THE JOURNAL ON

ACTIVE AGING®

March/April 2010
Vol. 9 No. 2

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Led by Susan L. Jackson, standing exercises help residents strengthen their pelvic floor muscles at Glenbrooke at Palm Bay, a Senior Lifestyle Community in Palm Bay, Florida

Urinary incontinence: offering solutions that make a difference

Clients with bladder control problems can achieve great outcomes through client education, behavior modification and exercise

by Susan L. Jackson, PT

Although urinary incontinence affects a significant number of women and men,[1] most don't talk about it. Research on this problem—a much more common health issue for women—typically focuses on females, with studies showing that only half of women ever discuss the problem with their doctor.[2] Possible reasons include embarrassment, the belief that bladder leakage is to be expected with aging, the misconception that nothing can be done about the problem, and the fear of being directed to surgery.

Commercials, ads, and coupons for incontinence pads and briefs are everywhere. Adult undergarments are an accepted solution and a lucrative indus-

try in the United States, while drugs for incontinence and overactive bladder are promoted on TV and radio. Most women have heard of kegel exercises, and many know that surgery is a possibility. These are the familiar options to many.

The less well-known treatments of client education, behavior modification, and exercise are cost effective and noninvasive, produce long-lasting results, and can be done in the home or at a gym. Clients are grateful and empowered. Often they say they have their lives back. With such great outcomes and happy clients, offering solutions for bladder control issues is not only rewarding, but also a way that you can make a difference. The key to helping is to reach out.

Starting the conversation

Because of the silence and shame surrounding incontinence, you may feel unsure about how to approach this topic with clients. The four suggestions below could help you start the conversation:

- **Test the waters with a gentle comment.** For example, as you direct a particular exercise in a group fitness class, simply say, "This exercise is great for the legs, but it's also a great workout for the bladder!" See what kind of response follows. Some clients may listen and learn, while others may self-identify in private or in a small group.
- **Let others do it for you.** Invite a speaker to your community or center. Physicians are often willing to speak to groups in large communities. A gynecologist or urologist, although focused on surgical options, will also provide background information such as the types of incontinence, and get the discussion going. A physical therapist or other health professional will typically offer a natural approach and discuss exercise.
- **Hold a support group.** Use articles, handouts or books to offer educational information and tips on working towards a stronger bladder. (For some helpful resources, see the sidebar on page 48.)
- **Question clients.** In a resident programming survey or individually, ask clients the following question: "We're thinking about offering incontinence education and information. Do you think that's something residents (or members) want to hear?"

Encourage clients who open up about bladder control problems to work with you to improve them, starting by helping you determine what kind of urinary incontinence they have.

Stress or urge?

Knowing the type of urinary incontinence you're working with will help you know what advice to offer your clients. There are three types of urinary incontinence:

- *Stress incontinence* is defined by the leakage of urine when the bladder is under stress. With coughing, sneezing, laughing or performing exercise, there is increased pressure on the bladder. If the muscles are weak, the bladder is likely to leak.
- *Urge incontinence* is the uncontrollable urge to urinate immediately. The result is that when the urge hits, there is often not enough time to make it to the bathroom. Sometimes this type of incontinence is called the "key in the lock syndrome," referring to the bladder letting go when a person makes it home, only to lose control at the front door.
- *Mixed incontinence* is the combination of stress and urge variations.

Evidence indicates that stress and mixed incontinence are effectively treated with exercise.[3] Urge incontinence responds well to behavioral training, and there is some evidence recommending treatment with exercise as well.[4]

To allow you to better decide what clients need, you must first have an accurate awareness of their daily fluid intake type and amount, frequency of leakage, amount of leakage, and frequency of trips to the bathroom. The bladder diary is a great tool for recording that information. (A simple version of this tool appears on page 51 for client use.)

A 24-hour record kept by the client, the bladder diary allows easy viewing of problem areas and shows areas where

Susan L. Jackson uses resources to stimulate discussion about urinary incontinence among a small group of residents at the Glenbrooke at Palm Bay community in Palm Bay, Florida

there are no issues. You can determine whether an individual has stress or urge incontinence, or too little fluid intake, for example, by looking at diary entries. In addition, reviewing a bladder diary with a client builds rapport and opens the door for a more detailed discussion of the problem—including, among other things, the role played by poor hydration. Increased awareness of such problem areas gives a client the sense of taking charge.

