The Active Life

Exercise is “one of the best tools” for healthy aging • by Nell Porter Brown

Above: Robert and Doris Bunshaft don their tennis whites for a session with the club pro.

Robert Bunshaft ’39, M.B.A. ’41, and his wife, Doris, played tennis almost every day for 50 years. Now in their 80s, they still meet weekly with a coach, albeit “He does a lot of running,” Robert reports, “and we hit a lot of balls.” The couple also spend a sweaty hour on Saturdays with a personal trainer at the Newton Squash and Tennis Club, where they stretch, lift weights, and run through a set of balancing exercises. “It’s boring as hell,” Doris volunteers. “Oh, the hour goes quickly,” he counters. “I’m exhausted when it’s over.” “I’m just glad it’s over,” she adds.

Debates over dullness aside, neither contests the benefits of their regular exercise. “We’d be lost without it,” he says. For Doris, the training sessions have greatly aided her recuperation during the past year from a broken hip. “My whole role in life completely changed when I broke the hip,” she explains. “I couldn’t even get dressed. The training helped me get back closer to what I was able to do before.” She talks of more ably lifting boxes and bags of groceries, of reaching items on upper shelves—and of being able to bend down to pick up things or tie her shoes. Robert demonstrates rising effortlessly from a chair. “The trainer has built my quads up to the point where I can get out of a chair by myself again—I wasn’t doing that before,” he explains. The cou-
ple have even given up on the idea of installing a movable chair to help them with the stairs at home because “this guy has made that unnecessary,” he adds. “We climb stairs—not as fast as we’d like to, but we do it.”

It is no secret that consistent physical activity benefits elders. In his newest book, Healthy Aging, Andrew Weil '63, M.D. ’68, writes, “It is probably possible to lead an inactive life and still experience healthy aging, but it isn’t likely. Maintenance of physical activity throughout life and successful aging go hand in hand.” He cites Japanese elders who work the land, chop wood, hike in the mountains, fish, and walk every day of their lives. “The human body is designed for this kind of regular and varied use,” he writes. “Modern life often foils that purpose, forcing too many of us to spend most of our days sitting at desks and getting around in cars.”

Margaret Moore, a public-health adviser at the Centers for Disease Control’s Healthy Aging Program, calls exercise “one of the best tools we can give our older adults to take charge of their own health, mentally and physically.” It can reduce the risk of cardiovascular disease, diabetes, high blood pressure, and some cancers, she continues. “Particular kinds of physical activity, such as balance and strength exercises, help prevent falls, which are a huge cause of morbidity and early mortality among elders. It can also help with arthritis pain and functional abilities.”

Yet far too many elders are inactive. The data Moore compiled for The State of Aging and Health in America, a 2004 report produced in partnership with the Merck Institute of Aging and Health and the Gerontological Society of America, revealed that “about one-third of adults over age 65 in the United States [about 11.6 million people] are almost completely sedentary; they do no leisure-time physical activity,” she says.

Some experts say that number could actually be much higher. In her work as a clinical researcher in rheumatology at Brigham and Women’s Hospital, Maura Iversen, D.H.B. ’96, has toured senior-housing communities throughout Greater Boston. Anecdotally, she says that only about 15 percent of the elders she saw were physically active.

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NEW ENGLAND REGIONAL SECTION
“Generally those who are exercising are those who had an active exercise schedule when they were younger and have just continued it,” she has found. In addition, a small subset of people who did little physical activity before they were 65 have found that, without the constraints of work and family life, exercise is “really just a nice way of engaging socially with other people and a nice pastime,” she says. Interestingly, the 2004 report also showed that the percentage of elders who engaged in moderate physical activity—e.g., 30 minutes of fast walking five or more days a week—rose slightly from 1998 to 2000 and that more men than women were meeting that recommended level of activity. “You can turn around peoples’ attitudes toward exercise, but it is not something that happens fast,” Iversen notes, “and the rewards have to be tangible and achievable for them to change.”

Nutritional biochemist and exercise physiologist Jennifer M. Sacheck also believes that “a very small percentage of people over 65 are physically active” on a routine basis. “My generation grew up going to the gym and working out as something you should do. Older people did not,” she explains. “Once they stop walking as much, and being able to move around as much, they do not think about starting to work out at the gym.” Some older women still think of sweating in public and explicit athleticism as unfeminine, asserts Sacheck, an assistant professor at Tufts School of Nutrition. For their part, some older men avoid exercise because they cannot do things as well or as fast as they used to. “I don’t think you’re ever too old to start,” says Sacheck, who is a runner and former national-level rower. “We’ve done several studies at Tufts on strength training with men and women in their sixties through to their nineties. Just starting to do an exercise opens up the door for confidence.”

To those starting out, Sacheck recommends consulting a primary doctor, a physical therapist, or a properly credentialed personal trainer (those educated by the American Academy of Sports Medicine or the National Strength and Conditioning Association, she says). Be aware that the first few weeks of any new activity—or efforts to change a habit—are always difficult. And “think about what in your life makes you happy and how activity can be spun into that,” she says. “I would never tell someone to run if they hated running, because they will not keep it up on a regular basis—even if they know it’s the best thing they can do for themselves.”

