



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

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The Effect of Physical Mobility on the Life Style of Older Adults

Thesis

*Submitted in partial fulfillment of the Requirements for
The Master Degree in Nursing Sciences
Community Health Nursing*

By

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2022**



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My mother

My father

My husband

My daughter and my son

who are the joy of my life

✍ *My brother*

For their support and encouragement



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List of Abbreviations

Abbreviations	Meaning
ADL	Activity of Daily Living
BMI	Body Mass Index
EMS	Elderly Mobility Scale
HRQOL	Health Related Quality of Life
IAS officer	Indian Administrative Service Officer
NCD	Non-Communicable Chronic Diseases
NHMS	National Health & Morbidity Survey
OECD	Organization for Economic Co-operation and Development
PA	Physical Activity
QOL	Quality of Life
WHO	World Health Organization

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Abstract

Background: Physical mobility helps to improve physical and mental functions as well as reverse some effects of chronic disease to keep older people mobility and independent. **Aim:** To assess the effect of physical mobility on the life style of older adults. **Design:** A descriptive research design was utilized. **Setting:** This study was conducted at four geriatric homes at Cairo governorate, including: Elderly hotel honored at Maser Elgdeda, Dar al-Hady al-Islami at Nasr City, Family home at Nasr City and Dar Al Nasr Islamic House at Elkhalfawy. **Sample:** A convenient sample of 233 older adults. **Tools:** Four tools were utilized to collect data; (1) Structured interview questionnaire for older adults, (2) The elderly mobility scale, (3) Lifestyle questionnaire and (4) The Geriatric Home Assessment. **Results:** 63.5% of the studied older adult had unsatisfactory level of knowledge. Also, 55.8% of them had health reported practices. Moreover, 59.2% of studied older adults were total independent in physical mobility. Also, 59.6% of the total older adult's life style was healthy. 64.4% of the total environment were safe at geriatric home. **Conclusion:** There was a positive correlation between total older adults' knowledge, practices and safety environment scores regarding their life style. **Recommendations:** Physical surveillance for the older adults must be available and continuous for early detection and treatment of physical problems; Physical counseling program can be designed and administered to older adult to improve their behavioral and life style.

Key words: Physical Mobility, Life style, Older adults.

Introduction

Aging is continual process of biological, cognitive, and psychosocial change begins at conception and continuous throughout life. The generation of the older population today is different from that of former generations. People live longer; remain more involved into older age, also more educated and work longer than previous older cohorts (*Fisk et al., 2019*).

Ageing is a human success story, reflecting the advancement of public health, medicine, and economic and social development, and their contribution to the control of disease, prevention of injury, and reduction in the risk of premature death. The extension of human longevity and subsequent reduction in levels of fertility lead inevitably to a shift in the population age distribution from younger to older ages (*United Nation [UN], 2020*).

Physical mobility refers to the physical ability to move. It refers to all types of trips inside or outside home, either by foot or by other means of transportation. Mobility is necessary for accessing commodities, making use of neighborhood facilities, and participation in meaningful social, cultural, and physical activities. Mobility also

promotes healthy aging as it relates to the basic human need for physical movement (*Moreno et al., 2020*).

Physical mobility is increasingly recognized as a powerful factor in the prevention and treatment of a number of health conditions in older adults. It is defined as one's ability to carry out activities that require physical actions, ranging from self-care (activities of daily living) to more complex activities that require a combination of skills, often with a social component or within a social context. Physical function is a multidimensional concept, with four related subdomains: mobility (lower extremity function), dexterity (upper extremity function), axial ability (neck and back function), and ability to carry out instrumental activities of daily living. Physical function is usually measured objectively with physical performance tests and/or physical activity monitors (*Whittaker et al., 2019*).

The major causes of poor physiological fitness and disease in older age, at least equal to the effects of smoking, drinking excessive alcohol intake and obesity. Sedentary people aged 50 years and older had twice the risk of death compared with those who had the highest level of physical activity after adjusting for a range of risk factors

(including age and socio-economic position) (**Cunningham et al., 2020**).

Physical exercise classes should be adapted to the possible special needs of older people, the classes should be inexpensive, and exercise facilities should be accessible, so that all have an equal opportunity to participate. It is also important to promote positive attitudes toward physical exercise among older people and avoid stereotypic images and negative messages (**Asp et al., 2017**).

Regular physical activity helps to improve physical and mental to keep older people mobile and independent. Despite the highly publicized benefits of physical activity, the overwhelming majority of older people do not meet the minimum physical activity levels needed to maintain health (**Landi et al., 2018**).

The regular physical activity is safe for healthy and for frail older people and the risks of developing major cardiovascular and metabolic diseases, obesity, falls, cognitive impairments, osteoporosis and muscular weakness are decreased by regularly completing activities ranging from low intensity walking through to more vigorous sports and resistance exercises. Yet, participation

in physical activities remains low amongst older adults, particularly those living in less affluent areas (***Rizzuto et al., 2017***).

Sedentary lifestyles that predominate in older age lead to premature onset of ill, disease and frailty. Local authorities have a responsibility to promote physical activity amongst older people, but knowing how to stimulate regular activity at the population-level is challenging. The physiological rationale for physical activity, risks of adverse events, societal and psychological factors are discussed with a view to inform public health initiatives for the relatively healthy older person as well as those with physical frailty (***Fanning et al., 2020***).

Older people may be encouraged to increase their physical mobility if influenced by clinicians, family or friends, keeping costs low and enjoyment high, facilitating group-based activities and raising self-efficacy for exercise (***Izquierdo et al., 2021***).

In general, whenever older people are often practiced a good lifestyle, physical ability was better. This is due to adaptations of physiological systems, most notably within the neuromuscular system to coordinate movements, the