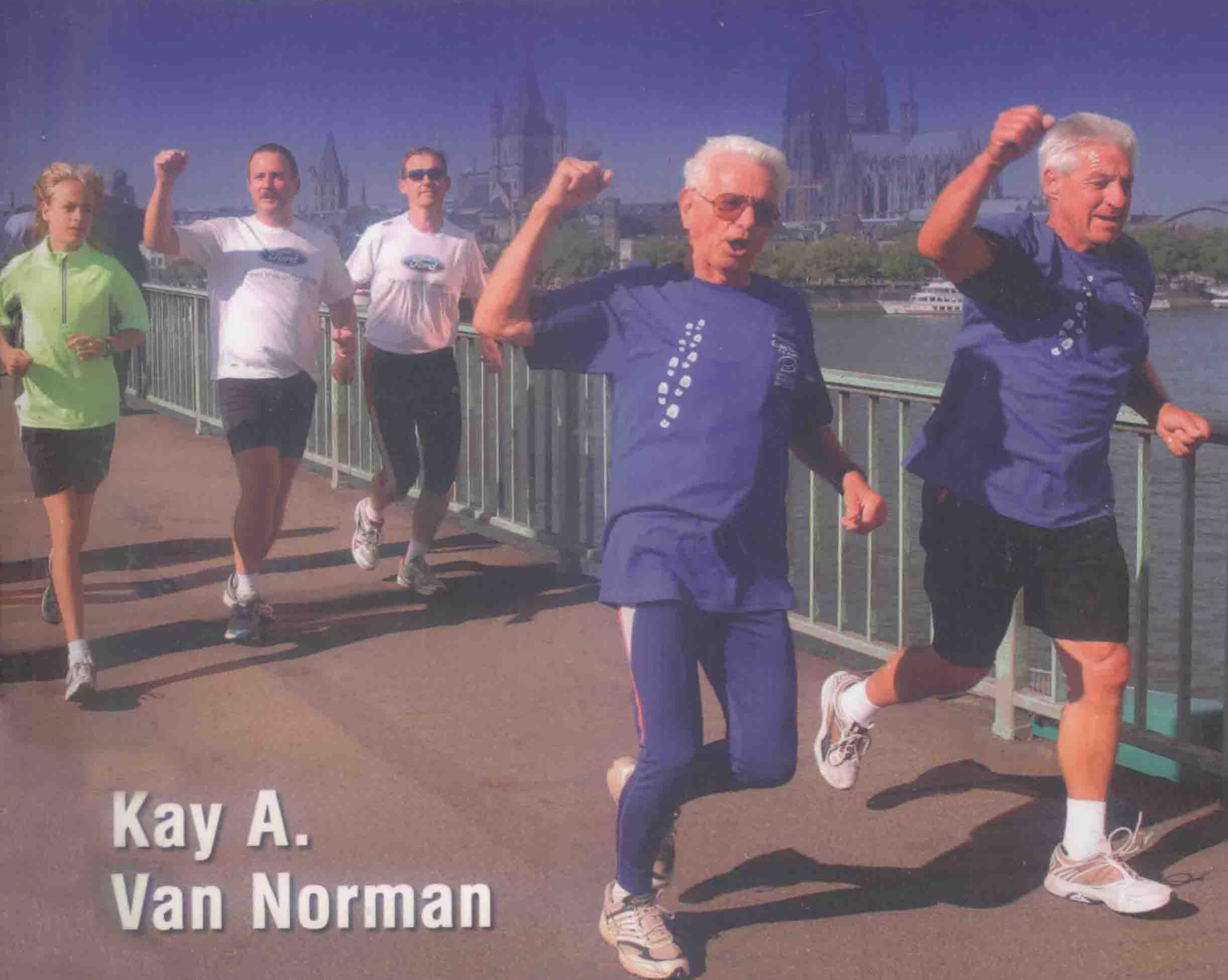


SECOND EDITION

Exercise and Wellness for Older Adults

PRACTICAL PROGRAMMING STRATEGIES



**Kay A.
Van Norman**

Exercise and Wellness for Older Adults

Practical Programming Strategies

SECOND EDITION

Kay A. Van Norman, MS



Human Kinetics

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Preface

Since writing *Exercise Programming for Older Adults* in 1995, I've experienced a dramatic paradigm shift. I used to focus on programming to meet the needs of adults over 55 but now realize that age has very little to do with functional ability and even less to do with what a person is capable of than almost any other factor. I know that expectations, personal beliefs, and intent affect outcomes, regardless of age. For example, many people with physical disabilities accomplish amazing things, like the blind man who climbed Mount Everest and the thousands of disabled athletes who compete in Paralympics. Research clearly demonstrates the ability of the human body to retain high levels of function through the life span (Spiriduso et al., 2005). One need only observe the rapidly growing number of Senior Olympians running, jumping, and powerlifting against stiff competition or read longitudinal studies done around the world showing people who are 90 years old and older actively engaged in physically challenging lifestyles to see the possibilities for lifelong health and vitality (Buettner, 2005).

