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Mobility Learning Guide

Tips for Helping Residents Stay Stronger, Safer and More Able

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About This Guide

Life is motion, and it takes strength, flexibility and coordination to carry out the activities of daily living (ADLs). As people age, they tend to move less, and as a result, some of their ability diminishes. The purpose of this guide is to help nursing home caregivers support residents in maintaining their ability and independence as much as possible.

The information in this guide originated as a set of “flash cards” developed in 2004 by the New Mexico Medical Review Association (now Comagine Health) as the Medicare Quality Improvement Organization (QIO) for New Mexico. The cards covered a variety of topics related to mobility, with tips and activities for caregivers to try out in their own lives as well as information for assisting residents. We have adapted the cards and additional content into this brief, illustrated guide for caregivers to use as part of inservice training.

The focus of the guide is “mobility”—which includes approaches for helping residents increase strength and flexibility, improve independence and safely accomplish ADLs to the extent they are able. The topics have been arranged in modules that address the essential ADLs set out in Section G of the Minimum Data Set. Additional topics include body mechanics, range of motion exercises, and the role of movement in managing pain and mood issues.

Acknowledgments

Donna Thorson, MS, CPHQ, CPPS, project manager for Comagine Health, led the development of the guide. Joey Pettis, RN, DNS-CT, WCC, DWC, project consultant for Comagine Health, reviewed and provided input on the content. We appreciate their work to make this information as useful as possible.

Notice

The information in this guide is provided as an information resource only, and is not to be used or relied on for any diagnostic or treatment purposes. This information is not intended to be patient education, does not create any patient-physician relationship, and should not be used as a substitute for professional diagnosis and treatment.

The information shared here is not intended to replace the care plan for individual residents or the advice of your nursing home’s physical therapist, occupational therapist, or nursing or medical director. Before using any ideas from this guide with an individual resident, discuss the ideas with your staff specialists to make sure that they are appropriate for that resident, or to get instructions for other exercises or ways to assist the resident in maintaining their ability.

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Mobility for Health - At All Ages

Did You Know?

Exercise benefits people of all ages. Regular exercise can slow or reverse decreased mobility that contributes to disease and disability in older adults.

There are different kinds of exercise:

1. Strengthening
2. Stretching
3. Endurance (also known as cardiovascular)
4. Range of motion

Most people stay with an exercise program if they are doing something they enjoy, especially if they are doing it with someone else.

Benefits of Movement and Physical Activity

Inactivity causes muscle tension and weakness; therefore, it's important to help residents avoid staying in one position for long periods of time.

On the other hand, regular physical activity:

- Reduces stress
- Improves concentration and awareness
- Prevents boredom
- Helps maintain mobility

Regular activity may help control diabetes, high cholesterol, high blood pressure, and lots more!

Regular activity helps keep a person's immune system functioning properly. Older adults who stay fit will have a faster recovery from illness or surgery.

Body Mechanics

Did You Know?

It's important to know how to look for and support good body mechanics (to sit, stand, lift, carry, bend and sleep) in residents, in co-workers and in yourself. Many of the methods and exercises in this guide are based on using good body mechanics in order to move and work safely.

A physical therapist (PT) can teach you more about good body mechanics.

Throughout this learning guide, you will see:

- "Posture Tips" that give you pointers related to posture and body mechanics related to specific aspects of mobility
- "Exercises" to use to help residents get stronger or stay flexible
- "Don't Be Too Quick to Help" reminders to support the residents in doing as much as possible for themselves

Here are some general Posture Tips to start with:

Posture Tips

Good posture means...

- Earlobes are over shoulders
- Shoulders are over hip bones
- Hip bones are over ankles

Poor posture means...

- Head is forward
- Chin is up and out
- Trunk is slumped
- Hips are bent

For residents, and for all of us, posture affects:

- Breathing
- Circulation
- Our experience of pain
- The amount of pressure we feel on our skin
- Our ability to see, eat or drink
- Our ability to hold a conversation with someone else

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“Good postural support can make all the difference when it comes to maintaining someone’s abilities and reducing the impact that being less mobile has on their life.”

The Dementia Centre, “10 Tips about Seating and Postural Care for Older People” (Australian Government, Department of Health and Ageing, 2012)

Bed Mobility

Did You Know?

