

## Help sheet no.24

### Determining optimum levels of physical activity

Optimum levels of physical activity will vary from person to person. As a general rule, the level of physical activity can be graduated in one of two ways:

- By increasing the time performing an activity.
- By increasing the frequency of performing the activity.

It is important to note the broad nature of physical activity. It is not only formal activities such as walking, exercise classes and dance groups, but includes anything that involves movement. Tasks such as showering, dressing and going to the dining room, therefore, are also forms of physical activity.

Although some residents will not be interested in group activities, they may not consider personal care tasks as a form of exercise. While it is important to respect their decision not to do exercise, it is beneficial to encourage them to participate. Refer to **help sheet 18** Motivators for physical activity.

### Signs of over-exertion

Warning signs of over-exertion include:

- unable to talk during activity
- facial expressions and body language
- rapid breathing
- chest pain
- pain
- dizziness
- nausea
- loss of coordination
- flushed skin.

Cues such as stiffness the following day, are other signs that residents have over-exerted themselves. It could also reflect a lack of warm up and cool down exercises.

### Care plans

Care plans are a useful tool to develop activity goals for each resident. Ideally, a care plan would be developed with the assistance of a physiotherapist or occupational therapist. The care plan could include details about:

- activities the resident prefers
- times of day they like to undertake activity
- how long they can perform an activity
- how over-exertion can be avoided
- signs to be aware of that indicate residents have had enough
- conditions that may influence their ability to exercise

- goals the resident is trying to achieve, for example to walk to the dining room instead of using a wheelchair or walking a particular distance or for a particular length of time.

Care plans need to be updated after acute episodes, such as a fall or hospitalisation.

### Other considerations

- The time of day that activities are undertaken is an important factor. Avoid exercise directly after meals.
- For residents with diabetes, exercising before meals is not recommended as blood sugar levels may be low. Be aware of the warning signs for residents experiencing low or high blood sugar levels.
- Be aware of other conditions that residents have that will influence the amount of exercise they can participate in.
- Ensure residents have plenty of fluids available during exercise to prevent dehydration. Drinking is necessary before, during and after exercise.
- Avoid excessive activities on hot and humid days.
- Be aware of residents' emotional states as this will influence the optimum level of exercise on any particular day.

### What to do in emergency

Ensure you are aware of the emergency procedures in your facility. Alert your head nurse, supervisor or manager of the emergency and follow your facility's emergency procedures. Refer to notes in care plan. Let other staff know what has happened by documenting it in progress notes.

### More information

Refer to **help sheet 31** Accessing health professionals and contact details for relevant organisations for details on physiotherapy and occupational therapy organisations.