



INDIVIDUAL CHANGES IN SENIOR AGE

Senior age is characterized by physiological process of aging. Individual organ systems lower their capacity. If we speak, for example, about the circulatory system - the stroke volume decreases, the ability of pulse accelerating under the load, decreases too. The blood pressure rises, and the difference between the systolic and diastolic blood pressure grows as well. Breathing system, which is characterized by the correct function of midriff is influenced by decreasing pulmonary volumes, while the dead area and the residual volume increase.

Elderly people often have bigger pulmonary obstruction, especially the allergics, smokers and those who suffer from frequent bronchitis, the infectious disease of the pulmonary system.

During the whole lifetime the amount of bone mass decreases – the process is related to our movement activity.

Bone mass declining manifests itself as osteoporosis and therefore danger of fractures arises, mainly of the long bones and backbone vertebrae.

Another change is lowering flexibility, i.e. mobility of individual joints.

These are mainly movements of hip joints, lumbar spine and sacroiliac joints.

Decreasing movability influences the way of walking and worsens substantially the tolerance for load. Muscle dysbalance increases by weakening of large muscle groups, e.g. of deep abdominal muscles.

Pelvis is pushed the wrong way, which causes changes in the way we walk.

Low-quality walk worsens already starting arthritic changes mainly in the hip joint a knee joint areas. This causes decreasing mobility and increasing danger of other illnesses development like metabolic diseases caused by inactivity.

In senior age there is much larger number of circulatory system disease, mainly ischaemic heart disease, atherosclerosis and diseases characterized by higher blood pressure get worse.