I have changed my programming approach from an age-based perspective to one based on function. Programming for older adults as we know it in the industry today could well be named programming for adults who have been sedentary or have functional limitations and so require specialized programming. Don't discount the importance of this difference in perspective, because one of the biggest challenges for wellness specialists is to convince adults of all ages that although decline in some physical parameters with age is predictable, functional dependence is not inevitable.

A severe physical disability or functional challenge does not necessarily define what a person is capable of accomplishing. For example, Kyle Maynard became a successful high school varsity wrestler despite being born with arms ending at the elbows and legs ending at the knees (Maynard, 2005), demonstrating the power of elements like personal beliefs, expectations, and intent to influence behaviors and outcomes. Chapter 3, *Psychosocial Aspects of Programming*, examines how these often-overlooked elements affect behavior and

offers insight on how to engage them in a positive manner to improve well-being.

Professionals in wellness promotion must lead the way by changing our mind-set, our language, and our approach to programming. We must incorporate strategies to overcome psychosocial barriers to healthy lifestyle habits and offer programming to maximize functional ability regardless of age or physical challenge. We must also embrace the relationship between the body, mind, and spirit that support well-being.

This book will help wellness professionals make the paradigm shift from expectations of decline to an age-neutral focus on maximizing functional ability. The book provides specialized programming for adults who have diminished physical function or special conditions requiring modified programs. It also supports the shift from a fitness focus to a whole-person wellness focus that fully engages individuals as full partners in well-being, rather than customers of wellness strategies.

Like the first edition, this book provides an overview of the field of adult wellness, including a synopsis of population demographics and a review of challenges and opportunities in the wellness industry (chapter 1). It also discusses the shift from a fitness to a wellness focus in health promotion programs. It offers a brief overview of the functioning of the cardiopulmonary, musculoskeletal, and nervous systems; changes common with inactivity and aging; and special conditions that affect exercise safety (chapter 2). The book provides program guidelines and specific programming for both land- and water-based exercise (chapters 4-6) and concludes with strategies to develop and promote your wellness program in community-based as well as senior living environments (chapter 7).

The new elements of this edition include the following:

- A complete chapter on the psychosocial components of aging and wellness
- Introduction of the whole-person wellness concept and strategies to integrate the six dimensions of wellness into programming

- Strength and power training protocols and specific programming
- Material on the unique challenges and opportunities in senior living environments plus programming approaches for this venue

This edition has been much more difficult to write than the first one. Before, it was pretty convenient to make broad statements like “older adults

need _____.” I’m somewhat embarrassed now that I even wrote those statements, so I’ve worked hard to avoid those types of generalizations. I’ve also tried to strike a balance between using an age-neutral focus and providing the information necessary to create programs for people who have functional deficits. It’s a balancing act and I have been as consistent as possible. I wish you the best of luck in your programs and thank you for your commitment to this field. Let’s all keep it moving forward!

Acknowledgments

I first thank my husband, George Gebhardt, and sons, Brock and Cole. Once again you've had to put up with piles of papers on the dining room table and my attention directed at the computer for hours on end. I appreciate your love and support. I also thank my personal cheerleaders Chris Van Burgh and Lois Syth, who kept me moving forward on this project at times when I was stalled.

Thanks also go to all the models in the book who gave of their time so freely and to Clark Lindsey Village in Urbana, Illinois, where many photos were taken. Special thanks go to my friends and horseback riding buddies, who demonstrate by example how

to stay active, live fully, and age well. Bob Jordan, Eldo Heinle, Kay Moore, Mary Jane Johnson, and Grace France—thanks for blazing the trail. I look forward to riding the mountains with you for many more years to come.

I thank the many colleagues I've worked with and learned from over the years in the Council on Aging and Adult Development, National Council on Aging, Keiser Institute on Aging, and International Council on Active Aging. Finally, to Jan Montague, my friend and colleague—thanks for opening the door to whole-person wellness and providing many years of insight, collaboration, and friendship.

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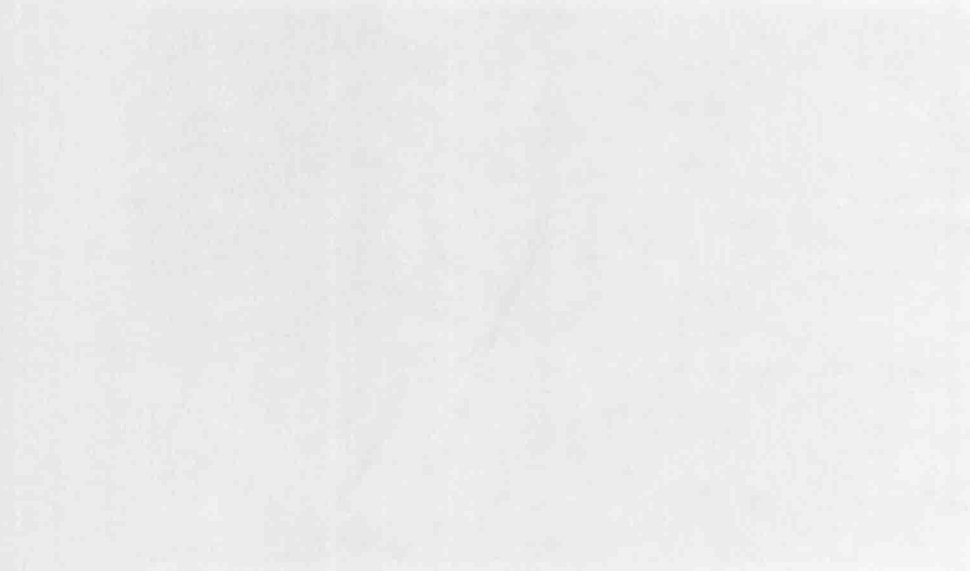
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Aging and Wellness



