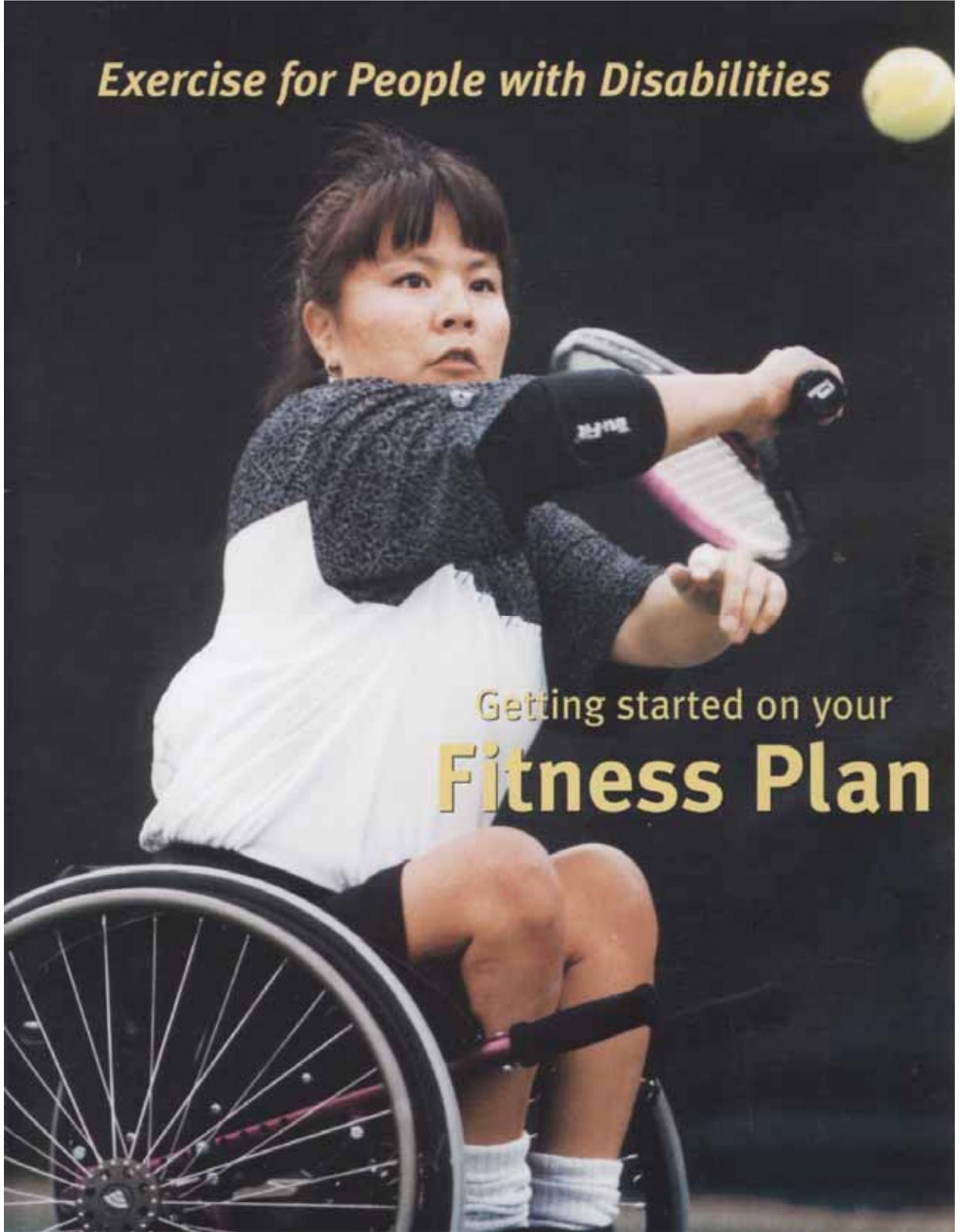


Exercise for People with Disabilities



Getting started on your
Fitness Plan





Froehlich, K., Figoni, S., Chase, T., Gonzales, L., Thompson, C., Nary, D., & White, G. (2002). Exercise for people with disabilities. Lawrence, KS: Research and Training Center on Independent Living, University of Kansas.

Traditionally, society hasn't associated health and people with disabilities. Having a disability was considered a valid excuse for poor physical fitness.

Not any more. Planning physical activities starts with knowing your needs. The activities also should be measurable. So, a long-term goal might be to decrease body weight by 10% in six months, and a related short-term goal would be to lose one pound a week until obtaining a set weight.

Decreasing sedentary activities such as watching television is necessary for optimum physical health. For example, walk instead of drive. Visit a friend instead of telephoning. Walk on a treadmill while watching television.

Increasing physical recreation is also part of the plan. When choosing an activity, think of things you enjoy and are accessible. You also may want to do things that involve others or that you can do all year round. Where will these activities be done? When? How much? With whom?

To be more active and keep on track with a physical fitness program, employ these proven strategies: Setting goals, monitoring behavior, rewarding yourself, and seeking support. When setting goals, be realistic. Also pick goals that can be measured. Think about what you want to do for activity, when you will do it, and where; then, determine how long and how often you will do the activity.

Keeping track of daily activities can easily be done with forms or calendars. Write what you did in the appropriate location and indicate how long you did the activity. When you meet your activity goals, do something nice for yourself. Everyone has different things or activities they view as rewarding. What do you enjoy?

Look to others for support in your physical fitness program. They may offer companionship, give physical assistance, provide encouragement, or do other things that help you achieve your goals. Think of people in your life who may be supportive, and ask them for that support.

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Table of Contents

Foreword

Introduction

1. Concept of Health for People With Disabilities

Start at Square One

A New Era in Disability and Health

Understanding Secondary Conditions

Our Time Has Come

2. The Importance of Physical Activity

Information From the Surgeon General's Report on Physical Activity and Health

What Is a Moderate Amount of Physical Activity?

