

4-2009

## Pedometers Are Perceived as Useful Tools for Weight Loss

Ashley R. Valentine

*University of Wisconsin*, valentin@nutrisci.wisc.edu

Leah Whigham

*University of Wisconsin*, lwhigham@wisc.edu

Sherry Tanumihardjo

*University of Wisconsin- Madison and Extension*, sherry@nutrisci.wisc.edu



This work is licensed under a [Creative Commons Attribution-Noncommercial-Share Alike 4.0 License](https://creativecommons.org/licenses/by-nc-sa/4.0/).

---

### Recommended Citation

Valentine, A. R., Whigham, L., & Tanumihardjo, S. (2009). Pedometers Are Perceived as Useful Tools for Weight Loss. *The Journal of Extension*, 47(2), Article 21. <https://tigerprints.clemson.edu/joe/vol47/iss2/21>

This Tools of the Trade is brought to you for free and open access by the Conferences at TigerPrints. It has been accepted for inclusion in The Journal of Extension by an authorized editor of TigerPrints. For more information, please contact [kokeefe@clemson.edu](mailto:kokeefe@clemson.edu).



**April 2009**  
**Volume 47 Number 2**  
**Article Number 2TOT6**

[Return to Current Issue](#)

# **Pedometers Are Perceived as Useful Tools for Weight Loss**

**Ashley R. Valentine**

Research Assistant

Department of Nutritional Sciences

[valentin@nutrisci.wisc.edu](mailto:valentin@nutrisci.wisc.edu)

**Leah Whigham**

Research Associate

Department of Obstetrics and Gynecology

[lwhigham@wisc.edu](mailto:lwhigham@wisc.edu)

**Sherry A. Tanumihardjo**

Associate Professor and Nutrition Specialist

Department of Nutritional Sciences

[sherry@nutrisci.wisc.edu](mailto:sherry@nutrisci.wisc.edu)

University of Wisconsin-Madison and Extension

Madison, Wisconsin

---

**Abstract:** Pedometers are used as motivational tools to encourage physical activity through Extension educational contacts. In conjunction with a community campaign, subjects (N = 60) enrolled in a weight-loss study were provided with pedometers. Participants recorded steps and responded to an evaluation. Step counts increased from baseline through 9 weeks ( $P \leq 0.018$ ) and correlated with goals ( $P \leq 0.038$ ). Participants who reported that the pedometer helped them achieve goals had greater fat and less fat-free mass at baseline than those who did not find it helpful. Pedometers benefit individuals by increasing activity and being perceived as useful for weight-loss.

---

## **Introduction**

Physical activity is important for health. Among obese individuals who are trying to enhance or maintain weight loss efforts, moderate-intensity physical activity for 60-90 minutes/day may be required (Hill & Wyatt, 2005). Pedometers have been used as tools to measure ambulatory activity and to motivate individuals to be more active. Wearing a pedometer can be an effective way to increase awareness (Rooney, Smalley, Larson, & Havens, 2003). A goal of 10,000 steps/day has been recommended for healthy adults seeking to attain or maintain an active lifestyle (Tudor-Locke & Basset, 2004). Long-term increases in step counts and improved body mass index and lower extremity function have been achieved by individuals using pedometers (Villanova, Pasqui, Burzacchini, Forlani, Manini, Suppini, Melchionda, & Marchesini, 2006; Toole, Thorn, Panton, Kingsley, & Haymes, 2007).

Most studies assessing pedometers as a tool for enhancing weight loss and physical activity require participants to report step counts over a short time. The evaluation reported here examined perceived usefulness of pedometers as a tool for achieving weight-loss or activity goals over 1 year. The study was conducted in conjunction with a statewide community nutrition and health campaign that included promoting increased physical activity by providing pedometers through Extension outreach efforts (Wisconsin Nutrition Education Network, 2004). Over 1,000 pedometers were provided to Wisconsin residents through educational contacts.

## Population

Participants (N = 60, Table 1) were asked to use pedometers to monitor ambulatory activity. Subjects were concurrently enrolled in a study examining two dietary strategies: 1) reduction of caloric intake and consumption of  $\leq 25\%$  kcal from fat or 2) consumption of 4 cups vegetables and 1-1.5 cups of fruit/day. Body composition (BOD POD<sup>®</sup>, Life Measurements, Inc., Concord, CA, USA), weight, and body mass index were obtained before baseline step counts and at 3 months and 1 year.

