



Steph: Hello, Phil, and welcome back to the show.

Phil: Hi, Steph. Great to be with you again.

Steph: Yes. Thank you for joining us. I'm very excited about today's topic. I really wanted to get you back on the show to do a debunking myths with Maff episode because as I'm sure you've seen over the decades that you've been in the industry, there are these common myths that circulate and recirculate and people definitely grab onto them and run with them. You and I have very similar philosophies about training and nutrition and our thoughts on even the health and wellness industry. I thought it'd be really great to explore some of these common myths.

The first one is definitely something that we've discussed over the years together on the show, and that is the statement that "MAF doesn't work for me". I get that a lot. I'm sure you've heard it as well, but just before we break down the myth, could you set the scene for us about what MAF is just for those listeners that might not yet be across your 180 formula?

Phil: Sure. MAF stands for maximum aerobic function, and developing the aerobic system, which is that aerobic system that gives us our endurance. It's a system that's composed of the red, slow twitch aerobic muscle fibers. They're involved with a lot of circulation. One of the reasons they're red, they're involved with immune function and antioxidant activity. The red aerobic muscles support our joints. When we run a marathon or do a triathlon, especially the longer events, we use our aerobic system primarily. In a marathon, we may use 95 percent of our aerobic system to get through the race. The winner of a marathon will use that much aerobic function.

The aerobic system is very, very important obviously for endurance. We're talking about anything from 5K and up. Really, when you get to a mile or two miles, there's a significant amount of aerobic function that athletes need to perform their best so very, very important. I've heard that from way back in the days when I was in practice and I miss some of that. I miss an athlete coming and saying, "Hey, I'm doing what you said. I've been doing what you've said for three months and it's not working. I guess MAF

doesn't work for me." Well, no. My first response is no, that's not true. The problem is something is interfering with training. There's something that's blocking the training benefits that you're trying to get. The alternative is to train hard and run the risk of getting hurt, which is typically what happens.

One of the exciting things in practice for me was always playing detective. Let's figure out why even though you're training right, you say you're doing these things, okay, let's assume, yes, you're doing these things. Let's play detective and trying to figure out why the body is not responding to this training because you should respond to this training. This is scientific. This is being human. Humans respond to physical activity. If you don't respond to physical activity then there's a problem. Something is interfering. Maybe there's an iron deficiency. Maybe there's a vitamin D deficiency. Maybe the heartrate that we've assigned is too high. Maybe there's a number of things going on that are really relatively minor, but you put two, three, four things together and the body just doesn't respond.

Fortunately in most cases, when we went through that process, we would figure it out and suddenly things would start working. Sometimes it wouldn't. When you're dealing with humans, sometimes the patience of the patients, things just don't sync and I don't see them anymore, but usually things work out. It's fun to uncover these interesting case histories that we find in people.

In most cases, people following the MAF program where you come up with your MAF heartrate using the 180 formula and you go out and train. What should happen is as the days go by, you should get faster at that same MAF heartrate. That's a sub-max heartrate, and that's also called the aerobic threshold. We're not talking about some way out concepts here that have no basis. These are scientific things. It's fun to see it when it happens real easily. It's particularly fun to see people complain that they have to run too slow. Of course the first thing they say when they realize how slow they're going is, "How is this going to help me?" It's fun to see them in a real short period of time complain that they're now going too fast. It's an interesting thing.

Steph: Yeah, absolutely. I thought we'd ... There's a lot I want to break down there, but just for the benefit again of those newer listeners, I just wanted to really talk about the 180 formula before we get too far ahead because as you've mentioned, this is a formula that has been designed on science, on decades of your testing and working with athletes. Can you explain to us a little bit more about what the 180 formula is and then we can go through some of the modifications to talk about how to personalize that next step.

Phil: Sure. The 180 formula is not a one size fits all formula. The 180 formula is a way for individuals who don't want to go to an exercise physiology lab and have a treadmill test done where you can determine aerobic threshold. It's expensive. It's time consuming. More importantly, it's not something you do once. It's something that you do with some regularity because you want to know if you're improving. Doing the test once, it just gives you the starting point.

