

# Keep It

By

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**D**espite the best of intentions many of us have with our New Year's resolutions for increased fitness and exercise, it is common at this time of the year to fall back into prior patterns of couch-potato levels of activity. Sticking with the commitments we make to ourselves to improve our level of exercise - whether it is for weight loss, improving our body shape, keeping our mind active, treating a particular medical condition like high blood pressure or diabetes, or just a desire to keep the “circulation circulat'n” can be a challenge. But the research data about the myriad cardiac benefits that exercise can provide across all age levels and for all the reasons cited above consistently shows that the benefits are achieved not just by exercising this day and the next but rather on a regular basis this week, this month and this season. Physical activity needs to become a part of our daily lifestyle and not something that we look at as a special

event that we try to fit in among the other “routine” parts of our day. So how best can we “keep it moving”?

In a scientific paper we published a few years ago regarding physicians providing exercise prescriptions for their older adult patients\*, we identified three common barriers to exercise: Knowledge barriers (e.g., what constitutes “exercise?”); Attitudes barriers (e.g., Age-Appropriateness); and Environment barriers (e.g., access and support). If the older adult and their family and care providers can overcome the initial knowledge and attitude barriers, the later issues of the setting, the equipment and the support for exercise can become less a burden and more an opportunity to explore options and ideas.

Common knowledge barriers arise from out-of-date images of exercise being what competitive athletes do. While few of us will ever attain the level of fitness of those elite senior athletes who continue to compete, exercise has

# Moving!

much less to do with external athletic events and everything to do with our own internal ability to make the most of our joints, muscles, and cardiovascular system. Flexibility, coordination, balance and agility are all equally valid aspects of exercise as is the more commonly viewed strength and endurance that are typically valued in competitive athletics. Another critical knowledge issue to be confronted is the misperception that exercise needs to be performed at a high degree of intensity for therapeutic benefit. While the intensity of aerobic activity does affect the degree of “fitness” achieved, this approach to exercise is not of the greatest relevance to the frail elderly. For example, sedentary older individuals need not achieve an arbitrary degree of oxygen consumption before they expe-



rience an improvement in standing ability from lower leg strengthening exercise. Even for a more ambulatory adult beginning a walking program for improved cardiovascular conditioning, the intensity of the exercise activity should be blended with issues of long-term sustainability and enjoyment for the optimal overall outcome.

Attitudes about exercise have thankfully been changing over time and the existing literature has repeatedly documented the ability of older individuals who are in their 80's and 90's to achieve enhancements in both strength and endurance during short-term intervention trials. Because of this, health providers are encouraged to consider exercise as a “prescription” for their patients – viewing exercise as a specific intervention like a medication or a medical device that when used correctly can have wonderful benefits. Regular exercise also does wonders for the sense of well-being. Work with your heart doctor and other health care professionals to help define the physical activities best suited for your heart. Common elements of such an exercise prescription include:

**Intent** – *This exercise program will help my:* (Examples: circulation problems; heart condition, breathing condition, diabetic glucose control, arthritis, etc.)

**Exercise Mode** – *I will agree to start this type(s) of exercises:* (Examples: Strengthening arm and leg muscles; Walking; Balance practices; Stretching neck and back muscles, etc.)

**Dose (Endurance)** – *I will agree to try this amount of exercise* (Examples: 10 minutes each session; until I breathe comfortably from my mouth; as long as my heart rate reaches about \_\_\_ beats per minute )

**Frequency** – *I agree to try to do this exercise this often:* (Examples: Every breakfast; After my nightly dessert; Before my bath; During my favorite radio/TV show, etc.)

The greatest challenge may be in sustaining the exercise once started - how to “keep it moving”! The idea is to turn it into a positive addiction. One important suggestion, as indicated in the above tip about the exercise frequency, is to link exercise with specific times or daily events that are both fun and reoccurring most days of the week. Some other practical suggestions are to:

## MAKE IT SOCIAL

- *Exercise in groups if possible, “virtual groups” via tape if not;*
- *Seek a partner for mutual support and encouragement*

## MAKE IT AFFORDABLE

- *Keep the equipment costs to a minimum*
- *Use brief dedicated time period(s) for exercise daily*

## MAKE IT A PRIORITY

- *View physical activity as a prescribed health intervention.*
- *Enlist reinforcement from health care providers and available friends or family*

Exercise IS a wonderful way to keep our hearts healthy for years to come!

\* (Heath JM, Stuart, M. “Prescribing Exercise for the Frail Elderly.” Journal American Board of Family Practice 2002; 15: 218-228.)