Promoting Healthy Aging Through Golf: A Guide for Golf Professionals

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Abstract

The aging process is characterized by various physiological changes that significantly affect the quality of life, notably frailty, falls, and sarcopenia. These conditions, prevalent in older adults, contribute to reduced independence and increased vulnerability to adverse health outcomes. Golf, a low-impact physical activity, has shown promise in counteracting these agerelated declines by improving muscle strength, balance, and mobility. This literature review examines the relationship between golf participation and its impact on frailty, falls, and sarcopenia in older adults. Studies suggest that golf enhances physical health by promoting muscle engagement, balance, and coordination, which are crucial for reducing fall risk and frailty. The review synthesizes evidence on the effectiveness of golf as a physical activity that offers both physical and cognitive benefits. Research also highlights the potential of golf-specific training programs to improve strength, mobility, and balance in older individuals, thereby mitigating the risks associated with sarcopenia and falls. These findings emphasize the role of golf as a beneficial intervention for older adults seeking to maintain or improve physical health and reduce the adverse effects of aging as well as suggestions for practitioners to promote activity.

Promoting Healthy Aging Through Golf: A Guide for Golf Professionals

The aging process is inevitable and brings a series of physiological changes that can significantly impact an individual's quality of life. Among the most prominent challenges faced by older adults are frailty, falls, and sarcopenia, each contributing to reduced independence and increased vulnerability to adverse health outcomes. With an increasing proportion of the population over the age of 65, the economic burden associated with age-related conditions, including the costs of healthcare and long-term care, is escalating (Benavent-Caballer et al., 2014; Dai et al., 2021).

Frailty, a syndrome characterized by diminished energy reserves and decreased resilience to stressors, is closely associated with falls, which are a leading cause of injury and death in older adults. Falls often lead to severe consequences, including fractures and traumatic brain injuries, further exacerbating frailty and loss of independence (Travers et al., 2019). The phenomenon of muscle loss, known as sarcopenia, is a key contributor to both frailty and fall risk, as aging leads to reductions in muscle mass and strength. This decline in muscle function not only impairs mobility and balance but also increases susceptibility to falls, creating a vicious cycle that exacerbates frailty (Zullo et al., 2020).

Golf, as a low-impact physical activity, has emerged as a potential intervention to address these age-related challenges. Unlike more strenuous forms of exercise, golf combines moderate aerobic activity with muscle engagement, balance, and coordination, making it an appealing option for older adults. Several studies have indicated that participation in golf can lead to improvements in muscle strength, balance, and overall health, offering a promising strategy for fall prevention and frailty reduction (Murray et al., 2016; Wilson et al., 2023).

The purpose of this review is to explore the relationship between muscle development and maintenance through golf-specific training and its impact on frailty, falls, and sarcopenia in older adults. This review aims to synthesize current research on the benefits of golf as a physical activity that promotes strength, mobility, and balance, and to investigate whether it can serve as an effective intervention for reducing the risks associated with muscle loss and frailty. The significance of this review lies in its potential to provide a novel perspective on golf's role in enhancing the physical health and well-being of older adults, offering a sustainable and enjoyable alternative to more traditional forms of exercise.

The research questions addressed in this review are:

- 1. How does participation in golf affect muscle strength, balance, and frailty in older adults?
- 2. What evidence supports the role of golf in preventing falls and reducing the risk of sarcopenia in the aging population?
- 3. How does golf compare to other exercise interventions in improving functional outcomes related to aging?

The objectives of this review are to evaluate the available literature on the impact of golf on frailty, falls, and sarcopenia, and to explore the potential benefits of golf-specific training programs as an intervention for older adults facing age-related physical decline.

Understanding Frailty, Falls, and Sarcopenia in Older Adults

Definition and Prevalence of Frailty, Falls, and Sarcopenia

Frailty is a clinical syndrome that significantly impacts older adults, characterized by reduced strength, endurance, and physiological function, making individuals more vulnerable to

adverse health outcomes such as falls, hospitalization, disability, and mortality (Landi et al., 2015). It is commonly assessed using the 5-Item Frailty Phenotype hypothesized by Fried (Landi et al., 2015), which includes criteria such as unintentional weight loss, exhaustion, weakness (measured by grip strength), slow walking speed, and low physical activity. Rockwood et al. (2005) took a different approach basing a phenotype on the 7-point Clinical Frailty Scale, indicating that there is not a universally agreed upon definition of frailty. The prevalence of frailty is increasing with the aging population, affecting approximately 10-15% of individuals over 65, and it is expected to rise as the global elderly population grows (Zhou et al., 2023).

Falls are a major cause of injury among older adults, with over 25% of individuals aged 65 and older experiencing at least one fall per year (Bergen, Stevens & Burns, 2016). Falls often result in serious consequences such as hip fractures, traumatic brain injuries, and prolonged hospitalization, leading to further physical and mental decline. Notably, falls are one of the most common causes of death and disability in the elderly (Apostolo et al., 2019).