The 180 formula is for people who want to determine that on their own based on the experiences that I've had in determining that aerobic threshold, that MAF level in

athletes one-on-one where I spent a lot of time. I would evaluate the athlete. I would go to the track with the athlete. I would monitor the gait, the posture. I would monitor, heart rate, breathing. After an hour or so of doing that and after an hour or two of evaluating them in my clinic, I would come up with a heart rate and I'd say, "Okay, here's the heart rate that I think you should train at." Again, this is the MAF heart rate. It's also called the aerobic threshold. People know the anaerobic threshold, but for some reason, these easy related thresholds people don't want to talk about, but that's a very important threshold.

I certainly did plenty of evaluations with athletes in the labs to see while they're running on the treadmill, breathing through these tubes, determining oxygen and carbon dioxide and coming up with the respiratory exchange ratio and what is the corresponding heart rate? We could do it that way. You may have heard me tell the story, but I was lecturing about this one day to a group of athletes, and they seem to find it quite interesting, but somebody asked me something that was a little embarrassing. He said, "How can we determine that?" I didn't have an answer. I wasn't promoting my clinic. I was already six months behind with new patients. It wasn't that. I just was embarrassed that I didn't have a simple answer. How could anybody come up with this heart rate without going into a lab or without coming to see me or someone else?

I went back and started playing around with the numbers, and it was a mathematical problem. I knew a lot of parameters. I knew the patient's age. I knew their level of health, their level of fitness and other things. Eventually, I came up with this formula where you subtract your age from 180 and you then make adjustments based on your level of health and based on your level of fitness. It puts you in the ballpark. As they say, it's a very accurate number.

I hear from people who use the metabolic cart, the treadmill test for a living. Every day, they test people and they say, "Yeah, we consistently see that the test results we get correspond to the 180 formula." It may be one or two beats off, three beats off, but even the equipment, even the metabolic cart that measures oxygen and carbon dioxide, they're not perfect the numbers that you come up with.

If you're one or two beats or three beats off, you're in pretty good shape because you're going to know soon enough, even though you may be certain that, yeah, this is the perfect heart rate for me, you'll know soon enough whether it is or it is not because if you're responding to that in training, if your body is doing what it should do, then you know it was the right one. What your body should do is get faster at the same sub-max heart rate.

It's really that simple. Humans are incredible animals. Our fitness is so phenomenal that if we just train a little bit, we get better. We're in a society now and athletics is part of that bigger society where no pain, no gain is the big thing. Even if we won't admit it, even if we don't accept it, even if we didn't realize that that's the case. No pain, no gain. If you look at corporate activity, corporate workers go to Wall Street down in New York City, it's no pain, no gain. If you look at any profession, if you look at the goals that people have, there's this no pain, no gain thing that we've all grown up with.

It's a really terrible thing. It began 200 years ago with Benjamin Franklin who talked about no pain, no gain in relation to capitalism. I have an article on this topic on my website, which I wrote with Rick Scares, who's a sociologist at, uh, State University of New York. We wrote this great article about no pain, no gain and how it permeates through all of society, not just sports. The MAF heart rate that you determine from the 180 formula is really simple. I think the keyword may be patience because it won't take long for you to find out that (a) things are working or (b) things are not working. There's usually no in between.

Steph: Yes. I completely agree. I think that no pain, no gain mentality is important to explore a bit further because that is the barrier to a lot of people using the myth, the statement that MAF doesn't work for me. A lot of the time, I see in athletes who are in a squad, whether it be a triathlon squad or they're running with a group of people, the problem is they're trying to keep up with everybody or the faster athletes. What's quite interesting is a specific session has been programmed and as you and I discuss all the time, we're wanting these endurance athletes to be doing the bulk of their training in that aerobic zone.

