FIELD GUIDE

THE MENTORING PROJECT

CARING FOR THE BODY GOD GAVE YOU



PETER ERICKSON

CARING FOR THE BODY GOD GAVE YOU



PETER ERICKSON

CONTENTS

Introduction: How to Stay Strong, Balanced, and Flexible for Life 4

Chapter I: The Decade-by-Decade Blueprint for Caring for Your Body 13

Chapter II: The ProTrain Functional Age Home Screen 23

Chapter III: For Those Living With Pain: You Are Not Starting Over. You Are Starting Here 35

Chapter IV: The Three Pillars of Strength, Balance and Flexibility — And the Gap Most Routines Leave Behind 37

Chapter V: The Life You Were Built to Live 41

Chapter VI: Frequently Asked Questions 43



INTRODUCTION: HOW TO STAY STRONG, BALANCED, AND FLEXIBLE FOR LIFE

A Christian guide to strength, balance and flexibility — and to aging with dignity — from your twenties to your nineties.

> *"Do you not know that your bodies are temples of the Holy Spirit, who is in you, whom you have received from God? You are not your own; you were bought at a price. Therefore honor God with your bodies."*
>
> ***1 Corinthians 6:19–20 (NIV)***

Caring for your body is not vanity. It is stewardship — one of the most practical, daily ways of honoring God with your body.

A Note Before We Begin

This article is written for everyone — the twenty-five-year-old who thinks they have all the time in the world, the fifty-year-old who is starting to feel the first signs of something slipping, and the seventy-five-year-old who wants more from the years ahead than anyone has told them to expect.

This is not a guide about avoiding problems. It is a guide about building something worth having — a body that shows up for the life you want to live, at every age, for as long as you choose to invest in it. It is about caring for your body with intention — the strength, balance and flexibility that make aging with dignity possible, and the Christian habits that keep the work going long after motivation fades.

I know that investment is possible at any starting point. Because I had to start from nearly zero.

> *"There is a time for everything, and a season for every activity under the heavens."*
>
> ***— Ecclesiastes 3:1 (NIV)***

Every decade addressed in this guide is a season God has appointed. None of them is wasted, and none of them is too late to begin stewarding well.

What Does the Bible Say About Health?

Scripture never treats the body as incidental. Paul calls the body a temple of the Holy Spirit and tells the Corinthian church to honor God with it. The psalmist calls himself fearfully and wonderfully made. Proverbs show what becomes of a field left untended, and Psalm 92 pictures the righteous still bearing fruit in old age. Taken together the answer is consistent: the body is entrusted, not owned — and caring for your body is stewardship and worship rather than vanity. That is why a verse accompanies every decade in the pages that follow.

The Legacy Body

> *You were not designed to decline. You were designed to move — through a full century of life, with the strength, balance, and physical freedom to be present for every season of it.*

The people who reach their seventies, eighties, and nineties with genuine vitality — still traveling, still getting on the floor with grandchildren, still saying yes to the hiking trail and the dance floor and the spontaneous adventure — are not simply lucky. They built something. Quietly,

consistently, decade by decade, they made the daily investments that kept their bodies capable of the lives their hearts wanted to live.

That is what this guide is about. Not managing decline. Building a life. A Legacy Body is not defined by the absence of problems — it is defined by the presence of capacity. The capacity to do the things that matter. To be physically present for the people you love. To move through the world with confidence and ease for as long as you are in it.

This guide shows you how to build that — starting wherever you are, starting now. It is a practical roadmap for caring for your body and aging with dignity, one decade at a time.

> *"The righteous will flourish like a palm tree, they will grow like a cedar of Lebanon... They will still bear fruit in old age, they will stay fresh and green."*
>
> ***— Psalm 92:12–14 (NIV)***

Scripture does not picture old age as decline but as fruitfulness. A Legacy Body is one way of taking that promise seriously with our daily habits.

Introduction: The Body Built for 100

The human body is an extraordinary machine. Designed with redundancy, resilience, and a remarkable capacity for adaptation, it is built — when properly maintained — to carry you through a full century of life. One hundred years. Not just to survive them, but to move through them with purpose and joy.

That is not wishful thinking. That is biology.

The challenge is not the body's potential. The challenge is that most of us were never given a roadmap for how to steward it across the decades. We know the basics — move more, sit less, eat well, sleep enough. But the specifics of what the body needs in your thirties versus your fifties versus your seventies, and how those needs build on each other over time, rarely gets explained in plain language by someone who has actually lived it.

I have spent thirty years as a licensed Doctor of Physical Therapy watching what happens when people have that roadmap — and what happens when they do not. I have treated patients across every decade of life, from young athletes to ninety-year-olds working to regain the ability to stand from a chair without help. In all of that time, the single most consistent observation I can share is this: the people who thrive in their later decades are almost always the people who started investing in the right things at the right time. They did not wait for a problem to appear. They built the reserve before they needed it.

In 2017, I went to bed with what seemed like an ordinary fever. Two days later, I woke up unable to move properly, disoriented, and having seizures. As a Doctor of Physical Therapy, I suddenly became the patient. The recovery that followed took nearly three years and taught me more about the body — about what it needs, what it is capable of, and what it takes to rebuild — than any textbook or clinical rotation ever had.

Everything in this guide comes from that combination: thirty years of treating patients, and three years of being one.

> *"I praise you because I am fearfully and wonderfully made; your works are wonderful, I know that full well."*
>
> ***— Psalm 139:14 (NIV)***

The body's capacity for a full century of purposeful life is itself a testimony to the Creator's design. Stewarding it well is a form of praise.

What Steals the Life You Are Building

Before we walk through the decades, I want to be honest about what can interrupt the journey — because understanding it makes the roadmap more meaningful, not more frightening.