Sarcopenia, the age-related loss of muscle mass and strength, is closely linked to frailty and falls. Sarcopenia typically begins in the fifth decade of life, with an estimated 1-2% reduction in lean muscle mass per year, leading to decreased muscle strength and functional capacity (Letocart et al., 2021). Sarcopenia is a significant risk factor for frailty and falls, and it is often underdiagnosed despite its strong relationship with these conditions. The prevalence of sarcopenia is estimated to range from 8% to 36% in adults under 60 and 10% to 27% in those over 60 (Huang et al., 2025), however there is no universal consensus on a definition meaning reports on prevalence vary greatly (Landi et al., 2016).

Risk Factors and Associated Health Consequences

The consequences of frailty and sarcopenia extend beyond physical impairments. They are associated with increased healthcare costs, reduced quality of life, and a higher risk of mortality (Dai et al., 2021). Falls, particularly those resulting in fractures or head injuries, can lead to long-term disability, loss of independence, and death. The fear of falling itself can contribute to a cycle of reduced physical activity, further muscle loss, and worsening frailty. (Resnick et al., 2019). Sarcopenic obesity, a condition characterized by low muscle mass combined with high body fat, is also a significant risk factor, as it further impairs physical function and metabolic health (Welch et al., 2020).

Current Interventions and Their Effectiveness

Several interventions have been proposed to address frailty, falls, and sarcopenia in older adults. Strength and endurance training has shown significant promise in improving muscle mass, strength, and physical function, as well as reducing the risk of falls. Cadore et al. (2014) emphasized that both resistance training and aerobic exercises are effective in improving functional capacity and reversing the effects of frailty in older adults. Specifically, progressive resistance training has been shown to increase muscle strength, improve gait speed, and reduce the incidence of falls (Liu & Latham, 2009). Multicomponent interventions, combining strength training with balance exercises, have also demonstrated positive effects on reducing frailty and fall risk. For example, a study by Rathi et al., (2022) showed that a combined exercise program significantly improved balance, mobility, and strength in older adults, leading to a reduction in falls. Furthermore, interventions focusing on nutrition, such as increasing protein

intake to counteract sarcopenia, have been shown to improve muscle mass and function (Hsieh et al., 2019).

The role of exercise in managing sarcopenia and frailty is increasingly recognized, with growing evidence supporting its benefits for older adults. According to Landi et al. (2019), sarcopenia is not only a direct contributor to frailty but also acts as its biological substrate. Interventions such as resistance training, functional training, and combined physical activity programs (e.g., the Otago Exercise Program) have proven effective in reversing or delaying the onset of frailty and sarcopenia (Arkkukangas et al., 2019). These programs aim to increase muscle strength, improve balance, and enhance overall physical function, which can significantly reduce the risk of falls and associated complications.

Despite the proven effectiveness of these interventions, barriers to implementation remain, including low adherence rates, limited access to exercise programs, and lack of awareness among both healthcare providers and older adults themselves. Future research should continue to explore innovative, accessible, and sustainable strategies to promote physical activity and address frailty and sarcopenia in the aging population (Landi et al., 2019).

The Role of Physical Activity in Combating Age-Related Decline

Benefits of Exercise for Older Adults

Physical activity is crucial in combating the negative effects of aging, particularly in terms of maintaining muscle mass, strength, and functional ability. Regular exercise offers numerous benefits for older adults, including improved cardiovascular health, better muscle

strength, enhanced balance, and a reduced risk of falls (Sherrington et al., 2017). Furthermore, physical activity has been shown to slow the progression of sarcopenia, the age-related loss of muscle mass and strength, and frailty, which are key contributors to physical decline in older populations (Beaudart et al., 2017). Exercise also positively impacts mental health by improving mood, reducing anxiety and depression, and enhancing cognitive function, which are critical factors for maintaining independence in older adults (Beaudart et al., 2017).

The aging process is associated with decreased physical activity, which accelerates muscle loss, and increases frailty, fall risk, and functional limitations (Sherrington et al., 2019). Engaging in physical activity not only helps to maintain muscle mass but also reduces the adverse effects of sarcopenia and frailty, thus improving quality of life and reducing healthcare costs related to falls and frailty-related complications (Sherrington et al., 2017).

Comparison of Different Exercise Modalities

Different exercise modalities have varying impacts on muscle mass, strength, and fall prevention in older adults. These include resistance training, aerobic exercise, and balance training, each playing a significant role in improving physical function.