Dietary considerations

Among older clients, dehydration is a huge issue. In many countries, people of all ages do not drink enough water, but the habit shows up as health issues for older adults.

The bladder is affected by quantity and quality of fluid intake. Water soothes the bladder. When coffee, tea and orange juice in the morning are the mainstays of the day, the bladder becomes irritated, causing increased frequency of urination. The need to void a small amount of urine can become so frequent that it limits involvement in community activities.

As a result, be prepared for clients to resist any advice to drink more water in order to leak less—that thought is counterintuitive to their belief that limiting fluid intake limits output. Yet a healthy

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output of urine is key. Educating clients on how urine should look can help—essentially, the clearer and lighter the color, the healthier the bladder (see the color chart on this page for guidance). Also, review with them how much fluid is healthy to drink each day.

Having heard the standard "6–8 eight-ounce glasses a day" for so long, many people no longer hear beyond the words or count the ounces. Thinking in terms of body weight can be an eye-opener for them. Have clients divide their body weight in half to get the number of ounces they should be drinking—for example, a 120-lb. woman will need to take in 60 ounces of fluid a day to be healthy. Go through the calculation process with clients to estimate the number of ounces their typical glass holds, and then determine the number of glasses they should drink each day. Include bottles of water consumed daily in the total. And, to really get their attention, incorporate cups of coffee into the total as well, but tack on *additional* water for every cup of coffee they drink.

Clients may ask you why drinking this much water improves incontinence. It's important for them to understand that when fluid intake is low, urine becomes more concentrated, irritating the bladder. This irritation can cause more frequent urination, adding to bladder control issues. Some clients are motivated by this

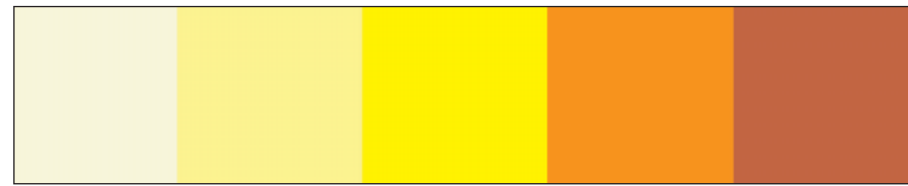

Figure 1. Urine color chart

information to eliminate all bladder irritants from their diet (see the box on this page), while others choose to increase their intake of water, flavored water, and healthy juices to lessen the effects of these irritants.

"Knowledge is power," as the saying goes. When you educate clients about what contributes to urinary incontinence, they can, and do, make changes to improve the situation.

Lessening the urge

In addition to client education, behavior modification can also treat urinary incontinence. We all have had the experience of going to the bathroom "just in case." We were told as kids, and we tell our own kids, to use the bathroom before a long car trip, for example. Clients who are up at night for some other reason will often go to the bathroom, and soon a habit forms of waking up at night to urinate. A bladder trained to void often can be trained to wait.

People with urge incontinence are conditioned to rush to the bathroom immediately upon feeling the urge to urinate. Because they have a history of urgency to urinate without being able to make it to the bathroom in time, they have lost their feeling of bladder control, leaving them fearful of accidents. Getting clients to take the first steps towards modifying behavior can be challenging. The results, however, are worth it.

Ask clients to take a leap of faith and change their behavior when the urge to urinate hits. Offer the following suggested techniques for urge control:

- Stop and sit quietly for a few minutes, then walk to the bathroom. Over time, as confidence improves, wait longer amounts of time.
- Focus on deep breathing to relax and quiet the urge.
- Think about something else as a distraction from the urge.

For reluctant clients, suggest setting up the situation so they have nothing to lose. For instance, they can wear a pad or other adult undergarment for security, or they can try the technique when alone at home with no expected interruptions. These options may increase their willingness to participate, helping them ultimately to change their behavior.