If that's the intention of the session, but everyone's got a very different heart rate, well then the only a few people are actually performing that session as it should be intended. Those at the back are essentially doing an anaerobic session and then wondering why they're either exhausted or getting injured or not getting results.

Phil: Yeah. The word is individualization. We've got to personalize our own training. I've actually measured those groups, the Sunday morning meetup for a long run or a long bike, the Thursday evening get together after work, going for a run in the park. I've gone for some of those workouts. As more and more people got heart monitors where it was easy to measure eight or nine or 10 people in a group doing one workout, and I did it numerous times, what I found was it's about a third, a third and a third.

A third of the people in the front are slowing down. They're the nice folks. They don't want to leave people behind so they slow down. They're not getting as much of a workout as they should or could. The people in the middle, they're about where they need to be. They should be right there and they get their workout. Like you say, the people in the back, they're overtraining. They're burning out in the course of one run. It's just unfortunate.

The whole idea of individualization, the whole idea that we could personalize our health, personalize our fitness, you do that with clients. I did that with people I work with. It's not difficult at all. It's actually quite easy. What's difficult is to convince them that this is where you need to be because you're you. This is you. Your health is here. Your fitness is there. As a result, here's where you need to train. If you end up running really slow or at a faster pace. That's irrelevant. We found the starting point for you, and most likely it's the ideal place to start your training.

Steph: Yeah, absolutely. If we just use the basic 180 formula and let's just use round numbers and say we're talking to a 40-year-old athlete, obviously that gives someone an MAF heart rate of 140. If someone is always training at say 150 or 155, clearly they're going

to have to slow down. There's the whole psychological element of doing that and maybe having to train on their own for a while. I'm assuming that's the recommendation that you would give to athletes in that circumstance.

Phil: Sure. Sometimes I joke and a lot of people don't get my dragging or something. Sometimes I joke and I say, "Well," and they keep saying, "But Big Joe, he runs fast all the time, and I need to train with his group." Well, you can't. "What about so and so?" You can't do that. What this runner is saying is, "I don't want people to see me running slow." I interject and say, "Hey, look. Run at night when nobody could see you." They usually don't get it and I have to tell them it's a joke and then they still don't want to laugh because they think it's an insult or something, but that's the problem. People are aware that others are watching them.

We can go into Einstein and the whole idea of observing a reaction like observing a person. If you observe somebody, they act differently. If you're running on the road, if you're running on a busy road, you should go home. First of all, you shouldn't be running on a busy road. If you are, you're well aware that every car that passes is looking at you. How is that going to make you feel? How much higher does your heart rate get because of that? Again, I've measured this stuff. I know it gets significantly higher, which can sometimes be just two, three, four beats, which can be significant for some people. It's a stress reaction. If you look at the faces of these people, they're certainly stressed, most of them.

The reality is that we need to train our own bodies the way our body wants to train. We're long past the world where we could just go out and train intuitively and we'll train perfect. I've not seen many people who could do that or who could do that well. I worked with Greta White many, many years ago of course. She was one that could do it. I'd put a heart monitor on her, and she couldn't figure out what this thing does and why is it beeping. It was an interesting experience, but I said, "Just run your normal pace," and we're running around the track. She got to the point where the monitor did what I told her it would do and okay, stay at this pace. She said, "Oh, well this is, this is my usual training pace." She was right on.

Most people today have grown up as young people with the TV announcers saying big Joe plays hurt. He's tough. Well, I want to be tough. I'll run. If I'm hurt, I'll run. I'll run hard until I hurt. It's a bad social scene, and we need to get out of that mode if we want to be both healthy and fit. If you could run a good 1K, who cares? If you drop dead of a heart attack at the end of it, it's not a good thing. Trust me.

