GETTING STARTED
HEALTHY EATING AND EXERCISE DURING CANCER TREATMENT AND BEYOND

MapleTreeCancerAlliance.org
Welcome to Getting Started!

No matter where you are on your cancer journey, you are a survivor! You have proven that you are STRONGER than you think, BRAVER than you believe, and more LOVED than you could ever imagine!

Just by registering for this course, you are showing the world – and more importantly, yourself – that you aren’t just going to fight your cancer…

You are going to FIGHT YOUR CANCER BACK!

This course is grounded in research and will give you the tools you need to become empowered to make healthy choices. Learning to eat healthy and implementing exercise into your daily life will help you to THRIVE in your cancer recovery!

This workbook is broken down into a total of 7 modules, each with an accompanying short video that will allow you to go deeper with the material. You will also hear directly from patients, themselves, who have took the giant leap and embraced a healthy lifestyle during cancer recovery!

The topics we will discuss with each module are as follows:

- Module 1: Dream BIG
- Module 2: Where are you now?
- Module 3: Goal Setting
- Module 4: Healthy Eating 101
- Module 5: Exercise is Medicine
- Module 6A: Transformation
- Module 6B: Beginning an Exercise Routine
- Bonus Module: Keep Going!

Remember, we are here to help you every step of the way. If at any time, you feel you need assistance, please do not hesitate to contact us at: Karen.wonders@mapletreecanceralliance.org

Let’s get started!
Karen Wonders
Executive Director, Ph.D., FACSM
To start, we are going to begin with the end.

Oftentimes, when someone is battling cancer, they forget to dream. They are so focused on getting through the day, that they lose sight of their dreams and aspirations. This is understandable, but it can leave you feeling hopeless and discouraged.

So, let’s take a minute to peek into the future.

If you were to step into your life 1, 3, and 5 years from now, what would you find? How would you feel? What would your daily life look like? How would your relationships be? Would you have the energy and stamina to accomplish your tasks?

Take a minute to dream below. Don’t sell yourself short – imagine the absolute best case scenario. If you had absolute control, what would your dream life look like?

1 Year __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

3 Years __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

5 Years __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
Now that we know where you want to go, we have to determine how you will get there.

Therefore, let’s paint a realistic picture of your current state. Since humans are complex beings, it is necessary to consider a variety of dimensions:

- wellness
- current nutrition health
- current exercise behavior
- circumference
- starting weight

We will then identify some tools to help you make healthy choices in your diet and exercise regimen.
Personal Wellness Assessment

Wellness is striving for positive physical, mental and social well-being.

It is a lifelong process of making decisions that support a more balanced life to maximize your potential. This self-assessment tool will help you determine the areas of wellness where you are thriving, as well as those that may need greater attention.

Instructions

• Answer all the questions for each of the 7 wellness dimensions.
• Tally your points for each section and use the guide to interpret the scores.

Emotional Wellness: understanding your own feelings and expressing emotions in a constructive way, and having the ability to deal with stress and cope with life’s challenges.

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Usually</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I find it easy to express my emotions in positive, constructive ways.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. I recognize when I am stressed and take steps to manage my stress in healthy ways.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. I am resilient and can bounce back after a disappointment or problem.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. I am able to maintain a balance of work, family, friends and other obligations.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. I am flexible and adapt to change in a positive way.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. I am able to make decisions with minimal stress.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. When I am angry, I try to let others know in non-confrontational or non-hurtful ways.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Total ____________

Environmental Wellness: recognizing the interactions between yourself and your environment (natural and social), responsibly using available resources, and fostering a safer and healthier environment for others.

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Usually</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I recognize the impact of my actions on my environment.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. I recognize the impact of my environment on my health.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. I am aware of and make use of available health, wellness, and safety resources.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. I practice environmentally conscious behaviors.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. I seek out ways to improve the social environment.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. I contribute towards making my environment a safer and healthier place.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. I surround myself with people who support me in my journey of being healthy and well.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Total ____________
Intellectual Wellness: engaging in creative and mentally-stimulating activities, expanding your knowledge through cultural, artistic, or skill-based learning, and sharing knowledge and skills with others.

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Usually</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I am curious and interested in the communities, as well as the world, around me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. I search for learning opportunities and stimulating mental activities.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. I manage my time well, rather than it managing me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. I enjoy brainstorming and sharing knowledge with others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. I enjoy learning about topics directly related to my field of work.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. I seek opportunities to learn practical skills to help others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. I can critically consider the opinions and information presented by others and provide constructive feedback.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Total __________

Occupational Wellness: getting personal fulfillment from your job or academic pursuits, and contributing to knowledge and skills, while maintaining a work-life balance.