The topic of kegels

Exercise complements client education and behavior modification in combating urinary incontinence. Kegel exercises—which are typically encouraged for better bladder control—have a useful place in strengthening the pelvic floor, but they also have their limitations. If done correctly, kegels are effective. Studies show that 30–80 kegel repetitions per day is a highly effective treatment in strengthening the pelvic floor and correcting bladder leakage.[5]

However, research also indicates that half of women verbally taught kegel exercises do them incorrectly,[6] which may explain why many women say they have tried kegels without results. We also know that self-reports of exercise compliance can be inaccurate. Often, women find kegels boring, and they are not willing to do

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Bladder irritants

- Coffee (even decaffeinated)
- Tea (caffeine)
- Soda (carbonation and caffeine)
- Orange juice (citrus)
- Alcohol
- Chocolate
- Milk
- Artificial sweeteners
- Tomatoes
- Corn syrup

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Resources

Internet

Canadian Continence Foundation
www.canadiancontinence.ca

Continence Worldwide
www.continenceworldwide.org

National Association For Continence
www.nafc.org

National Institute of Diabetes and Digestive and Kidney Disease
www.niddk.nih.gov

Society of Urologic Nurses and Associates
www.suna.org

Wellness Forward: Bladder Guide blog
www.bladderguide.blogspot.com/

Print

Free Yourself From Incontinence: Your Bladder Guide
Author: Susan L. Jackson, PT
Publisher: Wellness Forward, 2009
Available on www.amazon.com

Article: "Keeping the Vital Pelvic Floor Healthy"
Author: Nancy Muller
Journal on Active Aging, Vol. 4, No. 3 (May/June 2005)
Available on www.icaa.cc (Members only section: "Article archives")

Residents of Florida's Glenbrooke at Palm Bay community enjoy a morning coffee. Educating clients about the role of hydration in urinary incontinence can arm them with the knowledge to make helpful changes in the quantity and quality of liquids they consume

them consistently. Men just think kegels can't possibly be for them.

When you talk to clients about kegels, keep in mind that they may not understand as much about these exercises as they think they do. I once found myself in a confusing conversation initiated by a client, who (I finally realized) had purchased a product, called Kegels, used for hip adduction exercise. She had no concept what a kegel exercise really was.

To teach kegels verbally, a graphic approach is best: Tell clients to imagine they are about to pass gas in public, and are trying to hold it back. Emphasize that those are the muscles they need to contract to perform a kegel exercise correctly.

Today, kegels are no longer seen as the best and only way to exercise the pelvic floor. Traditional thinking about isolating the pelvic floor muscles with kegels has given way to the practicality that the pelvic floor will contract in response to carryover from other muscle group contractions. Clinical experience and research both support the use of accessory muscles to strengthen the pelvic floor.[7] This means more variety of exercises to meet clients' specific needs.

Exercise options

Because individuals vary in the severity of their bladder symptoms, a range of exercise options is helpful. More leakage, more pad use, and more frequent trips to the bathroom can all indicate more muscle weakness and greater difficulty contracting the pelvic floor. People with severe bladder leakage are unable to contract the pelvic floor effectively while performing a challenging exercise.

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Instead, they are likely to push down, doing the opposite of a pelvic floor contraction, and negating any strengthening from the exercise.

The strength of the abdominal muscles provides clues to the strength of the pelvic floor. The two often go hand in hand. For clients who have more severe leakage and/or weak abdominal muscles, it's best to start with simpler, less strenuous exercises, allowing clients to become aware of their pelvic floor. Greater awareness means improved technique with exercise, and improved technique means better results.

Seated exercise is the one of the easiest ways to exercise the pelvic floor. Seated options you can use with clients include:

- isometric contractions of the abdominal muscles (tense and relax muscles without their changing length);
- seated marching while holding in the abdominals;
- knee extension (extend leg out in front) while squeezing the buttocks, add isometric abdominals for more advanced clients;
- isometric contractions of the hip adductor muscles (inner thighs) by squeezing a ball between the knees;
- hip abduction (pushing thighs outwards) against a resisted stretchy band; and
- pulling up and lifting the pelvic floor muscles, holding 10 seconds, for 10–20 repetitions.

Standing exercises are more challenging. There is a stronger pull of gravity while standing, and muscles have to work harder to control continence when working against gravity. Some options for standing exercises include:

- Posture, posture, posture! Attention to good posture engages the abdominals and, thus, the pelvic floor. Depending on the mindset of your clients, you can choose whether or not to add focus on engaging the pelvic floor as well.
- Holding in the abdominals while doing a variety of balance exercises is another way to stimulate pelvic floor contraction without specifically targeting it. Clients can engage the trunk for balance work as below:

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CLIENT HANDOUT

Complete your bladder diary

Instructions: Fill in the blanks, starting when you first wake up in the morning and entering your last entry at the same time the next morning. Use as many pages as you need for a 24-hour period.

