

Chapter 1 : 5 Ways To Maintain Your Identity In A Relationship - mindbodygreen

But there are ways of maintaining independence and enjoying an active social life in old age. If you have elderly parents, or you're worried about old age, here are some tips to help promote independent living in later life.

Advanced Search Abstract Purpose: We investigated whether health status i. Need and enabling characteristics were used to predict home modifications and equipment use in multinomial logistic analysis, controlling for predisposing characteristics. Although several health-status need variables had significant, direct effects on functional adaptations, the effects of ADL limitations were diminished at higher levels of impairment. Among the financial enabling variables, subjective income measures and supplemental insurance had significant, direct effects on functional adaptations. Promotion of functional adaptations among elderly people may benefit from both a proactive approach that targets elders with few limitations and a consideration of financial factors in addition to health status. Elderly adults , Disability , Functional adaptations Decision Editor: Branch, PhD The significance of the aging of the U. Such a demographic trend brings with it many issues and challenges for health and health care; although people are living longer, they are also living with more chronic health conditions and disabilities Zimmer and Chappell These developments have implications for both the formal health care system, such as increased ambulatory health care and short-term hospitalization Weiss and Lonnquist , and informal health care, such as increased provision of elderly care by adult children and greater use of home health care services. Although overall chronic disability among older age groups has decreased in the last few decades Manton and Stallard , Manton and Stallard , management of disability and maintenance of functional independence among elderly adults remain salient issues because of the growing proportion of older age groups. Increasingly, research has emphasized the importance of health promotion Nicholas and maintenance of functional independence Zimmer and Chappell in older adults. Informal health care practices have increasingly been cited as a way of maintaining health and functioning among elders while simultaneously reducing medical expenditures Edwardson, Dean, and Brauer ; Jirovec and Kasno ; Kart and Engler We focus on the importance of health status and financial resources i. Building on the health behavior model HBM , we hypothesized that poor health and physical limitations have positive effects on the practice of functional adaptations because they reflect a necessity for such adaptations. More importantly, we hypothesized that income and health insurance have positive effects on the practice of functional adaptations, as these financial resources can enable elders to make adaptations. Elderly persons often experience decreases in functional ability and greater difficulty in performing everyday tasks Verbrugge, Rennert, and Madans The importance of functional adaptations in moderating this increasing difficulty has been stated frequently. For instance, Manton, Corder, and Stallard p. They concluded that incentives for equipment use among elderly people can increase their social autonomy. Similarly, use of equipment assistance has been shown to be effective for reducing and resolving limitations, and, compared with personal assistance from others, allows elders to maintain a greater sense of self-sufficiency Verbrugge et al. The benefits of functional adaptations are not only realized at the individual level, but have also been shown to affect medical expenditures. In a recent study, Stearns and colleagues found that certain lifestyle practices and functional adaptations among elderly adults were associated with reductions in Medicare expenditures. In sum, functional adaptations are related to many positive outcomes for seniors, as well as concomitant reductions in health care expenditures and less need for institutionalization. Thus, research has begun to focus on social factors associated with the likelihood of using adaptations such as assistive devices Gitlin, Schemm, Landsberg, and Burgh ; Mann, Hurren, Tomita, and Charvat ; Verbrugge et al. Although these studies are informative, more research is needed to increase our understanding of patterns of functional-adaptation use. Knowledge about these patterns can help inform interventions and education aimed at increasing functional ability and independence among elderly people. Need and Enabling Characteristics A conceptual model is valuable for developing an understanding of the social patterns linked to the use of functional adaptations. Andersen HBM, developed to help explain trends in health services use, has been applied to several facets of informal care e. Initial attempts have shown that the behavioral model is useful for studying the use of assistive devices among elderly adults