Designing an Individualized Program

The What, Why, and How of Physical Activity

Barriers to Physical Activity

Other Roadblocks

3. Physical Activity Planning

Know the Benefits of Activity

Decrease Sedentary Activities

Increase Physical Recreation

Where?

When? How Much?

With Whom?

4. Strategies to Help You be More Active

Goal Setting

Monitoring Your Behavior

Rewarding Yourself

Seeking Support

5. Setting Your Own Plan

6. List of Exercise and Sports Videotapes and List of Additional Resources for People with Disabilities

7. Appendices

Appendix I

Benefits of Physical Activity

Appendix 2

Your Physical Activity Plan
Appendix 3
Rating of Perceived Exertion
Appendix 4
Weekly Activity Log

Foreword

In 1988, the Centers for Disease Control and Prevention's Office on Disability and Health (ODH) was created in response to legislation supported by the National Council on Disability (NCD). In 2001, ODH became part of the National Center on Birth Defects and Developmental Disabilities (NCBDDD). The goal of the ODH is to promote health and quality of life for people with disabilities throughout their lifespan. Program activities include increasing scientific knowledge, strengthening surveillance activities, developing effective preventive interventions, and building states' capacity to promote the health of people with disabilities. In 1997, the ODH selected women with disabilities as a major area of emphasis for future program activities.

Approximately 26 million women live with disabilities in the United States.¹ Evidence suggests that they are among the most disadvantaged groups in U.S. society and may be at greater risk than men with disabilities or women without disabilities for health problems. These women face the same health problems as women who are not disabled, and they have the extra responsibility of managing health concerns related to their disability. Yet little is known about the effects of disability on the general health of women.

The U.S. health-care system often overlooks the broader issues of health and wellness for women with disabilities. Of particular concern to NCBDDD is the prevention of secondary conditions, defined as any additional physical or mental condition that occurs more frequently among people with a primary disabling condition. Our research has shown that among women with disabilities, some of the most frequently reported secondary conditions include pain, osteoporosis, chronic bladder infections, fatigue, depression, and obesity.²⁻⁴

Unfortunately, information about the incidence and prevalence of secondary conditions is limited. We need to increase knowledge of the risk factors associated with secondary conditions and develop effective strategies to prevent them.

In the summer of 1997, the ODH committed approximately 3 million dollars to address the health issues facing women with disabilities. Among the projects funded was a grant awarded to the University of Kansas to increase the participation in physical activity of women with disabilities and to identify risk and protective factors that affect the occurrence of secondary conditions. This manual is a product of that research.

More information is needed regarding physical activity for people with disabilities. This manual reflects the commitment of NCBDDD and the Research and Training Center on Independent Living at the University of Kansas to address this need. As evidenced by this manual, the body of information is growing; however, efforts like this must continue if we are to understand the relation between physical activity and health and improve quality of life for people with disabilities.

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WEEKLY Activity Log

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	NONE TODAY <input type="checkbox"/>	NONE TODAY <input type="checkbox"/>	NONE TODAY <input type="checkbox"/>	NONE TODAY <input type="checkbox"/>	NONE TODAY <input type="checkbox"/>	NONE TODAY <input type="checkbox"/>	NONE TODAY <input type="checkbox"/>
	minutes	minutes	minutes	minutes	minutes	minutes	minutes
	minutes	minutes	minutes	minutes	minutes	minutes	minutes
	minutes	minutes	minutes	minutes	minutes	minutes	minutes
	minutes	minutes	minutes	minutes	minutes	minutes	minutes
	minutes	minutes	minutes	minutes	minutes	minutes	minutes
	minutes	minutes	minutes	minutes	minutes	minutes	minutes
	minutes	minutes	minutes	minutes	minutes	minutes	minutes
TOTAL MIN:							
Comments	How did things go this week?						
	What kept me from doing my activity?						

Use this chart for your exercise plan!

Introduction

Physical activity maintains health for EVERY BODY! Physical activity helps promote muscular strength and endurance and overall fitness — all of which can help you feel stronger and more energetic.

This manual provides information about:

- Why physical activity is important for people who experience disabilities
- Commonly experienced barriers to activity and how you can overcome these barriers
- Things to consider when establishing an activity program
- Ways to start an activity program and keep on track
- Locations of fitness programs, equipment, and videos

The materials for this manual were compiled for use in an intervention that targeted increasing physical activity among women with mobility impairments. The content presented in these pages is taken from the information presented at the educational workshop to those who enrolled in the study. Women who participated in the study represented more than 14 different

disabilities such as arthritis, muscular dystrophy, multiple sclerosis, spinal cord injury, and orthopedic problems and their impairments ranged from mild to severe. Thus, while the strategies discussed in this manual were successfully used by participants in that study to promote increased participation in physical activity, the strategies have not been assessed for their ability to promote physical activity among men with disabilities. However, there is little reason to suspect that these strategies will not be useful to men with disabilities wishing to adopt a physical activity program. For the strategies discussed in this manual represent strategies typically used to promote physical activity among many groups in the general population, both men and women alike.

Chapter 1: Concept of Health for People with Disabilities

Start at Square One

Linda A. Gonzales, consultant

“Disability” and “health”— There was a time when people thought those two words couldn’t be stated in the same sentence. How could a person with a chronic progressive disability be healthy?, they thought. People with disabilities often had the same mindset. It was easy for them to blame their ailments on disability. Weight gain? Blame it on being mobility impaired and living a more sedentary life. High blood pressure? Well, that’s because of the weight gain and being less active. The effects of being overweight, less activity, and high blood pressure often caused a downward spiral of health. In reality, many were simply not taking responsibility for their health and well-being. Disability was a convenient excuse for not taking action.

After all, why should a person with a disability be burdened with more worries? Wasn’t it enough that they had to deal with ever-increasing physical limitation? Wasn’t it bad enough that every act, every trip outside their home had to be contemplated and planned for? Is the restaurant accessible? Is the restroom usable? Will there be items on the menu that won’t drip down the front of a shirt? Will the lift on the van work this time? People who had all the concerns of job, family, and finances on top of the physical and attitudinal barriers faced every day had little precious time or energy to worry about health.