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Usually</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I get personal satisfaction and enrichment from work.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. I believe that I am able to contribute my knowledge, skills, and talents at work.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. I seek out opportunities to improve my knowledge or skills.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. I balance my social life and job responsibilities well.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. I effectively handle my level of stress related to work responsibilities.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. My work load is manageable.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. I explore paid and/or volunteer opportunities that interest me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Total __________

Physical Wellness: making choices to avoid harmful habits and practice behaviors that support your physical body, health and safety.

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Usually</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I engage in physical exercise regularly (e.g., 30 mins at least 5x a week or 10,000 steps a day).</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. I get 6-8 hours of sleep each night.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. I protect myself and others from getting ill.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. I abstain from drinking alcohol; or if I do drink, it is not excessive.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. I avoid using tobacco products or other drugs.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. I eat a balanced diet (fruits, vegetables, low-moderate fat, whole grains).</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. I get regular physical exams.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Total __________
**Social Wellness:** building and maintaining a diversity of supportive relationships, and dealing effectively with interpersonal conflict.

<table>
<thead>
<tr>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Usually</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I consciously and continually try to work on behaviors or attitudes that have caused problems in my interactions with others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. In my romantic or sexual relationships, I choose partner(s) who respect my wants, needs, and choices.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. I feel supported and respected in my close relationships.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. I communicate effectively with others, share my views and listen to those of others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. I consider the feelings of others and do not act in hurtful/selfish ways.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. I try to see good in my friends and do whatever I can to support them.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. I participate in a wide variety of social activities and find opportunities to form new relationships.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Total __________

**Spiritual Wellness:** having beliefs and values that provide a sense of purpose and help give meaning and purpose to your life, and acting in alignment with those beliefs.

<table>
<thead>
<tr>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Usually</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I take time to think about what’s important in life – who I am, what I value, where I fit in, and where I am going.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. I have found a balance between meeting my needs and those of others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. I engage in acts of caring and goodwill without expecting something in return.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. I sympathize/empathize with those who are suffering and try to help them through difficult times.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. My values are true priorities in my life and are reflected in my actions.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. I feel connected to something larger than myself.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. I feel like my life has purpose and meaning.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Total __________
**Calculate Your Score**

<table>
<thead>
<tr>
<th></th>
<th>Ideal Score</th>
<th>Your Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional Wellness</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>Environmental Wellness</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>Intellectual Wellness</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>Occupational Wellness</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>Physical Wellness</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>Social Wellness</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>Spiritual Wellness</td>
<td>28</td>
<td></td>
</tr>
</tbody>
</table>

**Scores of 20-28:** Outstanding! Your answers demonstrate that you’re already taking positive steps in this dimension of wellness. You’re improving your own well-being and also setting a good example for those around you. Although you achieved a high overall score in this domain, you may want to check for low scores on individual items to see if there are specific areas you might want to address. You might also choose to focus on another area where your scores weren’t so high.

**Scores of 15-19:** Your behaviors in this area are good, but there is room for improvement. Take a look at the items on which you scored lower. What changes might you make to improve your score? Even a small change in behavior can help you achieve better health and well-being.

**Scores of 14 and below:** Your answers indicate some potential health and well-being risks. Review those areas where you scored lower and review resources to help you develop and set achievable goals.
Circumference Measurements
Use a tape measure to measure the circumference of the following:

• Hips (at the widest part) ________________________________________
• Stomach (at the level of your belly button) ________________________________________
• Legs (5 inches up from the top of your knee cap) ________________________________________
• Arms (3 inches up from your elbow) ________________________________________

Starting Weight ________________________________
## Food And Exercise Diary

For this exercise, track your food intake and physical activity for one week day and one weekend day.