Gitlin et al. This study builds on growing research using the behavioral model to examine trends in informal health practices. We focused specifically on the importance of health status and financial resources i. We chose to concentrate on need and enabling characteristics for two reasons. First, past research has found support for the additive hypothesis which states that increased need translates into increased use of adaptations Gitlin et al. Second, certain adaptations or devices may be costly and may not be covered by Medicare. Whereas other studies focusing on functional adaptations as an outcome have used income level as a predictor Hartke et al. Additionally, we examined the potential enabling role of supplemental health insurance for elders who want or need to implement functional adaptations. This expanded examination of enabling characteristics builds on intriguing new research showing that extraindividual factors such as access to care and health insurance are associated with greater odds of survival and reduced likelihood of transitioning from independence to disability among Medicare beneficiaries Porell and Miltiades We are building on this new research studying the effects of extraindividual enabling factors and making a significant innovation in that our outcome of interest is use of functional adaptations instead of functional ability. As stated, our hypotheses were that a poor health and physical limitations have positive effects on the practice of functional adaptations because they reflect a necessity for such adaptations and b income and health insurance have positive effects on the practice of functional adaptations because they can enable elders to make adaptations. Baseline, " DeFriese and Kincade Norburn A stratified random sample of noninstitutionalized Medicare beneficiaries 65 years of age and older, drawn from 50 primary sampling units 38 urban and 12 rural was obtained. This sample is unique in that it is representative of the total noninstitutionalized elderly population of Medicare beneficiaries in the contiguous United States Kincade Norburn et al. Dependent Variable Measures Home Modifications. Respondents were asked about changes that they may have made to their homes in the last 12 months. Changes included rearranging furniture, keeping things within easy reach, and installing more telephones. Although we considered coding this measure dichotomously used any home modifications vs. To capture these differences, we used multinomial logistic regression see analysis section to contrast those using one, two, and three or more modifications with those using zero modifications. The average number of home modifications made was 2. Respondents were asked whether they had used 20 types of equipment for mobility or ADLs in the past 12 months, including lighter weight housecleaning equipment, bath stools, canes, and walkers. As with home modifications, there were differences in elders who used different numbers of equipment types. This measure was thus coded into the same categories as home modifications. The average number of equipment types used was 1. Independent Measures Table 1 details the means, standard deviations, and coded values for the independent measures. Because our focus is on health status need characteristics and financial resources enabling characteristics , predisposing characteristics were primarily used to control for confounding, although we do briefly discuss their effects and the magnitude of their explanatory power. Both demographic and social structural predisposing characteristics were used. Demographic variables included age continuous , and gender dichotomous. Social structural predisposing characteristics included race, retirement status, education, and living alone. All of these variables were measured dichotomously. Retirement status was measured as being completely retired or still working in some capacity, and education was measured as having at least a high school education or having less than a high school education. The enabling characteristics included five indicators of financial status" family income, whether the respondent receives any income in addition to Social Security, how well income takes care of basic needs, whether the respondent has enough to buy little extras, and whether the respondent has supplemental health insurance. Income was measured using categories that ranged from 1 to 12 see bottom of Table 1 for details. Sensitivity testing was conducted by running statistical models first using income with the mean replacing missing values and second replacing missing income with means computed on the basis of gender, education, and race. There were no significant differences between models. Income in addition to Social Security was a dichotomous measure, as was having enough to buy little extras. The measure for how well income takes care of basic needs was ordinal, with responses poorly, fairly well, and very well. Supplemental health insurance was measured dichotomously, and referred to health insurance that respondents possess in addition to Medicare. In addition to these individual enabling characteristics, one community-enabling characteristic, rural residence, was included as a