Steph: Absolutely. I wanted to circle back to the comment you made about the type of run or the location of the run because you mentioned stress. Earlier in the show, we were talking about some of those blocks or barriers to getting the results that we should expect from MAF. I've seen that stress is a huge one. For some reason, when someone's got to do an MAF test or a session where they know it's this heart rate that perhaps is going to slow them down or have them walking, they honestly find it quite overwhelming. The unfortunate irony there is that they're starting this session with already an elevated heart rate, and the whole process just becomes really quite

impossible for them because of that underlying stress. Is that something that you've noticed?

Phil: Oh, for sure. I spent more time talking to athletes about managing their stress, how can they manage their own stress, than I spent talking to them about training and racing. If you can't manage your stress in a training run, if you can't figure out how to do your own run when you're with a group of people and manage that stress, how are you going to manage stress in a race? How are you going to manage stress over the course of a training period or over the course of a racing season? That's a big factor.

When we talk about stress, we're not just talking about looking around and saying, "Gee, I wonder what all these people are thinking about me running slow." We're talking about physical stresses, biochemical stresses, mental, emotional stresses. We're talking about the stress of wearing bad shoes. We're talking about the stress of having a dental problem. We're not taking care of the stress of sitting too much during the day. The biochemical stresses, which is, of course food is a huge stress. Too much caffeine, too much alcohol, these stresses impair our training, and the mental, emotional stresses people relate to or at least they think they can relate to much better, they may not control them any better, but they know what they are.

Pain is an emotional stress. If we have pain, which is a big red flag no matter what, except in a race, if we have pain from working out, if we wake up in the morning and we have pain, that's a big stress and it's a big red flag. It means we should probably not work out that day until we figure out why this pain is there.

Steph: Yeah, I completely agree. I think there's a lot that needs to be factored in to build a ... Obviously health comes first, like you say, and then to be able to develop what is a healthy athlete. The final little sub topic I wanted to touch on underneath this myth is about the "just a few beats over." Someone might work out their 180 formula. If we use the example before, for a 40-year-old, it might be 140 beats per minute. They might notice that their heart rate is 143 or 144 and think that close enough is good enough. Tell me your thoughts on that.

Phil: If close enough is good enough in that situation, it means you're going to cheat at other times. You're going up a hill. I'm going up a hill so five beats, six beats. I'm going up a hill so it's supposed to go up. I was astounded years ago when I came to the realization that it only took, in some people, it only took two or three beats over their MAF number to create so much stress that there would be no return on training. There would be no benefits obtained from training. Like I said earlier, the numbers aren't exact, but we come up with an MAF heart rate of 140, whatever it is, which means that's the heart rate you do not want to exceed. I sometimes would spend a lot of time with people saying that's your speed limit. You can't go beyond that heart rate, whatever you have to do. If you have to walk the hills then that's what you do.

Like I said, the idea of, well, I'm only one or two beats or three beats over, it usually means that people are willing to just keep going. Four beats and now I'm five beats. I insist that they be very strict. There are people who are very sensitive, and the reason they're very sensitive to going one or two beats over is because they're already very

stressed. They already have a lot of physical, biochemical and/or mental emotional stress.

That accumulation of stress, and you add two beats over your MAF heart rate, now you're adding more stress. You can't handle any more stress. Here's something you can control completely. You may not be able to control the stress at work with your boss. You may not be able to control the weather stress. You may not be able to control some dental work you're having, which is going to take a few months or whatever stresses are there. Some of them we can control really well, and running at the correct heart rate is one of them.

Steph: Yeah, absolutely. Awesome summary. I definitely encourage all of the athletes listening to dive into the 180 formula and make sure you read in detail the adjustments that you might need to make based on your training history and medications and injuries. I'll definitely put that link in the show notes. Let's move onto our next myth. This is one that I hear all the time, and this is that eating low carb will make me get slow or lose my top ends. What do you think about this one, Phil?

Phil: I've been hearing that since I started. I went into practice in 1977. Man, that makes me sound old.

Steph: Experienced.

