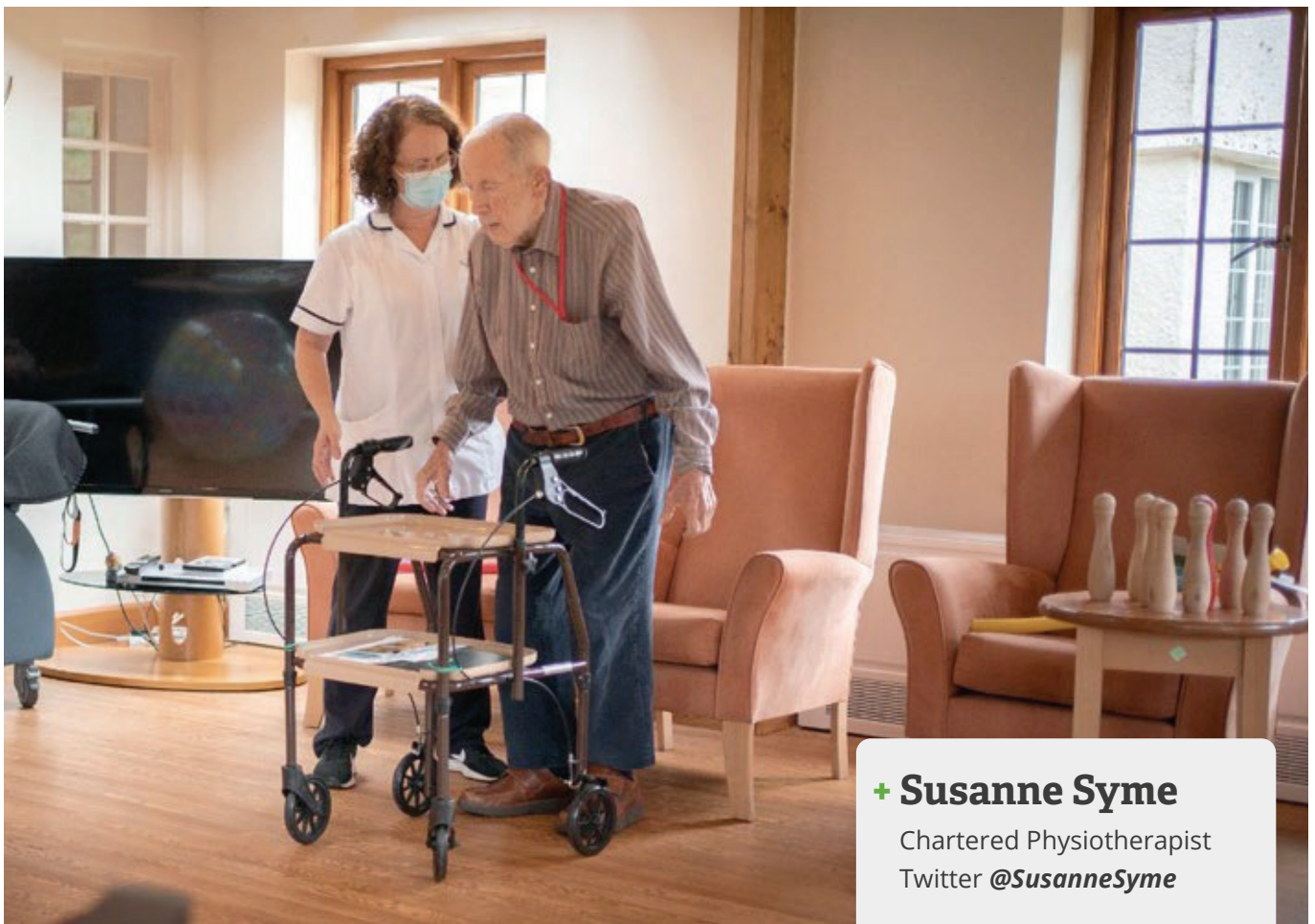


# Opportunities to Move

There is overwhelming evidence that physical activity and exercise is beneficial for people as we get older. The harm done by not moving and sitting for too long is well documented<sup>1</sup>.



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The most recent guidance on developing resilience to Covid-19 in older people focuses on the importance of physical activity<sup>2</sup>. The pandemic has led to the extension of my physiotherapy role to working alongside the Activity Team at the Nursing Home and the Dementia Specialist Care Home.

In this article I share some of our learning to inspire you to look at your activity provision through the lens of "Opportunities to Move."

