OUT WITH THE OLD:
AND IN WITH THE OLDER!

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Mission: “wellness without walls™”

I. INTRODUCTIONS
1. Nämaste! (“My inner peace meets, greets, and salutes your inner light”)
2. Gratitude
3. Introducing Bernadette O’Brien
4. This program is really about making COLs: C___________ of L___________.
5. Instead of “seniors” let’s call this population the: C____________ E__________.
6. The “old school” method of training “seniors” involved…..
7. 2013: Daily _____ people turn age 65 in North America and the largest
growing population segment is ________________________________.
8. Baby Boomers (46-64) and Generation X (64-81), and Generation Y (1978)
9. Heterogeneous Group: There are no rules, only recommendations. “The
heterogeneous nature of older adults requires that we train this population
according to capability rather than age. If we set stringent exercise guidelines
based on age alone, we limit opportunity & the efficacy of their success.”
Cammy Dennis, Senescence Expert

10. Terms:
   a. Senescence
   b. Neuroplasticity: combine _____________ and _____________
   c. Self-Efficacy

II. THEORY & RESEARCH
INTRODUCTION: A Look at Age: SENESCE as a HETEROGENOUS GROUP
1. Chronological Age: 365-day cycles since birth, “0”
2. Functional Age: for executing Activities of Daily Life (ADLs) check out
   http://wiifit.com/body-test Takeaway: Pelvic Floor-TVA-Tongue Control, Memory games
3. Biological Age-physical functions at cellular level (e.g. antioxidants). check out
   realage.com; “People who exercise regularly with task-dependent exercises have lower
   biological ages than people of the same chronological age who do not exercise.”
4. Psychological Age: cognitive and self-efficacy age. “Aerobic and strength exercise
   improve cognitive functioning when combined.” Kramer, A. F. et. al. (2002). Effects
   of aerobic fitness training on human cortical functioning. Journal of Molecular Neuroscience, 19, 227-231. Takeaway: combination training, reaction games, training neuroplasticity
5. Social Age: what is expected and accepted of a particular group. Takeaway: group
dynamics, teams, walking around the area, and pets. Suggestions for Pairing: Games
from 5-4-3-2. Suggestions for naming: A/1 Suggestions for Time: under 5 minutes.
NEW RESEARCH:
1. Colors:
   A. Traditional
   B. Active Aging
2. Body Parts:
   A. anterior tibialis
   B. quadratus lumborum
3. Music Volume:
   A. bpm
   B. decibels
4. External Factors to Class:
   A. Hydration
   B. Sleep
5. Planar Approaches:
   A. Sagittal
   B. Frontal
   C. Transverse
6. Terminology:
   A. “ladies and gentlemen”
   B. “talk test”

Functional Movements & Patterns
THEME: Stability & Mobility with Pelvic Floor Awareness

WARM-UP: Establish MENTAL & VISUAL TASKS/GAMES
1. Slow Sagittal Heel & Toe Taps W/Arms
2. Slow Frontal Heel & Toe Taps
3. Marching In A Circle Clockwise & Counter-Clockwise, Looking \(\downarrow\) & \(\Rightarrow\)
4. Marching “Out And In” With Figure 8 Arms And Hip Rocks
5. “Rocking Horse Elevators”: Sagittal
6. Marching W/Visual Tracking Arms With Different Fingers (V.A.)
7. Finger/Wrist/Shoulder Warmups Unilateral & Bilateral “Backstrokes”
8. 3 Spinal Rhythmic Limbering Stretches:
   a. Back Rhythmic Sagittal Movements
   b. Back Rhythmic Frontal Movements
   c. Back Rhythmic Transverse Movements

CLASS: (Emphasize Pelvic Floor Recruitment throughout)
1. Getting Down And Up
   a. Lunging (Stepping Forward) With Hands On Forward Thigh
   Progressions:
   B. Without Arms
   C. With Rotation
2. Muscular Strength & Endurance:
   A. Anterior Tibialis:
      a. Without Equipment: Standing Toe Raises
   B. Quadratus Lumborum:
      a. Standing Hip Hikes
      b. Standing Lateral Flexion
      c. A + B
      d. Standing Hip Rocks From Warmup
      e. [From Floor: Side-Lying Plank Variations]
3. Gait & Fall Prevention With Labile Training (Shod Or Barefoot):
   A. Weight Transference In Sagittal Plane With Pauses
      a. Arms out, step inline with space between feet
      b. Arms out, step inline with heel to toes
      c. Without arms, step inline w/ space between feet
      d. Without arms, step inline with heel to toes
      e. “catch yourself” drills w/ and w/o arms
   
