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LESSONS FROM THE FIELD: HOW SPORTS MEDICINE CAN IMPROVE HEALTH OUTCOMES FOR SENIORS

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C O N T E N T S

LESSONS FROM THE FIELD: HOW SPORTS MEDICINE CAN IMPROVE HEALTH OUTCOMES FOR SENIORS

Wednesday, June 25, 2025

U.S. SENATE
SPECIAL COMMITTEE ON AGING
Washington, DC.

The Committee met, pursuant to notice, at 3:30 p.m., Room G50, Dirksen Senate Office Building, Hon. Rick Scott, Chairman of the Committee, presiding.

Present: Senators Scott, McCormick, Justice, Tuberville, Johnson, Moody, Husted, and Gillibrand.

OPENING STATEMENT OF SENATOR RICK SCOTT, CHAIRMAN

Chairman SCOTT. Good afternoon. The Special Committee on Aging will come to order.

As we have heard from expert witnesses in previous hearings, staying active is one of the most effective ways for older Americans to prevent disease, improve mental health, and increase longevity.

Too often, Congress holds hearings on problems, listens to solutions, and then never takes action to keep the conversation going and put good ideas into practice. It sounds crazy, but that is the norm in Washington, and I do not think any of our good members of the Aging Committee want to keep following this broken tradition.

I was excited to put this hearing together today, with the Ranking Member, at the urging of my good friend, Alabama Senator Tommy Tuberville, to ask an interesting question that perhaps only a coach might come up with—how can we take the lessons learned in sports medicine, and all the innovation that goes into injury prevention and enhanced recovery for America's elite athletes, and use that knowledge to improve the lives of American seniors?

Senator Tuberville has spent his life on the football field, and he has seen just how much sports medicine has changed over the years, and how the innovations in this field have helped keep athletes healthier and recover from injuries faster.

The rest of us probably do not realize that some of the most promising tools for healthy aging are already being used on the sidelines of football fields, training rooms, and sports clinics around the country.

Now it is up to us to use our jobs in the Senate to embrace innovation, wherever it is found, and help break the cycle of good ideas coming to Washington to sit on a shelf.

In today's hearing, we will explore how the science and techniques developed for elite athletes can be applied to enhance the lives of older Americans, enabling them to stay stronger, recover more quickly, and maintain their independence as they age.

Sports medicine, with its emphasis on preventing injuries and promoting proper recovery, offers a new pathway to longevity and health for America's aging population. As we consider how to support our seniors, we must draw lessons from the best in the field, literally. The goal is not for seniors to become athletes, but for them to benefit from the same principles: injury prevention, rehabilitation, strength training, and recovery. These are tools for everyone, whether you are playing under the Friday night lights or walking your grandkids to school.

As many of you know, Florida has a vibrant senior population and some of the best collegiate and professional sports teams, and I am proud to support them.

Today, we will hear from medical experts with real-world experience in treating both athletes and older Americans. We will also hear from a former professional quarterback who knows firsthand how sports medicine can help protect against aging injuries and lead to a longer, healthier life.

Now I would like to recognize Ranking Member Gillibrand for her opening statement.

OPENING STATEMENT OF SENATOR KIRSTEN E. GILLIBRAND, RANKING MEMBER

Senator GILLIBRAND. Thank you, Chairman Scott, for today's hearing. What an exciting topic that we get to talk about today. It is great that we get to talk about innovative ways that we can incorporate sports medicine into how we care for our older adults, and I am particularly interested in how we can increase physical activity and reduce falls for our seniors.

A fall can change a senior's life. One fall can take away a senior's ability to live independently. One fall can make an older American afraid to leave the house, increase loneliness, and social isolation. One fall can create a lot of other health problems.

I remember when my grandmother broke her hip. It is a common story. When you break your hip, it changes everything, and you really are afraid of going out. You are afraid of being active. You are afraid of doing all the things you used to do, so we have to see what we can do.

I know, even as I age myself—I am 58—mobility is my number one concern. I have to make sure I have ankle mobility, knee mobility, flexibility, all those things. I know how important it is for anyone who is aging.

Preventing a fall is more important now than ever. The CDC just released a report this month showing that the death rates from falls for seniors aged 65 to 74 rose more than 70 percent in the last 20 years, but falls are not a normal part of aging.

The good news is many things can be done to prevent falls and optimize physical wellness among older Americans. I look forward

to working with my colleagues to support and strengthen programs that help prevent falls and increase physical activity for older adults. This includes strengthening critical federal funding for the programs, including the Older Americans Act, and protecting agencies and entities that perform the work. I am proud to support programs to increase funding for the Older Americans Act programs, including leading the Fiscal Year 2026 appropriations letter for fall prevention programs. I am also proud to support the bipartisan Older Americans Act reauthorization that was reintroduced last week.

I look forward to hearing from our witnesses and figure out how we can make sure people live healthy, active, and fall-free lives.

Chairman SCOTT. Thank you, Ranking Member Gillibrand.

We are fortunate to have members of this Committee who have real-world experience with sports medicine professionals and coaching. With that I would like to recognize Senator Tuberville to introduce our first witness.

Senator TUBERVILLE. Thank you, Mr. Chairman. It is my pleasure today to introduce Dr. Lyle Cain from Birmingham, Alabama. Dr. Cain is the Cofounder of Andrews Sports Medicine and Orthopedic Center, which he is an orthopeadic surgeon focusing on sports-related injuries to the knee, shoulder, and elbow. Dr. Cain is a graduate of the University of Alabama and the University of Alabama School of Medicine. After graduation, he served as chief resident at the University of Tennessee Campbell Clinic in Memphis, before completing his fellowship focusing on orthopeadic sports medicine with Dr. James Andrews at the American Sports Medicine Institute.

He currently serves as the team physician for the University of Alabama and is Medical Director for Jacksonville State, Shelton State University, Tuskegee University, and the University of West Alabama. He also serves as a consultant to the Birmingham Barons and nine high schools in the Birmingham area. Additionally, Dr. Cain leads an outreach program through the University of West Alabama that provides medical services to more than 40 schools in the West Alabama area, so thank you today, Dr. Cain, for being here, and we look forward to hearing from you.

STATEMENT OF E. LYLE CAIN, JR., M.D., ORTHOPEDIC SURGEON, TEAM PHYSICIAN, ANDREWS SPORTS MEDICINE AND ORTHOPAEDIC CENTER, UNIVERSITY OF ALABAMA, BIRMINGHAM, ALABAMA

Dr. CAIN. Thank you Chairman Scott, Ranking Member Gillibrand, and members of the Committee for having me testify today.

My name is Lyle Cain. I am the Managing Partner of the Andrews Sports Medicine Group, as Senator Tuberville said. I have been a team physician for several high schools, colleges, and professional teams, including the University of Alabama Crimson Tide, for over 25 years—Roll Tide. I firmly believe that the lessons learned while providing care for athletes at all ages, especially in the field of injury prevention and management, can help improve the health span of our aging population.

As you know, the combination of increased lifespan as well as the demographics of the Baby Boomer generation have led to a dramatic shift in the number of senior adults in the United States,

with nearly 20 percent of our population currently 65 years or older. This has tremendous consequences for our healthcare system, both with increased utilization and increased costs. A true team approach to the individual, using the sports medicine system as a model, can help our senior population maintain a better quality of life as they age.

What is a team physician? The American Orthopeadic Society for Sports Medicine defines a team physician as someone who provides comprehensive health services for the care of athletes and active people at all ages. The team physician is ultimately responsible for the health, safety, and performance of our athletes. Our duties include injury prevention and risk reduction, acute injury evaluation and management, both during competition and training, chronic condition and illness treatment, coordination of care between providers, and performance optimization.

In sports medicine we also attempt to prevent injury by encouraging rules changes and the development of protective gear for each sport. We accomplish these duties through the work of a larger team of providers, and as I will outline, sports medicine is truly a team effort. The modern sports medicine Team includes certified athletic trainers, who are generally the primary point of contact for most athletes, physical therapists, dietitians, primary care physicians, orthopedic surgeons, psychologists, chiropractors, sports performance specialists, certified strength and conditioning coaches, and many others.

Our relationship with the athlete generally starts when we do a pre-participation physical on the athlete to assess their health and physical readiness to play. This is a crucial step and allows the physician and trainer to identify issues that may predispose the athlete to future injury. We do a health history, do a thorough examination, and often perform additional testing, such as cardiac testing with echocardiogram, and we develop an individual risk profile for each athlete.

In our aging population, the annual examination with your primary care physician can provide this level of risk assessment, but the reality is that issues that put the senior adult at significant risk, such as balance loss, muscle loss, cardiovascular fitness and endurance, and fall risk, especially, are generally not evaluated at your annual exam. Employing athletic trainers, physical therapists, and other health care personnel to assess this risk could likely prevent future falls and the associated health compromise in the older population. In my own family's experience, my 90-year-old father-in-law has seen tremendous results and better balance by participating in a local fall prevention program provided by physical therapists.

Why is fall prevention so important? Well, as you mentioned, falls are the number one cause of injury-related death in the older population. Up to 30 percent of adults that break a hip end up dying during that first year after surgery, and even the patients that survive past the first year never regain independence, requiring expensive care from rehabilitation or long-term care facilities. It is estimated that falls alone add $50 billion annually to the U.S. health care system costs.

The old orthopedic adage wisely states, ″we are brought into this world through the brim of the pelvis and often leave through a fracture of the neck of the femur,″ and that underscores the risk of mortality from hip fractures. Many of these falls are preventable with risk assessment, regular physical activity, resistance training, and fall prevention.

How do we implement this program? Well, it definitely takes a team. The medical team should be empowered to treat this aging patient as an individual with risk assessment, medical optimization, fitness and performance improvement, just like we treat our athletes. Primary care physicians are often the gatekeepers for our older patients, so we have to train these primary care physicians in musculoskeletal medicine. The American Sports Medicine Institute, and many programs like it, train primary care physicians in non-surgical care, but this requires an extra year of post-graduate training. Physical therapy visits are generally limited by insurance plans, and many do not include fall prevention.

We need to continue NIH funding for this critical disease, especially in my home State of Alabama at UAB. Just two weeks ago, the American College of Sports Medicine Exercise is Medicine program launched a program called the Active Aging Initiative for Older Adults with a mission to integrate physical activity by working into routine health care examination and enhancing collaboration between health care providers and exercise professionals.

In closing, we give our athletes the best care possible to prevent injury and optimize performance. We should do the same for our senior citizens. Thank you.

Chairman SCOTT. Thank you, Dr. Cain. Now I would like to recognize Senator Justice to introduce our next witness.

Senator JUSTICE. Thank you, Mr. Chairman, Ranking Member. You know, I sit here and just think - just a second, but not very often do I have this opportunity, you know, because Dr. Cain, I cannot tell you the number of times I have been in the Andrews Institute, and I am sure you know that.

Dr. CAIN. Yes, sir.

Senator JUSTICE. Dr. Legg and I are long-lost friends and everything. Coach Hasselbeck, you know, I have watched you forever, and you are a coach, and I love it in every way, and that only leaves Jennifer, the only one that I am not really in contact with. Jennifer, thank you so much for all you do in your wonderful State of Massachusetts and everything. I have got Coach sitting right here beside me, and he is probably wondering, what in the world is he going to say? Here is what I would say, and this is all there is to it.

My job right now is to introduce a man that absolutely is a superstar in our state. Dr. Paul Legg, you know, believe it or not, we graduated from the same high school. He was probably higher in his class than I was, but nevertheless, a great, great, great man, an incredible physician. The people of our state depend on this man like you cannot imagine, and especially, I am sure, the elderly, but many, many, many in our state have visited and been recipients of his unbelievable care.

You know, Doc, you know me, and you know me really well. We had so many interactions with COVID. For eight years I was the

Governor, and through COVID and all that, there were a lot of, lot of, lot of, lot of situations to where this man rose to the level of a superstar in my eyes in every way.

There is no way I could be prouder than to introduce him today, a West Virginia University graduate, an absolute graduate of the same high school that I went to, Woodrow Wilson High School, and absolutely a superstar in our state. Dr. Legg, take over and take it from here, sir.

STATEMENT OF PAUL S. LEGG, M.D., ORTHOPEDIC SURGEON AND TEAM PHYSICIAN, UNIVERSITY OF CHARLESTON, CHARLESTON, WEST VIRGINIA

Dr. LEGG. Chairman Scott, Ranking Member Gillibrand, and honorable members of the Committee, my name is Dr. Paul Legg, and I want to thank you for the opportunity to offer testimony to the Special Committee on Aging.

Thank you, Senator Justice, for the introduction, and go Flying Eagles. I would also like to thank my wife of 34 years, Lee, for her support of me and my career. My daughter, son-in-law, and granddaughter are here today, and my son and daughter-in-law are watching from South Carolina. I am grateful for their support, as well.

I would also like to state for the record the opinions expressed today are my own and do not reflect the view or position of my employer, Charleston Area Medical Center and Vandalia Health.

I am a practicing orthopeadic surgeon in Charleston, West Virginia, having spent 27 years in private group practice and the past two years as a hospital-employed surgeon for Vandalia Health. I am board certified by the American Board of Orthopeadic Surgery, with a Certificate of Added Qualifications in Sports Medicine. For over 20 years I have also been the team physician for the University of Charleston, an NCAA Division II school with approximately 620 athletes.

Sports medicine encompasses the prevention and care of musculoskeletal injuries and medical conditions encountered in sports. The lessons from the field, operating room, and research are applicable to maintain physical function and performance in competitive athletes of any age. The health outcomes of seniors improve by keeping them healthy, active, and injury-free as they age. Surgical techniques designed to return competitive athletes to the field of play can also benefit seniors with similar injuries.

However, surgical techniques are only a small part of sports medicine's influence on senior health. The manner in which our athletes train and prepare offer many more lessons on improving the health outcomes of seniors.

According to the 2022 report by National Health Statistics, only 13.9 percent of adults aged 65 or older meet federal activity guidelines. The environmental factors related to low physical activity are many: cars, mobile devices, sedentary jobs, elevators, computers. Since very few people get adequate exercise at work or throughout their days, exercise needs to be added as a purposeful activity. Fitness is partly genetic and measured by how far you go on an exercise test. Physical activity is behavioral and requires motivation and commitment. Increasing your physical activity will increase

your fitness. For example, walking is a low-intensity exercise and an appropriate start for most seniors.

