PHYSICAL HEALTH & HEALTHY LIVING FACTSHEET

Movement, Strength and Everyday Activity

Inclusive ways to build health, function and confidence

The short version

Movement includes far more than sport or walking. Everyday tasks, wheelchair propulsion, seated exercise, active travel, recreation, strength work and adapted activity can all contribute. UK guidance emphasises that any appropriate activity is better than none. Start from your current ability, build gradually and adapt movement around health, pain, fatigue, safety and what matters to you.

Different parts of physical activity

Light activity	Movement that uses more energy than resting but does not usually make breathing much faster, such as gentle tasks, easy wheeling or moving around the home.
Aerobic activity	Rhythmic activity using large muscle groups that raises heart rate and breathing, supporting cardiovascular and respiratory fitness.
Strength	Activity that makes muscles work harder than usual against body weight, gravity, resistance, objects, bands, weights or manual wheelchair propulsion.
Balance	Activities that challenge the ability to control body position safely. Balance work may be standing, supported, seated or adapted.
Flexibility and mobility	Comfortable movement through an available range, supporting everyday tasks. Stretching should not be forced into pain or unstable joints.
Everyday function	Standing, transferring, reaching, carrying, gardening, housework, caring, stairs, shopping and other personally relevant tasks.

UK activity guidance for adults

The UK Chief Medical Officers updated the evidence supporting the guidelines in July 2026. Adults should aim to be active every day, work towards at least 150 minutes of moderate activity or 75 minutes of vigorous activity each week, strengthen major muscle groups on at least two days and reduce long periods of inactivity where physically possible.

Any activity helps	The greatest early health gains often occur when moving from no activity to some activity. Short bouts count and activity can be accumulated across the week.
Moderate intensity	Breathing becomes faster and the body warmer; you can usually talk but not sing. Intensity is relative to individual fitness and function.
Vigorous intensity	Breathing is hard and fast, and speaking more than a few words without pausing is difficult. Vigorous activity is not necessary for everyone.
Strength	Work all major muscle groups—legs, hips, back, abdomen, chest, shoulders and arms—on at least two days where appropriate.
Balance	Older adults and people at risk of falls should include activity that maintains or improves balance, strength and flexibility on at least two days.
Sedentary time	When possible, break up long periods of inactivity with light movement. Active sitting, chair exercise and wheeling are activity, not sedentary behaviour.

A target is not a starting requirement

The weekly guideline describes an aim for substantial health benefit—not a minimum that must be achieved before movement is worthwhile. A suitable first goal may be one or two minutes, one repeated movement or one extra everyday task.

Inclusive movement options

Seated movement	Marching or tapping feet, reaching, trunk turns, arm patterns, resistance bands, light weights, seated dance or adapted aerobic routines.
Wheelchair activity	Everyday propulsion, pushing intervals, adapted sport, resistance training, transfers and upper-body conditioning matched to shoulder health.
Supported standing	Sit-to-stand practice, supported marching, heel raises or weight shifts using an appropriate stable support and professional advice where needed.
Water-based activity	Swimming, water walking or aqua exercise can reduce weight-bearing for some people, although access, fatigue, skin, infection and temperature needs matter.
Home and daily tasks	Cleaning, cooking, gardening, carrying, playing with children, pet care, shopping and active hobbies can build useful activity.
Structured exercise	Gym, classes, physiotherapy exercises, walking, cycling, dancing, martial arts, sport or online sessions can provide progression and community.

For wheelchair users and upper-limb activity

Wheelchair propulsion and transfers place repeated demands on the shoulders. Build volume gradually, vary movement where possible, include suitable pulling and shoulder-stability work, review technique and equipment, and seek assessment for persistent shoulder pain, weakness, loss of range or night pain.

Adapting the environment

- use a stable chair, rail, wall or appropriate walking aid
- keep water, medication and emergency information available
- use equipment suited to grip, range and seated position
- choose accessible routes, toilets, parking and rest points
- adjust lighting, temperature, noise and sensory demands
- have a lower-energy or shorter alternative ready

Building strength safely

Choose movements	Select exercises that reflect everyday goals and cover relevant major muscle groups. Examples include sit-to-stand, rows, presses, band work, lifting, carrying or adapted equivalents.
Use suitable resistance	A set should feel challenging while technique remains controlled. Resistance may come from body weight, bands, household objects, machines or free weights.
Progress one factor	Increase repetitions, resistance, sets, range, frequency or complexity gradually rather than changing everything at once.
Allow recovery	Muscles need recovery between harder sessions. Illness, poor sleep, pain flares and treatment may require additional rest or reduced intensity.
Technique matters	Use a stable position, comfortable range and controlled breathing. A qualified professional can adapt technique for disability, injury or health conditions.

Strength is not only about appearance

- maintaining muscle and physical function
- making transfers, stairs and carrying easier
- preserving independence with age
- supporting bones and joints
- supporting balance and reducing falls risk
- maintaining muscle during weight loss or inactivity

Quality before quantity

Painful, unstable or poorly controlled repetitions are not automatically more effective. Stop a set when technique changes substantially, symptoms become concerning or you cannot maintain a safe position.

Balance, falls and confidence

Falls can have several causes, including muscle weakness, vision or hearing problems, medicines, blood pressure changes, foot problems, hazards and health conditions. Strength and balance activity can help, but recurrent falls need assessment rather than exercise advice alone.

