

# PHYSICAL ACTIVITIES FOR SENIOR LADIES

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## Exercises management on osteoporosis practical and methodological approach

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# 01 Conceptual approaches

## 1.1. What is ageing?

Comfort ( 1979 ) | lifelong process of progressive growth

Rose (1991) | a steady decline in the age-specific fitness components of an organism that are caused by internal physiological deteriorations

Khazaeli (1998) & Rauser (2005) | robustness

Rose (2002), Rauser (2006), Mueller (2011) | adaptation of the organism

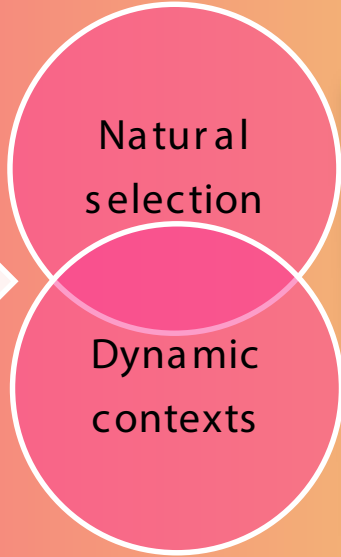


## Adulthood

- 1) Early adulthood ( 20 to 30 years) period of the climax of motor efficiency
- 2) Middle adulthood ( 30 to 45 years) period of stabilized motor efficiency
- 3) Late adulthood ( 45 to 60 years) period of decline in motor efficiency

## Old Age

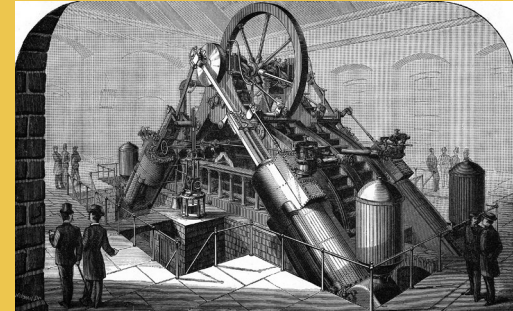
- 1) Early old age (60 to 75 years) period of initial involution of human motor skills
- 2) Middle old age (75 to 90 years) period of involution of human motor skills
- 3) Late old age (over 90 years) period of decline in human motor skills

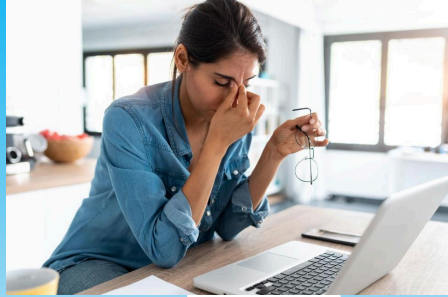




# 1.2. Smart ageing concept (SAC)

SAC ⇔ Active ageing





constant  
physical  
activity

healthy  
nutrition

quality of sleep

active living

leisure time

technology for  
a better life

healthy  
lifestyle

*Adding years to your life is not  
automatically adding life to your years.*



# Quality of life

Healthy  
ageing

Physical  
exercise

Active  
life

Quality  
of life



# SMART AGEING

## General model



### Social

- network relationships
- communities
- communication channels



### Health

- accessibility
- support



### Fitness

- control of biological evolution through exercises
- functional health
- optimization of motor skills



### Economic

- financial stability
- advisory and info facilitation



### Mental

- a balanced mental status
- counselling and support

# 1.3. Physical activities portfolio for seniors

## 1.3.1. Strategy of all -around fitness improvement

### Dynamic life

### PA

- cardio -respiratory endurance
- neuromuscular efficiency
- improving flexibility
- improving dynamic and static balance
- relaxation capacity
- optimize body composition

### Active leisure

- active tourism
- motor entertainment activities



## 1.3.2 . Portfolio of physical activity

### Dynamic daily regime

#### Active routines

- gardening
- house -keeping
- take the stairs
- visiting the local market
- choose a more distant market or store for your domestic or daily shopping



