

Get Up and Go! Every Movement Counts...

Taking up every opportunity to be and remain active to reduce falls risks and injuries
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Overall Aim

“To encourage and support people to adopt as an active lifestyle as is possible to help them remain strong and in control of their bodies to assist maintain their wellbeing and independence”
(and reduce their falls risks)



Settings and Situations

- Falls occur in many different settings, in different circumstances and for different reasons on a daily basis.
- Individuals can reduce their falls risks by obtaining the facts and having the support mechanisms provided which enables them make appropriate decisions and act on the information provided.....
- This assists people have as much control over their circumstances as is realistically and feasibly possible.



“ Through effective, comprehensive functional fitness programs, older adults may be able to avoid, postpone, reduce or even reverse declines in physical performance”



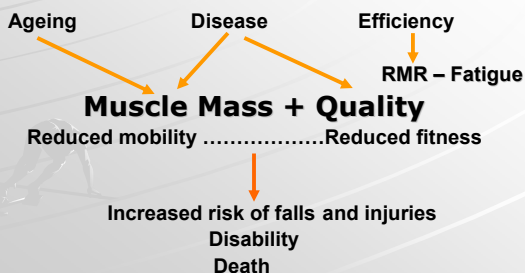
Patricia Brill
Functional Fitness for Older Adults



Sarcopenia

(Weak muscles & reduced mass - a decrease of muscle quantity & quality)

Causes & consequences of body composition change



Sarcopenia is associated with

- 400% increased risk of disability in ADL
- 300% increase in risk of balance disorders
- 200% increase in risk of gait abnormalities



Bed Rest - Functional Status

Results in ...

- Fatty acid oxidation reduction
- Muscle mass reduction
- Reduced muscle strength
- Body and visceral fat increase
- Insulin resistance increase
- Strength and functional capacity decrease
- Bone density reduction

(Fast twitch loss more than slow twitch are more greatly affected)



Following Hospitalisation / Bed rest consequences - 28 days

75% reduction in functional independence
in people 75+ – no longer as independent at discharge

- Loss of leg muscle mass - the aged muscle strength loss occurs during the 1st week of immobilisation
- 5% loss per day ...the absence of voluntary contraction, muscle strength decreases by 5%
- Older people v fit young people - 3 times as much muscle frailty occurs in 3 times less time
- Reduced VO2 max – 15 years of ageing in aerobic capacity
- Reduced muscle protein synthesis



The Critical Role of Movement

- Maintains muscle mass loss.....to improve/ maintain strength and function
- Maintains strength
- Maintains muscle quality
- Builds new muscle
- Reduces muscle breakdown
- Modifies muscle composition
- Improves muscle “energetics”
- Fosters neuromuscular control

* Small amounts of load bearing (15 minutes x 4 per day) has a significant effect on maintaining muscle



Fundamental Functional Movement Requirements

- Walking.....moving for many reasons and needs
- Getting in and out
- Getting on and off.....
- Getting up and down.....
- Lying down and standing up
- Sitting down and standing up
- Lifting and carrying
- Reaching and moving in all directions
- Negotiating – many different surfaces and obstacles
- Moving up and down different levels
- Bending up and downin all directions



Don't De-Condition Re-Condition!



Windows of Opportunity Active but No Risk Taking!

Safety First – Sitting; Assisted moves; Free standing

Functional Activities through out the Day

- Walking ++ – activities in different areas of the house; accommodation or facility setting e.g. Hallway; bathroom
- Strengthening - Upper and lower body major muscles opportunities e.g. sit to stand / push up from chair etc.
- Balance practice– Body control / bases of support change - e.g. tandem stand & walk
- Stepping practice – Leg and trunk work – e.g. different size / shape obstacle negotiation
- Lifting and carrying practice – different size, shapes & weights



Stepping Out - Staying Safe

Walking Activities - Falls Prevention Benefits

- ✓ Improves muscle strength that assists maintain efficient walking patterns, balance and coordination that reduces the risk of sustaining a fall
- ✓ Assists maintain good bone strength which reduces the risk of fractures if a fall occurs
- ✓ Prevents deconditioning of the body systems (good circulation association)



* Take every opportunity to undertake walking activities throughout the dayat any time, any where, in little sessions .. it all mounts up and counts!!

