

WORLDWIDE SURVEY OF FITNESS TRENDS FOR 2017

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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 2017.

Key words: Commercial, Clinical, Corporate, Community, Expert Opinions, Future Programs

INTRODUCTION

This annual survey of worldwide fitness trends is now in its 11th year. In 2017, some emerging results from the last 3 years have been confirmed, and two new trends are in the top 10. In 2014, high-intensity interval training (HIIT) was ranked no. 1, the position that had been held for a long time (starting in 2008) by educated, certified, and experienced fitness professionals, which moved to no. 4 in 2016 and is now no. 5 for 2017. Body weight training took over the no. 1 spot in 2015 and fell to no. 2 in 2016 behind wearable technology, which remains no. 1 for 2017. The 2017 survey continues to support 18 of the previous top 20 trends from 2016, with two additional trends appearing in the top 20: group exercise programs and Exercise is Medicine®. Some of the survey respondents believe that the economic downturn starting in 2008 influenced the industry to find less expensive fitness delivery systems although others commented that the recent more positive economy has influenced the results. Many respondents believe that the economy has rebounded sufficiently that newer technologies have been introduced that provide instantaneous monitoring and feedback. Still, others argue that the previously popular Zumba® (no. 39), indoor cycling (no. 24), Pilates (no. 33), boot camp (no. 30), and indoor rowing (no. 41) are not as popular and can no longer be called trends. Although many fitness facilities are more oriented to adults, the lack of interest for specific fitness programs continues to be a huge disappointment in the battle against childhood obesity. In 2016, specialized exercise programs for these kids was the no. 24 trend and in 2017, it ranked no. 28. 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 can be based on these emerging trends identified by health and fitness professionals and not on the latest exercise innovation marketed during late night television infomercials or the next hot celebrity endorsing a product.

For the last 11 years, the editors of *ACSM's Health & Fitness Journal*® have circulated this electronic survey to thousands of professionals around the world to determine health and



fitness trends. The survey in this issue of the *Journal* helps to guide health fitness programming efforts for 2017 and beyond. The first survey (1), conducted in 2006 (predictions for 2007), introduced a systematic way to predict health and fitness trends, and surveys have been done annually since that time (2–10) using the same methodology. Because this is a survey of trends, respondents were asked to first make the very important distinction between a *trend* and a *fad*.

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, such as educated, certified, and experienced fitness professionals and strength training, have stayed near the top of the list since the first survey was published. Other new trends seem to be emerging for 2017 (group exercise programs and Exercise is Medicine), and still others have dropped out of the top 20 (core training and sport-specific training). In the future, surveys will either confirm these as new trends or they will fall short of making a sustaining impact on the health and fitness industry and drop out of the survey. Dropping out of the survey may indicate that what was once perceived to be a trend actually was a fad (note that Zumba®, indoor cycling, and Pilates continue to slip as international trends). Wearable technology emerged as a developing trend for 2016 and remains that way for 2017.

As in previous years, the ACSM survey makes no attempt to evaluate products, equipment, gym apparatus, hardware, software, tools, or other exercise machines that may appear in clubs or recreation centers or in television infomercials. The survey was designed to confirm or to introduce new trends (not fads) that have a perceived positive impact on the industry according to the international respondents. By using this survey construct, some of the trends identified in earlier surveys could predictably appear for several years. Likewise, fads may appear but unsurprisingly will drop off the list in subsequent years. The potential market impact of new equipment, an exercise device, or program is not evaluated by this annual survey. It is left entirely up to the readers to determine if the information provided in this survey fits into their own business models and how to best use the information for potential 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 to those that do not appear (e.g., boot camp, Zumba® and other dance workouts, indoor cycling, worker incentive programs, and Pilates).

The benefits to commercial health clubs (those that are for profit) is the establishment (or maybe the justification)

of potential new markets, which could result in increased and more sustainable revenue. Community-based programs (typically not for profit) can use these 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 patients. The health and fitness industry should carefully and thoughtfully apply this information to its own unique setting.