dichotomous measure. Need characteristics are an important component of the behavioral model; for a person to seek care, she or he must first have or perceive some medical need. This study used one question on perceived health status, "How is your health at the present time?" Three ADL-limitation measures were used as objective indicators of health status: BADLs included eating, dressing, bathing, and maintaining continence; MADLs included getting to the toilet, transferring from bed or chairs, getting outside, and walking; and IADLs included using a telephone, managing money, preparing meals, doing light housework, shopping, and doing heavy housework. Chronic conditions were also used as an objective measure of need. This item was measured through two series of questions. Respondents were first asked if they had experienced several conditions in the past year: Second, respondents were asked if they had ever experienced any of the following conditions: A sum of the total illnesses each respondent had experienced was created through these items, with possible values ranging from 0 to 10. As other researchers have noted, some overlap among the components of the behavioral model can be expected. If independent variables are correlated at the. To test for possible multicollinearity, we examined bivariate correlations among all independent variables, and none of the correlations reached the. Although this method cannot completely rule out multicollinearity, it did suggest that multicollinearity was not present. Analysis Multinomial logistic regression was used to examine both functional adaptations. This type of analysis has the capacity to analyze outcomes with more than two discrete categories and describes the odds of response in one category instead of another Agresti , p. In this case, the number of categories for each outcome variable was four, so three regression equations were estimated displayed in the columns of Table 2 and Table 3. In multinomial logistic analysis, each response category is paired with a baseline or reference category, which in this case was elders who used zero home modifications and zero equipment types, respectively. Every other category was compared to the reference category. The results thus show the odds of response in the one category compared with the zero category Equation 1 , the odds of response in the two category compared with the zero category Equation 2 , and the odds of response in the three or more category compared with the zero category Equation 3; Agresti For instance, a coefficient of. The type of interpretation used is a matter of preference, and we use both types in discussing results. The Nagelkerke pseudo R² was used to estimate the amount of variance in home modifications and equipment use explained by the predictors. This measure is an adjusted version of the Cox and Snell R², which is based on the log likelihood for the fitted model compared with the log likelihood for the null model with no predictors. Although the Cox and Snell R² has a maximum value of less than 1, even for a perfect model, the Nagelkerke R² adjusts the scale of the statistic to cover the full range from 0 to 1 Nagelkerke Separate hierarchical analysis was also conducted to determine the relative importance of predisposing, enabling, and need characteristics in explaining each outcome variable. Although the results of the hierarchical analyses are not shown, they are discussed in the context of other findings. Whereas our first hypothesis states that poor health is directly related to functional adaptations, once a certain level of need is reached, this relationship may diminish. For example, if a person is bedridden, she or he may be less likely to use adaptations compared with someone who simply has trouble moving about, reaching items on shelves, and so on. Put simply, it is possible that the direct effect of poor health is more pronounced for those with better health and less pronounced for those with worse health. This was done by separately entering quadratic terms e. Quadratic terms show whether the effects of a variable are constant or whether they change across levels of that variable.

Chapter 2 : Why Independence is an Important Part of Elderly Care | My Care My Home

When you feel that your independence has been taken away, or you aren't able to do things for yourself any more, that can lead to feeling defeated and low. By adapting your lifestyle and accepting support from your live-in carer, you can continue to be independent in later life.

Cardiovascular disease It has been found that older age does increase the risk factor of contracting a cardiovascular disease. Hypertension and high cholesterol have also been found to increase the likelihood of acquiring a cardiovascular disease, which are also commonly found in older adults. Cardiovascular diseases include a variety of heart conditions that may induce a heart attack or other heart-related problems. Healthy eating, exercise, and avoiding smoking are usually used to prevent cardiovascular disease. Immune system Infection occurs more easily as one ages, as the immune system starts to slow and become less effective. Aging also changes how the immune system reacts to infection, making new infections harder to detect and attack. Essentially, the immune system has a higher chance of being compromised the older one gets. The hippocampus is the area of the brain that is most active in neurogenesis. Research shows that thousands of new neurons are produced in the hippocampus every day. Evidence suggests that the brain changes in response to diet, exercise, social environment, stress and toxin intake. These same external factors also influence genetic expression throughout adult life - a phenomenon known as genetic plasticity. Alois Alzheimer , a German neuropathologist and psychiatrist. Physiological abnormalities associated with AD include neurofibrillary plaques and tangles. Neuritic plaques, that target the outer regions of the cortex, consist of withering neuronal material from a protein, amyloid-beta. Neurofibrillary tangles, paired helical filaments containing over-phosphorylated tau protein , are located within the nerve cell. Early symptoms of AD include difficulty remembering names and events, while later symptoms include impaired judgment, disorientation, confusion, behavior changes, and difficulty speaking, swallowing, and walking. After initial diagnosis, a person with AD can live, on average, an additional 3 to 10 years with the disease. Current estimates claim that 1 in 10, Americans have HD, however, 1 in , are at-risk of inheriting it from a parent. It typically affects people over the age of PD is related to damaged nerve cells that produce dopamine. Surgery pallidotomy , thalamotomy is often viewed as the last viable option. The prevalence of suicide among older adults is higher than in any other age group. Depression[edit] Older adults are often at higher risk for disorders such as depression. Depression is one of the most common disorders that presents in old age and is comorbid with other physical and psychiatric conditions, perhaps due to the stress induced by these conditions. Research indicates that higher levels of exercise can decrease the likelihood of depression in older adults even after taking into consideration factors such as chronic conditions, body mass index, and social relationships. However, in the Epidemiological Catchment Area Project, researchers found that 6-month prevalence rates for anxiety disorders were lowest for the 65 years of age and older cohort. A recent study found that the prevalence of general anxiety disorder GAD in adults aged 55 or older in the United States was However, ADHD in adults results in lower household incomes, less educational achievement as well as a higher risk of marital issues and substance abuse. Those in hospitals and nursing homes differ in risk for a multitude of disorders in comparison to community-dwelling older adults. Optimizing health and mental well-being in adulthood[edit] An older adult performing a recommended exercise for aging individuals. Exercising four to six times a week for thirty to sixty minutes has physical and cognitive effects such as lowering blood sugar and increasing neural plasticity. Diets containing foods with calcium, fiber, and potassium are especially important for good health while eliminating foods with high sodium or fat content. A well-balanced diet can increase resistance to disease and improve management of chronic health problems thus making nutrition an important factor for health and well-being in adulthood. Mental stimulation and optimism are vital to health and well-being in late adulthood. Adults who participate in intellectually stimulating activities every day are more likely to maintain their cognitive faculties and are less likely to show a decline in memory abilities. Cognitive, physical, and social losses, as well as gains, are to be expected throughout the lifespan. Older adults typically self-report having a higher sense of well-being than their younger counterparts because of their