What we did to get started: People come into care for lots of reasons and their abilities and health often changes gradually over time or rapidly when they are unwell. We found it was important to increase the amount of physical activity without increasing any risks so we started with what the Activity staff knew individuals could do and built on this. We found it useful to discuss Opportunities to Move in relation to how likely an individual's health was to decline (frailty) and how affected their ability to understand the world was (cognitive impairment). Below is a diagram that helped us organise our thoughts and activities. You may find it useful to think about which quadrant each of your residents would be in.

Opportunities to Move (continued).

# Opportunities to Move in Care Homes

## Quadrant 2

Physically able but less able to assess the consequences of their actions. Maybe walking with purpose.



## Quadrant 1

Significant physical limitations and prone to repeated medical setbacks. Maybe bed bound or using specialist seating. Communication is often nonverbal.



Increasing Cognitive Impairment

Increasing Frailty

## Quadrant 4

Most able to engage in Physical Activity. Have the ability to follow complex exercise programmes and self motivated to meet their own goals. Some will be aiming to return to living in their own homes.



## Quadrant 3

Significant physical limitations, can follow commands, give feedback, identify own goals and retain information. May spend long periods sitting to reduce the chance of having a fall or be unable to walk.



## Opportunities to Move (continued).

### Individual plans:

Physical activity, exercise and sport have often been an important part of people's lives in terms of their work, their health and their leisure time so we designed the activities around what we knew about each person. Making sure the activity was meaningful and enjoyable for the individual was key, just as it is for all activities.

Adapting the activity to make sure it was achievable and gave the person choice and a sense of achievement was a joy for both the individual and the staff. Just as with singing in a group, we found Opportunities to Move is contagious so think about whether someone would be more likely to exercise with a friend or in a group.

**Table 1: Examples of activities for each quadrant**

Types of Opportunities to Move	Adaptations
<p><b>Quadrant 1</b></p> <p>Set up the environment around them to encourage them to turn and look, to reach for objects they are interested in, to help themselves to food and drinks. Movement of the neck and eyes is an important part of movement and needs to be practiced so see if you notice more head movement when they are going along the corridor or manoeuvred to a garden window. Can you get their attention from across the room and encourage them to smile or wave.</p> <p>Try placing bunting, a string of lights or a mobile in their line of sight. Does a hand massage and gentle arm movements result in them moving more spontaneously afterwards for example to scratch their nose, to reach out for bubbles floating in the air, to tap a balloon, to shake your hand. Do they move more when there is relatable music on, try using a paint brush and making marks in time with the music. Can they open their hands around a large ball and follow your gentle movements with the ball.</p>	<p><b>Initiate and Assist</b></p> <ul style="list-style-type: none"> <li>+ Use Sensory stimulus eg music, colour, smell</li> <li>+ Watch others exercising</li> <li>+ Respond to their nonverbal communication</li> <li>+ Encourage with facial expressions.</li> </ul>
<p><b>Quadrant 2</b></p> <p>Be clear if you are aiming to encourage physical activity for those people who have been very active prior to coming into care or aim to break up periods of walking for people who are less able and prone to falls late afternoon because they have been walking with purpose most of the day or are tired because they have been awake overnight. The more able group may respond to a circuit of exercises such as for Quadrant 4 or a supervised static bicycle session with interval training such as one minute brisk cycling and then one minute slow cycling for 10 minutes.</p> <p>For individuals walking with purpose use techniques of distraction and meaningful engagement focusing on standing activities like gardening, hanging up washing, folding towels, laying the table, helping to change the wall display, giving out the song sheets, sorting out their wardrobe, filling up the bird feeders, helping to construct the fairy lanterns for the display. This may progress by increasing the length of time they can focus or to seated activities that may include art or craft, writing a card, wrapping a parcel, polishing shoes, mending a radio, organising a photograph album. Physical activity can help the person stay in the moment and lead to improving their mood for example becoming less anxious. We have found useful tips on the AHP Dementia (Allied Health Professionals) twitter and website from Alzheimer Scotland<sup>3</sup>.</p>	<p><b>Supervise</b></p> <ul style="list-style-type: none"> <li>+ Reduce verbal instructions</li> <li>+ Encourage them to copy</li> <li>+ Thank them for helping</li> <li>+ Do it at a time that the person is most likely to engage</li> <li>+ Be spontaneous if you see them doing something more active join in</li> <li>+ Let them see its fun and others are having fun</li> </ul>
<p><b>Quadrant 3</b></p> <p>This group may need help with motivation to get moving because it is physically difficult. Aim to be active every day, break up periods of sitting and reduce the total time sitting or introduce activity in sitting. Provide opportunities to do more of what they can do for example if they can walk with a frame organise an activity in the day room so they have an extra chance to have a walk. Can you install a fridge or book loan scheme to encourage people to get up or propel their wheelchairs and have a look. For people that can stand, can they stand for longer if they are looking out the window or at a wall display, would they stand to read out a poem or sing a song. If they have good balance could they write on a white board or bluetack up some photographs. You may find you have residents who would enjoy MMYM (Make Movement Your Mission) by Later Life Training Bex Townley<sup>4</sup>. Try wringing a hand towel for grip strength and seated marching.</p>	<p><b>Motivate and Feedback</b></p> <ul style="list-style-type: none"> <li>+ Discuss what they would like to achieve.</li> <li>+ Recognise when they are trying something new</li> <li>+ Try 10 minute timers</li> <li>+ Use a weekly sheet to set goals</li> <li>+ Encourage them to Buddy Up</li> <li>+ Encourage them to tell the family how they are getting on.</li> <li>+ Reassure during setbacks</li> </ul>

