

HEALTH

Myths about Fitness for Scuba Diving

By Gretchen M. Ashton Jun 1, 2016

When considering the subject of fitness and diving, it's important to debunk inaccurate information and avoid myths.

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Obviously, fitness for scuba diving is important, but it's equally as important to understand that determining physical fitness for diving is not as obvious as one might think. Scuba diving itself is not supposed to be a workout; we learn early in our dive training to avoid exertion at depth. If diving feels difficult or you are tired after diving, exercising on dry land will help you prepare for the physical, mental and emotional aspects of the sport, as well as increase your comfort in the water and your overall enjoyment of diving. When examining the subject of fitness for scuba diving on a closer level, it's key to find accurate information and avoid myths.

Myth: Lifting or carrying a scuba tank demonstrates ample physical fitness (strength) for diving.

Fact: Lifting and carrying a scuba tank is only one of the physical skills needed for diving. It requires such minimal strength that it is not a good indicator of physical fitness for diving — most people can perform this skill with little effort. In fact, physical fitness for diving requires more than minimal effort and ability.

Smaller individuals, regardless of fitness level, will have a harder time than larger people when it comes to lifting a scuba tank, simply because of body mass.

The health profile of the diving community and the physiology of diving indicate that physical strength is the third priority for divers, following first cardiorespiratory fitness, and then weight management. Often, while accomplishing the first two dive-fitness goals, an improved level of strength is also achieved. The best exercise programs for divers combine aerobic exercise and good nutrition for weight management with strength exercises that emulate the biomechanics of diving.

This myth also excludes divers with shoulder injuries and back problems who should not be lifting tanks on the surface, but who are able to comfortably handle them in the water. Others left out of the equation are our wounded warriors and special-needs divers. Diving [contributes to the well-being](#) (i.e. health) of many individuals who cannot participate in other recreational sports.

This being said, what should divers, instructors and divemasters know and look for when assessing physical fitness for diving?

Myth: You can tell if someone is fit for scuba diving just by looking at them.

Fact: Physical fitness for diving is primarily evidenced inside the body, and any judgements made from outward appearance can be deceiving.

Medical conditions occur in people of all ages and sizes, and both genders. Perhaps the most informative pre-dive screening question a dive instructor might ask a dive student (and a diver might ask him or herself) is "do you exercise regularly, and if so, how long have you been participating in a regular exercise program?" Inactivity is the culprit — aerobic exercise is most important for divers and 30 to 60 minutes is recommended for everyone, every day.

Gathering information about the health of divers is also important. The top four medical conditions reported by divers are heart disease/cardiovascular problems, high blood pressure, obesity and diabetes. For example, although preventable for most, untreated high blood pressure can lead to heart disease and cardiovascular illness. The average age of all divers is 36 years. Statistics show that 7 percent of this age group already has high blood pressure. Of divers between the ages of 45 and 64, 35 percent have high blood pressure, and divers between the ages of 55 and 64 average 50 percent with high blood pressure.

Maintaining a normal Body Mass Index (BMI) has been suggested as a measure of physical fitness for divers. BMI, a formula of height and weight, was developed in the 1800s by Arthur Quetelet to classify sedentary individuals, and was recognized in the U.S. in 1972 as a result of a paper written by Ancel Keys on population studies. In 1998, the National Institutes of Health modified (lowered) BMI guidelines, reclassifying 25 million Americans from healthy to overweight. Using BMI guidelines, one in every four adults in the U.S. is obese, and another two-thirds are considered overweight.

However, BMI was never intended as a method for medical diagnosis, or for determining fitness level. In fact, "normal-weight obesity" occurs in thin people with normal BMI. A thin person may have fat around his internal organs, which is more detrimental to health than fat observed on the outside, under the skin. Thin people have heart problems, stroke, poor cholesterol, diabetes, osteoporosis and smoke. Also, BMI does not account well for muscle mass and, as a result, most athletes fall into unhealthy categories.

While there are obvious visual signs of unhealthy lifestyles in divers, forming an opinion of physical fitness for scuba diving using external appearance alone can lead one to overlook serious health problems. Physical fitness for scuba diving is best determined by the lifestyle, activity level and medical condition of the individual diver, and it's wise to consider what you cannot see when evaluating physical fitness for scuba diving.



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Gretchen brings her passion for diving and fitness together as the founder of ScubaFit® the only fitness for diving certification which is also approved by both diving and fitness agencies. She is an advanced diver, NBFEE and ISSA Elite Personal Trainer, Specialist in Fitness Therapy and Nutrition, an AAU World Champion Hall-of-Fame athlete, and a mentor for Water Women, Inc. She shares her message with divers by visiting dive clubs, presenting at scuba shows, as a radio guest, as the publisher of FitDiver® Magazine, and with FitDiver® mobile apps. She widely published with more than 125 articles for diving publications and blogs. For more information or to contact Gretchen, visit www.scubafit.com.

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