Even Light Resistance Training Proves Beneficial for the Oldest Old (>90)

It is well established that geriatric patients can gain strength and ability through professionally designed programs, but research confirming this conclusion among people age 90+ has been scarce. Clinicians are well aware that patients over the age of 80 lose significant myocellular plasticity which considerably blunts the muscle hypertrophic response.\(^1,2\) This can discourage referrals for strengthening programs for issues such as fall prevention, back pain, shoulder pain, progressive geriatric disability, etc.

A randomized, controlled trial recently published in the *Journal of the American Geriatrics Society* now adds to the evidence that even nonagenarians (age 90+) have a lot to gain from professionally-designed strengthening programs.\(^3\) The two previous studies addressing this question were by the same research group, had patients age 72 to 98, and used high-intensity training.\(^4,5\) Both these studies observed positive results from the training programs.

The current study only included very elderly subjects (age 90 to 97) and only used light-to-moderate-intensity exercises. The control group was instructed in gentle stretching and range-of-motion exercises to be performed five times per week. The experimental group was scheduled for 24 professionally-supervised exercise sessions over eight weeks. These 45-minute sessions included aerobics and strength training - all at 30-70% of maximum exertion. The experimental group achieved 75% adherence with each patient participating in 18 sessions on average.

Even light-to-moderate strength training for only eighteen sessions achieved a mean leg-press increase of 23.4 pounds. The strength training group experienced significantly fewer falls and trended better in walking speed, stair-climbing speed, and the timed-up-and-go test.

Only one participant experienced a study-related adverse event. This participant experienced transient lumbalgia at the start of the training program. For this participant, researchers restarted the program with a lower load (40% exertion), which allowed him to finish the program successfully.

For medical practitioners, the takeaway message for this study is that age alone should not discourage prescribers from recommending rehabilitation programs. In addition, the nonagenarians in this study were able to achieve these results despite the normal array of co-morbidities associated with advanced age: 65% had hypertension; 60% had osteoarthritis; 60% had heart disease; and 35% had dementia.

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References