emotional self-regulation. Researchers use Selective Optimization with Compensation Theory to explain how adults compensate for changes to their mental and physical abilities, as well as their social realities. Older adults can use both internal and external resources to help cope with these changes. Positive coping strategies are used when faced with emotional crises, as well as when coping with everyday mental and physical losses. For example, self-confidence, warmth, self-control, and emotional stability increase with age, whereas neuroticism and openness to experience tend to decline with age. Controversy[edit] The plaster hypothesis refers to personality traits tending to stabilize by age Research on the Big 5 Personality traits include a decrease in openness and extraversion in adulthood; an increase of agreeableness with age; peak conscientiousness in middle age; and a decrease of neuroticism late in life. Intelligence in adulthood[edit] According to the lifespan approach, intelligence is a multidimensional and multidirectional construct characterized by plasticity and interindividual variability. Pragmatic intelligence, knowledge acquired through culture and experience, remains relatively stable with age. The psychometric approach assesses intelligence based on scores on standardized tests such as the Wechsler Adult Intelligence Scale and Stanford Binet for children. Fluid intelligence declines steadily in adulthood while crystallized intelligence increases and remains fairly stable with age until very late in life. Family[edit] Ties to family become increasingly important in old age. As adults age, their children often feel a sense of filial obligation, in which they feel obligated to care for their parents. This is particularly prominent in Asian cultures. Marital satisfaction remains high in older couples, oftentimes increasing shortly after retirement. This can be attributed to increased maturity and reduced conflict within the relationship. However, when health problems arise, the relationship can become strained. This life event is usually accompanied by some form of bereavement, or grief. There is no set time frame for a mourning period after a loved one passes away, rather every person experiences bereavement in a different form and manner. Social friendships are important to emotional fulfillment, behavioral adjustment, and cognitive function. While small in number, the quality of relationships is generally thought to be much stronger for older adults. Most individuals choose to retire between the ages of 50 to 70, and researchers have examined how this transition affects subjective well-being in old age. Results indicated a positive correlation between well-being for married couples who retire around the same time compared to couples in which one spouse retires while the other continues to work. They can maintain their autonomy while living in a community with individuals who are similar in age as well as within the same stage of life. Assisted living facilities are housing options for older adults that provide a supportive living arrangement for people who need assistance with personal care, such as bathing or taking medications, but are not so impaired that they need hour care. Adults who have cognitive impairments should be carefully introduced to adult day care. Nursing home facilities provide residents with hour skilled medical or intermediate care. A nursing home is typically seen as a decision of last resort for many family members. While the patient is receiving comprehensive care, the cost of nursing homes can be very high with few insurance companies choosing to cover it. How and why we age. *Experimental Gerontology*, 33, *The Gerontologist*, 37 4 , What is successful ageing and who should define it? *British Medical Journal*, , Life span theory in developmental psychology. Theoretical models of human development pp. Identity and the life cycle. *Behavioral Development Bulletin*, 21 2 , A conception of adult development. *American Psychologist*, 41, 3â€™ Estimates of the prevalence of arthritis and selected musculoskeletal disorders in the United States. *The Lancet*, , Presbyopia and the optical changes in the human crystalline lens with age. *Vision Research*, 38 2 , Aging and Sensory Senescence. *Southern Medical Journal*, 92 3 , *The Gerontologist*, 40 3 , *Experimental Gerontology*, 41 12 , Sarcopenia and its implications for the elderly. *European Journal of Clinical Nutrition*, 54 6. Epidemiology of sarcopenia among the elderly in new mexico. *American Journal of Epidemiology*, 8 , Organ physiology of aging. *The Surgical Clinics of North America*, 74 1 , Aging of the male reproductive system. *The Journey of Adulthood. Adult Development and Aging. Adult neurogenesis and functional plasticity in neuronal circuits. Normally occurring environmental and behavioral influences on gene activity: From central dogma to probabilistic epigenesis. Psychological Review*, , â€™ Neurocognitive Disorders in Aging. *Archives of Gerontology and Geriatrics*, 49,