THE SURVEY

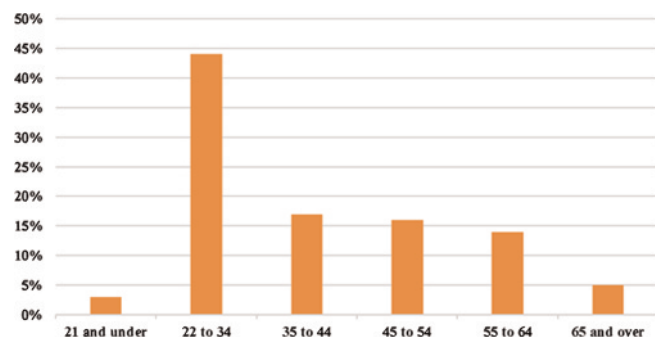
There were 42 possible trends in the 2017 survey. The top 25 trends from previous years were included in the survey, as were some potentially emerging trends identified by the editors of *ACSM's Health & Fitness Journal*®. To try and establish equity, the editors represent all four sectors of the health fitness industry (corporate, clinical, community, commercial), as well as academia. In the survey, potential trends were identified, followed by a short explanation 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, the editors made available nine ACSM books published by Wolters Kluwer/Lippincott Williams & Wilkins and Human Kinetics as well as a \$100 MasterCard gift card. These incentives were designed to help increase participation in the survey. Turn to page 25 to see the prize winners from this year's survey.

The survey was 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 additional comments. At the conclusion of the survey, more 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. Using SurveyMonkey (www.surveymonkey.com), the online survey was sent to 24,296 health fitness professionals. 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, 1,801 responses were received, which represents a good return rate of 8%, which is similar to previous surveys. Responses were received from just about every continent and included the countries of Australia, the United Kingdom, Canada, Germany, India, Italy, Singapore, Taiwan, Venezuela, Switzerland, Jamaica, South Africa, Bermuda, Greece, Finland, and the United States. Demographics of the survey respondents included 66% women across a wide variability in ages (Figure 1) and nearly half (45%) having more than 10 years of experience in the industry (Figure 2)

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



and 24% with more than 20 years of experience. Almost 33% of the survey respondents earned an annual salary of more than \$50,000, which included 6% who earned more than \$100,000 a year (Figure 3). Respondents were asked to identify their occupations (Table 1), with 23% indicating that they were full-time or part-time personal trainers. When asked if they worked full time or part time, 64% indicated full time and 29% part time (less than 20 hours per week). The remaining respondents either worked between 20 hours a week and 40 hours a week or were full-time students who worked when they could, however inconsistently. Of the respondents, 37% said that this was their first job, whereas 31% said it was their second job because of a career change. The remaining 31% 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 survey 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 2017 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.

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

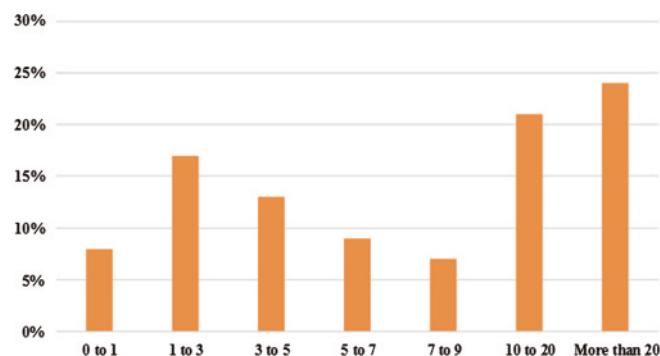
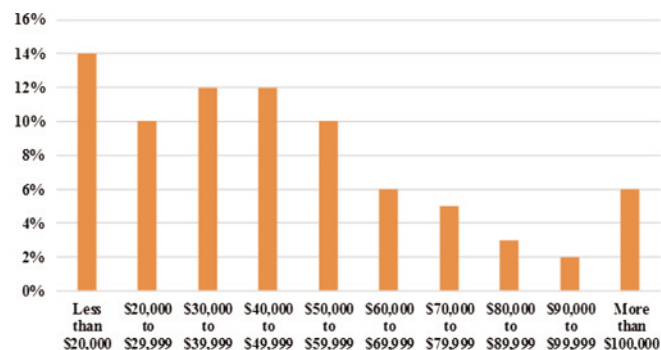


Figure 3. Annual salary of survey respondents (in U.S. dollars).