It is an exciting time to be involved in exercise and wellness programming for older adults, which is the fastest-growing market in the health promotion industry. More people than ever before recognize the importance and the *possibility* of retaining vitality through the life span. Health promotion and senior service organizations are working hard to educate adults about the benefits of a healthy, active lifestyle, and there are more opportunities than ever to engage in healthy lifestyle programs. The aging of the baby boomer generation has resulted in a dramatic increase in the numbers of adults older than 65. Federal agencies, driven by these changes in age demographics, are seeking practical strategies to keep people well in body, mind, and spirit throughout the life span.

Health promotion is evolving from disease prevention and management, which is termed the *medical model* and has focused on health screenings and exercise programs, into a whole-person wellness model recognizing the importance of body, mind, and spirit in overall well-being. Research proving the health benefits of regular exercise is joined by studies showing the importance of engaging the mind and emotions in prevention and healing (Cohen, 2005; Ray, 2004). The demand for programs that effectively engage the whole person—body, mind, and spirit—on the path to well-being will significantly affect the health promotion and wellness industry and offers many opportunities for professionals ready to make the shift from an age-based fitness focus to a function-based wellness focus.

The aging of baby boomers provides an excellent opportunity to make a radical shift in perceptions and approaches. This group as a whole is less inclined than past generations to accept limitations imposed by ageist stereotypes. Many mature adults reject the expectation of deteriorating health and actively seek positive alternatives. Elite athletes like Lance Armstrong and Olympic athletes age 40 and older push themselves to higher levels of performance, shattering the myth that physical potential peaks around age 30. Many nonathletes are also aging with amazing vitality and demonstrating that simply staying fully engaged in life offers the opportunity for vitality, meaning, purpose, and quality of life throughout the life span. I look forward to a time when the majority of adults believe not just in the *possibility* of aging well but also in the *probability* of aging well.

This chapter provides a synopsis of age demographics around the world. It highlights how wellness programs can help adults remain healthy and engaged in life throughout their lives. The chapter identifies the five levels of physical function, which you can use to identify and meet the needs of adults at various levels of functional ability. The chapter also introduces the concept of whole-person wellness and outlines its six main components: physical, social, emotional, spiritual, intellectual, and vocational. Finally, this chapter discusses the industries and organizations related to senior wellness, including fitness, senior-living, community-based recreation, senior service, and health and aging organizations.



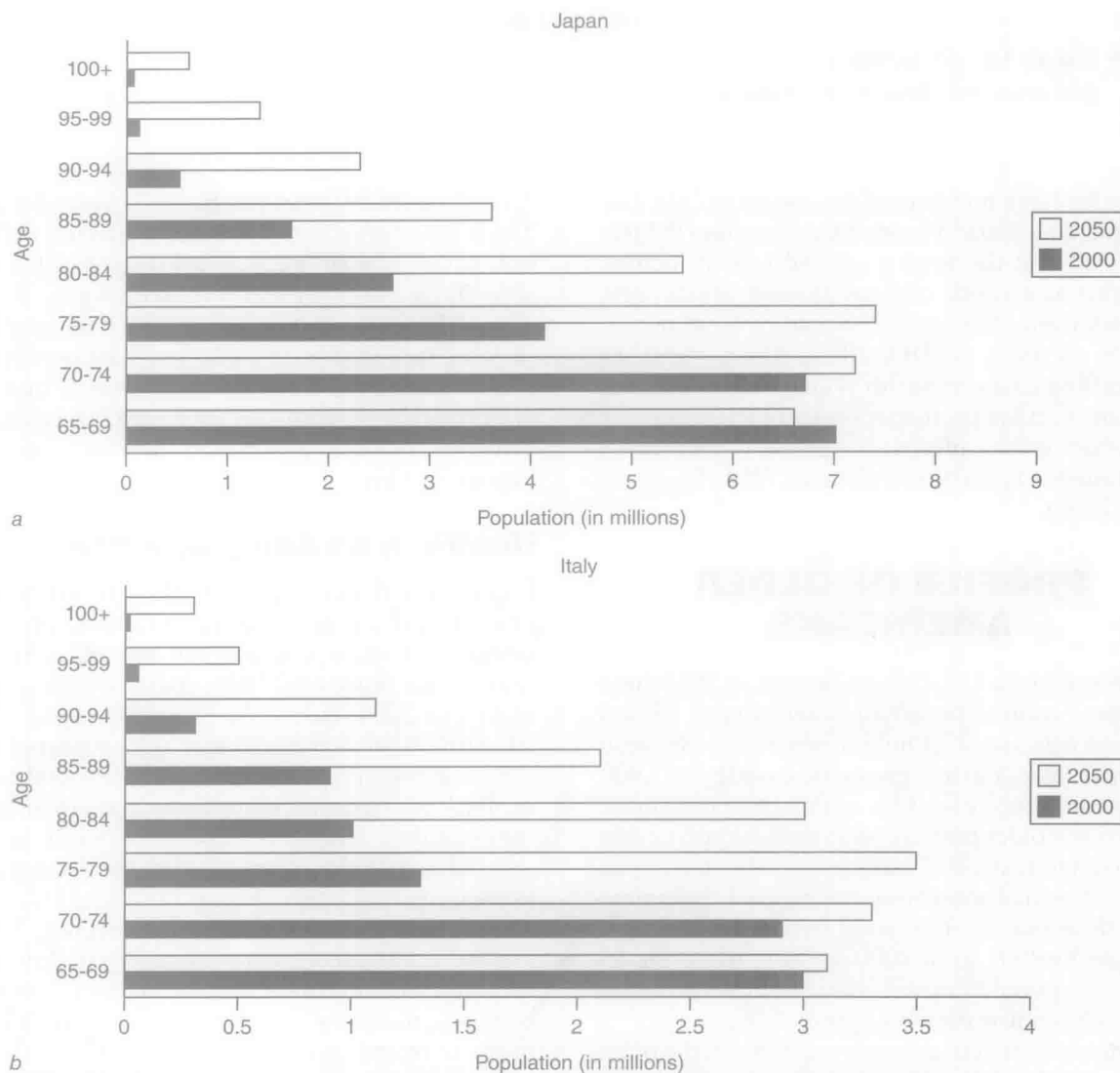
Photo courtesy of Douglas Shearer.

