

The Future of Exercise (1997 and Beyond)

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3

A Brief History of Exercise

As they say . . . “There is nothing new under the sun.” Regardless of any ideas that you may believe to be original, it is almost certain that somebody else, at some time in the past, had similar if perhaps not identical ideas.

When I first became seriously interested in exercise, in 1938, it did not take me very long to form the opinion that a barbell was by far the best tool for its intended purposes, increasing size and strength. And I also believed that the barbell was a relatively new invention, having been first used during the latter part of the nineteenth century, in Europe.

Both of these two initial opinions were wrong, but I did not become aware of these mistakes until many years later, and then only by accident.

FIRST: barbells, or something very similar, were in widespread use more than 2,000 years ago, about 400 years before the birth of Christ. Clear proof of that statement is provided by the existence of a statue called the Farnese Hercules, which was sculpted about 400 BC. This statue shows an almost unbelievable level of muscular size, muscular size that can be produced in only one way, by exercise using high levels of resistance, muscular size that is never produced without such hard exercise.

Secondly, probably only one or two men out of a group of 10,000 normal and healthy men are capable of producing that degree of muscular size, regardless of how much exercise they perform; the average man simply does not have the physical potential required to build such large muscles. Which means that large numbers of men, probably thousands, were training in a similar manner. Because picking one man at random and then trying to produce that degree of muscular size would be an exercise in futility at best.

Thirdly, it is obvious that the sculptor, whoever he was, used a model that actually looked like his statue; this being obvious because the shape and proportions of the muscles on the statue are correct. As you increase muscular size in response to exercise, the shape of the muscles, as well as their proportions, change to a dramatic degree. Changes that could not have been anticipated by the sculptor unless he actually had such a man for a model. That man’s muscular size was literally huge even when compared to the largest bodybuilder on the scene today.

It being obvious that a man of that muscular size actually existed more than 2,000 years ago, it is then also obvious that the exercise tools required for producing that level of muscular size also existed. No contrary opinion is even worthy of consideration, since the proof of my above statement is clearly established by the statue of the Farnese Hercules.

So it appears that the barbell, or something similar to a barbell, was used thousands of years ago; then, apparently, was forgotten until sometime in the late 1800s, when the barbell was reinvented in Germany.

SECOND: while I was unaware of the following facts until forty years after I first became interested in exercise, a doctor from Sweden named Gustav Zander invented, manufactured and distributed worldwide a line of exercise machines that were very sophisticated even by the standards of today. And he did so about 140 years ago, prior to the American Civil War, long before I arrived on the scene.

While Zander’s machines were rather crude looking by today’s standards, their appearance is of no slightest importance; all that really matters is function, and at least some of Zander’s machines provided all of the requirements for proper exercise. The man clearly knew what he was doing, understood both muscular function and the requirements for proper exercise.

When I first introduced Nautilus exercise machines, in 1970, I sincerely believed that all of my ideas and designs were original, but I was wrong, because Zander built very similar machines more than 100 years earlier.

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But I learned nothing from Zander, and did not copy any of his machines, was not even aware of his previous existence until about fifteen years after the first Nautilus machines went on the market.

As they say . . . “Function dictates design,” or “Form follows function.” My early Nautilus machines were similar to Zander’s machines only because both types of machines, mine and Zander’s, provided all of the actual requirements for proper exercise. There are at least nine such basic requirements for proper exercise, only one of which is provided by a barbell, but all of which were provided by Zander’s machines and by my early Nautilus machines. These nine basic requirements for proper exercise will be covered in detail in a later chapter, so I will not even mention them now.

But, be informed: During the last ten years, since I sold the Nautilus Company and formed MedX Corporation, we have continued to move forward, and are now so far ahead of any of our competitors that no reasonable comparison is even possible. But, again, I will skip over that last point for the moment, since it will be covered in detail in later chapters.

Since so-called aerobic exercise performed for the purpose of improving cardiovascular condition was introduced by Dr. Kenneth Cooper of Dallas, Texas, such exercise has been the primary concern of almost all of the scientific community, while very little attention was paid to strength-training exercise. The result being that while most exercise physiologists consider themselves “experts” on the subject of exercise they actually know very little if anything about exercise, even aerobic exercise. They all have strong opinions, but most of their opinions are wrong, and will quickly fall apart when exposed to truly scientific investigation. But don’t hold your breath until these people finally get around to admitting their mistakes; most of them never will.