It’s not like anyone else was worrying about their health either and/or asking to be responsible. Think about it. Family members usually want to jump in and do for their relative with a disability rather than painfully watch that person try to do something hard for his or her self. Others, too, had more pressing concerns than encouraging physical fitness.

“The doctor let me off the hook — never mentioned the increasing pounds that accumulated around my mid section. Researchers seemed to be more interested in devising ways for people to avoid becoming disabled in the first place, rather than advising those of us with disabilities on how to be more healthy. I felt like an invisible statistic no one really cared, including me, about my health and wellness.

That is where I came from, and I believe I am not alone in those feelings of hopelessness and isolation. It’s no ones fault that we haven’t paid attention to our health status, we have too much else on our minds. We would all like to take a pill and make it go away, but the truth is, life isn’t that simple. Taking charge of our own health and well-being is not an easy task. If you don’t believe in yourself, don’t feel you’re worth it, it will be even harder. I have been involved in the disability rights and independent living

movement for twenty years and I can tell you without hesitation things are getting better and maybe even a little easier.”

—Linda Gonzales

A New Era of Disability and Health

In the mid 1990s, the Centers for Disease Control and Prevention (CDC), a federal agency that oversees the health concerns of the American population, took a giant step forward. It made a commitment to focus research and health promotion efforts on the 54 million Americans who already experience disabilities. Until this shift in priorities at the Office of Disability and Health at CDC, little research existed concerning the health and risk factors for people with disabilities. Instead the focus had been on:

- Totally eradicating the disease (for example, muscular dystrophy, multiple sclerosis, polio)
- Curing the condition (such as nerve regeneration in spinal cord injury or treatments for cancer or AIDS)
- Preventing the disabling condition such as head injuries or spinal cord injuries from occurring in the first place

While this research needs to be done, the person already living with a disability was all but forgotten. To be considered a burden to the health care system, a rising cost to the average taxpayer whether or not it is true can be a devaluing experience.

Within recent years, scientists have begun to study the impact of disability and how it can cause secondary health conditions, and how these new conditions might affect a person's life and work and goals.

The good news is that research has provided enlightening information about living with a disability. One insight is that regular physical activity might prevent some secondary conditions, health problems related to or exacerbated by the primary disability. Today research projects and disability and health programs in several states across the country are looking at the impact that secondary conditions a relatively new term to the disability community have on the lives of people with disabilities.

Understanding Secondary Conditions

Learning about secondary conditions has changed many people's attitude about health. Keep in mind that some health issues experienced by people with disabilities are not unlike the health concerns of the general population weight gain, heart disease, high blood pressure, diabetes, osteoporosis, to name a few. The difference for people with disabilities is that these health concerns constantly revolve around the presence of a primary disability. When these concerns and issues become actual health conditions, they are, in fact, secondary to the original disability.

- Secondary conditions are often a direct result of the primary disability. For example, pressure sores and urinary tract infections often occur in people with spinal cord injuries.
- Often a secondary condition is more likely to occur as a result of a primary disability. A weight gain due to a sedentary lifestyle resulting from mobility impairment is an example.
- A less well-known cause of secondary conditions is environmental barriers. One example is a woman who neglects Pap tests or mammograms because it is too difficult to get onto an

inaccessible exam table. Or a woman who is deaf and cannot express her concerns because an interpreter isn't available may find herself coping with a secondary condition as a result.

- Depression and insomnia, too, can be a result of living with a disability in a world dominated by values of perfection, beauty, and physical prowess.

Our Time Has Come

It is not surprising that today, as more people with disabilities participate more actively in their communities, that taking more responsibility for one's own health and well being would logically follow. This past decade has seen the gain of many civil rights, and as a result, people with disabilities are growing as individuals, as a social movement for equality and access, and as responsible, contributing members of society. Not taking responsibility for their health and well-being can ultimately affect, not only their health status, but also work, finances, relationships, self-image and the quality of day-to-day life.

What does this mean to you? Basically, the changes in society make it easier for you to start and embrace a healthier lifestyle. From wherever you are starting, be assured that if you use tools in this manual faithfully and make a commitment to stick with your new lifestyle, you will be healthier!

Chapter 2: The Importance of Physical Activity

Making the most of your physical function is a big part of a total health promotion program. Having a physical disability places additional demands on your body creating an even greater need to maximize your physical function. For example, excess body weight for someone who uses a cane, crutches, or wheelchair can make walking or wheeling even more difficult. In this case, weight loss not only helps them feel better, but can also make movement easier.

For many people with disabilities, physical fitness plays a crucial role in enhancing functional ability and promoting a high quality of life. Increasing muscular strength and endurance can help with opening heavy doors and lifting and moving various objects such as grocery bags and laundry baskets. Being as fit as you can be affects you and your body in many good ways.

In 1996, the Report of the Surgeon General on Physical Activity and Health brought together for the first time, what has been learned about physical activity and health from decades of research. Among its major findings:

- People who are usually inactive can improve their health and well being by becoming even moderately active on a regular basis.
- Physical activity need not be strenuous to achieve health benefits.
- Greater health benefits can be achieved by increasing the amount (duration, frequency, or intensity) of physical activity. This report addressed the facts, benefits, and recommendations for all people in the United States to improve their levels of physical activity and health.

These facts were also reported:

- People of all ages benefit from a moderate amount of physical activity, preferably daily.
- People who can maintain a regular routine of physical activity that is of longer duration or of greater intensity are likely to derive greater benefit. However, excessive amounts of activity

should be avoided, because risk of injury increases with greater amounts of activity, as does the risk of menstrual abnormalities and bone weakening.

- Previously sedentary people who begin physical activity programs should start with short intervals (5 — 10 minutes) of physical activity and gradually build up to the desired level of activity.
- People with chronic health problems, such as heart disease, diabetes, or obesity, or who are at high risk for these conditions should first consult a physician before beginning a new program of physical activity. People over age 50 who plan to begin a new program of vigorous physical activity should first consult a physician to be sure they do not have heart disease or other health problems.
- The emphasis on moderate amounts of physical activity makes it possible to vary activities to meet individual needs, preferences, and life circumstances.

