

# SENIOR EXERCISE PROGRAMS-FOR SENIOR



By the middle of this century, it had been estimated that 87 million people or roughly 21% of America, population will be 65 years of age or older. As the U.S. population ages, we are faced with dealing with issues such as mortality, longevity, and the quality of life. The upward drift in the average age had significant implications for us personal trainers as well. As the role of exercise and fitness in helping to improve and maintain functional independence become more widely known and accepted, opportunities for us personal trainers will continue to increase. Unfortunately, aging has become synonymous with degeneration and loss of functional ability in our older adults (seniors), which is definitely a mistake. Typical forms

of degeneration associated with aging also include osteoporosis, arthritis (osteoarthritis), low-back pain, and obesity.



It is also vital to note that various physiologic changes are considered normal with aging and some are also considered pathologic, meaning related to disease, An example, is blood pressure tends to be higher at rest, also during exercise, which may be the result of either natural causes, as a result of disease, or a combination of both. Arteriosclerosis is a normal physiologic process of aging that can result in arteries that are less elastic and pliable, which in turn may lead to greater resistance to blood flow and thus higher blood pressure. On the other hand my friends, atherosclerosis, which is caused largely by poor lifestyles (smoking, obesity, sedentary lifestyle,)), restricts blood flow as the result of plaque buildup within the walls of the arteries and thus leads

to increased resistance and blood pressure. Another disease-related cause of hypertension is called peripheral vascular, that refers to plaques that form in any peripheral artery, typically those of the lower leg. Individuals with blood pressure levels that are between 120/80 mm Hg and 139/89 mm Hg are considered prehypertensive and should, my friends be carefully monitored and referred to a physician if their blood pressure continues to rise or if they have other risk factors for heart disease. All individuals regardless of what their age may be, who have a blood pressure reading of 140 / 90 mm Hg or higher should go to a physician for further evaluation. Despite the normal decline in physiologic functioning associated with aging, Our seniors with and without other chronic health conditions can and do respond to exercise much in the same manner as apparently healthy younger adults, Some normal physiologic and functional changes associated with aging include reductions in the following:

- Maximal attainable heart rate
- Muscle mass
- Cardiac output
- Balance
- Coordination (neuromuscular efficiency)
- Bone mineral density
- Connective tissue elasticity



Both normal physiologic as well as abnormal pathologic changes associated with aging affect the response to exercise training. Degenerative processes associated with aging may lead to a decrease in the functional capacity of our seniors, including potentially significant reductions in muscular strength and also endurance, cardio respiratory fitness, and proprioceptive neural responses. My friends one of the most important and fundamental functional activities affected with degenerative aging is walking. The decreased ability to be able to freely in one's own environment not only reduces the physical and emotional independence of an individual, it also can lead to an increase in the degenerative cycle, The ability or inability to perform normal activities of daily living, such as eating, bathing, housekeeping, and leisure activities can be measured to help determine the functional status of an individual.



Seniors with one or more of these degenerative conditions may tend to avoid engaging in activities such as resistance or aerobic training because of their fear of injury or feelings of inadequacy. However, the research has shown that musculoskeletal degeneration may not be entirely age-related and that certain measures can be taken to prevent loss of muscle strength and functional immobility with aging. Also, it has been demonstrated that many of the structural deficits responsible for decreased functional capacity in seniors, including loss of muscle strength and neural proprioception, can be slowed and even reversed through participating in routine physical activity and exercise.



Flexibility assessment and training is also an important consideration with seniors because they tend to lose the elasticity of their connective tissue, which reduces movement and increases the risk of injury. Self-myofascial release and static stretching are advised for seniors provided there is sufficient ability to perform all the necessary movements. All exercises should be performed with precise technique and kinetic chain control to minimize risk of injury. By our seniors being involved in an exercising program will give them more control over their lives.

META TITLE SENIOR EXERCISE PROGRAMS-FOR SENIOR

META DESCRIPTION BENEFITS OF SENIOR EXERCISE PROGRAMS