Phil: I'm physiologically a lot younger. I was doing this back then, and it was really hard because carbs, it was the thing that runners did. Nobody questioned it. All of a sudden somebody comes to me because they want to be trained because I helped their friend and they want me to help them. I say, "We've got to cut your carbohydrates down by half or whatever." They're shocked. It hasn't been until really the last five or six years when you're seeing a lot of scientists come out of the closets and big name researchers and athletes. The bottom line is we all have a certain way of eating that's best for us. Eating junk food is not good for anybody. There's no scientist in the world, except the ones that work for the junk food companies, there's no real scientist in the world who will say junk food is okay to eat. Let's eliminate the junk food.

If we eliminate the junk food, then we have to put something back, and that something is natural food so vegetables, fruits, meat, cheese, eggs, fish, nuts, seeds, beans. If you look at what would I be eating if I was living in the woods? If I was one of my ancestors 100,000 years ago, you'd be eating a fair amount of meat, a lot of fat, and a very small amount of carbohydrate. Why wouldn't you do something like that now? There are ways that we can help you figure out what's best, how much natural carbohydrate can you tolerate, how much protein do you need? It's called the two-week test. If you begin with figuring out how much carbohydrate you can tolerate, that's a pretty good start.

Carbohydrates change our metabolism immediately when we consume them. It affects our training. It affects our heart rate. It affects our ability to burn fat and sugar in proportions that we want to do. We want to burn more fat and less sugar so that we can conserve our glycogen stores so that when we're in a race and we've got a mile to go,

we've got all our glycogen stores or most of our glycogen stores. We can have a pretty nice kick to the finish line.

Man, it's a long conversation for people who ask that question. It's not true. I published a paper with Paul Larsen a couple of years ago about a triathlete who reduced her carbohydrate intake dramatically. I'm not sure the exact numbers. I think she went from about 80 percent carbohydrate in her diet down to about 10 percent or something. It's just night and day. You just flipped around what the traditional recommendations are for sports. She got better.

I've seen that since the '70s. There's nothing new. What people are really saying, like we talked about the heart rate and, oh, I can do this, I can keep up with these guys. It's sad that people ... Well, the problem is people are addicted to sugar. Now you have the addiction talking for you rather than you talking. Are you addicted to sugar? Can you get through the day without sugar? What happens if I say, hey, don't eat sugar for three days? You start getting nervous. You start shaking. You start sweating. I'm exaggerating a little bit, but I've seen people sweat.

Steph: Absolutely.

Phil: You say to a heroin addict, you can't have heroin for three days and this addict goes crazy. You can't do that. It's the same with sugar. We get addicted to sugar. The idea of not having our daily fix is a stress. Talk about stress. Man, is that a stress. When people get off the junk food and get off the sugar, they have a day or two or three days where it's a little tough. But deep down they know ... and if you explain the benefits it may or may not help, there's this emotional attachment. But deep down inside most people know that they're addicted and they shouldn't be eating carbohydrates and it's a problem and they wish they could do something about it.

Steph: Yeah, absolutely. Obviously we're not pulling out carbohydrates and leaving nothing in there. And in the research paper that you mentioned, I might just read a sentence or two, what you did with this particular athlete dietary recommendations included reducing carbohydrate and increasing dietary fat intake. Over a six week period, daily carbohydrates content was gradually decreased from 73% to 12% of total calories while fat content increased from 14% to 75% and protein levels remained constant.

So I find that quite fascinating because people always, as soon as you talk about low carb, they see this empty plate. They're like all right if not carbs then what? Because we're so used to being afraid of fat and definitely in the athlete space pretty much the only macronutrient that anyone has been eating is a carbohydrate, so a lot of people cannot wrap their head around what they're possibly going to fuel their body on. So it's important to break down the shift that it's low carb, high fat for a very good reason.

Phil: Yeah we can get a lot more energy from fat than we can from carbohydrate. And endurance athletes, many I won't give a percentage ... it's something like when I was in practice, I would do a diet analysis on the athlete initially and then after we've gone through giving dietary recommendations and getting the training going and doing

whatever we have to do, a couple months later I might do another dietary analysis just to compare.