There is a pattern I have watched unfold in patients more times than I can count. I call it The Silent Cascade. It is not dramatic. It does not arrive with a warning. It begins with something small — a hip that gradually loses its range, a thoracic spine that slowly stiffens, a balance system that quietly declines — and it compounds, year after year, until the accumulated

weight of ignored small things becomes something large enough to change the shape of a life.

The shift rarely feels like a medical event. It feels like a series of small retreats. The trip not taken because the terrain felt uncertain. The grandchild not picked up because getting back off the floor seemed like too much. The walk that became shorter, then occasional, then something you used to do. The spontaneous yes that gradually became a careful calculation.

That is what happens when the body stops being invested in. Not a collapse — a slow, nearly invisible retreat from the life it was built to live. Adventure becomes avoidance. Confidence becomes caution. The world the body moves through gets smaller — not because of a single dramatic moment, but because the daily investments that kept it capable quietly stopped.

Understanding this is not about fear. It is about clarity. The roadmap matters because the destination matters — and the destination is a life still being lived fully at eighty, at ninety, at one hundred.

> *"I went past the field of a sluggard, past the vineyard of someone who has no sense; thorns had come up everywhere, the ground was covered with weeds, and the stone wall was in ruins."*
>
> ***— Proverbs 24:30–31 (NIV)***

Solomon's field did not fail in a single season — it was neglected one small day at a time until the ruin was complete. The Silent Cascade works the same way, and the same wisdom applies: tend the small things before they compound.

Cascade One: The Hip-to-Spine Chain

It begins with hip tightness. When the hip flexors are chronically shortened and the hip joint loses its full range of motion — as happens gradually with prolonged sitting and reduced activity — the body finds another way to move. It borrows mobility from the lumbar spine.

The lumbar spine was not designed for this. Over time, the excessive load degrades the intervertebral discs and the joints that stabilize the spine. What started as a tight hip becomes a disc injury. The disc injury creates pain and altered movement patterns. Those altered patterns change the way a person walks, sits, bends, and carries themselves through every moment of every day. And the cascade continues.

Cascade Two: The Shoulder-to-Neuropathy Chain

The second cascade begins in the thoracic spine and shoulders. When thoracic mobility is lost and the shoulders lose their full range of motion, the cervical spine compensates — taking on movement demands it was not designed to sustain. Over years, this leads to degenerative changes in the cervical vertebrae and discs.

As the cervical spine degenerates, it begins to affect the nerves that exit through it. This is where the cascade becomes most consequential: cervical degeneration is one of the primary drivers of peripheral neuropathy — numbness, tingling, and loss of sensation in the hands and feet. Peripheral neuropathy disrupts the sensory feedback system that balance depends on. Balance becomes unreliable. Gait changes. Activity is avoided. And the avoidance accelerates everything.

It is worth being clear about what each cascade produces. The lumbar cascade — Cascade One — is the direct path to lower extremity neuropathy: the foot numbness, proprioceptive loss, and balance disruption that drives fall risk. The cervical cascade — Cascade Two — produces upper extremity and lower extremity neuropathy: hand numbness, grip changes, and fine motor loss in addition to balance disruption and fall risk. Both are clinically significant. Both affect independence and quality of life. But it is the lower extremity neuropathy, compounded by diabetes, that most directly drives the balance deficits and fall risk described in the signposts ahead.

When Both Cascades Meet

Under normal circumstances, most people reach the convergence point of both cascades in their late-eighties. A sedentary lifestyle combined with obesity can accelerate that timeline by twenty years or more — bringing

someone to the same place in their sixties or even their fifties. And the sedentary lifestyle and obesity that accelerate the physical cascades are also the primary drivers of diabetes, which produces its own peripheral neuropathy independently of the spine cascades.

These patients arrive at the convergence from two directions simultaneously. Both roads lead to the same destination. And when someone is traveling both roads at once, they arrive there much faster — often without realizing it until the damage is already significant. Most people do not recognize this until their feet are hurting and they are considering medication. By that point, balance is typically already compromised by fifty percent or more.

> *Most people do not notice a deficit until they have lost approximately fifty percent of a given capacity. Catching it at twenty percent is straightforward. The work is simple. The recovery is often complete — and then some.*

The Seven Signposts

Through thirty years of clinical observation, I have identified seven recognizable signposts along this progression. They are worth knowing — not as warnings, but as landmarks. Understanding where you are on the journey is the first step to building in the right direction.

Signpost 1 — Limited Shoulder Elevation

Reaching overhead becomes effortful. Putting on a coat, washing hair, reaching into the back seat — these feel different than they used to. This is the first visible signal that the thoracic spine and shoulder complex are beginning to restrict.

> *Ask yourself: Can I raise both arms fully overhead without effort or compensation?*

Signpost 2 — Forward Head Posture

The head drifts forward of the shoulders. Most people notice it when they can no longer look comfortably over their shoulder, or when neck tension

begins arriving by midday. One inch of forward head translation adds approximately ten pounds of effective load to the cervical spine. At three inches — which is clinically common — the neck sustains the equivalent of forty-two pounds of load simply to hold the head upright.

> *Ask yourself: Do I have neck tension by midday? Can I look fully over both shoulders without restriction?*

Signpost 3 — Loss of Upright Posture with Midday Pain and Reduced Endurance

The forward curve of the upper spine becomes visible. Pain appears between the shoulder blades by midday — easy to dismiss as stress, but actually the spine signaling that it is working too hard just to hold you upright. Endurance quietly decreases. Breathing becomes slightly harder as thoracic expansion is restricted. Activity tolerance shrinks in ways that are almost imperceptible at first.

