



The Research File

Information for professionals from the Canadian Fitness and Lifestyle Research Institute

Keeping Older Adults Active and Fit

“Independent living depends on being able to do the things you want to do when you want to do them. To stay independent you need to be able to reach, bend, lift, carry, and move around easily. Staying physically active will help you keep moving, and stay strong.”

That’s one powerful paragraph answering the question “Why should I be active?” in the booklet, *Canada’s Physical Activity Guide to Healthy Active Living for Older Adults*.

Many studies have been done to evaluate different types of physical activity programs (and their benefits) for older adults. Dr. Alan Jette and colleagues have made a significant contribution to our knowledge in this important area. One of their studies—a resistance-training program for older individuals with some degree of disability—is important not only for its demonstrated benefits but also for the development of a “system” that works.

Reporting their results in the *American Journal of Public Health*, the authors note: “If regular exercise is to be widely adopted and maintained by large numbers of older persons, it must be enjoyable, inexpensive, and achievable with minimal levels of supervision ... A home-based approach is particularly attractive for older adults with disabilities, for whom facility accessibility, psychological barriers, and transportation are key obstacles to regular exercise.”

Program Results

Dr. Jette’s study involved 215 older people—107 participating in the structured exercise program and 108 control subjects. The program was a 35-minute videotaped routine that participants used in their homes. It included a warm-up, cool-down, and 11 strengthening exercises using elastic bands of varying thickness to individualize resistance. The exercises included movement patterns associated with functional activities.

The *adherence goal* was three times a week for six months. *Additional measures*

examined were muscle strength, balance, functional mobility, disability status, and mood state, all measured at baseline and at the three- and six-month marks.

Overall, participants adhered to 89% of the recommended exercise sessions over the six-month period. (Fifty-seven percent of subjects had adherence rates of 100%!) Compared with controls, participants had lower-extremity strength improvements of 6% to 12%, a 20% improvement in tandem gait (a measure of balance), and a 15% to 18% reduction in physical or overall disability at the end of six months.

Key Components

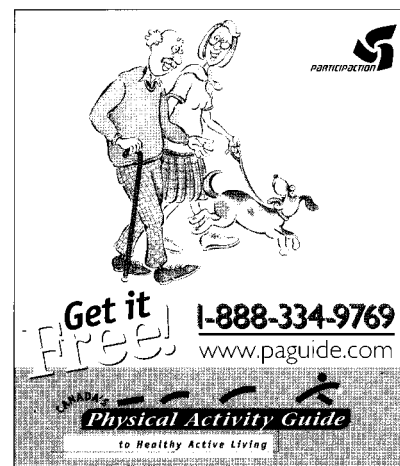
Program organization and management focused on education and motivation. This was done through

- personal contact with (and instruction from) a physical therapist;
- individualized goal-setting and signing of a program contract;
- provision of a bimonthly training calendar to record exercise sessions;
- simple incentives such as a “crisp new dollar bill” for each training calendar returned and stickers and fridge magnets for successful progression through the program.

Each participant received two home visits from a physical therapist. During these visits, the therapist used cognitive and behavioural strategies to strengthen the participants’ attitudes toward exercise and maximize adherence to the program.

On the initial visit, participants viewed a videotape that countered misconceptions about exercise for older adults. They also received instruction in exercise techniques, proper progression, and record maintenance.

On the second visit, techniques of cognitive restructuring were discussed. Participants were taught how to identify their concerns and develop alternatives to self-defeating thoughts that could undermine progress. Therapists also provided telephone follow-up for support and to monitor progress.



Steps to Success

Health professionals conducting programs for older adults have at their disposal the broad range of techniques and strategies demonstrated in this study. Instruction, goal-setting, contracts, incentives, and record-keeping can all be used to good advantage.

The particular importance of cognitive and behavioural strategies for adherence is underlined by another Strong-for-Life program which did not incorporate these techniques. That study achieved a three-month participation rate of 58% compared with 89% over six months in Dr. Jette’s study.

Programs such as the Strong-for-Life home-based routine are *safe, low-cost, effective* methods to increase physical activity among older people. In a time of rising health care costs and a steadily aging population, these are crucial program attributes.

For More Info ...

Jette, A.M. et al. (1999). Exercise—it’s never too late: the Strong-for-Life Program. *American Journal of Public Health*, 89(1), 66–72. (See also www.bu.edu/roybal.)

For general information, see *Canada’s Physical Activity Guide to Healthy Active Living for Older Adults*. Call toll-free 1-888-334-9769 or visit Canada’s physical activity Web site: www.paguide.com.