Age is just a number.

AGING WORLD POPULATIONS

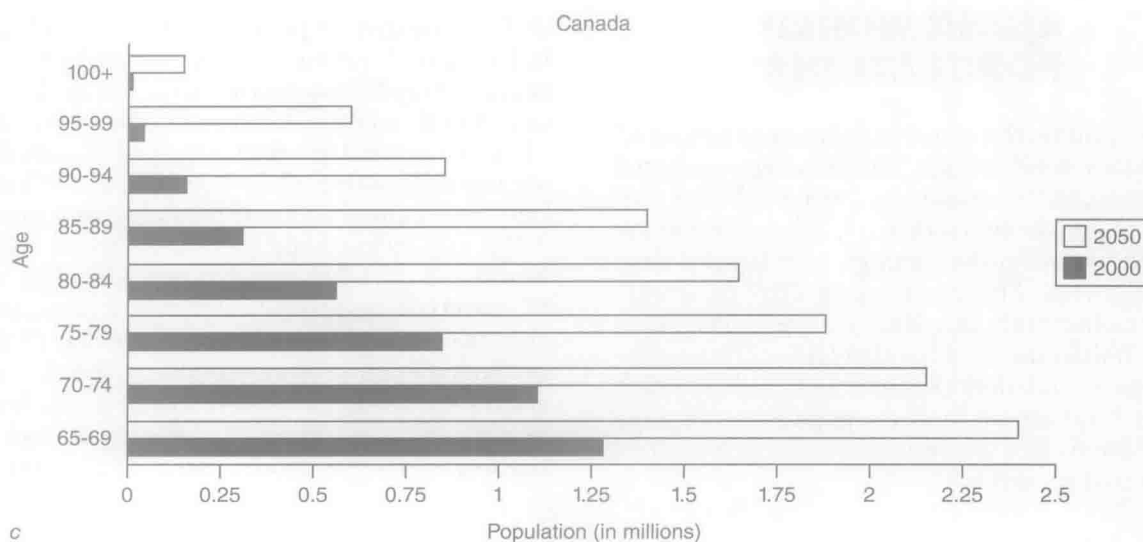
At this writing, the world population of people 65 and older was 495 million. That number is projected to increase to 997 million by 2030. With 19.1% of Italy's population older than 65, Italy is listed as the world's "oldest" major country, with Japan a close second at 19%. The remaining top 20 of the world's oldest countries are all in Europe. The United States ranks 38th in the world, with 12.4% of its population age 65 and older (Kinsella and Phillips, 2005). Figure 1.1 illustrates how the populations of those aged 65 and older are projected to increase by 2050 in selected countries.

The majority of people aged 65 and older in industrialized nations do not engage in physical activity at the level necessary to receive health benefits. Among adults older than 65, only 16% to 27% of Americans and less than one third of Canadians are regularly active. Only 3.5% of older adults in Italy are regularly physically active and another 2.2% are occasionally physically active. Given health and disability statistics of adults older than 65, governments around the world are concerned about the impact of the projected age-wave. Without intervention, sedentary adults around the world are at risk of losing the ability to function independently, which would put a tremendous strain on health care systems and the ability of governments



► **Figure 1.1** Populations aged 65 and older in (a) Japan, (b) Italy, and (c) Canada, both in the year 2000 and projected for 2050.

Data from U.S. Census Bureau, International Database.