> *Ask yourself: Do I feel tension between my shoulder blades during a normal day? Am I tiring more quickly than I used to?*

Signpost 4 — Initial Neuropathy

Feet begin to hurt, tingle, or feel different. Most people think about medication at this point. What is less visible is that balance is already compromised by fifty percent or more — the sensory feedback system has been degrading quietly for years before the pain arrived.

> *Ask yourself: Do my feet hurt, tingle, or feel numb — especially at night or first thing in the morning?*

Signpost 5 — The Party Pause

There is a hesitation when stepping onto grass, soft carpet, or entering a dimly lit room. That pause — barely noticeable, easy to rationalize — is a balance deficit of thirty percent or greater announcing itself. If you pause when entering a party — whether it is soft carpet underfoot, uneven outdoor terrain, or low pulsing lights — do not wait. Get evaluated.

Ask yourself: Do I slow down or hesitate on uneven surfaces or in changing light?

Signpost 6 — Shortened Stride Length

The spring in the step is gone. Feet barely clear the ground. Small cracks, raised thresholds, the edge of a rug — these become genuine hazards. The body has unconsciously narrowed its safety margin — and in doing so has made every step more precarious, not less.

Ask yourself: Have I caught my foot on small obstacles I never used to notice?

Signpost 7 — Cascade Convergence

Both cascades are running simultaneously. Mechanical nerve compression from spinal degeneration and metabolic neuropathy from diabetes are compounding each other. Balance, posture, stride, and sensation are all affected. At this stage a fall is not a risk — it is a matter of timing. And a fall at this level of systemic compromise can be a turning point from which full independence is not recovered.

Ask yourself: Is my world getting smaller? Am I avoiding things I used to do without thinking?

1

THE DECADE-BY-DECADE BLUEPRINT FOR CARING FOR YOUR BODY

Your Twenties — The Foundation

Your twenties are where the Legacy Body is established. You may not feel the urgency of that yet — and you should not. This decade should feel like abundance, not obligation. But the choices made here have a longer reach than most people appreciate.

The single most valuable thing you can do in your twenties is build genuine multi-joint strength through foundational movement patterns: the squat, the deadlift, the bench press, and the overhead press. Not because these are the only exercises that matter, but because they represent the fundamental patterns of human movement — pushing, pulling, hinging, and loaded standing. Every physical demand of the next eight decades draws on what is built here.

The squat builds legs, hips, and core in the pattern that mirrors sitting and standing, climbing and descending. The deadlift builds posterior chain strength in a way that protects the spine from the compressive loads of daily life. The bench press builds the pushing strength that supports everything from getting up off the floor to carrying what needs carrying. The overhead press builds shoulder stability and keeps the thoracic spine mobile across decades.

In my clinical experience, the patients who arrive in their fifties and sixties still capable of the lives they want to live are almost always people who built genuine strength in their twenties and maintained some version of it through the decades that followed. They recover faster. They adapt more readily. They have more in reserve when life makes demands.

Two to three sessions per week focused on foundational patterns is sufficient. Learn the movements correctly — good mechanics established young protect joints for decades. And begin paying attention to flexibility now, even when it does not feel urgent. Ten minutes of hip, hamstring, and thoracic mobility after each session is a small investment with returns that compound quietly for the next forty years.

> *"Remember your Creator in the days of your youth, before the days of trouble come and the years approach when you will say, 'I find no pleasure in them.'"*
>
> ***— Ecclesiastes 12:1 (NIV)***

The twenties are for laying foundations — in faith and in the body alike. What is remembered and built now shapes every decade that follows.

Your Thirties — The Decade That Determines Your Fifties

The thirties are when life gets genuinely full — and when the body, for the first time, starts asking for more deliberate attention than youth alone provides. Recovery is slightly slower. The hip that used to shake off a day at a desk now holds its tightness longer. None of this is alarming. All of it is meaningful.

Two things need to become consistent in your thirties — not because the body is declining, but because this is the decade when the reserves for the decades ahead are either built or quietly left unbuilt.

The first is flexibility. The gradual loss of range of motion in the hips, thoracic spine, and hamstrings begins here — driven largely by the sitting, the screens, the hours of modern life spent in positions the body was not designed to hold for so long. Left unaddressed, this is what sets Cascade One in motion a decade or two later. Ten to fifteen minutes of daily mobility

work is the investment. The return is a lumbar spine that is protected, a gait that stays full and strong, and a body that still feels easy to live in at fifty.

The second is high-speed reactive training — the ability to respond quickly to an unexpected change in surface, direction, or demand. This is a neurological quality that is trainable now and becomes exponentially harder to develop later. Jumping, landing, agility work, sports that require rapid changes of direction — these are building the reactive nervous system that you will draw on at sixty, seventy, and eighty when the margin for error gets smaller and the value of a fast, reliable response is everything.

> *"Let us not become weary in doing good, for at the proper time we will reap a harvest if we do not give up."*
>
> **— Galatians 6:9 (NIV)**

The mobility and reactive work built quietly in the thirties rarely feels urgent. Its harvest belongs to the decades still ahead — if the daily discipline does not faint.

Your Forties — The Investment That Pays the Longest Dividends

The forties are when the body begins speaking more clearly — and when the conversation is worth having. Recovery takes longer. The hip that was occasionally tight is now consistently tight. The shoulder that was stiff in the morning now bothers you through the day. These are not signs of failure. They are invitations — to pay closer attention, to invest more specifically, and to build the physical foundation that will carry you through the next four decades.

This decade maps most directly to my own recovery experience. When I was rebuilding from near-zero functional capacity, the work I did to restore foundational strength is the same work I now recommend to virtually every patient in their forties: rebuild the base, restore the patterns, reconnect the nervous system to movements that life has crowded out.

