

# WORLDWIDE SURVEY OF FITNESS TRENDS FOR 2015

## What's Driving the Market

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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 2015

#### Key words:

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

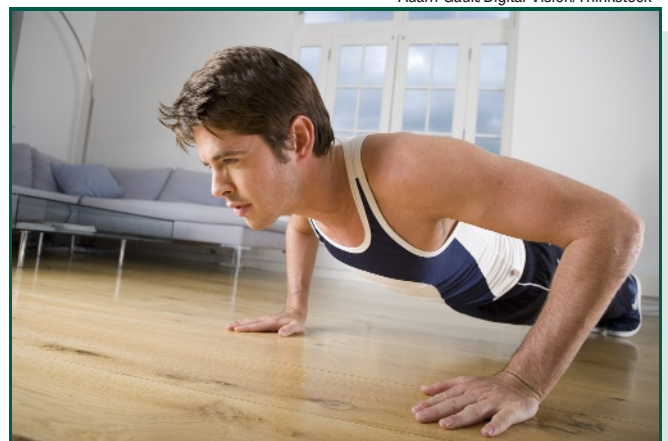
### INTRODUCTION

The annual survey is now in its ninth consecutive year, and this year with some not so very surprising results. *High-intensity interval training* took over the no. 1 spot in 2014 previously held by *educated, certified, and experienced fitness professionals*, which was in that position since 2008 and now appears at no. 3. But *body weight training* took over the no. 1 spot for 2015. The 2015 ACSM Worldwide Survey of Fitness Trends continues to support previous trends and also reinforced the deletion of four trends that had appeared to be strong for several years but now have dropped off the list. *Zumba*<sup>®</sup>, which first appeared in the top 10 (no. 9) in 2012, fell to no. 13 in 2013, dropped off the list of top 20 last year, and dropped further down the list in 2015 (no. 28 in 2014 and no. 34 in 2015). *Pilates*, *indoor cycling*,

*stability ball*, and *balance training* again failed to appear on the list of top 20 trends in the health and fitness industry, which supports the theory that these were fads and not trends. Some of the survey respondents still argue that the 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. Still others argue that *Zumba*<sup>®</sup>, *indoor cycling*, and *Pilates* have run their useful course. 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 television or the next hottest celebrity endorsing a product. To see a video summary, click here: <http://links.lww.com/FIT/A18>.

During the last 8 years, the editors of *ACSM's Health & Fitness Journal*<sup>®</sup> have disseminated

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this electronic survey to thousands of professionals worldwide to determine health and fitness trends. The survey in this issue of the *Journal* helps to guide health fitness programming efforts for 2015. 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 done annually since that time (2–8) using the same methodology. As 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>). Using this working definition, it is predictable to see the same trends appearing for multiple years in a “trends survey.”

**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 2015, and still others have dropped out of the top 20. Future surveys will either 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, as did *Zumba*® last year. Dropping out of the survey may indicate that what was once perceived to be a trend actually was a fad (note that *stability ball*, *indoor cycling*, and *Pilates* have yet to reemerge as a trend). One developing trend (*body weight training*) from last year’s survey was affirmed again for 2015, as was *high-intensity interval training*.

The ACSM survey makes no attempt to evaluate equipment, gym apparatus, hardware, software, tools, 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 before 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 predictably will 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. The type of 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.*, *Zumba*® and other dance workouts, *indoor cycling*, and *Pilates*).

The potential benefit 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 39 possible trends in the 2015 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 identified first. 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, the editors made available nine ACSM books published by Wolters Kluwer/Lippincott Williams & Wilkins and Human Kinetics and a \$100 MasterCard® gift card. These incentives helped increase participation in the survey.

The 39 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. Using Survey Monkey ([www.surveymonkey.com](http://www.surveymonkey.com)), the online survey was sent to 28,426 health fitness professionals. This list included all *currently* certified ACSM Certified Personal Trainers®, ACSM Group Exercise Instructors<sup>SM</sup>, ACSM Health Fitness Specialists<sup>SM</sup>, ACSM Clinical Exercise Specialists<sup>SM</sup>, ACSM Registered Clinical Exercise Physiologists®, ACSM Health/Fitness Directors®, ACSM Program Directors<sup>SM</sup>, ACSM Alliance members, *ACSM’s Health & Fitness Journal*® nonmember subscribers, *ACSM’s Health & Fitness Journal*® Editorial

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Board, and *ACSM's Health & Fitness Journal*® Associate Editors. In addition, it was posted on *ACSM's Health & Fitness Journal*® Web site, tweets were placed on Twitter, and it was posted on Facebook.