The benefits of increasing physical activity for people with disabilities are:

- Reduces the risk of dying from coronary heart disease and of developing high blood pressure, colon cancer, and diabetes.
- Helps maintain healthy bones, muscles, and joints.
- Helps control weight, builds lean muscle, and reduces body fat.
- Controls joint swelling and pain associated with arthritis.
- Reduces symptoms of anxiety and depression and fosters improvements in mood and feelings of well-being.
- Can reduce blood pressure in some people with hypertension.

For people with disabilities the message is:

- People with disabilities are less likely to engage in regular moderate physical activity than people without disabilities, yet they have similar needs to promote their health and prevent unnecessary disease.
- Social support from family and friends has been consistently and positively related to regular physical activity.

Physical exercise, even a little bit, will make you feel better. It's best to exercise daily and to keep increasing the intensity or length you do exercise. Don't do too much at first, and if you have a disability, ask your physician if there are any problems with the exercise you want to do. U.S. Department of Health and Human Services. (1996). Physical activity and health: A report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.

What Is a Moderate Amount of Physical Activity?

As the examples below indicate, moderate amounts of physical activity can be achieved in a variety of ways. People can select activities that they ENJOY and FIT INTO THEIR DAILY LIVES. Because the amount of activity involves duration, intensity, and frequency — the same amount of activity can be obtained in longer sessions of moderately intense activities (such as brisk walking) or in shorter sessions of more strenuous activities (such as running).

Examples of moderate amounts of activity

- Washing and waxing a car for 45 minutes
- Raking leaves for 30 minutes
- Washing windows or floors for 60 minutes
- Walking 2 miles in 30 minutes (15 mm a mile)
- Playing volleyball for 30 minutes
- Water aerobics for 30 minutes
- Playing touch football for 40 minutes
- Swimming laps for 20 minutes
- Gardening for 45 minutes
- Wheelchair basketball for 20 minutes
- Wheeling in a wheelchair for 30 minutes
- Basketball (playing a game) for 15 minutes
- Walking 1 3/4 miles in 35 minutes (20 mm/mile)
- Bicycling 4 miles in 15 minutes
- Basketball (shooting baskets) for 30 minutes
- Jumping rope for 15 minutes
- Bicycling 5 miles in 30 minutes
- Running 1 1/2 miles in 15 minutes (10 mm a mile)
- Dancing fast (social) for 30 minutes
- Shoveling snow for 15 minutes
- Pushing a stroller 1 1/2 miles in 30 minutes
- Stair walking for 15 minutes

To avoid soreness and injury when beginning a physical activity program, start **SLOWLY** and **GRADUALLY** and build up to the desired amount. This gives your body time to adjust.

Designing an Individualized Program

When starting a physical activity program, be honest about your current level of daily activity and how much you can safely add to your routine. If you can, have a qualified physical therapist or exercise professional evaluate your range of motion, trunk flexibility, and stability, as well as muscle tone and spasticity. Also set realistic goals for your beginning exercise program and what you would like to be doing later on.

The What, Why, and How of Physical Activity

As illustrated in the previous section, there are many things you can do to increase your activity level. But it is also important to know that different types of activities provide different benefits.

Some activities are good for your heart, others help you to maintain or increase your strength, some help keep your muscles and joints flexible, some help build and maintain healthy bones, and some help you perform specific tasks better. These benefits represent the five basic activity categories: aerobic exercise, strengthening, flexibility, weight-bearing, and skill-related exercise. The following table describes what each activity category does for your body, why this type of activity is important for your body, and how you can experience these benefits.

THE WHAT: Aerobic Exercise

Aerobic exercise improves the heart's ability to pump blood and deliver oxygen throughout your body. This type of exercise must make your heart beat faster for a prolonged period of time requiring continuous, long-duration activity that works large muscle groups.

WHY: Potential benefits

- Helps weight management
- Lowers cholesterol levels and blood pressure
- Increases heart and lung capability
- Provides more energy, less fatigue
- Improves sleep
- Lessens depression, anxiety, tension
- Improves pain management

HOW: Suggested activities

- Walking, wheeling
- Pushing a stroller
- Bicycling, handcycling
- Shoveling snow
- Water exercise, swimming
- Dancing, rhythmic exercises

THE WHAT: Muscular strength and endurance

Muscular fitness includes both strength (how much weight you can safely lift) and endurance (how many times you can lift it or how long you can hold an object without fatigue).

WHY: Potential benefits

- Increases muscle mass
- Resistance exercises using free weights, machines, isometrics
- Increases muscle endurance
- Makes activities of daily living easier such as transfers or yard work
- Lessens muscle fatigue

HOW: Suggested activities

- Push-ups, curl-ups
- Gardening, raking leaves
- Household chores: washing windows, vacuuming, scrubbing

THE WHAT: Flexibility

Flexibility helps you perform tasks that require reaching, twisting and turning your body. Joint flexibility prevents injury and makes body movement easier.

WHY: Potential benefits

- Maintains available range of motion
- Increases joint range of motion
- Eases activities of daily living
- Decreases muscle spasticity
- Reduces muscle soreness
- Prevents injury

HOW: Suggested activities

- Active or passive stretching
- Standing
- Yoga, dance therapy
- Thi Chi, martial arts
- Animal grooming
- Water exercise

THE WHAT: Weight bearing

Weight bearing exercise allows full body weight to be on the legs, for example, standing, walking, or running.

WHY: Potential benefits

- Prevents loss of bone strength and fractures (osteoporosis)
- Maintains ability to stand and walk
- Increases flexibility in legs, hips, knees, ankles
- Relieves pressure to buttocks and hips

HOW: Suggested activities

- Standing, walking
- Leg strengthening exercises
- Standing table for people who can't walk
- Dancing, movement therapy

THE WHAT: Skill-related exercise

Skill related exercise is an activity that requires a skill.