The foundational movements of the twenties remain the right framework — push, pull, hinge, squat — but the approach needs to be more thoughtful. Joint health matters more now. Recovery time is longer. The goal is functional resilience: the strength and mobility to sustain an active, engaged, purposeful life for the decades ahead. Balance training in the forties needs to move from optional to consistent. Most people in their forties have measurable balance deficits they are completely unaware of — because those deficits have not yet created a visible problem. The work done here, consistently and over time, is what keeps the nervous system sharp and the body confident in the decades ahead.

Most importantly: address hip mobility in your forties. The hip flexors, hip rotators, and posterior hip musculature are the fulcrum on which lumbar spine health pivots. This is addressable — and the work is simple when it is started early enough.

> *The person who invests consistently in their forties arrives at seventy with something that cannot be bought back: a body that still says yes. To the hiking trail. To the grandchild who wants to be picked up. To the spontaneous trip that requires a capable body to show up for.*
>
> *"Therefore we do not lose heart. Though outwardly we are wasting away, yet inwardly we are being renewed day by day."*
>
> **— 2 Corinthians 4:16 (NIV)**

The forties are the decade when the outward self first asks for attention. Renewing it daily — alongside the inner life — is simply taking Paul's pattern of daily renewal seriously in the body as well as the soul.

Your Fifties — Refinement, Depth, and Building Strength After 50

The fifties are when the Legacy Body reveals its character. The investments of the previous three decades show up as genuine reserve — or the costs of neglect begin arriving with increasing clarity. For the person who has been building, the fifties are a time of refinement. The work becomes more specific. The body is being prepared for the decades of contribution still ahead.

FIELD GUIDE

The priorities in this decade are posture, power, and the mobility trifecta: hip mobility, shoulder mobility, and spine mobility. Building strength after 50 is not about chasing what you could lift at twenty-five. It is about protecting the capacity you will need at eighty.

Posture matters more in your fifties than most people realize. The forward head, the rounded shoulders, the anterior pelvic tilt that has been developing quietly across decades — these begin to affect function in visible ways. They alter spinal loading, restrict breathing mechanics, and change the way the body moves through space. The work of restoring upright posture — strengthening the muscles that hold you upright, lengthening the tissues that have been chronically shortened — is some of the most impactful work available in this decade.

Power training belongs here too, and it is often overlooked. The ability to generate force quickly — to catch yourself when you stumble, to respond before a misstep becomes a fall — declines faster with age than any other physical quality. Sitting to standing quickly, stepping up onto a surface with authority — these train the fast-twitch muscle fibers that aging disproportionately erodes. Build and protect them here.

The mobility trifecta is daily work. Hip mobility protects the lumbar spine from loading that leads to disc degeneration. Shoulder mobility protects the cervical spine from the compensatory patterns that lead toward neuropathy. Spine mobility maintains the health of the intervertebral discs and keeps the whole chain moving as it was designed to. Twenty minutes each morning is an investment that pays returns for the next thirty years.

> *“She sets about her work vigorously; her arms are strong for her tasks.”*
>
> **— Proverbs 31:17 (NIV)**

Strength in midlife is commended in Scripture, not treated as vanity. Refining posture and power in your fifties is a faithful continuation of that same vigor.

Your Sixties — The Decade That Earns Its Reputation

The sixties are when the Legacy Body earns its reputation — when two paths diverge most visibly. The person who has been building arrives here with genuine vitality. They walk into a room with confidence. They move through the world without calculating the cost. They say yes without checking with their body first. The distance between this and the alternative is not genetics. It is the accumulated result of choices made across the previous four decades — and it is still changeable, even at sixty, for anyone willing to do the work. This is the decade when balance training for seniors stops being optional and becomes the centerpiece of the program.

The priorities: preserve and challenge the balance base, develop lateral and posterior balance, build sensory integration, incorporate quick-response activities, and maintain power.

Balance requires ongoing challenge to maintain. Eyes-closed balance training removes the visual system as a compensatory tool and forces the vestibular and proprioceptive systems to work without assistance. Perturbation training deliberately challenges balance with unexpected direction changes or surface variations, building the reactive capacity that real-world movement demands.

Lateral balance training is specific and often neglected entirely. Lateral falls are among the most dangerous — frequently resulting in hip fractures. Side-stepping, lateral weight shifts, balance challenges that move the center of mass sideways build a protective capacity that standard balance work simply does not reach.

Sensory integration training teaches the three systems that govern balance — vision, the vestibular system, and proprioception — to work together under conditions where one or more is compromised. This produces some of the most meaningful functional gains available in this decade. Power maintenance is non-negotiable. Include explosive elements: sit to stand with speed, step up with authority. The goal is the reactive capacity to handle what life unexpectedly demands.

> *"But* those *who hope in the LORD will renew their strength. They will soar on wings like eagles; they will run and not grow weary, they will walk and not be faint."*
>
> **— Isaiah 40:31 (NIV)**

Renewed strength in the sixties is not a promise reserved for the young. It belongs to those who keep hoping in the Lord — and keep training — faithfully.

Your Seventies — Where the Investment Pays Its Greatest Return

The seventies are the proving ground. This is where the Legacy Body demonstrates what it was built for — not peak performance, but sustained, purposeful function in the service of the life you want to live. The ability to get on and off the floor. The confidence to walk on any surface without hesitation. The strength to carry your own luggage, climb your own stairs, live in your own home on your own terms. These are not small things. They are the whole point.

When I was recovering from my illness and relearning to walk, I encountered something that permanently changed the way I think about balance training. I discovered that meaningful progress required being challenged to the edge of my balance — not practicing carefully within a comfortable range, but actually experiencing loss of control and recovery. The nervous system learns to recover from imbalance by experiencing imbalance. Without that genuine challenge, it simply does not adapt at the level required.