After 3 weeks and 2 additional notices, 3,403 responses were received, which represents an excellent return rate of 12%, which is very similar to previous surveys. Responses were received from just about every continent and included the countries of Barbados, Brazil, Brunei, Costa Rica, Ecuador, Greece, Hong Kong, Ireland, Korea, Kuwait, Lebanon, Maldives, Mauritius, Mexico, Netherlands, New Zealand, Oman, Peru, Portugal, Spain, Thailand, United Arab Emirates, United States, and United Kingdom. Demographics of the survey respondents included 67% females across a wide variability in ages (Figure 1), nearly half (45%) having more than 10 years of experience in the industry (Figure 2), and 21% with more than 20 years of experience. Almost 30% of the survey respondents earned an annual salary of more than \$50,000, which included 5% who earned more than \$100,000 a year (Figure 3). Respondents were asked to identify their occupations (Table 1), with 23.8% indicating that they were full-time or part-time personal trainers.

## 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 2015 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 8 years' surveys (1–8), please see the comprehensive comparison table online (available at <http://links.lww.com/FIT/A17>).

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 for 2013 for the first time was *body weight training*, which landed at no. 1 in this year's survey. The 2015 survey (Table 2) seems to reinforce the findings of previous years, which was expected when tracking trends and not fads. Remaining out of the top 20 trends for 2015 were *Zumba*®, *Pilates*, and *indoor cycling*. There were no new top 20 trends identified for 2015.

**1. Body weight training.** Appearing for the first time in the trends survey in 2013 (at no. 3) was *body weight training*, and it has 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. 2 position in the survey suggested last year, *body weight training* is a trend to watch for the future.

**2. High-intensity interval training.** Falling from the top spot in last year's 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). Although being offered as a

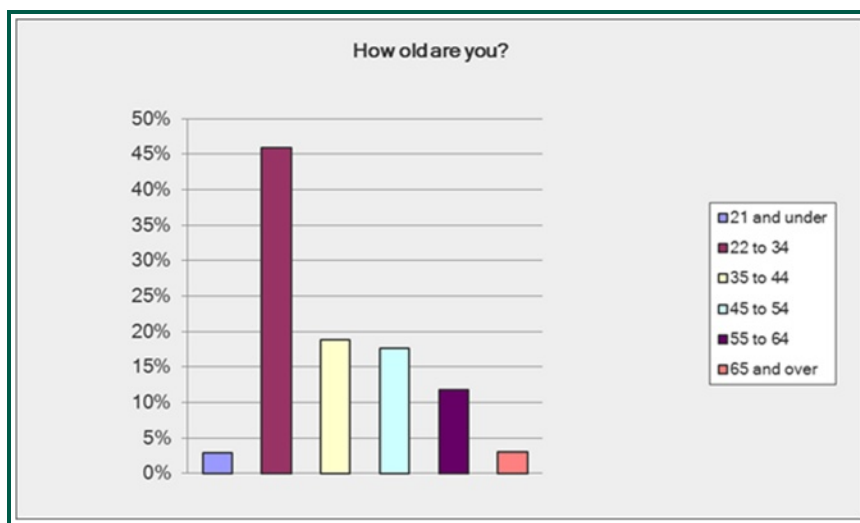
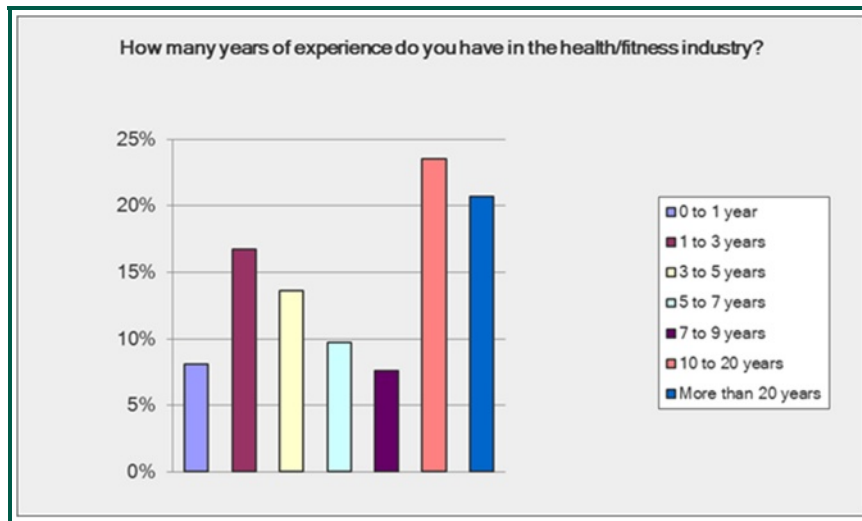


Figure 1. Age (in years) of survey respondents.