<table>
<thead>
<tr>
<th>Week Day</th>
<th>Weekend Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast:</td>
<td>Breakfast:</td>
</tr>
<tr>
<td>Lunch:</td>
<td>Lunch:</td>
</tr>
<tr>
<td>Dinner:</td>
<td>Dinner:</td>
</tr>
<tr>
<td>Snacks:</td>
<td>Snacks:</td>
</tr>
<tr>
<td>Hydration:</td>
<td>Hydration:</td>
</tr>
<tr>
<td>Physical Activity:</td>
<td>Physical Activity:</td>
</tr>
</tbody>
</table>
Examine your food and exercise diary and answer the questions below:

1. Did you eat at least 9 servings of fruits and vegetables each day?

__________________________________________________________________________________________

2. Did you get enough water (approximately half your body weight in ounces) each day?

__________________________________________________________________________________________

3. Did you limit your intake of sugary foods, processed foods, and fatty meats?

__________________________________________________________________________________________

4. Did you exercise for at least 30 minutes each day?

__________________________________________________________________________________________

5. Are there areas where you are doing well? List them below.

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

6. Are there areas where you need improvement? List them below.

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

7. Explain how you feel in general, throughout the day. Focus on mood, energy, aches, pains, cravings, etc.

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
My Why!
Use the space below to write out “Your Why”. Why do you want to make this change?
It has been said that a dream without a plan is just a wish. That is why we set goals!
People who set goals are much more likely to be successful than those who do not.
Think back to what you planned as your ideal life, 5 years from now (Module 1). Now consider the areas you have identified as weaknesses in your present life (Module 2). Setting goals will help bridge the gap between where you are and where you want to be! They will help you to stay focused on what is important and help keep you from getting lost in what is not.

Take time to set some SMART goals. SMART goals are:

- **S**pecific
- **M**easurable
- **A**ttainable
- **R**elevant
- **T**ime-Bound

Bottom Line – In order to achieve all we want with our precious lives, we must be intentional. Setting goals and working toward achieving them will help keep you on track!

**Take Action Plan** Review your scores from your wellness assessment - both overall for each dimension of wellness and for individual statements. For those areas where you scored lower, consider what might have a significant impact on your daily life and focus on those behaviors.

1. Which areas are you ready and willing to work on?

__________________________________________________________________________________________
__________________________________________________________________________________________

Select one of the behaviors you listed above and take action by setting a SMART goal:

- **S**pecific – develop the details of your goal (what, where, when, why).

__________________________________________________________________________________________
__________________________________________________________________________________________

- **M**easurable – define a quantity (frequency, amount, etc.) that you can measure.

__________________________________________________________________________________________
__________________________________________________________________________________________

- **A**ttainable – do you have the means and attitude to accomplish this goal?

__________________________________________________________________________________________
__________________________________________________________________________________________

- **R**ealistic – consider the goal and your time-frame. Is this doable?

__________________________________________________________________________________________
__________________________________________________________________________________________

- **T**ime-bounded – by what deadline or time-frame do you wish to accomplish this goal?

__________________________________________________________________________________________
__________________________________________________________________________________________
2. What are/would be the benefits of working on this behavior?
__________________________________________________________________________________________
__________________________________________________________________________________________

3. What could get in the way of achieving your goal? How will you plan for this?
__________________________________________________________________________________________
__________________________________________________________________________________________

4. What can help you achieve your goal?
__________________________________________________________________________________________
__________________________________________________________________________________________

5. On what date will you start?
__________________________________________________________________________________________
__________________________________________________________________________________________

6. How can you reward yourself for achieving your desired goal?
__________________________________________________________________________________________
Now that you have taken time to dream big and set some **SMART** goals, let’s take the next step toward greater health!

*What is the role of nutrition in cancer recovery?*

Watch the lecture detailing the numerous benefits of proper nutrition during cancer recovery.
**Nutrition and Cancer Recovery**

- Nutritional interventions have been shown to contribute to:
  - shorter hospital stays;
  - decreased healthcare costs;
  - faster healing;
  - increased tolerance to treatment; and
  - higher treatment dosages

**Nutrition Program Objectives**

- Improve quality of life
- Maintain a healthy weight
- Improve treatment tolerance
- Manage treatment-related side effects
- Improve eating habits

**Goals of Nutrition Programming**

- Optimize nutritional status before, during, and after cancer treatment.

**Benefits of Nutrition Programming**

- Shorter hospital stays
- Decreased healthcare costs
- Faster healing

**Benefits of Nutrition Programming**

- Increased tolerance to treatment
- Decreased complications during cancer treatment
- Better quality and quantity of life
- Decreased risk of subsequent disease

**Cancer Fighting Eating Guidelines**

- Eat 3 oz. fatty fish (salmon, tuna, sardines) twice a week.
- Eat 7 servings of whole grains daily.
- Eat 5-9 servings of fruits and vegetables daily.
  Choose a variety of dark colored produce -

**Cancer Fighting Eating Guidelines**

- Snack on nuts
- Flavor foods with phytochemical-rich herbs and spices
- Soak green or black tea daily.
- Reduce total dietary fat by limiting animal fats:
  - opt for healthier monounsaturated and omega-3 fats.
- Avoid polyunsaturated vegetable oils, such as corn oil and hydrogenated vegetable oils.