After years of preaching that “more is better,” that if running 40 miles a week is good for you then running 100 miles a week is even better, Dr. Cooper at long last seems to be coming to his senses; because, fairly recently, he stated that “anybody who is performing more than an hour of exercise each week is not doing so for physiologic improvement” (or words to that effect). Twenty years ago, frail little man that he is, he would probably have punched you in the nose if you had then made a similar statement to him. So perhaps there is at least some possibility that a few of today’s scientists will eventually wake up and begin to see the light. But certainly not all of them, or even most of them, only a few of them at best. Perhaps sometime in the distant future a majority of scientists will understand the requirements for proper exercise, but it will not happen within my lifetime.

It is now very common practice for people selling exercise devices to tell their potential customers to consult with their doctor before starting any exercise program; but doing so would probably provide you with less in the way of meaningful information than you would get by consulting with a Gypsy fortune teller. Yes, there actually are a few exceptions to that general rule, but they are about as common as saber-toothed tigers in the Bronx Hilton hotel.

And just why do I hate doctors and scientists? I don’t hate them, but I do understand them, and I know that many of their firm opinions are simply wrong.

Having read hundreds of books from my father’s medical library, in both English and German, before I was eleven years old, and having read tens-of-thousands of supposedly scientific articles and books since then, I am well aware of just what most doctors and scientists believe about exercise. Which opinions are generally something worse than pitiful.

Most of them not only do not understand the simple laws of basic physics but usually are not even aware of them. The educational standards in this country have deteriorated to the point where people who should be mowing lawns or digging ditches are now practicing medicine. Fifty years ago, such people would never have finished high school, but now many of them are practicing medicine. But not to worry, Hillary, if she ever gets her way, will change all of that. Right? Just what we need, a bunch of bureaucrats in Washington telling us exactly what to do, leading us by the hand, improving medicine to the same degree that they have improved the rest of society: burning it down and stomping on the ashes.

Recently, a man from the state of Washington, Stanley Bigos, MD, was appointed by the Federal government to the position of chairman of a group of supposed “experts” who are supposed to determine just what is “good” and what is “bad” for the treatment of chronic lower-back pain. Then, I suppose, after reading the report from these people, the

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Federal government will draw up a set of so-called guidelines, telling doctors what they can, and cannot, do in the way of treatment for chronic lower-back pain.

Having met and spoken at rather great length with Dr. Bigos, I can tell you with no slightest hesitation that he is both a fool and a liar. Several years ago he became rather well known as a result of the so-called Boeing Study; a supposedly scientific but actually an utterly phony research project that was intended to determine the relationship, if any, between lower-back strength and the probability of future lower-back problems. In effect: did strong lower-back muscles help to reduce the chances of future lower-back pain. Bigos claimed to have measured the lower-back strength of several thousand Boeing Aircraft employees, then divided them into several groups, average lower-back strength, below average, and above average. Then, over a period of several years, he monitored each group to determine which group had the most subsequent lower-back problems.

Having done so, he then announced that there was no significant difference from one group to the other two groups; although, he said, it did appear that the strongest group was a bit more likely to have lower-back problems than either of the two weaker groups.

Which was interesting, to say the least, since at the time he claimed to be testing the lower-back strength of these people, there was no tool in existence that was capable of doing so.

So I asked him . . . “Tell me, Stanley, when you measured the lower-back strength of the Boeing people, what tool did you use? A typewriter, perhaps? Or a coffee percolator, or just what?”

And he said . . . “What do you mean, I don’t understand your question.”

So I then said . . . “Since there was no tool capable of measuring lower-back strength at the time you claimed to be doing so, I just wondered what tool you did use.”

He stammered and stuttered and finally said . . . “But we were not trying to measure lower-back strength.”

Whereupon I whipped out a copy of his published research results and asked him if he could read English. Which, of course, ended the conversation.

The MedX Lumbar-extension machine was the first, and is still the only tool that is capable of measuring lower-back strength; while a few other companies, Cybex Corporation among others, claim to be able to measure lower-back strength, in fact their machines can measure nothing and are very dangerous to use. Will do absolutely nothing to help people with lower-back injuries but certainly will produce a lot of such injuries.

Now this liar and fool, this supposed “expert,” Bigos, is going to tell us all we need to know about treating lower-back injuries. This “blessing” being handed to us on a silver platter courtesy of the Federal government.

The Bigos Boeing study was nothing short of a sick joke, or would be if the subject was not so important. Secondly: careful research and clinical practice have clearly established the fact that there is a direct link between lower-back strength and lower-back pain; as the strength goes up the pain goes down.