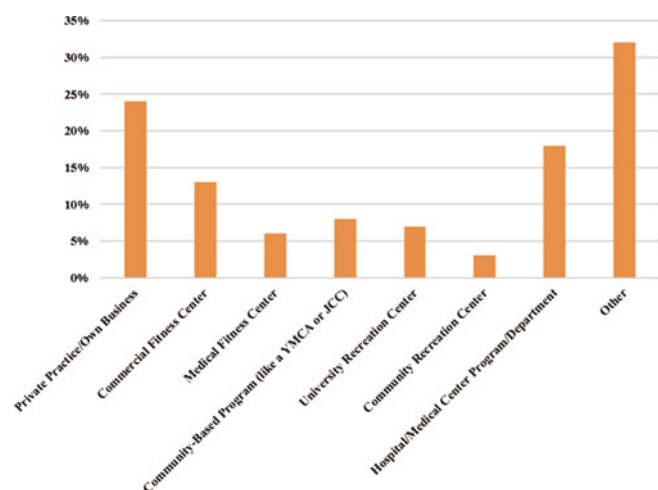
For a comparison of the top 10 trends from the past 10 years' surveys (1–10), please see the comprehensive comparison table online (available at <http://links.lww.com/FIT/A40>).

The 2017 survey results (Table 2) seem to reinforce the findings of previous years, which was expected when tracking trends and not fads. New to the top 20 trends identified for 2017 are group exercise training and Exercise is Medicine (defined as a global health initiative for the purposes of this survey and not as an ACSM program). Missing from the top 20 trends for 2017 are core training (no. 19 in the 2016 survey) and sport-specific training (no. 15 in last year's survey).

TABLE 1: Respondent's Occupation

Personal trainer (part time)	13.15%
Personal trainer (full time)	9.47%
Health fitness specialist (or equivalent)	8.36%
Health/fitness director	7.07%
Medical professional (M.D./D.O., R.N., physical therapist, occupational therapist)	4.49%
Clinical exercise physiologist	7.74%
Professor	7.62%
Graduate student	5.84%
Health/wellness coach	4.30%
Program manager	4.73%
Undergraduate student	2.70%
Owner/operator	2.46%
Clinical exercise specialist (or equivalent)	1.72%
Group exercise leader	2.77%
Teacher	1.78%
Registered dietitian (RD, RDN, LD)	1.35%
Other (please specify)	14.44%

Figure 4. Where do you work?



1. **Wearable technology.** Wearable technology, which includes activity trackers, smart watches, heart rate monitors, GPS tracking devices, and smart eye glasses (designed to show maps and track activity), was introduced just a few years ago. Examples include fitness and activity trackers like those from Misfit, Garmin, EFOSMH, Pebble Time, Juboury, Samsung, Basis, Jawbone, and Fitbit. The newly released Apple iWatch® (Cupertino, CA) is another example. Some business analysts have predicted that sales of the Apple iWatch® alone will exceed 485 million devices by the year 2018 (<https://www.abiresearch.com/>). Trending in this part of the industry now are 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 is unpredictable how wearable technology will advance through the next decade.
2. **Body weight training.** Body weight training appeared for the first time in the trends survey in 2013 (at no. 3) and remains in the no. 2 position for 2017. 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 few years. Body weight training has 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 made it popular in gyms and health clubs around the world. Typical body weight training programs use minimal equipment, which makes it a very inexpensive way to exercise effectively. Although most people think of body weight training as being limited to push-ups and pull-ups, it can be much more than that. As its place in the no. 1 position in the 2015 survey and the no. 2 position



last year have suggested, body weight training is a trend to watch for in the future.

3. **High-intensity interval training.** HIIT typically involves short bursts of high-intensity exercise followed by a short period of rest or recovery and typically takes

TABLE 2: Top 20 Worldwide Fitness Trends for 2017

2017	
1	Wearable technology
2	Body weight training
3	High-intensity interval training
4	Educated, certified, and experienced fitness professionals
5	Strength training
6	Group training
7	Exercise is Medicine®
8	Yoga
9	Personal training
10	Exercise and weight loss
11	Fitness programs for older adults
12	Functional fitness
13	Outdoor activities
14	Group personal training
15	Wellness coaching
16	Worksite health promotion
17	Smartphone exercise apps
18	Outcome measurements
19	Circuit training
20	Flexibility and mobility rollers

