

A wooden locker with a white jacket, a green hat, and a walking stick hanging on hooks. The jacket is on the left, the hat is in the center, and the walking stick is on the right. The text is centered on the locker door.

Creating an accessible fitness or wellness facility

Environmental barriers may discourage people with disabilities or activity limitations from participating in activities at fitness and wellness centers. Here's how to create a welcoming environment for all

by Blythe Hiss, MS, and Amy E. Rauworth, MS, RCEP

By 2030, about one of every five Americans and one of every four Canadians will be 65 years of age or older.^{11,26} As our population ages, the incidence of chronic disease and disability will increase, creating an emerging priority that must be addressed by wellness, fitness and health professionals.^{12,13,17,23}

Numerous studies have reported the benefits of increased physical activity and fitness in reducing cardiovascular and other health risk factors associated with chronic disease and disability.^{3,4,7,9} According to the *Healthy People 2010* report from the United States Department of Health and Human Services, however, 56% of adults with disabilities do not engage in any leisure-time physical activity, compared to 36% of adults without disabilities.²² An estimated 52 million Americans with disabilities and/or activity limitations are not only at greater risk of developing serious health conditions linked to a sedentary lifestyle (such as diabetes, obesity and heart disease), but also face greater environmental barriers that impede access.^{6,8,19,20,22}

“Disability and Secondary Conditions,” a chapter in *Healthy People 2010*, suggests that the significantly lower rate of participation among people with disabilities may be related to such environmental barriers as:

- architecture
- organizational policies and practices
- discrimination
- social attitudes

The report recommends that public health agencies begin to address these barriers.²²

The Inclusive Fitness Coalition (IFC), launched in January 2007, stresses the importance of battling the effects of obesity and chronic health conditions,

and providing physical activity opportunities to *all* Americans. IFC brings together the National Center on Physical Activity and Disability (NCPAD), the Rehabilitation Engineering Research Center on Recreational Technologies and Exercise Physiology—both at the University of Illinois at Chicago (UIC)—and the American College of Sports Medicine. This coalition “will work closely with industry, government, and public and private organizations to bridge the gap between what health and fitness facilities have to offer their communities, and what millions of people with disabilities perceive as a *lack* of accessibility,” explains James Rimmer, PhD, who directs the two federally funded centers at UIC.

The health and wellness of people with disabilities and health considerations is a topic that’s rapidly reaching its tipping point. For example, Rimmer was recently named to the advisory committee that will make recommendations for developing the US’s first federal guidelines to focus on physical activity. Fitness and wellness facilities have the opportunity today to address and significantly impact this issue by evaluating the accessibility of their facilities and creating friendly and welcoming environments for everyone.

Addressing barriers to participation

The Americans with Disabilities Act (ADA) of 1990,²⁴ under Title III, requires both publicly and privately owned fitness and recreation facilities to be accessible to people with disabilities in areas such as parking, access routes and restrooms. The ADA requirements also prohibit segregation or unequal treatment of these individuals. In addition, such centers must comply with requirements related to:²¹

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Defining disability

The Americans with Disabilities Act (ADA)²⁴ defines a person with a disability as one who “has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment.”²¹ The World Health Organization (WHO) considers an impairment to be any loss or abnormality of bodily function, including physiological, psychological or anatomical.²⁵

According to the US Centers for Disease Control and Prevention (CDC), disability is defined as those who have difficulty with one or more specified functional or daily activities, use assistive aids (e.g., wheelchair, crutches, cane or walker), and/or experience a limitation in the ability to work around the house or at a job.¹ Older adults often do not self-identify as having a disability, but under the CDC definition, many within the aging population may fall into this broad category.

