

Section 3: Well for life – Promoting physical activity

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About this physical activity training package

Background

This training package has been developed to assist physiotherapists and occupational therapists (as facilitators) to conduct a workshop or seminar with primary health and community service staff (as participants) to raise awareness that physical activity brings many benefits for older people and their carers. The package is designed to be used by people without a background in education or training, but who do have specialist knowledge in physiotherapy or occupational therapy and aged care.

How to use the package

The package is intended to be delivered as a short, informal seminar or workshop, usually over two hours. Participants in the seminar would normally be staff of primary health and community service organisations whose role involves working directly with older people and their carers.

The package is designed to ensure that the seminar leader has a clear and logical program to follow and to limit the amount of additional preparation required to deliver a seminar on increasing physical activity opportunities for older people. The program is divided into two modules, which can be delivered as one seminar over two hours or two seminars of one hour each.

Aim

This program aims to ensure that older people have opportunities for appropriate levels of physical activity. This will be achieved by providing staff with the information to develop physical activity strategies.

Participants

Participants in the program could include:

- community/district nurses
- home care and personal care workers
- planned activity group coordinators and assistants
- social support workers
- any staff member who works in a direct care role.

Participants in the program may range from very experienced to inexperienced and/or from highly qualified to having minimal formal education. Try to obtain information about the background of the group before the session.

It is also important to have some idea about the learners' prior knowledge of the topic. Include some questions of the whole group at the beginning of the seminar to get some feel for the group's understanding of the topic.

Learning objectives

At the end of the seminar, participants should be able to:

- **discuss** the benefits of physical activity for older people
- **apply** this knowledge to case examples of older individuals
- **propose** opportunities to increase older people's physical activity levels at home and in group settings.

Preparing for the seminar

Prior to conducting the program, ensure that:

- there is support from management to run the program
- all staff who will be attending are able to take time off from their regular duties
- management will be interested in and supportive of ideas generated by participants.

The best programs are those:

- that have been developed in response to an identified need
- where program participants feel they have some ownership over the program (for example, they have been involved in deciding that the program was needed)
- where program participants have been consulted about how the seminar could be run
- that are interactive and involving of participants
- that have some tangible outcomes (such as an action plan; lists of ideas to be implemented; practical strategies for working with real case examples).

Equipment/environmental requirements

- Laptop and data projector (or if one is not available, sufficient photocopies of the PowerPoint slides to be used as handouts).
- A room large enough to hold the group seated in a circular arrangement and sufficient space to allow for small group work.
- Tea/coffee making facilities (morning or afternoon tea).
- Butchers paper or whiteboards and marker pens (for each small group).
- Help sheets 1, 9, 10, 11, 12, 14, 15, 16, 17 in this Resource Kit and Help sheets 2.1–2.6 from the Nutrition resource manual.
- Feedback forms (included in this package).

Suggested seminar format

Module	Content (what will be taught)	Method (how it will be taught)
One		
Introduction (up to 10 minutes)	Explanation of seminar aims, learning objectives, why this is an important topic and why the seminar is being offered.	Use brief explanatory comments . Don't forget introductions (participants) if everyone does not know each other.
Presentation (no more than 20 minutes)	Overview of current trends in thinking and key research findings: <ul style="list-style-type: none"> • types of physical activity • potential benefits of physical activity • barriers and motivators • key clinical considerations 	Use the prepared PowerPoint slides to illustrate key points.
Case examples discussion (15 minutes approx)	Demonstration of the positive effects of physical activity	Question whole group to promote discussion : 'can you think of some cases where older people have benefited by improving their physical activity levels?' Use examples from your own experience to demonstrate the point.
Tea/coffee break	A short break should be included	
Two		
Application of seminar information (allow at least 30 minutes)	This module should provide an opportunity for: <ul style="list-style-type: none"> • application of theoretical information from earlier presentation • use of case study examples to identify barriers and motivators to improving the physical activity levels of individual older people • identification of practical issues concerned with group participants' own settings. 	PowerPoint slide 'general issues for discussion', to commence this module. Following brief discussion of whole group, break up into small groups. Handouts of case studies as a basis for discussion (use the ones included in this package or prepare your own; groups may also use real case studies). Each group to work through the steps identified for case example (indicated in prepared handouts). Each participant should record the outcomes of their group's discussion on the handouts. Alternatively, use butcher paper or overhead transparencies for recording.
Report back and summary (allow 30 minutes)	Presentation of strategies discussed in small group sessions relating to case studies (real or provided)	Member of each small group to present a summary of their strategies. Facilitator to draw together main themes. Record themes on whiteboard or butchers paper and prepare as minutes/seminar notes (if possible) to be provided to each participant. Conclude the seminar by revisiting the learning objectives to ensure they have been achieved. Hand out the feedback form to each participant.

