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Case Study

The Necessity of Leisure and Physical Activity

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Educational Objectives

1. Explain the value and benefit of physical and leisure activity across the lifespan, regardless of physical limitations.
2. Identify barriers to participation in physical and leisure activity.
3. Discuss strategies to engage and maintain physical and recreational activity participation.

Background

By the year 2030, one in five Americans will be 65 years or older. Encouraging older adults to become and stay active has emerged as an important public health priority (CDC-HAN, 2014). While the physical and emotional benefits of exercise are increasingly well known, just 40 percent of older adults are engaged in regular

leisure-time and physical activity (Belza and Workgroup, 2007). Participation in physical and recreational activity tends to decline with age; however, increasing one's activity level and being involved in community life reduces medical complications and costly secondary disabilities. Adults managing a chronic condition or living with a lifelong disability may encounter physical, cognitive, social, or emotional barriers that affect their ability to maintain an active and healthy lifestyle. Regardless of setbacks, however, it is necessary to make adjustments or adaptations to ensure active participation in leisure activities to enhance quality of life. Research supports the concept that people with active, satisfying lifestyles will be happier and healthier (ATRA, 2003).

Nearly half of working age adults with disabilities in the United States engage in no aerobic physical activity, an important health behavior to help avoid chronic diseases. Arthritis, the most common chronic health condition in later life, often persuades people not to exercise when, in fact, active movement and exercise could be quite beneficial.

Adults with disabilities are three times more likely to have heart disease, stroke, diabetes, or cancer than adults without disabilities. Adults with mobility limitations (serious difficulty walking or climbing stairs) are the least likely to participate in aerobic physical activity. In a recent study, exercise training interventions (including aerobic and resistance) with older adults showed improvement in physiological and functional measures, and suggested longer-term reduction in incidence of mobility disability; moreover, a relatively high level of physical activity was related to better cognitive function and reduced risk of developing dementia (Paterson & Warburton, 2010).

Research also supports positive outcomes from recreation interventions for individuals with physical and/or developmental disabilities and older adults (ATRA, 2003). Engaging in community and physical activity helps to produce a sense of purpose, facilitates well-being, reduces depression, and decreases loneliness, all of which improves overall life satisfaction (ATRA, 2003). Leisure activities can also provide

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opportunities for socialization, relaxation, entertainment, competition, and creative expression. There is evidence that participating in enjoyable and personally meaningful activities can be a useful coping mechanism both immediately after the onset of illness or traumatic injury and over time (Hutchinson et al., 2003).

What is Leisure and Why is it Important?

Leisure is unobligated time or “free time.” It is an attitude or emotional state of mind that one fosters about an experience, which can restore a sense of normalcy and control in one’s life. Leisure is a personalized experience; what one person identifies as a leisure activity may not be seen as a leisure activity by someone else.

A leisure experience is a continuum that includes the anticipation and planning of the activity, the actual participation in the activity, and remembering or reflecting on the activity. For example, the entire leisure experience for a travel trip includes the preparation, research, reservations, and packing, happenings while on the trip, as well as photos and memories created on the trip. All of these components encompass the leisure experience.

Benefits of participating in leisure include opportunities for enjoyment, a sense of well-being, competition, creative expression, socialization, laughter, relaxation, a new challenge, and even simply entertainment (ATRA, 2003). When physical or emotional challenges cross our paths, activities once enjoyed are often not considered

critical and, as a result, depression, isolation, and decreased physical activity can diminish overall quality of life. Hall (2005) places leisure activities in a larger perspective: “Most individuals do not enjoy activities until they have gained the skills to appropriately participate. Learning such skills may require multiple attempts at the same activity. Leisure also provides a basis for faith. If an individual is truly participating in leisure, they will have faith in their abilities, themselves, the activity and others, if applicable. In this reference, faith includes belief and confidences. This aspect of the definition is closely related to self-efficacy, and an important part of leisure.”

