



## ADAPTED PHYSICAL ACTIVITY IN 6 QUESTIONS

Adapted physical activity allows people with dementia to practice a physical activity adapted to their health condition and their difficulties. Physical leisure activities, sports or specific exercises are offered to maintain physical and mental fitness and social relationships.

1

### For whom and why?

**Adapted physical activity** is aimed at all people with dementia, regardless of the stage of the disease. Adapted physical activity is indicated to improve physical capacities and mood, stimulate memory, promote sleep and reduce behavioural symptoms.

The aptitude for physical activity must first be assessed by a physician and/or a psychologist.

3

### What are the benefits?

**Observed effects** are an improvement in mobility, physical condition, cognitive functioning, autonomy, and a decrease in anxiety and depression.

The benefits are amplified if physical activity is combined with cognitive stimulation or discussion groups.

Physical activity triggers the feel-good hormones.

2

### How is the intervention conducted?

**Sessions are adapted** to the needs, interests, difficulties and living environment of each person. Sessions are individual or in group of 3 to 5 participants, should be regular and conducted once or twice a week for 30 minutes to 1 hour. A typical session includes a warm-up, exercises and stretching. The exercises will progress over the sessions to work on muscle strength, balance, endurance, coordination, but also on memory, concentration and relaxation.

Gym equipment can be used such as balls, studs, elastic bands, etc. Family caregivers can participate in the sessions.

Regular activity helps to maintain acquired skills over time. The focus is on the fun, recreational, preventive and therapeutic aspects of physical activity rather than on performance and/or competition.



## 4 How does it work?

### Adapted physical activity targets and involves

4 areas:

- Physical: endurance, muscle strength, walking, balance, motor skills, sensory stimulation.
- Cognitive: memory, coordination, concentration, body schema (knowledge of body parts and body image).
- Behavioural: autonomy and enjoyment of the activity.
- Social: social interactions and strengthening links with people, family caregivers and care staff.

## 5 When is it contraindicated?

**Adapted physical activity is not recommended** for people with behavioural symptoms that may interfere with the course of the sessions.

In case of high blood pressure, physical activity should not be intense but gentle. If there is a high risk of falling, the exercises are adapted to be performed sitting down.

**In all cases, it is necessary to discuss it beforehand with professionals.**

## 6 Who can provide adapted physical activity?

**Adapted physical activity sessions are provided** by specialists trained in adapted physical activity.

Care staff can contribute to the implementation of the sessions and assist the facilitators (psychologist, psychomotor therapist, physiotherapist, speech therapist, occupational therapist, nurse, nursing assistant, etc.).



**Do not forget your glasses and/or hearing aids if you need them.**



**Your participation in the sessions is free. You will always be asked if you wish to participate.**

This sheet is adapted from a chapter in the guide *Psychosocial interventions and dementia: understanding, knowing, implementing* which presents 10 psychosocial interventions.