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less than 30 minutes to perform (although it is not uncommon for these programs to be much longer in duration). In surveys conducted before 2014, HIIT was offered as a possible trend, but failed to make the top 20. However, it placed no. 1 in the survey for 2014 despite the warnings of many survey respondents about potential dangers. Even after HIIT spent a few years in the top 10 fitness trends, many survey takers claimed that clients liked this kind of program for a short time but were soon looking for a different type of workout. Others warned that although it was very popular, they were concerned about a potentially high injury rate. Still others working with clinical populations in medical fitness centers said they would like to try it with their patients but would substitute high-intensity with moderate-intensity interval training. Despite the warnings by some health and fitness professionals of the potential for increased injury rates when using HIIT, this form of exercise has become popular in gyms all over the world.

- 4. Educated, certified, and experienced fitness professionals.** Despite falling to no. 3 in 2015 and to no. 4 in 2016, this is a trend that continues now that there are third-party accreditations offered by national accrediting organizations for health and fitness and clinical exercise program professionals and a registry designed for exercise professionals. There continues to be sustained 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) through the Committee on Accreditation for the Exercise Sciences (www.coaes.org) and more certification programs independently accredited by the National Commission for Certifying Agencies (NCCA, www.credentialingexcellence.org/NCCA), the newly announced accreditation offered by the American National Standards Institute. The U.S. Department of Labor Bureau of Labor Statistics has predicted and recently affirmed that "...Employment of fitness trainers and instructors is projected to grow 8% from 2014 to 2024" (<http://www.bls.gov/ooh/personal-care-and-service/fitness-trainers-and-instructors.htm>; cited July 17, 2016). 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. In 2007, CAAHEP added a Personal Fitness Trainer accreditation for certificate (1 year) and associate (2 year) 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 United States Registry of Exercise Professionals, which is recognized by the International Confederation of Registers for Exercise Professionals. For more information, contact info@usreps.org.

- 5. Strength training.** Strength training remains popular in all sectors of the health and fitness industry and for many different kinds of clients. Although strength training dropped to no. 4 in the 2015 and 2016 surveys after being at the no. 2 position for 2 years, it has been a strong trend since the first year of this survey. Many younger clients of both community-based programs and commercial clubs train almost exclusively using weights. In today's gyms, however, there are many others (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 and innovative health and fitness professionals incorporate some form of strength training into the comprehensive exercise routine for their clients and for their patients. It is not uncommon for cardiovascular and pulmonary rehabilitation or metabolic disease management programs to include weight training in the exercise programs for their patients.
- 6. Group training.** Group exercise instructors teach, lead, and motivate individuals through intentionally designed, larger group exercise classes (more than 5 participants, or it would be group personal training). Group programs are designed to be motivational and effective for people at different fitness levels, with instructors using leadership techniques that help individuals in their classes achieve fitness goals. There are many types of classes and equipment, from aerobics and bicycles to dance classes. Group exercise training programs have been around for a long time and have appeared as a potential worldwide trend since this survey was originally



constructed. However, it was only this year that group exercise training made the top 20, appearing at no. 6. None of the respondents could explain why group training has become popular, so it will be interesting to watch this trend in 2018 and beyond. Note that this is a general trend for larger exercise classes and not specialty classes such as Zumba® and other dance classes.

7. **Exercise is Medicine®.** Exercise is Medicine® is a global health initiative that is focused on encouraging primary care physicians and other health care providers to include physical activity when designing treatment plans for patients and referring their patients to exercise professionals. The program is committed to the belief that physical activity is integral in the prevention and treatment of diseases and should be regularly assessed and *treated* as part of all health care. Exercise is Medicine® goes beyond the recognition of the positive effects of regular exercise by physicians in the routine care of their patients. It encourages physicians to develop a regular referral program for patients into community programs. It also encourages exercise professionals to develop significant relationships in their communities with health care providers so that they have the necessary confidence to routinely refer their patients to qualified professionals. The Exercise is Medicine® movement's goal is for the exercise professional to become a member of the continuum of care for patients. Doctors can consciously and with great confidence refer patients to exercise professionals in their communities.
8. **Yoga.** Moving slightly down the list for 2017 is Yoga, which occupied the no. 7 spot in 2015 and was no. 10 in 2016. Yoga first appeared in the top 10 in this survey in 2008, fell out of the top 20 in 2009, but made a great comeback in the 2010 (no. 14) and 2011 (no. 11) surveys. In 2012, Yoga was no. 11 on the list, falling to no. 14 in 2013 and rising to no. 7 in 2015. Yoga comes in a variety of forms including Power Yoga, Yogalates, and Bikram Yoga (also known as “hot” Yoga). Other forms of Yoga include Iyengar Yoga, Ashtanga Yoga, 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. The sustained popularity of Yoga seems due to the fact that it is reinvented and refreshed every year, making it an attractive form of exercise.