The medical model views disability as a problem directly caused by disease or a health condition and in need of medical care by professionals. In the social model, disability is a socially created problem that is a complex collection of conditions. WHO’s International Classification of Functioning, Disability and Health (ICF), a system created to provide a framework for the description of health and health-related states, has moved over the years from using the medical model to the social model as its premise. The ICF now focuses on “components of health.” This presents a background for providing customized health promotion services based on abilities, not disabilities, to provide optimal health benefits for all.²⁵

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Seven reasons to market to people with disabilities and activity limitations

1. A wellness or fitness facility that targets people with disabilities and activity limitations can gain a competitive advantage over its competitors and increase its bottom line.
2. Over 54 million Americans, or nearly 20% of the population, have a disability or activity limitation.¹ This is a growing market for the active aging industry.
3. Approximately 100 million–125 million Americans have a health condition such as diabetes, heart disease, or obesity that can be improved with a fitness program.
4. Publicizing a facility's accessible features and program adaptations can increase participation by a large percentage of Americans who require these things to take advantage of current fitness options.
5. A fitness or wellness center that accommodates people with disabilities is more likely to benefit from physician and healthcare provider referrals. In addition, an accessible center will win member loyalty and new member referrals.
6. Making equipment or facility alterations that increase overall accessibility can also enhance usability as perceived by current and future members who do not have a disability or health condition.
7. By 2050, one in every four Americans will be over age 65. It is estimated that more than 50% of this age category will have a mobility limitation. This number is projected to increase dramatically to greater than 70% after age 74.

- reasonable modifications to policies, practices and procedures
- effective communication with people with hearing, vision or speech disabilities
- other access requirements

Many fitness, wellness and recreation centers, however, do not meet ADA standards in common areas.^{5,15,18} Furthermore, additional areas not covered by the ADA are often found in these facilities, including locker rooms, exercise equipment and swimming pools. To address these areas, the US Architectural and Transportation Barriers Compliance Board created *ADA Accessibility Guidelines for Recreation Facilities* in 2002.² These guidelines are currently under review by the US Department of Justice. Once adopted, they will become standards all facilities must follow. The department is expected to announce a notice of proposed rulemaking on the adoption of the guidelines under ADA in 2007, which will allow the public to comment on the guidelines before they become effective for newly constructed and altered facilities.

“It is the first time there have been national standards that address these very important and unique facilities,” notes Accessibility Specialist Peggy Greenwell, who coordinated the recreation facilities rulemaking at the US Access Board. Greenwell emphasizes that these guidelines are “minimums” and that individuals are encouraged to exceed them where possible. She adds, “We look forward to the evolution of the guidelines over time as new advances in accessible design and in technology change.”

Since the physical environment can influence behavior dramatically, characteristics of the man-made or “built” environment can make participation in physical activity more or less likely to

occur.¹⁰ Many facility alterations require little or no cost and greatly improve the services provided to all clients. Other factors that affect accessibility go beyond the built environment and include things such as equipment, information, staff training, and policies and procedures.¹⁸

Assessing accessibility

Creating an environment that serves the needs of all its clients requires a facility to assess current barriers and facilitators to full participation. This approach will not only improve services to people with disabilities, but will also create an optimal (or enhanced) environment for all. Wellness, fitness and health professionals should be proactive and evaluate their facilities to determine what changes need to be made, and whenever possible, incorporate people with activity and health considerations in the process.

A host of factors affect successful participation. These factors must be evaluated collectively to determine a facility's accessibility.

Several resources are available to help professionals assess their facilities, including NCPAD's AIMFREE instruments. To assess accessibility collectively, the AIMFREE instruments have integrated the Access Board guidelines for assessing the built environment with six other factors—equipment, information, programs, policies, professional behavior, professional support, and training. These manuals contain a validated series of questionnaire measures for use by individuals with mobility limitations, as well as wellness, fitness and health professionals.

[Ed. The “Resources” sidebar on page 46 provides website details for AIMFREE, as well as other assessment tools and information.]

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Marketing facilities and programs

Any effort to address the needs of people with disabilities provides facilities with an opportunity to market and expand membership to a growing population. During the development of the AIMFREE instruments, however, focus groups consisting of participants with disabilities, and also fitness and recreation professionals, revealed minimal or even nonexistent marketing of programs and facilities towards people with disabilities and activity limitations. Active people with disabilities who were unaware of marketing efforts often knew the programs offered in their areas solely because they had sought out these activities and venues. Many of those who acquired a disability recently or who did not prioritize physical activity and recreation often stated there were no opportunities in their areas. In fact, several best practice programs were readily available to them.

