

Help sheet no.22

Increasing opportunities for walking

Walking is one of the most efficient, effective and practical forms of physical activity. However, the walking profile of residents in residential aged care settings is relatively low. Forty per cent of men and 31 per cent of women walked indoors daily, and only 24 per cent of men and 20 per cent of women walked daily outdoors in a nursing home sample (Ruuskanen & Parkatti, 1994).

The amount of walking necessary to achieve some health benefits for older people in residential settings will vary, depending on a number of factors.

Baseline level of fitness

For very frail older people, walking 15 metres on a regular basis may be sufficient to achieve some physical and psychological benefits over time. For these people, short walks more often are most valuable. For less frail older people, longer distance walking will be required to achieve health benefits.

Co-morbidity

A range of health problems will limit a person's walking ability. In particular, cardiovascular problems such as ischaemic heart disease, intermittent claudication and congestive cardiac failure may limit the distance a person is able to walk. In such cases, a medical review should be undertaken before commencing a program aiming for increased physical activity.

Other issues to consider

- Ensure appropriate footwear for safety and comfort (avoid slippers), such as:
 - flat/low, broad, well rounded heels
 - laces or Velcro fastenings
 - flexible soles with good tread.
- Avoid walking and transferring in socks.
- Ensure the resident has an appropriate walking aid, and that they are using it appropriately. As a general rule:
 - the height of a walking aid should come up to the wrist crease when the resident stands straight
 - if one leg is weak or painful, and a stick or four point stick is used, it should be used in the opposite hand to the weak/painful leg
 - if one leg is weak or painful, the gait aid should be taking weight when the weak/painful leg is weight-bearing.

[Advice regarding correct prescription and use of a walking aid can be obtained from a physiotherapist.](#)

- Ensure clothing is comfortable, lightweight and loose-fitting. In cold weather wear layers of lightweight clothing that will breathe yet trap heat and keep out the wind.

- Remember to spend about ten minutes doing some warm up stretches. At the end of a walk, slow the walking rate down to cool down and allow heart rate to return to normal.
- Encourage more than the bare minimum walking each day.
- Have plenty of chairs available for rests if required or walk with them and take a wheelchair. This will encourage residents who are not confident they can walk very far to at least walk short distances.
- If muscle pain or cramps occur, stop walking and relax and gently stretch the muscle. Proceed at a slower pace.
- If walking at a comfortable pace, you should be able to carry on a conversation while walking.
- Promote and maintain interest:
 - To add interest and fun to the walking activity, set up a walking course in the facility. Have exercise stations around the area with posters illustrating the exercises to do at each station.
 - Have a buddy program where social contact will make activity more rewarding. Also enables residents to encourage one another.
 - Have a walk in the garden to pick flowers for the dining table.
 - Walk within a shopping centre - even if it is only to one shop to purchase one item.
 - Encourage family members to bring pet dogs to the outside of the facility (if facility allows). Residents may go outside to have a look and forget that they are doing exercise.
 - Create an 'accumulated mileage' program that records the number of miles walked in the facility (Van Norman, 1995).
 - For warning signs of over-exertion, see **help sheet 24**.

Where there are concerns about the issues listed above, discuss and develop a management plan in conjunction with a physiotherapist.

References

- Ruuskanen, J., & Parkatti, T. (1994). Physical activity and related factors among nursing home residents. *Journal of the American Geriatrics Society*, 42, 987-91.
- Van Norman, K. (1995) *Exercise programming for older adults*. Human Kinetics, Illinois.