Module 1: Theory of physical activity

Definitions of physical activity

- **Definitions of physical activity**

- Types of physical activity
- Potential benefits of physical activity
- Barriers and motivators
- Key clinical considerations
- Case examples

The definitions of physical activity have broadened.

Early 1990s (focus on cardiovascular fitness):

- 30–45 minutes moderate to high intensity activity 3–5 times per week (American College of Sports Medicine Guidelines, 1990).

More recently:

- Daily accumulation of 30 minutes of health promotion activities (including active tasks such as raking leaves, walking or taking part in active leisure pastimes) of moderate intensity are now considered sufficient to achieve beneficial health outcomes (The Surgeon General's Report on Physical Activity and Health, US Department of Health and Human Services, 1996).
- A similar definition was adopted by Active Australia, with a broad focus including both structured and incidental activity.

A new term is now being used more widely: 'active living'.

Active living:

The term 'active living' has been used to refer to the changed definition of what is required in terms of physical activity to achieve positive health benefits. Key components of the new definition include:

- that the physical activity does not need to be concentrated into one session, but can be accumulated throughout a day
- that health promotion activities of moderate intensity are required to achieve positive benefits (previously considered to require moderate to high intensity aerobic activities)
- that the activity need not come under the formal umbrella of exercise, but may be activities of interest and/or fun which have a physical component, for example, walking, ballroom dancing, indoor carpet bowls etc.

Types of physical activity

- Definitions of physical activity

- **Types of physical activity**

- Potential benefits of physical activity
- Barriers and motivators
- Key clinical considerations
- Case examples

Physical activity can be divided into three broad areas:

- **Structured/formal physical activity:** programs run by a physiotherapist or trained exercise leader and conducted in a group or individual format.
- **Incidental activity:** activity performed as part of the person's normal daily routine, for example, walking around the house, housework, dressing.
- **Physical activity related to recreational pursuits,** for example, bowls, golf, bocce, dancing, walking.

There are many different types of physical activity; encourage people to be as active every day in as many different ways as they can.

- Definitions of physical activity
- Types of physical activity
- **Potential benefits of physical activity**
- Barriers and motivators
- Key clinical considerations
- Case examples

Potential benefits of physical activity

Disease prevention:

- helps reduce the risk of falls and fracture
- helps reduce the risk of developing some diseases (such as coronary heart disease).

Physical benefits:

- helps people with chronic, disabling conditions improve their stamina and muscle strength
- improves balance
- outdoor activity maintains normal Vitamin D levels
- helps maintain healthy muscles and joints
- can help reduce blood pressure in some people with hypertension
- can improve bowel motility and reduce problems of constipation
- improves appetite
- improves some medical conditions, for example, arthritis and diabetes
- can help reduce the need for some medications (for example, may improve sleep patterns)
- having adequate nutrition can help older people to be physically active especially if they have health problems.

Functional benefits:

- increases independence in activities of daily living
- improves physical functioning, including activities such as walking, climbing stairs
- possibly improves cognitive function (for example, planning, memory).

Psychological and social benefits:

- fosters improvements in mood, feelings of wellbeing and personal control
- reduces symptoms of anxiety and depression
- helps maintain social networks and gives a sense of involvement (if the physical activity is done in a group).

Good nutrition is important to maximize the benefits of physical activity

(Refer Help sheet 9 in this Resource Kit).

Effects of lack of physical activity:

- poorer general health and reduced function
- psychological problems such as depression
- social problems such as isolation
- increased risk of hospital/nursing home admissions
- increased mortality.

- Definitions of physical activity
- Types of physical activity
- Potential benefits of physical activity
- **Barriers and motivators**
- Key clinical considerations
- Case examples

Specificity of training

Some of the health benefits associated with physical activity appear to be generic across a range of types of physical activity. For example, some of the psychological benefits of reduced anxiety or depression may be achieved by participating in a walking program, a formal strength training program, or a hydrotherapy (exercise in water) program. However, specificity of training refers to the way that some health benefits will only be achieved by incorporating a certain type of activity into a person's physical activity program. For example, a walking program for older people has been shown to be effective in causing improvements in a number of cardiovascular fitness measures, but may not improve a person's strength, and vice versa.