TIME (a.m. or p.m.)	**What I DRANK** (in ounces)	**How much I URINATED** (small, medium, large)	**How much I LEAKED** (small, medium, large)	**ACTIVITY I was doing when I leaked**	**Did I have a strong URGE?** (yes or no)

Created by Susan L. Jackson, PT, author of Free Yourself From Incontinence: Your Bladder Guide, *www.bladderguide.com. Provided as a free service by the International Council on Active Aging, www.icaa.cc, to promote older-adult wellness. Reproduce exactly as printed. Please credit ICAA and Susan L. Jackson.*

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- leg lift forward, to the side and/or to the back
- slow marching in place (play "How slow can you go?")
- upper-extremity exercise

- Pilates stance—stand with heels together and toes turned out; "zip up" the body, starting by tightening the muscles in the legs, then the pelvic floor, then the abdominals and hold. (Using the term *pilates* gives clients the feeling of connecting with the younger generation, and something to tell their kids or grandkids.)
- Yoga chair pose—stand with feet shoulder-width apart, or for those with good balance, with knees together; lift arms straight over the head; bend at the knees and move the upper-body forward to 45º, keeping the back straight. Tighten the buttocks for more overflow to the pelvic floor.

Finally, strength-training equipment can target muscles that add to pelvic floor strength and improve continence. You may want to promote a strength-training incontinence program to clients, or just encourage their use of strength-training equipment—the most helpful machines are hip adduction, hip abduction, and abdominals. Intensity level, as always, should be adjusted to the client's ability. In fact, since you want to prevent clients pushing down the pelvic floor and encourage their awareness of pelvic floor tightening, a lower intensity level may produce better results.

A fair trial of an exercise program is four to six weeks of consistent exercise, three to six times per week. Clients should see improvements by that time if the protocol is working; otherwise, the exercise routine may need modifying. If clients don't see improvement at your reassessment in four to six weeks, consider increasing the intensity level and/or changing the exercises in the program. If possible, increase focus on the pelvic floor.

Results and referral

Your goal as an active-aging professional is to help your clients and offer them effective solutions to improve health and wellness. This article outlines approaches that should provide those positive outcomes for clients with bladder control issues. Once a client is educated, has corrected overuse of bladder irritants, has worked on controlling the urge if needed, and is consistently complying with a good exercise program, results should happen. If not, know when to refer. Advise the individual to seek help from a medical professional. There are likely to be physical therapists, occupational therapists, nurse practitioners, or nurses in your area who specialize in the treatment of urinary incontinence.

The unfortunate fact is that many people believe urinary incontinence goes along with aging.[8] Women, even more than men, are likely to accept it as a part of daily life. At best, bladder control problems are an inconvenience; but at worst, they alienate sufferers and affect their health and well-being. In fact, urinary incontinence is a leading cause of admission to skilled nursing communities.[9] You have the opportunity to make a significant difference in the lives of many by reaching out with solutions to this issue. Happy clients will appreciate that you did.

Susan L. Jackson, PT, is a physical therapist, speaker and consultant. She is president of Wellness Forward, and author of Free Yourself From Incontinence: Your Bladder Guide, *a self-help book written for the public. For more information on incontinence, visit www.wellnessforward.com and www.bladderguide.com, or email susanjackson@bladderguide.com.*

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Images courtesy of Susan L. Jackson

Therapy to Fitness to Wellness: 10 strategies to improve older adults' quality of life

by Susan L. Jackson, P.T.,
and Christine R. Schnitzer, B.S.

To serve as a roadmap for coordinating professional efforts, we developed and implemented 10 strategies for the Therapy to Fitness to Wellness program at the Fountains of Melbourne, a Kisco Senior Living community in Florida. This program has a three-year proven success record with independent and assisted living clients, ages 78–98 years. Outcome measures include a 400% increase in resident participation in fitness, aquatics and therapy (2000–2004); and a 50% increase in resident satisfaction scores (2001–2003).

So what exactly do these strategies accomplish? Designed to improve our older clients' quality of life, these strategies bring credibility to our profession, help with sorting through mounds of literature, encourage teamwork, and make the best use of our time. We offer these practices below and encourage you to adopt or adapt them to your specific setting.

