MOBILIZATION IN OLDER ADULTS LIVING WITH FRAILTY

April 14, 2020



An older person can lose 1-5% of muscle mass each day if they are not physically active¹. The pandemic puts older adults at greater risk of diminished muscle mass because they have been advised to remain home when they would have otherwise obtained regular movement through social activities, errands, or exercise programs. Older adults who are living with severe frailty are especially vulnerable because they may not have been able to leave their homes even before the pandemic. Older adults who are hospitalized may also have restrictions on leaving their rooms. The following are some evidence-based recommendations for maximizing mobility in older adults during the COVID-19 pandemic.

FOR OLDER ADULTS WHO WERE PREVIOUSLY MOBILE AND ABLE TO LEAVE THE HOME

Frequency: Evidence recommends 20-45 minutes of exercise at least 3-4 times a week^{2.} These can be split up into 10 minute segments.

Types of exercise: Endurance exercises (e.g., walking inside the home, stair climbing, or yard work), balance exercises (e.g., stepping practice, standing on one leg, or multidirectional weight lifts), functional exercises (e.g., sit-to-stand or stepping over obstacles), and resistance (e.g., arm curls).

Resources:

- National Institute on Aging Exercise
 Videos
- Later Life Training <u>YouTube Channel</u> and <u>Facebook Live Workouts</u>
- NHS Exercise Routines for Older Adults
- <u>Staying Active at Home Videos</u> –
 <u>Chartered Society of Physiotherapy</u>

FOR OLDER ADULTS WHO WERE PREVIOUSLY UNABLE TO LEAVE THE HOME

Frequency: Any increase in frequency of light activities and reduction in sedentary time can contribute towards health.³

Types of exercise: Adding more movement to activities of daily living such as bathing, meal preparation, housekeeping, or hobbies.

Resources:

- How to Stretch, Lift, or Tap (SLoT) during COVID-19
- Prescription for physical activity inside the home

FOR OLDER ADULTS WHO ARE IN HOSPITAL WITH COVID-19 OR OTHER ACUTE ILLNESSES

Frequency: The WHO recommends that mobilization early in the course of illness, when it is safe to do so, can prevent complications⁴

Types of exercise: Reducing sedentary time by putting on clothes, getting up for meals, and participating in toileting, bathing, or personal care to the full extent possible.

Resources:

- Movement is good medicine poster
- MOVE program for acute care settings
- End PJ paralysis movement
- #everyBODYmoves Campaign & Resources
- <u>Introduction to mobilization module for</u> clinicians

MOBILIZATION IN OLDER ADULTS LIVING WITH FRAILTY

REFERENCES

- 1. Creditor, M., 1993. Hazards of Hospitalization of the Elderly. Annals of Internal Medicine, 118(3), p.219.
- 2. Cadore, E., Rodríguez-Mañas, L., Sinclair, A. and Izquierdo, M., 2013. Effects of Different Exercise Interventions on Risk of Falls, Gait Ability, and Balance in Physically Frail Older Adults: A Systematic Review. Rejuvenation Research, 16(2), pp.105-114.
- 3. Dawn, S., 2019. UK Chief Medical Officers' Physical Activity Guidelines. [ebook] UK Chief Medical Officer Guidelines Writing Group, pp.39-44. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/832868/uk-chief-medical-officers-physical-activity-guidelines.pdf [Accessed 9 April 2020].
- 4. 2020. Clinical Management Of Severe Acute Respiratory Infection When COVID-19 Is Suspected. [ebook] World Health Organization. Available at: https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected [Accessed 13 March 2020].

Page 2 of 2 rgptoronto.ca