This is why, when balance deficits are significant, training balance safely requires external support. An overhead safety system with a harness allows balance training at the genuine edge of capacity without the risk of a real fall. The gains from this level of challenge are categorically different from what conservative balance practice produces — and the shift in confidence that follows is one of the most meaningful outcomes I have seen in clinical practice. The fear of falling, which itself drives the avoidance that accelerates decline, begins to genuinely diminish.

Strength training must be consistent. The chair stand — rising from seated without using the arms — remains one of the most important exercises available: it builds the leg and hip strength that independence depends on. Daily flexibility work is now therapeutic and non-negotiable. Ten to fifteen minutes each morning, focused on hips, thoracic spine, and shoulders, is the practice that keeps the rest of the program possible. These are the mobility exercises for seniors that matter most — not because they are difficult, but because everything else in the program depends on them.

> *"Do not cast me away when I am old; do not forsake me when my strength is gone... Even when I am old and gray, do not forsake me, my God, till I declare your power to the next generation, your mighty acts to all who are to come."*
>
> **— Psalm 71:9, 18 (NIV)**

The psalmist's prayer in old age was not to be spared effort, but to have strength enough left to keep declaring God's faithfulness to the next generation. The seventies are exactly that kind of proving ground.

Your Eighties — Respond Quickly, Keep Building

The eighties require one strategic adjustment: respond to problems quickly, before they have the chance to compound. In this decade, small physical setbacks have a disproportionate capacity to cascade into larger ones. The physiological reserve is thinner. Recovery is slower. A mild knee pain that leads to reduced walking can produce measurable muscle weakness within two weeks — which alters gait mechanics, which increases load on the opposite hip, which creates a second pain source. What might have taken years in a fifty-year-old can unfold in weeks in an eighty-year-old.

Do not wait to see if something resolves. Do not manage pain by avoiding what provokes it. Seek assessment and intervention while the problem is still small and the solution still straightforward.

And keep moving. We are still able to get down onto the ground for stretching, core exercises, and hip exercises. Keep getting down with

support for your neck if necessary. With a bench or chair to assist into standing if necessary. But the process of getting down to the floor and back up is a wonderful assessment of joints and a challenge to your muscles and balance that will pay dividends daily. The specific exercises may change. The commitment does not. Movement is the medicine. The prescription does not change with age. Only the dose.

> *"I can do all this through him who gives me strength."*
>
> **— *Philippians* 4:13 (NIV)**

In a decade when reserves run thinner, the strength to keep responding and keep building is not manufactured by willpower alone. It is drawn from a source that does not run out.

Your Nineties and Beyond — Presence, Purpose, and the Long Game

Your body was built for ninety plus years of service. Not ninety years of diminishing function and careful management — ninety plus years of genuine, purposeful engagement with the life you are living. The people who arrive at their nineties still vital, still present, still contributing to the lives of the people around them are not outliers. They are the natural result of a body tended well across the decades. Aging with dignity is not luck. It is the compounding return on decades of caring for your body.

In your nineties the goals are clear: remain active, remain fit, and challenge your functional strength and balance every day. The chair stand remains the most important exercise available. Practice it daily. If you can do ten today, work toward twelve. If you can do three, work toward five. The direction of travel matters more than the absolute number. Weight shifting — moving your center of mass deliberately in all directions — keeps the nervous system engaged with the demands of upright posture in ways passive activities cannot replicate.

> *The people who have a reason to keep showing up — grandchildren to engage with, a community to contribute to, something still being built or passed on — they do better. Not marginally better. Dramatically better. Purpose is not a soft variable.*

> *In thirty years of clinical observation, it is one of the most reliable predictors of functional longevity I have encountered.*
>
> *"So here I am today, eighty-five years old! I am still as strong today as the day Moses sent me out; I'm just as vigorous to go out to battle now as I was then."*
>
> **— Joshua 14:10–11 (NIV)**

Caleb at eighty-five is Scripture's own Legacy Body — still asking for the mountain, still fit for the work God had given him. Purpose and strength held together to the very end of his life.

2

THE PROTRAIN FUNCTIONAL AGE HOME SCREEN

Everything described in the decade-by-decade sections — the balance deficits that build silently, the flexibility restrictions that load the spine, the strength gaps that compound over time — these are things that can be measured. At home, by you, today.

The ProTrain Functional Age Home Screen emerged from thirty years of clinical assessment tools, the observation patterns built across those years, and my own recovery experience tracking functional progress from near-zero alongside patients walking the same journey. It is a practical snapshot — a way of seeing where your body is functioning right now and tracking real improvement over time.

This screen is designed to reveal deficits that are present but not yet painful. A test that everyone passes easily tells you nothing useful. A test that shows you exactly where the gaps are gives you a starting point, a direction, and a way to measure real progress.

> *Take it honestly. Take it every six weeks. Let the score tell you where to focus — and let the improving score remind you that the investment is working.*
>
> *"Be sure you know the condition of your flocks, give careful attention to your herds."*
>
> **— Proverbs 27:23 (NIV)**

CARING FOR THE BODY GOD GAVE YOU

The wise steward first takes honest stock of what has been entrusted to him. An honest score is simply that same diligence turned toward the body.

Part One: Pain and Behavior Screen (30 Points)

The most important factor here is not how much something hurts. It is what you have stopped doing, changed, or avoided because of it. Behavioral modification is the earliest and most reliable signal that a deficit has crossed the threshold of daily impact. Each question is answered Green (3 points), Yellow (1 point), or Red (0 points).