9. **Personal training.** Professional personal trainers continue to seek the professionalization of their part of the industry (see trend no. 4). Since this survey was first published in 2006 (1), personal training has been in the top 10 of this survey. Much attention has recently been paid to the education (through third party accreditation of CAAHEP) and certification (through third party accreditation by NCCA) of personal trainers. Recent legislation has been introduced in an attempt to require licensure for personal trainers in a number of states and the District of Columbia (California, New Jersey, Massachusetts, Georgia, and several others), but none has been adopted thus far. Although there have been some minor variations of personal training (*e.g.*, small groups as opposed to one on one), 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.
10. **Exercise and weight loss.** Exercise in circumscribed weight loss programs has been a top 20 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, no. 4 in 2012, and the no. 5 spot in 2013. In 2014, this trend was ranked no. 6, where it remained for 2015, and was no. 9 in the 2016 survey. The combination of exercise and weight loss emphasizes caloric restriction with a sensible exercise program. 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 2017 survey. The combination of exercise and diet are essential for weight loss maintenance and can improve compliance to caloric restriction diets. Most of the well-publicized diet plans integrate exercise in addition to the daily routine of providing prepared meals to their clients.
11. **Fitness programs for older adults.** Health fitness professionals should take advantage of the growing market of older adults now retiring by providing age-appropriate and safe exercise programs for this once-ignored sector of the population, which seems healthier than other generations. The highly active older adult (the athletic old) can be targeted by commercial and



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community-based organizations to participate in more rigorous exercise programs, including strength training, team sports, and HIIT when appropriate. Even the frail elderly can improve their balance and ability to perform activities of daily living when given appropriate functional fitness program activities. Health and fitness professionals should consider developing fitness programs for people of retirement age and fill the time during the day when most gyms are underused (typically between 9 and 11 A.M. and 2 and 4 P.M.). Many people who are retired not only have greater sums of discretionary money, but they also have a tendency to spend it wisely and may have more time to engage in an exercise program. 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 growing market.

