

Applicability of the Healthy Beat Acupunch Exercise Program for Community Older Adults

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Purpose: Physical exercises when performed regularly can improve some of the health problems associated with aging (Chan et al., 2018); however, only 21.6% of older adults acknowledged that regular physical exercise is important in their daily life (Ministry of Health and Welfare, 2014). Hsu et al. (2016) found that the reasons why older adults were unwilling to engage in physical exercises for health promotion are associated with their deterioration of vision, hearing, energy, reaction time, and learning capacity caused by aging. In Taiwan, 40-50% of older adults have expressed that they felt too weak and too old to exercise (Huang, Lin, Lee, & Chen, 2016). Although older adults generally knew the importance of being healthy, they did not keep up with exercising to maintain or improve their health. There was a gap between the value of health perceived by older adults and their actual engagement in physical exercises. Miller and Brown (2017) suggested that recognizing older adults' needs, motivations, and barriers to exercise when designing an exercise program would help achieve the purpose of the program. Numerous exercise programs have been designed and promoted for older adults. Each program was designed to incorporate unique and different mechanisms. The Healthy Beat Acupunch (HBA) exercise program developed by Tsai, Chen, and Huang (2018) combines the concepts of traditional Chinese medicine (TCM) meridians and body movements. Therapies based on TCM could have positive effects on disease-related health outcomes and health maintenance via internal and external interactions in the body (Yeh, Chiu, Wang, & Lo, 2017). The HBA exercise program was designed in light of the purpose of health promotion and sustenance; its applicability as perceived by older adults, however, warrants further investigation. This study aimed to evaluate the applicability of the HBA exercise program for older adults at community care centers and to explore their perceived impacts and suggestions for program protocol after six months of HBA exercises.

Methods: This prospective and descriptive study was conducted in four community care centers, southern Taiwan. A convenience sample of 113 older adults was recruited from these centers and received group HBA exercises three times a week, 40 minutes per session, for six months. According to Tsai et al. (2018), the HBA program is made up of three phases: (1) activating qi and blood (warm-up), (2) punching meridians (exercise), and (3) relaxing body and mind (cool-down). The first phase, activating qi and blood, lasts 8 minutes and includes 5 motions to loosen up joints, warm up the body, and adjust breathing. The second phase, punching meridians, lasts 19 minutes followed by a 5-minute break and includes 14 motions to strengthen cardiorespiratory endurance and vital capacity, to activate qi and blood circulation, and to boost energy. The final phase, relaxing body and mind, lasts 8 minutes and includes 5 motions to relax muscles and stretch the body. At the end of 6-month intervention, participants evaluated the program using a questionnaire survey and a semi-structured interview. The program evaluation focused on four criteria: simplicity, safety, suitability, and helpfulness of the three phases of the HBA program using a 10-point ladder scale. The semi-structured interviews were focused on the participants' exercise experiences, perceived impacts on their health, and suggestions for the HBA program protocol.

Results: All of the 113 participants completed the 6-month HBA exercise program. The mean age of the participants was 74.65 ± 6.03 years. The majority of participants was women (82.3%), married (53.1%), lived with their family (91.2%), and had a 6-year elementary school education (46%). Approximately 71% of the participants had a chronic disease. The cognitive functions of the participants were intact, with a mean SPMSQ score of 9.71 ± 0.62 . The average scores of the four criteria in each phase of the program ranged between 9.59 and 9.98 points. Participants reported an increase in their limb flexibility ($n = 31$) and that they were more relaxed ($n = 26$) and more energetic ($n = 26$) after engaging in the HBA exercises. Most of the participants suggested that the HBA program should be offered three times a

week, 40 minutes per session, with 30 people in a group, and led by instructors who were professional, hardworking, easygoing, and enthusiastic, regardless of gender and age.

Conclusion: The HBA program was rated at a high level of simplicity, safety, suitability, and helpfulness by the community older adults, which indicated that the program was considered as appropriate and applicable for the older population. As the aging population is rapidly increasing, the demand for healthy aging through community-based interventions, such as physical exercises, is increasing. However, any potential physical exercise program should be carefully evaluated prior to a large-scale implementation. Proper assessment and evaluation prior to physical exercise implementation ensures participant engagement and continuity. Global nurse practitioners or researchers who are interested in health promotion and/or health maintenance of older adults could further test the effects of the HBA program on older adults in order to disseminate the program as a health promotion activity for older adults in community.

Title:

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Keywords:

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References:

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Abstract Summary:

This presentation introduces a complementary health practice method, the Healthy Beat Acupunch (HBA) exercise program, for global nurse practitioners/researchers who are interested in health promotion of older adults. The applicability of the HBA for community older adults and their perceived impacts and suggestions for program protocol will be presented.

Content Outline:

1. Theory of Jing-Luo and techniques of acupoint stimulation
2. Benefits of acupoint stimulation
3. What is acupunch and its basic principles
4. Significance and purpose of the study
5. Methods (setting, sample selection criteria, data collection)
6. Intervention (figure presentations of the HBA exercise program)
7. Results (demographics of participants, participants' evaluation, preferences of older adults)
8. Conclusions
9. Study limitations
10. Clinical implications and further research

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