WHY: Potential benefits

- Improves activities of daily living: transfers, dressing, walking
- Improves sport or recreational skills
- Increases confidence in movement

HOW: Suggested activities

- Practicing skills related to activity: walking, transfers
- Joining a special needs or adaptive recreation program
- Learning a new sport or skill

Adapted from table created by Theresa M. Chase, ND, RN; Patient Education Clinical Specialist; Craig Hospital; 8/98

Now that you have read about potential health benefits for each activity category, you should think about which ones are important to you and thinking about the improvements you want to experience.

Barriers to Physical Activity

Each year, thousands of people make a commitment to themselves to begin an activity program. However, most of these people find that life events interfere and their motivation to “stick with it” wanes. While lack of time and motivation are barriers everyone encounters, people with disabilities also face additional barriers in their attempts to be more physically active.

Spend time thinking about the different things that may get in the way of your best intentions and make it hard for you to reach your goals. It helps to know before you encounter a specific situation what potential problems you may experience so that you can make plans to deal with them beforehand. It also helps to know that you are not the only one facing these problems; they are a big problem for MANY people with disabilities.

Physical Barriers

A physical barrier is a condition of the physical environment or area that restricts or complicates access, movement, or participation. Physical barriers include more than just architectural barriers, such as stairs, curbs, narrow hallways, or hard-to-open doors. They can also include natural physical barriers such as steep hillsides, thick tree or bush growth, and other frustrating obstacles that prevent clear access for people with disabilities.

Attitudinal Barriers

Another class of obstacles includes the perceptions and attitudes of members of society toward people with disabilities, as well as the perceptions and attitudes that people with disabilities have about themselves. Many people who do not have a disability think that those with disabilities should be segregated, especially when it comes to exercise. This attitude is often a convenient excuse to avoid contact with people who are disabled because of fear, discomfort, or an unwillingness to compromise activity to include people with different needs and abilities. These attitudes often discourage people with disabilities from participating in programs with those without disabilities.

Some people who have disabilities may sit at home and not do things they enjoy because of the potential embarrassment and alienation from people who do not have a disability. Many people with disabilities are self-conscious about the fact that they do things differently and choose not to get involved in order to avoid others' stares. Both of these cases represent attitudinal barriers.

Resource-Related Barriers

Resources that are necessary for participation in a particular recreational activity, but are not available are considered resource-related barriers. Resource-related barriers include lack of money, transportation, equipment, and social support. For example, a person with a disability

who wants to swim for fun and exercise faces a resource-related barrier if there is no swimming pool nearby or if accessible transportation to the pool is not available.

Other Roadblocks to a Successful Physical Activity Program

Take away all the excuses, right from the start!

You're enthusiastic today at the start of your program but what about in a month or so, when the weather starts turning cold and you're snuggled into the warm covers of your bed at 7:00 a.m. on a Monday morning and your Activity Plan says you should be up and exercising on your stationary bike by 7:30? Or it's been drizzling and cold for a week and the last thing you want to do is your walking routine?

Here are some potential roadblocks to deal with up front.

Roadblocks

Time

"You will never find time for anything. If you want time, you must make it." Charles Bixton

Let's face it, we're all busy. It would benefit us for the rest of our lives if we learned to practice time management. Write it down, schedule it. You may find one barrier may be the root cause of another. For example, the roadblock "Priorities." Maybe you don't have the time because you haven't made your activity program a priority.

Energy

"Energy comes from activity. Activity does not come from energy" Steve Chandler

How many times have we dealt with the "too tired" issue? Maybe you've said to yourself, "I'll rest a while and get re-energized and then I'll exercise." It seems impossible to think that activity will give us energy instead of pooping you out. With a little activity experience under your belt, you should be able to decide how much activity you can engage in and how much rest you need.

Money

"I've never been poor, only broke. Being poor is a frame of mind. Being broke is only a temporary situation." —Mike Todd

For most of us the reality is that much of the time we are broke. But watch out for using money (or lack of it) as an excuse. Many exercise items cost little or are free. You don't need a piece of high priced exercise equipment. If a purchase is required, look in the classified ads. More than likely items are seldom used and reasonably priced. Look for free equipment loan banks or discounted memberships at city recreation facilities.

Access

"To boldly go where everybody else has been." —Bumper sticker

If your activity program takes you out into the community, access may indeed be an issue. You may have to become an advocate if your community doesn't have accessible facilities, or equipment. Call your area Center for Independent Living. It may have info on what is accessible, or work with you in advocating for accessible fitness facilities and programs.

Pride

"Talent develops in quiet places, character in the full current of human life." —Goethe

The thought of showing up at the local community pool is too much for your pride and vanity. You don't want to be seen in a bathing suit, don't want to be the only gimp in a jazzercise class, don't want to swim in the pool with old people or others who have disabilities on "Disability swim night." Again, the root cause of this roadblock might be rooted in another like "Fear" or "Self-esteem."

Fear

"Life shrinks or expands in proportion to one's courage." —Anais Nin

Narrow your life down to a mere thread of adventure if you don't have the courage to take risks. You can have all kinds of talent, but if you don't get out into the "full current of life" you won't be acknowledged for those gifts.

Overprotective people

"Whatever you have, you must either use, or lose." —Henry Ford

You've probably experienced the well-intentioned spouse, mother, brother who leaps to your rescue and does for you what you could do for yourself. Maybe not as easily, or quickly, or smoothly but you could do it. The "use or lose" idea is true. Decide what you can still do, and INSIST on doing it.

Patterns and rituals

"We first make our habits, then our habits make us." —John Dryden

People with mobility impairments learn how to economize. They plan to save extra movement. Instead, think of extra movement as "exercise" instead of excess efforts.

