

BY STEPHANIE SCHROEDER

I'm 53 and notice what I noticed in my mother when she was about my age, which is worrying about falling. One time we were together in upstate New York, I was in my late 20s which means she was around the age I am now. We were crossing a creek by walking over a path of loose stones, and I noticed that she was both kind of wobbly and being hyper-careful. I thought it was weird because she just wasn't that old. Well that's me now: tip-toeing around in the snow and ice, wearing more sensible shoes than ever before, and being extremely careful so I don't fall.

And, now there's something going on with my Achilles tendon – I limped home from Times Square to the Upper West Side of Manhattan the other day. I really thought I might have to stop and rest at a Starbucks at 57th Street before continuing, but I pushed through. With all of this going on, I thought I would investigate aging and mobility to find out exactly what happens as we age.

“What we know is that as we get older there are changes that actually happen to our muscles,” says Cynthia J. Brown, MD, MSPH, Director, Comprehensive Center for Healthy Aging, University of Alabama at Birmingham. “The best way to describe it is they start looking like good marbled beef where they have a lot more fat running through and muscles just don't work as well as they used to.”

Brown says this simply happens during the aging process – it's not couch potato behavior, but a literal change in muscle tone that happens as we get older. And, of course, as we hear and read it everywhere, over and over, the way to reduce the impact is to exercise. Though so many of us are not heeding that call, even though we know we should be.

“We do know exercise makes a difference,” says Brown. She references the [Life Study](#), where people who had mobility disabilities, very common in older adults, were studied. Brown says older folks just don't get around as well as they used to because of strength and endurance, and sometimes balance problems.” In the Life Study, these folks were put on an exercise program and the researchers were able to demonstrate that the people with mobility issues were able to maintain, and in some cases, do better than they had previously. According to Brown, this is a big deal because it shows people who are already having trouble can improve with exercise.

Those of us who aren't yet experiencing any, or too many, mobility issues need to do a better job at exercising because it is what will save us. The consequences of being weaker are not having the same strength as previously; the greatest risk factor for falling is muscle weakness, and we're four times as likely to fall if we're physically weak.

In terms of psychological effects of mobility loss, Brown relates the work she's done on Life Space, meaning community mobility. These are things such as: Do you get out of the room where you sleep? Do you get onto your front porch? Do you get out into your neighborhood, into town, past your town? “We find people who are very active are people who are doing better in everything – they are socially out and about. As people get more frail, they don't move around as well and start restricting where they go, which makes sense because it's harder to get where they want to go. For example, they go to the Walmart parking lot, but because they don't have a handicapped sticker, they end up having to park a half mile away. When that happens, most folks tend not to do those types of activities. Restricting where they go leads to becoming even more deconditioned and getting weaker.”

From a societal perspective, mobility and getting around is something we need to think about. We should

encourage people to be mobile, and we need to build into the system ways for us all be mobile as we age so we can maintain the activities and social interactions that are important to us.

Here's a statistic that will blow you away. Boomers are the largest aging population. We already know this, of course. But, what isn't generally known, is every day for the next 19 years 10,000 older adults will turn 65. "There is a mass of people who are turning 65 who are going to be facing all of these challenges, and it's not so much aging, but diseases such as diabetes, heart and lung disease that make people less mobile. And as a society we are not ready at all," reports Brown.

Cathy Lysack, PhD, OT(C), Professor of Occupational Therapy, Wayne State University, Detroit, says the impact of diminishing mobility on daily life shrinks people's social world. People with a range of chronic health problems that limit mobility have the issues of "if you can't move your body in space and do the things meaningful and necessary to them, that is a negative. Coupled with the number one challenge to older adults, which is social loneliness, when you can't move around – your body has trouble getting into buildings, homes, doctors' offices, and it might also mean reduced driving. Then we don't get to see the people and have the strength of social bonds that is good for our health."

This is a problem that comes from many places. Chronic health conditions are the number one issue confronting everyone over the age of 65 and the largest functional problem from that is the lack of ability to get around. That threatens our social bonds. "If you don't have friends to cheer you up, if you have a range of medical problems or bereavement issues, it's tough on the soul," concludes Lysack.

"I look at how both the environment and brain aging affects mobility," says, Andrea Rosso, PhD, MPH, Assistant Professor, Brain, Environment, Aging and Mobility (BEAM) lab, Department of Epidemiology, Graduate School of Public Health Clinical and Translational Science Institute, University of Pittsburgh.

"I'm thinking about our how community environments are quite complex. And, if you are young you likely don't notice this, but as we develop cognitive and mobility issues as we age, our environment becomes more difficult to navigate," she says.

There is definitely a mental health aspect at work – in both directions. People develop anxiety and, with no incentive to go out due to mobility restrictions, this becomes a vicious cycle of isolation, not moving, not getting out. The end result of this cycle can be depression.

What happens more with healthy aging is that it takes more time to process what is happening around us. This includes dealing with our environments, crossing the street for example. The implications for driving are important, too.

"This falls into the domain of executive functions, which allows us to process information and switch tasks, to hold information in our minds and manipulate it," Rosso says. "The key is there are a lot of reasons we slow down: pain, reduced range of motion in joints, people have cognitive slowing and reduced processing in the environment and that leads to falling."

The most important thing to remain healthy is understanding one's physical limitations and pay close attention to what we are doing and where we are.

What can we do to delay cognitive and mobility impairment? Exercise!

"Physical activity, even just getting up and walking helps, but the more you do the better. Getting outside, the combination of physical activity and cognitive engagement with the environment has enormous benefits," Rosso says.

It turns out my mother was right to be vigilant. She exercises regularly, but still needs to be aware of her surroundings and limitations, even with healthy aging. Now, where was that exercise video...

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