Windows of Opportunity

Active but No Risk Taking!

✓ ADL activities

In different areas of the house or living accommodation setting
e.g. hallways; lounge

At different levels

At different times

e.g. toe raises / side steps / squats



Windows of Opportunity

Active but No Risk Taking!

✓ Stepping activities

(Chair assisted moves)

Leg and trunk work

Leg lifts to negotiate objects

(Assisted moves)

Side and forward steps

Direction changes



Windows of Opportunity

Active but No Risk Taking!

✓ Strengthening activities

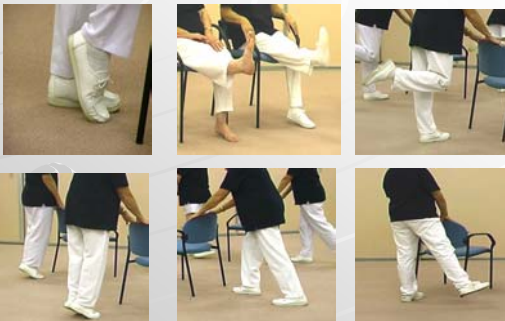
Major muscles of upper and lower body (for essential daily movements)
e.g.....

Sit to stand activities

Pushing & pulling activities



“At Home” Exercise Examples



A basic exercise resource to reduce “intrinsic” falls risks



Comprising of simple chair and chair assisted exercises that can be done safely at home (including falls prevention information)

Formats

Audio-tape

Exercise booklet

Video

DVD

No Excuses!

Getting Started to Become Active and Remain Safe

The Individuals' Perspective Reasons for Being Inactive

Self Belief and Different Personalities

- Fear and loss of confidence in physical abilities
- Efficacy – Balance & self confidence issues – (self esteem/ perceptions etc.)

Attitudes

- Denial – not me ...not my problem !
- Out of habit, unskilled and sedentary,
- Previous bad experiences with exercise
- Lack of commitment and self discipline
- Lack of understanding (insight) of the issues
- Ageism

Reasons for Being Inactive

Health and physical factors

- Chronic conditions e.g. Musculo skeletal, neuromuscular, neurological, metabolic issues etc.
- Altered mental states e.g. Depression, dementia
- Reduced physical activity level with associated body system deterioration and functional limitations

Other

- No ongoing support ...infrastructure / peer support
- Access / transport/ costs
- No interest / apathy / no motivation
- No suitable exercise programs

Starting Out & Staying Active

3 Major Stages.....

The First Step – getting started (small series of successes)

Interim Activity – keeping going - (daily life - functional applications)

Long Term Adherence – getting into a habit & keeping on track to stay safe, active and healthy

Supporting the process

Continual support needed In different ways to help improve mobility and confidence levels

“Triggers”. Provide....

- * Reasons for doing
- * Insight & education into issues
- * Encouragement + + + +

“The Motivators”

Getting started & supporting the activities

- Peers
- Family
- Friends
- Carers
- You
- All staff ...including GP's & all associated health professionals



“Falls prevention is every bodies business”

Stages of engagement

Awareness & education ; leadership;
participation.....(once is not enough); variety;
ongoing support & commitment

The “Get Up and Go” Challenges

To Get and Keep People Active!

- Challenge 1 - Raise Awareness and Reduce Fears
- Challenge 2 - Overcome the Barriers & Constraints
- Challenge 3 - Provide Exercise Choices & Opportunities
- Challenge 4 – Keep people Active yet remain Safe
- Challenge 5 – Sustain activity & provide ongoing support to

Reduce injuries that result from falls and maintain the quality of life of older adults