Chapter 3 : Maintaining Independence Archives - Windward Life Care Windward Life Care

Maintaining consistent PF in older adulthood extends functional independence in ADL and IADL in late-life. Protective factors shared by ADL and IADL include maintaining PF over time, self-reported excellent or very good health, no history of hip fracture after age 55, and no history of cardiovascular disease.

We examined physical functioning PF trajectories maintaining, slowly declining, and rapidly declining spanning 15 years in older women aged 65–80 and protective factors that predicted better current levels and less decline in functional independence outcomes after age 80. Protective factors shared by ADL and IADL include maintaining PF over time, self-reported excellent or very good health, no history of hip fracture after age 55, and no history of cardiovascular disease. Better IADL function is uniquely predicted by a body mass index less than 25 and no depression. Maintaining or improving PF and preventing injury and disease in older adulthood ages 65–80 has far-reaching implications for improving late-life after age 80 functional independence. Given the aging demographic of the U.S. As a consequence, difficulty performing basic and instrumental activities of daily living ADLs and IADLs may increase the need for personal assistance or relocation to a residential care facility, with multiple adverse effects on health, safety, and mortality. Basic ADLs such as bathing and dressing are self-care activities frequently associated with functional mobility, whereas IADLs such as managing finances and preparing a meal represent complex everyday tasks that can be delegated to others and are thought to rely on cognitive abilities. Physical functioning PF is a construct that measures health-related mobility limitations in typical daily activities. Although a few longitudinal studies have shown that trajectories of change in constructs such as physical activity or physical function are associated with outcomes such as ADL, mortality, and falls, and that there is heterogeneity in longitudinal trajectories of physical function in older adults, existing longitudinal studies have not emphasized daily life functional independence outcomes. The majority of prior studies on related topics have been limited by small sample sizes, cross-sectional designs, non-community-dwelling samples, and cohorts with a single clinical diagnosis. Given the projected substantial increase in the number of women aged 65 and older in the coming decades, further understanding characteristics associated with preserved functional independence has important implications for successful aging and for public health. In this study, we examined the influence of longitudinal trajectories of PF on functional independence outcomes in community-dwelling women who are currently older than 80 years of age, beginning at age 65, in order to identify those who consistently maintained or exhibited only small declines in their PF over time. In-line with theories postulating that leading a healthy lifestyle and being actively engaged can extend functional independence into late-life, and by extension that lifestyle changes made in older adulthood can maintain or improve daily life function even in late-life, we tested the hypothesis that women with a history of consistently maintaining their PF from age 65 to age 80 would have fewer limitations in ADL and IADL after age 80, and thus less disability burden. For the purposes of trajectory analyses, only the women with at least three measurements of PF before age 80 and at least three measurements of ADL and IADL after age 80 were included. Measures Questionnaires were administered to participants at baseline that included the SF-36 PF subscale, a well-validated measure of self-reported physical function, as well as self-reported level of functional independence derived from four items that assessed basic ADLs and two items that assessed more complex IADLs. Values on the PF subscale ranged from 0 to 100 with a higher score indicating higher self-reported performance. A higher score indicates more functional limitation. Participant characteristics included the most recent measurements of: Depression was assessed at baseline using the Burnam 8-item depression screening instrument. The scoring algorithm, using a prediction equation developed by Burnam and coworkers, gives a composite score between 0 and 1 which represents the probability of having depression, using a standard cut point of more than or equal to 0. Note in addition that severe depression at baseline was an exclusion for the WHI observational study and clinical trials. Statistical Analyses Individual trajectories of PF before turning 80 years of age were fitted using linear regression regressing PF against time when the measure was taken. Thus, each trajectory can be summarized as the intercept and slope of the fitted