Lower Quarter — Lumbar Spine, Hip, Knee, Ankle, Foot

Q1 *— Morning Behavior: Do you wake with stiffness or pain in your lower back, hips, or legs that takes more than 15 minutes to resolve?*

GREEN — 5 pts	**YELLOW — 3 pts**	**RED — 0 pts**
Never or rarely	Occasionally — resolves within 15 min	Daily — takes >15 min or present all day

Q2 *— The Party Pause: Do you hesitate, slow down, or feel uncertain on uneven surfaces — grass, gravel, carpet, wet pavement — or entering a dimly lit room?*

GREEN — 5 pts	**YELLOW — 3 pts**	**RED — 0 pts**
Never — confident on any surface	Occasionally slow down or uncertain	Regularly hesitate or avoid these surfaces

Q3 *— Avoidance and Modification: Have you changed footwear, avoided stairs, stopped a recreational activity, or modified how you get up, sit, or carry things because of lower back, hip, knee, or foot pain?*

GREEN — 5 pts	**YELLOW — 3 pts**	**RED — 0 pts**
No modifications	One modification or occasional avoidance	Two or more modifications or regular avoidance

Q4 *— Sustained Position: Does sitting, standing, or driving for more than 30 minutes cause lower back, hip, or leg pain requiring you to move or stop?*

GREEN — 5 pts	**YELLOW — 3 pts**	**RED — 0 pts**
Never	Occasionally need to shift or take breaks	Regularly causes pain requiring stopping

Q5 *— Ankle Movement: Stand facing a wall, toes 4 inches from the baseboard. Drive your knee forward toward the wall keeping your heel flat.*

GREEN — 5 pts	**YELLOW — 3 pts**	**RED — 0 pts**
Feet flat, knees touch	Feet flat, 2" away	Feet flat, >2" away

Upper Quarter — Cervical Spine, Thoracic Spine, Shoulder, Arm, Hand

Q6 *— Midday Behavior: Do you develop neck, upper back, or shoulder pain or tension by midday during a normal day?*

GREEN — 5 pts	**YELLOW — 3 pts**	**RED — 0 pts**
Never or rarely	Occasionally by afternoon	Daily or by late morning

Q7 *— Overhead and Reach: Do you avoid or have difficulty with overhead reaching, putting on a coat, washing your hair, or reaching into a back seat?*

GREEN — 5 pts	**YELLOW — 3 pts**	**RED — 0 pts**
Never — full comfortable reach	Occasionally difficult	Regularly avoided or painful

Q8 *— Sleep Behavior: Does neck, shoulder, or arm pain or numbness affect your sleep?*

GREEN — 5 pts	**YELLOW — 3 pts**	**RED — 0 pts**
Never	Occasionally — once or twice a week	Regularly — most nights affected

Q9 *— Avoidance and Modification: Have you stopped or modified driving, computer work, exercise, or any overhead activity because of neck, shoulder, or arm symptoms?*

GREEN — 5 pts	**YELLOW — 3 pts**	**RED — 0 pts**
No modifications	One modification	Two or more modifications

Unified Neurological Question

Q10 *— Numbness or Tingling Anywhere: Do you experience any numbness or tingling anywhere in your body — hands, feet, arms, or legs — regardless of activity level?*

GREEN — 5 pts	**YELLOW — 3 pts**	**RED — 0 pts**
Never	Occasionally	Regularly or constantly

> *Any Yellow or Red on Question 10 triggers an automatic recommendation for formal evaluation regardless of overall score. Numbness or tingling anywhere indicates that one or both cascades have reached the neurological system. Lower extremity numbness and tingling directly affects balance and fall risk. Upper extremity symptoms signal cervical involvement that affects grip, fine motor function, and independence. Either warrants formal evaluation. Do not wait.*

Part Two: Functional Movement Screen (49 Points)

Seven tests.

Test 1 — Prisoner Squat

Hip mobility • Ankle dorsiflexion • Thoracic extension • Core stability

Stand feet shoulder-width apart, toes forward. Place both hands behind your head, elbows wide. Keeping heels flat, chest upright, and elbows back, squat as deeply as possible. Hold one count. Return.

Criteria	**Pts**
Full depth. Heels flat. Chest upright. Elbows remain back throughout.	7
Heels rise slightly OR chest falls forward OR cannot reach parallel.	4
Cannot reach parallel. Significant compensation.	2
Pain anywhere during movement.	0

> *Why this matters: This single movement reveals whether hips, ankles, and thoracic spine are working together. Most people over 50 who have not been specifically training will score 1 or 2. That is useful, actionable information.*

Test 2 — Single Leg Stance with Head Turn

Balance • Sensory integration • Vestibular function • Fall risk

Stand near a counter, fingertips available but not touching. Lift one foot. Close eyes. At 10 seconds, slowly turn head left then right. Test both sides. Score the weaker side.

Criteria	Pts
Holds 10 seconds AND completes full head turn without losing balance.	7
Holds 10 seconds but head turn triggers balance loss.	4
Cannot hold 10 seconds with eyes closed.	2
Cannot attempt or immediate loss of balance.	0

Why this matters: The head turn challenges the vestibular system at exactly the moment balance is already working hard — replicating what happens when you turn to look at something while walking. If the head turn breaks your balance, fall risk in dynamic environments is significant.

Test 3 — Inline Lunge

Hip flexor length • Knee stability • Core control • Dynamic balance

Stand tall — no wall, no support. Step forward into a lunge. Lower the back knee toward the floor keeping the front shin vertical and torso upright. Both sides, score the weaker. If you need to touch something for balance, that is a score of 1.