## Opportunities to Move (continued).

Is there any technology that might improve motivation for example static bicycle with moving screen, step counter watch, active computer games, exercise clips on YouTube such as Love to Move by British Gymnastics Association. Some people liked a target for example 5 repetitions of arm strengthening exercise or arms above head and then they could measure their progress. Add cognitive tasks if this makes it fun, this will make the exercise more difficult for example each time they throw a ball say a girl's name from each letter of the alphabet. If they are throwing at a numbered target can they add their score. Can you tap into their competitiveness if this leads to a greater sense of achievement. Use some of the techniques you find useful when doing quizzes eg teams with a joint target, include exercises that you know the person can do.

### Quadrant 4

National guidance on Physical Activity for people aged 65 and over recommends at least 150 minutes of moderate activity, ideally moving every day in bouts of 10 minutes or more<sup>5</sup>. Moderate activity should lead to a small raise in heart rate (requires you to take a breath not out of breath) so for many of the residents in care this maybe helping with the gardening, marching, sit to stand repeated, walking down to lunch but for others static bicycle, brisk walking or dancing. Plus at least two sessions a week of strength, balance and flexibility exercises. See Bex Townley's Top 10 Exercises for strength and balance on the RoSPA website which also has videos<sup>6</sup>. One of our favourite exercises is the toe stands. Regularly discuss and agree your activity plans with the multidisciplinary team, taking note of any changes in people's health. Think about how close you are to meeting these recommendations yourself. We found reflecting on our own Physical Activity levels was a good motivator to look for Opportunities to Move for ourselves and the residents. Even people who are active should not sit for long periods between exercise.

### Targets and Prompts

- + Provide written and pictorial prompts for the individual, care staff and family members if appropriate
- + Link OTM with daily routine
- + Track progress using weekly white board or use technology such as pedometers.

### Physical Activity Reinforcers and Events:

We identified that we wanted more opportunities for residents to be surrounded by physically active stimulus during the daytime. A combination of sports channels and YouTube enabled people to regularly watch their favourite programmes including Strictly Come Dancing, Ascot races, international rugby, ballet performances, gardening. The multidisciplinary team agreed to have activity prompts easily available for all staff that were risk assessed including leaving target games, creating a box with massage oils and nail varnish, putting the static bicycle in an accessible position, identifying a sit to stand chair and a rail, providing written or pictorial prompts.

Activity led events that involved the whole staff team that worked well were the Memory Walk, Get up and Dance sessions, Christmas songs with actions with the local primary school, music with instruments, seated yoga and walks in the garden. Some residents enjoyed helping set up the activities and clearing up at the end as much as the event itself. We are looking forward to using some of the events from the Olympics 2021 such as track and field

athletics, hockey, badminton, archery, boxing, football, cycling, golf, table tennis and weightlifting to inspire more events this year.

### How does the activity team know if it is working?

Have you helped someone engage in Physical Activity or exercise who wouldn't have done it otherwise? Did people sit less and move more? (with the exception of people who are walking with purpose who may need to be encouraged to sit more frequently).

For more able residents are they closer to reaching the national recommendations for Physical Activity? Did they enjoy the experience and would they like to do it again?

Were other members of the team able to build on what you started and has the care plan been updated to include "Opportunities to Move".

I encourage you to put your Opportunity to Move heads on. Avoid taking risks. Have some fun with it!

### References

World Health Organisation Guidelines on Physical Activity and Sedentary Behaviour (November 2020)

[www.physoc.org](http://www.physoc.org) A National Covid-19 Resilience Programme: Improving the health and wellbeing of older people during the pandemic (November 2020)

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[www.nhs.uk.live-well/exercise/exercise-as-you-get-older](http://www.nhs.uk.live-well/exercise/exercise-as-you-get-older)

[www.rospace.com/home-safety/advice/falls-prevention](http://www.rospace.com/home-safety/advice/falls-prevention) - Section I'm in later life