1. Resistance Training: Progressive resistance training (PRT) is considered one of the most effective interventions for increasing muscle strength and mass in older adults (Liu & Latham, 2009). PRT involves exercises that use resistance, such as weightlifting or bodyweight exercises, which challenge the muscles to work against an opposing force. This type of training improves both muscle mass and strength, helping to mitigate the effects of sarcopenia and frailty. Regular participation in resistance training has been

- shown to enhance physical function, mobility, and balance, which are critical factors for preventing falls in older adults (Liu & Latham, 2009).
- 2. Aerobic Exercise: Aerobic exercises, such as walking, cycling, or swimming, are typically associated with cardiovascular benefits, but they also contribute to muscle endurance, balance, and overall mobility. While aerobic exercise does not directly build muscle mass, it enhances cardiovascular health, which supports the efficiency of the cardiovascular and musculoskeletal systems (Sherrington et al., 2017). However, when combined with resistance training, aerobic exercise becomes part of a comprehensive approach to prevent frailty and reduce the risk of falls (Beaudart et al., 2017).
- 3. Balance Training: Balance training exercises focus on improving stability and coordination, which are key factors in fall prevention. Exercises such as tai chi, yoga, and functional balance training have been shown to significantly improve balance, reduce the risk of falls, and enhance lower limb strength and joint mobility (Sherrington et al., 2017). These exercises challenge the body's ability to maintain balance under various conditions, improving proprioception and postural control, which are essential for preventing falls.

Research supports the combined use of these modalities for optimal results. A study by de Labra et al. (2015) found that multicomponent exercise interventions, combining strength training, aerobic exercise, and balance training, were more effective in improving frailty parameters compared to single modality interventions. This combination approach provides a holistic benefit by enhancing cardiovascular endurance, muscle strength, and balance simultaneously.

Effects on Muscle Mass, Strength, and Fall Prevention

Exercise, particularly strength and balance training, plays a critical role in maintaining and improving muscle mass and strength, which are essential for reducing fall risk and combating sarcopenia. As noted by Liu and Latham (2009), progressive resistance training can prevent or even reverse the effects of sarcopenia by increasing muscle mass and strength.

Muscle strength is a key determinant of balance and mobility, and improvements in strength have been linked to reductions in falls (Sherrington et al., 2017).

The effectiveness of exercise in preventing falls is well-documented. Sherrington et al. (2019) highlighted that exercise programs focusing on strength, balance, and coordination significantly reduce the incidence of falls in older adults. Additionally, Beaudart et al. (2017) emphasized that physical activity improves muscle function, which enhances physical performance and reduces the fear of falling, a common psychological barrier to physical activity in older adults. Falls are less likely in individuals who engage in regular physical activity that improves lower body strength and postural stability.

A systematic review by de Labra et al. (2015) also affirmed the positive effects of physical exercise in frail older adults, noting that exercise interventions led to significant improvements in muscle mass, strength, gait speed, and fall risk. Furthermore, these improvements were associated with increased independence in daily activities and a reduction in frailty symptoms. These findings underscore the importance of incorporating exercise into care plans for older adults to enhance mobility and reduce the likelihood of falls.

Overall, exercise plays a vital role in mitigating the negative effects of aging by improving muscle mass and strength, preventing falls, and enhancing functional capacity. For

older adults, a combination of resistance training, aerobic exercise, and balance training is the most effective strategy for combating age-related physical decline and maintaining a high quality of life.

Golf as a Physical Activity for Older Adults

Overview of Golf and Its Physical and Cognitive Demands

Golf is a popular recreational activity that offers a variety of physical and cognitive benefits for older adults. While often perceived as a low-impact sport, golf demands significant physical effort, particularly in terms of strength, balance, and coordination. The physical aspects of golf include walking, swinging, and carrying or pushing a golf cart. Walking, often covering several miles or kilometers over a round, provides moderate cardiovascular activity, which is essential for maintaining heart health in older adults (Murray et al., 2017). Additionally, the repetitive actions involved in swinging a golf club engage several muscle groups, improving flexibility, strength, and endurance, particularly in the lower body, core, and upper limbs (Broman et al., 2004).

From a cognitive perspective, golf requires strategic thinking, problem-solving, and decision-making. Golfers must assess the layout of the course, choose the appropriate club, and adapt their technique to varying conditions, which promotes mental engagement and neuroplasticity (Murray et al., 2017). This combination of physical exertion and cognitive challenges makes golf a unique and holistic activity that can enhance both the body and mind, providing a comprehensive form of exercise for older adults.

Participation Rates Among Older Adults

Golf has become increasingly popular among older adults, particularly in countries with strong golfing traditions. Research indicates that a significant proportion of older adults engage in recreational golf, with participation rates particularly high among those aged 65 and above. In the United States, for instance, the National Golf Foundation reports that more than 25% of golfers are aged 60 or older (Murray et al., 2017). This demographic has become a major player in the golf industry, drawn by the sport's accessibility, social aspects, and health benefits.

Older adults typically participate in golf as a social and recreational activity, with many finding it an enjoyable way to stay active without the intensity of other sports (Murray et al., 2017). Golf provides opportunities for outdoor exercise, which is particularly beneficial for older adults who may seek low-impact activities that are easy on the joints while still providing substantial health benefits. Despite its accessibility, participation may be influenced by factors such as availability of golf courses, the cost of playing, and the physical demands of the sport, such as walking long distances and swinging the club.