When fitness and recreation professionals were asked how they promoted their programs to people with disabilities, responses varied greatly. Programs and facilities that were inclusive and disability-specific reported using “word of mouth” among people with disabilities. They also described using close connections with rehabilitation facilities and other healthcare professionals. In contrast, many facilities that did not provide programs specific to individuals with disabilities did not market the accessible or inclusive aspects of their facilities or programs. It is always a best practice to include people with disabilities in the development of programs, brochures and facility design to receive the valuable contributions that can make endeavors succeed.

Making a facility welcoming

Fitness and wellness facilities sometimes fear addressing accessibility and ADA-related issues. The process can be intim-

idating, so here are a few helpful ideas and resources.

First, facilities must assess how to remove environmental barriers and incorporate accessible features into all areas, including doors and entryways, restrooms and locker rooms, signage, and adaptive equipment. Once these areas are targeted, the process of making changes begins. NCPAD’s “Before and after a fitness/wellness center makeover” on pages 50–53 outlines 24 key changes that facilities can make at little or no cost. Resources for fitness center design specifications that accommodate individuals with disabilities, as well as information about tax incentives that may be available to make these accommodations, are listed on page 46.

To successfully tailor approaches to clients, facilities must go beyond the minimum requirements of the law to incorporate principles of universal design into their centers. Ron Mace, who coined the term *universal design*, was the founder and former program director of the Center for Universal Design at North Carolina State University in Raleigh. Mace defined universal design as “the design of products and environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design.” In other words, good universal design should not even be noticed, but incorporated into the existing environment or structure.

Facilities should provide mainstream equipment that offers features for users of varying degrees of ability, including sensory and physical abilities. In addition, adaptive equipment can help nonuniversally designed equipment meet the needs of all individuals. Professionals may check with vendor(s) for information, or use the resources list on page 46 to locate equipment designed for the benefit of all and also

to find adaptive solutions to current equipment.

One of the most cost-effective and efficient ways to make an immediate difference, though, is through proper communication with clients. This can be achieved through basic professional training and customer support.

Interacting with people with disabilities

There are many existing misconceptions, stigmas and nonconstructive attitudes towards older adults, deconditioned people, and those with disabilities. Fitness, wellness and health professionals need to acquire the knowledge to dispel and redirect these misconceptions, as well as to treat clients with the respect and sensitivity needed to provide a high-quality service. This knowledge includes:

- understanding the prevalence and characteristics of common activity limitations, and the need to address health and fitness issues specific to these limitations and specific populations
- developing the skills necessary to address these issues
- knowing the ADA as it relates to recreation facilities
- developing an awareness of how people with health considerations may differ from one another and from the general public
- becoming aware of useful assistive technologies and how to access them

Communication priorities for people with disabilities and activity limitations include continuity of staff, communication skills, and trust,¹⁴ all of which can be addressed by disability awareness training for all staff. Resources offering publications and other information about interacting and communicating

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Interacting and communicating with people with specific disabilities

	Visual impairments	Hearing impairments	Physical/mobility impairments	Intellectual/developmental/cognitive disabilities	Speech disabilities
Assess	Determine level of impairment (it is not always obvious and can range from low/limited vision to total blindness).	Determine level of impairment (can range from mild hearing loss to profound deafness). Find out if the individual reads lips; uses hearing aids, sign language, or interpreters; writes; speaks, or gestures by following his or her cues. If possible, make assistive devices available.	Always ask permission to move a person's assistive device.	Treat adults as adults.	Make paper and pen available if useful. Give the person your undivided attention.
Speech	Always identify yourself and others in a group. Say the name of the person to whom you are speaking. Speak in a normal tone of voice.	Speak in a normal tone of voice and directly to the person, not the interpreter. Tell the person if you are having difficulty understanding. Make sure you have his or her attention before beginning to speak.	When speaking with a person using a wheelchair, kneel or attempt to speak at the person's eye level. Make sure the person is in a stable and supported position before speaking to him or her, as movement may require total concentration.	Use repetition with precise language and simple words. Give exact instructions and limit the number given at one time.	Speak as you would to anyone else, using regular voice tone. Ask short questions that require brief answers or head nods. Tell the person if you do not understand.
Movement	Indicate when you are moving from one location to another. Say when you are leaving.	Do not speak while you are writing.	Make sure the person is in a stable and supported position before speaking to him or her, as movement may require total concentration.		
Additional considerations	Never pet or distract a working service animal or canine companion. Give specific directions such as "left 10 feet" or "rotate clockwise." Be aware of alternative material formats and how to obtain them.	Try to have important conversations in a one-on-one situation without background noise. Be aware of alternative material formats and how to obtain them.	Be aware of alternative material formats and how to obtain them.	Do not pretend to understand if you do not.	