Studies show that 20-year-olds can lose nearly one third of their endurance after just 20 days of bed rest. For older people, bed rest can have an even greater impact on quality of life and their ability to maintain mobility and independence.

Bed rest and inactivity may cause anxiety, fear, and depression. Guiding residents in gentle exercises can help them maintain mobility during bed rest and when changing from lying down to other positions.

Exercises

The type of exercises will depend on the reason for bed rest. Talk to the nurse, check the care plan, and ask the occupational therapist (OT) or the PT for guidance on exercises for each resident.

Sit and reach

“Sit and reach” exercises help improve balance and shoulder mobility, for you and for residents. Some examples include arm circles, stretching the arm across the body to the opposite side, reaching overhead, and reaching forward (or to the side) and twisting the arm as if turning a door knob.

Isometrics

These exercises involve tightening and relaxing major muscle groups and are great for improving circulation. They can be done with or without resistance. Some examples include pelvic tilts, leg raises, shoulder rolls, and tightening the abdomen.

Posture Tips

Therapeutic bed position

Use the time a resident spends in bed in intentional activities to help them avoid having their joints become stiff and muscles contracted. Create opportunities for frequent movement, changes in position and stretching out. An OT or PT can help you achieve a therapeutic bed position for the resident.

Include bed position in care planning

For a person who is no longer able to stand, positioning in bed may be the only chance to stretch the joints and limbs out straight, so bed position should be as important as sitting position in the care plan.

Use pillows or foam to help the person lie with their legs straight and slightly wider than their hips and to raise their heels off the bed. Placing a pillow under their knees is important if you are going to raise the head of the bed slightly.

Proper alignment for sleeping

Sleeping on the side is the best position for most people. You can reduce spinal stress by keeping the body aligned.

- Place a pillow between the knees to keep the top leg from twisting the pelvis forward.
- Use a pillow that keeps the head level with the center of the shoulders and aligned with the spine. A pillow that is too big or too thin will create stress in the neck.

Exercise



Bridging

Cue: “While lying on your back in bed, bend your knees up, press the feet into the mattress and lift your bottom off the bed.”

This is a great exercise to strengthen walking muscles. It also helps with bed mobility.



Knee Flops

Cue: “While lying on your back with the knees bent, rock the knees slowly from side to side.” This helps strengthen the spine for walking and rolling over in bed.



Getting ready to roll

When asking a resident to move in bed, first ask them to turn their head and move their arm in the direction they want to roll.

“Good morning—get going”

To help residents get ready to transition from bed in the morning, have them:

1. Raise their arms over their head while lying down (stretch).
2. Twist their trunk gently from side to side as they prepare to roll to their side and sit up.
3. Draw circles in the air with their toes while sitting on the edge of the bed.

Don't Be Too Quick to Help

To maintain mobility, it's important to coach residents so they can move themselves as much as possible, rather than jumping in to move them. Here are verbal cues to help a person move themselves from lying on their back to sitting with legs over the side of the bed.

Note: Stand on the side the resident will be getting out on.

1. Roll onto your side (toward the side you will use to get out of the bed).
2. Prop yourself up by putting your opposite (top) hand down on the side of the bed near your chest and pushing down on the bed.
3. Drop your feet over the edge of the bed.
4. Push down on the bed with your hand (and the arm closest to the bed if needed) to come to a sitting position.

Tips for Transferring to and from Bed

If a resident has trouble getting in and out of bed:

- Try using the other side of the bed.
- Try switching the head and the foot of the bed.
- Place a pillow between their knees when rolling.

Transfers

Did You Know?

Changing the body position is important for helping residents maintain mobility. These approaches will help you and the resident stay safer when transferring the resident from a lying down position to sitting, or from sitting to standing.

When you help a resident transfer, always tell the resident what you are about to do so that he or she can assist when possible. Communication is especially important during transfers, because it helps you work together and avoid injury to you or the person you are assisting.

Stay Strong

The Bad News: People who are on bed rest or are immobile lose 2 to 5 percent of their muscle strength each day. This can result in a need for more assistance until they can regain their strength. Gaining back the muscle mass takes about three times the amount of time the person was inactive. **Keep this in mind if the resident was recently in the hospital. They will be weaker.**

The Good News: Lifting light weights or using an elastic resistance band for 20 or 30 minutes two or three times a week will help a person regain muscle strength and independence. The OT or PT can provide guidance for a strengthening program. The resident could also be referred to the restorative nursing program.

