

Section 1

Physical Activities Promotion CAP

Problem

The Physical Activities Promotion CAP identifies persons who engage in low levels of physical activity — that is, they engage in less than 2 hours of physical activity over a 3- day period (performing instrumental tasks around the home, walking, or carrying out a planned exercise program). At this level of engagement, most persons are at an elevated risk of having a number of health complications and physical decline.

The benefits of a more intensive schedule of physical activity include enhanced cardiovascular endurance, better mood, a lower risk of falling, a slowing of functional decline, and better control of weight. Persons who engage in higher levels of regular physical activity, such as walking, have been shown to have better balance, more mobility, and greater strength in their legs.

Frail persons residing in long-term care facilities may benefit as well from targeted exercise programs, with a resultant slowing in loss of abilities in everyday activities of daily life (for example, dressing and walking). Cognitively impaired persons may also benefit from increased physical activity and, as is true for everyone, they are more likely to participate in activities that they did before or that they currently enjoy. For example, persons who played golf may enjoy putting practice. Studies have shown benefits of walking programs in long-term care facilities, evening walking for wanderers, and multisensory exercise programs.

Achieving a consistent pattern of at least 1 hour of physical activity a day can be a challenge. Thus, for persons triggered by this CAP, one needs to follow a gradual four-step program: (1) educate the person about the benefits of higher levels of physical activity; (2) identify why the person has not been more active; (3) schedule a step-by-step program of physical activity acceptable to the person; and (4) encourage the person to gradually adopt and then continue with the physical activity program over an extended period of time.

Effective physical activity counseling programs assist the person in developing a concrete plan consistent with his or her goals, while providing acceptable strategies to overcome barriers. These barriers might include a lack of interest, the objection of loved ones, an absence of time to engage in the activities, poor weather, fluctuating health status, unexpected health events that involve periods of bed rest or inactivity, or limitations due to a stroke or cognitive impairment that restricts either understanding or the ability to consistently follow through on the agreed plan. But regardless of the barriers, the goal of this CAP is to work with the person to find a suitable physical activity strategy that fits into his or her lifestyle.

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Overall Goals of Care

- Increase hours of exercise and physical activity.
- Prevent loss of independent function in IADLs, ADLs, and mobility.
- Develop concrete goals and strategies to address potential barriers.

- Among the specific strategies to be considered, include the following: involvement in housework and shopping, mobility indoors and outdoors, increasing the distance walked (or wheeled), and increasing the speed of walking.
- For lower functioning persons, engage the family, staff, or caregivers in counseling activities and strategizing to overcome barriers.

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Physical Activities Promotion CAP Trigger

The goal of this CAP is to increase physical activity levels of functionally capable sedentary adults. In order to be successful and appropriate, a plan to overcome medical barriers and conditions should be designed in collaboration with the person's physician.

TRIGGERED TO FACILITATE IMPROVEMENT

This subgroup is defined by two factors:

- ☐ First, the person is engaged in less than 2 hours of physical activity over the last 3 days.
- ☐ Second, the person has one or more of the following positive assets:
 - ☐ Moves in the residence without help or cueing
 - ☐ Goes up and down stairs without help
 - ☐ Believes he or she could be more independent
 - ☐ Caregiver believes the person could be more independent
 - ☐ The person has good prospects of recovery from current diseases or conditions

Given these functional reserves, persons in this subgroup are the most likely to be able to achieve increased hours of physical activity. Yet, only a small fraction of this population has been shown to improve (about 11%) over the following 90-day period, and the principal focus of care is to increase the likelihood of this happening. Note that this group includes about 30% of persons receiving home care, 25% of persons in long-term care facilities, and 15% of older adults living independently in the community.

NOT TRIGGERED

All other persons.

Physical Activities Promotion CAP Guidelines

Personal choice. To promote change in physical activity levels, it is essential to involve the person in choosing the goals and strategies to achieve the objectives. The aim of the professional working with the person is to

- ☐ Increase awareness of the health benefits of exercise.
- ☐ Help the person contemplate a future lifestyle in which exercise is a part of his or her weekly routine.

- ☐ Engage the person in a discussion of the types of exercise (such as activities around the house, walking, or dancing) that they had enjoyed previously or others they would like to try at this time.
- ☐ Discuss any barriers that might prevent the person from increasing his or her exercise levels or maintaining these levels. A low-key approach is most likely to be effective in increasing the person's (or family's) receptiveness and readiness to change.

