

## Physical Activity: Exploring Perspectives of Adults Aging with Long-Term Physical Disabilities

Adults aging with physical disabilities (ages 45-64) are at an increased risk of age-related health problems and symptoms. Physical activity (PA), which refers to any activity that involves movement of a person's body, can improve physical and mental health for adults aging with physical disabilities. PA includes formal exercise, like working out or playing sports, and also informal activities that involve continued movement, like yardwork or chores.

Despite its benefits, adults aging with physical disabilities are less likely to engage in PA than people without disabilities. Understanding their perspectives, experiences and motivations could help us develop ways to promote and support their participation in PA. To learn more about this topic, we interviewed adults aging with physical disabilities on their views on and experiences with PA.

### The Study

We held one-on-one interviews with 20 adults aging with physical disabilities. Interviews were done over the phone or videoconference.

We asked participants about:

- Factors that affect their PA levels
- How they participate in PA (e.g., types, frequency, format, routines)
- Their motivations and beliefs about PA

Next, we coded the interview transcripts and analyzed the data. The data analysis found four broad themes: barriers and facilitators, routines and habits, motivations and beliefs, and benefits.

### Barriers and Facilitators to Physical Activity

Major barriers were:

- Accessibility, including accessibility of gym facilities, participants' homes, and/or their neighborhoods and communities
- Symptoms and secondary conditions like pain, fatigue, stiffness, and soreness, as well as safety concerns about falling and overuse injuries

Other barriers were the COVID-19 pandemic, location/proximity to fitness facilities, mental health, transportation and weather.

Things that facilitated PA were: having family and friends to work out with, in-person (versus virtual) exercise classes, inclusive and accessible facilities, and personal assistance.

### Physical Activity Routines and Habits

Regardless of how much PA participants were getting, most (18/20) said that they wanted to do more. When asked about the types of PA they do, participants described a variety of activities. These included formal workouts like swimming, cycling, stretching, home exercises, walking, and working out at accessible gyms, as well as informal activities like gardening, housework and grocery shopping.

## Motivations and Beliefs About Physical Activity

Motivations for PA included:

- Self-identity
- Mental health
- Weight loss for self-esteem/aesthetic and health reasons
- More energy to participate in family activities
- Social interactions

## Benefits of Physical Activity

Participants described both personal and physical benefits of PA. Personal benefits included increased energy, social interactions, self-esteem, mental health/mood, and weight control. Physical benefits were better balance and coordination, cardiovascular health, strength, and circulation; pain relief; and maintaining mobility.

## Implications

Personal barriers (pain, fatigue, health conditions) and environmental barriers (home and community accessibility, social support, access to transportation) need to be addressed to promote PA for adults aging with physical disabilities. Participants often described symptoms and secondary health conditions as barriers. Healthcare providers should assess and determine whether these symptoms and conditions can be managed through medication, self-management, education or other methods. Physical accessibility and the social environment were also common themes: participants preferred to exercise at accessible, inclusive gyms where there were other people with disabilities working out. This strengthens the evidence for adaptive fitness centers and/or inclusive gyms.

The results of this study help us understand more about the PA experiences, preferences and habits of adults aging with physical disabilities and may provide information useful for designing interventions and community programs.

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