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A few years into my academic career, I came to the realization that the global approach to exercise prescription was generic, regardless of an individual's age, sex, fitness capacity, or disease status. I am someone who could claim to have spent a portion of their working day, over the last 25 years, challenging the dogmatic approach to exercise programming. The 30–60 minutes of daily moderate intensity activity was the cornerstone approach that could be found in the 2003 World Health Organization (WHO) report (1), and although the 2020 update (2) includes alternatives to moderate intensity physical activity, for decades, there was no documented alternative to this view. I remember reading, circa 2011, the Scientific Statement on Type 2 Diabetes from American Heart Association (AHA) guidelines. This was the first guideline, at least to my memory, to offer a vigorous intensity alternative to accumulating the requisite number of weekly MET-hours required to acquire health benefits (3). Interestingly, the WHO 2020 guideline update also addressed the impact of sedentary behavior, another evolving approach to lifestyle-related health.

Recently, the use of handgrip exercise to manage hypertension and the use of vigorous, high, maximal, or even supramaximal intensity exercise to manage diabetes and metabolic syndrome have been 2 obvious examples of where a case can be made for moving away from a generic exercise prescription. Although not everyone agrees with these methods, when we think of the underlying physiology of disease, these alternative treatment approaches are somewhat intuitive. If, for example, we remember that diabetes is essentially a problem of glucose uptake and if we use our knowledge of energy pathways to apply higher intensity exercise to produce inefficiency in glucose utilization, then it makes sense that this alternative approach may have merit. If I recollect correctly from my studies from almost 4 decades earlier, I recall that during low to moderate intensity exercise, or at least under aerobic conditions, we oxidize 36 adenosine tri-phosphate (ATP) per glucose molecule versus the mere 2 ATP we obtain from combusting glucose anaerobically. With this latter approach, we churn through the glucose 18 times more quickly, which is good news for those who are glucose challenged. I am therefore delighted to see that the content themes of this latest edition of *JCEP* have highlighted some novel approaches to using lifestyle to improve, maintain, or monitor health.

Authors of 2 of our featured articles in this volume focus on the use of technology to monitor aspects of health status. Cheruka and colleagues use accelerometry to examine the effect of a single session of yoga on sleep quality in adults with insomnia. In the second article, Huynh and colleagues track the progression of cognition impairment. In a third article in this quarter's volume, Santarossa and colleagues trial a physical activity monitoring device during pregnancy to link gestational activity with health. While *JCEP* should never completely turn away from traditional approaches to exercise therapy, the journal should, in my opinion, also evolve to embrace emerging approaches to improve exercise and physical activity efficacy.

REFERENCES

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