Poor physical activity and nutrition top the list of the most common health issues encountered by seniors. As we age, our fitness declines. However, exercise can prevent this decline in many patients. Strength training is one of the activities that can improve health outcomes for seniors. The established benefits of regular strength exercise include strength and endurance, increased muscle mass, increased resting metabolic rate, and preventing disability.

Both research and experience indicate that resistance training is safe for healthy older adults, for frail older adults, and individuals with disease. Muscle disuse is a preventable and reversible factor. Resistance training has consistently show as a feasible and effective means of counteracting muscle weakness and physical frailty. It improves bone density, improves metabolic health, insulin sensitivity, as well as improving psychological well-being and reducing the risk for falls and fractures in older adults.

What behaviors can we encourage senior adults to help start and maintain exercise programs? The first step is making a commitment to increase physical activity. They have to establish protected time to forgo other activities that may encroach on this scheduled time. Set small and realizable goals for exercise but also think about and establish long-term fitness goals. These barriers must also be addressed, which includes lack of understanding, lack of awareness, and unfortunately, lack of motivation.

As I have seen in almost 30 years of clinical experience, health outcomes in seniors can be improved with the lessons we learn from sports medicine and sports science. It is the planned and purposeful exercise and strength training used in preparation for competitive athletic events that provide a structure for exercise in senior adults. Advanced training techniques can also move senior adults from just physical activity into increasing levels of fitness.

Thank you, Mr. Chairman. I look forward to answering your questions.

Chairman SCOTT. Thank you, Dr. Legg. Thanks for being here.

Now I would like to introduce our next witness, Matt Hasselbeck. Mr. Hasselbeck is a former NFL quarterback who spent 18 seasons in the league, including leading the Seattle Seahawks to a Super Bowl appearance in 2006. After retiring from professional football, he became a well-respected analyst with ESPN, where he was watched by millions of football fans during Sunday NFL Countdown and Monday Night Countdown. He has also been a vocal advocate for health recovery and smart training, both on and off the field. He brings a unique perspective on how the principles of elite athletic performance could help everyday Americans stay active and healthy as they age. Thanks for being here. I look forward to your testimony.

STATEMENT OF MATT HASSELBECK, FORMER NFL QUARTERBACK, NASHVILLE, TENNESSEE

Mr. HASSELBECK. Thank you so much for the kind intro. My name is Matt Hasselbeck, and I am here to share my insights on the significant role sports medicine has played throughout my athletic career and its ongoing influence in my life.

I played quarterback for five years at Boston College followed by a lengthy NFL career. The NFL, if you do not know, is commonly referred to by players and coaches as ″Not For Long.″ With the help of great sports medicine teams I was fortunate to play for 18 years with the Green Bay Packers, the Seattle Seahawks, the Tennessee Titans, and Indianapolis Colts.

I grew up as the son of a football player. After an All-American career at the University of Colorado, my dad played tight end in the NFL for nine seasons. He played primarily with the New England Patriots, but also with the Minnesota Vikings, the New York Giants, and the Los Angeles Raiders, where he and his teammates won Super Bowl XVIII. My brothers and I all earned full scholarships to play college football, and my brother, Tim, followed me as a longtime quarterback in the NFL. Most of our wives were prominent Division one athletes as well, and my wife was no doubt a better athlete in college than I was.

In the decade since my NFL career ended, I have primarily worked in the sports media space. After spending eight years at ESPN on shows like Sunday NFL Countdown, Monday Night Countdown, and SportsCenter, I now work as an NFL analyst for Fox Sports on the Colin Cowherd Show. I have also been serving as a high school football coach for the past four years. After winning a state championship in Massachusetts coaching my son, last year we moved to Tennessee so I could coach on a staff with my father and brother, where we coached two of my quarterback nephews, Taylor and Isaiah. Taylor is currently committed to play college football at the University of Wyoming.

Raising our own three kids and supporting their athletic journeys has been the other major career for my wife and me. Our two daughters are national champion lacrosse players from Boston College. The younger one is preparing for a fifth year after four knee surgeries earned her a medical red shirt. Our son is a redshirt freshman quarterback at UCLA and is battling for his own opportunity, much like I did at his age.

During my 23 years of college and professional football, I only had one surgery. This is unheard of. I attribute this to many factors, one of which is the help of skilled athletic trainers and sports medicine teams. Many of my teammates took a ″react and survive″ approach to their health, while a ″proactive and thrive″ approach is a mindset that helped me. I attribute this mindset to the advice, care, and expertise of the athletic training staff of my teams. Not only did they help me prevent injuries, but they also contributed to helping me heal faster and return to play.

Staying healthy is priority number one for an NFL quarterback. Injury prevention, recovery, and prioritizing wellness were equally important to me as throwing touchdown passes. My coaches would often tell us, ″Your greatest ability is your availability.″

Both during and after my NFL career, I have been dedicated to making the game safer for future generations. I actively participated in the NFLPA's Mackey-White Health and Safety Committee and proudly served as a Vice-President of the NFLPA's Executive Committee for six years. Our work successfully fostered a significant culture change regarding brain injuries and return-to-play protocols in football. In commitment to this cause, upon my death

I have pledged my brain to science through the Concussion Legacy Foundation. I currently serve as the Ambassador for the DiagnoseCTE.org study for men over 50, which aims to develop a method to diagnose and differentiate brain trauma while patients are still alive.

In this new empty-nester era of our lives, my wife and I have experienced the challenges of caring for our aging grandparents and parents. We have leaned on the lessons learned through athletics to help replicate the best outcomes for them as they get older. For example, helping my mom set goals for the activities she hopes to participate in with her grandkids when she is older means that we have to start prepping for that now, much like you would do as an athlete. My mom would love to be able to play pickleball and ride bikes with her grandkids when she is 75. Sometimes it is not that simple.

Following a painful knee replacement surgery, my dad was waiting to get healthy enough for the next knee replacement surgery, when he tragically suffered a cardiac event this April, which he did not survive. This heartbreaking event has left my mom a widow after 50 years of marriage, and she now faces new challenges, some of which are loneliness and isolation, that she must overcome.

Sadly, as a family, we are also dealing with the significant challenge of my mother-in-law's Alzheimer's disease. This illness has placed immense hardship on our family, particularly affecting my father-in-law, who sacrificed his profession to become her full-time caretaker.

In conclusion, that is a glimpse into who I am, and I am truly honored to be here today. The last time I visited this building was during my eighth-grade class trip, and I had a great time, and I hope that I will get to come back again. Thanks for the invite.

Chairman SCOTT. Thanks for being here, and sorry to hear about your dad. Whenever your parents pass away you wake up and think, oh, I have got to call one of them, and then you cannot call them.

Now I would like to recognize Ranking Member Gillibrand to introduce our last witness.

Senator GILLIBRAND. Thank you, Chairman Scott. I want to introduce our final witness, Jennifer Raymond. Ms. Raymond serves as the Chief Strategy Officer at AgeSpan, an Area Agency on Aging in Lawrence, Massachusetts. Through her position as Chief Strategy Officer, Ms. Raymond oversees AgeSpan's evidence-based program, including its falls prevention efforts. Additionally, she holds a Juris Doctorate and has been recognized by the John A. Hartford Foundation as a National Practice Change Leader.

Thank you for being here. You can begin your testimony.

STATEMENT OF JENNIFER RAYMOND, CHIEF STRATEGY OFFICER, AGESPAN, LAWRENCE, MASSACHUSETTS

Ms. RAYMOND. Chairman Scott, Ranking Member Gillibrand, and members of the Committee, thank you for the opportunity to come and speak with you today. My name is Jennifer Raymond, and I am honored to serve as the Chief Strategy Officer for AgeSpan, an Area Agency on Aging located in Lawrence, Massachusetts. We are

one of 614 AAAs across the country, helping older adults remain independent in their homes.

On behalf of these agencies, as well as the older adults and the family caregivers they serve, I want to first thank you for your ongoing efforts to meet the needs of our aging population through the Older Americans Act, and thank you for your attention on the importance of physical wellness for older adults.

The consequences of physical inactivity among older adults are catastrophic. They include a decline in overall function, increased risk for chronic diseases, increased frailty, and a heightened risk for depression and cognitive decline. Yet despite these consequences, more than one in four older adults are physically inactive. The reasons for inactivity are many and varied: a fear of injury, lack of confidence in their ability to exercise safely, and even a lack of motivation to begin exercise.

Throughout this country, Area Agencies on Aging and their partners offer effective physical activity programs that both promote exercise and help individuals overcome those motivational and behavioral barriers that contribute to inactivity. For example, there is May C. from Quincy, who was able to safely abandon her walker after improving her balance through an evidence-based program called A Matter of Balance, and Maria A, who, despite her frailty, now participates in virtual physical activity classes, from the comfort of her own home, thanks to AAA's digital access program.

One of the most important benefits of increased physical activity for older adults relates to the prevention of falls. Falls can be detrimental in a senior's life. They can result in hip fractures, head trauma, other serious injury, and even death. They often reduce mobility, take away a senior's ability to live independently, and can make people afraid to leave their home, increasing loneliness and isolation.

Every year in this country, more than 14 million Americans 65 or older, that is one in four, suffers a fall. In 2021, emergency room departments reported three million visits due to older adult falls. The total health care costs for these falls are over $80 billion per year. Of these costs, 67 percent is paid for by Medicare, four percent by Medicaid, and 29 percent by older adults and their families.

Today, many Area Agencies on Aging partner with family health centers, primary care providers, and managed care to reduce falls risks. First, our health care partners screen and identify older adults who are at risk for falls. Then they refer these individuals to networks of AAAs for falls intervention. This intervention might include a physical activity program, it might include assistance with home modifications to address home hazards, and even the provision of medically tailored meals to make people more able and ready for physical activity. These referrals from our health care partners allow us to take a more holistic approach to addressing the needs of the individual and create a shared care plan to improve outcomes.

There is much we can do to support older adults in their desire to age in place, stay physically active, and avoid falls. To further these goals, we must:

Support robust funding for community-based physical activity and falls prevention through the Older Americans Act, specifically

Titles IIID Evidence-Based Health Promotion and Disease Prevention and Title IIIB Supportive Services.

Educate health care providers about fall prevention through tools like the STEADI program, which assists providers in integrating falls prevention into their clinical practices.

Encourage prescription for physical activity and falls prevention by health care providers and allowing for appropriate reimbursement for effective interventions offered in the community.

Continue investment in research related to physical activity and falls prevention for all older adults, including those with physical frailty, those with disability, and those with cognitive decline.

If we are serious about a healthy America, we cannot ignore the impact of physical inactivity and falls among older adults. Area Agencies on Aging stand ready to partner with health care, older adults, and family caregivers to address this challenge. Investments today will not only allow older adults to thrive independently but will also help stem the costs for our health care system for years to come.

Thank you again for the opportunity to speak with you today and for your support on this important issue. I look forward to your questions and working together to support our country's older adults.

Chairman SCOTT. Thank you, Ms. Raymond. Thanks for what you do.

Now we will start with questions, and Senator Justice, if you want to start.

Senator JUSTICE. Well, I could start with any of you, but I really am really always intrigued by just this. You know, Dr. Cain, you, at the Jimmy Andrews Institute, you probably have many, many, many stories to tell, and with all that being said, I would like you to just elaborate, if you could, just on this. Over the years, you especially have seen so much progress being made toward our seniors, and what can be done.

Just elaborate, in your words, your experiences with Jimmy Andrews I know are just limitless. Absolutely, in my opinion, Jimmy is a terrific friend, been a friend forever and a day, so please tell us more.

Dr. CAIN. Thank you, Senator Justice. Dr. Andrews has been a great mentor to me, and you know, Dr. Andrews retired two years ago and is now kind of in a stage where he is trying to take care of his health more than he used to instead of working so hard.

You have a great point. We have had great advances in sports medicine, taking care of teams, and medicine, in general, over the past 30 years. The reality is I think in medical care of our older patients most of our time is spent dealing with complications on the back end. There is very little time spent on preventative care. If you take the typical primary care physicians that see an older patient, internal medicine, family practice, or another physician, they spend most of their time dealing with heart disease, high blood pressure, and other things that are already, kind of the cat is out of the bag and they are just trying to manage.

I think the way we get on top of this and the way we treat this better is we treat our older patients just like we treat our younger athletes. We try to work on preventative programs, things like Ms.

Raymond is doing, and we spend more time with our office visits talking about how to prevent disease than how to treat diseases the patients already have.

Senator JUSTICE. Well, I know you are doing unbelievable work, and, you know, I can tell you the many visits that I have had there have ended up, in some way, somehow patched me together, and I have made it this far anyway.

Matt, I have got to ask you just this. You know, not to not ask Dr. Legg wonderful questions, but Dr. Legg and I have been around many, many, many times, on many, many different things.

Matt, I watched you play. You were a superstar. You have absolutely a family of thoroughbreds like you cannot imagine. Through all of that you have a message to pass on to all of us, and all the different things that you know that we could do better at. You took care of yourself. You took care of yourself in a really proactive way, and you are exactly right. NFL athletes do not usually stay there long, and you stayed there forever and a day, and made a contribution every single time you went on the field, but tell us more. Tell us more about really what we should be doing. I listened intently to all the different folks in your family and all their incredible accomplishments. Now I want to hear from Matt. Matt, what do you think we really need to be doing?

Mr. HASSELBECK. Well, thank you for your question. I mean, I really agree with what both doctors said about being proactive. Stability work, falling. You know, in football, running backs do not want to fall, because you are down, so you practice balance all the time. You practice with your eyes open. You practice with your eyes closed. That is something that I would do as a quarterback. It is something I would do with my mom, and she would do with her mom.

I think these are lessons, you know, using some of the injuries that are common for quarterbacks, a high ankle sprain is an injury that you have. We would do what we call pre-hab. It is preventative rehab. We would do the rehab as if we had an ankle sprain, a high ankle sprain, before we even had the injury. Or even coming back from my one surgery, which I had down in Alabama, which was not convenient, living in Seattle, but it was great, and it was successful.