Barriers and motivators

Barriers to physical activity

Individual:

- medical conditions influencing physical activity participation (such as vision loss, hearing loss, falls, arthritis, cognitive impairment). While some people list these conditions as reasons they cannot do physical activity, in reality an individualised exercise program can usually be tailored to be suitable even in the presence of these conditions. Physiotherapists can provide expert advice for people with concerns.
- negative beliefs about the effects of physical activity
- lack of confidence
- lack of time/energy
- lack of knowledge of potential benefits of physical activity
- inadequate nutritional intake.

Social:

- negative beliefs about older people's ability to be physically active
- lack of appropriate role models
- depression/social isolation.

Structural:

- lack of appropriate environment, for example, concerns regarding the safety of the neighbourhood
- transport/cost constraints
- lack of appropriate opportunities in the community.

Motivators for physical activity

- increased awareness of the potential improvements in health and independence and knowledge that change is able to be achieved
- encouragement from key people
- enjoyable/social/functional contexts
- environment conducive to physical activity
- evidence of improved performance/ physical health (for example, reduced blood pressure, increased steps each day using a pedometer).

(Refer Help sheets 10 and 11 in this Resource Kit)

Stage of change model

There have been several models proposed in attempting to understand the key factors involved in achieving change in health related behaviours. One of these is the 'Stage of Change model' which identifies five stages that may describe an individual's potential for change at any given time. These are:

- **precontemplation**, where there is no thought or intention to participate in physical activities
- **contemplation**, where the individual gives some thought to becoming more active sometime in the future
- **preparation**, where information is obtained about local activities, or clothing or equipment are acquired for use in physical activities
- **action**, where the individual actively participates in sport, recreation, regular walking or other physical activities
- **maintenance**, where the individual maintains these physical activities for six months or longer.

The 1997–98 Active Australia Physical Activity survey identified that almost 56 per cent of community dwelling Victorians surveyed were classified as in the **action** stage (Active Australia, 1998). This analysis has not been conducted specifically with older people, but given activity levels decrease with age, the proportion of older people in the **action** stage is likely to be lower. Nonetheless, conceptually it is important to understand each individual's 'stage of change' level, as this will impact on the type of messages or actions needed to progress towards the stages of action and maintenance. It is also important to consider how carers and families may support the person at each stage.

Some of the older people you see will be in the pre-contemplation stage and will not wish to change their physical activity levels. It is important to respect the person's wishes if they say 'no' and consider that you are planting the seed for a possible change at a later stage.

- Definitions of physical activity
- Types of physical activity
- Potential benefits of physical activity
- Barriers and motivators
- **Key clinical considerations**
- Case examples

Key clinical considerations

Screening and assessment

Prior to considering a person's level of physical activity it is important to find out:

- What is the person's current level or form of physical activity (consider formal physical activity, walking and incidental activity)?
- What medical conditions or disabilities does the person have? Do these problems affect the person's ability to perform physical activity?
- Given the person's age and medical conditions, are they sufficiently physically active?
- Is the person as active as they would like to be?
- Do you feel they could be more physically active? What are the barriers to increasing their physical activity?

If you are considering suggesting a change to somebody's physical activity level, it is important to find out the person's current or previous interests.

Making recommendations regarding physical activity takes experience and knowledge. Therefore, if you do not have the training in this area, simply picking up on when a person may benefit from improving their levels of physical activity and referring on to a more experienced person is a very valuable first step. **If somebody has medical conditions, is taking prescribed medications, or has not been active for a long time it is important to seek assistance from the person's GP or other appropriately qualified health professional.**

(Refer to Help sheets 12 and 14 in this Resource Kit.)

Need for diversity in physical activity options

It is important to remember that there is a need for diversity in physical activity options for people.

Every individual will differ in regard to their physical abilities and interests. People with chronic medical conditions will be exercising at a moderate level with much less physical activity than a healthy older person. For example, walking around the house may be quite strenuous for an older person with substantial chronic medical conditions but would only be a small level of physical activity for a healthy older person.

Where people are located may also make a difference, for example, there may be differences in the activities/community resources available in rural and metropolitan areas.