**Resources**

- American Cancer Society
- American Institute of Cancer Research
- National Cancer Institute
- USDA
- Academy of Nutrition and Dietetics Oncology Practice Group
- Eating Well Through Cancer by Holly Clegg and Geraldo Marcella
- Cancer Fighting Eating Plan by Rebecca Katz and Matt Edelson
The next modules will help you put healthy eating into practice.
Cancer Fighting Eating Plan

Below are some basic, evidence-based guidelines you can follow when deciding what to eat. If this list seems overwhelming to you, select 1 or 2 to implement and once those become a habit, add another. Soon you will have tackled this whole list.

- Eat a plant-based diet centered on whole grains, legumes, fruits, and vegetables.
- Achieve and maintain a healthy weight. (For help, check out our Survivor Strong Program)
- Eat 3-4 oz fatty fish (salmon, tuna, sardines) twice/week.
- Omit processed meats, like bacon, sausage, hot dogs, and lunch meat.
- Limit red meat.
- Chose poultry, fish, or beans.
- Eat whole grains daily. Try new grains such as quinoa, bulgur, brown rice, and oats.
- Eat 5-9 servings of fruits and vegetables daily. Choose a variety of dark colored produce – orange, green, and red. Be sure to include cruciferous vegetables, such as broccoli, kale, and cabbage, as well as tomato products.
- Snack on nuts and seeds, but limit portions to ¼-1/3 cup.
- Flavor foods with phytochemical-rich herbs and spices such as oregano, rosemary, garlic, and turmeric.
- Sip on green or black tea daily.
- Drink lots of water.
- Limit or omit alcohol consumption.
- Reduce total dietary fat by limiting saturated animal fats and opt for healthier monounsaturated fat (olive oil, canola oil, and avocados) and omega-3 fats (salmon, flaxseeds, and walnuts).
- Limit polyunsaturated vegetable oils and avoid partially hydrogenated vegetable oils.
- Choose low fat dairy products or dairy alternatives like low fat milk and yogurt.
Just like nutrition, exercise is also very important!

The lecture accompanying this module will explain the importance of exercise during and after your cancer recovery.

At Maple Tree, we fully believe that Exercise is Medicine, and that if you choose to make exercise a standard part of your care, you will thrive through cancer!
Oncology Exercise Programming

- Individualized according to the patient's health status and goals
- All sessions are completed one-on-one with a Certified Cancer Exercise Trainer

Mode of Exercise

- Cardiovascular
  - Endurance: walking, cycling, cross trainers
- Muscular
  - Strength/Endurance: free weights and machines, resistance bands, resistance training
- Flexibility: stretching, warm-ups, ROM (range of motion), yoga
- Neuromuscular
  - Balance: balance balls, proprioceptive training, yoga

Maple Tree Cancer Alliance Research on Exercise Oncology Efficacy

Maple Tree Research Program

Fitness Improvements During Phase I

Improvements to Symptom Severity

Overall Quality of life

Depression

Improvements to Symptom Severity

Fatigue

Sense of Purpose

Improvements to Symptom Severity

Coping Over Life

Maple Tree Research Program

Fitness Improvements During Phase II

Number of ER Visits

Maple Tree Research Program

Length of Hospital Stay
Summary

- Exercise is safe and effective during cancer treatment and should be an integral component of cancer recovery.

- This exercise oncology program must be individualized to the patient and carried out by a certified exercise professional, in coordination with the patient's medical care team.
Exercising during cancer can seem very daunting. Most patients (around 85%) are sedentary at the time of their diagnosis. Now, faced with fatigue, nausea, and the other side effects of treatment, exercise is probably the last thing you want to do!

However, research strongly demonstrates that exercise will help you feel better, tolerate your treatments better, reduce your side effects, and for some kinds of cancers – increase your likelihood of remission!

When getting started, it is important to talk with your physician about any contraindications to exercise. Find out if there is anything specific you should avoid. In addition, take it slow. Start where you are and progress from there. Be careful of pushing yourself too much, as that can actually cause your immune system to decline!

Ideally, during cancer treatment, you should strive for a whole-body workout that targets all the major muscle groups. The overall goal of the exercise program should be to minimize the general de-conditioning that often results from cancer treatment so that your medicines are better tolerated. In general, the exercise prescription should include a slow progression and demonstrate adaptability to changes in health status, which frequently change from day-to-day.