1.
Create a comprehensive plan of care.

In the medical field, various people often work with the same client. Or an individual receives different services at different times in his or her treatment. For these reasons, a comprehensive plan of care is critical. A similar plan, with continuity of care, is important in the fitness arena, as well.

People with no previous exercise experience who receive physical therapy (PT) need to learn how to maintain functional and mobility gains with an appropriate exercise program following PT discharge. Individuals who exercised prior to injury or hospitalization may need help to return to their former activity levels. Without thought and good planning, success with improving a client's quality of life may be high at the time of PT discharge, but low at three, six or twelve months.

The goal of providing PT services to older adults is to help them effect long-term change. Referring PT patients to a fitness center and sharing recommendations, goals and information ensures the work of the physical therapist will make a lasting difference. Moreover, Medicare puts limits on the length of time people may receive physical therapy. Once clients reach these limits, they may elect to pay for this service. Another option is referral to a fitness professional, who does not have these constraints.

Sometimes a fitness professional may determine that a person starting a program needs special attention and one-on-one help to benefit fully from exercise. Or the client has more complex problems than can be handled in a group fitness setting. At such times, referral to PT may help this person reach the level of the class.

The above scenarios illustrate why a comprehensive plan of care would benefit your older clients.

2.
Offer a variety of exercise.

To address the wide-ranging needs of older adults, focus on exercises for strength, flexibility and balance that suit the activity and functional levels of individual clients. Training should target people's functional fitness needs, such as transferring from a chair more easily, walking up/down curbs more safely, walking with a safe gait pattern, shoulder mobility, and balance issues.

Provide clients with a variety of options, such as one-on-one physical therapy, group exercise classes (e.g. seated, standing, aquatic, yoga, tai chi), strength training with free weights and weight machines designed for this population, balance equipment, recumbent steppers, and heated pool. Where appropriate, encourage indoor, outdoor and aquatic walking programs or local walking trips.

3.
Set goals and work towards them daily.

Assemble a team of professionals for each client. (Teams may include fitness leaders, physical/occupational/speech therapists, physicians, family members, and others.) Develop goals for the individual related to the activities of daily living (ADLs), instrumental activities of daily living (IADLs) and advanced activities of daily living (AADLs), and work towards these goals daily. Include the client when setting goals, to ensure these objectives reflect what matters to him or her.

Older adults benefit from learning about the functional fitness aspects of movement, so be sure to teach individuals how specific exercises relate to daily life. New clients are often pleased to discover their exercise program will make life a little easier.

4.
View clients as athletes training for life.

Challenge the myth that a person is ever *too old to exercise.* Once meaningful goals are set, approach training with clients as if for an athletic event—the event of life. *Sport-specific* goals for this population may be as simple as going to the grocery store without shortness of breath, or managing the stairs in a facility. Evaluate what individuals need, i.e. more strengthening of certain muscle groups, more endurance, or more consistency with their exercise program.

Always explain to clients the rationale for things you do. Educate individuals about how much and how often they should exercise, emphasizing the idea of always doing a little more to improve their strength, endurance and balance. Give clients feedback when you see results, as they may not notice improvements as quickly as you. Design exercise sessions around the social aspect of wellness, create support networks between clients, and celebrate people's successes.

The process of behavior change often involves weeks before physical gains can be recognized. To help individuals stay

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Therapy to Fitness to Wellness: 10 strategies to improve older adults' quality of life

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A Fountains of Melbourne ad uses a play on words to connect physical activity and friendship.

focused and committed for the short term, facilitate changes during these early stages. Be a *coach* who provides solid exercise science; a *confidant(e)* who understands the challenges; and a *communicator* who brings family and friends together to support the change process.

5.
Orchestrate client-to-client team building.
Create an atmosphere where individuals support and encourage each other. Urge clients to help others, with the goal of feeling useful by serving as role models. For example, one person with a slight memory impairment could *coach* another who is working to maintain walking skills. A casual observer would have a hard time discerning which individual is receiving the greater benefit.

6.
Educate, educate, educate.
When you provide clients with routines, present them with research advocating the benefits of exercise. Clients become motivated to make exercise a long-term plan when they know more about why you choose specific exercises for them.

Older adults often ask about osteoporosis, and many know a lot about this topic. They want solid information and direction on how best to manage this condition. Clients seldom ask about *sarcopenia* (or muscle loss). However, when given the term, they become interested in paying the same attention to their muscles as they do to their bones. Education produces improved buy-in by clients, who begin to take ownership of matters related to maintaining strong bones and muscles.