► **Figure 1.1** (continued)

Data from U.S. Census Bureau, International Database.

to care for large numbers of dependent people. For example, the World Health Organization (WHO) estimated that the total projected loss of income in China as a result of heart disease, stroke, and diabetes from 2005 to 2015 would be \$558 billion in U.S. currency (WHO, 2005). Many countries are drafting national health policies to address the need to increase participation in physical activity and other healthy lifestyle programs (CDC, 2007; Benjamin et al., 2005; Lucidi et al., 2006; Rasinaho et al., 2007).

PROFILE OF OLDER AMERICANS

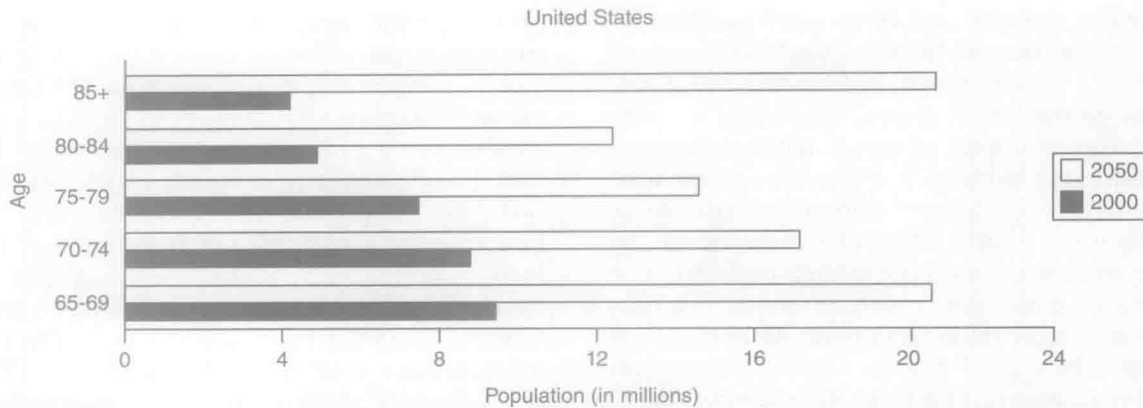
According to the U.S. Census Bureau, in 2004 there were 36.3 million people in America aged 65 and older, an increase of 3.1 million since 1994. Between 2004 and 2005, this age group increased by 457,000 people, accounting for 12% of the total population. The 65 and older population in the United States is projected to reach 86.7 million by 2050, making up 21% of the total population (see figure 1.2). Projections show that the U.S. population as a whole will increase by 49% from 2000 to 2050, while the 65 and older population will increase by an amazing 147% (Administration on Aging, 2005).

One of the fastest-growing segments of the older population is adults older than 85, who numbered 4.2 million in 2000 and are expected to reach 6.1 million by 2010 (a 40% increase in one decade) and

7.3 million by 2020 (a 44% increase in one decade). The number of centenarians (100 and older) in 2006 was estimated at 79,682, with a projected increase to 580,605 by 2040 (Administration on Aging, 2005). The AARP Web site (www.aarp.org) is an excellent resource for statistics on the 65 and older population and their lifestyle. Look for the regularly updated *Profiles of Older Americans* at www.aarp.org/research/surveys/stats/demo/agingtrends/articles/aaresearch-import-519.html.

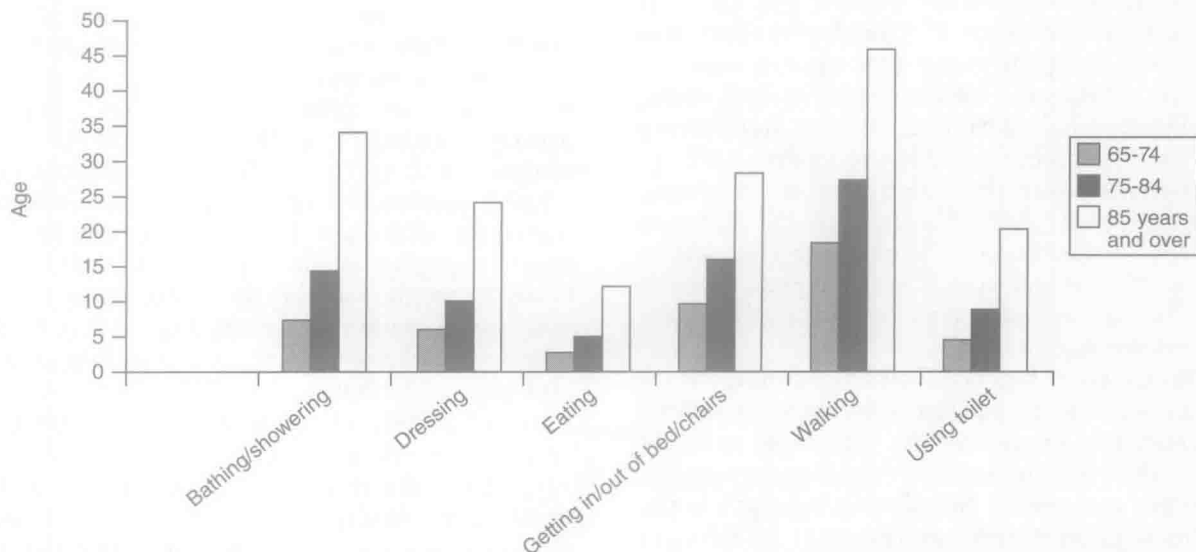
Health in an Aging America

Population demographics will drive continued growth in the senior wellness industry. Properly designed wellness programs can help older Americans retain functional independence and quality of life. In 2004, only 27% of persons aged 65 to 74 and 16% of persons 75 and older reported that they engaged in regular leisure-time physical activity. Lack of physical activity contributes to many of the conditions frequently reported in adults age 65 and older, including hypertension (51%), arthritis (48%), heart disease (31%), cancer (21%), and diabetes (16%) (Administration on Aging, 2005). Figure 1.3 illustrates the increase in disability common with increased age. Without intervention, increased numbers of Americans older than 85 will mean increased disability and increased health care costs. Wellness programs for adults should focus on preventing disability by maximizing endurance, mobility, balance, and muscular strength and power.



