

Case Study 2: Older Adult Male (Strength & Balance Focus)

Client Consultation Record

Category	Details
Client's name	Mr. Arthur Jenkins
Age	72
Gender	Male
Description of lifestyle	Arthur is a widower who lives alone in a two-story house. He is a retired warehouse manager. He is an avid gardener, which takes up much of his time in the summer, but he becomes very sedentary in the winter months. He enjoys listening to the radio and attending a local social club for dominoes on Fridays.
Goals & Motivation	Arthur has noticed he is finding it harder to get up from his favorite armchair and feels a bit unsteady when walking on uneven ground in the garden. He wants to improve his leg strength and balance to prevent falls so he can stay in his own home. He also wants to lower his blood pressure slightly.
Present exercise levels (FITT)	Frequency: Gardening x2 per week (seasonal), Walking to shops x1 per week. Intensity: Low to Moderate.

	Time: Gardening 1 hour, Walking 15 mins. Type: Functional daily activity.
Past exercise levels (FITT)	played rugby at a club level in his 20s and 30s. Had a physically active job until retirement 7 years ago.
Likes	Routine, working with structure, resistance machines (reminds him of manual work).
Dislikes	"Dancing about" (aerobics/Zumba), swimming (doesn't like cold water).

PAR-Q and Health Assessment

Assessment Element	Result/Analysis
PAR-Q Completed?	YES
Answered YES to any questions?	YES
Analysis of PAR-Q responses	Arthur answered YES to having high blood pressure. He is currently taking medication (Beta-blockers) which keeps it stable. He also noted occasional stiffness in his right knee from an old rugby injury.
Resting heart rate	62 bpm (Note: Lowered due to Beta-blocker medication).
Blood pressure	138/88 (Medicated - elevated but controlled).

Height	5 ft 10 in
Weight	198 pounds (14 stone 2 lbs)
BMI	28.4 (Overweight)
Waist circumference	41 inches (High risk)
Waist to hip ratio	0.98

Results Analysis & Considerations

- **Medical:** Arthur is hypertensive. While controlled, avoid overhead pressing with heavy weights and ensure extended cool-downs. Be aware that beta-blockers blunt heart rate response; use RPE (Rate of Perceived Exertion) rather than HR to monitor intensity.
- **Physical:** Knee injury history suggests low-impact cardio (cycling/rowing) is preferable to treadmill running. Focus on "functional" leg strength (sit-to-stand).
- **Referral: YES.** GP referral/clearance is required due to the "Yes" on the PAR-Q regarding a heart condition/blood pressure and current medication use.