

# Staying Mobile

By Vanessa Brown  
CNC Aged Care BrightSky Australia

Maintaining the ability to mobilise independently is an activity most of us desire to keep. As we age, mobility can be hindered by reasons seemingly beyond our control. Keeping active at any age helps maintain independent mobility.

Mobility is something we may take for granted. We may not think about the aspects of our lives that would be affected if our ability to mobilise was lost. Social events, shopping, exercising, showering, toileting etc. all require certain levels of mobility to be completed. Mobility in our upper and lower limbs is required to carry out these functions.

As we age our muscle strength and reflexes gradually decrease. (Stenholm et al 2012) state that "a well known change associated with human ageing is a progressive decline in skeletal muscle strength." Some of our elderly population have other medical conditions which can also impact on mobility. Effects from Diabetes, heart disease and osteoarthritis, to name a few, can also have a negative impact on one's ability to mobilise effectively and safely.

Some levels of mobility decrease to a point where a walking stick or frame is required. Walking sticks or walking frames are often used to maintain balance and reduce the risks of falls. Reducing the risk of falls as we age is crucial. The National Institute of Arthritis and Musculoskeletal and Skin diseases explains that there is a rapid loss of bone density after menopause, something to consider for women. The Institute also reports other factors that can reduce bone mass including race, poor nutrition, decreased physical activity and smoking.

Breaks/fractures are not ideal for any age group but for the elderly it can have more devastating impacts on their lifestyle...observations indicate that the capacity of bone to regenerate slows with advancing age." (Gruber et al 2006).<sup>1</sup> As we age our ability to heal is reduced, this may lead to lengthy hospital admissions and lengthy periods of immobility. Fractures/breaks may also require surgery which has its own risks, particularly for the elderly.

Engaging in an appropriate exercise regime can improve your mobility and your health. Results from studies indicate that after exercise intervention there had been a reduction in falls and fractures in the elderly population. Resnick (2001) documents this finding.

It is important to speak with your GP if you have experienced a fall, you are feeling unsteady on your feet or you have weakness in any of your limbs. It is also important to discuss your planned exercise regime with your doctor. If you have any existing medical conditions, some exercise activities may not be suitable for you or may require monitoring.

Physiotherapists working in the community may also be able to attend a mobility assessment. They can advise if a mobility aid – frame or stick is required to improve your balance and your safety.

Your GP or Physiotherapist may also give you some exercises to improve your strength, balance and fitness. They would also know of relevant age specific exercise programs that are running in your area.

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## REFERENCES

1. Gruber, R., Koch,H., Doll,B., Tegtmeier, F., Einhorn,T. and Hollinger, J. (2006) Fracture healing in the elderly patient. *Experimental Gerontology* 41 1080-1093.
2. National Institute of Arthritis and Musculoskeletal and Skin disease. [www.niams.nih.gov/health\\_info/bone/osteoporosis/bone.mass.asp](http://www.niams.nih.gov/health_info/bone/osteoporosis/bone.mass.asp) cited 2013.
3. Resnick, B. (2001) Testing a model of exercise behaviour in older adults. *Research in Nursing and health* 24, pp 83-92.
4. Stenholm,S., Tiainen,K., Rantaren,T., Paivi,S., Helioaraia,M., Impivara, O and Koskinen,S. (2012) Long term determinants of muscle strength decline. *Journal of American Geriatrics Society*. Vol. 60 (1) 77-85.