General Health Benefits of Golf

Golf offers numerous health benefits for older adults, making it an ideal activity for maintaining and improving physical health. One of the primary benefits of golf is its cardiovascular impact. Walking the course provides moderate-intensity aerobic exercise, which is crucial for maintaining cardiovascular health and reducing the risk of chronic conditions such as hypertension, heart disease, and type 2 diabetes (Sorbie et al., 2022). Additionally, the low-impact nature of the sport makes it a suitable option for older adults who may have joint concerns or other physical limitations.

Beyond cardiovascular health, golf also promotes physical strength, flexibility, and balance. As mentioned, the swinging motion strengthens the core, upper body, and lower limbs, while walking and navigating the course engage the lower body muscles and improve mobility. Studies have shown that golfers tend to have better balance, coordination, and muscle mass compared to non-golfers, suggesting that participation in golf may help reduce the risk of falls, which is a major concern for older adults (Wilson et al., 2023). Regular participation in golf has also been linked to improved mobility and a reduced risk of frailty, further contributing to better overall physical function.

Walking – Moderate Cardiovascular Activity

One of the most significant benefits of golf for older adults is the amount of walking involved. A typical 18-hole round of golf can require walking between 4 and 6 miles, depending on the course layout. This walking provides a moderate form of cardiovascular exercise, which is essential for maintaining a healthy heart, improving circulation, and reducing the risk of cardiovascular diseases (Sorbie et al., 2022).

Moderate cardiovascular activity, such as the walking done during a round of golf, has been shown to reduce blood pressure, improve lipid profiles, and increase overall cardiovascular fitness. For older adults, who may struggle to engage in more intense forms of aerobic exercise, walking while playing golf provides a manageable yet effective way to stay active and reap the benefits of regular aerobic exercise.

Cognitive Connection – Problem Solving – Neuroplasticity

In addition to its physical benefits, golf provides significant cognitive stimulation. The sport requires players to constantly engage in problem-solving and strategic thinking, as they

must assess each hole, consider course conditions, and make decisions on how best to approach each shot. This mental engagement has been shown to support neuroplasticity—the brain's ability to adapt and form new connections—especially in older adults (Murray et al., 2017).

Cognitive benefits of golf include improved memory, attention, and executive function. The mental challenges of the game, such as calculating the best shot or adjusting to changing weather conditions, keep the brain active and help older adults maintain cognitive function as they age. The social aspects of golf, including communication with fellow players, also contribute to mental well-being, reducing feelings of loneliness and depression, which are common among older adults (Broman et al., 2004).

In sum, golf serves as both a physical and mental exercise, offering older adults an enjoyable and accessible way to stay healthy, active, and socially engaged. The combined physical benefits of walking, strength building, and cardiovascular exercise, along with cognitive engagement and neuroplasticity, make golf an ideal activity for maintaining overall health in older adults.

Impact of Golf on Frailty, Falls, and Sarcopenia

Evidence Linking Golf Participation to Reduced Frailty and Improved Mobility

Golf has been shown to have a positive impact on frailty and mobility in older adults.

Research has demonstrated that regular participation in golf can help reduce the symptoms of frailty by improving physical strength, endurance, and overall functional capacity. Stenner et al., (2019) found a significant association between golf participation and improved health outcomes, particularly in terms of reducing frailty. Golf, as a low-impact physical activity, helps

older adults maintain muscle strength, which is crucial in the prevention of frailty. Regular golf participation engages multiple muscle groups and promotes cardiovascular health, which contributes to enhanced mobility and reduced frailty (Stenner et al., 2020).

Moreover, the walking involved in playing golf provides an aerobic workout that improves gait speed and functional mobility, both of which are critical in the management of frailty (Tsang & Hui-Chan, 2010). Older golfers typically demonstrate better mobility and physical function compared to non-golfers, indicating that golf can serve as an effective intervention for reducing frailty symptoms and enhancing mobility (Stenner et al., 2020).

Golf's Role in Fall Prevention

One of the most significant health risks for older adults is the occurrence of falls, which can lead to serious injury, disability, and a loss of independence. Golf plays a key role in fall prevention by improving balance, coordination, and overall physical function. The dynamic movements required for swinging a club and walking the course engage both static and dynamic balance, which are essential components in preventing falls (Tsang & Hui-Chan, 2010). Studies show that golfers tend to have better balance than non-golfers, particularly in older adults, where golf participation has been linked to enhanced stability and a reduced risk of falls (Stenner et al., 2020).

The combination of weight-bearing walking and strength-based swinging motions enhances bone density and muscle mass, contributing to improved postural control and a stronger musculoskeletal system, both of which reduce the risk of falls (Tsang & Hui-Chan, 2010). Golf's role in fall prevention is also highlighted by the fact that participants are less likely

to experience significant declines in balance and physical function, which are key factors in fall-related injuries (Broman et al., 2004).