Each exercise training session should consist of the following components:

- **Warm up**: Each session should begin with a 5- to 10-minute warm-up that stimulates blood flow to the working muscles. Warm-up activities may include brisk walking to increase the body temperature and other physiologic responses, as well as decrease your chance of injury. Warm-up activities are also important to help ensure that the muscles and cardiovascular system are prepared for the activities to come during the training session.

- **Aerobic Component**: During the aerobic component of exercise, it is important to frequently monitor heart rate and rating of perceived exertion (RPE – Scale of 1-10) to monitor intensity. Based on this scale, a light-to-moderate intensity (RPE of 3 to 6) should be encouraged. If dizziness, nausea, or chest pain occurs, all exercise should be stopped. Frequent short breaks are sometimes encouraged to accommodate therapy-related fatigue.

- **Resistance Training**: The type of resistance exercise performed will depend on your range of motion, tissue removal, and wound healing. Be sure to allow at least 48 hours of rest between each resistance training session. Therefore, it may be advisable to plan a whole-body approach to resistance training, where all major muscle groups are targeted in one day. If the you are unwilling or unable to participate in traditional modes of strength training, Yoga or Pilates may serve as an alternative form of strength exercise.

Although daily exercise is an ideal means to improving physical fitness, small modifications to your daily activities can contribute to an improvement to your overall fitness.
Consider the N.E.A.T principle which stands for non-exercise activity thermogenesis. Simply put, the N.E.A.T principle describes all of the energy spent from activates other than sleeping, eating, and exercising.

Some N.E.A.T examples to help improve fitness:
- Stand while preparing meals or washing dishes
- Park your car farther from the entrance of a store to increase the time spent walking.
- Clean the house or work in the yard.
- Take frequent breaks from a task or while at work to stand or walk.
- The stairs instead of the elevator when and if possible.

<table>
<thead>
<tr>
<th>FREQUENCY</th>
<th>AEROBIC TRAINING</th>
<th>STRENGTH TRAINING</th>
<th>FLEXIBILITY TRAINING</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-5 days/week</td>
<td>20-60 min/session</td>
<td>walking, cycling, cross trainers, swimming</td>
<td>max effort activity</td>
</tr>
<tr>
<td>2-3 days/week</td>
<td>1-3 sets, 8-12 reps per exercise</td>
<td>free weights, machines, resistance bands, resistance balls</td>
<td>very hard activity</td>
</tr>
<tr>
<td>2-7 days/week</td>
<td>10-30 seconds per stretch</td>
<td>static stretching</td>
<td>vigorous activity</td>
</tr>
</tbody>
</table>

**RPE Chart (Rate of Perceived Exertion)**

<table>
<thead>
<tr>
<th>Rating</th>
<th>Activity Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Max Effort Activity</td>
</tr>
<tr>
<td>9</td>
<td>Very Hard Activity</td>
</tr>
<tr>
<td>7-8</td>
<td>Vigorous Activity</td>
</tr>
<tr>
<td>4-6</td>
<td>Moderate Activity</td>
</tr>
<tr>
<td>2-3</td>
<td>Light Activity</td>
</tr>
<tr>
<td>1</td>
<td>Very Light Activity</td>
</tr>
</tbody>
</table>

- Max Effort Activity
  - Feels almost impossible to keep going.
  - Completely out of breath, unable to speak.

- Very Hard Activity
  - Very difficult to maintain exercise intensity.
  - Can barely breathe, difficult to speak a single word.

- Vigorous Activity
  - On the verge of becoming uncomfortable.
  - Short of breath, can speak a sentence.

- Moderate Activity
  - Feels like you can exercise for hours.
  - Breathing heavily, can hold a short conversation.

- Light Activity
  - Feels like you can maintain for hours.
  - Easy to breathe, can carry on a conversation.

- Very Light Activity
  - Anything other than sleeping, watching TV, riding in a car, etc.
Contraindications to Exercise

Avoid/discontinue exercise session if you experience at least ONE of the following symptoms:

- Onset of nausea following exercise initiation
- Vomiting within the last 24 hours
- Leg pain
- Decreased heart rate and/or blood pressure with increased workload
- Chest pain
- Difficult or shallow breathing
- Unusual muscle weakness
- Numbness in the extremities
- Chemotherapy treatment within the last 24-hours
- Irregular pulse during exertion
- Disorientation and confusion
- Dizziness/loss of balance
Thera-Band Exercise Guide

In addition to general wellness and fitness programs, elastic resistance is recommended for use in a variety of impairments:

• Resistance training for postural impairments, motor function impairments, muscle performance impairments;
• Stretching exercises for muscle length impairments;
• Balance training for balance and gait impairments;
• Cardio training for cardiorespiratory impairment;
• Functional and sport specific training for functional limitations.