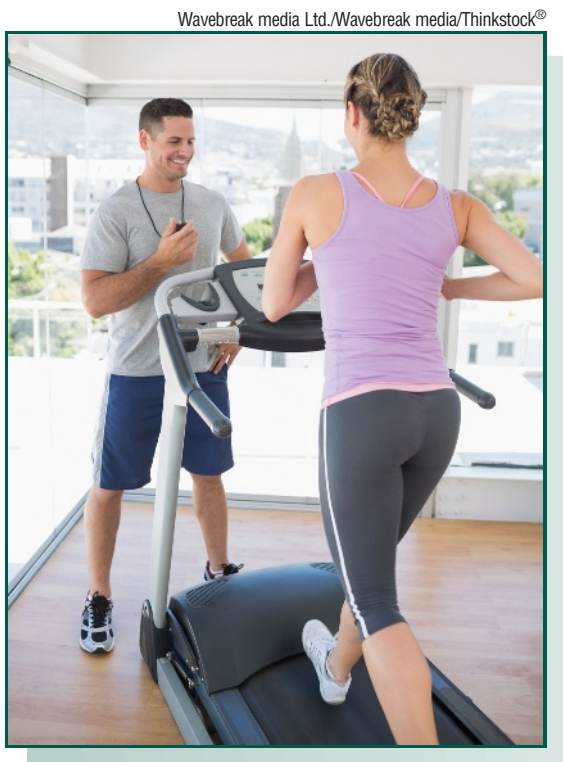


**Figure 2.** Years of experience reported by the survey respondents.

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 the potential dangers. Many of the comments claimed that clients liked this kind of program for a short time then were looking for something else while 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 has become popular in gyms all over the world.

**3. Educated, certified, and experienced fitness professionals.** Falling to no. 3 last year and maintaining that position 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 (CoAES; [www.coaes.org](http://www.coaes.org)) and more certification programs 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 24% from 2010 to 2020" (<http://www.bls.gov/oco/ocos296.htm>, cited on July 20, 2014). 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.



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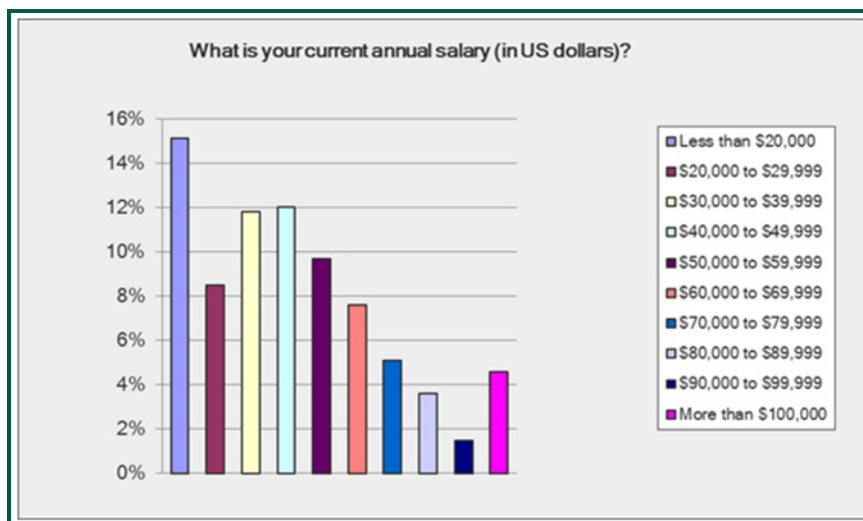


Figure 3. Annual salary of survey respondents.

CREP maintains the U.S. Registry of Exercise Professionals, which is recognized internationally. For more information, contact [info@usreps.org](mailto:info@usreps.org).

**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 2015 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 for their 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 patients.

**5. Personal training.** As more professional personal trainers are educated and become certified (see trend no. 3), 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 has been paid recently 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), none of which has yet passed. Although 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.

