

Structured exercise program provides mobility benefits to all older patients, regardless of frailty status

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Participants were randomly assigned to a program consisting of aerobic, resistance, and flexibility activities or a health education program consisting of workshops and stretching exercise. Over 2 years follow-up, the risk for frailty was not statistically significantly different in the physical activity versus the health education group. Using a defined measure of frailty, the physical activity intervention was associated with improvement in the inability to rise from a chair.

These findings suggest that physical activity can benefit all [older patients](#).

More information: Study:

<http://annals.org/aim/article/doi/10.7326/M16-2011>

Editorial:

<http://annals.org/aim/article/doi/10.7326/M17-3048>

Summary for Patients:

<http://annals.org/aim/article/doi/10.7326/P17-9052>

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Physicians should prescribe physical activity to all older patients, regardless of frailty status. A structured, moderate-intensity physical activity program was not associated with a reduced risk for frailty over 2 years among sedentary older adults; however, it did reduce major mobility disability in both frail and nonfrail patients. Findings from a secondary analysis of the LIFE (Lifestyle Interventions and Independence for Elders) trial are published in *Annals of Internal Medicine*.

Researchers from the Jean Mayer USDA Human Nutrition Research Center on Aging at Tufts University and Geneva University Hospitals analyzed data for 1,635 community-dwelling adults, aged 70 to 89 years, with functional limitations to determine whether a long-term, structured, moderate-intensity [physical activity](#) program is associated with a lower risk for frailty and whether [frailty status](#) alters the effect of physical activity on the reduction in major mobility disability risk.

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