Criteria	Pts
Back knee contacts floor. Torso upright. Front shin vertical. Fully controlled both sides.	7

Near contact OR mild forward lean OR slight recoverable balance loss.	4
Cannot lower to floor OR requires any support OR significant balance loss.	2
Pain with movement.	0

Why this matters: Without wall support, this test reveals hip flexor length, knee stability, and dynamic balance simultaneously. The balance failure is the finding.

Test 4 — Hip Triad

Hip extension • Rotation • Abduction — the root of Cascade One

Phase One — Extension: Stand facing a chair. Place one foot on the seat. Stand tall — does the posterior hip achieve true extension without the lower back arching? Both sides.

Phase Two — Rotation: Sit on the chair, feet hanging. Swing foot inward (external rotation) then outward (internal rotation). Note restriction. Both sides.

Phase Three — Abduction: Remaining seated, slide foot outward along floor. Pelvis level — no trunk lean. Both sides.

Criteria	**Pts**
All three phases: full comfortable range, no compensation, symmetric.	7

One phase restricted or compensated, or mild asymmetry.	4
Two or more phases restricted or significant compensation.	2
Pain in any phase.	0

Why this matters: This is the only home test that directly finds the origin of Cascade One. Hip extension restriction means the lumbar spine is absorbing load with every step. Internal rotation loss is the earliest sign of hip joint degeneration — usually years before pain arrives.

Test 5 — Wall Angel

Thoracic mobility • Shoulder mobility — the origin of Cascade Two

Stand with back flat against a wall, feet a few inches from the baseboard. Raise both arms into a Y shape — keeping head, shoulders, and backs of hands in contact with the wall throughout.

Criteria	**Pts**
Full Y position. All contact points maintained. No visible strain.	7
Partial reach OR any contact point lost during movement.	4
Cannot raise arms past shoulder height while maintaining contact.	2
Pain with any component.	0

Why this matters: If you cannot perform a wall angel, the thoracic spine and shoulders are already restricting — and the cervical spine is already compensating. This is Cascade Two in its early, addressable stage.

Test 6 — Shoulder Mobility

Shoulder joint health • Cascade Two risk

Stand tall. In one smooth motion, reach one fist over the shoulder and down the back while reaching the other fist up the back from below. Do not creep hands closer after placement. Both sides, score the weaker.

Criteria	**Pts**
Fists touching or overlapping both sides.	7
Fists within one hand-length OR noticeable asymmetry between sides.	4
Gap greater than one hand-length both sides.	2
Pain with any component.	0

Why this matters: Shoulder mobility restriction silently loads the cervical spine with every arm movement and overhead reach. Combined with a low wall angel score, this confirms Cascade Two is already in progress.

Test 7 — Cervical ROM and Posture

Cervical mobility • Postural assessment • Cascade Two warning

Seated: Slowly turn head to look over each shoulder. Does chin reach the shoulder? Is movement smooth? Standing: Observe posture from the side in a mirror. Is your ear directly over your shoulder?

Criteria	Pts
Full smooth rotation both sides — chin at or near shoulder. Ear directly over shoulder.	7
Mild rotation restriction OR mild forward head position visible.	4
Significant limitation OR marked forward head — chin well forward of shoulder.	2
Pain during any movement.	0

Why this matters: Cervical restriction and forward head posture together show how far Cascade Two has progressed. If you cannot look over your shoulder to back out of a driveway, the compensation has been building long enough to limit movement visibly.

Your Total Score and Functional Age

Score	Functional Age	What It Means
85–99	Age 30	Performing at or below calendar age — maintain and continue building

70–84	Age 40	Early deficits — targeted work will produce real gains
65–74	Age 50	Meaningful deficits — structured program recommended
55–64	Age 60	Multiple areas need attention — formal assessment recommended
35–54	Age 70	Significant deficits affecting daily function — reach out for assessment
25–34	Age 80	Multi-system involvement — comprehensive plan needed
Below 25	Age 85+	Cascade convergence likely — formal evaluation without delay

My Functional Age: _____ My Calendar Age: _____ Gap: _____ years

When the Score Calls for More

When significant balance deficits are present — a score of 1 or 0 on the Single Leg Stance test, or consistent difficulty with the Inline Lunge — standard balance training is not sufficient to create the neurological adaptation needed. The nervous system only adapts to challenges it has not yet mastered.

Reaching that level safely requires external support: an overhead system that allows balance training at the genuine edge of capacity without the risk of a real fall. Ask about supported balance training at your ProTrain assessment.

3

FOR THOSE LIVING WITH PAIN: YOU ARE NOT STARTING OVER. YOU ARE STARTING HERE.

This section is for the people reading this who are managing chronic pain, old injuries, or the accumulated physical experience of a life fully lived. The Legacy Body is available to you too — not despite where you are starting, but from exactly where you are starting.

Pain is not a reason to stop moving. In most cases — and I speak from both thirty years of clinical experience and three years of personal experience as a patient — it is a reason to move more carefully, more thoughtfully, and more specifically. The muscle weakness that develops around a painful joint makes that joint worse over time, not better. The stiffness that comes from avoiding a range of motion makes that range more restricted and more painful, not less.

My own recovery began from a place most people would consider a complete loss of function. I could not walk. I could not speak clearly. I could not manage the basic tasks of daily life. The path back required moving through difficulty, accepting setbacks, and trusting a process that sometimes felt impossibly slow.

But the body responded. With appropriate challenge, appropriate support, and consistent effort — it responded.

> *"But he said to me, 'My grace is sufficient for you, for my power is made perfect in weakness.'"*
>
> **— 2 Corinthians 12:9 (NIV)**

Paul's thorn was never removed, yet grace met him in it. Recovery rarely means pain disappears entirely — it means learning to move, and to trust, inside real weakness.