*Information for this table was obtained from *Removing Barriers: Tips and Strategies to Promote Accessible Communication*, a publication of the North Carolina Office on Disability and Health, available at www.fpg.unc.edu/~ncodh/Publications.cfm.

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Disability-appropriate language

Words to avoid	Words to say
Brain damaged	Person with brain injury
Deaf person	Person who is deaf or person with a hearing impairment
Crippled, wheelchair-bound, wheelchair-confined	Uses a wheelchair
Disabled, handicapped, physically challenged, defective, deformed	Person with <i>a disability</i> (or <i>name the disability</i>)
Able-bodied	Person without disability
Suffers from . . .	Person who has . . .
Mentally retarded	Person with an intellectual disability
Stroke victim	Stroke survivor
Suffers from . . ., stricken with . . .	Person with . . .
Epileptic/diabetic	Person with epilepsy/diabetes

with people with disabilities and health considerations appear in the sidebar on page 46. In addition, disability-specific suggestions appear in the table on page 43.

Being aware of communication techniques and aids that may help in conveying or receiving messages, and knowing how to gather information appropriately, will help in providing optimal service to these clients. Specific tips for appropriate interactions are listed below:

- Always treat individuals with the same respect as others.
- Let people make their own decisions about what they can and cannot do.
- Be safe and effective, but not over-protective.
- Relax; be yourself.
- Speak directly to individuals, not attendants or interpreters.
- Offer assistance, but wait for acceptance before actually assisting.
- Follow people's cues.

- Allow extra time if necessary to perform a task or exercise.
- Establish open communication about abilities and limitations.
- Do not be afraid to ask questions, respectfully.
- Do not be afraid to shake hands if people appear to have little grasping ability.
- Do not mistake people's disabilities for serious disease or illness.
- Use the same established policies for health forms, memberships and waivers.
- Consult with others when needing additional information on a specific condition. Information sharing is key!
- Do not assume additional disabilities due to the presence of one. For example, a person using a wheelchair does not necessarily have a cognitive impairment.

Disability-friendly language is another way to ensure positive relationships with clients and involves placing the person

first. The table on this page provides examples of language to avoid and appropriate substitutions.

Respecting the individual

A disability, activity limitation, or health consideration may or may not be observable or apparent; can affect mobility, vision, speech, hearing or cognition; and does not necessarily indicate poor health. Fitness and wellness facilities may want to include a section on their new member forms to offer individuals the opportunity to identify desired accommodations. It is a person's right, however, not to disclose a disability.

When aware of a client's disability or health condition, professionals should educate themselves about it, as well as any secondary conditions that may affect the person's goals and activities. They should also realize that conditions affect people differently, and when several conditions are combined, it often produces even more variance.

In a field where professionals work so closely and frequently with the client or participant, it is vital to be aware of the uniqueness of each person's condition. Professionals should research individual abilities and needs, as clients will bring different support systems, experiences, fears, abilities and personalities.¹⁶ This awareness and sensitivity can help facility staff provide all clients with the respect they deserve and the level of service they need to maintain a healthy and active lifestyle. ☺

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get involved

Active Aging Week

**Sept. 24 to
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Team up with the ICAA
to highlight the importance
of physical activity and
healthy eating for
older adults.