Thera-Band Exercise Benefits

• Increase strength
• Increase power
• Improve balance and proprioception
• Prevent falls
• Improve posture
• Decrease pain
• Improve gait
• Increase grip strength
• Improve cardiovascular fitness
• Decrease blood pressure
• Decrease disability and improves function

Instructions: Exercises may be performed seated or standing. Each exercise should be performed for 2 sets of 15 at a resistance that provides fatigue near the end of the second set of exercises. Perform a warm-up of stretches followed by the band exercises. Be sure to keep proper alignment of spine during each of the exercises outlined.

Thera-Band Elbow Flexion (Bilateral) in Sitting

Wrap the middle of the band around both feet and grasp each end of the band with palms facing forward. Keep elbows at the side. Keeping wrists straight, bend elbow, bringing the hands to shoulders. Slowly return to the starting position.

TIP: Keep the back straight! Don’t slouch or lean forward.

Thera-Band Shoulder Bench Press Sitting

Begin with band wrapped around the upper back. Grasp both ends of band with elbows bent and palms facing inward. Push band forward, extending the elbows to shoulder level. Slowly return to starting position.

TIP: Keep the back and neck straight. Don’t shrug shoulders. Don’t hold breath.
Thera-Band Elbow Extension Sitting
Stabilize one end of band in opposite hand with elbow straight. Grasp band with elbow bent. Keep elbow behind the side. Straighten the elbow, pulling the band backward. Hold steady with opposite hand. Slowly return to the starting position. Repeat on other arm.
_TIP: Keep the stabilizing arm straight._

Thera-Band Shoulder Seated Row
Extend the legs and wrap middle of band around feet. Be sure band is secure by wrapping the middle around the feet so it won’t slip. Grasp both ends of band with elbows straight. Pull band upward and back, bending elbows. Slowly return to starting position.
_TIP: Keep the knees and back straight._

Thera-Band Shoulder Horizontal Abduction
Grasp the ends of the band in front at shoulder height, and take up the slack. Pull the band outward, keep the elbows straight and pinch the shoulder blades together. Slowly return.
_TIP: Keep the lower back straight. Don’t hold breath, and relax after each repetition._
Thera-Band Knee Extension
Sit on the edge of a sturdy chair with feet together. Begin by looping the center of the band around the ankle of the exercising leg. Bring the ends of the band underneath the foot of the opposite leg to stabilize and grasp the ends by the knee. Slowly extend the leg so the knee is straight against the band. Hold 1 to 2 seconds and slowly return.

Thera-Band Hip Adduction
Securely attach one end of the band to a sturdy object. Attach the band above the ankle. Keeping the knee straight, bring the leg inward toward the opposite leg. Hold and slowly return. Use a sturdy object nearby for balance if needed.

Thera-Band Knee Mini-squats
Begin with center of band under feet. Grasp ends of bands with hands by sides. Keep tension in the band with elbows straight. Keeping the elbows straight, slowly bend the knees while leaning forward slightly at the hips. Slowly return to starting position.

TIP: Keep the back straight.

Sometimes, knowing you should eat healthy and exercise is easy. It is actually putting it in to practice that is difficult. Our schedule is so jam packed. It is hard to think that there is any breathing room. This module will help you analyze your schedule and plan your week so you make the time to eat healthy and exercise.

*Your health is important and must be a priority.*

**Weekly Planner**

A weekly planner will allow you to focus on the things that will help you achieve your goals. For this exercise, we will plan out several things that will help keep you intentional and on track.

**Ideal Week**

First, take some time to determine what your *Ideal Day* looks like. If you were to accomplish everything you wanted to in a single day, what would it look like? Consider things like how much sleep you want to get, what your work schedule is like, when and how long you would like to exercise, how long you have to cook dinner, family commitments, etc.

Do this for every day of the week. Even if you don’t stick to this schedule perfectly, at least you have a plan in place! Quickly adjust and get back on track!

**Meal Plan**

Taking some time over the weekend to plan out your meals will save you so much time and headache during the week! It will also help you stay on budget at the grocery store, and keep focused with your food choices! Use the recipes provided to guide your choices!