   B. WEIGHT TRANSFERENCE IN FRONTAL PLANE
      a. Arms out, step to side, return
      b. Without arms, step to side, return
      c. “catch yourself” drills in frontal plane

Circle Gait Training Sagittal Plane Heel-Toe Walking Figure 8 (Bosu Balance Trainer: “Bosu Mobility & Stability For Active Aging”)

4. T’ai Chi/Chi Gong
   A. Sagittal:
      a. Paint The Wall + Bow
      b. Rooster Lifts One Heel Or Leg
      c. A + B
   
   B. Frontal Plane
      a. Gather The Chi/Flying Bird
      b. Rooster Lifts Both Heels
      c. A + B
      d. Open And Close The Door (Eyes Closed)
   
   C. Transverse
      a. Wise Owl Gazes Backwards

5. PARTNER PLAY:
   1. Walkie-Talkie (hold hands and walk & talk)
   2. Red/Green Light (hands on shoulders facing same direction)
   3. Leaning Tower (standing back to back and experimenting)
   4. Mirror-Mirror (making up movement for the other to follow)
   5. Can-Can (standing in a line w/hip & shoulder movements)
   6. Lentils (for the head)

6. “BETTY’S FAB 4”: PROGRESSIONS OF STABILITY/MOBILITY COMBINATIONS
   a. Bilateral & Unilateral Bridges (Gait Improvement)
   b. Planks With Unilateral Hip Flexions (Weight & Gait)
   c. Reciprocal Dead Bugs (Reaction W/Verbal And Tactile Cues)
   d. Side-Lying Hip Lifts With Rotation (Thread The Needle) “Lift, Thread the Needle, Untwist, Lower” (quadratus lumborum)

COMMON ISSUES
A. Musculoskeletal: osteoarthritis(inflammation of joints due to wear and tear), osteoporosis (bone loss), gout, loss of muscle mass, fractures & falls. Takeaway: longer warm-up relative to total timeframe of class, up to 25% of total time; balance training, encourage hydration because this population fears drinking and is often dehydrated 24/7. Dehydration and decreased balance performance can be directly related (http://www.medscape.org/viewarticle/502825).
B. Hormonal: Diabetes (impaired control of blood glucose), menopause, thyroid dysfunction, high blood cholesterol, slower overall metabolism. Takeaway: cardiovascular and strength exercise, awareness of barefoot suggestions.
C. Neurologic: dementia (Alzheimer or other types), Parkinson's disease, strokes, poor vision, hearing impairment, balance problems, and sleep issues. Benzodiazepines. Takeaway: memory games like phone numbers, grocery lists, muscle lists, up to 7 items and restate every 5-7 minutes during class. Appropriately intense workouts.

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have been shown to increase sleep quality in this population, which in turn promotes greater balance and hormone generation (http://www.medscape.org/viewarticle/502825) 2 Muscular Strength & Resistance Areas: 1. anterior tibialis and 2. quadratus lumborum

D. Visual: macular degeneration, glaucoma, cataracts, diabetes and hypertension related eye disease. Takeaway: include visual & vestibular tracking exercises during entire routine; keep head above the heart; bright colors for teachers. FONT.

E. Cardiovascular disease: heart attacks, congestive heart failure, irregular heart rhythm (atrial fibrillation), high blood pressure (hypertension), atherosclerosis (hardening and narrowing of blood vessels) and peripheral vascular disease or peripheral artery disease (poor blood flow as a result of narrow blood vessels) Takeaway: cardiovascular and strength exercise as well as appropriate time allotment during position changes like floor to standing for blood pressure to readjust; decreasing visceral/abdominal fat can reverse Type 2 diabetes

MOVEMENT: Functional movement to increase biological and psychological age. “Exercise is optional but movement is essential.”

a. NEAT: Non Exercise Activity Thermogenesis: examples: walking on escalator, parking farther from the front door of grocery store, getting up every 20-30 minutes of sitting or during all commercials.

b. pedometers as motivators, like Nike Fuel Band at www.nike.com
d. Caffeine: where appropriate based on medical history, up to 6 mg/kg of body weight.


MEALS: Consider motivating this population to document meals via:

a. free sites such as fitday.com, fitbit.com, myfitnesspal.com, and my-calorie-counter.com

b. motivate with open-ended questions such as:
   1. What is my need to eat now?
   2. How can I plan for tomorrow’s meals?
   3. What are my best choices?

III. PRACTICAL

1. WITHOUT THEM:

A. FACTORS AFFECTING BALANCE:

   a. ENCOURAGE HYDRATION
   b. ENCOURAGE SLEEP

Summary:

Homework: foot fitness, gait training, neuroplasticity, “senior”

Resources: icaa.cc, scwfit.com: Active Aging

Take-Home Message:

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