#### All-around social mobility

- join voluntary programmes
- be involved in community projects

## Organized physical activities (OPA)

- Teambuilding activities (outdoor)
- Teambuilding activities (indoor)
- Active fun & games
- Various semi -structured outdoor physical activities
- Thematic physical activities





# Organized physical trainings (OPT)part 1

Aerobic choreographic activities



Cardio activities



Metabolic workout



Functional training



Strength training



Aquafitness





# Organized physical trainings (OPT) part 2

Flexibility



Balance exercises



Training for strengthen joints areas



Breathing management exercises



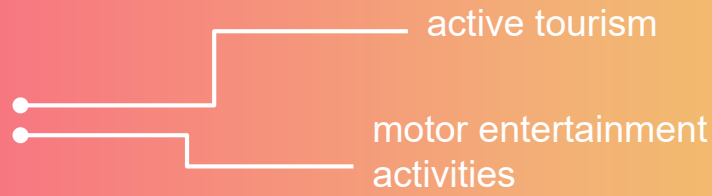
Relaxation techniques



Applicative drills



# Active leisure



## Active tourism

### Exploring the nature

- Combine soft hiking with other passions or activities (e.g. photography)
- Discover/visit natural sites
- Soft kayaking



### Power walking

- A more advanced touristic type activity
- Pace: 20-25 min/km for over 60 yo



### Trekking

- It is a advanced activity
- Precaution needed



### Cycling

- bike rides
- cycle tourism
- bike touring





# Motor entertainment activities

## Outdoor activities



## Adapted teambuilding activities



## Physical entertainment activities



## Fun games



## Sports entertainment activities

# 1.4 . Some methodological aspects and safe tips

General approach





# Cardio fitness class

- Safe target zone for cardio trainings :  
40-60% of MaxHR (Karvonen formula)
- Progressive time for class : start with 35 min to 50 min
- Do not use jumps & leaps
- Extra precaution when running on a rough or uneven ground
- Use proper shoes



# Conditioning trainings

- Specific warm -up
- The weights (intensity of effort) used need a progressive load as follow :
  - Start : 40% of 1RM
  - Progressive load : max 70% of 1RM
  - *Obs: 1-RM (Brzycki 's formula)*
- Majority of exercises need to be performed with an intensity zone of 40-60% of 1RM



# Cycling activities



- despite the type of cycling activity, it is recommended to choose most of the times an organized cycle tour ;
- choose a group bike tour rather than a single one.

# Pool activities

- attend a class or at least train with a partner
- checks before entering the water: depth; temperature; devices or any structural accessories for a safety grab in case of necessity
- use water glasses if diving is part of the program
- work along the margins of the pool if you 're single
- be cautious getting in and out
- avoid deep underwater dives or exercises
- avoid sudden movement



# Outdoor activities



- choose a group activity
- if choose to work alone:
  - don't go to far from a residential area
  - don't use unknown routes
  - carry an ID or a emergency info list
  - previously inform other person about the routes or area of exercise
  - be seen to be spotted (use bright colors)
  - use proper shoes
- check the time and calculate to finish before night time
- if use headphones, be sure the volume is low or use only one



# 02

## Exercises management on osteoporosis – practical and methodological approach

# STRUCTURE

- General Data
- Pathophysiology
- Approaches in prevention and treatment of osteoporosis
- Innovative design

# 1. GENERAL ASPECTS



## Statistics

- 1 in 3 women over age of 50 will experience osteoporotic fractures
- 200 million people are osteoporotic
- osteoporotic fractures are more common than heart attack, stroke, and breast cancer (IOF, 2015)
- Osteoporosis causes >8.9 million of the fractures worldwide which makes it approximately 1000 cases per hour
- 12 million women has osteoporosis (Germany, France, Italy, Spain and UK only)
- financial burden: €38.7 billion in the 27 EU countries (2010)