- Choose one day of the week to sit down and plan all of your meals for the upcoming week.
- Consider everything you may want to be eating during the entire week including breakfast, lunch, dinner, and snacks.
- Planning meals ahead of time will help you stay on budget while grocery shopping each week.
- From the meal plan, create a grocery list that aligns with your nutrition goals.
- When setting your meal plan, try to limit the following foods: gluten, sugar, and dairy. Naturally occurring sugars in fruit is okay!
- Follow the Cancer Fighting Eating plan in Module 4 for more guidance.
- Also, aim for all of your meals to be plant-based. Imagine your plate as a clock, it should have enough vegetables and fruit to cover from 12:00 to 9:00!

**Grocery List**

Based on your meal plan, make your grocery list. Be sure to “shop” in your kitchen to see what you have on hand first.
### My Ideal Week

<table>
<thead>
<tr>
<th></th>
<th>SUN</th>
<th>MON</th>
<th>TUE</th>
<th>WED</th>
<th>THU</th>
<th>FRI</th>
<th>SAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>5:00 a.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5:30 a.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6:00 a.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6:30 a.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7:00 a.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7:30 a.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8:00 a.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8:30 a.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9:00 a.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9:30 a.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:00 a.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:30 a.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:00 a.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:30 a.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:00 p.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:30 p.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1:00 p.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1:30 p.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2:00 p.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2:30 p.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3:00 p.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3:30 p.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4:00 p.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4:30 p.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5:00 p.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5:30 p.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6:00 p.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6:30 p.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7:00 p.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7:30 p.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8:00 p.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8:30 p.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9:00 p.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9:30 p.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:00 p.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:30 p.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:00 p.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:30 p.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Meal Plan

<table>
<thead>
<tr>
<th></th>
<th>SUN</th>
<th>MON</th>
<th>TUE</th>
<th>WED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Breakfast</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lunch</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Dinner</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Healthy Snack #1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Healthy Snack #2</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>THU</th>
<th>FRI</th>
<th>SAT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Breakfast</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lunch</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Dinner</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Healthy Snack #1</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Healthy Snack #2</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grocery List</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Produce:</strong></td>
<td><strong>Grains/Pasta/Rice:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Meats:</strong></td>
<td><strong>Frozen Foods:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Snacks:</strong></td>
<td><strong>Dairy:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Paper Goods:</strong></td>
<td><strong>Condiments:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Beauty Products:</strong></td>
<td><strong>Household Items:</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Dirty Dozen and Clean 15

Sometimes it is hard to know whether or not it is “worth it” to spend the extra money to buy organic produce.

To help, each year, the Environmental Working Group researches 47 different types of produce for pesticide residue. From these investigations, they compile two lists -- the Dirty Dozen (foods with the most pesticide residue, and therefore should buy organic if your budget allows) and Clean 15 (foods with the least amount of pesticide residue, and therefore you do not need to buy organic)!

<table>
<thead>
<tr>
<th>Dirty Dozen Foods List</th>
<th>Clean 15</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(A.K.A. buy organic if you can!)</strong></td>
<td><strong>(A.K.A. okay to eat non-organic)</strong></td>
</tr>
<tr>
<td>1 Strawberries</td>
<td>1 Avocados</td>
</tr>
<tr>
<td>2 Spinach</td>
<td>2 Sweet Corn</td>
</tr>
<tr>
<td>3 Kale</td>
<td>3 Pineapples</td>
</tr>
<tr>
<td>4 Nectarines</td>
<td>4 Frozen sweet peas</td>
</tr>
<tr>
<td>5 Apples</td>
<td>5 Onions</td>
</tr>
<tr>
<td>6 Grapes</td>
<td>6 Papayas</td>
</tr>
<tr>
<td>7 Peaches</td>
<td>7 Eggplant</td>
</tr>
<tr>
<td>8 Cherries</td>
<td>8 Asparagus</td>
</tr>
<tr>
<td>9 Pears</td>
<td>9 Kiwi</td>
</tr>
<tr>
<td>10 Tomatoes</td>
<td>10 Cabbage</td>
</tr>
<tr>
<td>11 Celery</td>
<td>11 Cauliflower</td>
</tr>
<tr>
<td>12 Potatoes</td>
<td>12 Cantaloupe</td>
</tr>
<tr>
<td></td>
<td>13 Broccoli</td>
</tr>
<tr>
<td></td>
<td>14 Mushrooms</td>
</tr>
<tr>
<td></td>
<td>15 Honeydew melon</td>
</tr>
</tbody>
</table>
Stock Your Pantry!