I had charts and graphs and was able to show them what they're eating. This is what you're eating and these are the symptoms you have and then three months later, okay now you're eating these things and all these symptoms are gone and you're running faster at the same heart rate. And then they start putting the preverbal two and two together.

But you're right the idea of carbohydrates being cut down means okay well what do I eat and that's what they would say to me. I would say first of all we need to eliminate all junk food and they don't know what that is, even today. But back then they didn't know what that was and I would say well, cookies, candies, cereals, pasta, all things that have sugar in them, the yogurts with the fruit.

And at some point they stopped me and say, well what do I eat? And we humans know what to eat but somehow we're caught up in this addiction and we've gone way over to one side where we focus on carbohydrates and we forget to eat vegetables, fruits and all the other dense foods that we need to be healthy, protein being one of them.

I would say probably half the athletes I saw during the 20 years I had my clinic, initially were not getting enough protein. Some of them were severely deficient. That's pretty dramatic. But the fat, yeah if you cut the carbohydrates down, it's like seesaw, protein is in the middle. If the person is eating enough protein then as carbohydrates goes down, fat goes up. You have to maintain a certain caloric intake, otherwise we get into trouble.

So it's really pretty simple, the difficulty is the addiction.

Steph: Yeah. Can I ask what your thoughts are on say an athlete who has initially gotten slower when they've changed their diet to a low carb, high fat approach like what the mechanism might be?

Phil: Usually the mechanism is they have not adapted to ... their metabolism hasn't adapted to burning more fat.

Steph: 100%.

Phil: So they're burning less sugar because they're eating less sugar but they're not burning enough fat yet to make up the difference. And that transition can last days or even weeks and occasionally months. Usually you feel it, you feel it because you're more energetic. When you start feeling more energy, when you start feeling much less or no hunger at all, that's a pretty good indication that you're adapting well. How long it takes to completely adapt it's difficult to say.

But it does happen and when you adapt well, you train better. My favorite case history is of a woman who did the two week test, reduced carbohydrates by a lot, increased fat

and at the end of two weeks did her NAS test again and she was running a minute per mile faster after only two weeks. That's pretty good adaptation.

The study that we published the first race, I don't know, you know more about it than I do because you have the study. It was a couple of months.

Steph: Your athlete that you were talking about before.

Phil: Yeah. It was a couple of months but I could tell you that the training improved relatively faster than that. Didn't take that long for the training to improve.

People who get off the refined carbohydrates and find a level of natural carbohydrates that's appropriate for their needs, generally feel pretty good by the time they've figured all that out, they're generally feeling pretty good. And the biggest problem that I see at that point is they're still not eating enough calories.

Steph: Yeah. I'll agree with that for sure. I had a very similar conversation with a client of mine yesterday which is another reason why I'm pretty forceful with the food logging side of things initially definitely not long term unless the athlete wants to. But initially, what I find really interesting is a lot of people respond that well to low carb that their satiety is almost too good. But the flip side of that is they've been eating 900 calories a day and wondering why their performance is not exponentially increasing like they would expect.

So I think it is really important that we're aware of our total volume. And the seesaw that you mentioned, you can't do low carb, low fat.

Phil: No, that doesn't work. Again, like going out to train intuitively and being perfect in our training, I don't know many people that can do that. I don't know anybody today that can do that. Likewise, with food, humans knew what to eat for millions of years. All animals on Earth who are not in captivity know what to eat except for humans. We're in captivity by carbohydrates. So we have to think about it, we have to get back our instincts and our intuition. And that's one of the things the two-week test does.

But getting off that vicious cycle of carbohydrates addiction, because it affects the nervous system in such a terrible way that we can no longer be intuitive, we no longer have intuitions. So we have to go through that transition and it's tricky in the beginning but like I said once you start feeling the energy and losing the hunger and for many people losing the excess body fat, then you know things are really working well.

