

Physical Activity for Older Adults: General Recommendations and Theory-Based Interventions

Physical activity seems to decrease with increasing age, with the highest levels of inactivity amongst the 65+ year olds (Schutzer & Graves, 2004). In 2004, an estimated 66% of adults over 75 yrs old did not regularly exercise (Schutzer & Graves, 2004).

All adults should avoid inactivity striving for at least 150-300 minutes per week of moderately-intense or 75 minutes per week of vigorously-intense aerobic activity or a combination; and total body resistance training at least twice a week (U.S. Department of Health and Human Performance, 2008). Older adults (65+ yrs old) additionally should be wary of any medical conditions they might have, and do as much as they are safely able to. Integrating fall-prevention and balance-enhancing programs were highly recommended to address a major environmental barrier to exercise and increase self-efficacy amongst older adults (Bethancourt, Rosenberg, Beatty, & Arterburn, 2014).

Evidence-based, theory-based interventions provide a system or framework to guide someone through the dynamic process of behavioral change towards healthier options including regular physical activity. Important aspects of theory-based interventions (e.g. motivational interviewing, ecological approach, learning theories, transtheoretical model, health belief model, and self-regulation) are opening a dialogue with a client, meaningful communication, identify motivational factors, identify barriers, establishing a partnership, and self-efficacy (American College of Sports Medicine, 2013; da Silva Salin, Franck Virtuoso, Noronha Nepomuceno, Greice Weiers, Zarpellon Mazo, 2014). In contrast, more linear/procedural approaches do not acknowledge the complexities of behavioral change and variables that influence change, and therefore are much less successful.

Barriers to physical activity for older adults included individual physical limitations, fear of falling, transportation, scheduling, lack of appropriate activities/instruction/information, unsolicited guidance, and built environment obstacles (Bethancourt et al., 2014; Wright & Hyner, 2011).

Motivation for physical activity for older adults included health benefits, socialization, encouragement by their social circle, group cohesiveness, convenience, comfort level inside facilities, and self-efficacy (Schutzer & Graves, 2004; Winnett, Williams, & Davy, 2009).

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