Growth and DeveiepmentA person's age and musculoskeletal and nervous system devel--opment affect posture, body proportions, body mass, bodymovements, and reflexes.For apparellfly acme 3n tee:emypeople, the prescription can immediately include mo erabic conditioning, strength training, and stretching.1""tensity on most if not all days of the week. Thorough .Chmcalevaluations should be completed prior to recommending anyexercise regimen. In addition, the report indicates that exel'ClSecan prevent gestational diabetes, even in very obese chants. NutritionBoth undernutritiuizt .mti wrcwttlt'itiou can influence bodyalignment and uzubzitt}. l'onrl} tourishcd people may have\fitamin D deficiency causesmuscle weakness and fatigue. bone deformity during grouth. li..idCL]ULlIC calcium intake andvitamin D synthesis and intake increase the risk of osteoporo-sis. Obesity can distort mmcment and stress joints, adverselyaffecting posture. balance. and joint health. Personal Values and AttitudesWhether people value regular exercise is often the result offamily influences. In families that incorporate regular exercisein their daily routine or spend time together in activities. chil-dren learn to value physical activity. Sedentary families. on theother hand, participate in sports only as spectators. and thislifestyle is often transmitted to their children. With the increasein TV, computer, and video activities. youth are increasinglysedentary with attendant declines in health. Values about phys-ical appearance also influence some people's participation inregular exercise. People who value a muscular build or physi-cal attractiveness may participate in regular exercise programsto produce the appearance they desire. Choice of physical activity or type of exercise is also influ-enced by values. Choices may be influenced by geographic loca-tion and cultural role expectations. For many, thinking of exercise more as "recreational movement," "enhancement Well'beinga" and essential part of daily self-care" may helpovercome perceptions that exercise is drudgery.Nurses must assesseach client for potentially motivating factors such as the follow--ing: degree of fun or challenge of any given activity; use of mu--sic; opportunities for socializing and group cohesion and havingan exercise partner; positive sensations of the exercise experi--ence; pleasurable feelings associated with increased stress reduc-tion; increased energy and fitness; mastering the activity; goalsetting and progress; daily logs or weekly written schedules;competition with oneself or others; promotion of a sense of ac-complishment; weight management; empha31s on self--talk abouthow exercise will prevent fatigue, depression, weight gain, oranxiety; and the need to explore less intense and challenging,noncompetitive activities (Oberg, 2007).Clients Who experience orthostatic hypoten--sion, impaired equilibrium, and gait dlsturbance should befginlex-ercising in supervised environments: For example, athatl 0rsedentary person may need to begin Wlth a Prescnptionf 13:18:11:phasizes stretching, strengthemng, and developinen 0d h 1thrather than aerobic training. The most recent recommendations from the AmeflcanCollege of Obstetricians and Gynecologists (Olson, SlkkatHayman, Novak, Stavig, 2008) suggest that healthy pregnemtwomen should exercise 30 minutes or more with modefa'te.The design of individualized exerciseprescriptions that tailor exercise mode and dose and addressthese varying states with each person will ensure greater adher--ence to an exercise program (Ruppar Schneider, 2007).Initially, walk-ing involves a wide stance and unsteady gait, thus the termtoddler.O I 'Nurses, taking into account motivation to part1c1pate, medicalconditions and level of fitness, and safety issues, can use individ-ualized exercise prescriptions to encourage exercrse and activityin all of their clients.From 6 to 12 years of age, refinement of motor skills con--tinues and exercise patterns for later life are generally deter--mined.In adolescence,growth spurts and behaviors such as carrying heavy book bagson one shoulder and extended computer use may result in 1305'tural changes that often persist into adulthood.For example, preschoolers master riding a tricycle,dancing, running, jumping, using crayons to draw, fastening orusing zippers, and brushing their teeth.Adults between 20 and 40 years of age generally haYe fewPhySiCal Changes affecting mobility, with the exceptlon ofpregnant women.Exercise behavior may be improved by address-ing an individuals' awareness of their physiological response toactivity and exercise.All extremities are generally flexed but can be pas-sively moved through a full range of motion.As the neurologicsystem matures, control over movement progresses during thefirst year.Pregnancy alters center of graVitY and aff'eCtSbalance.Motiva-tional states influence our behavior and choices, and vary widelyfrom day to day.In those who are building toward a fitnessgoal, these parameters will change over time to increase theclient's level of conditioning (Oberg, 2007).Gross motor development occurs in a head--to--toe fashion, thatis, progression from head control, to crawling, to pulling up toa standing position, to standing, and to walking, usually after thefirst birthday.Immobility can impairthe social and motor development of young children.Many schools provide physical education andcompetitive sports programs to enhance physical activity.Pre-scriptions should include frequency of the activity, intensity, andtime (the FIT model).Newborn movements are reflexiveand random.Gross motor development precedes fine motor skills.Pos-ture in school-age children is usually excellent.Options includeinformal and fun activities such as dancing to music.The contralateral motion of crawling, howeverbrief, is an important building block for walking.From ages 1 to 5 years, both gross and fine motor skillsare refined.