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PHILIPS



RESOURCES

for creating an accessible fitness or wellness facility

Accessibility

AIMFREE (Accessibility Instruments Measuring Fitness and Recreation Environments)

A multidimensional validated instrument
www.ncpad.org/aimfree

Center for Universal Design

A list of seven principles of universal design
www.design.ncsu.edu/cud/about_ud/udprinciples.htm

International Council on Active Aging (ICAA)

Age-friendly facilities: 99 questions to assess your center
www.icaa.cc/journal%20on%20active%20aging/journalarticles/journalarticles%207/checklist.pdf

North Carolina Office on Disability and Health (NCODH)

Removing Barriers to Health Clubs and Fitness Facilities
www.fpg.unc.edu/~ncodh/publications.cfm

US Access Board

www.access-board.gov

US Architectural and Transportation Barriers Compliance Board (ATBCB)

ADA Accessibility Guidelines (ADAAG) Checklist for Buildings and Facilities

www.access-board.gov/adaag/checklist/a16.html

ADA Accessibility Guidelines for Recreation Facilities

www.access-board.gov/recreation/final.htm

Tax incentives

ADA Technical Assistance Program

www.adata.org

Interacting and communicating

Inclusive Fitness Coalition

www.incfit.org

National Center on Physical Activity and Disability (NCPAD)

www.ncpad.org

North Carolina Office on Disability and Health (NCODH)

www.fpg.unc.edu/~ncodh

Resources for specific disabilities or health considerations

The Arc of the United States

www.thearc.org

International Council on Active Aging (ICAA)

Programming information (member's only section)
www.icaa.cc

Lighthouse International

www.lighthouse.org

National Association of the Deaf (NAD)

www.nad.org

National Braille Association

www.nationalbraille.org

Registry of Interpreters for the Deaf

www.rid.org

Telecommunications for the Deaf and Hard of Hearing, Inc. (TDI)

www.tdi-online.org

United Cerebral Palsy

www.ucp.org

Equipment and adaptive equipment resources

Inclusive Fitness Initiative

www.inclusivefitness.org/inclusive-fitness-initiative/inclusive-fitness-equipment/

National Center on Physical Activity and Disability (NCPAD)

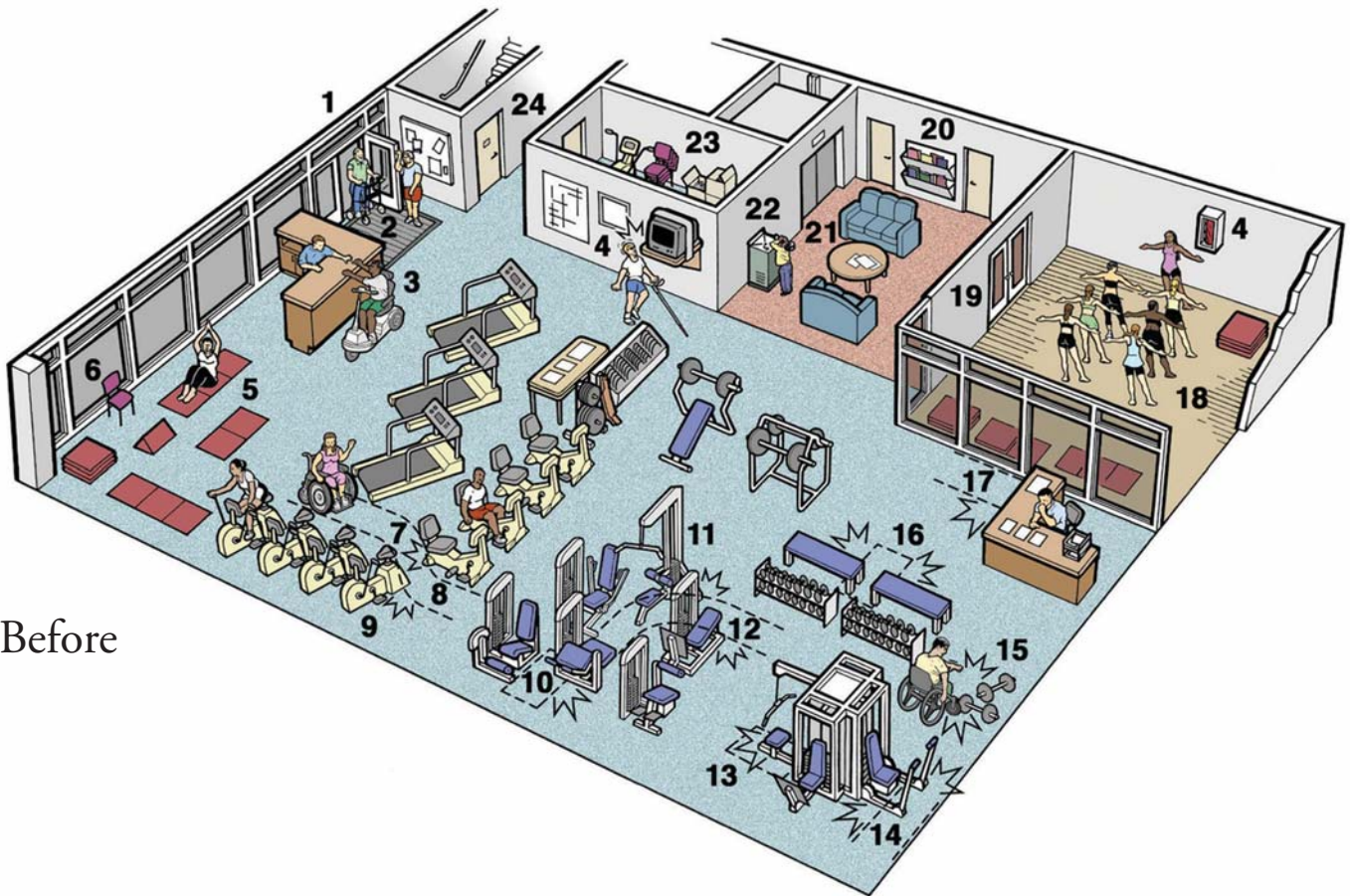
Searchable equipment database (accessory equipment and adaptive solutions)
www.ncpad.org/suppliers