12. **Functional fitness.** 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 replicates actual physical activities someone might do as a function of their daily routine and first appeared on the survey in the no. 4 position in 2007 but subsequently fell to no. 8 in 2008 and no. 11 in 2009. It reappeared in the top ten at no. 7 in 2010 and at no. 9 in 2011. In 2012, functional fitness was no. 10; but in 2013 and 2014, it was no. 8; for 2015, it was no. 9; and for 2016, no. 7. Some survey respondents said they typically pair functional fitness with fitness programs for older adults (see trend no. 11) depending on the needs of the client. Functional fitness also is used in clinical programs to replicate activities done around the home.
13. **Outdoor activities.** Hiking, canoeing, kayaking, and games or sports are examples of outdoor activities. Outdoor activities also can include high-adventure programs like overnight camping trips and mountain climbing. The trend for health and fitness professionals to offer outdoor activities for their clients began in 2010, when it ranked no. 25 in the annual survey. In 2011, it ranked no. 27; in 2012, no. 14; in 2013, no. 13; in 2014, no. 14; in 2015, no. 12; and in 2016, it was ranked no. 14. Outdoor activities can be done with family and friends, with a group, or by yourself. Some personal trainers have used outdoor activities as a form of small-group personal training.
14. **Group personal training.** Group personal training continues to be a trend in 2017. The personal trainer will continue to provide the personal service clients expect from one-to-one training (see trend no. 9) but now in a small group typically of two to four, offering potentially deep discounts to each member of the group. This creates an incentive for clients to put small groups together (as opposed to individual and often expensive personal training). In 2007, group personal training was no. 19 on the list. In 2008, it rose 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; in 2012, no. 8; in 2013, no. 10; in 2014, no. 9; in 2015, no. 10; and in 2016, no. 11. In these challenging economic times, personal trainers are being more creative in the way they package personal training sessions and how they market themselves to small groups. 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.
15. **Wellness coaching.** Wellness coaching has been in the top 20 since 2010. It was listed at no. 17 in 2014, no. 13 in 2015 and 2016, and now no. 15. Wellness coaching is the integration of behavioral-change science with health promotion, disease prevention, and rehabilitation. Wellness coaching often uses a one-on-one approach similar to a personal trainer, with the coach providing support, guidance, encouragement, and confirmation when short- and long-term goals are reached. The wellness coach focuses on the client's values, needs, vision, aspirations, and goals. According to the 2017 trends survey (and results from past surveys), it seems as though some personal trainers and other health and fitness professionals are now adopting wellness coaching and its principled techniques of behavior change into their clients' exercise sessions.
16. **Worksite health promotion.** Many worksite health promotion programs are physically housed within the company or corporation campus although many other programs contract with independent commercial or community-based programs. These programs are designed to improve the health and well-being of employees. Worksite health promotion is a trend for a range of programs and services that evaluate employee health, health care costs, and worker productivity. Once a need is determined, worksite health promotion professionals build programs based on the greatest need (for example, smoking-cessation programs or weight loss programs). Within the context of health care reform in the United States and rising health care costs everywhere, worksite health promotion programs may take on additional importance in the future.
17. **Smartphone exercise apps.** Smartphone apps are available for any platform but are especially popular with iPhone®, iPad® (Apple® Cupertino, CA), and Android devices. Smartphone apps such as the Nike Training Club (Beaverton, OR), Cyclemeter by Abvio (San Francisco, CA), and MyFitnessPal (Armour, Baltimore, MD) (free apps) include audio and visual prompts to begin and end exercise and also include exercise cues. Other apps are the Endomondo Pro (Armour, Baltimore, MD)

(\$3.99 iPhone® and Android) and Yoga with Janet Stone (\$4.99 iPhone® and iPad®), among numerous others. Some of these apps track progress through time and provide real-time feedback and tracking for those on foot or bike. Although the accuracy of these apps has recently been questioned, they seem to have become increasingly popular with younger gym members and people who regularly exercise outdoors or wish to track their physical activity while doing activities of daily living. As the accuracy improves, the apps specific to smartphones may be the future of monitoring exercise progress.

18. **Outcome measurements.** Outcome measures as a trend had not appeared in the top 20 for the first several years, but appeared at no. 17 in 2013, at no. 16 in 2014, at no. 18 in 2015, and at no. 20 in 2016. This is a trend that addresses accountability. Outcome measures are efforts to define and track measureable results to prove that a selected program actually works. Measurements are typically 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 smartphones, smart-watches, and wearable technology has helped with 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 and are sustainable.
19. **Circuit training.** Circuit training appeared for the first time in the top 20 trends in 2013 at no. 18 and in 2015 occupied the no. 14 position, up from no. 15 in 2014. In 2016, it was back to trend no. 18. Some respondents pointed out that circuit training is similar to HIIT, but at a much lower or even moderate intensity. Circuit training typically comprises a group of approximately 10 exercises that are completed in succession and in a predetermined sequence. Each exercise is performed for a specified number of repetitions or for a set time period before the exerciser takes a quick rest and moves on to the next exercise. Circuit weight training has been around for a long time and it seems to continue to be popular. Circuit weight training was practiced as early as 1953, but it is impossible to determine exactly when and under what circumstances it was first developed.
20. **Flexibility and mobility rollers.** These devices include the deep-tissue roller, myofascial release, and trigger-point relief. Mobility rollers are specifically designed to massage, relieve muscle tightness, alleviate muscle spasms, improve circulation, ease muscular discomfort, and assist in the return to normal activity. Rollers have been designed for the low back, hips, and for larger muscle groups such as the hamstrings and the gluteal muscles. These rollers are typically made of foam, although others are hard rubber or wood, depending on

the desired effect. Although the research is not abundant, there seems to be a growing market for these specialized devices. Flexibility rollers were the no. 16 trend in 2016. Fad or trend, only time will tell.

WHAT'S OUT FOR 2017?