regression line. K -means clustering analysis was used to classify PF trajectories into different classes. We predefined the maximum number of clusters as four based on relevant literature 20 , and three clusters provided the best fit to the data based on the results and prior knowledge. Analysis of covariance was used to adjust the models. Both unadjusted only including PF classes and adjusted models also including all the proposed covariates were used to evaluate differences in functional independence between different PF classes. Least squares means and corresponding SE s were calculated from the models for each class. Since we were also interested in other predictors of function independence, least squares mean was also calculated for each covariate. All analyses were performed using SAS 9. All tests were two-sided and significance levels were set at .05. Results PF Trajectories The PF trajectories for each participant aged 80 years or older spanned the time from their initial enrollment extending back from age 65 to their most recent assessment. The mean number of PF assessments used for the trajectory analysis was 4. The mean number of assessments used for the slope decrease in functional independence outcomes after age 80 was 3. Three PF trajectory groups were identified:

Chapter 4 : Physical activity for seniors - Better Health Channel

A life course perspective of maintaining independence in older age often only evident later in life when a sharper descent may result in environment will.

Census Bureau, in there were The 65 and older population in the United States is projected to reach Projections show that the U. One of the fastest-growing segments of the older population is adults older than 85, who numbered 4. The number of centenarians and older in was estimated at 79,, with a projected increase to , by Administration on Aging, Look for the regularly updated Profiles of Older Americans at www. 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. 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. 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. 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, 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. Almost every functional task listed in figure 1. 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 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. 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. 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. 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. 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. This is an excerpt from *Exercise and Wellness for Older Adults: Practical Programming Strategies, Second Edition*. The above excerpt is from:

Chapter 5 : Indian Retirees Maintain Independence, Fun and Freedom Later in Life

Enter your mobile number or email address below and we'll send you a link to download the free Kindle App. Then you can start reading Kindle books on your smartphone, tablet, or computer - no Kindle device required.

October 18, 0 Most of us would like to live to a ripe old age. Life is beautiful, after all, and we want to experience as much of it as we can. But too few of us consider what will await us in our golden years. Reaching old age without a plan and smart preparations can mean big and painful problems. You could end up with your responsibilities and decision-making powers ripped from you and transferred to relatives or even strangers. But you still have time to plan wisely and prevent tough times in your later years. Preparing your home for old age Growing old can be joyful, but it can also be more than a little treacherous. When we get older, our bodies become more fragile. And with an injury-prone body, your own home can start to turn on you. Stairs that you once took two at a time can start to feel like Mount Everest. A stoop you once shoveled with ease can become a treacherous sheet of ice. A shower or bathtub you once practically jumped in and out of can become a dangerous site of slips and falls. That means making it senior-friendly. As you get older, start considering home improvement and accessibility projects. You can get high-quality senior-friendly installations such as American Standard walk-in tubs , which will make your space safer for you to use as you grow old. And think about paying a neighborhood kid to shovel the stoop. Plan A, plan B, and writing it all down You can do a lot to prepare for your old age. But you also need to remember that it will be more than just you dealing with your future. You need to consider the possibility that others will be involved “ and the possibility that, after an accident or illness, others might be primarily or even solely in charge of your future. You need to make your preferences and priorities clear now if you want others to respect your wishes. Now is the time to write down your plans for old age. You should make it clear what you want to happen in different potential situations. Now is the time to consider nursing homes and assisted living facilities. Even if you hope to never end up in one, you can and should think about them now. You may not be in a position to make a choice “ or to make that choice clear “ later on. Work with lawyers and trusted loved ones to make your choices and plans clear and to have them documented carefully. When the time comes, having clear plans can help jog your memory, guide your decisions, and instruct others. The importance of financial independence in your golden years Having great plans for your old age is smart, but remember: You have to be able to afford them, too. Everyone has their limitations, but you should do everything that you can to secure your financial future. Save carefully, and be sure to invest your savings to generate more wealth. Invest wisely and carefully, though, and keep some money in low-risk investments, bank accounts, and other safety nets. Work with a financial adviser to plan for your retirement and later years. Old age can be a wonderful time.