Therefore, it is important to tailor any advice about individual's needs or preferences. If you are not sure about what is appropriate for the person, refer to an appropriate health professional.

Effectiveness of interventions

- Structured physical activity programs (refer to Help sheet 15 in this Resource Kit).
 - Physiotherapist prescribed exercises: have been found to be effective in improving strength balance and decreasing falls. Refer to Help sheet 14 in this Resource Kit to see if your clients would need physiotherapy input.
 - Strength training: has been found to be effective in improving older people's ability to undertake activities of daily living and possibly improve independence. Improvements have been found with healthier and more physically impaired older people.
 - Balance classes (including Tai Chi): have been found to be effective in improving balance and function. This may make the person steadier on their feet and reduce the likelihood of falls.
 - Other classes: suggest classes available and appropriate in your area.
- Walking (refer to Help sheet 17 in this Resource Kit).
- Incidental and leisure activities (refer to Help sheet 16 in this Resource Kit): encouraging participation in personal and domestic activities of daily living (such as showering and housework) can improve independence for those experiencing difficulties in these areas. Refer to Functional Incidental Training (below).

Many changes can be achieved by making changes in current lifestyle, for example, walking instead of driving to the shops, or by trying to do a little more of currently performed physical activities.

Functional Incidental Training

A study undertaken by Schnelle et al. (1995) used a sample of cognitively and/or mobility impaired nursing home residents. The sample was randomly allocated to one of two groups:

- prompted voiding (four-hourly)
- prompted voiding plus functional incidental training (FIT) which involved walking, sit to stand, transfer practice.

They found that:

- both groups achieved significant reduction in agitation
- the FIT group achieved significant improvement in walking and standing endurance.

Therefore, even very physically impaired older adults can make improvements in their physical functioning with the right physical activity for them.

Case examples

Facilitators are encouraged to discuss some of their experiences where clients have experienced physiological, psychological or social benefits through increasing physical activity. Participants may also be able to provide some examples.

- Definitions of physical activity
- Types of physical activity
- Potential benefits of physical activity
- Barriers and motivators
- Key clinical considerations
- **Case examples**

Module 2: Application

Case studies for use in small groups

While the messages about increasing the physical activity levels of older people might be clear, in reality, staff may feel that there are many barriers for them in implementation. This module is designed to allow staff to identify these barriers as well as the motivators for this practice.

The learning objectives are based on practical application of the seminar content. Therefore, the program includes use of case studies as prompts for discussion and problem-solving. It is suggested that groups should work on two case studies during the small group exercise. Two case studies to choose from are included in the section, Handouts and PowerPoint slides. Facilitators are also encouraged to use their own and/or to allow participants to use a real case study (a template is included with the Handouts and PowerPoint slides).

It is suggested that the facilitator present the case studies and pose some questions to be discussed in small groups of 3–5 (depending on the size of the group).

Prior to breaking up into small groups, pose these general questions for a brief discussion of the whole group. These issues are useful to keep in mind during the small group exercise.

General issues for discussion

- How well are the older person's interests and needs in terms of physical activities (past and present) known by staff?
- What physical activity options are available in your area for the older people you see? (consider structured, leisure and incidental activity)
- How can carers/families be involved in supporting older people to increase activity levels?
- How can you help identify where improved nutrition may help improve physical activity? (Refer Help sheet 1 and Nutrition training module in this Resource Kit).
- How can your organisation support and motivate older people to increase their activity levels? (refer to Help sheet 10 in this Resource Kit)

Break the group into small groups of 3–5 each. Allow approximately 30 minutes for the groups to discuss the case studies according to the questions posed for them. Ensure that the group has a task to produce a basic plan to improve the activity levels of each of the case study examples. Handouts are included in the package for this purpose or facilitators may choose to use overheads. Participants should be encouraged to record notes. Allow sufficient time for each group to report back to the whole group.

For each case study, ask the small groups to consider the following points:

1. What problems is this person experiencing? (Refer to Help sheet 12 in this Resource Kit)
2. Is this person performing sufficient physical activity for a health benefit?
3. What are some possible options for improving the older person's activity level?
4. Is there a need to involve others (health professions, general practitioners, family/friends)? (Refer to Help sheet 14 in this Resource Kit)
5. What are some of the potential barriers to these options, and how might they be dealt with? (Refer to Help sheet 11 in this Resource Kit)
6. How can you support and motivate the person to increase his/her physical activity levels? (Refer to Help sheet 10 in this Resource Kit)
7. Would an assessment of nutrition risk be of potential benefit for this person to help improve physical activity? (Refer Help sheet 1 in this Resource Kit, Help sheets 2.1– 2.6 in Nutrition resource manual and Nutrition education supplement in this Resource Kit).
8. What can you do at the organisational level to support older people increase their physical activity levels and with whom do you need to work?

