



# Let's get physical

*by Jessica Mahy and Dr Nora Shields*

*School of Physiotherapy, La Trobe University Melbourne*

## Adults with Down syndrome often need encouragement and support to get the physical activity they need to stay fit and healthy.

Regular physical activity is a very important part of a healthy life. Being active is obviously good for everyone, including people with Down syndrome. It can help prevent us from developing serious health conditions such as heart disease and osteoporosis and help control our weight.

Many adults with Down syndrome often don't get enough exercise and it is thought that less than 10 per cent take part in the recommended 30 minutes of moderate level activity at least three days a week. Researchers did not know much about why adults with Down syndrome don't exercise, so we did a study to find out. Our aim was to find what sort of things help or hinder people with Down syndrome from taking part in exercise so we can find ways to make participation in activity easier and help improve their health and fitness.

We interviewed 18 people; six people with Down syndrome, four parents of people with Down syndrome and eight people who work with people with Down syndrome. All participants were recruited through the Balance Program at Interchange Outer East and Marriott House. We asked the participants to tell us about their exercise experiences, what helped them to get more exercise and what were some reasons why they didn't exercise or what made it harder for them to exercise.

We found that people with Down syndrome were more likely to take part in activity when they had carer support, the exercise they were doing was fun or had an interesting purpose, and the activity was part of their routine or familiar to them.

In many cases it was the carers' decision for the person with Down syndrome to exercise, therefore the encouragement and support of a carer was important to help the adult with Down syndrome to exercise. If the carer (parent or day program staff) thought exercise was important and were interested and enthusiastic about exercise, this helped the person with Down syndrome to be active. A person with Down syndrome was far more likely to exercise and to continue exercising if their carer joined in the activity with them.

People with Down syndrome were more likely to exercise if the activity was fun or if it had an interesting purpose or goal. The participants identified creativity, themes, stories, novelty, group activity, socialising, rewards, using music, incentives and utilising the passions of the person with Down syndrome as ways of encouraging activity. Rewards for completing exercise such as trophies, watching DVDs, and having coffee with friends were talked about by participants. Incorporating a social aspect in the activity was mentioned by 15 out of 18 participants as a good way to increase activity. People

with Down syndrome were more likely to exercise if their friends were exercising; the enjoyment they received from being with friends was a reward in itself and a reason to choose to be active.

Having exercise as part of their routine was important for people with Down syndrome, as was repeating the activity regularly. By being consistent, a familiar and comfortable environment could be created. This was further helped if the duration of the activity was 30 to 40 minutes as this allowed good cooperation and good effort during the activity.

Things that made it difficult for adults with Down syndrome to take part in physical activity were the need for support to exercise, medical and physiological reasons that make it harder to exercise, and that they often do not want to exercise.

Most people with Down syndrome needed the support of another person to exercise, often due to a lack of independence or their intellectual disability. This support included supervision to initiate exercise, emotional support to help motivate them to continue exercising, and in some cases transport to an activity. Parents and day program staff identified many additional barriers, such as lack of time, personal and family commitments, transportation and lack of knowledge of what programs and services were available, a lack of community awareness and acceptance of adults with intellectual disabilities and a lack of understanding and education about disability.

Another theme that emerged was that adults with Down syndrome often do not like exercising and, if given the choice, would not engage in physical activity. Contributing factors to this included a lack of motivation, poor concentration and attention span or a negative attitude and general dislike of exercise. Most of the carers who were interviewed felt the main reason for an adult with Down syndrome not exercising was because they lacked the motivation to do so because they did not enjoy activities

that required physical effort. Others talked about medical barriers to participation in activity such as asthma, congenital heart abnormalities and gout. Many questioned whether it was safe for an adult with Down syndrome to exercise. The need for professional advice concerning the type of exercise suitable for people with the medical conditions related to Down syndrome was identified.

The differences that could be identified as unique to adults with Down syndrome can be attributed to the intellectual disability and medical conditions that are characteristic of the syndrome. Because of these unique factors, the carer of an adult with Down syndrome is extremely important in facilitating their participation in physical activity.

From our findings we suggest exercise programs for people with Down syndrome should include a social component or group activity with friends, goals or rewards, be fun, creative and novel, and that the activities should focus on something other than exercise itself. Of course, motivation and encouragement from carers is vital. The activity should be kept short, transportation should be organised by the activity promoters, costs should be minimal, the activity should become part of the person's routine and any medical conditions should be addressed by health professionals. It is also advisable that adults with Down syndrome should be supervised to assist in increasing motivation, ensuring the activity is done correctly and to ensure the person continues the activity for the recommended amount of time.

Simple ways to increase the level of activity for people with Down syndrome are to increase the amount of incidental activity they do everyday. For example, walking to their day placement, walking to the local coffee shop, walking the dog, an excursion to the local shopping centre, taking the stairs instead of the elevator, or dancing at a party. We hope that our findings will prove helpful when developing successful activity programs for adults with Down syndrome.

# Activity ideas for individuals with Down syndrome

*Reproduced with permission from  
The Down Syndrome Nutrition Handbook  
by Joan E. Guthrie Medlen*

## **Ages birth to three**

- swimming
- crawling
- climbing
- creeping
- scooter
- dancing
- walking
- kicking a ball

## **Ages three to five**

- swimming lessons
- dancing
- gymnastics
- mini trampoline
- ride-on toys
- indoor playground
- backyard play
- swinging
- sliding
- basketball
- miniature golf

## **Ages five to eight**

- walking
- soccer
- basketball
- bowling/lawn bowling
- croquet
- badminton
- fishing
- playing catch
- miniature golf
- playground play
- riding a bike  
(training wheels)

- swimming
- hiking
- horseback riding
- dancing or ballet
- yoga
- gymnastics
- mini trampoline

## **Ages nine to twelve**

- walking
- playground play
- climbing trees and structures
- bike or scooter
- swimming
- hiking
- horseback riding
- dancing or ballet
- yoga
- gymnastics
- jogging
- aerobics
- weight lifting
- roller blading or skating
- Tae kwon do
- trampoline
- jumping rope
- baseball
- soccer
- basketball
- bowling/lawn bowling
- croquet
- badminton
- tennis

- golf
- Special Olympics
- fishing
- camping
- snow skiing

## **Ages thirteen to fifteen**

- walking
- bike or scooter
- exercise machines
- karate
- swimming
- dancing
- hiking
- horseback riding
- yoga
- gymnastics
- Tae kwon do
- jogging
- aerobics
- weight lifting
- roller blading or skating
- obstacle courses
- baseball or softball
- soccer
- football
- basketball
- kickball
- bowling
- fishing
- snow skiing
- golf
- Special Olympics

## **Ages sixteen plus**

- walking
- bike or scooter
- exercise machines
- karate
- swimming
- dancing
- hiking
- Tae kwon do
- horseback riding
- yoga
- gymnastics
- jogging
- aerobics
- water aerobics
- weight lifting
- working out at a gym
- roller blading or skating
- obstacle courses
- baseball or softball
- soccer
- football
- basketball
- kickball
- bowling
- fishing
- golf
- snow skiing
- tennis
- badminton
- bowling/lawn bowling
- Special Olympics
- table tennis
- Frisbee