Types of Physical Activity

The increased energy demand for everyday tasks requires those living with physical disability to improve cardio-respiratory fitness. To maintain health, 20-40 minutes of aerobic exercise is recommended three to five times a week. Individuals participating in exercise can rate the strenuousness of exercise on a Rated Perceived Exertion (RPE) scale; that is, they can rate their effort from very easy (7) to extremely difficult (20). To be aerobic, exertion should be rated “somewhat hard” (13) to “hard” (16-17) on the RPE scale. Aerobic exercise can be accomplished through walking, stationary cycling, use of the arm ergometer, wheel chair pushes, etc. Strength training can include the use of resistance bands, free weights or weight machines (Franklin et al., 2000).

Individuals engaged in aerobic exercise may also calculate their

Target Heart Rate, determined by an exercise professional, and should attempt to reach and maintain this rate throughout their exercise. However, patients and professionals need to be aware of the potential effects of medications and implantable devices that can affect heart rates. For example, beta blockers and pace makers limit how fast the heart can beat, thereby skewing the measurement and making it unreliable as an indicator of exercise intensity. At the same time, strength training sessions are a valuable addition to an exercise routine; this can include functional or body weight exercise, resistance from elastic bands, conventional free weights, weight machines and, for those who are extremely deconditioned, water resistance. A typical protocol would consist of strength training on two non-consecutive days with one-three sets of eight-12 repetitions based on initial assessment by a qualified fitness professional. Flexibility exercises should be performed before and after all types of exercise.

It is highly recommended for an individual to receive medical clearance and meet with a qualified fitness professional prior to beginning a new exercise program. A fitness professional will help set realistic goals and develop a plan to achieve them. Gradually increasing time, distance, intensity, etc. will prevent muscle soreness or injury that may discourage return to activity.

Barriers to and Strategies for Participation

Barriers to leisure participation typically fall into the categories of attitudinal, physical/cognitive, and

financial resources. Attitudinal barriers are defined as feelings that leisure is not important, being unmotivated to pursue an activity, or the mindset of being unable to participate in the activity. Physical and cognitive barriers that impede participation include lack of initiation, the “I can’t do it anymore” outlook as a result of limited mobility or endurance issues, or challenges with safe participation due to poor problem solving. Financial resources can be a barrier, as some leisure activities are costly and require transportation or adaptive equipment that the individual may see as too expensive.

To overcome such barriers may require several actions, such as exploring leisure interests, examining obstacles, and making modifications to reclaim a lost activity. Modifying rules, using adaptive equipment, and exploring new functional leisure interests are strategies to resume participation. For instance, an avid golfer who can typically drive the ball 200 yards is experiencing a decrease in strength and endurance and can only drive the ball 100 yards consistently. A strategy for this individual would be to tee the ball up 100 yards down the fairway. There is still engagement in an activity that is outdoors, allowing opportunities for socialization, competition, challenge, and physical activity, while making adjustments to accommodate decreased physical stamina. The benefits of continued modified participation greatly outweigh giving up the activity. It is beneficial to schedule leisure time and physical exercise along with activities of daily living.

The majority of adults with disabilities will become more physically active if it is recommended by a health care professional, although fewer than half of patients receive any recommendations or guidelines from their health care provider (CDC Vital Signs, 2014). Some of the common excuses for not participating in an exercise program include lack of energy, fear of injury, lack of motivation, and lack of resources and skill set. Strategies for older adults to overcome these barriers include understanding that physical activity will increase energy level. Initially selecting an activity that requires minimal time may help get a person started on the right track. Learning how to exercise appropriately considering age, fitness level, skill level, and health status will minimize risk and concern of injury, according to Brown et al. (2010).

Getting Started

Beginning a leisure interest or physical activity routine can seem daunting, particularly when a health condition or physical limitation is involved. The following steps are helpful in getting started, as well as maintaining an active leisure lifestyle.

- 1) Set leisure time as a priority.
- 2) Keep a weekly time account of how much leisure or “unobligated time” you have.
- 3) Understand what the motivators of the leisure activity are. Why do you want to do it?
- 4) Modify the activity if necessary.
- 5) If the activity you are interested in is just too challenging now, explore new functional interests.
- 6) Find a “leisure buddy.”