**6. 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* 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. 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

TABLE 1: Respondents' Occupation

Personal trainer (part-time)	13.1%
Personal trainer (full-time)	10.7%
Group exercise leader	2.7%
Health fitness specialist (or equivalent)	9.9%
Professor	6.4%
Health/fitness director	6.3%
Medical professional (M.D./D.O., R.N., physical therapist, occupational therapist)	5.9%
Clinical exercise physiologist	5.9%
Graduate student	5.4%
Undergraduate student	4.5%
Program manager	4.1%
Clinical exercise specialist (or equivalent)	4.0%
Owner/operator	2.7%
Teacher	2.0%
Other (please specify)	16.5%

**TABLE 2: Top 20 Worldwide Fitness Trends for 2015**

2015	
1	Body weight training
2	High-intensity interval training
3	Educated, certified, and experienced fitness professionals
4	Strength training
5	Personal training
6	Exercise and weight loss
7	Yoga
8	Fitness programs for older adults
9	Functional fitness
10	Group personal training
11	Worksite health promotion
12	Outdoor activities
13	Wellness coaching
14	Circuit training
15	Core training
16	Sport-specific training
17	Children and exercise for the treatment/prevention of obesity
18	Outcome measurements
19	Worker incentive programs
20	Boot camp



(no. 11). In 2012, *Yoga* was no. 11 on the list, falling to no. 14 in 2013. *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.

**8. Fitness programs for older adults.** Health and fitness professionals can take advantage of this 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 fill the time during the day when most gyms are underutilized (typically between 9:00 and 11:00 A.M. and 2:00 and 4:00 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 has now aged 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 2015.

**9. 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.

restriction for weight control according to the 2015 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 incorporate exercise in addition to the daily routine of providing prepared meals to their clients.

**7. Yoga.** Moving up the list for 2015 is *Yoga* after occupying the no. 10 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

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*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, it was no. 8. Last year, this trend was no. 8. 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.

**10. Group personal training.** *Group personal training* will continue to be a popular trend in 2015. The personal trainer can continue to provide the personal service clients expect but now in a small group typically of two to four, offering potentially deep discounts to each member of the group and creating 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, and no. 9 in 2014. In these continuing challenging economic times when actual personal income may be decreasing (and almost certainly discretionary spending), personal trainers are being more creative in the way 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.

**11. 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 housed physically 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, health promotion programs may take on additional importance in the future.

**12. 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. This recent trend for health and fitness professionals to offer more *outdoor activities* for their clients began in 2010. In that year, *outdoor activities* ranked no. 25 in the annual survey and, in 2011, it ranked no. 27. In 2012, *outdoor activities* ranked no. 14 and, in 2013, *outdoor activities* ranked no. 13 and, in 2014, it was no. 14. *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.

**13. Wellness coaching.** *Wellness coaching* took the biggest jump from last year's survey when it was listed at no. 17 and 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 2015 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. Circuit training.** *Circuit training* appeared in 2013 (no. 18) for the first time in the top 20 trends and now occupies the no. 14 position, up from no. 15 in last year's survey. 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.

**15. 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 15th spot in 2015.

**16. 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. For 2015, *sport-specific training* ranked no. 16. 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. Breaking into the top 10 for the first time in the survey in 2009 (no. 9), *sport-specific training* jumped from no. 13 in 2008 after falling from no. 11 in 2007. This is an interesting trend for the health and fitness industry to watch over 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 and again for 2015. *Sport-specific training* possibly could 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.

**17. Children and exercise for the treatment/prevention of obesity.** Demonstrating the biggest decrease in this year's

survey, dropping from the top 5 in every survey between 2007 and 2013 and appearing at no. 11 in 2014 is *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. As public school systems continue to face the challenge of cutting programs such as physical education and recess to spend more time preparing for standardized testing, programs for youth is a potential new market for commercial and community-based organizations.

**18. Outcome measurements.** *Outcomes measures* as a trend has not appeared in the top 20 for the past few years but reappeared in 2013 at no. 17 and no. 16 in 2014. A trend that addresses accountability, these are efforts to define and track outcomes 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 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.

**19. Worker incentive programs.** 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. 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. This trend represents a potential resurgence of corporate health promotion programs as a result of rising health care costs experienced by both small and large companies and corporations. For more information about worksite health promotion programs, visit <http://www.acsm-iawhp.org>, the International Association for Worksite Health Promotion, an affiliate society of the American College of Sports Medicine.

**20. Boot camp.** 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 for 2013. In 2014, boot camp was no. 20 and remains in that spot for 2015. Boot camp typically is 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. Because of its climb in the survey rankings from 2008 to 2011, with a decrease in the trend analysis the past few years, it will be interesting to see if boot

camp programs continue as a trend in the fitness industry into the future.