Rehabilitation Engineering Research Center on Recreational Technology and Exercise Physiology Benefiting People with Disabilities (RERC Rectech)

Searchable equipment database
www.rectech.org/equipments/index.php

Turn to page 50 for a resource from the National Center on Physical Activity and Disability

Accessibility: before and after a



Before

1. Heavy entry doors and/or closers are difficult for many people with balance and strength limitations to open.
2. Loose mat at entry can be a tripping hazard, particularly for those who walk with a mobility or balance disability.
3. High check-in counter can be difficult for many people seated in mobility devices or those of small stature to use.
4. Protruding objects from overhead and walls can be a hazard for people with vision disabilities or those who are distracted.
5. Some exercise areas lack additional equipment/items that would facilitate use by a wider range of people with differing abilities; for example, this area lacks medicine balls for more stretching options.
6. Many areas lack any or additional seating for those with stamina/balance issues who need periodic rest.
7. Narrow spaces between equipment prevent convenient access for people using mobility devices to other exercise areas.
8. There is a lack of clear floor space beside at least one of each type of cardio equipment for transfers from mobility devices.
9. The types of cardio equipment provided serve a limited range of users. There are no machines usable by those who have the use of only their upper extremities or who must remain seated in their mobility devices.
10. Weight machines with fixed integral seats lack clear floor space for transfers from mobility devices.
11. Some weight machines lack movable seats and other adaptable/adjustable features critical for use that would allow users in wheelchairs and scooters to pull up underneath and operate.
12. The placement of weight machines with narrow spaces in between blocks access to other equipment for people using mobility devices.
13. Similar to some weight equipment, the multistation exercise machine also lacks removable/portable seats that would allow a person in a wheelchair or scooter to pull up and use.
14. The placement of the multistation exercise machine near the wall and other equipment obstructs an accessible route around it for people using mobility devices.