Chapter 6 : Maintaining Independence In Later Life - Good Home & Health

Maintaining independence in later life: Older people speaking Login Langan, J., Rolfe, S. and Means, R. () Maintaining independence in later life: Older people speaking.

As we grow older, we experience an increasing number of major life changes, including career transitions and retirement, children leaving home, the loss of loved ones, and physical changes. How we handle and grow from these challenges is the key to staying healthy. These tips can help you maintain your physical and emotional health and live life to the fullest, whatever your age or circumstances. The keys to healthy aging Coping with change is difficult, no matter how old you are. The particular challenge for older adults is the sheer number of changes and transitions that start to occur—including children moving away, the loss of parents, friends, and other loved ones, changes to or the end of your career, declining health, and even loss of independence. But if that sense of loss is balanced with positive ingredients, you have a formula for staying healthy as you age. Healthy aging means continually reinventing yourself as you pass through landmark ages such as 60, 70, 80 and beyond. It means finding new things you enjoy, learning to adapt to change, staying physically and socially active, and feeling connected to your community and loved ones. Unfortunately, for many of us, aging also brings anxiety and fear. How will I take care of myself late in life? What if I lose my spouse? What is going to happen to my mind? However, many of these fears often stem from popular misconceptions about aging. The truth is that you are stronger and more resilient than you may realize. Myths about healthy aging Myth: There are some diseases that become more common as we age. However, getting older does not automatically mean poor health or that you will be confined to a walker or wheelchair. Plenty of older adults enjoy vigorous health, often better than many younger people. Preventive measures like healthy eating, exercising, and managing stress can help reduce the risk of chronic disease or injuries later in life. Memory loss is an inevitable part of aging. However, significant memory loss is not an inevitable result of aging. Brain training and learning new skills can be done at any age and there are many things you can do to keep your memory sharp. The opposite is true. Middle aged and older adults are just as capable of learning new things and thriving in new environments, plus they have the wisdom that comes with life experience. If you believe in and have confidence in yourself, you are setting up a positive environment for change no matter what your age. Aging well tip 1: Learn to cope with change As you age, there will be periods of both joy and stress. This ability will help you make the most of the good times and keep your perspective when times are tough. The longer you live, the more you lose. But as you lose people and things, life becomes even more precious. When you stop taking things for granted, you appreciate and enjoy what you have even more. Acknowledge and express your feelings. You may have a hard time showing emotions, perhaps feeling that such a display is inappropriate and weak. But burying your feelings can lead to anger, resentment, and depression. Find healthy ways to process your feelings, perhaps by talking with a close friend or writing in a journal. Many things in life are beyond our control. Rather than stressing out over them, focus on the things you can control such as the way you choose to react to problems. Face your limitations with dignity and a healthy dose of humor. Look for the silver lining. If your own poor choices contributed to a stressful situation, reflect on them and learn from your mistakes. When a challenge seems too big to handle, sweeping it under the carpet often appears the easiest option. Instead, take things one small step at a time. Even a small step can go a long way to boosting your confidence and reminding you that you are not powerless. Staying healthy through humor, laughter, and play Laughter is strong medicine for both the body and the mind. It helps you stay balanced, energetic, joyful, and healthy at any age. A sense of humor helps you get through tough times, look outside yourself, laugh at the absurdities of life, and transcend difficulties. Laughter is the Best Medicine Tip 2: Find meaning and joy A key ingredient in the recipe for healthy aging is the continuing ability to find meaning and joy in life. As you age, your life will change and you will gradually lose things that previously occupied your time and gave your life purpose. For example, your job may change, you may eventually retire from your career, your children may leave home, or other friends and family may move far away. But this is not a time to stop moving forward. Later life can be a time of exciting new adventures if you let it. Everyone

