

to work independently. Many fitness professionals are faced with the challenge of providing exercise programs for older adults with a multitude of chronic conditions, disabilities, and functional limitations. However, they may not have the training or resources to be able to develop specific exercise programs to meet all of their functional needs. Thus, the purpose of this workshop is to provide participants a better understanding of the benefits of functional fitness exercise in preserving functional capabilities and independence. By the end of the workshop, participants will be able to select and safely conduct the most appropriate functional fitness exercise programs based upon their clients' goals, needs, limitations, and/or disabilities. Ten different functional fitness programs will be presented throughout the workshop. The exercise programs are designed to improve upper- and lower-body strength, core stability, balance, range of motion, functional performance, and cognitive functioning. Finally, using the built environment (parks and community gardens) as a means to promote physical activity will be discussed. **Keywords:** Functional; Fitness; Independence; Strength; Balance.

### **A SHORT FILM ABOUT THE DAILY LIFE OF AN OLDER WOMAN**

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In 2008, I conducted my PhD project “*Physical Function During Performance-Based Tasks and Throughout Daily Life. Is It Different Across Levels of Frailty?*” in a rural area of Greece. During this project, community-dwelling older women were first screened for frailty and then fitted with four devices (accelerometer, HR monitor, EMG device, and GPS watch) to “quantify” their daily life. The quantitative data of the study was published in scientific peer-review journals, however, I felt that an important part of my study was not presented. By just looking at my articles, the reader could not see the actual daily activities of these women nor could they hear their thoughts about their everyday lives, information which I gained through my interaction with them. For this reason, I decided to create a film inspired not by the responses of my participants to my scientific questions, but on what they *chose* to share with me. The short film/documentary (approximately 21 min) is entitled “I Will Sleep When Night Falls” and focuses on the daily life of an older woman. A camera operator followed her through her daily activities to capture her everyday life. The final project emphasizes not only the description of one day of an older person's life, but also my experiences from my PhD study. We focused on daily activities that are important to them, objects that surround them and their thoughts about daily life in the past and present. You could say that by making this film I stopped feeling “guilty” about presenting only what I considered important from my study and not letting my participants being heard about what they consider important to share. In this way, we contributed by giving voice to those typically unheard.

### **EXERCISE AND FITNESS TRAINING AFTER STROKE (EFS)**

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There is an increasing need for people who have had a stroke to engage in exercise, as a stroke often results in reduced strength, mobility, fitness and mood as well as social isolation. Many of these problems could be alleviated through exercise, but a stroke may also result in a myriad of additional challenges such as pain, impaired movement or comprehension,

which may render it difficult for people with stroke to access exercise facilities. These challenges – as well as other complications – need to be recognised and managed effectively by exercise instructors to enable people to exercise safely. Providing exercise classes for people after stroke can be hugely rewarding – but this requires specialist knowledge and brings with it a considerable responsibility. Although there is an increasing number of exercise referral schemes for people who have had a stroke, there was – until recently – no accredited course for exercise instructors to work with this population. This accredited Exercise after Stroke Specialist Instructor Training Course has been designed to fill this gap. This session will give the evidence base behind the training and allow participants to have a go at some of the exercises and see how to adapt exercises for people with different stroke-related functional and visual impairments.

### **SETTING UP A NATIONAL EXERCISE REFERRAL SCHEME (IN WALES)**

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The National Exercise Referral Scheme (NERS) is a Welsh Government (WG) funded scheme which has been developed over the last 5 years to standardise exercise referral opportunities across all Local Authorities and Local health Boards in Wales. NERS offers a 16-week programme for clients who have or are at risk of developing chronic disease; they have a consultations at weeks 1 and follow up consultations at weeks 4, 16, 32 and 52. The principal aims of the Scheme: To offer a high quality Exercise Referral Scheme across Wales; To increase the long term adherence in physical activity of clients; To improve physical and mental health of clients; To determine the effectiveness of the intervention in increasing activity levels and improving health. All protocols used on NERS represent the best current known practice and meet with current national guidance. WG commissioned a randomised controlled trial design to investigate whether self-reported physical activity and depression and anxiety at 12 months is different among those patients receiving an exercise referral programme compared to those receiving usual GP care. It also investigated the cost-effectiveness of NERS; its findings were: All participants in NERS had higher levels of physical activity than the control group, with this difference being significant for patients referred for coronary heart disease risk factors; There were positive effects on depression and anxiety; The economic evaluation demonstrated a cost per QALY of £12,111. For those who adhere to the programme there is a marginal cost saving (£-367 per QALY). In 2008, the WG agreed to fund the appointment of a National Coordinator to commission approved training which met the new National Occupational Standards for chronic conditions and develop standard protocols. These are being implemented where there are rehabilitation programmes in operation and exercise professionals hold the necessary qualifications.

**Keywords:** Exercise; Referrals; Physical Activity; Costs; Economic.

### **LEARNING FROM THE LIVED AGEING BODY: ADVANCING KNOWLEDGE OF PHYSICAL ACTIVITY IN LATER YEARS**

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Little is known about the ineffable and less tangible - sometimes called the subjective knowledge - about the older active body. Older adults are individuals with stories that are