weight

loss programs that emphasize caloric restriction with a sensible exercise program. Exercise in weight loss programs has been a trend since the survey began. In 2009, "exercise and weight loss" was ranked no. 18, moving to no. 12 in 2010, no. 7 in 2011, and no. 4 in 2012; and in 2013, the no. 5 spot. In 2014, this trend was ranked no. 6 and remained at no. 6 for 2015. Organizations, particularly those that are for-profit and are in the business of providing weight loss programs, will continue to incorporate regular exercise as well as caloric restriction for weight control according to the 2016 survey. The combination of exercise and diet is essential for weight loss maintenance and can improve compliance to caloric restriction diets and in particular weight loss programs. Most of the well-publicized diet plans integrate exercise in addition to the daily routine of providing prepared meals to their clients.

**10. Yoga.** Moving slightly down the list for 2016 is yoga after occupying the no. 7 spot last year. Yoga appeared in the top 10 in this survey in 2008, fell out of the top 20 in 2009, but seemed to make a comeback in the 2010 (no. 14) and 2011 surveys (no. 11). In 2012, yoga was no. 11 on the list, falling to no. 14 in 2013 and up to no. 7 in 2015. Yoga comes in a variety of forms, including Power Yoga, Yogalates, and Bikram Yoga (the one done in hot and humid environments). Other forms of yoga include Iyengar Yoga, Ashtanga, Vinyasa Yoga, Kripalu Yoga, Anuara Yoga, Kundalini Yoga, and Sivananda Yoga. Instructional tapes and books are abundant, as are the growing numbers of certifications for the many yoga formats. Yoga seems to reinvent and refresh itself every year, making it a more attractive form of exercise.



- 11. Group personal training.** Group personal training will continue to be a popular trend in 2016. The personal trainer will continue to provide the personal service clients expect from one-to-one training but now in a small group typically of two to four. This approach offers potentially deep discounts to each member of the group and creates an incentive for clients to put small groups together. In 2007, group personal training was no. 19 on the list. In 2008, it rose slightly to no. 15 but dropped again in 2009 to no. 19 and improved to no. 10 in 2010. In 2011, group personal training was no. 14 on the survey, no. 8 in 2012, no. 10 in 2013, no. 9 in 2014, and no. 10 in 2015. In these challenging economic times, personal trainers are being more creative in the way that they package personal training sessions and how they market themselves. Training two or three people at the same time in a small group seems to make good economic sense for both the trainer and the client.
- 12. Worksite health promotion.** Designed to improve the health and well-being of employees, this is a trend for a range of programs and services that evaluate health, health care costs, and worker productivity. Once a need is determined, worksite health promotion professionals build programs based on greatest need. Many of these programs are physically housed within the company or corporation campus, whereas other programs contract with independent commercial or community-based programs. Within the context of health care reform in the United States and rising health care costs, worksite health promotion programs may take on additional importance in the future.
- 13. Wellness coaching.** Wellness coaching was listed at no. 17 in 2014, no. 13 in 2015, and remains at no. 13 for 2016. It has been in the top 20 since 2010. Wellness coaching integrates behavioral change science into health promotion, disease prevention, and rehabilitation programs. Wellness coaching often uses a one-on-one approach similar to a personal trainer, with the coach providing support, guidance, and encouragement. The wellness coach focuses on the client's values, needs, vision, and goals. According to the 2016 trends survey (and results from past surveys), it appears as though some personal trainers and other health and fitness professionals are now adopting wellness coaching and its principled techniques of behavior change.
- 14. Outdoor activities.** Outdoor activities often include hiking, canoeing, kayaking, and games or sports. Outdoor activities also can include high-adventure programs such as overnight camping trips and mountain climbing. This more recent trend for health and fitness professionals to offer outdoor activities for their clients began in 2010. In that year, "outdoor activities" was no. 25 in the annual survey and, in 2011, it ranked no. 27. In 2012, "outdoor activities" was no. 14 and, in 2013, "outdoor activities" was ranked no. 13; in 2014, it was no. 14; and in 2015, it was no. 12. Outdoor activities can be done with family and friends, with a group, or by yourself. Some personal trainers use outdoor activities as a form of small-group personal training.
- 15. Sport-specific training.** Falling from a top 10 spot (no. 8) in 2010, sport-specific training dropped to no. 16 for 2011 and no. 17 for 2012, dropped out of the top 20 in 2013, and reappeared as no. 18 in 2014 and no. 16 for 2015. For 2016, sport-specific training is ranked at no. 15. This trend incorporates sport-specific training for sports such as baseball and tennis, designed especially for young athletes. For example, a high school athlete might join a commercial or community-based fitness organization to help develop skills during the off-season and to increase strength and endurance specific to that sport, something like functional fitness for sport performance. This is an interesting trend for the health and fitness industry to watch during the next few years because of the fall to no. 17 for 2012 from its relative popularity in 2010 and then rebounding a bit in 2014, 2015, and again for 2016. Sport-specific training could possibly attract a new market or underserved market to commercial and community clubs as well as offer a different kind of service that could lead to increased revenues.
- 16. Flexibility and mobility rollers.** Designed to massage, relieve muscle tightness and muscle spasms, increase circulation, ease muscular discomfort, and assist in the return to normal activity, these devices include the deep tissue roller, myofascial release, and trigger point relief. Rollers have been designed for the low back, hips, and for larger muscle groups such as the hamstrings and the gluteals. Some rollers are made of foam while others are hard rubber depending on the desired effect. It was interesting to observe these kinds of programs trending positively for 2016. Although the research is not abundant, there seems to be a growing market for these specialized devices. Fad or trend, only time will tell.
- 17. Smart Phone Exercise Apps.** Available for the iPhone®, iPad®, and Android, smart phone exercise apps such as the Nike Training Club (free app) includes audio and visual prompts to begin and end exercise and includes cues. Other apps are the Endomondo Pro (\$3.99 iPhone® and Android) and Yoga With Janet Stone (\$4.99 iPhone® and iPad®) among numerous others. Some of these apps can track progress across time and can provide real-time