Dropping out of the top 20 from 2016 was sport-specific training (no. 15 in 2016) and core training (no. 19 in 2016). Falling from a top 10 spot (no. 8) in 2010, sport-specific training dropped to no. 16 for 2011, no. 17 for 2012, and dropped out of the top 20 in 2013. It reappeared as no. 18 in 2014 and no. 16 for 2015. This trend incorporates sport-specific training for sports such as baseball and tennis, designed especially for young athletes. This is an interesting trend for the health and fitness industry to watch through the next few years because of its fall to no. 17 for 2012 from its relative popularity in 2010 and then its rebounds in 2014, 2015, and again for 2016. 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. From 2007 to 2010, core training was in the top five of the fitness trends. Since 2010, it has dropped to the 19th spot in 2016 and is now out of the top 20.

Other disappointing drops from the top 20 for 2016 were exercise programs specifically for overweight and obese children and worker incentive programs. Exercise programs specifically aimed at children and weight loss demonstrated the biggest decline in last year's survey, dropping from the top five in every survey between 2007 and 2013, and appearing at no. 11 in 2014 and no. 17 for 2015. 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. 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 dropped out of the top 20 in 2016. 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 work-site health promotion programs in an attempt to reduce health care costs.

SUMMARY

Some new trends from 2016 continue to be supported for 2017 (*e.g.*, wearable technology and body weight training, educated and certified health fitness professionals), and still others failed to make the top 20 trends (worker incentive programs, exercise programs specifically for overweight and obese

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children, balance training, boot camp, indoor cycling, Pilates, running clubs, water workouts, Groupon, stability ball, and Zumba®). As previously described, trends have been defined as a general development through time that stays for a period of time (usually described as a behavior change), whereas a fad comes and goes. In the top 10 fitness trends for 2017, 18 were on the list last year. Taking over the top spot in 2016 from body weight training and HIIT was wearable technology, which remains in the no. 1 spot for 2017. Pilates, indoor cycling, balance training, and use of the stability ball continue to exist in the health and fitness industry but with less popularity according to the ACSM trends survey.

Acknowledgments

The author thanks former Editors-in-Chief Ed Howley, Ph.D., FACSM, and Steven Keteyian, Ph.D., FACSM, for considering this project important enough to include in the year-end edition of *ACSM's Health & Fitness Journal*® more than a decade ago and to current Editor-in-Chief Brad Roy, Ph.D., FACSM, for continuing the tradition. The author also thanks the *ACSM's Health & Fitness Journal*® editorial team, especially those who contributed to the original survey in 2006, Paul Couzelis, Ph.D.; John Jakicic, Ph.D., FACSM; Nico Pronk, Ph.D., FACSM; Mike Spezzano, M.S.; Neal Pire, M.A., FACSM; Jim Peterson, Ph.D., FACSM; Melinda Manore, Ph.D., R.D., FACSM; Cary Wing, Ed.D., FACSM; Reed Humphrey, Ph.D., P.T., FACSM; and Steve Tharrett, M.S., for their very important input into the construction of the original and subsequent surveys. Finally, the author is indebted to the ACSM staff that supported this study by assisting in the construction, formatting, and delivery of it to thousands of fitness professionals around the world. In particular, the author recognizes the important contributions of Dick Cotton, Kela Webster, Heather Drake, Katie Feltman, Barbara Bennett, and *especially* Lori Tish, who has tirelessly worked on this survey since it first launched in 2006.

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Disclosure: *The author declares no conflict of interest and does not have any financial disclosures.*



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BRIDGING THE GAP

The 2017 worldwide survey of fitness trends is now in its 11th 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 to track trends in the field that can assist owners, operators, program directors, and personal trainers with making important business decisions.

INTERNATIONAL EXPERTS COMMENT ON 2017 TRENDS



Grace T. DeSimone, B.A., is the 2016 IDEA Health & Fitness Association Program Director of the Year and national group fitness director for Optum, New York, NY. “As an avid follower of ACSM’s worldwide fitness trends report, I am delighted to see Group Training included as a newcomer on this year’s list. I’ve been teaching group fitness for over three decades, and I believe group fitness instructors can impact more lives in one hour than any other fitness professional. Exercising in a group setting is certainly not a fad; it is a staple in the fitness industry. But with the rise of boutique fitness programs catering to group exercise, it is no surprise to me that group training is high on the list of latest trends. As a trainer and instructor, I believe many trends drop off the list from year to year precisely because they are proven effective and therefore become part of standard fitness fare. Participants expect trainers to incorporate them into their fitness programs, so they move beyond the idea of a trend. One example of this is core training, which hit its peak in 2007 because it was surrounded by new research and education and has since become general knowledge for today’s trainers. This trend report is valuable because it helps fitness professionals identify consumer trends and expectations and it remains an exciting survey that I look forward to reviewing and sharing with our team.”



