

# Encouraging mobility through movement to music

Moving to music is a popular leisure activity that ranges from simply tapping fingers or feet in time to music to energetic dancing. Care home staff should remember that people gain pleasure from participation, regardless of their standard of performance. Although a resident may become frailer, it is vital to encourage maximum mobility. Deterioration in physical ability leads to an increase in dependence on others for daily living activities. The saying 'use it or lose it' is true of people in residential care.

## Benefits of movement to music

People living in a care environment can benefit from this activity in many ways:

- It is an enjoyable social activity
- It provides a safe and effective way of exercising specific muscle groups, to improve energy levels and stamina, improve suppleness, coordination and speed of movement and increase muscle strength
- Rehabilitation aims are reinforced by targeting specific problem areas, such as general weakness or postural and mobility problems
- Metabolic rate is increased, thereby reducing body fat and weight and helping to lower cholesterol
- Cardiovascular efficiency and circulation are improved
- Sleep patterns are improved, particularly if relaxation is taught and reinforced at bedtime.

## Factors to first consider

The environment should be proactive and should involve residents and staff in recreational sessions. With a supportive team, individuals can play to their strengths. Other staff can help by:

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**Julie Swann, an independent occupational therapist, outlines the benefits of activity to music within a care environment and provides ideas on session content.**

- 'Brainstorming' ideas for the sessions
- Finding suitable music or planning movement patterns
- Moving residents into the room to be used and helping them during the session
- Being 'on call' for toileting – it is impossible to carry out a session when dual duties are needed.

## *The physical environment*

A well ventilated warm room should be selected, with suitable seating that allows sufficient space for arm and leg movements. Some wheelchairs may tip when occupants lean too far forwards, so wheelchair users should be transferred into suitable seating. Alternatively, footplates can be removed and the client's feet placed on the floor, raising the feet if necessary.

## *Know your resident's capabilities and limitations*

The clients' medical problems and any 'hidden' conditions must be known. Risk assessments should be checked, remembering that changes can occur quickly with a resident's medical condition.

## *Consider the aims of the session*

Gentle exercising and stretches should be provided to maintain suppleness,



strength, coordination and range of movement. Visiting therapists will have specific guidelines for residents. Movement patterns should be included within the sessions, to maximize the therapist's input and provide more opportunities for therapeutic movements.

#### **Choice of music**

Music often holds special meanings, triggering memories of joy or sadness. Wenborn (2003) explains the value of music in the care home environment. Chosen music should be enjoyable and appropriate to the group. Residents can be asked which singers or songs they like. If language or memory is a problem, then the resident's relatives or friends can be asked.

#### **Planning the session**

The following basic points must first be considered:

1. Decide on the number of residents
  2. Decide on the length of the session (20–60 minutes is recommended) and time
  3. Do not let clients exercise on a full stomach, e.g. directly after lunch
  4. Choose a suitable room
  5. Select music with a regular beat
  6. Work out the movements or exercises to specific tracks
  7. Arrange for additional help if needed
  8. Ensure that the equipment you need is in working order
  9. Check whether or not residents are fit to participate, i.e. agree actions with their care plan
  10. Ensure that loose-fitting clothing is worn and that residents' dignity is preserved.
- Movements should be paced to suit the residents. Care home staff must place emphasis on correct breathing and slow, unrushed movements. The session should start with a warm up, followed by upper body movements and lower body movements, and finish with a 'cool down' session, using a different track of music for each. This should last for about 20 minutes.

#### **How do you start the session?**

Care home staff should take into account any barriers to communication, such as deafness, sight defects, understanding problems and language difficulties. Residents with communication problems

should be seated nearby and the use of communication aids, such as spectacles and hearing aids, should be encouraged. The member of staff should explain what he or she is doing and why.

If participants feel dizzy or tired, it should be stressed that they must stop and rest – particularly with people who have not exercised recently. A little additional movement is better than nothing at all.

#### **Warming up**

The session should start with gentle 'warm-up' movements to loosen and stretch the muscles, using one or two tracks of the music, taking each muscle group through its maximum range of movement.

Anderson (2000) describes stretches from a seated position and advises on the importance of taking activity slowly, raising the body temperature to a level where injury is less likely. Most 'keep fit' books include warm ups that can be adapted for seated users, such as:

- Arms stretched up above the head, down to the shoulders and then onto the lap
- Slumping in the chair, then straightening up
- Bending the legs under the chair or wheelchair.

#### **During the session**

The activity organizer needs to decide whether to do 'pure movements' or 'activity-based movements'.

##### **Pure movement**

In pure movement, one should aim for a mid-range of movement, gradually increasing the range. A leg or back movement could be alternated with a hand or arm movement. The exercise should fit to the music; for example, faster music for hands and legs and slower music for back, shoulders and head. Complicated movement routines should not be tried, as these are difficult to learn.