feedback. These apps have been questioned about how accurate they are, but they have become increasingly popular with younger gym members or people who exercise regularly outdoors or wish to track their physical activity while doing activities of daily living. As the accuracy improves, these apps specific to smart phones may be the future of monitoring exercise progress.

**18. Circuit training.** Circuit training appeared in 2013 (no. 18) for the first time in the top 20 trends and, in 2015, occupied the no. 14 position, up from no. 15 in 2014. Some respondents pointed out that circuit training is similar to high-intensity interval training but at a much lower intensity. Circuit training is a group of 6 to 10 exercises that are completed one after another and in a predetermined sequence. Each exercise is performed for a specified number of repetitions or for a set period before having a quick rest and moving on to the next exercise. Circuit weight training has been around for a long time, and it seems to continue to be popular.

**19. Core training.** Core training stresses strength and conditioning of the stabilizing muscles of the abdomen, thorax, and back. It typically includes exercises of the hips, lower back, and abdomen, all of which provide support for the spine and thorax. Exercising the core muscles improves overall stability of the trunk and transfers that to the extremities, enabling the individual to meet the demands of activities of daily living and for the performance of various sports that require strength, speed, and agility. Core training often uses stabilizing devices such as exercise balls, BOSU balls, wobble boards, and foam rollers. From 2007 to 2010, core training was in the top 5 of the fitness trends. Since 2010, it has been dropping to now occupy the 19th spot in 2016.

**20. Outcome measurements.** Outcome measurements as a trend had not appeared in the top 20 for several years but reappeared in 2013 at no. 17, no. 16 in 2014, no. 18 in 2015, and now no. 20. A trend that addresses accountability, outcome measurements are efforts to define and track measureable results to prove that a selected program actually works. Measurements are necessary to determine the benefits of health and fitness programs in disease management and to document success in changing negative lifestyle habits. The proliferation of new technology (particularly smart phones, smart watches, and wearable technology) has aided in data collection to support these efforts. Accountability to owners and operators of health and fitness facilities provides important metrics to determine if new programs are cost-effective and if old programs are actually working.

## WHAT'S OUT FOR 2016?

Dropping out of the top 20 for 2016 were children and exercise for the treatment/prevention of obesity, worker incentive programs, and boot camp. Demonstrating the biggest decrease in last year's survey, dropping from the top 5 in every survey between 2007 and 2013 and appearing at no. 11 in 2014 and no. 17 for 2015, are exercise programs specifically aimed at children and weight loss. Childhood and adolescent obesity continues to be a major health issue in most developed and developing nations and is important because of its association with other medical issues such as diabetes and hypertension. Programs for children are a potential new market for commercial and community-based organizations but do not seem to have been trending well in the industry.

Appearing for the first time in the survey's top 20 in 2011, worker incentive programs remained in the top 20 for 2012, 2013, and 2014, was no. 19 in the 2015 survey, and now not in the top 20. This is a trend that creates incentive programs to stimulate positive healthy behavior change as part of employer-based health promotion programming and health care benefits. Worker incentive programs are associated with the trend to provide worksite health promotion programs in an attempt to reduce health care costs.