Priorities

"You cannot do everything at once, but you can do something at once." —Calvin Coolidge

Your health and well being must be a high priority. It is easy to fall into the routine of having everyone else's needs come before your own. You must be brutal in doing a self-assessment. While health is important, it is probably not a goal, in and of, itself. What will good/better health give you allow you to do that your not doing now? Better health should not be an end in itself; it should be the means to an end.

Self-esteem

"It is better to light a candle than to curse the darkness." —Eleanor Roosevelt

Make the best of what you have. As a person with a disability, you will always be 'different.' Don't compare yourself to others and live life by these comparative values. Find your own intrinsic value and talents.

Can't do

"Do not let what you can't do interfere with what you can do" —John Wooden, basketball coach

Think of what you can do. Don't let others define for you what you can and can't do - you already know.

Commitment

"There is no chance, no destiny, no fate that can circumvent, or hinder, or control, the firm resolve of a determined soul." Author unknown

Are you willing to do what it takes? If you have resolve and the commitment to stick with it, you will triumph. Here's to a more active you.

Chapter 3: Physical Activity Planning

The purpose of physical activity planning is to help YOU develop YOUR physical activity plan. So, now is the time to think about how you will incorporate activity into your daily life. This chapter will help you think about why you want to be more active and how you can start to make time in your life to add in this activity. The information covered in this chapter relates to the Physical Activity Planning worksheet. Each heading of this section relates to questions asked in the worksheet. After reading the following pages fill out the worksheet ... be honest with yourself when answering the questions, it will help you devise a realistic and achievable activity plan!

I. Know the Benefits of Physical Activity and Set Goals

Goals should be based on your needs, be specific, be measurable, and related to health and function. Knowing what benefits you can gain from physical activity will help you develop your physical activity goals. Having goals will help you stick with your physical activity plan.

The previous section on the What, Why, and How of Physical Activity discussed what benefits different activities can provide. It is now time for you to think about what benefits you want or expect to experience from physical activity. It may be easier to think of these outcomes as being related to "health" such as losing weight or "function," such as being able to do something better, more often, or with less assistance. The following examples illustrate different health or function benefits and goals you would set to chart your progress.

Health Benefits

- decrease high blood pressure
- reduce body weight

II. Decrease Sedentary Activities (Being Inactive)

In order to make time for more activity, think about how you spend your time on a day-to-day basis. If you charted your day by the hour, how much of your time would be spent in sedentary activities? The list below illustrates that while some sedentary activities are "more necessary" for physical and mental health, there may be others that are not necessary, or that may not need to be done as often.

- Eating
- Sleeping
- Personal care
- Relaxing
- Sedentary recreation (gambling, socializing, etc.)
- Listening to music
- Watching television and videos
- Reading/keeping up with news
- Praying/singing
- Hobby
- Communicating (telephone, e-mail, etc.)

- Driving/traveling

The keys to decreasing the least necessary and most time-wasting sedentary behaviors are to:

1. Stop or do less of them.
2. Replace some with energy-burning activities.
3. Combine them with energy-burning activities.

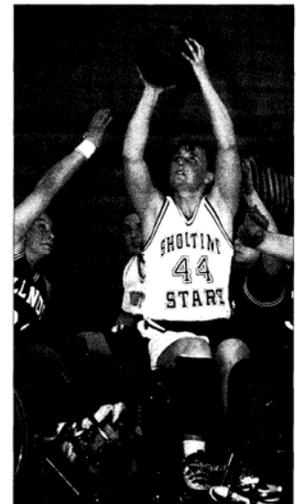
For example, you may be able to:

- Walk or wheel for short-distance transportation or errands instead of driving everywhere.
- Stand instead of sitting or lying down.
- Visit a friend instead of e-mailing or phoning.
- Use low-tech, mechanical, or manual equipment (that requires muscle power) instead of high-tech, automatic or fuel-powered equipment.
- Walk on a treadmill, pace back and forth, lift weights, or stretch while you watch television.
- Walk or wheel while you talk on a cordless telephone.
- Do a job/errand yourself instead of delegating it to another.

III. Increase Physical Recreation

Choose active recreation that requires physical effort (for example, burns calories, will improve some aspect of fitness such as strength endurance, flexibility, etc.). Considerations in choosing recreational activities are:

- Enjoyment. (You must enjoy it, at least a little bit, or else you will not do it for long!)
- Accessibility and availability (of facilities, programs, equipment, staff, assistance, etc.).
- Involvement of friends or family (to keep you company so it may be less boring).
- Ability to participate in the activity year-round (without weather interruptions).
- Consider activities you have done in the past, with adaptations if necessary.
- decrease high blood sugar
- lower body fat
- decrease cholesterol levels



Example Health Goals:

Long-term:

- “I will decrease my body weight by 20% in six months, which means my weight will go from 200 pounds to 160 pounds.”

Short-term:

- “I will lose one pound per week every week for the next 26 weeks.”

Functional Benefits

Example Functional Goals:

- “Be able to play outdoors with my kids for 30 minutes.”

- “Wheel through WalMart on a shopping trip with less effort or pain.”
- “Get out of my house three times a week and socialize with friends at least once a week.”
- “Fit into my jeans better.”
- “I will wheel one mile in less than 30 minutes without extreme fatigue.”

Your current level of activity and fitness gives you a specific maximum capacity for physical activity or exercise. You want to have reserve capacity during all daily activities, so your daily activities are not exhausting. The higher you can get your maximum capacity through physical training, the more reserve you will have, and the easier and safer your daily activities will be.

IV. Where?

Decide exactly where you will do the activities:

- Home
- Friend’s house
- Park
- School
- Community or fitness center
- Hospital or rehabilitation center

V. When? How much?

You will get the most out of your chosen activities if you do them:

- Habitually so you develop a habit that you will not forget.
- Regularly spaced out evenly across time, with rest days in between, if necessary.
- Often daily, or most days of the week.
- Permanently so you don’t not lose the beneficial effects after stopping for days-weeks.



How many minutes you can do an activity depends on the activity’s intensity and your tolerance and fitness. At the beginning, you may need to limit yourself to a few minutes per day; other people may be able to perform an activity for an hour or more. If you start with low endurance, increase the duration of the activity no more than 5 to 10% each week to avoid overtraining.