Be prepared to allow for some discussion of the whole group after (or during) this report back session. It is important, however, that each group develops something tangible which could be applied in their practice. If possible, collect these at the end of the seminar and arrange for them to be compiled and given back to each participant (and management if agreed by the group).

Conclusion

Apart from the information about the seminar to be collected in the feedback form, you will need to check that the learning outcomes have been achieved prior to bringing the seminar to a close. You should be able to gauge this from the work of the small group session. If you feel that the group has not grasped the concepts satisfactorily, then it may be necessary to discuss what else may need to be done to meet the learning objectives. These are, that participants should be able to:

- discuss the benefits of physical activity for older people living at home
- apply this knowledge to case examples of older individuals
- propose opportunities to increase older people's physical activity levels at home and in group settings.

Evaluation

It is important to obtain feedback about the program at its conclusion. A feedback form is included in this package for that purpose.

Distribute the form at the conclusion of the seminar, and allow about ten minutes for the forms to be completed. Participants should have the option of completing the evaluation anonymously.

Physical activity seminar: Feedback form

1. Was this seminar relevant to your work? (tick one only)

- highly relevant
- relevant
- limited relevance
- no relevance

2. Was this seminar relevant to you? (tick one only)

- highly relevant
- relevant
- limited relevance
- no relevance

3. How much do you feel you learnt from this seminar about incidental activity for older people? (tick one only)

- learnt a great deal
- learnt some new information
- not much was new
- learnt nothing new

4. Is this a useful way to access information? If yes - why? If no - why not and what other ways would be more useful?

5. Have you (or will you) use any of the information from this seminar in your work? Please describe.

6. How could the seminar be improved?

7. Would you recommend this as a useful seminar for others?

- recommend highly
- recommend
- not recommend

8. Do you believe that your workplace needs to change its practice to improve older peoples' levels of physical activity? If yes, in what ways?

9. Please describe any difficulties or barriers to making these changes.

10. Any other comments?

Handouts and PowerPoint slides

The following resources are included in this section of the package:

PowerPoint slides: Well for Life: promoting physical activity

Module 1 Theory of physical activity

1. Seminar overview
2. Definitions of physical activity
3. Types of physical activity
4. Potential benefits of physical activity
5. Effects of lack of physical activity
6. Motivators for physical activity
7. Barriers to physical activity
8. Stages of change model
9. Screening and assessment
10. Need for diversity in physical activity options
11. Physical activity options
12. Functional incidental training

Module 2 Application

1. General issues for discussion
2. Case studies: points to consider

Handouts: Case studies and questions (handouts for use in small groups)

4. Case presentation no.1
5. Case presentation no.2
6. Case study template (for groups to develop their own case study)

PowerPoint slides: Well for life: promoting physical activity

<h1 style="text-align: center;">Well for life</h1> <p style="text-align: center;">Promoting physical activity</p>	<h3 style="text-align: center;">Seminar Overview</h3> <ul style="list-style-type: none"> • What is physical activity? • Types of physical activity • Potential benefits of physical activity for older people • Factors contributing to participation (or not) in physical activity • Key clinical considerations • Case examples • Application
<h3>Definition of physical activity</h3> <p>Early 1990s</p> <ul style="list-style-type: none"> • Recommend 30–40 minutes moderate to high density activity, 3–5 times a week (<i>American College of Sports Medicine Guidelines, 1990</i>) • Focus on cardiovascular fitness <p>Recently</p> <ul style="list-style-type: none"> • Recommend to accumulate 30 minutes a day of moderate intensity activity (<i>The Surgeon Generals Report on Physical Activity and Health, US Department of Health and Human Services, 1996</i>) • Includes structured and incidental activity • New term: 'active living' 	<h3>Types of physical activity</h3> <p>Physical activity can be divided into three broad areas:</p> <ul style="list-style-type: none"> • Structured/formal physical activity • Incidental activity • Physical activity related to recreational pursuits <p><i>There are many different types of physical activity, encourage people to be as active every day in as many ways as they can.</i></p>
<h3>Potential benefits of physical activity</h3> <ul style="list-style-type: none"> • Disease prevention • Potential physical benefits • Functional benefits • Psychological and social benefits 	<h3>Effects of lack of physical activity / deconditioning</h3> <ul style="list-style-type: none"> • General health • Psychological • Social • Hospital/nursing home admissions • Mortality