One of the things that we did with the athletic trainers, we practiced falling. You know, I went from being in a sling for many, many weeks to, I had to somehow get from the sling to back on the football field, getting tackled by guys like Michael Strahan, and what are we doing in the meantime to get there? Practicing falling was really a great return-to-play protocol that helped me coming back from surgery, when I felt frail, when I felt afraid to fall. Doing it in a controlled environment is one of the things that gave me confidence, gave me athleticism, and got me back to feeling like I could go protect myself in the arena of athletics.

Senator JUSTICE. Thank you, sir. I practice falling right now, but it is really not on purpose. Anyway, thank you so much, sir.

Chairman SCOTT. Senator Gillibrand.

Senator GILLIBRAND. Thank you, Mr. Chairman. Jennifer Raymond, the importance of federal funding for programs that support older adults, you have discussed how AgeSpan provides critical

services for older adults in Massachusetts. Those services include physical activity and fall prevention programs. AgeSpan and other Area Agencies on Aging provide those services through a partnership with the Federal Government. The services are locally run and tailored to individual communities, and the Federal Government helps with funding, research, and technical expertise.

Can you give some examples of AgeSpan programs that have received federal support and how those programs have helped older adults? Can you talk about what will happen to these programs if their federal support disappears?

Ms. RAYMOND. Thank you. You know, I think that it has been over 50 years that Area Agencies on Aging and the people that we serve have benefited from a really good partnership with the Federal Government through the Older Americans Act. Through Title IIID we have those evidence-based programs like A Matter of Balance, Enhanced Fitness, all of those things that allow us to provide programs to increase physical activity and reduce falls in a safe and effective way, and programs that have demonstrated some efficacy.

In addition to that, the Older Americans Act, through Title IIIB, has allowed us to provide a wide range of support services. At my agency alone, we serve 28 cities and towns, and we receive over 25,000 calls every year to our offices for information and referrals. These are not people who have a case manager. These are not people that we are serving, but these are people who are wondering how they get services, who are wondering how they get help in applying for Medicare, those kinds of things. That information and referral support work is funded through the Title IIIB of the Older Americans Act.

In addition to that, I do not think we have to talk much about the Meals on Wheels program, but home-delivered meals, medically tailored meals, this year we provided over a million meals to older adults who were frail and in home and otherwise unable to receive nutrition and food services.

Even beyond the Older Americans Act, we have benefited, and many community-based organizations have benefited, from pilot funding from the Administration on For Community Living, or from CDC, in order to implement these evidence-based programs in way that can be effective and improve health outcomes, but at the same time look at how they save dollars.

There is a wide range of ways that we continue to thrive under the support from the Federal Government.

Senator GILLIBRAND. Thank you, Jennifer. Dr. Cain and Dr. Legg, can you talk a little bit about what happens to older adults after they fall, and can you talk about the importance of patient education on reducing falls?

Dr. CAIN. Thank you, Senator. I think, you know, once a patient falls there are kind of two outcomes. One outcome is they break something, they end up in the hospital, and they are probably never the same, honestly. The other outcomes are that they get lucky, they get scratched up, they go to the hospital, get checked out, and they go home, but very rarely do we do any fall prevention with those patients, even the ones that have fallen, and we have our own families that we know that have fallen, our grandparents

or our parents, and you kind of count your blessings that they made it and that they did not hurt anything, but very rarely do fall prevention programs become part of the treatment algorithm.

I think for us, as physicians, backing up a second and saying, hey, we are taking care of all these diseases and all these problems that are caused by balance and fall issues. Why not prevent those? I really like the program that Ms. Raymond is talking about. I think having the primary care physicians as the point person to encourage that is really important.

Senator GILLIBRAND. Yes. Dr. Legg?

Dr. LEGG. When we talk about falls we tend to worry about people who break their hips, and that is a very serious injury and it creates fear afterwards, but also I see many patients who break a shoulder or proximal humerus or a wrist, which is sometimes just as devastating, because they are immobilized which really throws off their balance and puts them at much higher risk for additional injury. Preventative programs are essential.

We also have to look at how we can improve the thing that makes them at high risk for fractures, and that is bone density, and how do we improve that, how do we test for that. A lot of it, again, is encouraging the patient to get the testing done, and then encouraging them to be consistent and compliant with the medications that help, because they do help and they do reduce the risk of fractures.

Once they have a fall, sometimes it is motivating them to overcome the fear that they have to be active again. Many of them often become scared and afraid of exercising, afraid of movement, which puts them at even higher risk for medical problems.

Senator GILLIBRAND. Thank you. Thank you, Mr. Chairman.

Chairman SCOTT. Coach Tuberville.

Senator TUBERVILLE. Thank you, Mr. Chairman. Thanks for being here today. In 35 years of coaching, I saw a lot of injuries. I think that there is tremendous improvement in surgeries over the years, obviously the arthroscopic surgery. Instead of slicing a knee open we do it a lot easier and a lot quicker back on the field.

Dr. Lee and Dr. Cain, talking about one other thing that is really improved and how much we need to continue to educate people and hopefully get more people in this profession is physical therapy. My players, I would always tell them that the surgery is what is easy. Therapy is the hard part, just getting back on the field.

Dr. Legg, you first.

Dr. LEGG. Physical therapists are essential to what we do in sports medicine, and they are also essential to rehabilitating our seniors who have any injury or surgery. I use the physical therapists very often, now in joint replacement surgery. As I have become older, my patients have aged with me, and people who had arthroscopic procedures done years ago, I am now replacing their knees and their shoulders, and the physical therapists are the ones who really get them back to movement and strength and activity, because a knee replacement or a shoulder replacement is a painful operation, and the physical therapists teach them what to do, but they also encourage them to do it, and sometimes that is the hardest thing.

They are invaluable. My son played college football, and need the physical therapist on several occasions to keep him in the game. We need physical therapists and they are invaluable in treating the patient.

Dr. CAIN. Thank you, Coach. As you know, the other part of that equation that is really important is athletic trainers. Certified athletic trainers are kind of the point person. Matt Hasselbeck mentioned it in his talk, that they are the ones that kept him from getting hurt, and I think the combination of an athletic trainer and a physical therapist are really critical in the team model, and really not only for injury prevention, treatment of injuries, rehab after surgery. They are the ones that do the grunt work.

You know, we, as the physicians, we may see the player for injury evaluation and surgery, but these are the people that are with them every day. I think that is really the model you need for the older population is you need those providers, ATCs and physical therapists, in the system and keyed in to where they help the older patient follow through with those demands, to make sure they are doing their exercises, to make sure they are doing them correctly, and to treat them just like we treat an athlete.

You know, the athletes are in the training room every day, all day. Obviously, we do not have that ability as we age to be in the training room all day, but you need someone that keeps up with the person longitudinally and makes sure that they understand what they are supposed to do. We have a shortage of both. Our critical shortage is in athletic trainers. They have to get a master's degree now to graduate and to be certified, and there are just not that many kids going into it now. We have a critical shortage of trainers. We do not have enough physical therapists, and physical therapy visits are not covered very well by insurance, so it is a big problem for seniors trying to get treatment.

Senator TUBERVILLE. Thank you. Matt, if you and Ms. Raymond would answer this question. Another improvement I have seen over the years, obviously, and this is as much for adults our age as anybody, nutrition and supplements. It has been a huge improvement.

Matt, your thoughts on supplements? I know you have taken many over the years, and try to eat right also, right?

Mr. HASSELBECK. Yes, I think we could improve the cafeteria here, from what I saw today, by the way.

I would just like to also add, I think that when you get hurt it is very depressing. You know, it is embarrassing. You feel isolated and it is depressing, and the athletic trainers are just a confidence giver to you, and a daily sort of like a pep-in-your-step person in your life, so it is very important, and they advise you also on the best way to recover. Hey, you can't do this right now, but what can you do? Well, we can make better choices with our nutrition, or maybe it is protein. I know for athletes, protein is a very, very important thing. I know for older people, protein is a really important thing.

I cannot speak enough. I think about the best friends that I had on my football teams. A lot of times it was a teammate, but usually there was an athletic trainer in there, as well, because that was literally the person that every single day. To hear that there is a shortage, and there are a lot of people that get into athletic train-

ing because they were athletes as high school kids, and they love sports, but genetically they cannot play professionally, but you can still get a Super Bowl ring as an athletic trainer, if maybe there is a pathway to study that in college, and if we invest in that, I would be all for that. It meant a lot to me.

Senator TUBERVILLE. Ms. Raymond?

Ms. RAYMOND. When you all are talking about the athletic trainers and the role that the athletic trainers play as part of the larger team, I think of the equivalent in our community-based organizations, those case managers, the community health workers who are working with the older adults every day and saying, ″Yes, I know you are frustrated that you are not able to play pickleball the way that you did last year because of your hip injury. Let's talk about walking. Let's talk about doing some chair exercises that will get that mobility going. By the way, we will also sort of talk about medically tailored meals that we can bring in that will add to your ability to be able to feel well enough to do that activity.″

I think that team approach is one of the key ways that we, on the social care side, also think of as really strongly to be able to support older adults in their physical activity.

Senator TUBERVILLE. Thank you.

Chairman SCOTT. Senator Husted.

Senator HUSTED. Thank you, Mr. Chairman. Thanks to all of you for being here today. My wife is a physical therapist, Coach, so I know exactly how valuable they can be. Because what I have witnessed as a former athlete and a coach and also with a wife who was a marathon runner into her 40's and is a physical therapist is that things build on one another, how an injury or a sore knee, you do not walk anymore. You maybe do not walk as much. You start to eat a little bit more. You start to put on a little weight. These things can really begin to compound on you, just like healthy habits can, as well.

I ask any of you who would want to respond to this, how do we reach people with this message? What are the most effective ways that you have found to help people understand that, hey—and at what age does somebody really have to start paying more close attention to the issues that will compound and then affect them and make it very difficult for them as they get older? I welcome all of you to comment or give your thoughts on that, how you reach people, what do we all look at here.

Dr. CAIN. I will start. I think there are some simple educational materials, simple public service announcement type things. I am 57. I think when you are in your mid 50's you probably need to start thinking about this. It is not 65. Because you are starting to lose balance. You are starting to have, you know, your body changes physically, as we all know, as we get older. Not only can you not see very well but your joints do not move as well, and you get other problems.

Senator HUSTED. The effects of gravity do, for some reason, get a lot worse as you get older, right?

Dr. CAIN. No doubt. I think if you give it just some simple stats. I mean, there is a state that is pretty well documented that a simple physical education treatment program—so doing balance train-

ing, fall prevention, and not falling—probably adds 10 years to your life, compared to not being physically active.

If you have a simple public service announcement that says, ″Hey, if you are physically active at this level, you are going to add 10 years to your life,″ think about all the people taking all these supplements and doing all these longevity courses and all these things to try to live longer. That is the simplest method to live longer. I think we just have to educate people.

Dr. LEGG. This becomes important very early, Senator. We know, through studies, that something we call sarcopenia, or loss of muscle mass, starts between age 35 and 40, and it goes five percent a year, so we really need to start earlier.

We also know that through some of the test which are older tests, in the 1970's, Dr. Robert Bruce, that what we call VO2 max, okay, for the most important muscle, the heart, and how we develop energy through our muscles, that starts to decline also, and the good thing is that decline can be improved and reversed until about age 70, and then it is very difficult after that to reverse much of the aging process to the heart.

Inactivity is bad, but we also know that someone who is very sedentary, the people who make those first steps into activity gets the greatest benefit from being active. Now, the steps become a little more incremental as you go up, but it is just that first movement from sedentary to any kind of activity.

When I have sometimes students or residents I tell them that you have to listen to your senior patients, but you also have to be a motivational speaker. You have got some answers for them. You have just got to convince them that they need to do it.

Mr. HASSELBECK. Can I just add quick? We use this phrase all the time—sitting is the new smoking. We sit so much. Even as a professional athlete you sit all day in meetings, practice for two hours. Getting up, and VO2 max training is very important, but Zone two training, power walking, a brisk walk, is very important, I think, for someone in their 30's, 40's, 50's. Having that foundational piece is super important, and doing that in groups, messaging, but also as friends, make that normal.

Right now sitting all day is normal. Make power walking normal. That is the advice I would give my friends.

Ms. RAYMOND. I agree with much of what is said now. It is very exciting for us when we are able to take a more upstream approach, when we are able to reach people before they have diabetes or before they have COPD and be able to work with them on the kinds of behaviors that will prevent that. It is very exciting when we get to work with family caregivers and the older adults and see the family caregiver say, ″Gosh, I'm 40, I'm 50. Now is the time for me to start this physical activity so I can be more independent as I age.″

At the same time, we are coming across folks who are in their 70's, in their 80's, and even in their 90's, that are looking for ways to be physically active. They have chronic pain, so they worry that physical activity is going to exacerbate that.

We are able to have those community health workers and case managers sit with an older adult, who thinks they cannot exercise,

and talk to them about what is important to them, not what is the matter with them but what matters to them.

I remember an individual named George with diabetes, COPD, chronic pain, did not feel like he could do anything. His case manager talked to him and said, ″Well, what is important to you?″ He said, ″I want to play with my grandchildren. I want to be able to have that relationship with them that I had with my grandparents, and I can't do that now.″ That was the trigger to say, ″Well, let's start with this walking class. Let's start with brisk walking. Let's move on from something there.″

Even though our goal is to reach people on the upstream, there are still many powerful ways for us to encourage and support traditional older adults who want to be physically active.

Senator HUSTED. Thank you. Thank you, Mr. Chairman.

Senator JOHNSON. Thank you. I apologize for not being here earlier. We have crazy schedules. I have taken over for Senator Scott as Chair.

First of all, I think it is an interesting hearing. Being elderly myself nowadays, I do not really—mentally I am not elderly, but I certainly feel it in my body.

Dr. Cain, can you just talk a little bit about the importance of protein? That is one thing I am hearing more and more about, and it is actually very difficult to eat as much protein as we see recommended. Can you just kind of address that issue?

Dr. CAIN. Sure. Thank you, Senator. I think protein has become kind of the most critical element we know in nutrition to keep you healthy. We have found over years that super-high protein diets are actually very good for you, and the more protein you eat, from a relative standpoint, the higher your muscle mass, the higher your health, the more energy you have, and a lot of senior adults have a very poor appetite, and they do not get much protein. Things like protein supplements, protein shakes, I encourage my patients all the time.

There are studies recently about creatine. Just a little powder of creatine, five grams of creatine, a small scoop a day can increase your longevity.