Exercise

Sitting down slowly

Cue the resident to lower themselves SLOWLY onto a chair instead of “plopping down.” Sitting down slowly will help them maintain strength in their thigh muscles for movement.

Don't Be Too Quick to Help

Be patient!

Do not move residents' legs for them as they change from lying to sitting. Encourage them to move their own legs to the side or roll over by themselves. This takes a little extra time, but it helps the resident preserve the muscle strength that is important for walking.

After lying in bed, people can become dizzy and feel faint when they try to sit up. Go slowly, and allow them time to adjust to the new position.

Strengthening the belly

Strong abdominal muscles are important for good posture and balance. Practice tightening these muscles at least three times a day.

1. Clasp your hands and cup them around your lower abdomen
2. Pull up and in with these muscles, drawing in your abdomen. (Tip: think of hiding your tummy under your chest.)
3. Hold for 10 seconds.
4. Relax and repeat four to five times.

From Sitting to Standing

One... Two... Three...

Before you have the resident move from sitting to standing, have them count to three to help them be ready. Then let them begin the movement before you start assisting.

Using their arms

When you help residents transfer or use the toilet, don't pull their arms.

Encourage them to use their arms to push down on the bed or chair while you assist with a gait belt.

On the edge of their seat

Scooting just to the edge of a chair makes it easier for the resident to stand up and helps maintain mobility. When you help a resident transfer from sitting to standing, ask them to:

1. Scoot to the edge of their chair.
2. Lean forward and boost with their arms on the chair.
3. Count to three with you, to get ready and coordinate everyone's effort.

These techniques carry over to improved toileting and help the resident maintain trunk and upper limb strength.

Don't Be Too Quick to Help

BEFORE you actually start helping the resident with a transfer:

- Ask the resident how you can best help them.
- Explain step-by-step how you will do the transfer, including what the resident will do and what you will do.
- Listen to the resident's suggestions.
- Do what is most comfortable for them.

Change Seats Often

Why? As people get older and frailer, or if they have a condition like dementia, they are likely to spend much more time sitting. Sitting for a long time may cause stiffness or pressure injuries. Some people become lethargic if they sit in one position for a long time. Other people may become restless.

It is important to get the person up throughout the day to move around, and to change their seating during the day.

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“Changing where someone is sitting not only helps with the physical issues of stiffness or discomfort, it provides an opportunity to socialize and gives a change of scenery. Sound like common sense? It is!”

The Dementia Centre, “10 Tips about Seating and Postural Care for Older People” (Australian Government, Department of Health and Ageing, 2012)

Change seating options for residents throughout the day. Helping them stand to transfer from a dining chair, lounge chair or couch to a wheelchair is a valuable activity that promotes mobility and helps maintain muscle strength.

Walking and Locomotion

Preserving the ability to walk and move around is essential for helping residents maintain mobility and a sense of independence.

“

“Frail elderly often have physical problems that make walking difficult. Yet, many still can walk with benefit. A person with chronic lung disease, for instance, can be taught breathing techniques to extend his capabilities. With the aid of canes and walkers, some people with strokes, arthritis, and other handicaps can learn to walk safely.”

Illinois Council on Long Term Care, Strategies for Improving Resident Mobility
(nursinghome.org/fam/fam_017.html, accessed 1/6/2017)

Did You Know?

- For a frail person, a small gain in strength can mean the difference between dependence and independence. Exercise and activity support the strength it takes to move around on foot.
- For people with swollen ankles and feet, activity can help push fluid back into the body. Activity can also help decrease the pain from swelling and reduce the risk of leg infections.

When you help a resident transfer, always tell the resident what you are about to do so that he or she can assist when possible. Communication is especially important during transfers, because it helps you work together and avoid injury to you or the person you are assisting.

Walking the Walk

Walking can be done in shorter time frames (i.e., 10 minutes) throughout the day to achieve benefits, perhaps walking to the dining room for meals. The PT can identify the goal, demonstrate the proper walking techniques and oversee the use of assistive devices. Refer to the care plan. Allow for rest periods. Watch for signs and symptoms of fatigue such as more difficulty with standing up straight or statements of feeling weak.

Remind the resident to hold their head up straight as if wearing a crown, make their back straight as possible and pull their abdomen in.

