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Conference Abstract

Mobility scooter use and the physical functioning of older adults

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Abstract

Purpose: There is compelling evidence supporting the health benefits of physical activity for older adults. However, in England the uptake in physical activity is low and declines with age. Only 10% of adults over 65 meet recommended levels of physical activity (DoH, 2000). Walking, the most common form of physical activity for older adults, can make a great difference in overall health. For example a brisk walking pace is linked to a reduced risk of premature death. However the percentage of older adults who usually walk at this pace is low. Of those over 65 only 16% usually walk at this pace. (DoH Health Survey 2000). In the past decade the design of scooters has improved and the negative stigma associated with their use has decreased. As a result mobility scooters have become an increasingly popular mobility aid. In the United Kingdom mobility scooters can be hired in supermarkets and shopping centres as well as being widely available for purchase. Mobility Scooter usage can be seen as a replacement for walking and other forms of physical activity. If this is the case then using a mobility scooter may haste levels of physical and functional decline. Does mobility scooter use lead to increased decline in lower strength extremity, mobility functionality and increased levels of frailty? Can mobility scooter usage cause long term harm to those who choose to use them regularly? Can delaying the use of walking aids, particularly those requiring little or no physical exertion, delay the onset of frailty?

Approach: To begin to answer some of the above questions this paper examines the differences in health markers over time of older people who use different forms of walking aids and those who use none. The study uses an existing longitudinal study of older persons in England (ELSA) to understand what physical and cognitive differences exist in scooter users, cane users and the unaided mobile older adults. The physical health markers to be analysed include BMI, blood pressure, lung function, and grip strength. The cognitive health markers include prospective memory.

Keywords

older adults, mobility scooter, physical activity, health markers

Presentation available from the [FICCDAT Growing Older conference site](#)

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