Effects on Muscle Mass, Strength, and Balance

Golf's physical demands, which include walking and swinging, have notable effects on muscle mass, strength, and balance. Although golf is considered a low-impact sport, it provides a substantial workout for various muscle groups, especially in the lower body and core. Walking the course engages the large muscles in the legs, while the swinging motion strengthens the upper body, core, and arms. This combination of activities improves muscle mass and strength, which are critical in counteracting sarcopenia (age-related muscle loss) and maintaining functional independence.

Research supports the notion that golf participation positively impacts muscle strength and balance. Tsang and Hui-Chan (2010) demonstrated that older golfers exhibit improved static and dynamic balance, which contributes to enhanced mobility and reduced fall risk.

Additionally, Stenner et al. (2020) found that golf participation was associated with improved lower-body strength and balance, suggesting that golf could be an effective way to counteract the muscle weakness and balance deficits associated with aging.

The walking component of golf, often covering several miles per round, provides a moderate-intensity cardiovascular workout that supports muscle endurance. This combined with the resistance provided by the golf swing, contributes to both muscle mass retention and strength development, which are vital in mitigating sarcopenia and frailty (Murray et al., 2017). Regular participation in golf has the potential to slow the progression of sarcopenia, improve muscle function, and enhance balance in older adults (Broman et al., 2004).

Motivations to Be Physically Active: Insights from Masters Swimmers

Motivation to remain physically active is a key factor in maintaining a healthy lifestyle for older adults, particularly as they face the challenges of aging, frailty, and sarcopenia. A qualitative study on Masters swimmers revealed several key motivations for older adults to stay active, which may also apply to golf participants. The primary motivations identified were social interaction, enjoyment, and the desire to maintain independence and mobility (Murray et al., 2017). Older adults who engage in physical activities like swimming or golf are often motivated by the sense of accomplishment, mental stimulation, and the opportunity to connect with others who share similar interests.

For golfers, the social aspect of the sport is a strong motivator, as it provides an opportunity for community engagement, relaxation, and enjoyment in a supportive environment. Additionally, the cognitive benefits of the sport, such as problem-solving and strategic thinking, further enhance motivation by keeping the brain active and sharp. The sense of achievement derived from improving one's game or walking a full course also contributes to maintaining long-term participation in golf.

By combining physical activity with social interaction and cognitive engagement, golf offers a holistic approach to maintaining health and well-being in older adults. This makes golf an attractive option for those looking to prevent frailty, reduce fall risk, and maintain independence as they age (Murray et al., 2017).

Golf-Specific Training Programs

Overview of Golf-Specific Training Approaches

Golf-specific training programs are designed to enhance the physical capabilities required to perform well in golf, focusing on key aspects such as strength, flexibility, mobility, and balance. These programs typically integrate resistance training, aerobic exercises, flexibility work, and balance training, with an emphasis on movements that mimic the actions required in golf, such as swinging, walking, and maintaining posture. The goal of golf-specific training is not only to improve performance on the course but also to address the unique physical demands that golfers face, including rotational strength, core stability, and lower body mobility.

Golf-specific training programs are structured to improve overall function, reduce the risk of injury, and enhance performance, particularly for older adults who may experience agerelated physical decline. These programs focus on exercises that improve the mobility of key joints such as the hips, shoulders, and spine, as well as strengthening muscles used during the golf swing and walking on the course. Many programs also incorporate exercises that enhance cardiovascular fitness, as walking the golf course is a significant part of the sport's physical demands.

Adaptations for Older Adults

For older adults, adaptations to golf-specific training are necessary to accommodate age-related changes in strength, flexibility, and mobility. Older individuals often experience reduced muscle mass, joint stiffness, and a decline in overall physical function, making it important for golf-specific training to include modifications that promote safety and effectiveness. One key adaptation is the use of lower-intensity exercises with a focus on joint mobility and functional movements that mimic the golf swing.

Programs for older adults typically emphasize controlled movements, low-impact exercises, and progressive resistance training. These adaptations help prevent injury while improving strength and flexibility, with a particular focus on maintaining joint health and muscle mass. A study by Thompson & Osness (2004) found that a multimodal exercise program combining strength, flexibility, and mobility exercises resulted in significant improvements in golf performance and overall physical function among older adults. The exercises used in such programs are tailored to meet the specific needs of older golfers, ensuring that they can safely improve their strength and mobility without overstraining their bodies.

Outcomes Related to Strength, Mobility, and Fall Prevention

Golf-specific training programs have been shown to improve strength, mobility, and balance, all of which are critical for maintaining functional independence and reducing the risk of falls in older adults. These programs help enhance muscle strength, which is essential for maintaining a strong and stable posture during the golf swing and for walking the course. By strengthening the core, legs, and upper body, golfers can achieve better control and coordination, which directly impacts both performance and safety.