Make a space

Create indoor and outdoor spaces for walking or self-propulsion in a wheelchair. These areas should be:

- Free from clutter
- Well lighted
- Convenient and inviting
- Accessible (no steps or obstacles)
- Free from excessive visual or auditory distractions (for example, loud television, busy surface patterns, or glare from floors, windows or mirrors)

Tips to encourage walking

- When you chat with residents, try walking around with them rather than sitting down together to talk.
- If a resident has difficulty walking from room to room, help them walk part of the way.
- People often walk farther when they are talking about the past or reminiscing, rather than talking about today's lunch, their arthritis or the weather.

Take it outside

Being outside for fresh air and flowers can be an incentive for some residents to walk or push their wheelchairs. Take a stroll on a nice day!

Rolling with It

- For residents who spend much of their time in wheelchairs, encourage them to use their arms and legs to propel the chair, rather than pushing it for them.
- If a resident who is able to walk is going somewhere in a wheelchair, park the wheelchair in the hall and assist them in walking to it.
- Ask residents to lock and unlock their own wheelchair brakes. This helps them keep their arm and shoulder muscles strong.

Training with Weights

Weight training, even once a week, can help older people maintain muscle mass. According to the Mayo Clinic, "You can see significant improvement in your strength with just two or three 20 or 30 minute weight training sessions per week."

Encourage the resident to participate in exercise programs available in the nursing home. Ask if they would like to be reminded when the activity is going to begin. Consider accompanying the resident on the way to the activity.

Reinforce the importance of doing therapy and restorative nursing programs if these are part of a resident's care plan. Ask the resident to tell you about improvements they have made in therapy or what they can do for themselves as a result.

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“Much of what we call aging is nothing more than the accumulation of a lifetime of inactivity. Muscles shrink. Body fat increases. ... The results are an increased risk of diabetes, hypertension, and osteoporosis. By preserving muscle mass we can prevent these problems from occurring.”

William Evans, PhD, former chief of the Human Physiology Laboratory, U.S. Department of Agriculture, Human Nutrition Research Center on Aging, 1992 interview

Dressing



Did You Know?

Research shows that **“an exercise program significantly slows the decline in ability of nursing home residents with Alzheimer’s disease to perform ADLs independently.”**

Rolland Y, et al., (2007). Exercise program for nursing home resident with Alzheimer’s disease. Journal of the American Geriatrics Society, 55(2):158-165.

Exercise

Assist residents in going to their closets, choosing what to wear, and pulling out hanging clothes, shoes and folded items. Allow them to do as much as possible by themselves.

Actively participate in dressing

Here are some cues you can use to help residents dress themselves to the extent they are able.

While putting on...

- Pants in bed: “Boost your hips.”
- Shoes: “Lift your foot.”
- A shirt: “Put your (weaker/painful) arm in first.”

Don’t Be Too Quick to Help

- Buttoning
- Zippering
- Tying

Encourage residents to “do it themselves” to maintain finger dexterity and coordination.

The OT may have suggestions for adaptive equipment or clothing to help residents maintain functional abilities.

Eating

Did You Know?

Residents may be at increased risk of malnutrition due to chronic illnesses, oral issues, thinking or memory decline, and or recused independence. Life losses and changes may also impact a resident’s appetite.

Increased activity promotes a healthy appetite! Eating enough of the right foods ensures proper nutrition.

Make Meal Time Pleasant

A positive environment and social interactions can help create a pleasurable dining experience, which encourages eating.

- Ensure that the resident is seated in a safe and comfortable position for assisted or dependent dining.
- When you assist a resident, introduce yourself, then sit and maintain eye contact with the resident during the meal.
- Take time to talk and socialize.

Helping Residents Feed Themselves

Self-feeding is frequently the last activity of daily living that residents can do independently, and it is very difficult when they become dependent on others for such a basic human need.

There are many kinds of assistive devices available that enable residents to continue to feed themselves and maintain their independence. The OT can help identify appropriate equipment for the resident, such as built-up utensils, flexible utensils, food/plate guards, wrist supports, utensil holders and more.

Don't Be Too Quick to Help

Promote independence in eating by encouraging residents to do whatever they can for themselves. Make sure the resident has all the appropriate assistive devices or adaptive equipment for each meal.