## Background

- Hormone replacement therapy (HRT) ⇒ worries
- non-invasive approaches
- quality of life & life expectancy ⇒ alternative strategies

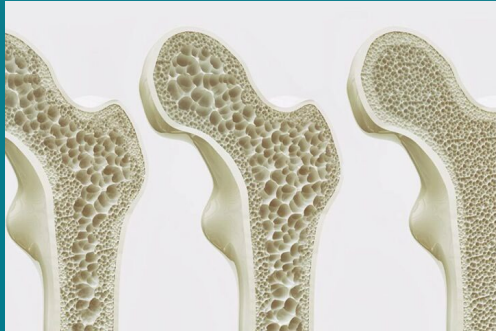


## Aging and osteoporosis

- Aging ⇔ estrogen level
- Decreased estrogen ⇒ reduction of muscle mass and strength; reduction of bone density



## 2. PATHOPHYSIOLOGY



### Definition

Osteoporosis is a disease of the bones that sets in with aging and consists of a reduction in BMD.

### Evolutionary aspects

- maximum bone density: 30 years
- bone mass ~ genetic matrix: diet, exercise, drugs, diseases
- osteoclasts  $\Rightarrow$  resorbs and degrades bone
- osteoblasts  $\Rightarrow$  maintain, grow and repair bones
- osteoblasts  $\Leftrightarrow$  osteoclasts  $\Rightarrow$  osteoporosis

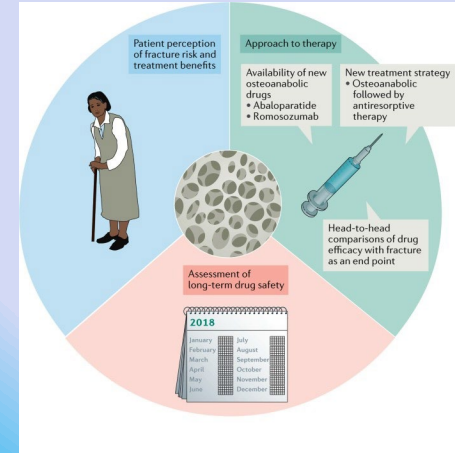
### The bones provide:

- structural support
- organ protection
- mineral deposit (calcium and phosphorus)



# 3. APPROACHES IN PREVENTION AND TREATMENT OF OSTEOPOROSIS

- Medication intake
- Food management
- Management of physical exercises
- Safety protocols







# 4. Innovative approach

- Design
- Physical intervention systems (FIS) portfolio
- Protocol
- Assessment

# 4.1 Design

## Innovative contribution of HB Program

- Uniqueness
- Customization
- Progression
- Maximum Permissible Load
- Ergonomics and Posture

## Main directions

- adaptive & versatile physical exercises used as osteogenic tools
- concentrate the effort to specific areas
- improve balance and reduce the risk of falls
- improve muscle strength in particular lower limbs and trunk extensor muscles
- improve posture with particular attention to counteracting hyper kyphosis
- improve vertebral stability
- relieve pain, if present






# 4.1 Design (continuation)

- **Operational objectives**
- **Principles and methods**
  - Safety
  - Customization & Progression
  - MPL
  - Accuracy
  - Diversify
  - Lower Limbs – Flexors Exercises
  - Ergonomics and Posture
  - Breathing
  - Stay Active



## 4.2 Physical intervention systems portfolio

1. adaptive weight bearing exercises & calisthenics
  2. Light & medium weight portable objects exercises
  3. progressive resistance exercises
  4. partner exercises
  5. exercises on specific devices with segmental and / or multiarticular neuromuscular solicitation
  6. LIA
- 



## 4.2 Physical intervention systems portfolio

(continuation)

7. suspension cables exercises (SCE)

8. exercises on mobile surfaces or with variable support (with / without assistance) & controlled slip exercises

9. functional exercises

10. static and dynamic exercises to improve the flexibility indices

11. non-impact exercises - submersion exercises (in water)

