Why walking alone after 50 is not enough



SURGEON'S CORNER

DR MOSES GALUKANDE

By the time many people reach 50, exercise begins to mean something different.

In our younger years, many of us could avoid exercise for months and still feel strong. But after 50, the body begins to negotiate with time. Muscles gradually shrink, joints stiffen, balance weakens, bones thin, metabolism slows, and recovery takes longer.

The good news is that the body still responds remarkably well to exercise, even into the 70s and 80s. Regular physical activity has been linked to lower risks of heart disease, diabetes, fractures, dementia, depression, and some cancers. Exercise is increasingly viewed not merely as fitness, but as medicine.

Yet one major misconception persists: many older adults believe walking alone is enough.

Walking is excellent for the heart, mood, and mobility. But healthy aging requires more than steps. After 50, exercise should ideally include three key elements: aerobic fitness, balance, and muscle strengthening — the ABCs of aging well.

Aerobic exercise includes brisk walking, cycling, swimming, dancing, stair climbing, or jogging. It improves heart health, blood pressure, blood sugar control, sleep, mood, and stamina for daily life. Most adults over 50 should aim for at least 150 minutes of moderate activity weekly — about 30 minutes on most days. A simple guide: you should breathe faster during exercise but still be able to hold a conversation.

Balance is equally important, though often ignored until a fall occurs. Falls remain a major cause of fractures, disability, and loss of independence in older adults. Poor balance may first appear as tripping easily, feeling unsteady in the dark, or struggling to stand on one leg while dressing.

Fortunately, balance can improve with practice. Simple exercises such as standing on one leg, heel-to-toe walking, or controlled stair climbing can strengthen stability over time.

One useful home assessment is the one-leg standing test. Stand near a wall or chair, lift one foot, and see how long you can remain steady without support. Difficulty lasting 15 seconds after age 50 may suggest reduced balance reserve — but balance often improves with training.

The third pillar is muscle conditioning. After 50, age-related muscle loss — known as sarcopenia — accelerates naturally. Without resistance exercise, strength declines, posture worsens, metabolism slows, and the risk of falls increases.

This is where many people fall short. They walk regularly but neglect strength training entirely. As a result, they may remain slim yet become physically fragile.

Strength training does not mean body-building. Squats, wall push-ups, resistance bands, light dumbbells, gardening, stair climbing, and carrying moderate loads can all help. In most cases, two or three sessions weekly are enough.

One simple way to assess strength and functional fitness is the sit-to-stand test. Sit in a stable chair with arms crossed over your chest, then stand up and sit down repeatedly for 30 seconds. The test reflects leg strength, balance, endurance, and mobility — the same abilities needed to climb stairs, rise from bed, or prevent falls.

Grip strength also matters more than many realise. Studies have linked weak grip strength to frailty, disability, hospitalisation, and shorter lifespan. Difficulty opening jars, carrying bags, or frequently dropping objects may indicate declining muscle reserve.

People often ask about the best time to exercise. There is no universal answer.

The best time is usually the one you can maintain consistently. Morning exercise may improve routine and energy levels, while evening exercise may suit those who feel stiff earlier in the day.

Eating before exercise depends on intensity. Light activities can often be done before breakfast or after a small snack. More demanding exercise is usually better tolerated after food and hydration. Heavy meals immediately before exercise are best avoided.

Most importantly, the body responds better to consistency than occasional bursts of effort. Ideally, aerobic activity should occur most days, strength training two to three times weekly, and balance exercises several times per week. Even short sessions matter.

Of course, exercise should be approached sensibly. Chest pain, dizziness, fainting, severe breathlessness, or sudden weakness during exercise should prompt medical review. Individuals with significant medical conditions should discuss exercise plans with a healthcare professional.

One of the greatest myths about aging is believing decline is entirely unavoidable. Aging changes the body, but inactivity accelerates those changes dramatically. The difference between many people at 70 is often not simply age — it is movement.

After 50, exercise is no longer mainly about appearance. It is about preserving independence, protecting the brain and heart, preventing falls, and maintaining mobility and dignity later in life.

The writer is a professor of surgery and promoter of self care and preventative surgery

ULTIMATE GOAL

The goal is not becoming a marathon runner. The goal is being able to climb stairs confidently, carry groceries, rise easily from a chair, travel, and play actively with grandchildren for as long as possible. Because after 50, exercise may add years to life – but more importantly, it adds life to years. And perhaps that reflects a deeper truth about many diseases: genes may load the gun, but lifestyle often pulls the trigger.

CamScanner