**Table 1.**  
Baseline Characteristics of Participants (N = 60)

Age (year)	33.6 $\pm$ 8.6 <sup>1</sup>
Body mass index (kilograms/meter <sup>2</sup> )	33.6 $\pm$ 3.6
Weight (kilograms)	95.3 $\pm$ 15.7
Fat mass (kilograms)	39.5 $\pm$ 10.0
Fat-free mass (kilograms)	55.6 $\pm$ 11.8
% Fat mass	41.6 $\pm$ 7.5 44.8 $\pm$ 4.4 (females) 32.6 $\pm$ 6.9 (males)
% Fat-free mass	58.4 $\pm$ 7.5 55.2 $\pm$ 4.4 (females) 67.4 $\pm$ 6.9 (males)
<sup>1</sup> Mean $\pm$ SD.	

## Using and Evaluating the Tool

Participants were provided with Accusplit X 120 Activity Pedometers (San Jose, CA), which have face plates and anchor cords, after piloting by investigators. To standardize pedometer performance, participants were told to press the "reset" button in the morning, clip it to a firm waistband or belt, and wear it on the same location.

Participants were given log sheets and asked to record daily steps for 3 days to obtain baseline counts. From the baseline value, participants calculated a 10% increase in steps and used this daily goal for the remainder of the week. A weekly 10% increase was repeated until the step count reached an individually appropriate value. Most participants were aware of the 10,000 steps/day recommendation (Tudor-Locke & Basset, 2004)

and adopted this goal. Participants were asked to record daily steps for the first 10 weeks and for 3 days at 1 year.

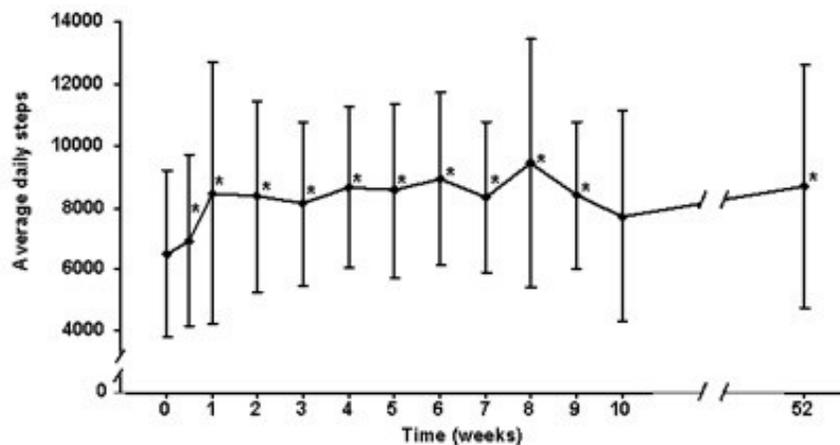
At 7-9 months after baseline, three evaluation questions were asked:

1. Are you still wearing your pedometer? If so, how often, and how many steps/day do you average? If not, when did you stop and why?
2. Did you have any trouble with your pedometer functioning properly? If so, describe.
3. Do you feel that your pedometer helped or is helping you to achieve your weight-loss goals?

## Response and Findings

At 3 months and 1 year, 54 and 45 participants were still enrolled, respectively. At baseline, week 4, and week 10, 70%, 48.3%, and 15% of participants, respectively, recorded steps for at least 2 days. Step counts increased from baseline by  $1947 \pm 710$  steps (Figure 1), and the increase was sustained at 1 year. Reported goals often correlated with steps achieved.

**Figure 1.**  
Daily Steps of Participants over Time<sup>1</sup>



<sup>1</sup> Data are means  $\pm$  SD. Values marked by an asterisk (\*) indicate a difference ( $P \leq 0.030$ ) from baseline when an outlier is removed.  $N = 41, 40, 39, 35, 32, 28, 25, 21, 21, 18, 15, 8,$  and  $18$  for baseline through 52 weeks, respectively.

Forty-seven of 54 participants responded to the evaluation questions. Over 20% were regularly or sometimes wearing their pedometer. The three most common reasons for not continuing to wear the pedometers were:

- Forgot

- Have a good sense of daily steps
  
- Lost it

Baseline characteristics did not differ between those who responded and those who did not. Baseline differences did exist between responders who felt that the pedometer helped or was helping them achieve their weight-loss goals compared with those who reported that they were unsure or thought it did not help (Table 2). Those who reported that the pedometer was helpful weighed more and had greater fat mass and lower fat-free mass at baseline.