##### **Activity-based movement**

Activity-based movements are based on well known activities, such as playing the piano, swimming and tug-of-war. Examples of diagrammatic sequences of actions carried out while seated are pro-

vided by Graham (2000) and include 'directing traffic' and 'rag doll'. Inspiration can be found in the movement patterns of t'ai chi and Quarta (2001) provides a seated exercise programme.

Songs that specify actions, such as 'I am the music man', 'Knees up Mother Brown' and 'Lambeth walk', can be tried. Dance routines such as the 'Hokey Cokey' and 'Macarena' can be adapted to the sitting position.

Stretches can be used within a movement-to-music session to improve flexibility. Books on yoga, such as by Lalvani (2000), describe stretches in more detail. Stretches are achieved in comfortable supportive positions held with muscles feeling slight tension, not extreme tension. Rapid body movements are not recommended, as this can cause muscle tearing and ligament damage, with a resultant reduction of joint stability.

##### **Further ideas**

Body posture can be corrected through re-education of resting, sitting and walking posture, using for example the Alexandra technique. To encourage full use of lung capacity, deep breathing exercises can be included.

As a general rule, residents should inhale when arms are elevated or when shoulders are drawn back and should exhale on forward or downward movements. Bilateral arm movements can be used with residents suffering from hemiparesis (partial paralysis of one side of the body). To improve hand coordination and grip strength, hand exercises can be incorporated.

A variety of props can be used for residents to exercise with. These can be everyday items, for example:

- Scarves, to encourage wide-sweeping arm movements
- Soft balls/pompoms, transferred from hand to hand with emphasis on grasp and release
- Walking sticks, for upper limb and trunk control.

##### **As the session progresses...**

Care home staff should encourage and provide feedback to residents through verbal and non-verbal methods, such as nods, smiles, facial expressions and gestures. It

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is vital to ensure that residents are doing exercises correctly and safely. Help should be provided when needed, particularly to facilitate active range of movement. Staff should be prepared to alter either the music or the movements.

### **At the end of the session**

One music track of cool-down movements should be done to restore the body system to a pre-exercise level. Otherwise, the muscles may shorten, causing stiffness, cramp or pain the following day. Large movements grading down to smaller, slower movements is recommended.

A long session should be ended with 5–15 minutes of systemic relaxation, to wind down. Relaxation is also termed visualization or cognitive quieting and is used after yoga or pilates.

During relaxation, residents should be asked to sit comfortably with their hands on their laps and be encouraged to take some slow, deep breaths. Residents should be guided through systemically tensing each muscle group, then relaxing. The activity organizer can describe a restful scene, such as a quiet woodland, a trickling stream or a deserted beach. A track (or several) of gentle instrumental music can be played.

When the music finishes, the residents can stretch out their arms and then their legs, curl their spines and uncurl, and then relax. Graham (2000) outlines a systemic relaxation session.

### **After the session**

Residents should be asked for feedback on the session. Further activities can be

included within the residents' weekly programme, to encourage maximum use of their abilities.

The care home may have a standard format for recording activities, but if not, short records should be kept as an *aide-mémoire*. The names of participants, music and type of movements used should be noted. Any adverse effects should also be noted, and any problems promptly reported to senior staff.

### **Further resources**

Books on fitness for the older and frail person are available from local libraries, bookshops or via the internet. Exercises from them can be adapted to the sitting position or 'toned down'.

Physiotherapists, local clinics and hospitals will provide guidelines on exercise for specific conditions.

### **Conclusion**

Movement to music is a low-cost, enjoyable activity that can be used in many care

settings. Movement to music should be light-hearted, fun, pleasurable and a social activity.

It is important to build up slowly, so activity should start with gentle, slow movements. The choice of music sets the mood for the session and may develop into a 'sing-along'.

Movement to music is easier to carry out and more enjoyable if the main part is action-related. It becomes easier with practice; which applies both to the recipient and the provider. **NRC**

Anderson B (2000) *Stretching*. Shelter Publications, California

Graham M (2000) *Keep Moving, Keep Young: Gentle Yoga Exercises*. Conker Productions, West Sussex

Lalvani V (2000) *Stop the Age Clock*. Hamlyn, London

Wenborn J (2003) Valuing music in the care home environment. *Nurs Res Care* 5(12): 574–5

Quarta C (2001) *Tai Chi in a Chair*. Fairwinds Press, Massachusetts

## KEY POINTS

- **Movement to music encourages social interaction.**
- **Benefits include improvements in physical, psychological and cognitive abilities.**
- **Development of an individual's maximum range of movement is important.**
- **A resident's medical conditions must be known to ensure awareness of contra-indications and incorporation of beneficial movement patterns.**
- **Movement to music is a low-cost activity that can be included in a recreational or rehabilitation programme.**



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