► **Figure 1.2** Number of people aged 65 and older in the United States, both in the year 2000 and projected for 2050.

Data from U.S. Census Bureau, International Database.



► **Figure 1.3** Percentage of persons living with limitations in activities of daily living (ADLs) by age group in 2003. Sample taken from noninstitutionalized adults older than 65.

U.S. Administration on Aging, 2008. Available: www.aoa.gov/AoARoot/Aging_Statistics/Profile/2008/16.aspx

Unhealthy lifestyles dramatically affect the health of children in America. Conditions such as diabetes and heart disease, long thought to be age related, are showing up in alarming numbers in sedentary children. The good news for all ages is that these conditions can be prevented or managed through positive lifestyle changes.

Maintaining Health Span and Productivity

For the past two decades, government and media outlets have predicted dire consequences resulting from aging world populations. However, the

problems predicted to occur as a result of aging populations stem from advanced disability rather than just advanced age. They include the loss of health (i.e., a strain on health care systems); the loss of productivity (i.e., a diminished work force); and the loss of independence (i.e., a need for long-term care). If the number of people with unhealthy lifestyles (inactivity and poor nutrition) remains the same, a crisis will indeed accompany changing demographics. However, research proves that prevention works, and positive changes in the field of health and wellness promotion can help more adults than ever before embrace healthy lifestyles (CDC, 2007).

Regular exercise and other positive lifestyle choices help increase “health span,” the length of time that a person can enjoy a healthy, active life. Improving the health span of adults can mitigate the presumed impact of aging demographics on the health care industry. There is less concern now than a decade ago about a diminished work force because many healthy adults of retirement age are opting to continue working in their professions or have found entirely new work interests. The predictions of tremendous economic strain on social programs have given way to a cautious optimism that this generation of retirees will volunteer many hours to help sustain social programs.

Maintaining Independence

Maintaining independence requires the ability to perform basic self-care. The standard definition of functional independence is that a person must be able to perform the basic activities of daily living (BADLs), including bathing, dressing, transferring (getting in and out of beds and chairs), walking, eating, and using the toilet, without assistance (Spirduso et al., 2005). Figure 1.3 (p. 5) illustrates the loss of functional independence common in people 85 years and older. Exercise, especially power training, has been proven to increase people’s ability to perform ADLs.

Almost every functional task listed in figure 1.3 requires power to perform effectively, so anyone interested in improving the functional status of older adults must understand the difference between strength and power. Simply put, strength is the ability to generate force, and power is the ability to generate force quickly. For example, stand up very slowly from a chair (4–6 counts), sit back down, and then stand up quickly. Slowly rising from a chair primarily uses strength alone and so is more difficult than rising quickly, which is the normal sit-to-stand functional pattern requiring power (i.e., strength \times speed). For more than 20 years researchers and professionals have known that strength training can improve function, yet the idea that all older adults should strength train is just now starting to become a mainstream concept. Recent power-training research consistently demonstrates that power training affects functional status significantly more than does strength training alone; however, power has not yet been embraced by health and wellness promotion professionals and incorporated into exercise programs (Fielding et al., 2002; Hazell et al., 2007; Miszko et al., 2003).

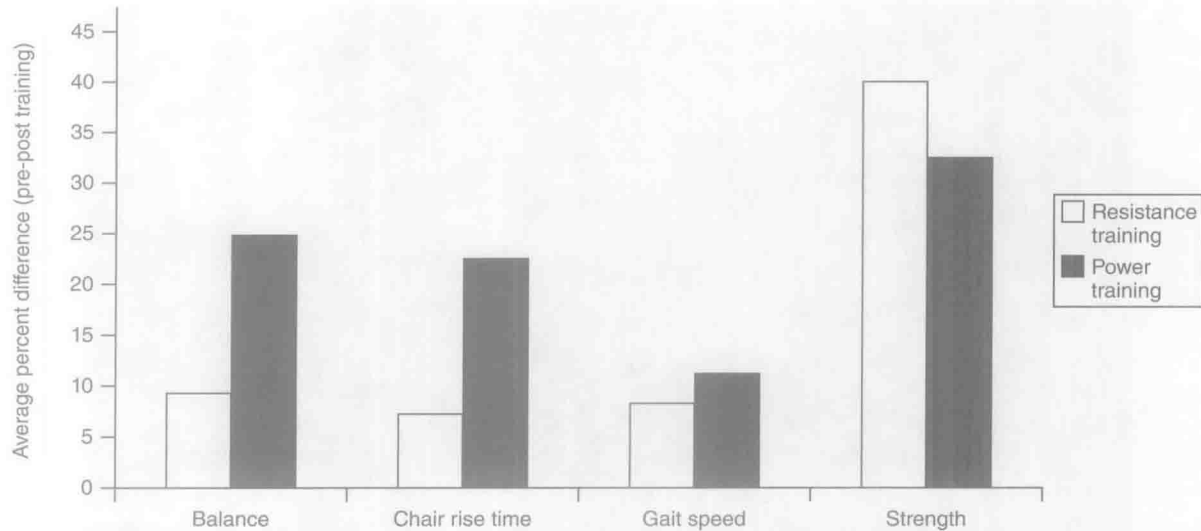
Professionals must bring power training to the forefront of programming as soon as possible