VI. With Whom?

Think about people you know who might be willing to do the activity (for “social support”) with you. Having a partner helps motivate you to “stick with it” on a day when you may otherwise decide not to go for your walk or head to the gym. It can be anyone you wish with similar goals and needs:

- Partner or friend
- Center or facility staff
- Spouse, other family member, or relative
- Personal trainer
- Pet

WEEKLY Activity Log

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

NONE TODAY NONE TODAY NONE TODAY NONE TODAY NONE TODAY NONE TODAY NONE TODAY

minutes → 45 minutes minutes minutes minutes minutes minutes minutes

write in activity → water aerobics

mark here if you didn't do activity

TOTAL MIN:

Comments

How did things go this week?
Felt great on Monday in the water!

What kept me from doing my activity?
Sprained ankle on Tuesday evening

write comments here

write here if you were sick, not motivated, etc.

Chapter 4: Strategies to Become More Active

There are many strategies you can use to help you be more active and to keep on track with your activity program. Several strategies have successfully been used to help people start and continue with a physical activity program. This section provides information about four ways setting goals, monitoring behavior, rewarding yourself, seeking support that may help you to be more physically active.

Goal Setting

Setting realistic and measurable goals is important to your success. The process of goal setting makes you think about **WHAT** things you will do for activity, **WHEN** and **WHERE** you will do them, for **HOW LONG** and **HOW OFTEN** each week. Setting goals also helps you think about whether you will need to make changes in other areas of your life so that you have enough time to do more physical activity.

	<i>What?</i>	<i>When?</i>	<i>Where?</i>	<i>How often?</i>	<i>How long?</i>
Example	<i>water aerobics</i>	<i>9:00 am</i>	<i>YMCA</i>	<i>Mon, Wed, Fri</i>	<i>45 minutes</i>

Monitoring Your Behavior

Tracking your activity helps you to see when you meet your goals and are making progress or to see when you are not doing as well and need to get back on track with your program.

This form can help you keep track of your daily activity. You will see that the form looks like a weekly calendar and has space for you to write in the how many minutes of activity you did and the type of activity for each day. Even though you may have set goals for when and

where you will do your activity, it is a good idea to write in the calendar every day to record what you did so that you can see if you are meeting these goals. There are copies of this form on the last few pages for you to use. You may want to photocopy one to make more copies as you need them.

Setting Your Own Plan

Now it's time to set a physical activity plan for yourself using the tools described in this manual. The table below illustrates what steps you need to follow in creating a realistic and achievable plan. After you have thought about your plan, be sure to talk with your health care provider to make sure you are not experiencing any health problems that would keep you from exercising safely.

The following pages walk you through each of these steps and help you set up your new activity plan. Be sure to answer the questions thoughtfully and consider what barriers you may face as you move toward implementing your plan.

Things to Consider

What health and function benefits do you want to achieve?

Which types of activity categories will you need to do to experience these benefits?

What specific activities can you do?

Goals

When Days/Time

Where Place

With Whom who

Strategies

Monitor daily activity

Reward self for meeting goals

Seek Support from others

List of Additional Physical Activity Resources for People with Disabilities

Collage Video's Guide to Exercise Videos

Go to www.collagevideo.com or call 1-800-433-6769 for a free catalog. See the "specialty" section near the end of the catalog, but also look through other sections. For example, "Stretching with Bob Anderson" is an excellent instructional tape on stretching all parts of the body, as long as you are careful to adapt it to your own physical needs.

www.activevideos.com/recovery.htm

This website also offers physical activity videos that are adaptive for persons with mobility limitations. Information on Recovery and Limited Mobility Exercise Videos from this website is included in the previous section of this guide.

www.fitness.gov

This website is maintained by the President's Council on Physical Fitness and Sports. It contains lots of general information about physical activity and health.

www.justmove.org

Maintained by the American Heart Association, this website offers information about the why and how of exercise, as well as an opportunity to maintain an exercise diary on line.

National Center on Physical Activity and Disability

Go to www.inc.edu/orgs/ncpad or call 1-800-900-8086 M-F between 8-5 Central Time. This is a resource that focuses exclusively on physical activity and disability. You can find information about exercise and specific disabilities there, as well as information about adapting physical activity to your needs.

Books:

- American College of Sports Medicine. (1997). Exercise management for persons with chronic diseases and disabilities. Champaign, IL: Human Kinetics.
- Lockette, K.F. & Keyes, A.M. (1994). Conditioning with physical disabilities. Champaign, IL: Human Kinetics.
- Howard, Young, Figoni, Brady, & Pace. (2001). Removing barriers to health clubs and fitness facilities: A guide for accommodating all members, including people with disabilities and older adults. North Carolina Office on Disability and Health, Frank Porter Graham Child Development Center. University of North Carolina at Chapel Hill. (919) 966-0868. Website: <http://www.fpg@unc.edu/~ncodh>

Magazines:

- Ability, 1001 W 17th Street, Costa Mesa, CA 92627 or call (949) 854-8700. Six issues a year for \$20. www.abilitymagazine.com.
- New Mobility, Published by No Limits Communications Inc., P.O. Box 220, Horsham, PA 19044. For customer service, call Paula Rose at (888) 850-0344 ext. 109. www.newmobility.com. Each July issue covers information about adaptive equipment.
- Sports N' Spokes, Published by Paralyzed Veterans of America, 2111 F.
- Highland, Suite 180, Phoenix, AZ 85016. For more information call (888) 888-2201 ext. 19. www.sportspokes.com. Eight issues per year for \$21.

Appendix 1: Benefits of Physical Activity and Fitness

Instructions: Read the following list of potential benefits. Check the box next to the five most important benefits that you would like to experience. Next, prioritize these by marking the three benefits that are MOST important to you.