fitness/wellness center makeover

15. Personal training items such as free weights left on the floor or on seating/equipment can obstruct access for others who use mobility devices or have trouble lifting or bending.
16. Close placement of weight stands and benches limits maneuvering choices for people using mobility devices.
17. Some employee areas lack accessible routes into these spaces.
18. The design of exercise equipment and space layout are only part of providing adequate access to a fitness or wellness facility. Lack of consideration of possible participants with disabilities can cause barriers, too. In addition to physical access, how policy, procedure and programs are offered and executed must be considered.
19. Door has knob handles that are difficult for many people with hand dexterity limitations to grasp and turn.
20. Some magazines and reference materials are in shelves above the reach of seated users and those of short stature.
21. Furniture size and arrangement obstructs accessible route through lobby and to offices.
22. Existing tall, older model drinking fountain lacks knee space and conveniently serves only adult standing users.
23. Consider converting the use of an underutilized space to help provide better accessibility. In this instance, a "junk" room used to house outdated equipment, extra furniture, and other storage might be better utilized meeting a more immediate access need by creating a needed new space or adding additional space to an adjacent small room.
24. Important space and room signage lacks raised type and braille to inform people with vision disabilities.

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WARNING! NOT ALL EXERCISE EQUIPMENT IS FOR SENIORS...

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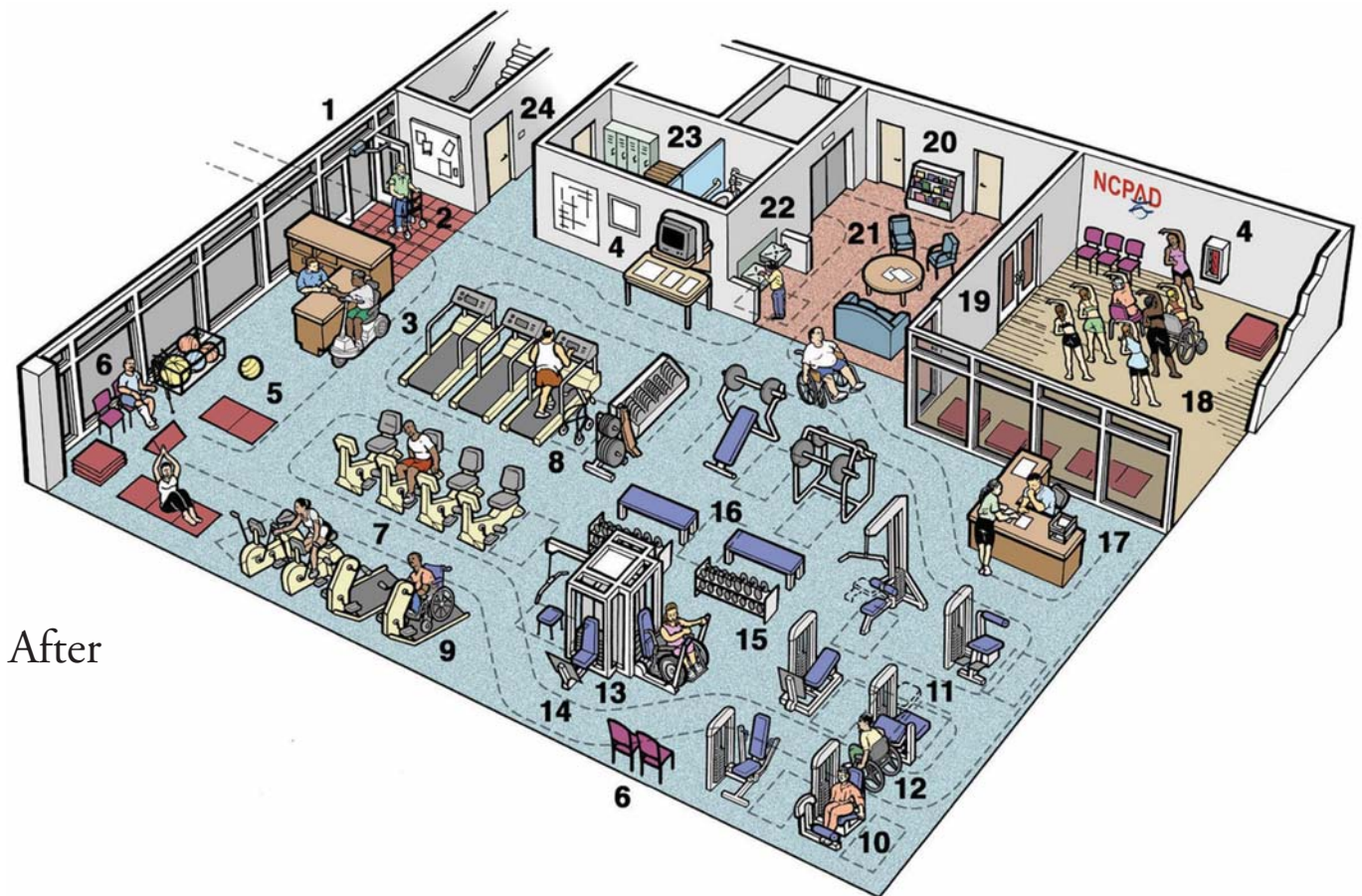
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Accessibility: before and after a fitness/wellness center makeover