I think protein is really critical. It is hard to get it by eating just steak or fish or meat, so I think you almost have to have a supplement to get enough protein.

Senator JOHNSON. I do kid my wife because she does all the health research in our family, and she is buying different supplements all the time. It is like, you do not even need really need to eat a meal. You have got more than enough right there. Talk about it, maybe Dr. Legg. Talk a little bit about nutrition versus the supplements, and is it equivalent? I mean, can you do it through supplementation? Just kind of talk about that balance. Part of our problem is you read different things from different people, and you are not quite sure what is the truth.

Dr. LEGG. The difficulty with many supplements is that supplements really are not under the oversight of the FDA. They are tested in the same way as drugs are tested. We know that many supplements have a lot of testing. Dr. Cain mentioned creatine. It is kind of the ″it″ supplement at this time. It seems to be one very safe and also a very good supplement to help increase muscle mass.

We also know that now it may help bones, and then if you take it long enough it may help our brains also.

Now, what I like to encourage people, as far as nutrition, is to be as unprocessed as possible. It is difficult these days, but food that is unprocessed I think is the best. I think that supplements are needed for the areas of deficiency. Yes, protein is something that everyone needs.

Now, testing can be done if you have certain areas that maybe you need vitamin D, maybe you need vitamin C. Those are very important. We know the heart benefits of omega fatty acids. Those are also very good supplements for people to take.

It is just really finding, based on your diet and your activity, what you may need, and you can coordinate that with your family physician, but there is a lot of information out there, and again, I encourage my patients to try to be as non-processed as possible with their nutrition and then supplement in areas where they may be missing.

Senator JOHNSON. Okay. Secretary Kennedy, I think, is actually looking at that in terms of the MAHA movement, and people like Dr. Casey Means has had the same message.

You mentioned those supplements do not have the same rigorous standards for testing. Are there testing labs? I mean, when you are looking for a supplement is there something that can guide you, that you can be reasonably assured that this is coming from a quality lab, not some cheap import that might have questionable ingredients? Again, I think that is a serious concern.

Dr. LEGG. It is, and I tend to have people get supplements from what I call reputable sources. I tell them to buy at a—I hate to say it this way—a notable chain, maybe grocery store, or nutrition store. I tell them to be sometimes wary of where they buy it online.

There are certifying agencies for nutritional supplements, and they do give really a third-party look at what is safe and even sometimes what can be effective. I tell them to use reliable sources of where they buy their supplements.

Senator JOHNSON. Okay. Well, Mr. Hasselbeck, not to make this too personal, but before I did this silly thing, become a U.S. Senator, I actually a pretty good exercise routine. I would go home and I would be watching the news, so why not hop on a Lifecycle or a Nordic Track. That worked for me pretty well, and then all of a sudden, you know, my Ranking Member here would testify it is kind of hard with our kind of schedules. I literally was losing muscle mass.

What I have decided to do is, for example, making a Keurig coffee. It is about a 3-minute process, and there are calisthenics you can do. I have seen that has been incredibly helpful to me. I have seen just on, for example, X, they have different Chinese methods, you know, different types of exercises, and they work very well. I would imagine you know something about exercise. Do you have a routine or something you can recommend for seniors?

Mr. HASSELBECK. Well, I would just say a couple of things. First, just real quick, I would like to piggyback up on the protein and the creatine. I one-hundred percent agree with that. I think there is a stigma with creatine, like it is not safe. It has been around for years. It is safe. As an athlete you are deathly afraid of testing

positive with something like a substance or non-reputable source, but even that is dangerous. We always, as an athlete, went by the NSF certification process. That at least gave you the strongest sense of like what they are saying is in the ingredients is what is in the ingredients, but for us just plain powder and plain creatine are pretty safe.

To your question about the routine, I think, as an athlete, we have it easy because we set goals. I played until I was 40 in the NFL. I was still playing when I was 40. My friends that were 40, they were like, ″How are you doing it?″ It is like, ″I don't know. I think it is just use it or lose it.″ I set goals. I had a game every week. I had a goal that I had to attain.

Much like I spoke about earlier with my mother, ″Mom, what do you want to do when you're 75 years old?″ ″Well, I want to be able to board an airplane by myself. I want to be able to put my luggage up by myself. I want to be able to pick up my grandkids.″ What do you want to do when you are 85?″ It was like the same thing.

When you have those goals, I think it is so easy to come up with what the exercises are going to be. You know, I want to be able to get up out of a chair without using both hands to help me get up. Well, then I know the exercises we need to do, and you can see a physical therapist, an athletic trainer, your doctor, to help accomplish those goals.

To answer your question, setting goals is the number one way to accomplish them. My dad used to say this all the time, ″A goal without a plan is just a wish.″ That would be my answer.

Senator JOHNSON. Okay. Senator Gillibrand, do you have any further questions?

Senator GILLIBRAND. Yes. I have a few. We are filibustering because we want the Chairman to come back and ask his own questions, so we are going to ask you a lot of questions and keep you busy.

I want to go to Mr. Hasselbeck. I read about the stigma of seeking medical treatment, including preventive treatment, especially for athletes and older adults. Can you talk about what we can do to reduce these stigmas so that people can get the help they need?

Mr. HASSELBECK. Yes. I think there is, in particular, with what our family is going through right now, it is hard sometimes to ask for help, and when I was in the NFL, my first year in the NFL was 1998. At that time, if you ever had a concussion or you ever had a brain injury, and the athletic trainer, the doctor, a teammate, or a coach said, ″Hey, how are you,″ you would just say, ″I'm fine.″ No matter what. Even if you could not see straight, you were dizzy, you were throwing up, you would just say, ″I'm fine.″ That was the only acceptable answer if you were going to be tough.

We worked really hard through my last year in the NFL, which I believe was 2015. We sort of made it cool to be honest with the medical team. There was a little bit of distrust, like maybe they are not going to think I am tough enough, or, you know, I do not know what it was, but it was really hard to kind of change the culture in football, in pro football, which we believed tricked down to college and high school, where it became normal to, if the doctor asked you a question, or the athletic trainer, just be honest with them, and that was really hard for our community to do that.

I think I do see some similarities with if you are a caretaker of a loved one at home, maybe sometimes it is hard to just ask for help, but that was a tough thing for us. I mean, even just the learning process, looking in the mirror through that process was one that was a lot tougher than I thought, as an athlete.

Senator GILLIBRAND. Well, I remember reading a story about dehydration and how a high school coach was not allowing the players to hydrate, and a boy died, because you were not perceived as tough enough. I hope that that trend of, again, for the professional athletes, so it does trickle down to high school and college, is that your wellness is the most important thing for the players, that part of the team's goal is to make sure you are 100 percent well, whether it is mental, physical, injuries, or the like.

Mr. HASSELBECK. Yes, and I would just say, and the medical professionals here can speak to this better than me, but as a high school coach we are trained for heat illness and heat exhaustion and those types of things.

I remember when my dad was playing in the NFL it was seen as a sign of weakness if you were to ever give your players water breaks, and now we know, through science, that that is foolishness.

I think as a player and as someone who loves sports and loves the game of football, inviting the medical community to really help us learn and not just do things the way that we have always done it—and I would say the same thing for the aging community. I think we can start way earlier than 65 if we want good outcomes when people are 70 and 75.

Senator GILLIBRAND. Smart. Jennifer, can you talk a little bit about some of the evidence-based physical activity or fall prevention programs at your AAA, and could you talk about the importance of evidence-based programs and how we can support the development of more proven interventions to help seniors?

Ms. RAYMOND. Sure. One of the evidence-based programs that gets offered very, very widely across our communities and across the country is an evidence-based program called Enhanced Fitness, and Enhanced Fitness is all about physical activity. This is a group class, up to 25 people in a class. It is run by a trained, certified leader who understands not only how to do the exercises, how to do them safely, and how to look out for challenges that the older adults may be having while they are exercising—balance, strength training, mobility, all of that being part of the program.

One of the things that makes a program work best is just what others have said, the goal-setting component. How am I going to get from where I am in Week one, where I can barely do the stretching from a standing position, to where I want to be in Week eight, and how do I do a little bit at a time in order to do that. That is an evidence-based program that has had some significant research behind it, as well. It might cost around $1,000 to $1,200 a class—you know, not one class but the full evidence-based program—and retrospective CMS studies showed that people who participate in that program save health care costs of around $1,000 a year. You figure 25 people in that class, you are going to make up for it.

That is what is incredibly important about the evidence-based programs and the federal support for it. We want to be good stew-

ards of federal dollars. We want to initiate and offer programs that have good outcomes, that are going to help a person stay independent longer, that are going to increase their ability to stay strong, that are going to increase their ability to be mobile, but at the same time, are going to bend that cost curve over a long term.

Senator GILLIBRAND. Thank you so much, Jennifer.

Chairman SCOTT. First off, thanks again to everybody for being here.

Mr. Hasselbeck, how many hours a day do you have to spend time to make sure you are healthy? What does it take?

Mr. HASSELBECK. Would you say right now, or——

Chairman SCOTT. Right now. What is the difference?

Mr. HASSELBECK. Well, I spoke earlier about what I am terming Zone two training. These ideas are not necessarily my ideas. They are ideas that get talked to me by people that I trust. I do believe that kind of Zone two cardiovascular, it is going to be good for my heart, heart health, it is good for brain health, it is good for muscle, it is good for bone density, it is good for all the things.

I think strength training at least two to three times a week, and I think breaking a sweat, you know, heart rate over 100, at least, I would say five to six days a week, that to me would be seemingly like the floor of what I would consider to be healthy exercise.

Chairman SCOTT. What do you do on your diet?

Mr. HASSELBECK. Diet, I think I would agree with what has been shared already today—high protein, less sugar, or very, very little sugar if you can, not a lot of refined carbs. I am a little bit guilty on that right now.

Truly and honestly I think, again, setting goals and having people and community kind of holding you accountable and having fun with it, that is what I saw as an athlete. I think even now as a former athlete, I have been to a few funerals lately, and I have seen a lot of my former teammates, a lot of them are offensive linemen. Those guys are having so much fun getting fit and losing weight, and they are on a roll with it, and I do believe that the fact that they are doing it together is encouraging. Like I do not want to say competitiveness, but almost like you are cheering each other on, in a way. That is inspiring, it is contagious, and it has a multiplying effect, which is really, really cool to see.

Chairman SCOTT. Dr. Cain, Dr. Legg, in your communities, like if you were going to go brag about somebody that has a great program for a senior, which one would you brag about?

Dr. CAIN. Yes. I mentioned in my opening comments, Senator Scott, I think in our community the fall prevention programs have been really helpful. I have had my own mother and my own father-in-law in those programs, one at 85, one at 90, and I think physical therapists, athletic trainers that are not bound to some of the time constraints of a primary care physician can spend more time with the older patient, get them comfortable with the program, have ability to make sure they are safe doing it, you know, with things like wobble boards and balance maneuvers, that can really make a dramatic impact on the patient's risk of falling.

I think the fall prevention programs are really the key to our community trying to keep people healthy.

Chairman SCOTT. Dr. Legg?

Dr. LEGG. In my community, we have something called the West Virginia Health Right, which is a free and charitable clinic that started many years ago that has grown. Some of the new services they offer are nutrition, which they have at two different locations, and exercise classes at the same locations.

The great thing for patients in the Kanawha Valley is that they are free. Patients can learn about nutrition, learn about cooking, but they can also go and participate in exercise class, which includes aerobic exercise training as well as strength training. I work at this clinic. It is a very well-organized place, so it is a great opportunity for people in Charleston.

Chairman SCOTT. Ms. Raymond, besides the program you have, where you live is there anybody that you could send a senior to that would be all-encompassing, to say if you do these things, you are going to do what both of the physicians talked about. You are going to live longer, you are going to be happier, and all those things?

Ms. RAYMOND. You know, we do take a community-wide approach to this kind of work, so being able to partner with the federally Qualified Health Centers, the family health centers who are seeing a lot of folks who are at risk for fall, and being able to partner with that physician group is important. Partnering with the YMCA's PACE programs, there are a lot of these kinds of programs.

I think the incredibly important part for us is that we are often the first folks that an older adult is seeing or coming to, us and the Senior Center, and so making sure that we understand the wide range of community resources that are there is incredibly important.

Chairman SCOTT. Mr. Hasselbeck, you do not have to give this name, but somebody that you would say is 80 years old, that you would say, boy, they have done it right, who would you look at and say, you know, they have done it, you know, to stay healthier longer.

Mr. HASSELBECK. Well, my grandmother passed away this past year. She was in her mid0990's. She had 12 kids. I think the great-grandkids kept her very active, but she is someone that I would point to in my life that I am eye-witness to that stayed very active. She was a great golfer. She golfed with the women in her neighborhood. She was kind of infamous. She was a left-handed golfer.

You know, I think just her daily activities. She stayed active cooking. She stayed active, again, like reaching down, picking up grandkids, holding them, passing them off. Those are activities. I think, seriously, like I have talked with my mother about this, what are the activities that you want to be doing when you are that age? If it is that, let's go get a dumbbell, and let's practice squatting. A 30-pound dumbbell is probably like a 20-pound toddler. You know, what are the activities? If you want to be able to do certain things, maybe we need to walk steps a bunch of time. Maybe we need to focus on walking steps sideways, both ways. If you want to play pickleball.

Training like an athlete, but knowing that the exercise that we are trying to train for, it maybe is not an athletic event. You know, it is traveling on an airplane without me feeling like you need

someone to help you. It is walking through a large airport. Maybe it is going for walks.

Near the end of my dad's life, knee replacements were the thing that slowed him down. He was otherwise completely healthy, but the knee replacements kind of shut him down, in a way. He could not do the very basic activities. It was kind of tough. I think if we had been more proactive about that kind of stuff.

There is life span and then there is health span. Sure, you lived until you were 75, but how old were you when you stopped really living? I think that is the mindset. Again, I took a proactive approach as a player. I saw players take a reactive approach to their career. They did not play very long. I played longer than anybody in my draft class, and I was a sixth-round pick on the practice squad.

I do think that mindset is very, very important.

Chairman SCOTT. Dr. Legg and Dr. Cain, tell us a 80 year old success story in your community, and what did they do?