by making the transition from programming for strength alone to programming for power. In a rapidly aging world, we cannot afford to let power research languish for years as changes in protocols trickle down to practitioners and older adults. Discuss the role of power in function with colleagues and clients and follow new research on the topic. Request that professional organizations like the International Council on Active Aging, the National Council on Aging, and the American Society on Aging address the issue of power and functional independence at yearly conferences. Read Hazell and colleagues’ (2007) review of studies investigating the effect of strength and power training on ADL performance. Figure 1.4 illustrates the differences in ADL performance reported in strength and power research. Refer to chapters 4 and 5 for more information and practical strategies for incorporating strength and power training into programs.

Improving functional status requires more than just creating the right programs—adults have to participate to benefit! Professionals must convince adults that although loss of functional independence is highly predictable, it is not inevitable. Changing perceptions of aging and physical activity is the first step to engaging people as partners in well-being. Furthermore, the disability movement demonstrates how people can live vital active lives with adaptive equipment and minimal assistance even with significant physical limitations. This could be viewed as a person’s *physical competence*, regardless of abilities or disabilities. Programs must focus on improving people’s functional ability and their ability to adapt to changing circumstances, regardless of age. See chapter 3 for a discussion of psychosocial elements that influence physical activity behavior, functional independence, and quality of life and chapter 4 for specific strategies to engage adults as partners in well-being.

ATTITUDES TOWARD AGING

There is an appalling persistence of aging stereotypes in the media and consistent, negative emphasis on the outward signs of aging, such as wrinkling of the skin and gray hair. Youth-oriented boomers who succumb to the notion that aging is bad do everything to defy the outward signs of aging, driving the multibillion-dollar anti-aging industry. Negative representations of older adults in both visual and print media would have us believe there is nothing positive about aging; however, research shows that the majority of adults are satisfied with their age (Administration on Aging, 2005). *Mature*



► **Figure 1.4** Differences in performance of activities of daily living resulting from strength versus power training.

Reprinted, by permission, from T. Hazell, K. Kenno, and J. Jakobi, 2007, "Functional benefit of power training for older adults," *Journal of Aging and Physical Activity* 15: 349-359.

Mind, The Positive Power of the Aging Brain (Cohen, 2005) is an excellent resource on positive aspects of aging. Dr. Cohen, a pioneer in the positive aging field, cites brain research showing how links develop between the right and left brain as a result of aging, improving many brain functions.

Most physical declines associated with aging result from inactivity and other poor lifestyle habits rather than just age (Spirduso et al., 2005). Other negative stereotypes like social isolation, decline of mental acuity, loss of status, and depression also result primarily from lifestyle habits, such as a lack of social, emotional, and intellectual engagement. Previous generations were led to believe that *age equals decline* and so more readily accepted the limitations imposed by overt ageism. The real shockwave to our youth-obsessed culture (and the businesses thriving on it) will be the growing movement of self-actualized boomers who reject the idea that aging itself is bad and instead redefine aging with an attitude of "yes, I'm 65, so what does that have to do with anything?"

Although many boomer-generation adults have different expectations of advanced age compared with previous generations, many are still affected by overt and subtle ageist attitudes and expectations, especially when faced with significant health challenges. Chapter 3 thoroughly discusses these expectations and offers strategies to overcome their impact. The timing is right to make a radical shift in perceptions of aging well, and the health promotion and wellness industry is in a perfect position to lead

the change. Group and individualized programs designed to address functional ability regardless of age will play a significant role in changing perceptions. Wellness specialists who help adults maximize function and capitalize on positive aspects of aging will be in high demand.

CHALLENGING BARRIERS AND CHANGING NEEDS

Exercise and wellness classes for adults must meet the needs of a diverse population: people who have been active throughout their lives and others who have been sedentary. Some adults will believe anything is possible with the right training, whereas others will believe that age limits their ability. Others will be affected by a condition requiring modified programs. The challenge for wellness specialists will be to safely meet the needs of participants without reinforcing the ageist stereotypes so common in our culture.

Fitness Needs

Fitness significantly influences the ability to maintain health and engage in work and recreational activities. Therefore, exercise programs should strive to enhance overall fitness, including cardiovascular endurance, flexibility, coordination, balance, agility, and muscular strength, power, and endurance. Age is a risk factor for conditions that



Grace France, Mary Jane Johnson, and Eldo Heinle, ages 66 to 80, enjoying the mountains of Montana.

significantly affect exercise safety, such as arthritis, osteoporosis, diabetes, joint and muscular dysfunction, and cardiovascular dysfunction. However, many of these conditions are now appearing in youth populations who demonstrate unhealthy lifestyles.