The concept of clean eating boils down to eating whole, minimally processed foods that are nutritious for your body as well as kind to our planet. Clean foods are foods that are closest to their natural state... the way God created them! Consider selecting a delicious apple that is picked from a local orchard, which has just one ingredient. Contrast this with buying a packaged, processed apple pie from a gas station – 20+ ingredients! Not to mention additives and preservatives, some of which are even difficult to pronounce. Foods like this are void of antioxidants; anti-inflammatory properties and immune boosters, which help us, prevent major health issues like cancer, heart disease and diabetes. So, make steps to stock your pantry, refrigerator and freezer with these whole food ideas for better health.

**Pantry Goods**
- “whole” or sprouted grain breads, tortillas, cereals, crackers
- brown rice
- whole-wheat pasta, quinoa, barley, old fashion oats
- bulgur, nuts and seeds
- natural nut and seed butters
- unsalted vegetable, chicken or beef stock
- pouches of light tuna or salmon
- dried beans, peas or lentils (canned bean should be rinsed)
- cartons of diced tomatoes or puree
- dark chocolate
- extra virgin olive oil, grape seed oil
- vinegars – cider, balsamic, ice, raspberry
- dried herbs and spices, black and green tea, herbal tea
- popcorn, root vegetables – sweet potatoes, beets, turnips, parsnips
- onions and garlic
- sweeteners – honey, real maple syrup, molasses

**Refrigerator Items**
- colorful fruits – apples, grapes, citrus, berries, stone fruits, avocado
- colorful vegetables – tomatoes, carrot, squash, sugar snap peas, broccoli, cauliflower
- salad greens – spinach, kale, chard, arugula, romaine, watercress
- nonfat or low-fat dairy – milk, Greek yogurt, cheese, kefir, soymilk
- Kimchi, Hummus, Pasture raised eggs, Tofu, tempeh, edamame

**Freezer Items**
- frozen vegetables – kale, diced peppers and onions, broccoli, mixed vegetables
- frozen fruits – unsweetened berries for smoothies or dessert
- grains – brown rice or quinoa in a bag, whole-wheat waffles, sprouted grain bread
- nuts
- chicken, ground turkey (white meat, skinless), fish and seafood (non-breaded), lean cuts of red meat (loin or round), wild game
This last section is all about EXECUTION!

Lets face it. When you are first starting out – you usually have the motivation and the drive to succeed... At least for a little while. After that, it becomes challenging. Life gets in the way. You have a rough night. You get sick. A million things can work to throw you off course. It’s easy to fall into despair and want to give up. But you didn’t come this far to quit now!

You must keep going!

Take time to rewrite your **WHY**.

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

What is at stake if you give up now?
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Is it worth it? (circle one)    Yes      No   (HINT – OF COURSE IT IS!)

Who is one friend you can trust to be your accountability partner? Enlist their help to keep you on track.
_____________________________________________________________________________________________

What will you do **TODAY** to make sure you keep going **TOMORROW**?
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
Congratulatins! You are READY TO FLY!

Now that you have successfully completed this “Getting Started” course, we encourage you to keep going.

Healthy nutrition and exercise requires a lifelong commitment, but you don’t have to go it alone!

We are here to help you every step of the way. Consider joining one of our online programs to help you gain the advise, encouragement, tools and support you need to succeed.

• SURVIVOR STRONG – 4 WEEK WEIGHT LOSS PROGRAM
  • For individuals who have completed thier treatment.
  • Cost: $40
  • Sign up at www.mapletreecanceralliance.org/product/survivor-strong-weight-loss-group/

  “Survivor Strong has been a life changer for me! It has opened my eyes to the foods I am putting into my body. I never realized how much mindless eating I do throughout the day! Thanks to this program, I have changed my eating habits completely. I practice intermittent fasting and have lost 16 pounds. Thank you for this program!”
  CHRIS, AGE 61. BREAST CANCER SURVIVOR.

• MONTHLY VIP MEMBERSHIP
  • Gain access to custom workouts you can do in your own home without any equipment, as well as our whole-foods recipe guide, organized to help you manage side effects.
  • Cost: $7/month or $70/annually
  • Sign up at www.mapletreecanceralliance.org/membership/

  “I really enjoy the Monthly Membership! The wide variety of recipes have helped me manage my side effects and I LOVE the workouts! So easy to do in my own home!”
  KATIE, AGE 53. COLON CANCER SURVIVOR.