Dr. LEGG. I have a colleague who just retired two years ago. An orthopeadic surgeon who operated until age 84. What he did was he remained active. He exercised on a regular basis. One of his favorite exercises was dancing. That allowed him to stay sharp, both physically and mentally, to operate to that age. To me, Tony Majestro was a success story. He is still vital. He is not operating anymore, but I was always amazed that he could carry on orthopeadic surgery until that age.

Dr. CAIN. My own father-in-law, that I have mentioned several times today, Pete Tidwell, is now 90, and played tennis well into his 80's. He is one of those guys that never sat still, was always active. When my kids were little, his grandkids, he was always playing with them out in the yard, throwing the football, even in his 70's and 80's.

I think he has been a pretty good mentor as far as what activity level can do for your health, for your mind, for your health span. Even at 90 he still wants to play tennis. His body does not let him do a lot of it. He is still super active, still leaves the house and drives to work every day, comes by our house and sees the grandkids every day. I think that is really what we all want as we age, is to be around our family, be healthy enough to be independent, for the most part, and he is a good example of that.

Chairman SCOTT. Have either of you two seen sports clinics that have really good senior care with it? Like are your practices seeing any seniors?

Dr. CAIN. Our practice probably sees more seniors than athletes, actually, even though we are called a sports medicine clinic. A lot of that, unfortunately, is reactive. It is dealing with knee replacements, like Matt's dad, and patients that are kind of into the long-term care stage, where we are trying to get rid of problems that have been going on for several years.

I think it is hard to be proactive because patients usually do not come into clinic unless they have a problem, to see us. We are associated with physical therapy and athletic training clinics that see patients for fall prevention. Most patients do not really seek medical help unless they have a problem, so we end up being on the opposite side, most of the time, unfortunately.

Dr. LEGG. We see the same thing in our office. When I see seniors, they are coming in for knee arthritis, hip arthritis, shoulder arthritis. Now, we want to treat that to keep them moving, but that is the place where we see them.

Now, we also see them at all stages. It is not always surgery. We do multiple, non-operative treatments to relieve pain to keep them active, but that is the point we see, an orthopeadic office, that you see these patients, when they are coming in for the treatment of established arthritis.

Chairman SCOTT. You know, I used to be in the health care business, and one of the things that I have watched is that there are not a lot of people that are actually trying to find the cause of the problem, and a lot of it is because that is not how you get reimbursed. You do not get reimbursed to find a cause of the problem. You get reimbursed to do a procedure.

Have either of you two, in your practices, found that, one, is there a reimbursement system to find the root cause, and are people actually willing to spend the money to find the root cause of their problems?

Dr. CAIN. I think just like being active, in general, some of it is just personal drive, either encouraged by friends or family or other physicians. I think the reimbursement scheme, not to get too deep into a wormhole over Medicare, but I think, in general, the reimbursement scheme of Medicare physician reimbursement schedules makes it hard for physicians to devote a lot of time to preventative care, because the fee schedule is set in such a way that reimbursement goes down every year, costs go up every year. I think, unfortunately, our time with senior patients probably gets less every year, even if we do not mean to.

I think there are some barriers as far as reimbursement, but I think most of it is just the perception of why you go to a doctor. Most people go to a doctor for treatment of a problem, not for prevention of a problem.

Dr. LEGG. The one area we do have some success, especially treating arthritis in the lower extremities, is we now ask many patients for weight reduction prior to surgery, and often we have patients come back who have lost a substantial amount of weight and say, ″My knees and my hips just don't hurt as much anymore.″

Chairman SCOTT. Shocking.

Dr. LEGG. Yes. They often delay surgery because of that, and so we do that daily now. I am having discussions about weight reduction before surgery, but it is successful, and when people lose a substantial amount of weight I tell them, ″You go to the front of the line. You are ready. You have worked hard.″ We know that it lowers surgical risk and improves surgical outcomes, but also people come back and say, ″I feel better.″

Chairman SCOTT. Mr. Hasselbeck, you coach younger people, right? Can you tell people, you know who is going to take care of their body and their mind and who is going to, unless they get a surprise injury, is going to have a longer career in sports than the people that are not?

Mr. HASSELBECK. No, I do not think you can tell that, but I do get the exact same questions from parents of high school athletes as I hear when I am talking to my parents and their friends. It is

around supplementation. It is around nutrition. A lot of times it is these questions about protein powers. It is about creatine, and there really is a stigma around supplements, because it is the Wild, Wild West. It is not regulated. You know, you do not actually know what is going into some of these supplements.

I would also say that I think it is really important, if you have to supplement extra protein into your diet, you need to do it, whether you are a high school athlete or you are the grandparent of a high school athlete. I also think with creatine there is this thing out there where creatine makes you gain weight. On the same side, when you were talking about women, there is a pushback on creatine. I think we would now agree, in the medical community, that creatine is really healthy and has great benefits for men and women.

It is ironic that they are the exact same question for teenage boys, is what I usually get, and for the advice that I am giving my mom and her friends.

Chairman SCOTT. I take creatine, and I do protein powders. On my program I am supposed to have more than, I think, 120 grams of protein a day. I eat more protein. I just wish there were more different varieties. You get bored of the same stuff.

Mr. HASSELBECK. I would just say, you know, as a quarterback, one of the best quarterback coaches that I ever had was Andy Reid. One of the things he would say is, he would always just say, ″Stay low in the pocket.″ I am sure there were like 12 things he could have said to fix, but he just said, ″Stay low in the pocket.″ It was a real attainable goal for me. I think when it comes to nutrition, and I think the doctors might agree with this, or something you are telling your patients, if it is an attainable goal like, ″Hey, I don't know if I can do everything, but I can do that,″ the protein goal and the exercise goal I think are two of the simplest, most attainable, and they fix a lot of different things.

I know I mentioned Zone two cardio. It is good for heart health, good for brain health, which are the main things that I think men in my situation are concerned about, going forward.

Chairman SCOTT. How important is brain health as you age, for all of you?

Dr. CAIN. I think in a lot of ways it is more important than physical health, really. Brain health is what allows you to be aware of your physical shortcomings, to be more active, to do things like take more protein.

You know, I would argue in your protein diet, if you are trying to get 120 grams of protein, it is tough to do. The fact that you are trying, you are probably getting 100, which is a whole lot better than you do if you did not know you needed to get 120.

I think incremental gains, incremental things are really important. We know that protein, for instance, helps your cognitive health later on, and certainly from a health care standpoint, as bad as it is to be broken down physically, I think it is a lot worse to be broken down mentally. I think brain health is probably more important than physical health for most of us.

Dr. LEGG. Brain health follows physical health. There has been discussion on creatine today, and Matt mentioned that people worry about weight gain with creatine. We know that some of the

older ways to use creatine included a very high loading dose. It was about 20 milligrams a day, which did cause a lot of gastrointestinal upset and water retention.

Now, we know that five milligrams a day, or five grams a day is probably plenty. You can get up to the levels you need, but it is going to take you about 20 days to get there, not four days to get there. We know as time goes with the buildup of creatine, again, there is a muscular effect, and then there becomes a bone effect, and then eventually the body can get to, I will call, a steady state where there probably is some brain effect when you get to that level and you have used it long enough.

It is a good supplement, and can be used by most everybody now.

Chairman SCOTT. Well, thank you to each of you for being here. Thank you for caring. I hope our seniors take advantage of the information. It seems to me, I mean, we all have to figure this out on our own. There is nobody that is going to do it for us.

Thanks to each of you for being here. Thanks for what you do.

[Whereupon, at 4:57 p.m., the hearing was adjourned.]

APPENDIX

Prepared Witness Statements

U.S. SENATE SPECIAL COMMITTEE ON AGING

"LESSONS FROM THE FIELD: HOW SPORTS MEDICINE CAN IMPROVE HEALTH OUTCOMES FOR SENIORS"

JUNE 25, 2025

PREPARED WITNESS STATEMENTS

E. Lyle Cain, Jr., M.D.

Thank you Chairman Scott, Ranking Member Gillibrand and members of the committee for inviting me to testify in the hearing today.

My name is Lyle Cain. I am the Managing Partner and Orthopaedic Surgeon at the Andrews Sports Medicine and Orthopaedic Center in Birmingham, Alabama. I have been a Team Physician for several high school, college, and professional teams, including the University of Alabama Crimson Tide, for over 25 years. ROLL TIDE! I firmly believe that the lessons learned while providing care for athletes at All Ages, especially in the field of injury prevention and management, can help improve the HealthSpan of our aging population.

As you know, the combination of increased lifespan and demographics of the "Baby Boomer" generation have led to a dramatic shift in the number of senior adults in the United States with nearly 20% of our population now 65 years and older. This has tremendous consequences for our HealthCare system, both with increased utilization and increased costs. A true "Team approach" to the individual, using the Sports Medicine system as a model, can help our senior population maintain a better quality of life as they age.

What is a "Team Physician"? The American Orthopaedic Society for Sports Medicine (AOSSM) defines a Team physician as someone who provides comprehensive health services for the care of athletes and active people at all ages. The Team Physician is ultimately responsible for the health, safety, and performance of our athletes. Our duties include injury prevention and risk reduction, acute injury evaluation and management (both during competition and training), chronic condition and illness treatment, coordination of care between providers and performance optimization. In sports medicine, we also attempt to prevent injury by encouraging rules changes and development of protective gear for each sport. We accomplish these duties through the work of a large Team of Providers, and as I will outline, sports medicine is truly a "Team Effort". The modern Sports medicine Team includes Certified Athletic Trainers (who are generally the primary point of contact for the athlete), Physical Therapists, Dietitians, Primary Care Physicians, Orthopedic surgeons, Psychologists, Chiropractors, Sports Performance Specialists, Certified strength and conditioning coaches, and many others.

Our relationship with the athlete generally begins when we perform a pre-participation physical examination to assess their health and physical readiness to play. This is a crucial step and allows the physician and athletic trainer to identify issues that may predispose the athlete to future injury. We obtain a health history, do a thorough examination, and often perform additional testing (such as cardiac testing with echocardiogram) to develop an individual risk profile for each athlete. In the aging population, the annual examination with your primary care physician can provide this level of risk assessment; but the reality is that issues that put the senior adult at significant risk, such as balance loss, muscle loss (sarcopenia), cardiovascular fitness and endurance, and fall risk are generally not evaluated. Employing athletic trainers, physical therapists and other health care personnel to assist in annual risk assessment could likely prevent future falls and the associated health compromise in the older population. In my own family's experience, my wife's 90 year-old father has seen tremendous results and better balance by participating in a local fall prevention program provided by physical therapists.

Why is fall prevention so important? Falls are the #1 cause of injury-related death in adults over 65. Up to 30% of adults die within one year of a hip fracture sustained from a fall, and many patients that survive past the first year never regain independence, requiring expensive care from rehabilitation or long-term care facilities. It is estimated that falls alone add $50 billion annually to the US healthcare system costs. The old orthopeadic adage wisely states "we are brought into this world through the brim of the pelvis, and often leave through a fracture of the neck of the femur", emphasizing the risk of mortality from hip fractures in the older patient. Many of these falls are preventable with risk assessment, regular physical activity including resistance training and fall prevention programs.

How do we implement this program? It definitely takes a Team. The medical team should be empowered to treat the aging patient with individual risk evaluation, medical optimization, fitness and performance improvement just like we treat our athletes. Primary care physicians are often the healthcare ″gate keeper″, so we must train these doctors in musculoskeletal medicine. The American Sports Medicine Institute, and many programs like it, train primary care physicians in non-surgical care of the active person, but this requires an extra year of post-graduate training. Certified athletic trainers are a valuable part of the team, but we are seeing a critical shortage of young people entering the field due to the time commitment in training (now requiring a Masters level degree), long work hours, and relatively low pay. Physical therapy visits are generally limited by insurance plans, and many do not include fall prevention coverage. We must continue to advance programs that educate the aging population on the benefits of exercise, muscle mass improvement, and fall prevention. NIH funding is also critical, especially in my home State of Alabama. In fact, just two weeks ago, the American College of Sports Medicine (ACSM) Exercise is Medicine program launched the Active Aging Initiative for Older Adults with a mission to integrate physical activity into routine healthcare by enhancing collaboration between healthcare providers and exercise professionals and expanding access to evidence-based exercise opportunities. Wearable Technology, such as fitness trackers and Apple watches, can provide feedback concerning individual performance progress and gains.

In closing, we give our athletes the best care possible to prevent injury and optimize performance. We should do the same for our senior citizens.

U.S. SENATE SPECIAL COMMITTEE ON AGING

"LESSONS FROM THE FIELD: HOW SPORTS MEDICINE CAN IMPROVE HEALTH OUTCOMES FOR SENIORS"

JUNE 25, 2025

PREPARED WITNESS STATEMENTS

Paul S. Legg, M.D.

Chairman Scott, Ranking Member Gillibrand, and Honorable Members of the Committee,

Thank you for this opportunity to offer testimony to the Senate Special Committee on Aging. The opinions expressed herein are my own and do not reflect the view or position of my employer.

My name is Dr. Paul Legg. I am a practicing orthopaedic surgeon in Charleston, West Virginia, having spent 27 years in private group practice and the past two years as a hospital-employed surgeon for Vandalia Health. I am board certified by the American Board of Orthopaedic Surgery with a certificate of additional qualification in sports medicine. I am also the orthopaedic surgeon for the University of Charleson, an NCAA Division II school with approximately 620 athletes.

Sports medicine encompasses the prevention and care of musculoskeletal injuries and medical conditions encountered in sports. Lessons from the field, operating room, and research are applicable to maintain the physical function and performance in competitive athletes at any age. The health outcomes of seniors improve by keeping them healthy, active, and injury-free as they age. Surgical techniques designed to return competitive athletes to the field of play can also benefit seniors with similar injuries. For example, small incision or percutaneous repair of Achilles tendons is such a technique. Using this percutaneous technique in patients decreases operative time, wound complications, scarring, and infection.[1] Patients also return earlier to pre-injury activity. However, surgical techniques are only a small part of sports medicine s influence on senior health. The manner in which our athletes train and prepare offer many more lessons on improving the health outcomes of seniors.

According to the 2022 report by the National Health Statistics, only 13.9 percent of adults aged 65 and older met the federal activity guidelines.[2] The environmental factors related to low physical activity rates include automobiles, television, computers, mobile devices, remote controls, elevators, suburban roads with no sidewalks, sedentary jobs, and eating out/fast food. Since very few people get adequate exercise at work or throughout their days, exercise needs to be added as a purposeful activity. Fitness is partly genetic and is measured by how far you go on an exercise test. Physical activity is behavioral and requires motivation and commitment. Increasing your physical activity will increase your fitness.