Motivators for physical activity

- Increased awareness of the potential improvements in health and independence
- Knowledge that change is able to be achieved
- Encouragement from key people
- Enjoyable/social/functional contexts
- Environment/procedures conducive to physical activity

Barriers to physical activity

Can be divided into three different types:

- Individual
- Social
- Structural

Stages of change model

Five levels to move through:

- pre contemplation
- contemplation
- preparation
- action
- maintenance

It is also important to respect people's wishes if they are not ready to become more physically active.

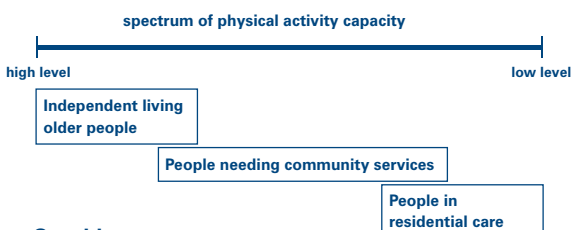
Screening and Assessment

Prior to considering changes to a person's level of physical activity find out:

- The person's current level of physical activity
- If the person is not undertaking sufficient physical activity, why not?
- The medical conditions the person has
- Is the person experiencing any specific problems possibly due to a lack of physical activity?
- What are the person's current or previous interests?

Is there a need to refer onto someone with more experience and knowledge?

Need for diversity in physical activity options



Consider:

- Range of individual abilities within each level of capacity
- Range of individual preferences for physical activity

Physical activity options

- Structured physical activity programs
 - Physiotherapist prescribed exercises
 - Strength training
 - Balance classes (including Tai Chi)
 - Other classes
- Walking
- Incidental and leisure activities

Changes can be achieved by making changes in current lifestyle, for example, walking instead of driving to the shops, or by trying to do a little more each day of currently performed physical activities.

Functional incidental training

- **Sample of cognitively and/or mobility impaired nursing home residents**
- **Randomly allocated to:**
 - Prompted voiding (4 hourly)
 - Prompted voiding + FIT (walking/sit to stand/transfer practice)
- **FIT group achieved improvement in walking and standing endurance**

Even people with significant physical impairment can improve with the right activity

General issues for discussion

- How well are older people's interests and needs in terms of physical activities (past and present) known by staff?
- What physical activity options are available in your area for the older people you see? (consider structured, leisure and incidental activity)
- How can carers/families be involved in supporting older people to increase activity levels?
- How can you help identify where improved nutrition may help improve physical activity?
- How can your organisation support and motivate older people to increase their activity levels?

Case studies: Points to consider

1. What problems is this person experiencing?
2. Is this person performing sufficient physical activity for a health benefit?
3. What are some possible options for improving the older person's activity level?
4. Is there a need to involve others (health professions, general practitioners, family/friends)?
5. What are some of the potential barriers to these options, and how might they be dealt with?

Case studies: Points to consider

6. How can you support and motivate the person to increase his/her physical activity levels?
7. Would an assessment of nutrition risk be of potential benefit for this person to help improve physical activity?
8. What can you do at the organisational level to support older people increase their physical activity levels and with whom do you need to work?

Handouts: Case studies and questions (for group work)

Case presentation No.1

Mr B

Profile:

Mr B is 83 years, of Italian background, speaks fluent Italian, and limited English.

He lives with his wife, who previously managed all the shopping and domestic tasks. Mrs B is now experiencing some trouble with the domestic tasks due to a recent bout of ill health.

Mr B has a significant past medical history including diabetes (controlled by diet), peripheral neuropathy, mild chronic obstructive pulmonary disease after many years of smoking (now stopped) and a stroke five years ago. As a result of the stroke he has ongoing difficulty with movement of his left arm and leg. He initially received physiotherapy after the stroke but has had no further input in the five years. He can walk short distances with a stick indoors and outdoors. You notice he is becoming increasingly unsteady on his feet, holding onto furniture and the walls as he walks past. On questioning, he admits he had two falls in the street three months ago and has since curtailed his activities. Other than walking into the garden twice a day to check on a barometer, he spends most of his time listening to the radio. He is managing his own showering and dressing.