12. static and dynamic balance exercises

# Mandatory exercises & Exercises chosen by the trainer

## Mandatory exercises

### 1. Squats



### 2. Abductor exercises



### 3. Adductor exercises

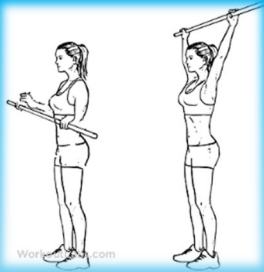


### 4. Hip flexor exercises



# Mandatory exercises (continuation)

## 5. Upper back exercises



## 6. Modified bridge exercises



## 7. Head rise exercises



## 8. Sfinx type exercises





# Exercises chosen by the trainer

1. LIA



3. Progressive resistance exercises



2. Core muscle & stability



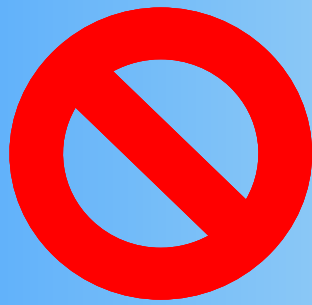
4. Postural exercises & static balance



5. Portable weights exercises



# Exercises to avoid



# 4.3 PROTOCOL

## Planning

**Lessons:** 72

**Period:** 24 weeks

**Exercises program includes:**

- supervised classes: 3 days / week
- home training: 5 days / week



### Lesson 1

- group training
- cardiovascular training
- strength training



### Lesson 2

- cardiovascular training
- exercises on resistance machines

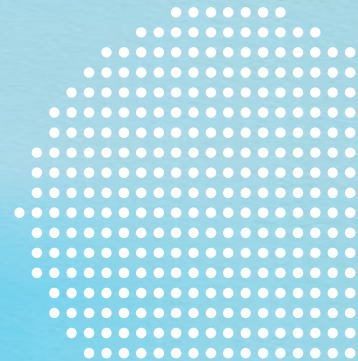


### Lesson 3

- group training
- cardiovascular training
- strength training

## WEEK PROGRAM

supervised classes





# Periodization



## Week 0

Tests



## Week 1

- study of the mandatory exercises
- cardiovascular training



## Week 2

- group training with or without small props
- cardiovascular training
- study of exercises on resistance machines according to the correct biomechanics and ergonomics



## Week 3

- group training with or without small props
- cardiovascular training
- exercises on resistance machines
- **strength tests**



## Week 4-13

- group training with or without small equipment
- cardiovascular training
- implementing the program according to the protocol



## Week 14

- group training with or without small equipment
- cardiovascular training
- **strength tests**



## Week 15-23

- group training with or without small equipment
- cardiovascular training
- exercises on resistance machines (new loads)



## Week 24

- group training with or without small equipment
- cardiovascular training
- administration of strength tests
- **battery tests (Week 0) & strength tests**

# ✖ Customization & Progression

## Lesson duration

- 35 min (first lessons)
- Gradually increase up to max 45-50 min
- Cardiovascular exercises: start with 15min; add 5 min each week; max 30 min

## %HR

- Target intensity: 70-75%
- Heart rate zone: Karvonen formula

$$\text{Target Heart Rate} = [(\text{max HR} - \text{RHR}) \times \% \text{Intensity}] + \text{RHR}$$

## Strength training

- 4 strength machines:
  - leg extension
  - leg curl
  - leg press
  - gluteus machines
- 2-3 series of 10/ 15 repetitions
- Intensity: 50 to 70% of 1-RM
- Brzycki formula

$$\text{Maxi weight} = [\text{Weight used in the test} / [1,0278 - (0,0278 * \text{number of repetitions})]]$$