Poor physical activity and nutrition top the list of most common health issues encountered by seniors.[3] Dr. Jerome Fleg tested healthy patients over 20 years and found that we get less fit as we get older and fitness sharply declines after age 75.[4] In 1975, Dr. Robert Bruce demonstrated that physical fitness as measured by VO2

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[1] Hsu AR, Jones CP, Cohen BE, and others. Clinical Outcomes and Complications of Percutaneous Achilles Repair System Versus Open Technique for Acute Achilles Tendon Ruptures [Internet]. Foot Ankle Int. 2015 Nov;36(11);1279-86. Available from: https://pubmed.ncbi.nlm.nih.gov/26055259/. doi: https://doi.org/10.1177/1071100715589632.

[2] Elgaddai N, Kramarow E. Characteristics of Older Adults Who Met Federal Physical Activity Guidelines for Americans: United States, 2022 [Internet]. U.S. Centers for Disease Control and Prevention; 2022 Nov 25 [cited 2025 June]. Available from: https://www.cdc.gov/nchs/data/nhsr/nhsr215.pdf. Aerobic physical activity guidelines for adults recommend at least 150 to 300 minutes a week of moderate-intensity aerobic activity or 75 to 150 minutes of vigorous activity a week.

[3] McNaughton SA, Crawford D, Ball K, and others. Understanding Determinants of Nutrition, Physical Activity and Quality of Life Among Older Adults: The Wellbeing, Eating and Exercise for a Long Life (WELL) Study [Internet]. Health Qual Life Outcomes; 2012 Sep 12;10:109. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC3479030/. doi: https://doi.org/10.1186/1477-7525-10-109.

[4] Fleg JL, Morrell CH, Bos AG, and others. Accelerated Longitudinal Decline of Aerobic Capacity in Healthy Older Adults. Circulation [Internet]. 2005 Aug;112(5):674-82. Available from: https://pubmed.ncbi.nlm.nih.gov/16043637/. doi: https://doi.org/10.1161/circulationaha.105.545459.

max decreases as we age, even in healthy individuals.[5] VO2 max is a measure of your body s maximal rate of oxygen consumption. When we re exercising or just sitting down our body takes in air from the lungs, distributes it throughout the body via the heart and blood vessels, and then pulls oxygen from that blood into our muscles, tissues, and cells. In the cells, mitochondira use oxygen to produce energy in the form of adenosine triphosphate (ATP). VO2 max declines with age. This occurs in part due to decreased cardiac output and decline in mitrochondrial number and quality. These changes mean that either less oxygen is taken up by the muscle or the oxygen that is taken up isn t utilized to the same extent, which can limit our aerobic energy production and exercise capacity. While VO2 max declines with age, we can prevent some decline in patients. Continuing to exercise can boost mitochondrial capacity, preserve cardiac function, and may even prevent some of the age-related declines in heart rate and strength with age.

Seniors need aerobic fitness, but they also need strength training. Loss of strength and loss of muscle mass (sarcopenia) begins roughly at age 40. Muscle mass declines five percent per decade starting at age 40. Strength-trained men and women start with higher peak strength and loose strength at a slower rate. Muscle mass increases only with intensive and prolonged resistance training. The established benefits of regular strength (resistance) exercise include increased strength and endurance, increased/maintained muscle mass, increased resting metabolic rate, and preventing disability.

Both research and clinical experience indicate that resistance training is safe for health older adults, frail older adults, and individuals with disease. Muscle disuse is a preventable and reversible factor. Resistance exercise training has been consistently shown as a feasible and effective means of counteracting muscle weakness and physical frailty; improving physical performance; increasing muscle, fiber, area; improving muscle quality; improving bone density; improving metabolic health and insulin sensitivity; improving psychological well-being; and reducing risk for falls and fractures and older adults.

What behaviors can we encourage in senior adults to help start and maintain an exercise program? The first step is making a commitment to increase physical activity. Established protected time to exercise and forgo other activities that may encroach on this scheduled time. Develop a habit. Set small and realizable goals for exercise as you begin but also think about and establish long-term goals for overall fitness. Barriers to exercise must also be addressed, which include lack of understanding, lack of awareness, lack of funds, and lack of a plan.

What can we learn from sports medicine and athletes? Athletes train and prepare for competition. Their training includes aerobic exercise and strength training. Their exercise is planned and purposeful. We need to view exercise like personal hygiene regular and routine practices that improve overall health.

Sports medicine has also introduced specific training techniques that improve fitness. These techniques were designed to improve performance of competitive athletes. Yet, these principles can be used by all ages, including senior adults. The Norwegian 4x4 protocol is a high intensity interval training method that involves four minutes of near maximum intensity exercise followed by three minutes of light activity repeated four times. A study in 2020 demonstrated a lower all-cause mortality trend with 4x4 interval training, compared with controls and moderate intensity continuous training.[6] Fartlek is another type of interval training that is based on even shorter intervals of increased activity with intermittent light activity or rest. Fartlek, which is Swedish for speed play, tends to be less structured than other interval techniques. These high intensity interval training techniques can be used with a variety of exercises including walking, running, cycling, elliptical, and rowing.[7]

Health outcomes in seniors can be improved with lessons learned from sports medicine and sports science. Surgical techniques and rehab protocols help return seniors to pre-injury function and activity. Planned and purposeful exercise and strength training used in preparation for competitive athletic events provide a struc-

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[5] See Quinn E. The Bruce Protocol Treadmill Test [Internet]. VerywellFit; 2024 July [cited 2025 June]. Available from: https://www.verywellfit.com/the-bruce-treadmill-test-protocol-3120269.

[6] Acala JJ, Roche-Willis D, Astorino TA. Characterizing the Heart Rate Response to the 4x4 Interval Exercise Protocol. Int J Environ Res Public Health [Internet]. 2020 Jul 15;17(14):5103. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC7399937/. doi: https://doi.org/10.3390/ijerph17145103.

[7] See Zickl D, Latter, P. What Is a Fartlek Run and How Can It Help You Get Faster? [Internet]. Runner s World; 2020 Dec 8 [cited 2025 June]. Available from: https://www.runnersworld.com/training/a34824872/fartlek-run/.

ture for exercise and senior adults. Advanced training techniques can move senior adults beyond just physical activity and into increasing levels of fitness.

U.S. SENATE SPECIAL COMMITTEE ON AGING

"LESSONS FROM THE FIELD: HOW SPORTS MEDICINE CAN IMPROVE HEALTH OUTCOMES FOR SENIORS"

JUNE 25, 2025

PREPARED WITNESS STATEMENTS

Matt Hasselbeck

My name is Matt Hasselbeck, and I am here to share my insights on the significant role Sports Medicine has played throughout my athletic career and its ongoing influence in my life.

I played quarterback for five years at Boston College followed by a lengthy NFL career. The NFL, if you don't know, is commonly referred to by players and coaches as "Not For Long", but, with the help of great sports medicine teams I was fortunate to play for 18 years with the Green Bay Packers, Seattle Seahawks, Tennessee Titans, and Indianapolis Colts. I grew up as the son of a football player. After an All-American career at the University of Colorado, my dad played tight end in the NFL for nine seasons. He played primarily with the New England Patriots, but also with the Minnesota Vikings, the New York Giants, and the Los Angeles Raiders, where he and his teammates won Super Bowl XVIII. My brothers and I all earned full scholarships to play college football, and my brother Tim followed me as a longtime quarterback in the NFL. Most of our wives were prominent Division one athletes as well, and my wife was no doubt a better athlete in college than I was.

In the decade since my NFL career ended, I have primarily worked in the sports media space. After spending eight years at ESPN on shows like Sunday NFL Countdown, Monday Night Countdown, and SportsCenter, I now work as an NFL analyst for Fox Sports on the Colin Cowherd Show. I've also been serving as a high school football coach the past four years. After winning a state championship in Massachusetts coaching my son, last year we moved to Tennessee so I could coach on a staff with my father and brother, where we coached two of my quarterback nephews Taylor and Isaiah. Taylor is currently committed to play college football at the University of Wyoming.

Raising our own three kids and supporting their athletic journeys has been the other major career for my wife and me. Our two daughters are National Champion lacrosse players from Boston College; the younger one is preparing for a fifth year after three knee surgeries earned her a medical redshirt. Our son is a redshirt freshman quarterback at UCLA and is battling for his own opportunity much like I did at his age.

During my 23 years of college and professional football, I only had one surgery. This is unheard of! I attribute this to many factors, one of which is the help of skilled athletic trainers and sports medicine teams. Many of my teammates took a "react and survive" approach to their health, while a "proactive and thrive" approach is a mindset that helped me. I attribute this mindset to the advice, care, and expertise of the athletic training staffs of my teams. Not only did they help me prevent injuries, but they also contributed to helping me heal faster and return to play. Staying healthy is priority #1 for an NFL quarterback. Injury prevention, recovery, and prioritizing wellness were equally important to me as throwing touchdown passes. My coaches would often tell us, "Your greatest ability is your availability".

Both during and after my NFL career, I have been dedicated to making the game safer for future generations. I actively participated in the NFLPA's Mackey-White Health and Safety Committee and proudly served as a Vice-President of the NFLPA's Executive Committee for six years. Our work successfully fostered a significant culture change regarding brain injuries and return-to-play protocols in football. In commitment to this cause, upon my death I have pledged my brain to science through the Concussion Legacy Foundation. I currently serve as the ambassador for the DiagnoseCTE.org study for men over 50 which aims to develop a method to diagnose and differentiate brain trauma while patients are still alive.

In this new empty nester era of our lives, my wife and I have experienced the challenges of caring for our aging grandparents and parents. We have leaned on the lessons learned through athletics to help replicate the best outcomes for them as they get older. For example, helping my mom set goals for the activities hopes to participate in with her grandkids when she is older means that we have to start prepping for that now, much like you would do as an athlete. My mom would love to be able to play pickleball and ride bikes with her grandkids when she is 75.

Sometimes it's not as simple. Following a painful knee replacement surgery, my dad was waiting to get healthy enough for the next one, when he tragically suffered a cardiac event this April, which he did not survive. This heartbreaking event has left my mom a widow after 50 years of marriage and she now faces new challenges, some of which are loneliness and isolation, that she must overcome. Sadly, as a family, we are also dealing with the significant challenge of my mother-in-law's Alzheimer's disease. This illness has placed immense hardship on our family, particularly affecting my father-in-law who sacrificed his profession to become her full-time caretaker.

In conclusion, that's a glimpse into who I am, and I'm truly honored to be here today. The last time I visited this building was during my 8th-grade class trip, and I had a wonderful time. I always hoped I'd get to come back again. I look forward to answering your questions.

U.S. SENATE SPECIAL COMMITTEE ON AGING

"LESSONS FROM THE FIELD: HOW SPORTS MEDICINE CAN IMPROVE HEALTH OUTCOMES FOR SENIORS"

JUNE 25, 2025

PREPARED WITNESS STATEMENTS

Jennifer Raymond

Chairman Scott, Ranking Member Gillibrand, and members of the Committee, thank you for the opportunity to speak before you today. My name is Jennifer Raymond, and I am honored to serve as the Chief Strategy Officer for AgeSpan, an Area Agency on Aging located in Lawrence, Massachusetts. We are one of 614 AAAs across the country, helping our older adults stay independent. On behalf of these agencies, as well as the older adults and family caregivers they serve, I want to first thank you for your ongoing efforts to meet the needs of our aging population through the Older Americans Act.

Thank you for your attention on the importance of physical wellness for older adults. The consequences of physical inactivity among older adults are catastrophic. They include a decline in overall function, increased risk for chronic diseases, increased frailty and a heightened risk for depression and cognitive decline. Despite these consequences, more than one in four older Americans are physically inactive.[1] The reasons for inactivity are many and varied: a fear of injury, lack of confidence in their ability to exercise safely, and even a lack of motivation to begin exercise.

Across Massachusetts and throughout this country, Area Agencies on Aging (AAAs) and their partners offer effective physical activity programs that both promote exercise and help individuals overcome the motivational and behavioral barriers that contribute to inactivity. For example, May C. from Quincy, who was able to safely abandon her walker after improving her balance through an evidence-based program called A Matter of Balance, and Maria A, who, despite her frailty, now participates in virtual physical activity classes, from the comfort of her own home thanks to our AAA's digital access program.

One of the most important benefits of increased physical activity for older adults relates to the prevention of falls. Falls can be detrimental to a senior's life. They can result in hip fractures, head trauma, other serious injury, and even death. They often reduce mobility, take away a senior's ability to live independently and can make people afraid to leave their home, increasing loneliness and isolation.

Every year in this country, more than 14 million Americans 65 or older (or one out of every four) suffer a fall.[2] In 2021, emergency room departments reported three million visits due to older adult falls.[3] The total health care costs for these falls are over $80 billion per year.[4] Of these costs, 67% is paid for by Medicare, 4% by Medicaid, and 29% by older adults and their families.[5]

Today, many AAAs partner with family health centers, primary care providers, and managed care to reduce falls risks. First, our health care partners screen and identify older adults at risk for falls. Then, they refer those individuals to networks of AAAs for falls intervention. This might include a physical activity program, assistance with home modifications to address falls hazards, and even the provision of medically tailored meals to make them more ready for physical activity. These referrals allow us to take a more holistic approach to addressing the needs of the individual and create a shared care plan to improve outcomes.

There is much we can do to support older adults in their desire to age in place, stay physically active, and avoid falls. To further these goals, we must:

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[1] Watson KB, Carlson SA, Gunn JP, et all. Physical Inactivity Among Adults Aged 50 and Older-United States, 2014. MMWH Mor Mortal Wkly Rep 2016;65:954-958. DOI:http://dx.doi.org/10.15585/mmwr.mm6536a3.

[2] Kakara R, Bergen G, Burns E, Stevens M. Nonfatal and Fatal Falls Among Adults Aged =65 Years-United States, 2020-2021. MMWR Morbidity and Mortality Weekly Report. 2023;72:938-943. DOI: 10.15585/mmwr.mm7235a1.

[3] Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. Accessed March 11, 2024.

[4] Haddad YK, Miller GF, Kakara R, et al. Healthcare spending for non-fatal falls among older adults, USA Injury Prevention 2024;30:272-276.