Regular exercise and proper nutrition offer significant protection from these and other chronic conditions. Wellness specialists must provide programming that addresses common conditions and risk factors without making assumptions based on age. The five levels of functional ability outlined next will help you program for needs rather than age.

In *Physical Dimensions of Aging* (2005), Spirduso identified five levels of functional ability: physically dependent, physically frail, physically independent, physically fit, and physically elite. Her definitions, outlined in table 1.1, provide a framework for identifying functional abilities of each level.

Physical levels of ability are also heavily influenced by attitudes and personal belief systems. Factors like self-concept and perception of abilities affect what a person is able to accomplish regardless of abilities or disabilities. Chapter 3 discusses these factors in detail. Refer to table 4.1 (p. 54) for a description of some basic needs common to each level of functional ability and strategies to help

you identify and prioritize program goals to meet these needs.

Whole-Person Wellness

In the first edition of this book, I stated that social and emotional components of programming were more important in older adult classes than younger adult classes. I don't believe that anymore; rather, I think that the need for these components is entirely dependent on the person, regardless of age. Some people will seek out classes that actively facilitate social interaction; others will be satisfied with a program that sticks to the exercise and leaves interaction to chance. However, regardless of age, connection to a group improves exercise compliance. Classes should be actively structured to facilitate participant interaction and develop a sense of group cohesiveness. They must also be designed to engage multiple dimensions of health (body, mind, and spirit) on the path to wellness. See chapter 4 for specific strategies.

Wellness is defined by the National Wellness Institute (NWI) as optimal function in the physical, social, emotional, intellectual, spiritual, and vocational (or occupational) dimensions of health. Wellness is specific to a person's abilities and encompasses attitude, behavior, and personal

Table 1.1 Levels of Function

Category	Description
Physically dependent	People who cannot execute some or all of the basic activities of daily living, including dressing, bathing, transferring, toileting, feeding, and walking. These people are dependent on others for food and other basic functions of living.
Physically frail	People who can perform the basic activities of daily living but cannot perform some or all of the activities that are necessary to live independently, generally because of a debilitating disease or condition that physically challenges them daily.
Physically independent	People who live independently, usually without debilitating symptoms of major chronic diseases. However, many have low health and fitness reserves, placing them at risk for becoming physically frail after illness or injury.
Physically fit	People who exercise at least two times a week for their health, enjoyment, and well-being or engage regularly in a physically demanding job or hobby. Their health and fitness reserves put them at low risk for falling into the physically frail category.
Physically elite	People who train almost daily to either compete in sport tournaments or engage in a physically demanding job or recreational activity.

Based on W. Spirduso, 1995, *Physical Dimensions of Aging* (Champaign, IL: Human Kinetics).

beliefs (Montague and Van Norman, 1998). Jan Montague is widely credited with bringing the six-dimensional wellness model to the senior-living industry in the 1990s and has helped it become the gold standard of wellness programming for senior housing. Whole-person wellness is outlined in the widely used six-dimensional model seen on page 10.

The wellness model contrasts sharply with both the medical model, which defines health as the absence of disease, and the fitness model, which defines health as physical well-being. The medical model is largely reactive and problem focused, emphasizing assessments and treatment. The wellness model focuses on what is right with a person rather than what is wrong and encourages participation in activities to the best of one's ability. This model recognizes that the absence of disease alone does not make someone "well" and that many people with excellent physical fitness may have significant difficulties with other aspects of their lives. Conversely, some people with severe health conditions or significant physical challenges can demonstrate a high level of wellness.

The wellness approach calls for people to be active partners in their own well-being rather than customers of health services. The whole-person wellness wheel (figure 1.5), designed by Jan Montague, illustrates how each dimension of well-being is an important part of whole-person health. It also shows how each dimension is connected and interrelated. Finally, it demonstrates that personal

wellness comes from the inside out and relies on elements like self-responsibility and self-efficacy to support well-being.

Understanding the six dimensions of wellness and their equal importance in supporting health can help you integrate multiple dimensions into your programming approaches. An exercise class addresses the physical dimension, of course, so start by adding at least one other dimension to a class. For example, to incorporate the emotional dimension into a physical exercise program, end the class with an uplifting quote or inspirational thought for the day. Encourage participants to bring their favorite quotations to class. Create opportunities for participants to interact socially during class: Add partner work, use social mixer dance routines, or arrange the class so participants stand in lines facing each other. Refer to chapter 5 for strategies for integrating multiple dimensions into programs. Also refer to chapter 3 for details on addressing attitudes, perceptions, and expectations that support self-responsibility for healthy aging.

The demand for programs that effectively address whole-person wellness will have a significant impact on the fitness, senior housing, and health promotion industries and will open many avenues of career growth for proactive professionals. Chapter 4 provides practical strategies to integrate whole-person wellness concepts into physical activity programs, and chapter 7 offers examples of how to use the wellness model as a framework for programming in senior-living environments.