HEALTH BASICS

Exercise and age

Exercise and age describes how activity needs, abilities, and recovery change through life.

WHAT IT IS
How exercise needs and responses change across life

WHERE IT COMES UP
Activity planning, fitness checks, rehabilitation, and healthy ageing

WHY IT MATTERS
Age affects recovery, strength, balance, and safe progression

WHAT IT IS NOT
Not a disease or diagnosis

WHO TO ASK
Primary care clinician, physiotherapist, or qualified exercise professional

HOW IT IS CHECKED
Activity history plus age-appropriate fitness and function measures

Overview

Exercise and age is the relationship between physical activity and changes across the lifespan. It is not a disease or diagnosis.

Physical activity means any movement that uses energy, including walking, active play, household tasks, and sport. Exercise is planned activity intended to improve or maintain fitness.

Your calendar age is only one part of the picture. Health conditions, past activity, disability, pregnancy, medicines, sleep, and access to safe places to move may matter as much as age. Two people of the same age can have very different strengths and support needs.

Exercise remains useful throughout life. Children need movement for growth and skill development. Adults use activity to support physical and mental health. In later life, strength, balance, and mobility become especially important for maintaining independence.

Age does not create a fixed limit on improvement. People can gain strength, endurance, and movement skills at older ages, although the starting point and pace of progression may need adjustment.

How it works

Your body adapts to repeated physical demands. Aerobic activity, such as brisk walking, cycling, or swimming, trains the heart, lungs, blood vessels, and working muscles. Resistance exercise, such as lifting weights or using resistance bands, makes muscles work against a load. Balance and flexibility activities train different parts of movement and control.

During childhood and adolescence, bones, muscles, coordination, and movement skills are still developing. Activities should suit the child's developmental level. Proper instruction and supervision are more useful than setting arbitrary age limits on particular forms of exercise.

In adulthood, muscle mass and aerobic fitness can gradually decline, especially when daily activity falls. Work, caring responsibilities, illness, and reduced sleep may also affect training and recovery.

Later in life, age-related muscle loss is sometimes called sarcopenia . Joints may become less flexible, reaction time can slow, and balance may change. These changes are not identical in everyone. Inactivity, illness, nutrition, and medicines can contribute.

Regular training still prompts adaptation in older adults. Resistance exercise can support muscle and bone strength. Aerobic activity can improve endurance. Balance practice can help with steadiness and confidence during everyday movement.

Recovery may take longer with age, but there is no single recovery schedule based on age alone. A gradual increase in effort gives the body time to adapt and makes it easier to identify pain, fatigue, or other problems.

Why it matters for your health

Regular physical activity supports heart and blood vessel health, muscle strength, bone health, sleep, mood, and the ability to complete everyday tasks. It is also associated with a lower risk of several long-term conditions, including cardiovascular disease and type 2 diabetes.

For children and teenagers, activity supports physical fitness, motor skills, bone development, and mental well-being. Enjoyment and variety can help movement become part of daily life.

For older adults, exercise can support walking, climbing stairs, carrying objects, getting up from a chair, and recovering balance. These abilities affect independence and fall risk.

Public health guidance gives broad activity targets:

These are population targets, not a pass-or-fail test. Some activity is better than none. People who are inactive, unwell, or recovering from injury may need to begin below these levels and build gradually.

- School-aged children and adolescents should average at least 60 minutes of moderate-to-vigorous activity daily
- Adults should aim for 150 to 300 minutes of moderate aerobic activity weekly, or 75 to 150 minutes of vigorous activity
- Adults should include muscle-strengthening activity on at least two days each week
- Older adults should also include activities combining balance, strength, and functional movement

What can go wrong

Exercise-related problems can occur at any age. Common situations include muscle strains, tendon irritation, joint pain, falls, dehydration, heat illness, and doing too much before the body has adapted.

Children and adolescents may be vulnerable to overuse injuries when one movement is repeated frequently without enough rest. Training that focuses on weight or appearance can also contribute to low energy availability. This means the body is not receiving enough energy to support both exercise and normal functions such as growth, bone health, and menstruation.

In adults, a sudden return to intense activity can cause injury or excessive fatigue. Existing conditions such as arthritis, asthma, diabetes, heart disease, or osteoporosis may affect the type of exercise, monitoring, or progression that is appropriate. Some medicines can alter heart rate, blood pressure, balance, temperature control, or blood glucose.

For older adults, poor lighting, unsuitable footwear, uneven ground, and exercises that exceed current balance ability can increase fall risk. This does not mean balance work should be avoided. It means the level and surroundings should be appropriate.

Arrange routine follow-up if exercise repeatedly causes joint pain, unusual fatigue, dizziness, palpitations, or breathlessness that is new for you. Also seek advice if falls are becoming more frequent, an injury is not improving, or a health condition makes you unsure how to begin.

Seek urgent medical advice for a significant injury, inability to bear weight, or new symptoms that continue after stopping exercise.

Call emergency services for chest pressure or pain, fainting, severe breathing difficulty, sudden weakness on one side, new confusion, or other possible signs of a heart attack, stroke, or severe heat illness.

What you can do

There is no single test that tells you the correct exercise for your age. Start with your current ability, usual activity, health history, and goals.

Useful actions include:

A simple effort measure is the talk test . During moderate activity, you can usually talk but not sing. During vigorous activity, speaking more than a few words becomes difficult. This is only a guide; medicines and medical conditions can change how effort feels.

Functional measures may include walking speed, balance tasks, grip strength, or repeated chair rises. These can help track change, but they are not an "exercise age." A clinician or qualified exercise professional can choose and interpret suitable assessments.

Wearable devices can record steps, heart rate, or estimated fitness. Their estimates are not diagnoses and may be less accurate during some activities or for people with certain heart rhythms.

If you are doing comfortable, familiar activity and have no relevant health concerns, nothing special may need to be checked because of age alone.

- Record your activity type, duration, effort, and recovery
- Increase one element at a time, such as duration or resistance
- Include aerobic, strength, balance, and mobility work as appropriate
- Use supportive footwear and a safe, well-lit environment
- Ask how a health condition or medicine may affect exercise
- Request a physiotherapy or exercise assessment if mobility limits activity

Common questions

Am I too old to start exercising?

Age alone does not make someone too old. The safest starting point depends on present ability, health conditions, and recent activity. Beginning with manageable sessions and progressing gradually is often more useful than choosing a plan based only on age.

Can children do strength training?

Age-appropriate resistance training can include body-weight movements, resistance bands, machines, or weights. Good technique, suitable loads, and qualified supervision matter. Strength training is different from unsupervised maximum lifting or competitive pressure.

Should exercise become easier as I get older?

Not necessarily. Some people need lower-impact movements, longer recovery, or smaller increases. Others continue vigorous exercise. Effort should match current fitness and health rather than an age label.

Is soreness normal?

Mild muscle soreness can occur after unfamiliar activity and often settles over several days. Sharp pain, swelling, loss of function, or pain that keeps returning deserves assessment.

Do I need a fitness test before starting?

Most people do not need formal testing before light or moderate activity. Ask a clinician first if you have concerning symptoms, an unstable medical condition, or plan to begin vigorous exercise after a long period of inactivity.

Sources

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