[5] Haddad YK, Miller GF, Kakara R, et al. Healthcare spending for non-fatal falls among older adults, USA Injury Prevention 2024;30:272-276.

1. Support robust funding for community-based physical activity and falls prevention through the Older Americans Act, specifically Titles IIID Evidence-Based Health Promotion and Disease Prevention and Title IIIB Supportive Services.

2. Educate health care providers about falls prevention through tools like the STEADI program, which assists providers in integrating falls prevention to their clinical practices.

3. Encourage prescription for physical activity and falls prevention by health care providers and allowing for appropriate reimbursement for effective interventions offered in the community.

4. Continue investment in research related to physical activity and falls prevention for all older adults, including those with physical frailty, those with disability, and those with cognitive decline.

If we are serious about a healthy America, we cannot ignore the impact of physical inactivity and falls among older adults. Area Agencies on Aging stand ready to partner with health care, older adults, and family caregivers to address this challenge. Investments today will not only allow older adults to thrive independently but will also help stem the costs for our health care system for years to come.

Thank you again for the opportunity to speak with you today and for your support on this issue. I look forward to your questions and working together to support our country's older adults.

Questions for the Record

U.S. SENATE SPECIAL COMMITTEE ON AGING

"LESSONS FROM THE FIELD: HOW SPORTS MEDICINE CAN IMPROVE HEALTH OUTCOMES FOR SENIORS"

JUNE 25, 2025

QUESTIONS FOR THE RECORD

Dr. E. Lyle Cain, Jr.

Ranking Member Kirsten Gillibrand

Question:

Your online biography notes that you have an interest in "the emerging field of biological treatment options" for healing injuries. Our country has made remarkable strides with developing new treatments and medical procedures. The National Institutes of Health has played a significant role - in fact, NIH is responsible for more than 80% of the world's grant investment in biomedical research.

Can you discuss some of the emerging biological treatment options for injuries, and the potential those options hold for patients - including older adults?

Response:

Thank you Senator Gillibrand. Most of the emerging biologic treatment options involve isolating specific growth factors to treat individual diseases. Our current options include Platelet Rich Plasma (isolated from the patient's own blood) and Bone Marrow or Fat-derived Mesenchymal Stem Cells (isolated for the patient's bone marrow or fat). These biologic treatments are full of many chemical factors and enzymes secreted by the cells that can be both helpful and sometimes harmful. Scientists are currently running trials supported by the NIH to better determine which specific factors and cells are best for each specific condition or disease.

Question:

What will it mean for your patients if the development of new treatment options slows, or ends all together?

Response:

The loss of research support to improve the treatment options will have a negative effect on my patients, leading to less medical breakthroughs that may save lives.

Senator Raphael Warnock

Question:

Falls are the leading cause of injury-related death amongst older adults, resulting in roughly $80 billion in medical costs every year[1] and contributing to three million emergency department visits annually.[2] The Centers for Disease Control and Prevention (CDC) Stopping Elderly Accidents, Deaths & Injuries (STEADI) Initiative collaborates with healthcare providers to provide clinical resources for falls screening, assessments, and interventions.[3] Georgia, alongside 22 other states, also receives funding through the CDC Core State Injury Prevention Program (Core SIPP) to address fall prevention.[4] However, these programs are at risk due to significant proposed Fiscal Year 2026 budget cuts to the CDC.[5]

What unique challenges might older adults in rural areas face regarding access to falls prevention resources in a primary care setting?

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[1] Older Adult Falls Data, Centers for Disease Control and Prevention (October 28, 2024), https://www.cdc.gov/falls/data-research/index.html.

[2] Facts about Falls, Centers for Disease Control and Prevention (May 9, 2024), https://www.cdc.gov/falls/data-research/facts-stats/index.html.

[3] STEADI - Older Adult Fall Prevention, Centers for Disease Control and Prevention, https://www.cdc.gov/steadi/index.html.

[4] CDC Core, Georgia Department of Public Health, https://dph.georgia.gov/health-topics/injury-prevention-program/cdc-core.

[5] Fiscal Year 2026 Centers for Disease Control and Prevention Justification of Estimates for Appropriation Committees, Department of Health and Human Services, https://www.cdc.gov/budget/documents/fy2026/fy-2026-cdc-cj.pdf.

Response:

Many older adults in rural communities are not able to access these programs because of the distance needed to find appropriate resources. Online and web-based models are helpful, but can never really replace personal, hands-on expertise.

U.S. SENATE SPECIAL COMMITTEE ON AGING

"LESSONS FROM THE FIELD: HOW SPORTS MEDICINE CAN IMPROVE HEALTH OUTCOMES FOR SENIORS"

JUNE 25, 2025

QUESTIONS FOR THE RECORD

Dr. Paul S. Legg

Ranking Member Kirsten Gillibrand

Question:

America's population is rapidly aging. I understand that you have seen some of the consequences of that aging, as a large share of your patients are now over 60 years old. However, new doctors may not be completely prepared to provide patient care tailored to the needs of older patients. For example, medical schools typically offer rotations in specialties like pediatrics, cardiology, surgery, and emergency medicine - but often leave geriatrics off the list.

As someone who has experience treating patients over the age of 60, what advice do you have for new doctors who are about to serve an aging population?

Response:

Treating senior adults should include the ability to recommend and /or prescribe exercise programs for patients. New physicians should be prepared to inform patients on the importance of exercise to maintain health and to help prevent certain diseases. New physicians can provide simple exercise programs to their patients and use local resources that patients can access for physical activity. I often recommend Dr. Ben Levine's Exercise Prescription for Life as a simple and easily adaptable program for exercise. New physicians must be prepared to motivate patients to exercise. The most difficult task is convincing patients that exercise is essential to good health, and motivating them to develop and maintain a consistent program.

U.S. SENATE SPECIAL COMMITTEE ON AGING

"LESSONS FROM THE FIELD: HOW SPORTS MEDICINE CAN IMPROVE HEALTH OUTCOMES FOR SENIORS"

JUNE 25, 2025

QUESTIONS FOR THE RECORD

Jennifer Raymond

Ranking Member Kirsten Gillibrand

Question:

Health care expenditure for non-fatal falls in 2020 was 80 billion dollars. Instead of treating falls, we should be preventing them. A preventive approach would save the health care system billions of dollars and prevent needless suffering for many seniors. Many of the programs funded by the Older Americans Act, including those provided in your agency, focus on health promotion and disease prevention.

Why is it so important to take an upstream approach to health and aging? Could you give us some examples?

Response:

Thank you for this question. Taking an upstream approach to both health and aging is critical if we want to both improve health outcomes and contain the rising costs of poor health. Taking an upstream approach also more proactively looks that the root causes of poor health outcomes, and the drivers of positive health outcomes and allows us to tackle potential problems before they manifest into costly and chronic health conditions. This might mean enhanced investment in physical activity programs (and safe places for people to access physical activity), increased access to affordable nutrients that improve physical health, and transportation and access to community wide physical activity centers. It also means that this access is accompanied by education and training related to health care and the ability to make incremental behavior change to adapt healthy behaviors at all ages.

Senator Raphael Warnock

Question:

Falls are the leading cause of injury-related death amongst older adults, resulting in roughly $80 billion in medical costs every year[1] and contributing to three million emergency department visits annually.[2] The Centers for Disease Control and Prevention (CDC) Stopping Elderly Accidents, Deaths & Injuries (STEADI) Initiative collaborates with healthcare providers to provide clinical resources for falls screening, assessments, and interventions.[3] Georgia, alongside 22 other states, also receives funding through the CDC Core State Injury Prevention Program (Core SIPP) to address fall prevention.[4] However, these programs are at risk due to significant proposed Fiscal Year 2026 budget cuts to the CDC.[5]

What steps can Congress take to protect and strengthen community-based partnerships, like the STEADI Initiative and Core SIPP, to ensure that evidence-based fall prevention resources are adequately accessible to older adults?

Response:

Thank you for this question. The integration of the social care provided by community-based organizations with the clinical care provided by health care practi-

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[1] Older Adult Falls Data, Centers for Disease Control and Prevention (October 28, 2024), https://www.cdc.gov/falls/data-research/index.html.

[2] Facts about Falls, Centers for Disease Control and Prevention (May 9, 2024), https://www.cdc.gov/falls/data-research/facts-stats/index.html.

[3] STEADI - Older Adult Fall Prevention, Centers for Disease Control and Prevention, https://www.cdc.gov/steadi/index.html.

[4] CDC Core, Georgia Department of Public Health, https://dph.georgia.gov/health-topics/injury-prevention-program/cdc-core.

[5] Fiscal Year 2026 Centers for Disease Control and Prevention Justification of Estimates for Appropriation Committees, Department of Health and Human Services, https://www.cdc.gov/budget/documents/fy2026/fy-2026-cdc-cj.pdf.

tioners has proven in many cased to both improve health outcomes and advance cost containment. The STEADI Initiative and Core SIPP are just two such examples. To better support these and similar partnerships, Congress should:

1. Support robust funding for community-based physical activity and falls prevention activities through the Older Americans Act, specifically Titles III D Evidence-Based Health Promotion and Disease Prevention and Title III B Supportive Services.

2. Invest in an educated health care provider workforce that advances falls and falls prevention activities in their community through tools like the STEADI program, which was created by the Centers for Disease Control and Prevention to assist health care providers in integrating falls prevention in their clinical practices.

3. Incentivize prescription for physical activity and falls prevention by health care providers and allowing for appropriate reimbursement for effective interventions offered in the community.

4. Continue investment in research related to physical activity and falls prevention activities for all older adults: those who have the capacity to be more active, those with physical frailty, those with disability, and those with cognitive decline include Alzheimer's Disease and Related Dementia.

Statements for the Record

U.S. SENATE SPECIAL COMMITTEE ON AGING

"LESSONS FROM THE FIELD: HOW SPORTS MEDICINE CAN IMPROVE HEALTH OUTCOMES FOR SENIORS"

JUNE 25, 2025

STATEMENTS FOR THE RECORD

American Physical Therapy Association and the Academy of Geriatric Physcal Therapy (APTA Geriatrics) Statement

On behalf of the 100,000 member physical therapists, physical therapist assistants, and students of physical therapy, the American Physical Therapy Association and the Academy of Geriatric Physcal Therapy (APTA Geriatrics), an Academy of the American Physical Therapy Association, submit the following comments in response to the Senate Special Committee on Aging hearing, "Lessons from the Field: How Sports Medicine Can Improve Health Outcomes for Seniors"

APTA is dedicated to building a community that advances the physical therapy profession to improve the health of society. As experts in rehabilitation, prehabilitation, and habilitation, physical therapists play a unique role in society in prevention, wellness, fitness, health promotion, and management of disease and disability for individuals across the age span, helping individuals improve overall health and prevent the need for avoidable health care services. APTA Geriatrics supports PTs, assistants and student with their mission to optimize the experience of aging by 1) promoting value, quaity, and accessiblity of geriatric care. 2) Prpviding life-long learning and mentorship that promotes innovative person-centered care. 3) Buidling a passionate community for those call end committed to improving the human experience.

Physical therapists are doctorally trained movement experts who help to optimize people's physical function, movement, performance, health, quality of life, and well-being. Physical therapists evaluate, diagnose, and manage movement conditions for individuals, and they also provide contributions to public health services aimed at improving population health and the human experience. Physical therapists have a designated specialy certification in geriatrics that demonstrated advanced practice in providing services for older adults complex needs across the care spectrum from skilled nursing facilities to senior games and fitness/wellness. Physical therapists working with older adults address the 5M's of geriatric care: Mobiltiy, Mind, Medications, Multi-complexity and What Matters Most. Physical therapist assistants (PTAs) are educated and licensed or certified clinicians who provide care under the direction and supervision of a licensed physical therapist. PTAs also have an advanced proficieny program for geriatrics. PTs and PTAs care for people of all ages and abilities.

The Role of Physical Therapy in Building Strength and Improving Balance

Older Americans are most at risk for experiencing a fall and suffering from debilitating conditions that may result from such incidences. In fact, according to the Centers for Disease Control and Prevention, more than one out of four older Americans fall each year. Falling once doubles the chance of falling again. Every 19 minutes, an older adult will die because of a fall. A fall can result in serious injuries, potentially leading to loss of independence, misuse of opioids, and decreased ability to do meaningful activities. All told, accidental falls among older adults result in three million emergency room visits and one million hospital stays annually. The average falls-related hospitalization costs $30,000 and falls rank fifth in terms of the highest personal health care spending. Older adult falls cost $50 billion in medical costs annually, with 75% paid by Medicare and Medicaid.

Physical therapists have a critical role in preventing falls, especially among older segments of the population. Through PT care, patients can significantly reduce the risk of a fall and potentially avoid serious injuries that could likely be difficult and costly to treat. Physical therapists are movement experts with knowledge and skills in identifying, measuring, and improving balance system deficits, functional limitations, and strength and flexibility deficits that have been shown to contribute to falls.

The physical therapist's role in falls prevention includes, but is not limited to:

- •Assessing the multifactorial risk for falling:
- •Designing an individualized plan for a patient's fall-prevention needs;

•Providing home safety assessments and modifications to make a patient's home as safe from fall hazards as possible;

•Educating about the risk factors associated with falls;

•Providing appropriate exercises and balance training;

•Working with other health care professionals to address any underlying medical conditions that could increase the risk of falling; and

•Providing recommendations on evidence-based community programs.

Physical therapists also address the identified deficits following physical examination and objective tests of movement patterns. Physical therapists are a vital component of multifactorial interventions that address modifiable risk factors for falls including medications, environment and personal factors. Interventions provided by physical therapists are targeted and dosed to provide the ability of the nervous system to adapt to changing situations and environments since balance requires both anticipated actions and reaction responses. . Improvements in the interactions between components of the balance systems through physical therapist management leads to enhanced effectiveness of the activities and participation that support what matters most to each person. .

Physical therapy may also reduce long-term opioid medication as an effective means to decrease preventable falls in community-dwelling older adults. Physical therapists provide tailored patient teach-back methods and motivational interviewing to assess readiness and intervene to improve gaps in client understanding of falls risk factors to mitigate their falls risk.