After first appearing in the 2008 survey at no. 26, boot camp was no. 23 in 2009, no. 16 in 2010, and no. 8 in 2011 but fell to no. 13 in 2012 and no. 16 in 2013. In 2014, boot camp was no. 20 and remained in that spot for 2015. Boot camp is typically a high-intensity structured activity patterned after military-style training. Boot camp includes cardiovascular, strength, endurance, and flexibility drills and usually involves both indoor and outdoor exercises typically led by an enthusiastic instructor. Boot camps also can combine sports-type drills and calisthenics. Perhaps now that the worldwide economy has gotten better, these "back to basics" exercise programs may be a thing of the past.

## SUMMARY

Consistent with the previous nine ACSM worldwide surveys, some new trends from last year were embraced (*e.g.*, body weight training and high-intensity interval training), others were once again supported (*e.g.*, educated and certified health fitness professionals), and still others failed to make the top 20 trends (postrehabilitation classes, worker incentive programs, exercise programs specifically for overweight and obese children, balance training, boot camp, indoor cycling, Pilates, running clubs, water workouts, Groupon, stability ball, and Zumba). Trends have been defined as a general development that takes some time and then stays for a period (usually described as a behavior change), whereas a fad comes and goes. In the top 20 fitness trends for 2016, 17 have been on the list in previous years. Taking over the top spot from body weight training and high-intensity interval training is wearable technology. It will be very interesting to watch wearable technology during the next year to see if it is truly a trend or a fad. Pilates, indoor cycling, balance training, and use of the stability ball continue to exist in the health and fitness



industry but with not as much popularity according to the ACSM trends survey.

## INTERNATIONAL EXPERTS COMMENT ON 2016 TRENDS



**Stella Lucia Volpe, Ph.D., R.D., L.D.N., FACSME**, is professor and chair of the Department of Nutrition Science at Drexel University, Philadelphia, PA. Dr. Volpe is an associate editor of *ACSM's Health & Fitness Journal*®. Dr. Walt Thompson wrote an excellent article on the 2016 Fitness Trends,

which happens to be celebrating its 10th anniversary. He first comments on the difference between trends and fads, which are important to distinguish in the exercise field. In this year's 10th anniversary edition, a number of trends emerged; Dr. Thompson discusses the top 20 trends that came from the survey, which has been effectively used for 10 years. I will comment on the top five trends. In our technology-driven era, I was not surprised to see that wearable technology was listed as the first trend. The fact that body weight training was second demonstrates that people are aware that weights are not necessarily required for effective resistance training. As Dr. Thompson stated, "Most people think of body weight training as being limited to push-ups and pull-ups, but it can be much more than that." High-intensity interval training came in third place this year, after being in second place last year. Although strength training was in second place for 2 years, it has now remained in fourth place for 2 years and likely will remain high on the list. Strength training seems to be common among all sectors of training: children, older adults, individuals with chronic diseases, and competitive athletes. Having educated, certified, and experienced fitness professionals finish up the top 5 for 2016 is encouraging. As an ACSM Certified Clinical Exercise Physiologist, I value the importance of having properly credentialed fitness professionals, and I am glad to see those who took the survey also value this.



**Bridget A. Peters, Ph.D., SEACSM student representative (2014-2016), medical student, Edward Via College of Osteopathic Medicine, Spartanburg, SC.** The benefits of regular exercise are well documented. However, nearly 160 million Americans are either obese or at risk of obesity. This indicates the ongoing need for new and innovative ways to

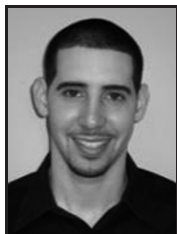
engage the population in regular exercise activities. In its 10th year of publication, ACSM's Worldwide Survey of Fitness Trends continues to serve as the leading authority on health and fitness trends and a primary mechanism for the fitness industry to better serve its consumers in the coming year. It is not surprising that this

year's survey results indicate wearable technology as the no. 1 trend. This supports the increased marketing and sales of gadgets engineered to make daily activity easier. In conjunction with the widespread incorporation of technology into daily fitness activities, the use of wearable technology aligns with the multifaceted initiative of ACSM's Exercise is Medicine® (EIM) initiative, which encourages primary physicians and other health and fitness providers to design treatments that are individualized. One major push for technology within the EIM initiative is physical activity and digital health, which incorporates technology as a tool to both engage the population and track participation as well as outcomes of interventions. Additional trends such as body weight training (no. 2) and outdoor activities (no. 14) seem to align with the push for cost-effective methods of exercise, whereas personal training (no. 6) and wellness coaching (no. 13) align with our desire to personalize exercise regimens. Lastly, I believe that the survey results accurately depict the larger-scale ways the overall population is becoming conscientious with regard to personal health.



