

Help sheet no.21

Incidental and leisure activity

Incidental activities are those where physical activity is undertaken as part of routine activities, for example, walking to the dining room, transferring or dressing. Many other leisure activities also have a physical activity component, for example, lawn or carpet bowls and dancing. Many of these activities can be modified for participation by frailer or chair bound residents.

A six-week activity program conducted by an occupational therapist three times weekly in a hostel setting (average age 82 years) resulted in significant improvement in time spent standing and walking, compared to a control group (Tran, 1999). The activity program incorporated recreational, functional and physical activity in a hostel setting, with each session lasting two hours. Types of activities included walking, gardening, cooking and indoor bowls.

Many other forms of activity have the potential to achieve positive health outcomes. Programs need not be confined or limited to those where there is current evidence of health benefits, but should use this evidence as a basis for facilitating a broad involvement by residents in a wide range of activities.

Helping residents benefit from physical activity

- Take the time and provide the opportunity for those residents who can, to walk to the dining room/bathroom/toilet instead of using a wheelchair.
- Encourage residents to shower and dress themselves.
- Encourage residents to participate in a variety of leisure activities they find interesting, for example gardening, lawn bowls, tai-chi, dancing.
- Ensure that facilities for physical activity accommodate and encourage residents to participate.
- Plan outdoor activities that include opportunities for residents to be physically active.
- Encourage residents to try different types of dancing, such as ballroom, folk, Irish, line, tap and belly.
- Health care providers can routinely talk to residents about incorporating physical activity into their lives.

Many of these activities can be modified for residents who are less mobile.

Review of paper on Functional Incidental Training

Schnelle J, et al, 1995. 'Functional Incidental Training, mobility performance, and incontinence care with nursing home residents', *J American Geriatrics Society*, 43: 1356–62.

This paper identified a range of positive benefits of a program incorporating incidental activity for a group of nursing home residents (including some with low cognition). The incidental activity was undertaken in conjunction with a prompted voiding program, which occurred four times daily between 8am and 4pm. At each of these times, the resident participated in Functional Incidental Training (a small

number of sit to stand practices or transfer practices or walking) in addition to the prompted voiding task.

In total, each resident performed a maximum of 20 minutes walking/wheeling activity (in addition to their normal routine), and up to 16 sit to stand or transfer activities daily.

The physical benefits from this program included improved walking (or wheelchair) and standing endurance, relative to a group randomly allocated to receive prompted voiding only. Both the prompted voiding and the prompted voiding + Functional Incidental Training group had a significant reduction in agitation across the intervention period.

Reference

Tran P, (1999), Personal communication re results of ongoing PhD studies 'Effect of a controlled activity program on quality of life and objective measurement among older people in residential care', National Ageing Research Institute, Parkville, Victoria.