The Economic Value of Physical Therapy

″The Economic Value of Physical Therapy in the United States,″ a recently released APTA report, showcases the cost-effectiveness and economic value of physical therapist services for a broad range of common conditions. The report compares physical therapy with alternative care across a suite of health conditions commonly seen within the U.S. health care system. The report underscores and reinforces the importance of including physical therapists and physical therapist assistants as part of multidisciplinary teams focused on improving outcomes for seniors and decreasing downstream costs. We urge the Committee to consider the insights provided in this report to support access to, coverage of, and payment for physical therapist services, and to support policies that position physical therapists as entry-point providers for seniors to ensure beneficiaries have timely access to proven, cost-effective care.

Policy Recommendations

Preventing falls is critical; however, access to falls screening and prevention services is often limited. The APTA endorses the following policy recommendations to increase patient access to physical therapy that can significantly reduce the risk of falls in the older adult population.

•Recommendation #1: APTA urges Congress to pass H.R. 1171 - the Stopping Addiction and Falls for the Elderly (SAFE) Act. This bipartisan legislation introduced in the U.S. House by Reps. Carol Miller, R-W.Va., and Melanie Stansbury, D-N.M. would ensure that Medicare beneficiaries, identified by their physicians as having experienced a fall the year before their Initial Preventive Physical Examination (known as the ″Welcome to Medicare″ visit), would be referred to a physical therapist for falls screening and preventive services. This bill also enables beneficiaries who've been enrolled in Medicare for at least a year and who choose to participate in an annual wellness visit (different from an annual physical) to be referred for a separate falls risk assessment and potential additional PT services if the annual wellness visit reveals that they've fallen within the previous year.

•Recommendation #2: APTA urges Congress to pass S.668/H.R. 3183 - the SAFE STEPS for Veterans Act introduced Sens. Angus King, I-Maine, and Mike Rounds, R-S.D., and in the House by Reps. Nikki Budzinski, D-Ill., Lois Frankel, D-Fla., Jen Kiggans, R-Va., Jack Bergman, R-Mich., and Gus Bilirakis, R-Fla. This bipartisan legislation introduced by addresses preventing falls among older veterans and would require annual falls risk assessments to be carried out by a licensed physical therapist for veterans receiving extended care services throughout the Department of Veterans Affairs (VA). It would also establish an Office of Falls Prevention and create a falls prevention coordinator within the Veterans Health Administration to serve as a point person on federal panels focused on falls prevention.

•Recommendation #3: APTA recommends Congress reauthorize and fully fund programs under the Older Americans Act (OAA). The OAA was enacted in 1965 with the goal of supporting older Americans to live at home and in the community with dignity and independence for as long as possible. OAA supports various programs and services, including information and referral, congregate and home-deliv-

ered meals, health and wellness programs, in-home care, transportation, elder abuse prevention, caregiver support, and adult day care. As Congress may consider ways to improve the efficiency and effectiveness of OAA services and programs, APTA recommends that federal grants authorized by OAA be utilized to promote timely assessments of seniors for the risk of falling that can be performed by physical therapists. Timely access to such an assessment could help seniors and their caregivers prevent falls that lead to devastating outcomes and would help reduce health care costs in the U.S.

Should you have any questions, please contact APTA Congressional Affairs Specialist Steve Kline at stevekline@apta.org. Thank you for your time and consideration.

U.S. SENATE SPECIAL COMMITTEE ON AGING

"LESSONS FROM THE FIELD: HOW SPORTS MEDICINE CAN IMPROVE HEALTH OUTCOMES FOR SENIORS"

JUNE 25, 2025

STATEMENTS FOR THE RECORD

BPR Lab Statement

BPR Lab, a multidisciplinary group of geriatric physicians, board-certified healthcare architects, and bioethicists, appreciate the opportunity to submit comments for the Special Committee's hearing on physical activity in older adults. Our area of expertise is the impact our built environment has on the mobility and physical activity of older adults.

It has long been known that architecture shapes the activities of people within a building. What is new is the extent to which architecture impacts the health of its occupants. In some cases, those effects are similar in scale and scope to that of medications and procedures. The study of these effects, Evidence-Based Design (EBD), seeks to uncover these relationships. Our work at BPR Lab focuses on leveraging EBD to increase the benefits and reduce the harms to people in healthcare facilities through an understanding of causes and effects. Fall prevention and promotion of mobility are two such effects with far reaching personal and financial costs.

Opportunities to improve these effects through architecture stand as an untapped vector to increase quality of life for older Americans and stem taxpayer costs. Falls are the leading cause of injury and among the leading causes of death among older Americans. In 2020 over 42,000 Americans died due to falls.[1] Medical care related to falls of adults over 65 years old was estimated to be $50 billion annually (2018),[2] of which approximately $29 billion and $9 billion came from Medicare and Medicaid funding, respectively.[3] In 2020, that number had risen to $80 billion[4] and by 2030 the cost is expected to exceed $100 billion annually.

While the CDC's Stopping Elderly Accidents, Deaths, and Injuries campaign (STEADI) is a well-known U.S. Government effort to reduce falls in older adults,[5] there are lacunas with which the Special Committee could help. Among the implemented recommendations made by Geriatric medical societies is the screening of home environments for elements within that increase the risk of falls in older adults.[6] However, a variety of structural factors continue to limit the practice of basing long term care facility design decisions on empirical data. While the knowledge is highly translatable, the mechanisms that support and promote medical research do not have a parallel in the architecture and construction of healthcare facilities. Our work promotes a non-regulatory mechanism for the incorporation of EBD.

As healthcare-built environments are studied more, physicians and architects are understanding the relationship between design elements and different health outcomes better. While the interaction can be complex and much remains to be known, what we do know demonstrates the personal, ethical, and financial value of action, considering the frequency of falls in older adults and their cost to the health system and U.S. Government. For example, a recent study demonstrated that simply changing lightbulbs in a long-term care home to increase short-wavelength light during the day and decrease it overnight decreased falls by 43% compared to a control site.[7]

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[1] Santos-Lozada AR. Trends in Deaths From Falls Among Adults Aged 65 Years or Older in the US, 1999-2020. JAMA. 2023 May 9;329(18):1605-1607. doi: 10.1001/jama.2023.3054.

[2] Florence CS, Bergen G, Atherly A, Burns E, Stevens J, Drake C. Medical Costs of Fatal and Nonfatal Falls in Older Adults. J Am Geriatr Soc. 2018 Apr;66(4):693-698. doi: 10.1111/jgs.15304. Epub 2018 Mar 7. PMID: 29512120

[3] National Center for Injury Prevention and Control (U.S). Cost of Older Adult Falls. Published 2020 July 9. Accessed 2025 June 22. https://stacks.cdc.gov/view/cdc/122747

[4] Haddad YK, Miller GF, Kakara R et al. Healthcare spending for non-fatal falls among older adults, USA. Injury Prevention. 2023;30(4) https://doi.org/10.1136/ip-2023-045023

[5] Centers for Disease Control and Prevention (CDC). About STEADI. Published 2024 April 22. Accessed 2025 June 22. https://www.cdc.gov/steadi/about/index.html

[6] Centers for Disease Control and Prevention (CDC). Check for Safety: A Home Fall Prevention Checklist for Older Adults. Published 2017. Accessed 2025 June 22. https://www.cdc.gov/steadi/pdf/steadi-brochure-checkforsafety-508.pdf

[7] Grant LK, St Hilaire MA, Heller JP, Heller RA, Lockley SW, Rahman SA. Impact of Upgraded Lighting on Falls in Care Home Residents. J Am Med Dir Assoc. 2022;23(10):1698-1704.e2. doi:10.1016/j.jamda.2022.06.013

As professionals in this area, we continue to observe preventable harms and the missed opportunities to reduce falls in older adults. Whether in hospitals, long-term care facilities, or in home environments, evidence-based practices for fall reduction are inconsistently and optionally applied. We also see the benefits of improving environments, often with additional expertise from our colleagues in Physical and Occupational Therapy.

We applaud the Senate Special Committee on Aging's focus on fall reduction in older adults. As the US population ages, this topic will become increasingly germane to many Americans and their loved ones. The potential cost-savings to the federal government and for families' out-of-pocket expenses by implementing evidence-based practices to reduce falls in older adults is immense, in addition to the basic improvement in older adults' quality of life.

Recommendations

We urge the following specific actions:

•Congress should establish an Advisory Committee to develop a National Falls Prevention Plan and advise CMS to address falls prevention through home modifications and mobility-focused interventions. The evidence base is sufficient to support the proposed pilot program for Medicare coverage of home modifications when recommended by a medical professional, to decrease the rates of falls in the home.

•The federal government should support ongoing research into design-based fall reduction strategies. The federal government has the capacity to study relationships between health outcomes and design elements due to its access to large and inter-related datasets. The federal government should continue to partner with researchers in both academia and private industry to publicly disseminate research of high quality.

•The federal government's potential investment into built environment modifications should support interventions recommended by medical and design professionals who demonstrate evidence to support their ability to reduce falls. As evidence grows, the federal government should adjust their reimbursement based on the recommendations of medical and professionals with relevant professional experience and minimal conflicts of interest.

Thank you for the opportunity to provide our views on this important topic. Our views do not represent those of our employers but are based on the authority of our respective professions. We look forward to working with you to reduce the risk of older adults' falls through evidence-based design interventions.

Sincerely,

David A. Deemer, MD, MA
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U.S. SENATE SPECIAL COMMITTEE ON AGING

"LESSONS FROM THE FIELD: HOW SPORTS MEDICINE CAN IMPROVE HEALTH OUTCOMES FOR SENIORS"

JUNE 25, 2025

STATEMENTS FOR THE RECORD

The Watertown YMCA Statement

I am Michelle Graham, Senior Director of Health and Wellness at the Watertown Family YMCA. I will briefly share our work locally and at the state and national level to advance the health and wellbeing of aging adults.

At the Y, we are committed to strengthening communities by connecting people of all ages, abilities and backgrounds to their potential, their purpose and each other. Nationally, YMCAs engage 17 million Americans annually, and nearly four million are over age 55, including 2.5 million over age 65. Older adults make up nearly one-quarter of our members.

In New York State, YMCAs operate in all 62 counties through 140 branches, reaching over 890,000 members each year. Statewide the Y serves 217,562 older adults. This includes over 13,000 adults and seniors who have found safe housing and community at the Y and 10,000 who participated in evidence-based programs focused on preventing and managing chronic diseases like diabetes, hypertension, and arthritis. Programs at the Y promote longevity beyond building stronger bodies -our participants reported feeling emotionally supported and more socially connected through a sense of belonging.

In the greater Watertown NY area, we reach over 21,000 individuals annually, with almost 1400 visits daily and over 3,500 adults throughout the year.

As a nation, we spend 90% of our health care dollars treating chronic disease and far too little trying to prevent disease and injury. At the Y, we know from experience that investing up front in prevention and control of disease and injury will save lives and reduce health care spending.

The Watertown YMCA is proud of the role we have played in delivering evidence-based lifestyle health programs to address falls and chronic disease that our national resource office - YMCA of the USA - has worked to scale with public health partners at CDC and with our state and local health departments.

Our Y just completed year one of a four-year New York State YMCA Falls Prevention Initiative led by the Alliance of NYS YMCAs, which is funded through a federal grant by the Administration for Community Living. According to CDC, $50 billion is spent annually on medical costs related to older adult falls each year. And, according to the NYS Department of Health, falls account for $1.7 billion in hospitalization charges and $145.3 million in annual outpatient emergency department charges in the state. Fall injuries are increasing despite the ability to prevent them.

In year one of the falls prevention funding, NY Ys supported more than 400 older adults across the state, part of a larger goal to reach over 2,000 by the end of four years. This includes the launch of a statewide virtual program to remove barriers to access, especially in rural communities. Importantly, the program has delivered powerful outcomes, including:

- 50% of older adults in the program report changes in social isolation and loneliness.
- 96% reported that they plan to continue participating in exercise.
- 80% of participants said they feel more comfortable talking to their family about falls because of this program.
- 71% felt more comfortable talking with their health care provider about falls.
- 83% report being more satisfied with life because of this program.
- 63% made safety modifications to their home because of the program.

Beyond preventing falls, NYS YMCAs are fostering meaningful connections, encouraging lifelong habits of active living, and supporting whole-body health for older adults and this is only the beginning. Continued funding will sustain and expand this work, the full impact of which we are only just beginning to see, toward a vision where more Ys in the state and across the country can make a difference.

Our Y is also working to address one of the leading drivers of health care costs diabetes. One in four health care dollars goes to treat diabetes. If we prevent it, we also avoid serious and costly complications from the disease, including limb loss, blindness, and kidney disease. The good news is we know that we can prevent or

delay 58% of diabetes in adults and 71% in older adults with modest weight loss through the National Diabetes Prevention Program.

The Y is recognized for its diabetes prevention work with the Centers for Medicare and Medicaid Innovation. During a national study, the YMCA s delivered the National Diabetes Prevention Program to 8,000 Medicare recipients and saved $2,650 per participant while preventing or delaying diabetes among the majority of recipients.

Our Y also offers evidence-based physical activity, nutrition and lifestyle health programs for people living with arthritis, cancer, hypertension, and childhood obesity. I would be happy to discuss any of these in more detail with the Committee.

The Y is deeply concerned about proposals that eliminate funding for chronic disease and injury prevention and control programs. We urge Congress to continue supporting funding for falls prevention among older adults and funding for evidence-based chronic disease prevention and control programs. Loss of these dollars will cut deeply into state health department funding and will eliminate support for most of the programs I have shared with you today.

Every dollar invested in community-based organizations like YMCAs organizations with trusted relationships and on-the-ground credibility have a myriad of important results but let me leave you with a story about Barb. Barb is a valued member of our YMCA community and lives alone. While she originally joined the Y for fitness, she quickly discovered that the Y is so much more than a gym. Barb now regularly takes part in our Healthy Aging programs, including Enhance Fitness, Tai Chi for Arthritis, and Silver Sneakers. Before class, she enjoys walking the track with the new friends she's made at the Y. In a recent conversation, Barb shared, ″I feel supported and welcome at the Y. I'm getting stronger and have made so many new friends. The YMCA has truly changed my life. I look forward to coming every week.″

At the Y, it's not just about physical wellness, it's also about building social connections and reducing loneliness. We re honored to have Barb, and others like her, as part of our community and are proud of the meaningful difference the YMCA continues to make in their lives.

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