**Table 2.**  
Differences between Follow-up Survey Respondents

<b>Baseline Characteristic</b>	<b>Pedometer Helpful<sup>1</sup></b>	<b>Pedometer Not Helpful<sup>2</sup></b>	<b>P-value</b>
Weight (kilograms)	97.1 ± 17.6	89.8 ± 8.8	0.015
Fat mass (kilograms)	42.1 ± 10.3	33.6 ± 7.7	0.026
Fat-free mass (kilograms)	55.0 ± 11.4	56.2 ± 14.9	0.051
<sup>1</sup> N = 35; 28 female, 7 male. Respondents who reported that a pedometer was helpful or sometimes helpful in achieving weight-loss goals. <sup>2</sup> N = 12; 7 female, 5 male. Respondents who did not find the pedometer helpful or were unsure.			

## Conclusions

The evaluation reported here corroborates previous findings observed in individuals using pedometers (Clarke, Freeland-Graves, Klohe-Loehman, Milani, Nuss, & Laffrey, 2007; Toole, Thorn, Panton, Kingsley, & Haymes, 2007; Villanova, Pasqui, Burzacchini, Forlani, Manini, Suppini, Melchionda, & Marchesini, 2006). Goals were generally not different from actual step counts, suggesting that goal setting may be an effective way to methodically increase steps. Responders (75%) said the pedometer was helpful for achieving weight-loss although many were no longer using them at follow-up.

The decline in pedometer use over time may suggest that pedometers are most helpful over the short-term for gaining information and providing motivation to increase physical activity. Participants who reported that the pedometer was helpful weighed more at baseline and had greater fat mass and less fat-free mass than those who did not. Heavier participants may be more likely to increase physical activity through walking, as opposed to other higher intensity activities. Pedometers may be perceived as useful by individuals who are likely to benefit from and sustain increases in low-impact and low- to moderate-intensity activity, such as walking.

The modern environment is not conducive to incorporating physical activity, and so continued encouragement through educational contacts is needed. As few as 30 minutes of moderate-intensity physical activity, such as increased walking, can increase fitness and improve health. Physical activity can prevent

age-related weight gain and weight regain in previously obese and overweight individuals (Hill & Wyatt, 2005). Pedometers not only played a role in increasing daily ambulatory activity, but the perception from the majority of users was that the pedometer was helpful for achieving goals. Pedometers as a motivational tool may offer physical and mental benefits to a large portion of individuals seeking to lose weight through diet and exercise.

### Acknowledgements

The evaluation reported here was supported by the National Research Initiative of the USDA Cooperative State Research, Education and Extension Service, grant number 2003-35200-05377 and the Wisconsin Cranberry Board, Inc.

## References

Clarke, K. K., Freeland-Graves, J., Klohe-Loehman, D. M., Milani, T. J., Nuss, H. J., & Laffrey, F. (2007). Promotion of physical activity in low-income mothers using pedometers. *Journal of the American Dietetics Association*, 107, 962-967.

Hill, J. O., & Wyatt, H. R. (2005). Role of physical activity in preventing and treating obesity. *Journal of Applied Physiology*, 99, 765-770.

Rooney, B., Smalley, K., Larson, J., & Havens, S. (2003). Is knowing enough? Increasing physical activity by wearing a pedometer. *Wisconsin Medical Journal*, 102, 31-36.

Toole, T., Thorn, J. E., Panton, L. B., Kingsley, D., & Haymes, E. M. (2007). Effects of a 12-month pedometer walking program on gait, body mass index, and lower extremity function in obese women. *Perceptual and Motor Skills*, 104, 212-220.

Tudor-Locke, C., & Basset, D. R., Jr. (2004). How many steps/day are enough? Preliminary pedometer indices for public health. *Sports Medicine*, 34, 1-8.

Villanova, N., Pasqui, F., Burzacchini, S., Forlani, G., Manini, R., Suppini, A., Melchionda, N., & Marchesini, G. (2006). A physical activity program to reinforce weight maintenance following a behavior program in overweight/obese subjects. *International Journal of Obesity*, 30, 607-703.

Wisconsin Nutrition Education Network. (2004). Pedometers and physical activity goals. *NutriNet News*. Retrieved July 13, 2007, from: <http://www.nutrisci.wisc.edu/NUTRINET/linked%20documents/newsletters/spr04news.pdf>.

---

Copyright © by Extension Journal, Inc. ISSN 1077-5315. Articles appearing in the Journal become the property of the Journal. Single copies of articles may be reproduced in electronic or print form for use in educational or training activities. Inclusion of articles in other publications, electronic sources, or systematic large-scale distribution may be done only with prior electronic or written permission of the Journal Editorial Office, [joe-ed@joe.org](mailto:joe-ed@joe.org).

If you have difficulties viewing or printing this page, please contact JOE Technical Support.