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After

1. Adjust closer pressure or add power openers at doors that require a lot of opening force to assist those with balance and strength limitations.
2. Secure loose mats or install a new permanent floor surface to alleviate tripping hazards, particularly for those who walk with a mobility or balance disability.
3. Lower a section of the check-in counter to a height easy for seated people or those of small stature to use.
4. Place detectable objects under a protruding hazard (in one example here, a sign-in table) or lower wall-mounted feature so that it is easier to discern by detection canes or guide dogs for people with vision disabilities.
5. Diversify equipment/items that would facilitate use by a wider range of people with differing abilities; for example, this area has added a variety of medicine balls for more stretching options.
6. Additional seating has been added to provide opportunities for periodic rest for those with stamina/balance issues.
7. Move/rearrange equipment so there is enough space between machines to permit convenient accessible routes to other exercise areas.
8. Move/rearrange equipment so there is enough floor space beside at least one of each type of machine to permit transfers from mobility devices, or to leave assistive equipment while exercising.
9. Include cardio equipment that can serve a wider range of users. Machines that can be used by those who have the use of only their upper extremities or who must remain seated in their mobility devices are a necessity.
10. Rearrange/move equipment to provide clear floor space beside each type of weight machine with fixed integral seats to facilitate transfers from mobility devices.

11. Where needed, replace equipment with weight machines that have movable seats and other adaptable/adjustable features that allow users in wheelchairs and scooters to pull up underneath and operate. Seats that flip up or swing out of the way are good options.
12. Rearrange weight equipment to provide enough space for accessible routes to each type of machine.
13. Replace or modify the multistation exercise machine so that seats can be removed or adapted to allow people in wheelchairs or scooters to pull up underneath and use the equipment. Freestanding stools/chairs that are portable or seats that flip up or swing out of the way are good options.
14. Move/relocate multistation exercise machine to permit an accessible route completely around it that allows approach and use by people using a variety of mobility devices.
15. Have staff monitor and store unattended personal training items such as free weights left on the floor or on seating/equipment that can obstruct access for others using mobility devices or who have trouble lifting or bending.
16. Rearrange/relocate weight stands and benches to allow additional approaches and maneuvering choices for people using mobility devices such as wheelchairs, scooters and walkers.
17. Moving furniture and/or counters can improve access for employees with disabilities.
18. The design of exercise equipment and space layout are only part of providing adequate access to a fitness or wellness facility. In addition to physical access, how policy, procedure and programs are offered and executed will affect access, too. In this instance, the possibility of participation by people with mobility and aging issues has been considered and integrated into the services and activities offered.
19. Replace door hardware with handles such as loops or levers that are easier for people with hand dexterity and strength limitations to use.
20. Lower high shelves or replace with magazine rack within reach of seated users and those of short stature.
21. Rearrange and/or replace furniture to permit an accessible route through lobby and to offices.
22. Provide dual height drinking fountain with knee space to serve the needs of both standing adults and those who are seated in mobility devices, or those of short stature including children.
23. Underutilized “junk” room space has been converted into an accessible unisex toilet/changing room to meet needs that were lacking in other areas of the building and thereby making the facility as a whole more accessible.
24. Important space and room signage has been replaced with signs that include raised type and braille to inform people with vision disabilities.☺

Courtesy of the National Center on Physical Activity and Disability

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