Research by Thompson & Osness (2004) demonstrated that a multimodal exercise program tailored for older golfers significantly improved both golf performance and physical function. Participants in the program experienced gains in strength, flexibility, and overall mobility, as well as improvements in key golf-specific skills such as swing mechanics and endurance. These outcomes suggest that golf-specific training is effective not only for improving performance but also for maintaining and enhancing physical function in older adults, particularly in terms of strength, mobility, and balance.

By targeting the muscles involved in the golf swing and improving lower body mobility, the program helped participants maintain better balance and stability, reducing the likelihood of falls. These findings underscore the importance of incorporating golf-specific exercises into training routines for older adults to improve mobility, enhance strength, and prevent falls.

In conclusion, golf-specific training programs offer a highly effective approach to improving the physical health and performance of older golfers. By targeting strength, mobility, and balance, these programs not only help golfers improve their game but also contribute to fall prevention and overall physical well-being. With the appropriate adaptations, older adults can safely engage in these programs to maintain their health, enhance their golfing experience, and reduce the risk of injury.

Discussion

This review examined the impact of golf as a physical activity on frailty, falls, and sarcopenia in older adults. The findings from the literature suggest that golf offers significant physical and cognitive benefits and may serve as an effective intervention for mitigating agerelated physical decline. Golf's low-impact nature, combined with its demands for strength, balance, and mobility, makes it an attractive and accessible option for older adults seeking to maintain or improve their physical health while reducing the risk of falls and frailty. The synthesis of evidence presented in this review underscores the positive effects of golf-specific training programs, as well as the general health benefits of regular participation in the sport.

Golf and Its Impact on Frailty and Mobility

Golf has been shown to positively impact frailty and mobility, particularly in older adults.

Participation in golf is linked to reductions in frailty, as it encourages physical activity that

addresses the decline in muscle strength, endurance, and mobility associated with aging. Evidence from Stenner et al., (2020) demonstrated that older adults who engage in golf experience improvements in strength, mobility, and physical function, which are key factors in reducing frailty. Additionally, the physical demands of golf, including walking the course and performing rotational movements during the swing, promote mobility and help to maintain joint health, which in turn can prevent the onset of frailty and improve overall quality of life (Tsang & Hui-Chan, 2010). The combination of aerobic exercise and strength-building activities inherent in golf allows older adults to enhance physical function, helping them maintain independence and reduce the risks associated with aging.

Golf's Role in Fall Prevention

The evidence also supports golf's role in fall prevention. Falls are a leading cause of injury, disability, and death among older adults, with balance impairments and muscle weakness being key risk factors. Golf participation has been shown to improve balance, stability, and strength, which are critical components in preventing falls. Walking the course and performing golf-specific movements engage the core, lower body, and upper limbs, strengthening muscles and enhancing balance (Tsang & Hui-Chan, 2022). Moreover, the regular physical activity provided by golf helps maintain and improve proprioception, coordination, and postural control, all of which contribute to fall prevention. The walking involved in golf provides moderate cardiovascular exercise that supports muscle strength, cardiovascular health, and balance, reducing the likelihood of falls and fall-related injuries (Broman et al., 2004)

Golf-Specific Training for Older Adults

Golf-specific training programs are particularly beneficial for older adults, as they focus on improving the physical capabilities required for golf while also addressing the needs associated with aging. These programs combine resistance training, flexibility exercises, aerobic activity, and balance training, specifically tailored to enhance mobility, strength, and functional capacity (Thompson & Osness, 2004).

Motivations for Physical Activity

The motivation to remain physically active is a key factor in the effectiveness of any exercise program for older adults. A qualitative study on Masters swimmers highlighted several key motivators for older adults to stay active, including social interaction, enjoyment, and the desire to maintain independence (Murray et al., 2017). These motivations are similarly relevant to golf, as the sport provides a social and enjoyable environment that encourages long-term participation. Golf offers older adults an opportunity to stay active while engaging in a mentally stimulating and socially enriching activity. The cognitive challenges of the sport, including decision-making and problem-solving, contribute to neuroplasticity and mental well-being (Murray et al., 2017). The combination of physical activity, social engagement, and mental stimulation enhances motivation and adherence to regular participation in golf, further promoting its positive effects on health and well-being.

Conclusion

Summary of Key Insights

This review underscores the profound impact of golf on mitigating age-related physical decline in older adults. Golf serves as an effective intervention for reducing frailty, improving mobility, enhancing muscle strength, and preventing falls. The combination of walking,

strength-building swings, and balance exercises in golf not only enhances physical health but also improves cognitive function and mental well-being. Participation in golf can help older adults maintain their independence and quality of life by providing moderate-intensity exercise that reduces the risks associated with sarcopenia, frailty, and falls. Furthermore, golf-specific training programs have proven beneficial in improving strength, mobility, and balance, offering tailored interventions for older adults.

