**Addressing the Issue Of Poor Adherence To Home Exercise Programs In Older Adults.**

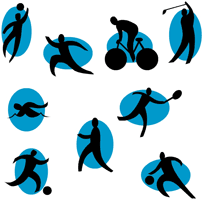
**Andrew Newman SPT - University of North Carolina at Chapel Hill**

**Use of novel technology: 4-6,22**

* Increases enjoyment
* Interactive technology reduces focus on pain
* Makes a home exercise program (HEP) seem less like work
* Can incorporate family and friends for increased social interaction/exercise adherence
* Health monitoring/tracking technology increases ‘ownership’, self-efficacy, and goal driven behavior
* Telecommunication may assist in provision of HEP with home-bound clients

**Education provision: 10-12,16**

* Important to educate on need for long-term HEP adherence to limit detraining effects
* Provide education to clients that links HEP adherence to improved and meaningful outcomes
* Provide majority of education on the positive benefits associated with HEP adherence (although some education may be needed to make patient recognize/understand the negative risks of HEP avoidance)
* Emphasize the positive social identity that is associated with undertaking an exercise routine
* Make sure that client is aware of their own limitations– use outcome measures and explain results to detail their limitations
* Educate client and their primary physician that referral to PT for HEP modification is necessary if there is a change in health status
* Suggest that a HEP is not ‘rigid’ and that other pre-approved (PT) indoor exercises can be substituted for outdoor exercises if inclement weather
* Explain why different types of exercise are needed in HEP – i.e. clients may not understand the link and therefore the need to perform flexibility exercises in a HEP for fall prevention
* Provide client with a contact phone number if they have questions regarding the HEP



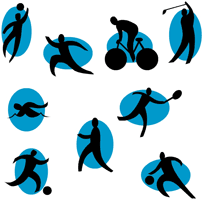
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**Tailoring a HEP:1,13-16**

* Develop varied HEP parameters that conform to individual client capabilities and utilize direct client input when designing the HEP e.g., utilize adequate rest breaks
* Utilize exercises that fit well within the life context of the client – i.e. if they like walking, include a walking plan, or, if they go to a gym, utilize gym equipment exercises – avoids client having to make multiple life changes
* Get input from the client regarding interest, likelihood of adherence, and understanding of their HEP
* Customize the HEP around life barriers such as work, child care, forgetfulness and time/financial constraints by using an exercise calendar and/or development of a ‘coping plan’ (timeline of HEP completion)
* If clients are socially active, incorporate group exercise routines, or ask other family members/friends to participate in the exercise program
* Provide client with information about local resources and transportation

**HEP parameters:2,4,7,8,14,17,18,20,21-26**

* Must individually tailor and progress HEP as needed – make exercises realistic and meaningful to the client
* Try to incorporate use of functional, everyday activities into HEP (LiFE study) – putting dishes away, doing laundry, vacuum cleaning
* Being cognizant of, and incorporating the components of the health beliefs model (HBM) and social cognitive theory (SCT) will likely yield increased adherence when designing a HEP
* General frequency = 2-3x/week
* General duration = 15-30mins/session
* General number of exercises = >/=2 but <5
* Intensity will vary based on individual client characteristics
* Must include a range of different types of exercise (strength, balance, flexibility, aerobic/endurance) and explain why each is important and specific to individual goals
* Strength and balance exercises shown to be the ‘most adhered to’
* Use methods of follow-up (phone call, emails, etc) to check on client progress and maintain adherence
* Use exercise diary/recording log and provide clients with ability to decide upon choices of exercise during construction of a HEP

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