**James W. Stinear Ph.D., academic director, Clinical Exercise Physiology Programs, University of Auckland, New Zealand.** For this 10th anniversary survey, it seems somehow fitting that wearable technology is ranked no. 1. This somewhat unsurprising result raises a number of important questions. Is wearable technology part of the apparently insatiable trend

to own the latest "high-tech" gadget? Are these devices attractive because they provide users with instant data (*i.e.*, part of the "instant gratification" syndrome)? Are their data accurate measures of exercise outcomes? Will wearable technology make clients less dependent on their personal trainers and clinical exercise physiologists? Will wearable technology address the major concern facing public health authorities in the developed world? That is, will it help us find a way to motivate everyone to exercise-for-life and eliminate physical inactivity from the community? Regardless of the most effective system for improving one's body shape or reducing the risk of metabolic, cardiac, or degenerative disease, what matters most to society is slowing the alarming increase in rates of morbidity and mortality linked to physical inactivity. To achieve this, people need to be motivated to exercise. If wearable technology is the answer to the problem or even part of the answer (and I think it is), we should find an upward trend in the use of wearable technology in future surveys that can be linked to a slowing of morbidity and mortality rates related to noncommunicable diseases. We will have to wait and see. Meanwhile, we need to do everything we can to increase the number of trainers and allied health professionals who use exercise to enhance the community's fitness and reduce rates of morbidity and mortality.



**Eduardo E. Bustamante, Ph.D., assistant professor, Department of Kinesiology and Nutrition, University of Illinois at Chicago; chair, ACSM's *Ad Hoc* Committee on Diversity Action; director, ACSM's Leadership & Diversity Training Program.**

Reading the annual Worldwide Survey of

Fitness Trends for the past decade, one of the most exciting developments has been its continuous growth in invited certified professionals (4,000 in 2006 vs. 27,000(!) this year), respondents (500 in 2006 vs. ~3,000 this year), and list of participating countries. This growth is heartening because the fitness industry exists at the intersection of what is profitable (and thus sustainable) and what promotes health. It is easier to make a profit selling fat, drugs, sugar, and screen time than physical activities that are healthy but often inconvenient, sometimes painful, and carry largely distant and preventive rewards. We have done a fantastic job of educating the public about the need for, and benefits of, physical activity. Yet, the proportion of the population that is sufficiently active has been stuck at 25% for decades. The trends reported in this decennial survey include brilliant strategies for getting people moving. Its results represent the wisdom of the crowd, and an empirically supported rule of thumb is that diverse crowds always predict more accurately than the average of the individuals (and often better than experts!). Thus, it would be logical to apply one or more of these trends to your setting. However, I would like to nudge you in a different direction. Across sectors, to the innovator go the spoils and a leader does not ask which way the crowd is going so he/she may follow it. In this spirit, I urge you to view these trends as ingredients for obliterating the 25% ceiling. Combine them thoughtfully, systematically, iteratively, and *imaginatively*, and a decade from now, we will have dramatically improved both the public's health and the fitness industry's profitability.

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## References

1. Thompson WR. Worldwide survey reveals fitness trends for 2007. *ACSM's Health Fitness J.* 2006;10(6):8–14.
2. Thompson WR. Worldwide survey reveals fitness trends for 2008. *ACSM's Health Fitness J.* 2007;11(6):7–13.
3. Thompson WR. Worldwide survey reveals fitness trends for 2009. *ACSM's Health Fitness J.* 2008;12(6):7–14.
4. Thompson WR. Worldwide survey reveals fitness trends for 2010. *ACSM's Health Fitness J.* 2009;13(6):9–16.
5. Thompson WR. Worldwide survey reveals fitness trends for 2011. *ACSM's Health Fitness J.* 2010;14(6):8–17.
6. Thompson WR. Worldwide survey reveals fitness trends for 2012. *ACSM's Health Fitness J.* 2011;15(6):9–18.
7. Thompson WR. Worldwide survey reveals fitness trends for 2013. *ACSM's Health Fitness J.* 2012;16(6):8–17.
8. Thompson WR. Now trending: worldwide survey of fitness trends for 2014. *ACSM's Health Fitness J.* 2013;17(6):10–20.
9. Thompson WR. Worldwide survey of fitness trends for 2015: what's driving the market. *ACSM's Health Fitness J.* 2014;18(6):8–17.

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## BRIDGING THE GAP

The 2016 worldwide survey of fitness trends is now in its 10th consecutive year. It helps the health and fitness industry make critical programming and business decisions. The results are applicable to all four sectors of the health and fitness industry (commercial for-profit clubs, clinical or medical fitness programs, corporate wellness programs, and community-based not-for-profit fitness programs). Although no one can accurately predict the future of any industry, this survey helps track trends in the field that can assist owners, operators, program directors, and personal trainers with making important business decisions.