# 4.4 Assessment

## Osteoporosis Assessment Questionnaire

- QUALEFFO41
- WHQ
- IPAQ: Short Forms

## Functional and motor testing

- 30 Second Chair Stand
- Handgrip Strength
- 6MWT
- Single Leg Stance
- SEBT

# Functional and motor testing

## 30 Second Chair Stand



## Handgrip Strength



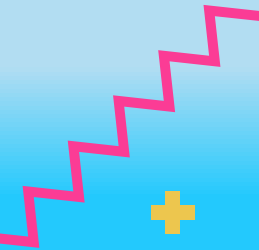
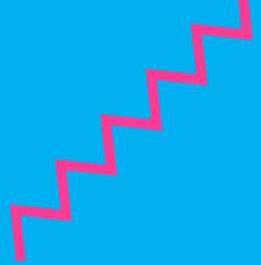
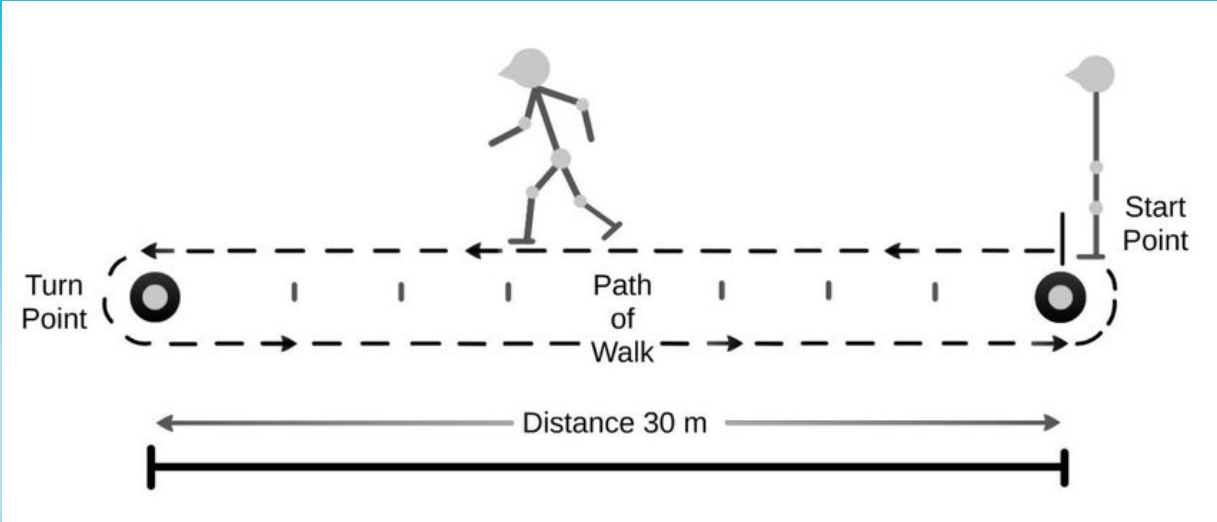




# Functional and motor testing

(continuation)