Prompt and encourage residents to:

- Hold And Eat Finger Foods
- Hold And Use A Napkin
- Pour Their Own Juice Or Other Beverages
- Participate In Feeding Themselves Any Way They Can

Independence with eating may have an impact on the resident's feelings of self-worth and good health.

How to help without taking over

Offer assistance in an unobtrusive manner. Don't offer help when none is needed.

Provide verbal cueing, physical prompts, or hand-over-hand guidance to get the resident started. Support resident independence with eating by starting with the lowest level of intervention (verbal cueing) when needed.

Cues and Prompts to Help with Self-Feeding

Verbal cues are very brief directions. Examples:

Cues and Prompts to Help with Self-Feeding

Verbal cues are very brief directions. Examples:

What the Resident Does	Cues You Can Give
Stops eating.	"Take a bite of your eggs, Mrs. Smith." Or "Take another bite."
Doesn't drink liquids during the meal.	"Take a drink now."
Plays with food.	"Pick up your spoon, Mr. Jones."
Forgets to chew (has food in the mouth).	"Chew, Mrs. Johnson." Or "Chew some more."

Physical or visual prompts can get the resident back on track. Examples:

What the Resident Does	Prompts You Can Use
Stops eating.	Point to the food.
Stops eating while holding a fork or spoon.	Touch the resident's hand to draw attention to the fork or spoon.
Holds fork, spoon, or cup without moving.	Gently move the resident's hand toward their mouth, or model the behavior by using a utensil or cup yourself.
Forgets to chew (has food in the mouth).	"Chew, Mrs. Johnson." Or "Chew some more."

Hand-Over-Hand Technique

Place your hand over the resident's hand and complete the task together. Be sure to sit on the same side as the hand you are assisting.

Hand-over-hand feeding is a way to prompt the resident to complete the task on his or her own. If the resident is weak but knows what to do, this technique helps the resident maintain or improve self-feeding ability.

The hand-over-hand technique may be used when a resident:

- Forgets how to eat
- Is unable to cut food
- Is unable to spread margarine or jelly on toast or bread
- Cannot lift utensils
- Cannot pierce food with a fork
- Is too tired to feed himself or herself as the day progresses

Toileting

Did You Know?

While some residents may improve continence through other treatments, the vast majority, because of their cognitive and physical impairments, will need some type of staff assistance to stay clean and dry.

Using Timed Toileting

Timed toileting, or habit training, is when the toileting schedule is matched to an individual's voiding habits. Consider this approach for people with cognitive impairments.

Timed toileting program is helpful when a resident's natural toileting pattern can be determined by observation over a 3- to 7-day period. This requires the staff to record instances of incontinence routinely and accurately during the observation period.

Using Prompted Toileting

An example of a prompted toileting protocol would be approaching the resident every two hours from 8 a.m. to 4 p.m. (i.e., four times during the day). Attention is focused on voiding by asking the resident if he or she is wet or dry. Next check for wetness and give feedback on whether the resident's self-report was correct or incorrect.

Whether the resident is wet or dry, ask if he or she would like to use the toilet. If yes, assist the resident in using the toilet. If no, and the resident hasn't attempted to void in the last four hours, ask again before leaving. If the answer is still no, let the resident know you will be back again in two hours and ask him or her to try to delay voiding until then.

Sitting Down Slowly

Ask residents to use their leg strength to lower onto the toilet slowly. This can help them maintain strength and control in the thigh muscles.

Personal Hygiene and Grooming

Don't Be Too Quick to Help

Hair grooming

Encourage residents to brush or comb their own hair.

Do not passively comb residents' hair if they are at all able. Let them hold the comb and guide them if necessary, even through the fine points. You can help finish the job if they can't reach it all.

Tooth brushing

Support residents in doing as much as possible for themselves. Some residents may simply need you to set everything out for them (toothbrush, toothpaste, a cup for water, floss) so they can brush their teeth.

Some may need assistance to open the toothpaste. Encourage residents to put toothpaste on their toothbrushes themselves, rather than doing it for them.

Residents with dementia may need a physical prompt to start brushing and be able to continue without help. As dementia progresses, the resident may be able to copy you as you demonstrate how to brush your teeth. The hand-over-hand technique can also be used to help maintain mobility rather than simply doing it for the resident. Encourage residents with dentures to care for their teeth, using the same principles to promote independence.