Activity

(Check the 5 most important) (Only the 3 most important. 1=highest)

Aerobic Exercise

- Manage weight
- Improve cardiovascular health to decrease blood pressure, cholesterol, diabetes, obesity
- Increase heart and lung reserve for strenuous activities
- Improve exercise tolerance
- Provide more energy
- Lessen general fatigue
- Lessen pain
- Lessen muscle spasticity
- Improve sleep
- Lessen depression, anxiety, and tension
- Other:

Strength

- Improve daily living activities walking/wheeling, transfers, lifting, yard work, reaching, recreational activities/sports, self-defense, emergencies, etc.
- Other:

Endurance

- Lessen muscle fatigue
- Ease activities of daily living
- Other:

Flexibility

- Increase joint range of motion
- Ease activities of daily living — dressing, reaching, stooping, lifting
- Decrease muscle spasticity
- Other:

Weight-Bearing

- Prevent bone loss and fractures
- If ambulatory, maintain ability to stand/walk
- Increase flexibility (or reduce contracture) in hips, knees, and ankles
- Sit less, pressure relief, fewer pressure sores
- Other:

Skills

- Gain recreational and sports skills
- Improve activities of daily living skills — transfers, walking with assistive devices, dressing, etc.
- Other:

Appendix 2: Your Physical Activity Plan

(Patrick et al., 1993)

Instructions: Increasing your physical activity is a BIG step toward improving your physical and mental health. This form will help you start and maintain your individualized physical activity program. Remember physical activity must be regular. Plan to do the activities of your choice five to seven times a week.

I. I will receive the following PRACTICAL BENEFITS from being more active and less sedentary. (See Appendix 1. You need to write down at least one specific practical benefit. Try to state them in measurable terms. For example, “play with my kids daily without becoming exhausted”; “participate in my favorite recreational activity with less effort”; “fit into my size x pants”; “transfer to and from my chair with less effort or pain”; “reduce my bodyweight by x pounds so all activities are easier”; “reduce my high blood sugar or blood pressure by a certain amount”; “get out of the house every day”; etc.).

- 2.
- 3.

IIa. I will do LESS of these unnecessary SEDENTARY activities:

- 1.
- 2.

IIb. I will REPLACE some sedentary activities with this form of physical activity:

- 1.
- 2.

IIc. I will COMBINE some sedentary activities with ACTIVE WALKING, WHEELING, or EXERCISE (Consider walking/wheeling while talking with a friend, etc.)

- 1.
- 2.

IId. I will do the following activities with MY OWN MUSCLE POWER instead of using unnecessary electric, powered, automatic, or assistive devices: (May not be applicable to everyone. Consider manual snow or ice removal, lawn mowing, trimming bushes and lawn, repair and bench top work, some laundry washing and drying, tooth brushing, golf cart use, errands and visiting within short distances from home, etc.)

- 1.
- 2.

III. I will do MORE PHYSICAL RECREATIONAL ACTIVITIES than I do now.

(Make sure you enjoy the activities, they are convenient, you can afford them, you can do them with family or friends, and you can do them year-round. Consider weather conditions, accessibility, and availability. Is there an activity that you used to do and would like to try again?)

- 1.
- 2.
- 3.

IV. I will do these activities at the following PLACES:

(Consider: home, friend's or partner's house, neighborhood, park, school, gym, health club, etc.)

- 1.
- 2.
- 3.

Va. I will PLAN to do the following activities five to seven TIMES A WEEK at the following TIMES. (Consider activities that will increase different types of physical fitness, including aerobic conditioning (for cardiovascular fitness and weight management), muscular strength and endurance, flexibility, and weight-bearing. If your weekly schedule is irregular, plan out your schedule each week on a calendar.)

Vb. My starting DURATION of activity will be _____ minutes per session (usually 5-20 min/session, increasing by 5-10% per week).

VI. I will do the new activities with the following PEOPLE for encouragement and support. (Consider: partner, friend, relative, child, spouse, personal trainer, etc.)

- 1.
- 2.

Strength

- Improve daily living activities — walking/wheeling, transfers, lifting, yard work, reaching, recreational activities/sports, self-defense, emergencies, etc.
- Other:

Endurance

- Lessen muscle fatigue
- Ease activities of daily living
- Other:

Flexibility

- Increase joint range of motion
- Ease activities of daily living — dressing, reaching, stooping, lifting
- Decrease muscle spasticity
- Other:

Weight-Bearing

- Prevent bone loss and fractures
- If ambulatory, maintain ability to stand/walk
- Increase flexibility (or reduce contracture) in hips, knees, and ankles
- Sit less, pressure relief, fewer pressure sores
- Other:

Skills

- Gain recreational and sports skills

- Improve activities of daily living skills — transfers, walking with assistive devices, dressing, etc.
- Other:

Patrick, K., Sallis, J.F., Long, B., Calfas, K.J., Wooten, W., Heath, G., Pratt, M. (1994). A new tool for encouraging activity: Project PACE. *The Physician and Sports Medicine*, 22, 45-52.

Appendix 3: Rating of Perceived Scale (RPE) Scale (Borg, 1998)

Instructions:

Pay close attention to how hard you feel the exercise workout is. This feeling should reflect your total amount of exertion and fatigue, combining all sensations and feelings of physical stress, effort, and fatigue. Don't concern yourself with any one factor such as leg pain, shortness of breath, or exercise intensity, but try to concentrate on your total, inner feeling of exertion. Try not to underestimate or overestimate your feelings of exertion. Be as accurate as you can. To use this scale, complete this statement; "The effect of activity on me was..."

Rating

Description of Symptom Intensity

0	None at all	No intensity
.3		
.5	Extremely weak	Just noticeable
.7		
1	Very weak	
1.5		
2	Weak	Light
2.5		
3	Moderate	
4		
5	Strong	Heavy
6		
7	Very Strong	
8		
9		
10	Extremely strong	Strongest intensity
11		
•	Absolute maximum	Highest possible

Borg G. (1998). *Borg's Perceived Exertion and Pain Scales*. Champaign, IL: Human Kinetics.