7) Make a leisure contract with yourself: a) List four activities you least enjoy doing; b) List four activities you most enjoy doing; c) List four reasons you are not doing what you like to do; d) List three things you can do to manage your leisure time better; and e) Circle one thing and start doing it tomorrow.

Finding the motivation to kick start a physical activity routine can be overwhelming but implementing the following strategies may help get you started:

- 1) Find a physical activity “buddy” who you can plan to engage in regularly scheduled exercise.
- 2) Enroll in a structured exercise class which often ensures that you will attend the class on a given time and day of the week.
- 3) Purchase an exercise DVD to do in your own home.
- 4) Initially set achievable small physical activity goals, for example, a 10 minute walk twice a week, and add additional minutes or increase frequency as you are successful.
- 5) Identify professionals in the community who can serve as resources for information and assistance. Work as much as possible with existing community groups, such as the YM/YWCA, community centers, senior centers, health and sports clubs, schools, places of worship, and hospital wellness programs, etc. Contact local parks and recreation programs, enroll in a structured activity program, or sign up for group social outings through a church or civic group. If it is planned, organized, and scheduled, active participation is a more likely outcome.

Sheltering Arms: Partner for L.I.F.E Program

The benefits of participating in physical and recreational activity highlight a need for individuals with physical disabilities, older adults, and individuals managing chronic conditions to access services that can improve quality of life and physical activity level. Sheltering Arms is dedicated to helping people find within themselves the power to overcome serious setbacks following illness, injury, or accident through internationally recognized physical rehabilitation programs. The Sheltering Arms commitment does not end when therapy or physician services are complete. For more than a decade, Sheltering Arms has provided a comprehensive portfolio of community-based recreation and health and wellness services to meet the needs of the community. These services make up the Partner for L.I.F.E. program (Leisure, Interaction, Fitness, and Enjoyment), empowering individuals to embrace a lifetime of recreation and wellness. Its special programming provides an opportunity for people to re-engage in activities they once enjoyed and maintain an active social and physical lifestyle despite their limitations. The services provided are open to the public and do not require a physician referral.

The following case studies demonstrate the success of Sheltering Arms clients who have actively pursued engagement in physical and recreational activities to enhance their quality of life.

Case Study #1

Beth, a single 58-year old woman who was diagnosed with onset of Relapse/Remitting Multiple Sclerosis (MS) at 39 years of age, came to Sheltering Arms Hospital in two years ago for a recent MS exacerbation. Prior to this admission, due to her functional decline, she had returned to live with her mother and reported an inactive, passive leisure and physical activity lifestyle. Her symptoms included left leg numbness, weakness, and difficulty walking. During Beth's inpatient hospital stay, she received physician and nursing services, as well as physical, occupational, and recreational therapy services. After her discharge from the hospital, she resumed living at home with her mother and began outpatient physical and occupational therapy three mornings a week at the Sheltering Arms Midtown Center, while also participating in Club Rec (social recreation program) in the afternoon. She was discharged from outpatient therapy services after receiving two months of physical and occupational therapy, and continued to attend a full day of Club Rec three times a week for the past year and a half.

In a recent interview, Beth shared the many successes and outcomes that she has accomplished since her initial enrollment in Club Rec. She states that her participation in the program resulted in an increased level of engagement in physical, recreation, and social activities. She regularly participates in physical activity in the onsite fitness center, utilizing the support and encouragement of the fitness specialists. She participates in cardiovascular activ-

ities using the upper extremity ergometer arm bicycle and stationary bike, and has recently progressed to three minutes on the treadmill with a goal to increase to five minutes. She notes significant improvement in her endurance and physical strength. In addition, she has used the strength training equipment, progressing to pressing 200 lbs on the leg press. With a smile of satisfaction, Beth reports, "I am pumping iron." She has also been working on core strengthening activities during her designated fitness center times at Club Rec and reports improvement in her balance.