The excess body fat today, we didn't see this in the '70s, we didn't see this until by the mid '80s. I was using the word 'over fat' I think in the '82 because I was starting to see athletes who had too much body fat and yet they were not overweight by the charts and their BMIs were okay. Yet they had too much body fat. Today, of course just go to a race and you'll see high numbers of racers who in many cases are running hours and hours a week and their body fat content is way too high.

Steph: Yeah. It doesn't make any sense does it? So fascinating. One other thing I wanted to add about this particular myth that we're discussing is that when people are more inclined to say things like eating low carb will make me lose my top-end ironically they're the ones that are training at a high intensity all the time, and still not yet able to burn fat while at the same time having significantly reduced their prominent fuel. So their body has essentially got no petrol and they certainly haven't got access to the diesel tank yet. So it's common-sense that they wouldn't be performing very well at that point in time but people are so caught up on the numbers right?

Phil: Yeah and the numbers are deceptive because people use the terms low fat, low carb, high carb, high fat, high protein and there's no foundation for any of those terms. Most people don't know what that means and there are some general guidelines in the scientific literature but people can't relate to those numbers and they don't know them either. Low carb has become a faddish thing in the last few years and it's good and bad. It's good in that people are now more aware that carbohydrates can be harmful, I'm not sure they're quite there with the junk food part but they're more aware of it. If I say hey a diet that's 30% fat is not considered high fat and people would say of course that's high fat. Well it's not.

So my recommendation is to forget the numbers, you want to read about them, fine. Read about them for reference but find out how much carbohydrate, how much fat, how much protein you should be eating based on your needs. And that's not a lengthy process. It means making some modifications and maybe being a little bit uncomfortable when you're getting off sugar but in the end you're going to be much healthier, you're going to be much more fit, you're going to train better, you're going to race better.

Steph: Absolutely. So much to explore but I really encourage those that haven't yet done a two week test to dive in and learn more about your current level of carbohydrate intolerance and you can go a long way to reversing that. So I'll link more information about the two week test in the show notes.

Phil I have so many other myths I want to explore with you that we are going to have to part two. So we'll leave our myths-

Phil: Well there are myths.

Steph: They are aren't they. They are everywhere. So we definitely will do a part two so if anyone got any particular myth they'll like us to debunk please reach out and let me know so Phil and I can prioritize that next time.

Before I let you go Phil, I just wanted to allow you to share a little bit more about your recent project that you released this week I believe on philmaffatone.com and that is the HealthFit University. So tell us more about what you've been up to there.

Phil: Yes. HealthFit university is a separate entity apart from MAF but I'm part of HealthFit university, along with Mark Cucuzzella, Tawnee Prazak-Gibson, is part of the project and Jeff Vernon and Robin.

We've been working together, I've been working with Mark and lecturing and one day we said hey why don't we create an entity so that we can put all of our educational materials through this entity and so we came up with HealthFit University. And basically we have a website healthfitu and we teach courses that are certified by the University of West Virginia. So if you are a health practitioner, if you are a doctor of any sort or other health practitioner, you will probably get license renewal credits in the U.S. and maybe in some other countries. If you are a coach, you may get some credit towards your coaching certification. If you're interested in getting a MAF coaching certification, those hours will go toward that as well. We'll be announcing that shortly down the road.

If you go to the website, we have a three part lecture video that Robin shot in West Virginia just outside of Washington, D.C. at our last conference and that's free to any member. It's free to become a member and nobody spams you. But those videos are available and they're a bunch of articles on the site as well. We're pretty excited to do this and go have a look healthfitu.com.

Steph: Awesome such an exciting project and a great way to share your knowledge and obviously have other practitioners on board that are working at that ground level with athletes and clients that really need to transform their health and look after their longevity. So thank you so much for all that you do.

It's been awesome to chat with you again. I'm honoured to have you as a regular guest on the show and I already can't wait for part two. Thanks for joining us again Phil.

Phil: Thank you Steph.