Safer practice	Practise near a stable support, remove trip hazards, use suitable footwear and have another person present if needed.
Progression	A balance task can be changed by hand support, foot position, head movement, reaching, surface or dual-task demand. Progress only when safe.
Professional help	A physiotherapist, falls service or other qualified professional can assess gait, strength, vestibular problems, transfers, aids and home safety.
After a fall	Seek urgent help for serious injury, inability to get up, head injury, severe pain or concerning symptoms. Report falls and near misses to an appropriate professional.

Flexibility and joint range

- move slowly into a comfortable range and avoid bouncing
- use warmth or a gentle activity first if this helps
- stretching should feel like mild tension, not sharp pain, tingling or instability
- people with hypermobility may need control and strength rather than pursuing more range
- protect healing tissue and follow post-operative or clinical restrictions

Falls assessment may include more than exercise

NHS falls support may include checking strength, bones, eyesight, hearing, medicines and the home environment, as well as strength and balance training.

Pain, fatigue and pacing

Expected effort	Breathing faster, warmth, muscle effort and mild short-lived stiffness can be normal depending on the activity and person.
Concerning symptoms	New chest pain, collapse, severe breathlessness, stroke signs, sudden severe pain or serious injury need urgent assessment.
Pain response	Pain is not always a simple measure of tissue damage, but it should not be ignored. Consider intensity, type, duration, swelling, weakness, injury and effect on function.
Fatigue response	Track whether tiredness settles with ordinary recovery or causes a delayed, disproportionate worsening lasting many hours or days.
Clinical guidance	Conditions involving post-exertional symptom exacerbation, unstable heart or lung disease, acute illness or significant neurological symptoms require individual advice.

Pacing principles

- start below the level that repeatedly causes a major flare
- break activity into shorter sections with planned recovery
- use symptoms and function to guide progression
- keep a flexible minimum, usual and higher-energy option
- alternate demanding and lighter tasks
- change position or muscle group where possible
- avoid the repeated boom-and-bust cycle
- review whether treatment or assessment is needed

Pacing is not the same as permanent avoidance. It is a way of using available energy more predictably while maintaining or carefully building meaningful activity when appropriate.

Planning activity that lasts

Purpose	Choose a reason that matters: independence, playing with family, reducing falls risk, returning to a hobby, improving stamina or supporting treatment.
Baseline	Notice what you can currently do on a typical day without an unacceptable symptom response. Do not plan only from your best day.
Specific step	Decide what activity, how much, how often, where and what equipment or support is needed.
Progression	Change one factor gradually. Hold or reduce the plan during illness, injury, treatment changes or significant symptom flares.
Review	Assess function, confidence, symptoms, recovery and enjoyment—not only minutes, distance, weight or calories.

A flexible three-level plan

Lower-energy day	One or two gentle movements, position changes, breathing, range work or a short essential task.
Usual day	A manageable planned session or active task that supports current goals without overwhelming recovery.
Higher-energy day	A little more time, resistance or variety—without using all available energy and triggering a preventable crash.

How Health Matters UK can support

Health Matters UK can provide general physical-activity education, help identify goals and barriers, support realistic planning and signpost qualified exercise, physiotherapy or medical professionals. We do not diagnose injuries, prescribe rehabilitation, clear someone medically for exercise or replace individual clinical assessment.

Movement belongs to every body

Activity does not have to look athletic to count. A movement can be small, seated, supported, adapted, slow or part of an ordinary task and still be meaningful. Progress is the movement that helps your life—not the movement that impresses somebody else.

Your movement and strength checklist

Health and safety	Relevant conditions, symptoms, medicines, falls, pain, fatigue, post-operative restrictions and advice from your care team.
Current ability	What can you do on a typical day? Consider transfers, walking or wheeling, stairs, reaching, carrying, balance and recovery.
Meaningful goal	What function, activity or experience would you like movement to support?
Activity mix	Include suitable aerobic, strength, balance, mobility and everyday activity rather than relying on one type.
Adaptations	Equipment, seating, environment, assistance, transport, cost, timing and lower-energy alternatives.
Review	Track symptoms, confidence, function and recovery. Know when to progress, hold, reduce or seek professional advice.

Important information

This factsheet gives general education for adults and does not replace personalised medical, physiotherapy or exercise advice. Speak to a GP or suitable professional if you have been inactive for some time, have health conditions or symptoms, are pregnant, are recovering from surgery or are unsure what is safe.

Evidence and review

Prepared in line with Health Matters UK's Evidence & Editorial Standards. Information was checked against current NHS and UK government resources. External guidance remains the responsibility of the issuing organisation.

• UK Chief Medical Officers. Physical activity guidelines, updated July 2026. gov.uk/government/publications/physical-activity-guidelines-uk-chief-medical-officers-report/

• UK Chief Medical Officers. Physical activity for disabled adults infographic, updated July 2026. gov.uk/government/publications/physical-activity-guidelines-disabled-adults/

• NHS. Physical activity guidelines for adults aged 19 to 64. nhs.uk/live-well/exercise/physical-activity-guidelines-for-adults-aged-19-to-64/

• NHS. How to improve your strength and flexibility. nhs.uk/live-well/exercise/how-to-improve-strength-flexibility/

• NHS. Falls. nhs.uk/conditions/falls/

• NHS. Balance exercises. nhs.uk/live-well/exercise/balance-exercises/

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