Treatment for lower-back problems using MedX machines is not only the best way to treat such problems but is, quite literally, the only way, apart from surgery, to rehabilitate such subjects. Nevertheless, a dozen or more other treatment protocols are in widespread use in spite of the fact that they do not work, provide no help at all, are a total waste of time and money. But you can count on it, so long as about 100,000 chiropractors and physical therapists are making a lot of money while using these utterly worthless treatment protocols, they will continue to be used. As the FBI says while trying to solve a crime . . . “Follow the money.”

While I have no objections to people making money as a result of their efforts, I do believe it should be earned as a result of providing services or products of actual value. But, unfortunately, most of the services and products related to exercise that are available are worthless at best and dangerous at worst.

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The first exercise machine that was built for the purpose of increasing the strength of lower-back muscles was the so-called, but misnamed, Nautilus Lower-back machine, which was introduced about fifteen years ago. That machine was designed by me, and the patent was issued in my name, and for several years after it was on the market I sincerely believed that exercise performed on that machine would greatly increase the strength of lower-back muscles; but, again, I was wrong, the machine will do nothing in the way of increasing lower-back strength.

People who use that machine do get “stronger” as a result, but it is not the lower-back muscles that are becoming stronger; instead, the only muscles that benefit from such exercise are the hip muscles, the muscles of the buttocks and the muscles of the back of your thighs, the gluteus and hamstring muscles.

But these results were not obvious at first, because we then had no tool that was capable of measuring the isolated strength of the lower-back muscles. When I designed that machine I was clearly aware that the muscles of the hips were involved in the exercise movements, but I wrongly assumed that the lower-back muscles would also benefit from the exercise.

Years later, when we finally did have a testing machine capable of accurately measuring the isolated strength of the lower-back muscles, it was almost immediately obvious that the Nautilus Lower-back machine was misnamed, would produce no benefits for lower-back muscles.

Careful, large-scale, long-term research performed at the School of Medicine of the University of Florida, Gainesville, compared the results produced by three different machines, the Nautilus Lower-back machine, a Cybex copy of the Nautilus machine, and the MedX Lumbar-extension machine; the exercise schedules were identical for all three groups of subjects, the only difference being the type of machine that was used. The isolated strength of the lower-back muscles was carefully measured at the start and at the end of the research program; such tests being conducted with all of the subjects in each of the three groups.

Results? The subjects using the MedX machine produced enormous increases in lower-back strength, while both the Nautilus and Cybex groups showed no change in lower-back strength, their exercise did absolutely nothing in the way of increasing lower-back strength.

Several years later, Dr. Jay Graves, chairman of the Department of Physiology of a university in Syracuse, New York, carefully tested the isolated lower-back strength of a large group of elite athletes, competitive oarsmen, people who devote several hours each week to rowing boats, subjects that you would expect to be very strong in their lower-back muscles as a result of their rowing activities. But, in fact, these people turned out to be very weak in their lower-back muscles; their lower-back strength was identical to that of a large group of subjects who have never performed exercise of any kind.

Several other examples could be given, but I will not bother to include them all; the only point I am trying to make is that “non-specific” exercises do little or nothing for lower-back muscles. If the hip and thigh muscles are involved in the exercise, as they almost always are, then there is no benefit for the lower-back muscles.

The MedX Lumbar-extension machine, and only that machine, isolates the lower-back muscles by anchoring the pelvis to such a degree that no slightest movement of the pelvis is possible, none; thus any involvement of the hip and thigh muscles is avoided. Then, but only then, enormous increases in lower-back strength will be produced very rapidly.

Worldwide, several hundred medical clinics that have been rehabilitating chronic lower-back pain patients with MedX machines have produced outstanding results with approximately 1,000,000 subjects, people who had previously tried every other treatment protocol now being used with no resulting help for their problems. In very simple terms: MedX treatment works, while nothing else apart from surgery does anything in the way of solving the problems.

MedX equipment provides the ultimate development in exercise equipment, nobody will ever be able to improve what we already have, by far the best tools for rehabilitation as well as the only tools capable of accurately testing strength. Every other tool now on the market falls into a gray area somewhere between outright fraud and criminal malpractice.

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It took us nearly twenty-five years of continuous research and development, together with an investment in excess of \$120,000,000.00, to produce our present line of exercise and testing tools; but the magnitude of the problems in the lower back, the neck and the knee, more than justify the investment in time and money.

We have the required equipment, and we have clear and solid proof that it works exactly as intended, now all that remains to be done is to educate the medical community, to make these people aware of the present state of the art. Thousands of medical professionals have been educated by two schools funded by us but operated by the medical schools in Gainesville and San Diego, but there are hundreds of thousands of others that still remain unaware of what has happened in this field during the last ten years.