## WHAT'S OUT FOR 2015?

Dropping out of the top 20 for 2014 was *Zumba*<sup>®</sup>, and it continues to drop as a trend this year, occupying no. 34 of the 39 potential trends in the survey. Typically, *Zumba*<sup>®</sup> combines Latin rhythms with interval-type exercise and resistance training and first appeared on the list of potential trends in 2010 and ranked no. 31 of 37 potential trends; in 2011, it was ranked no. 24 out of a possible 31 choices. In 2012, it jumped into the top 10 (no. 9) and then fell to no. 12 in 2013 and no. 28 in 2014. It appears as though the popularity of *Zumba*<sup>®</sup>, which was growing with a rapid escalation between 2010 and 2013, can now be called a fad and not a trend. Falling out of the top 20 fitness trends in 2013 was *indoor cycling*, *sport-specific training*, and *physician referrals*. *Indoor cycling* was no. 16 in the survey for 2012, dropped out of the top 20 in 2012, and stayed out of the top 20 in 2014 and 2015. Jumping from no. 17 in 2010 and rounding out the top 10 for 2011 was *physician referrals*. In the 2012 survey, physician referrals fell to no. 20 and out of the top 20 trends in 2013. For 2014, physician referrals remained out of the top 20 and, in 2015, it ranked no. 24. Of the 39 possible trends in this year's survey, *mixed martial arts*, *online training*, *unmonitored fitness facilities*, *medical ball slamming*, and *Bowka* occupied the bottom of the list. It is always interesting to see what fell out of the top 20 list on this survey for the next year and what seems to be supported by this year's survey.

## 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 (*Pilates*, *indoor cycling*, *stability ball*, *mixed martial arts*, *online training*, *pregnancy/postnatal classes*, *water workouts*, *unmonitored fitness facilities*, *medicine ball slamming*, and *Bowka*). 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 10 fitness trends for 2015, all have been on the list in previous years. Taking over the top spot from *high-intensity interval training* is *body weight training*. It will be very interesting to watch *body weight training* and *high-intensity interval training* during the next year to see if these are truly trends or fads. *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.



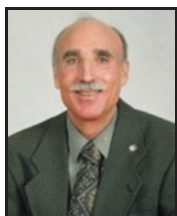
# Worldwide Survey of Fitness Trends for 2015

## INTERNATIONAL EXPERTS COMMENT ON 2015 TRENDS



**L. Jerome Brandon, Ph.D., FACSME, professor, Department of Kinesiology and Health, College of Education, Georgia State University, Atlanta, GA.** The rise of the obesogenic culture, particularly in America,

has been a fuel for expanding the fitness industry. Dr. Walt Thompson has designed a survey to assess the trends of fitness worldwide. His survey outlines trends or fads that currently are part of the conscious of ACSM members, and those certified by ACSM, who are associated with and work in the fitness industry. His report indicates that many of the trending fitness aspects have remained consistent during the last 9 years, whereas a few others have entered and exited the top 20 trends. It is somewhat surprising that the top three 2015 fitness trends appear to focus on performance and appearance considering that lifestyle choices currently are a strong health focus. The top trends may be caused by the fact that approximately 50% of the respondents were 34 years old or younger and may have more interest in performance and appearance. This worldwide trend assessment also may have more application for some locations in the world than others. Regardless, the International Health, Racquet, and Sports Club Association reported that the total revenue in the fitness industry reached \$21.8 billion in 2012. This suggests that there are attractive prospects for jobs in the fitness industry, and having an analysis of the trends should be helpful. As such, Dr. Thompson is lauded for his energy in providing guidance as to the aspects of the fitness industry that appear to be preferred staples as opposed to those that have a bouncing trend within the industry.



**Brad A. Roy, Ph.D., FACSME, FMFA, executive director, Kalispell Regional Medical Center: The Summit Medical Fitness Center, Kalispell, MT.** The ninth consecutive ACSM Worldwide Survey of Fitness Trends once again provides insight into key trends within the health and fitness

industry. During the past 37 years, I have seen numerous fads and trends come and go and, in some cases, come again. Many of these fads are creative variations of the core fitness components and typically are driven by clever marketing and a perceived element of fun. Such programs generally attract the already active individuals and do little to motivate and engage the 75% of Americans that currently do not meet the recommended physical activity guidelines, many of whom are dealing with chronic health conditions. Thus, I expect to see trends such as *wellness coaching*, *worksites programs*, *fitness programs for older adults*, and *child and adult exercise for treatment of obesity* continue to remain top trends. Within the rapidly increasing