The issue of balance brings up a multitude of questions for individuals. Clients know their balance has deteriorated, but don't know what to do about it. With education, they become receptive to using an exercise program and/or physical therapy to improve this function.

Incorporate fall prevention awareness into all aspects of a program to get the attention of those in this age group. The number one fear of older adults is loss of independence, and most individuals know a serious fall can lead to this outcome. However, the majority of clients are surprised to hear exercise can help prevent falls.

Remember, you are the expert. By educating clients, you empower them.

7.
Motivate clients.
Use incentive programs, testimonials, discussion about personal goals, and education to motivate individuals. In addition, create an atmosphere of encouragement, support, kindness and fun. The potential for meeting clients' set goals becomes greater once you have earned their respect and trust.

8.
Share expertise and education.
Physical therapists are educated in the medical model of disease and mobility issues, whereas fitness professionals vary in their knowledge of dealing with medical problems. Physical therapists have experience working one-on-one with clients. In contrast, fitness professionals have often honed skills that lend themselves to group education, which easily incorporates the social, spiritual and/or emotional dimensions of wellness. Each set of skills has its place in the overall picture. By sharing your expertise and education to offer a comprehensive program for clients, you could produce results that far outweigh what you might achieve alone.

Use incentive programs, testimonials, discussion about personal goals, and education to motivate individuals.

9.
Develop respectful marketing materials.
Recent AARP findings show that people ages 50 and older respond positively to the phrase *physical activity* and negatively to the word *exercise*. This research outlines opinions, beliefs and sensitivities that older adults have about physical activity. Mature market research from a variety of other sources also provides helpful intelligence about today's older generation.

Constantly seek to improve your understanding of the diverse 50-plus age group. Also, strive to develop respectful marketing materials that will appeal to current and prospective clients. Create advertisements that connect the physical dimension of wellness with friendship, lifelong learning or spirituality (see the Fountains of Melbourne ad on page 52 for an example).

Check the "Resources" sidebar on this page for a list of helpful marketing, communications and research articles published in previous issues of the *Journal on Active Aging*.

10.
Foster community relationships.
Develop relationships with physicians and other medical professionals, journalists, and senior housing professionals in your region. Offer educational seminars. Become the conduit between your professional organization(s) and the community. For example, after reading a position stand, write a press release to your local media outlets addressing how that issue affects your community. Take this opportunity to shine a positive light on your facility, clients and/or coworkers. Finally, consider just how your expertise could help your city, county or state government as it addresses the aging population, then get involved.

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Christine R. Schnitzer attended Pennsylvania's Slippery Rock State College, earning her bachelor of science degree in Health, Physical Education and Recreation in 1973. Until recently, she directed the Fountains of Melbourne's award-winning Healthy Strides wellness program. She currently serves as assistant director of Walk 500–Take the Challenge!, a national walking initiative, and as a wellness consultant. She can be reached at christinerose1@aol.com.

Resources

The following *Journal on Active Aging* articles provide helpful information and advice about marketing to and communicating with adults ages 50 and older:

- "Speaking their language." AARP research (January/February 2002).
- "Market segmentation: successfully targeting the mature population" by Robert Snyder (March/April 2002).
- "Know thy market" by Colin Milner. An interview with marketing guru David Wolfe (November/December 2002).
- "Motivating the 50-plus adult." AARP research (November/December 2002).
- "Focus on healthy messages: how to attract today's older adult" (March/April 2003).
- "10 tips for selling with credibility" by Colin Milner (March/April 2003).
- "Six steps to age-friendly advertising" by Colin Milner (May/June 2003).
- "Choosing your target market: the key to programming success" (May/June 2003).
- "Are your written materials missing the mark?" by Brigid McHugh Sanner (July/August 2003).
- "Cutting through media clutter: five rules for communicating more effectively" by Brigid McHugh Sanner (September/October 2003).
- "Back-to-basics media: making the most of media you can control" by Brigid McHugh Sanner (January/February 2004).
- "Direct marketing to older adults" by George Duncan (March/April 2004).
- "Presenting to 50-plus audiences: a practical guide" by Brigid McHugh Sanner (March/April 2004).
- "Creating age-friendly websites" by Brigid McHugh Sanner (July/August 2004).