Cambridge resident Virginia Chapin, who turned 90 in August, loves Pilates (the series of core-muscle strength-training exercises developed by Joseph and Clara Pilates) and has used the system for 15 years. “I can work up a sweat doing that and I walk much better when I leave,” she says of her twice-weekly sessions with an instructor. “I feel much more flexible and it’s invigorating.” During the summer, Chapin also swims...
nearly every day in the cold-water cove near her cottage in Deer Isle, Maine. “It’s healthy; it’s great for the joints,” she reports. “Why go inside with all that chlorine?” During the rest of the year she is without a car, and walks most places—to a community garden plot in Cambridge where she raises vegetables, around the Common (four laps makes a mile, she judges), to the Harvard Institute for Learning in Retirement, where she takes classes as a member, and even to her Pilates studio. “I used to walk both ways there,” she explains. “But I had a knee re-

Pilates, yoga, and tai chi are growing in popularity among older people because they are not necessarily taxing aerobically and they help with balance, core-body strengthening, posture, muscle build-up, blood flow, and endurance, Sacheck says. But they also aid mind-body awareness,
which can be revelatory for those who have been sedentary. “They make people more aware of how their body is responding to different kinds of muscle contractions and how different parts of the body are connected,” she says. This often leads to a craving for more exercise.

In general, Sacheck advises people to vary their exercise routines as well. “If you are always bicycling, you may strengthen your quads, but your hamstrings are tight. You want to find another exercise that will balance that out.” Moreover, a holistic program produces a stronger body that, in turn, minimizes the chances of injuries—fear of which keeps many elders away from the gym. Although far too many people err on the side of too little exertion, Andrew Weil does caution that “too much physical activity or the wrong kind…can directly damage the structure of the body, leave it more vulnerable to toxins and other agents of disease, and overtax its defenses against oxidative stress.”

For some seniors, exercising is a potential prophylactic against recurring diseases or conditions. Harvard Medical School (HMS) professor of psychiatry Thomas G. Gutheil, who is 63, typically exercises five days a week: four days at the gym and one at a kung fu studio. He had studied kung fu for nine years before having a heart attack in 1994, at 52, and credits the martial arts conditioning with saving his life. A year after the attack, when his 5-year-old son began kung fu classes, Gutheil joined him. “I would sit and watch and do some minor things that he would be doing, like standing in a bent-legs position for five minutes,” he explains. “Gradually it became clear that I could continue to do kung fu. Then over the next nine years he and I took the children’s class together—it’s not as strenuous as the adult class—and we spent quality time together training and we were passing various tests in tandem.” The two are now at the same level (with two strips each) and his son, at 15, often competes. “It’s both exercise and strengthening, and there is a certain calming aspect to it,” the elder Gutheil says of kung fu. “It does produce, like any exercise, that kind of rush and a feeling of being pleasantly tired.”

WHERE PEOPLE LIVE and their access to exercise classes and proper equipment...
makes a huge difference in their level of conditioning, according to Maura Iversen, who is also associate director of the graduate program in physical therapy at the Massachusetts General Hospital Institute of Health Professions and an HMS instructor. Walking programs are popular and well promoted, she explains, but for seniors with sensory impairments or problems with balance, walking—especially on cracked, uneven sidewalks or in neighborhoods with high crime rates—can be frightening. In the Boston area, senior facilities vary greatly in their support of physical exercise. “A number of them do have gyms—some have nice equipment and people there to help residents use it. Some places have no programs or gyms or people at all,” she says. “Often-times the equipment is not appropriate for seniors.”

Not so at Duncaster, a lifecare retirement community near Hartford, Connecticut. In July, a newly built health facility opened on the campus, complete with a 75-foot pool, therapeutic whirlpool, weight-training center, on-site instructors, and classes that include tai chi, Pilates, and “aquarobics.” The fitness center features machines with air-compression, push-button operations (no heavy stacks and pins), easy-to-read gauges and instructions, and small weight increments, as well as stationary bikes with comfortable seats. Prospective residents frequently ask if Duncaster has a pool or exercise program, reports Patty Roohr, Duncaster’s marketing director. “These things are very much a piece of their lives and they want to make sure they can keep doing those activities here.” Such services are bundled into residents’ regular monthly fee.

Duncaster resident H. Grant Thomas, AMP ’72, who suffers from spinal stenosis, visits the pool daily to spend an hour swimming and walking in the water (instructors have shown him the best exercises to do) before sliding into the whirlpool. “It’s like going to a therapeutic massage parlor—and I do that, too, about once every two weeks,” says the 88-year-old. “When you get old, your muscles just don’t work that well; they tighten up and they hurt and what this activity does is to relieve that feeling

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of pressure. It’s just very relaxing.” Weather permitting, Thomas also walks daily on trails around Duncaster and frequently plays golf. “For older people, exercise is just very, very important,” he adds. “Otherwise you shrivel up and depart.”

In trying to estimate the impact of exercising on seniors, Iversen completed a pilot study on lower-back pain involving 29 elders who participated in a 12-week exercise program. She found that riding a stationary bike regularly increased basic physical functionality, “but we also saw changes in mood, especially in self-efficacy,” she says. “The subjects became much more confident in their ability to move around.”

This psychological impact on elders is potentially immensely helpful in easing feelings of stress, depression, and loneliness. Jennifer Sacheck says about an older family member who goes out dancing, “Anybody can do that. It makes you feel good about yourself, and about socializing. You get dressed up, you meet people, you dance, you exert energy—it’s a great outlet.” She urges elders to look at the typical forms of exercise—swimming, walking, jogging, biking, tennis, gardening, and golf—but to find personal alternatives as well: ballet, canoeing and rowing, hiking moderate trails, or even bird-watching and berry-picking outings. Grandchildren and younger family members who are active serve as potential partners for outings. “But you have to plan for it to happen. You have to be dedicated to finding things you can do that are realistic and fun,” she emphasizes. “Once you find it, it’s very rare that you regret doing it. Exercise makes you feel good, makes you more productive and more efficient. It’s a good friend to have.”

Nell Porter Brown is the assistant editor of this magazine.