number of older adults, prevention of falls and maintenance of mobility will be key strategies. As such, various forms of mobility and strength training, such as *Yoga*, *body weight training*, *functional training*, and various forms of interval training, will continue to be used. From the perspective of medically integrated fitness facilities, I was a bit surprised that *physician referral programs* remain out of the top 20. Such partnerships are an important strategy toward engaging the large percentage of inactive individuals and certainly a strong focus of the worldwide Exercise is Medicine<sup>®</sup> (EIM) initiative that continues to expand. The continued health care progression toward “population health” only will serve to increase a team-approach concept that will incorporate EIM-certified professionals, wellness coaches, and other degreed and certified health and fitness professionals onto the health care team. Finally, collection, analysis, and reporting of outcome measures will continue to increase to substantiate current trends and identify new approaches.



**Yves Vanlandewijck, Ph.D., professor, Faculty of Kinesiology and Rehabilitation Sciences and program director of the Education Board of the Erasmus Mundus Masters in Adapted Physical Activity, KU Leuven, Leuven, Belgium.** During the last

9 years, the ACSM Worldwide Survey of Fitness Trends has been established as the primary mechanism by which the fitness industry has set its standard for the coming year. Around the globe, owners of clubs look forward to the survey to have a better understanding of market direction and emerging trends. That was true in the past, and it continues to be that way today. The survey was sent to thousands of health fitness professions, with 12% responding. That is a remarkable return rate for a survey of this type, demonstrating beyond any doubt that it reflects an accurate picture of the industry. Owners, operators, fitness staff, and sales professionals should pay attention to the results of the survey. I am not surprised that *high-intensity interval training* was overtaken by *body weight training* after the surge in last year’s survey. There have been many anecdotal reports about elevated injury rates with high-intensity exercise (compared with moderate intensity) that probably would discourage some people from engaging in this activity. I also am not surprised that *specialized exercise programs for older adults* are still a strong trend. As our populations continue to age, health clubs should tap into this market. *Functional fitness training* remains strong in the survey, which may be related to the aging populations. Functional fitness training often is used with older populations to increase strength and endurance. Finally, I am not at all surprised that *Zumba<sup>®</sup>* and *Pilates* are no longer considered a trend. Without reinventing themselves (as *Yoga* seems to do), these forms of exercise will not survive in the fitness markets of today.



**NiCole R. Keith, Ph.D., FACS M, vice president, American College of Sports Medicine; research scientist, Indiana University Center for Aging Research; investigator, Regenstrief Institute, Incorporated; associate professor, Department of Kinesiology; Indiana University–IUPUI, Indianapolis, IN.**

The 2012 Affordable Care Act (ACA) requires Medicare to cover 100% of annual wellness visits and “a personalized prevention plan” that is consistent with services recommended by the U.S. Preventive Services Task Force. This includes physical activity and exercise. Primary care providers (PCPs) frequently refer patients to other specialists. The ACA requirement is good news for fitness professionals who are likely to receive PCP referrals of older adult patients. It makes sense that *educated, certified, and experienced fitness professionals; personal training; and fitness programs for older adults*, respectively, hold the third, fifth, and eighth positions. In fact, it has been reported that, when PCPs refer patients with disabilities or comorbid conditions to exercise, PCPs prefer that the activities are monitored by fitness professionals certified to prescribe exercise and assess fitness outcomes in the context of these conditions. This is especially important as PCPs move toward outcome-based reimbursement plans, and I would expect *outcome measurements* (no. 18) to gain popularity in years to come. Muscle fitness can improve through the ninth decade of life and is associated with improved physical, cognitive, and psychological health in several populations including older adults. That *strength training* is ranked fourth is important to this population and to the physical and fiscal health of any nation. It is disappointing that *physician referrals* once again was not among the top 20 fitness trends. However, in light of ACA developments and with ACSM focusing on an evidence base for Exercise is Medicine<sup>®</sup>, I am hopeful that *physician referrals* will regain momentum in the future.

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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, and especially Lori Tish who has worked tirelessly on this survey since it first launched in 2006.

### **References**

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

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### **BRIDGING THE GAP**

The 2015 worldwide survey of fitness trends is now in its ninth 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 predict the future of any industry accurately, this survey helps to track trends in the field that can assist owners, operators, program directors, and personal trainers with making important business decisions.