has different ways of experiencing meaning and joy, and the activities you enjoy may change over time. If your career slows down or you retire, or if your children leave home, you may find you have more time to enjoy activities outside of work and immediate family. Either way, taking time to nourish your spirit is never wasted. Pick up a long-neglected hobby or try a new hobby. Taking a class or joining a club or sports team is a great way to pursue a hobby and expand your social network at the same time. Learn something new, such as an instrument, a foreign language, a new game, or a new sport. Learning new activities not only adds meaning and joy to life, but can also help to maintain your brain health and prevent mental decline. Get involved in your community. The meaning and purpose you find in helping others will enrich and expand your life. Community work can also be a great way of utilizing and passing on the skills you honed in your career—without the commitment or stress of regular employment. Take a scenic hike, go fishing or camping, enjoy a ski trip, or walk a dog in the park. Visit a museum, go to a concert or a play, join a book group, or take an art appreciation class. Write your memoirs or a play about your life experiences. The possibilities are endless. The important thing is to find activities that are both meaningful and enjoyable for you.

Volunteering and its Surprising Benefits: The Power of Giving Tip 3: Stay connected One of the greatest challenges of aging is maintaining your support network. Career changes, retirement, illness, and moves out of the local area can take away close friends and family members. And the older you get, the more people you inevitably lose. In later life, getting around may become difficult for either you or members of your social network. Along with regular exercise, staying social can have the most impact on your health as you age. Having an array of people you can turn to for company and support as you age is a buffer against loneliness, depression, disability, hardship, and loss. The good news is that there are lots of ways to be with other people. Connect regularly with friends and family. Spend time with people you enjoy and who make you feel upbeat. It may be a neighbor who you like to exercise with, a lunch date with an old friend, shopping with your children, or playing with your grandkids. Even if you are not close by, call or email frequently to keep relationships fresh. Make an effort to make new friends. Make it a point to befriend people who are younger than you. Younger friends can reenergize you and help you see life from a fresh perspective.

Meeting People and Connecting Spend time with at least one person every day. Phone or email contact is not a replacement for spending time with other people. Regular face-to-face contact helps you ward off depression and stay positive. Giving back to the community is a wonderful way to strengthen social bonds and meet others interested in similar activities or who share similar values. Even if your mobility becomes limited, you can get involved by volunteering on the phone. Find support groups in times of change. If you or a loved one is coping with a serious illness or recent loss, it can be very helpful to participate in a support group with others undergoing the same challenges. While not all illness or pain is avoidable, many of the physical challenges associated with aging can be overcome or drastically mitigated by exercising, eating right, and taking care of yourself. Similarly, many older adults report feeling better than ever because they are making more of an effort to be healthy than they did when they were younger. Exercise helps you maintain your strength and agility, increases vitality, improves sleep, gives your mental health a boost, and can even help diminish chronic pain. Exercise can also have a profound effect on the brain, helping prevent memory loss, cognitive decline, and dementia.

Senior Exercise and Fitness Tips: Get Started Check with your doctor before starting any exercise program. Find out if any health conditions or medications you take affect the type of exercise you should choose. Find an activity you like and that motivates you to continue. You may want to exercise in a group, like in a sport or class, or prefer a more individual exercise like swimming. If you are new to exercise, a few minutes a day puts you well on the way towards building a healthy habit.

Chapter 7 : Positive lifestyle choices can help older adults increase health span and maintain independence

Maintaining Independence in Your Later Years. LifeStyle; by worthview - October 18, 0. Most of us would like to live to a ripe old age. Life is beautiful, after.

Chapter 8 : The Importance of Independence for Seniors

Maintaining Independence. If you are planning to remain in your home in the later years of life, then occupational therapy might be a good solution. The normal.

Chapter 9 : Aging Well: Tips for Staying Healthy and Happy as You Age

When independence is removed from a person's life, the individual may feel defeated, depressed, or begin to doubt their own ability to care for themselves. Low expectations lead to reduced capabilities and can be self-fulfilling, causing deterioration in health and cognitive ability.