He previously enjoyed gardening, spending time outdoors, long walks and attending an Italian speaking social group (doesn't do any of these now). Mr B no longer drives but he does have a supportive family who are available to drive him to his medical appointments.

Consider the following points:

1. What problems is this person experiencing? (Refer to Help sheet 12 in this Resource Kit)
2. Is this person performing sufficient physical activity for a health benefit?
3. What are some possible options for improving the older person's activity level?
4. Is there a need to involve others (health professions, general practitioners, family/friends)? (Refer to Help sheet 14 in this Resource Kit)
5. What are some of the potential barriers to these options, and how might they be dealt with? (Refer to Help sheet 11 in this Resource Kit)
6. How can you support and motivate this person to increase his physical activity levels? (Refer to Help sheet 10 in this Resource Kit)
7. Would an assessment of nutrition risk be of potential benefit for this person to help improve physical activity? (Refer Help sheet 1 in this Resource Kit, Help sheets 2.1 – 2.6 in Nutrition resource manual and Nutrition education supplement in this Resource Kit).
8. What can you do at the organisational level to support older people increase their physical activity levels and with whom do you need to work?

Case Presentation No.2

Mrs T

Profile:

Mrs T is 78 years old and lives alone. She presents with a medical history of moderate knee and hand pain secondary to osteoarthritis, mild hearing loss (corrected with hearing aids) and a history of depression. Over time she has reduced her activity levels and is experiencing increased dependence with the heavy household chores, preparing meals and gardening. Her daughter is beginning to help her with these tasks. She complains of needing more time to get on/off chairs and increased difficulty on the seven steps to her front door. She walks without an aid and can just walk the 300 m to her local milk bar, which she does occasionally.

Mrs T has a daughter who is supportive but works full time. To do her shopping once a week, Mrs T catches public transport but is experiencing increasing difficulty with this. At the shops she holds on tight to the trolley to 'help her get around'. She feels steady on her feet but reports her legs don't seem to support her the way they used to.

A year prior to this assessment, Mrs T reports she was an 'active and social lady'; her activities included catching the bus to the local RSL 'for bowls and a drink'. Since the trouble with her legs she has stopped bowling and going to the RSL.

Consider the following points:

1. What problems is this person experiencing? (Refer to Help sheet 12 in this Resource Kit)
2. Is this person performing sufficient physical activity for a health benefit?
3. What are some possible options for improving the older person's activity level?
4. Is there a need to involve others (health professions, general practitioners, family/friends)? (Refer to Help sheet 14 in this Resource Kit)
5. What are some of the potential barriers to these options, and how might they be dealt with? (Refer to Help sheet 11 in this Resource Kit)
6. How can you support and motivate this person to increase her physical activity levels? (Refer to Help sheet 10 in this Resource Kit)
7. Would an assessment of nutrition risk be of potential benefit for this person to help improve physical activity? (Refer Help sheet 1 in this Resource Kit, Help sheets 2.1 – 2.6 in Nutrition resource manual and Nutrition education supplement in this Resource Kit).
8. What can you do at the organisational level to support older people increase their physical activity levels and with whom do you need to work?

Case study template

Your own case study

Profile:

Main medical past history:

Current mobility:

Cognition:

Interests:

Consider the following points:

1. What problems is this person experiencing? (Refer to Help sheet 12 in this Resource Kit)
2. Is this person performing sufficient physical activity for a health benefit?
3. What are some possible options for improving the older person's activity level?
4. Is there a need to involve others (health professions, general practitioners, family/friends)? (Refer to Help sheet 14 in this Resource Kit)
5. What are some of the potential barriers to these options, and how might they be dealt with? (Refer to Help sheet 11 in this Resource Kit)
6. How can you support and motivate this person to increase his/her physical activity levels? (Refer to Help sheet 10 in this Resource Kit)
7. Would an assessment of nutrition risk be of potential benefit for this person to help improve physical activity? (Refer Help sheet 1 in this Resource Kit, Help sheets 2.1–2.6 in Nutrition resource manual and Nutrition education supplement in this Resource Kit).
8. What can you do at the organisational level to support older people increase their physical activity levels and with whom do you need to work?