Options for persons with high (good) functioning (both physical and cognitive).
To determine the person's level of interest in exercise and physical activity, consider the following:

- ☐ Discuss the person's preferences for exercise such as dancing, walking as a part of daily life or as a planned activity (alone, with others, when doing certain activities, over a fixed course), bicycling, and exercise classes. Persons who previously enjoyed exercise are more likely to return to exercise.
- ☐ Discuss options to suit the person's interests and level of functioning.
- ☐ Identify the person's level of readiness for change.
 - ☐ The proposed activity should be realistic and accessible.
 - ☐ Selection of activities that are meaningful for the person are more likely to be followed.
 - ☐ A nonmotivated person may begin with small steps, for example, walking more frequently.
 - ☐ A sedentary person may benefit from a discussion of changes in his or her daily routines that promote lower levels of physical activity.
 - ☐ A person with little or no interest in exercise may be willing to discuss other goals and how exercise might assist in helping meet them.
 - ☐ For the motivated person, discuss how appropriate physical activities can become a part of the daily routine in addition to individually tailored training programs in the home or community.
- ☐ Some persons will need practical information on how to accomplish the goals given their current health status.
- ☐ When there is agreement on exercise goals, engage the person in a discussion of potential barriers that could interfere. For each barrier consider solutions.
- ☐ Provide as much information as possible about suitable and available programs.
 - ☐ For any age, exercise must be undertaken sensibly to avoid injury and complications. Therefore, it is necessary to consult and work collaboratively with the person's primary care physician and ensure that proper screening is performed before an exercise program begins.
 - ☐ Persons who are willing and able to attend community-based programs may be referred to them.

- In some areas, programs are targeted to persons with specific chronic conditions, and some may offer special accommodations.
- Family members or volunteers may be able to assist in outdoor activities if the person is not confident about walking outdoors.
- Persons who do not wish to join exercise classes or group activities may use available home exercise videos.
- Develop a schedule of physical activity including
 - Aerobic activities, such as moderately intense walks for at least 30 minutes, 4 to 5 days a week.
 - Progressively more intense muscle strengthening exercises on at least 2 nonconsecutive days each week. Examples include progressive weight training and weight bearing calisthenics.
 - Flexibility training activities in conjunction with the muscle strengthening exercise routine.
 - Balance exercises several times a week.

Options for persons with IADL or ADL problems. If the person has triggered on either the IADL or ADL CAP, give precedence to those guidelines. Otherwise, consider the following:

- If the decline is recent, refer the person for individualized interventions with a rehabilitation professional.
- If pain is a problem, see Pain CAP.
- If balance is a problem, see Falls CAP.
- If sufficient food intake is a problem, see Undernutrition CAP.
- Refer to self-management programs those persons who have chronic conditions that may fluctuate in intensity or predispose them to flare-ups or acute events. The more confidence the person has in managing his or her health condition, the greater the potential for adherence to an exercise program.
- It is important to recognize that modest increases in activity levels may have beneficial effects. Training programs that are too strenuous are unlikely to be followed and may pose immediate risks to the health of the person.

Provide feedback and rewards if possible.

- Develop a written set of goals and time lines so that the person, family, and formal staff can chart progress and recognize when key milestones have been reached.
- Be prepared to give feedback to the person and family in multiple outcome areas including balance, absence of falls, mobility, endurance, pain, mood, and specific goal attainment.

Additional Resources

- Heyn P.** 2003. The effect of a multisensory exercise program on engagement, behavior, and selected physiological indexes in persons with dementia. *American Journal of Alzheimer's Disease and Other Dementias* (18,4): 247–51.
- Holmberg SK.** 1997. A walking program for wanderers: Volunteer training and development of an evening walker's group. *Geriatric Nursing* (18,4): 160–65.
- MacRae PG, Asplund LA, Schnelle JF, Ouslander JG, Abrahamse A, Morris C.** 1996. A walking program for nursing home residents: Effects on walk endurance, physical activity, mobility, and quality of life. *JAGS* (44,2): 175–80.
- Martin JL, Marler MR, Harker JO, Josephson KR, Alessi CA.** 2007. A multicomponent nonpharmacological intervention improves activity rhythms among nursing home residents with disrupted sleep/wake patterns. *The Journals of Gerontology Series A: Biological Sciences and Medical Sciences* 62: 67–72.
- Miriam Hospital Physical Activity Research Center:**
www.lifespan.org/behavmed/researchphysical.htm
- Nelson ME, Rejeski WJ, Blair SN, Dubcan PW, et al.** 2007. Physical activity and public health in older adults. Recommendations from the American College of Sports Medicine and the American Heart Association. *Circulation*: 116.
- University of Rhode Island Cancer Prevention Research Center:**
www.uri.edu/research/cprc/translational.htm

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