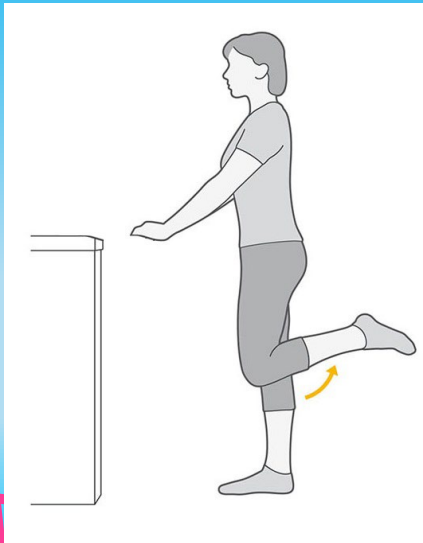
## 6MWT



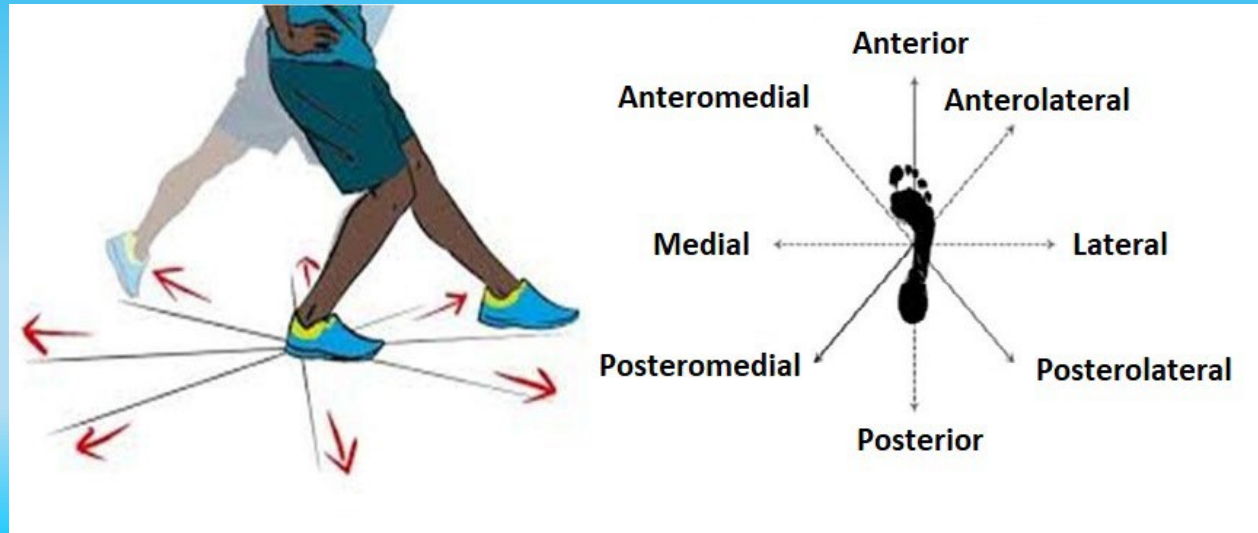
# Functional and motor testing

(continuation)

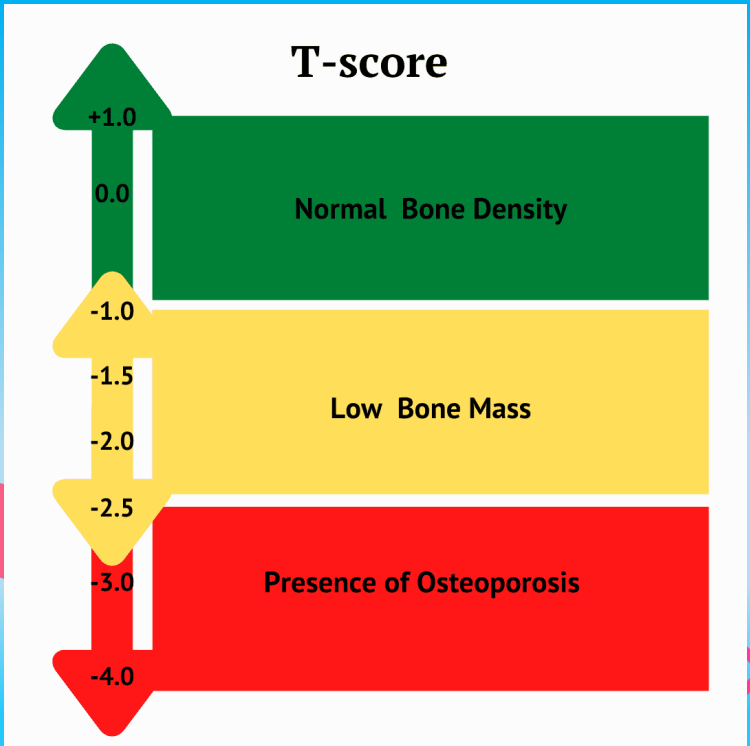
## Single Leg Stance



## Star Excursion Balance Test



If the T-score at the femoral neck or spine is:



EC<sup>2</sup>U

# GRAZIE MILLE

Do you have any questions?  
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