‘Assisted exercise’ and ‘assisted mobility’ are terms used to describe activities where specific movements or tasks are only able to be performed with assistance. These terms also imply some level of participation by the older person, therefore, they do not include passive movements or passive transfers or mobility where the older person does not participate at all in the movement or task.

Types of assistance

• Where another person, such as a nurse, assists an older person in lifting their arms to wash armpits while in the shower. Provide support at the forearm to promote movement as far as comfortable and to have the resident doing as much of the movement as possible. This will help flexibility and prevent stiffness. So long as the older person assists, this is an assisted exercise or assisted movement.

• The older person using one side of their body to assist the other, for example, after a stroke, using the unaffected hand to assist the affected hand in picking up a hairbrush.

In any instance of assisted exercise, movement or mobility, encourage the older person to assist as much as possible in the specific task, for example; getting dressed, eating and brushing hair. This will increase the potential for at least maintaining current level of performance, and may result in gradual improvement in independence.

Explain to residents that activities such as getting dressed are a form of exercise and can help improve their mobility. This may be a surprise to some residents who have accepted that they will always be dependent on others to get dressed and showered and perform other activities of daily living.

Benefits of assisted exercise

• Reduced stiffness

• Improved muscle activity

• Maintenance or improved function and independence

• Improved morale.

More information

Work with a physiotherapist or occupational therapist to develop individual programs that target specific areas.