Stephen H. Wong, Ph.D., FACS, is chairman and professor, Department of Sports Science and Physical Education and codirector, Hong Kong Institute of Educational Research, Faculty of Education at The Chinese University of Hong Kong, Hong Kong, China. “The ACSM annual worldwide survey for 2017 aims to assess the possible fitness trends and is now in its 11th consecutive year. Wearable technology, body weight training, and high-intensity interval training (HIIT) continue to be the top 3 trends of the list. This result is indeed not surprising, given the rapid advancement of technology and exercise promotion in recent years. There seems to be an increasing number of people showing a preference towards time-efficient workouts (e.g. short-interval exercise) over the more traditional training methods (e.g., continuous cardio workout). While this overall trend may be partly driven by the market demand, scientific research should have also played an important role in providing the evidence-based practice and supporting the growth of certain fitness trends. Only the exercise modes that really benefit and work well for individuals can become the ‘trends’ rather than just some ‘fads.’ Educated, certified, and experienced fitness professionals are now more valued by the society, thanks to the efforts by various accrediting organizations, such as ACSM. The major disappointment seen from the survey is the lack of interest for exercise programs targeting childhood obesity, and this area should not be neglected by exercise and health practitioners. It is hoped that different stakeholders within the health and fitness industry, including fitness coaches, health care practitioners, exercise leaders, and corporate managers can make the best use of this survey and develop an effective approach for exercise promotion.”



Calvin L. Cole, Ph.D., is research assistant professor, University of Rochester, Department of Surgery: Cancer Control Unit, Rochester, New York, NY. “The Worldwide Survey of Fitness Trends is a valuable tool that guides commercial, clinical, corporate, and community organizations in the design and implementation of innovative methods to enhance and maintain healthy fitness levels. This yearly publication effectively gathers and disseminates operational fitness data to interested populations. The survey can serve as a catalyst to increase physical activity and wellness during a time in which both are rapidly declining. The downward trend in exercise led by educated, certified, and experienced professionals is alarming. If we acknowledge that the enormous decrease in physical activity that has taken place over the past 30 years can only be reversed by properly educating people about the benefits of physical activity, we must also acknowledge that the decline in exercise led by educated professionals must also be reversed. The causes of this decline are unclear. Some believe that the trend is attributable to innovations like wearable technologies. Others believe that lack of regulation in personal training and similar entities in health clubs is the cause. No matter the reason, it is important to pursue all avenues in an effort to reverse the trend of diminishing physical activity in our society.”



Céline R.M.D. Neefkes-Zonneveld, ACSM-CES, is a clinical exercise physiologist, epidemiologist, and associate professor at the Exercise Lab in Amsterdam, The Netherlands. “Lifestyle change and especially exercise have been proven effective in the battle against chronic disease. According to the World Health Organization, 82% of the 38 million deaths occurring worldwide due to chronic disease were caused by cardiovascular diseases, cancer, chronic respiratory diseases, and diabetes. Globally, we are in need of low-cost, non-pharmacological care and disease prevention to effectively decrease the disease burden. Therefore, the ACSM 2017 fitness trends survey outcomes are of invaluable importance. They provide excellent insight in tools that can be used to motivate people to increase physical activity, exercise, and self-efficacy. Looking at the outcomes listed, it seems fitting that wearable technology takes the no. 1 position. For one, it has power to stimulate physical activity and create impulse to do better over time. Furthermore, it is important that educated, certified, and experienced fitness professionals create programs in which most of these trends are combined to target clients in the commercial, corporate, clinical (including medical fitness), and community health fitness industry. Being able to communicate through apps and wearable technology, apply over time repeated exercise testing, and compare both subjective and objective outcome measures will make programs fast, clear, and enjoyable. In addition, the outcomes will help to increase the quality of the programs, and may add proof to the cost-effectiveness of exercise programming to support informed decision making towards increased exercise for prevention programs.”