Bathing

Don't Be Too Quick to Help

At bathing time, encourage residents to wash themselves as well as they are able, and then you can get the spots they missed.

Exercises

Lift the arms

During the bath, ask residents to lift their arms as high as possible. This helps them maintain strength and flexibility in arms and shoulders.

Turn the head

Ask residents to turn their head completely from side to side while they are seated for bathing. Keeping the ability to move the head and neck is important for maintaining good balance while walking.

Use the washcloth

Encourage residents to hold the washcloth and practice the motions of bathing. Gently reaching and bending helps increase trunk control, abdominal strength and limb flexibility.

Balance During Transitions and Walking

Did You Know?

Studies show that exercise can reduce the risk of a fall by building strength, balance and flexibility. Even people in their 90s living in nursing homes can build muscle strength by starting an exercise routine.

Making exercise a regular part of the day may improve sleep patterns, balance and coordination.

Exercises

Working the ankle muscles

Weak ankle muscles can cause balance problems and falls. It's easy to start strengthening ankle muscles! While the resident is watching TV or lying in bed, cue them to point and flex their toes and do circles.

Toe tapping to strengthen muscles

Strong ankle muscles are important for balance. Toe-tapping while sitting can help keep muscles strong.

Stretching calves and ankles for flexibility

Assist residents in ankle stretches each day. Flexibility in the ankle is critical for normal walking, standing and turning, as well as for transfers. It is also important for recovering from loss of balance.

Cue a simple stretch for the calf and ankle muscles by asking residents to "move your toes toward your nose" while they are seated.

Exercises for Reducing Functional Limitation in Range of Motion

About Range of Motion Exercises

When a joint does not get extended fully on a regular basis, over time the joint will become permanently unable to extend beyond a certain fixed position (called a contracture).

Range of motion (ROM) exercises are very important to help residents keep their joints, tendons, ligaments and muscles loose and flexible. These exercises move the joints through a full range of motion and help prevent stiffening.

How to Assist with ROM Exercises

Active range of motion is when the resident is able to do the exercises with minimal assistance.

Passive range of motion is when the resident is unable to perform the exercises and the caregiver moves the resident's joints.

Check with the OT or PT to understand how to help a resident with mobility. Try to achieve full range of motion by moving the joint until the resident feels a slight stretch. Don't force a movement.

Stop exercising if the resident complains of moderate or severe pain.

Encourage residents with limited mobility to bear weight during transfers from bed to chair, and to walk whenever possible.

Cues for Range of Motion

Supervise, cue, or assist the resident in moving their joints through the full range of motion once or twice every day, according to the care plan developed by the OT or PT. Some cues:

- Do exercises slowly.
- Gradually increase the number of times for each exercise.
- Don't bounce.
- Breathe while you are moving (encourage them to count).

Exercises

Push the TV remote control buttons

This motion helps build or maintain:

- Arm strength
- Range of motion
- Eye-hand coordination
- Feelings of independence

Exercises

Shoulders back

Ask the resident to try to pull the shoulder blades together behind them. This is a very good exercise for posture.

Marching while seated

Ask the resident to alternate lifting the legs. This will strengthen the hips and thighs and improve flexibility.

Check the Seating Position

If someone looks uncomfortable, seems to slip out or down from their chair or leans over, it is time to have the person's seating and postural care needs assessed by an OT or PT.

They can ensure the chairs the person uses are a good fit for their physical size and shape. They can also show you the best way for the person to be positioned in each chair, so that they can be as independent as possible.

Movement for Physical and Mental Well-Being

Did You Know?

Physical and psychological needs can inhibit mobility.

Consider whether or not the resident is experiencing:

- Pain
- Clinical signs and symptoms of underlying conditions like shortness of breath, COPD, CHF, heart disease, diabetes
- Depression and anxiety
- Medication side effects
- Residual effects of a stroke

Pain from Arthritis

Osteoarthritis (what most people call just "arthritis") can be caused by:

- Abnormal forces on normal joints (basketball, jackhammer)
- Normal forces on abnormal joints (knock-knees, bowed legs)

The Bad News: Depression and osteoarthritis cause more disability in later life than any other conditions. 70 percent of us will suffer with arthritis pain during later years of life.

The Good News: Regular exercise reduces depression and increases bone strength, as well as maintaining mobility. Reducing body weight by only 8 to 10 pounds can improve knee pain due to arthritis.