

265 FITNESS IN A LIFETIME PERSPECTIVE: STRUCTURE, PROCESS AND RESULTS

D Lagerstrøm Assistant Professor, University of Agder, Kristiansand, Norway

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At the end of the last century the incidences of health problems caused by a sedentary life style increased so dramatically, that experts and health organisations declared physical inactivity to be the main cause of illnesses in the 21st century in developed, industrialised countries (Blair *et al* 1996; WHO 1996; Hollmann/Hettinger 2000; WHO 2002).

The explanation of this still dramatically expanding problem is as simple as causal. Human beings are, despite technical support and a fantastically developing medical area, still connected to nature's rules and therefore, in order to develop in childhood and stay fit and healthy as adults, to be and stay physically active lifelong (Lagerstrøm 2004; Helsedirektoratet 2008; Lagerstrøm 2010). That's way we in the industrialised world have to compensate the earlier daily given natural physical activity and in addition, to have success, base the strategies, activity and programmes on the mentioned nature given roles (stimulus and economising), with a special focus on the individuals conditions and circumstances. In order to base our recommendations and programmes on individuality, we developed and use questionnaire, screening and test protocols, as the 4 min aerobic screening, Squat test, Week links, etc, which are easy, safe and reproducible. To avoid a negative experience due to being active, we focus on basic movement like aerobic walking/running, soft skills and ADL related physical activity. Furthermore we take the philosophy and the five principles of the Norwegian Friluftsliv (not sport related, nature based, outdoor activities and behaviour), by the great Norwegian philosopher, Arne Ness, also explained as 'a rich life, with simple support', more and more into account (Lagerstrøm/Wicharz 2007; Liedtke/Lagerstrøm 2007; Lagerstrøm 2010). Using the 'Norwegian way' and focusing on non-sport physical activity and ADL we do not only register excellent physiological effects and lifestyle changes with a high compliance, but also get astonishing effects concerning the psychosomatic long term

balance (Latsch *et al* 2007; Lagerstrøm 2008; Berg *et al* 2010). Summarising our more than 35 years experience with health related test-, training- and activity programmes it seems that about one-third of a population is comfortable or even excited

and motivated to be physically active by doing sport or taking part in fitness programmes. For most people, unfortunately, training and sport seem not to be the adequate way to change a sedentary life style into a more active, health related life.