Limitations and Future Directions

While the evidence supporting the benefits of golf for older adults is promising, there are several limitations to consider. First, many studies in this area rely on observational or cross-sectional data, which limits the ability to draw causal conclusions. More rigorous randomized controlled trials (RCTs) are needed to determine the long-term effects of golf participation on frailty, falls, and sarcopenia. Additionally, while golf is a popular activity among older adults, participation rates may vary based on geographical location, access to golf courses, and socioeconomic factors. Future research should explore the barriers to golf participation and examine how interventions can be adapted to increase accessibility for older adults, particularly those in underserved communities.

Moreover, while golf-specific training programs have demonstrated effectiveness in improving strength, mobility, and balance, further studies are needed to optimize these programs and better understand the specific components that contribute most to positive health outcomes. Researchers should explore the impact of golf on other health factors, such as mental health and cognitive function, and investigate how golf can be integrated into broader public health strategies for aging populations.

Practical Applications for Health Professionals and Golf Instructors

Health professionals and golf instructors can leverage the findings from this review to develop tailored interventions for older adults. For health professionals, encouraging participation in golf can serve as a low-impact exercise option to prevent or reduce frailty, sarcopenia, and fall risk. Integrating golf-specific exercises that enhance strength, balance, and mobility into physical activity programs can help older adults achieve better health outcomes. Golf instructors, on the other hand, can offer specialized training programs that focus on strengthening the core, improving flexibility, and enhancing balance, thus supporting the physical health of older golfers while also improving their game. Additionally, golf instructors should be aware of the cognitive and social benefits of the sport, fostering a community environment that encourages long-term participation and engagement.

In conclusion, golf presents a holistic and accessible activity that addresses both physical and cognitive aspects of aging, benefiting older adults by enhancing their mobility, reducing the risk of falls, and improving overall health.

References

- Apostolo, J., Dixe, M. D. A., Bobrowicz-Campos, E., Areosa, T., Santos-Rocha, R., Brauna, M., Ribeiro, J., Marques, I., Freitas, J., Almeida, M. L., & Couto, F. (2019). Effectiveness of a Combined Intervention on Psychological and Physical Capacities of Frail Older Adults: A Cluster Randomized Controlled Trial. *International Journal of Environmental Research and Public Health*, *16*(17), 3125. https://doi.org/10.3390/ijerph16173125
- Beaudart, C., Dawson, A., Shaw, S.C., Harvey, N.C., Kanis, J.A., Binkley, N., Reginster, J.Y.,
 Chapurlat, R., Chan, D.C., Bruyere, O., Rizzoli, R., Cooper, C., & Dennison, E.M. (2017).
 Nutritional and physical activity in the prevention and treatment of sarcopenia:
 Systematic review. *Osteoporosis International, 28*(6) 1817-1833.
 https://doi.org/10.1007/s00198-17-3980-9
- Benavent-Caballer, V., Rosado-Calatayud, P., Segura-Orti, E., Amer-Cuenca, J. J., & Lison, J. F. (2014). Effects of three different low-intensity exercise interventions on physical performance, muscle CSA and activities of daily living: a randomized controlled trial. *Experimental Gerontology, 58,* 159-165. https://doi.org/10.1016/j.exger.2014.08.004
- Bergen, G., Stevens, M.R., & Burns, E.R. (September 23, 2016). Falls and fall injuries among older adults aged ≥65 years Unites States, 2014. *Morbidity and Mortality Weekly Report*, 65(37), 993-998 https://www.jstor.org/stable/24858985
- Broman, G., Johnson, L., & Kaijser, L. (2004). Golf: A high intensity interval activity for elderly men. *Aging Clinical and Experimental Research*, *16*(5) 375-381. https://doi.org/10.1007/BF03324567

- Dai, L., Schurgers, L., Shiels, P. G., & Stenvinkel, P. (2021). A biometric natural sciences approach to understanding the mechanisms of aging burden of lifestyle disease. *Clinical Science*, 135, 1251-1272. https://doi.org/10.1042/CS20201452
- de Labra, C., Guimaraes-Pinheiro, C., Maseda, A. Lorenzo, T., & Millan-Calenti, J.C. (2015).

 Effects of physical exercise interventions in frail older adults: A systematic review of randomized controlled trials. *BMC Geriatrics* 15(154). https://doi.org/10.1186/s12877-015-0155-4
- Huang, J., Li, M., Lou, Q., & Li, J. (2025). The association of sarcopenia, possible sarcopenia and cognitive impairment: A systematic review and meta-analysis. *PLOS One, 20*(5) e0324258. https://doi.org/10.1371/journal.pone0324258
- Hsieh, T., Su, S., Chen, C., Kang, Y., Hu, M., Hsu, L., Wu, S., Chen, L., Chang, H., Chuang, S., Pan, W., & Hsu, C. (2019). Individualized home-based exercise and nutrition interventions improve frailty in older adults: A randomized controlled trial. *International Journal of Behavioral Nutrition and Physical Activity*, 16(1) 119. https://doi.org/10.1186/s12966-019-0855-9
- Landi, F., Cherubini, A., Cesari, M., Calvani, R., Tosato, M., Sisto, A., Martone, A.M., Bernabei, R., & Marzetti, E. (2016). Sarcopenia and frailty: From theoretical approach into clinical practice. *European Geriatric Medicine*, 7(3), 197-200. https://doi.org/10.1016/j.eurger.2015.12.015
- Letocart, A. J., Mabesoone, F., Charleux, F., Couppe, C., Svensson, R. B., Marin, F., Magnusson, S. P., & Grosset, J. F. (2021). Muscles adaptation to aging and training: Architectural