In addition to the physical strength and endurance improvements Beth has noted from her fitness workouts, she has also identified that her recreation and social life have improved because of then programs. During a typical week at Club Rec, Beth participates in an average of 12-15 organized group activities led by recreational therapists. She chooses her areas of interest from an array of activity offerings, consistently participating in the craft programs, spirituality group, sewing/upholstery group, and cognitive group activities, which she claims have helped improve her memory and recall. Beth also participates in one or two group community outings a week, providing her opportunities to shop, go out to eat, and see movies in the theater, which she does not have the ability to do on her own since she does not drive.

When asked what her involvement in recreation and physical activity has done for her, Beth states, "I am stronger physically, mentally, and spiritually. I am living independent-

ly since participating in these structured programs.” Beth reports many improvements in managing her MS since she has made an effort to change her lifestyle by increasing her activity level. She says, “I used to be quiet, but my confidence has improved and I am no longer feeling isolated. I have made new friends who have become like family to me and we provide encouragement for each other.”

Beth also notes a significant improvement in her outlook by sharing, “I wasn’t a very positive person. I was depressed and isolated, and all of that has changed. I am emotionally healthy and laughing now more than ever. Increasing my social and activity life has changed my outlook on life.”

Case Study #2

Richard, a retired engineer, suffered a heart attack in June 2008, at age 65. After undergoing valve-replacement surgery, he suffered a secondary stroke and developed pneumonia and stage-3 kidney failure. In September 2008, he was released from a rehabilitation hospital and subsequently received outpatient occupational, physical, and speech therapies for four weeks. He was discharged from all therapies in February 2009. Following these eight months of hospitalization and rehabilitation, Richard decided to join the fitness center at the Sheltering Arms Bon Air Center.

Over the course of the next five years, Richard participated in an independent exercise program developed with the direction and advice of Sheltering Arms fitness professionals. At the start of

Richard’s exercise program, improving aerobic and muscular endurance was the primary goal. Using a combination of a recumbent bicycle, an upper body ergometer, and treadmill, Richard gradually increased his time exercising at an RPE of 11-14 (light – somewhat hard). He began with two intervals of 10-15 minute bouts before reaching his goal of 30-45 minutes of continuous aerobic exercise. His resistance program consisted of multi-joint, functional exercises, at a low to moderate intensity (40-50% 1 Repetition Maximum), utilizing the major muscle groups. Examples of these exercises would include modified squats, step-ups and modified lunges. The program has helped him improve his overall balance, muscle strength and endurance. He completed his first 5K in May 2009 and 10K in 2010. Since then, he has participated in several other Richmond area 5K benefit walks. Although Richard has lost some of his fine motor sensation and movement in his hand, he is able to perform yard work and other activities of daily living with little difficulty.

Richard’s kidney function has remained stable and his A1C levels have been consistent. His cardiologist has decreased his cholesterol medicines and he no longer takes an ACE inhibitor to control blood pressure. Currently, Richard’s fitness goals include keeping up with his two grandchildren, ages one and four and being able to travel to Denver, Colorado to visit his adult children. Richard has also taken his dedication to a healthier lifestyle one step further by “giving back.” He serves as a mentor for others through his positive words of

encouragement as a volunteer at Sheltering Arms Hospital. As he says, “Without this place, I would not be here. My life is full.”

Conclusion

Physical activity and personal engagement in satisfying leisure activities remain central to wellness throughout life. Their importance does not diminish with age, disability or chronic illness. While chronic conditions and impairments may present challenges as we grow older, by using assistive devices and creative thinking, modifications can (and should) be made to make activities accessible and enjoyable. Exercise programming should be monitored regularly and may change, based on an individual’s disease progression, stabilization or improvement. In addition to various documented health benefits, such as decreased blood pressure, increased insulin sensitivity, and improved cardio-respiratory endurance, participating in physical and leisure activities tend to decrease isolation and increase inter-personal and community socialization, integral facets of independent living and quality of life.

Study Questions

1. What are common barriers to an active lifestyle for those living with a disability?
2. Why are leisure activities important in the recovery process?
3. Why is aerobic endurance exercise important for those with physical disability?

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About the Authors



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since 2005. She believes everyone can benefit from exercise, regardless of age or ability, to improve quality of life.