- changes a randomized trial. *BMC Geriatrics*, *21*(48) 1-18. https://doi.org/10.1186/s12877-021-02000-0
- Liu, C. J., & Latham, N. K. (2009). Progressive resistance strength training for improving physical function in older adults. *Cochrane Database of Systematic Reviews, (3),* CD002759. https://doi.org/10.1002/14651858.CD002759.pub2
- Morley, J., Anker, S.D. & von Haehling, S. (2014). Prevalence, incidence, and clinical impact of sarcopenia: Facts numbers and epidemiology-update 2014. *J Cachexia Sarcopenia Muscle*, *5*(4) 253-262.
- Murray, A. D., Daines, L., Archibald, D., Hawkes, R., Schiphorst, C., & Kelly, P. (2017). The relationships between golf and health: A scoping review. *British Journal of Sports Medicine*, *51*(1), 12-19. https://doi.org/10.1136/bjsports-2016-096317
- Rathi, M., Joshi, R., Desai, R., Gazbare, P., Kulkarni, N., & Patil Vidyapeeth, D.Y. (2022). Effects of OTAGO exercise programme on strength, balance and mobility in elderly: An experimental study. *Indian Journal of Physiotherapy and Occupational Therapy, 16*(3) 38-43.
 - https://www.researchgate.net/publication/364029878_Effect_of_OTAGO_Exercise_Programme_on_Strength_Balance_and_Mobility_in_Elderly_An_Experimental_Study
- Resnick, B., Galik, E., Boltz, M., Vigne, E., Holmes, S., Fix, S., & Zhu, S. (2019). The impact of physical activity and function on falls in assisted living residents. *Journal of Aging and Physical Activity*, *27*(4) 816-822. https://doi.org/10.1123/japa.2018-0291

- Sherrington, C., Michaleff, Z.A., Fairhall, N., Paul, S.S., Tiedemann, A., Whitney, J., Cumming, R.G., Herbert, R.D., Close, J.C.T., & Lord, S.R. (2017). Exercise to prevent falls in older adults: An updated systematic review and meta-analysis. *British Journal of Sports*Medicine, 51(24) 1750-1758. https://doi.org/10.1136/bjsports-2016-096547
- Sorbie, G.G., Beaumont, A.J., Williams, A.K., & Lavallee, D. (2022). Golf and physical helath: A systematic review. *Sports Medicine*, *52. https://doi.org/10.1007/s40279-22-01732-w*
- Thompson, C.J. & Osness, W.H. (2004). Effects of an 8-week multimodal exercise program on strength, flexibility, and golf performance in 55-79-year-old men. *Journal of Aging and Physical Activity*, *12*(2) 144-156. https://doi.org/10.1123/japa.12.2.144
- Tsang, W. W., & Hui-Chan, C. W. (2010). Static and dynamic balance control in older golfers. *Journal of Aging and Physical Activity, 18*(1), 1
 13. https://doi.org/10.1123/japa.18.1.1.
- Travers, J., Romero-Ortuno, R., Bailey, J., & Cooney, M. T. (2019). Delaying and reversing frailty: a systematic review of primary care interventions. *British Journal of General Practice*, 69(678), e61-e69. https://doi.org/10.3399/bjgp18X700241
- Wilson, D. A., Brown, S., Mucklet, P.E., Warner, M.B., Agyapong-Badu, S., Glover, D., Murray, A.D., Hawkes, R.A., & Stokes, M. (2023). Strength and balance in recreational golfers and non-golfers aged 65–79 years in community settings. *Journal of Aging and Physical Activity*, 31(2), 257-264. https://doi.org/10.1123/japa.2021-0498
- Welch, C., Greig, C., Masud, T., Wilson, D., & Jackson, T.A. (2020). COVID-19 and acute sarcopenia. *Aging and Disease*, 11(6) 1345-1351.

 https://doi.org/10.14336/ad.2020.1014

Zhou, T., Qu, Z., Ge, S., Wu, X., Zhang, X., Wang, A., & Tang, X. (2023). Frailty knowledge level and its influencing factors among older adults in China. *Geriatric Nursing*, *50*, 247-254. https://doi.org/10.1016/j.gerinurse.2023.01.004

Zullo, A., Fleckenstein, J., Schleip, R., Hoppe, K., Wearing, S., & Klingler, W. (2020).

Structural and functional changes in the coupling of fascial tissue, skeletal muscle, and nerves during aging. *Frontiers in Physiology, 11*,

592. https://doi.org/10.3389/fphys.2020.00592