> *The ProTrain approach was built on exactly this. The Functional Age Home Screen finds your honest starting point — wherever that is — and gives you a way to track real progress from there. From every starting point I have encountered in thirty years of clinical practice, there has been a path forward.*

Modify what needs to be modified. Start where you actually are. Track your progress honestly. Give yourself time. The body does not rebuild overnight — but it does rebuild. I am evidence of that. And so are hundreds of patients I have had the privilege of walking alongside through their own versions of this journey.

You are not starting over. You are starting here. And from here, there is a path forward.

4

THE THREE PILLARS OF STRENGTH, BALANCE AND FLEXIBILITY — AND THE GAP MOST ROUTINES LEAVE BEHIND

If you keep doing what you have always done, you will keep getting the results you have always gotten. That is one of the most reliable patterns I have watched in thirty years of practice, and one of the easiest to miss — because a routine that is leaving gaps still feels productive while it is doing it.

Most of us drift toward what already comes easily. The naturally flexible person chooses yoga and stretching. The middle-aged man defaults to weights or cardio. The walker walks. None of these is a bad choice. But each one is an incomplete one — and the part that gets left out is usually the part that matters most for how steadily and how freely you will move in the decades ahead.

What the Gym Will and Will Not Do for You

The gym deserves a word here, because it is where many people go with the best of intentions. A gym will build strength, and strength is essential — nothing in this guide works without it. But a gym will do very little for your flexibility, and almost nothing for your balance. Those are the two qualities that most often determine whether a person keeps their independence, and they are precisely the two that a rack of machines is not designed to train.

There is a second issue, and I have treated it hundreds of times. A great many gym injuries happen to people who added load before they built the foundational strength and the movement mechanics to carry it. The weight was not the problem. The missing base underneath it was. Strength training done properly is one of the safest things you can do for your body. Strength training skipped, rushed, or attempted without a foundation is one of the most common ways people get hurt.

Three Pillars, Not One

Real improvement in how you live requires deliberate attention to three non-negotiable pillars:

Strength — the power to lift, push, carry, and protect yourself.

Balance — the stability that keeps you upright, confident, and independent.

Flexibility — the mobility that lets you move freely, without restriction.

Strength, balance and flexibility are not three separate programs. They are one program with three requirements — and balance in life, like balance in the body, comes from tending what has been quietly neglected rather than repeating what already comes easily.

Here is the shift. Identify the pillar where your gap is widest for your body and your life right now. Give it focused, consistent work. Then deliberately build the other two, so nothing is left behind. This is not about doing more of the same comfortable routine. It is about building the complete

foundation that lets you live stronger, steadier, and freer — with more joy in the ordinary days.

You Do Not Need a Prescription

This is where a professional evaluation earns its keep, and where most people are carrying a piece of outdated information. In the United States, every state now allows some form of direct access to physical therapy — meaning you can be evaluated by a physical therapist without a referral from a physician. The specifics vary: some states limit how many visits or how many days you may continue before a physician becomes involved, and insurance coverage rules differ. But the door is open, and one phone call to a local clinic will tell you exactly how it works where you live.

You do not need to be injured to make that call. An evaluation of this kind is not treatment for a problem — it is a measurement. A trained physical therapist can tell you where you actually stand on all three pillars, identify the deficits you cannot feel yet, and show you which one deserves your attention first. That is information no general fitness program can give you, because no general program has looked at your body.

Build a Twice-a-Week Program

Ask your physical therapist to help you build what I call a Twice a Week program: two sessions each week, in writing, with every session touching strength, balance, and flexibility, and with a way to measure whether it is working. Corrective work for the gap that matters most. Maintenance work for the other two.

Twice a week is a deliberate number. It is enough to produce genuine change, and few enough that you will actually keep it — in a busy season, in a hard year, and at eighty-five. The ambitious six-day program abandoned in March produces nothing. Two sessions a week, held for twenty years, produce a Legacy Body. Consistency, not intensity, is what builds one. This is Christian discipline applied to the body: small, repeatable Christian habits, held faithfully across decades, in the same way prayer and Scripture reading are held.

You do not need a prescription to be evaluated. You do not need an injury to be worth training. And you do not need more hours — you need two sessions a week that cover all three pillars, and the willingness to keep them.

5

THE LIFE YOU WERE BUILT TO LIVE

Take the Functional Age Home Screen this week. Write down your score. Write down your functional age. Notice where the gaps are. Then choose one thing from this guide and begin.

Retest in six to eight weeks. Let the number moving in the right direction be your evidence — that the body is responding, that the investment is real, that the trajectory is changing.

I have watched people in their eighties rediscover a confidence in their bodies they thought was gone forever. I have watched people in their seventies recover strength and balance they had written off as the past. I have watched people told to manage their expectations discover that their bodies had far more to offer than anyone — including themselves — had believed possible.

This is what the body does when it is given what it needs. It responds. It rebuilds. It earns back the capacity to say yes to the life that is still ahead.

You were designed to move. Through all of it — the decades, the seasons, the adventures still to come, the people still to be present for. The body that carries you through all of that is worth investing in. It is worth the daily commitment that most people do not make until they wish they had started sooner.

> *Start now. Invest consistently. And trust the body you are tending. It was designed for exactly this.*

> *"So whether you eat or drink or whatever you do, do it all for the glory of God."*
>
> **— 1 Corinthians 10:31 (NIV)**

Every squat, every stretch, every honest attempt at the chair stand can be offered this way — not as vanity, but as care for a body entrusted to you for God's glory. Caring for your body, faithfully and daily, is simply honoring God with your body.

May you have the strength to do the things that matter most. May your balance hold through every challenge ahead. And may you keep moving — with purpose, with joy, and with the confidence that comes from knowing you are investing in your legacy.

> *"The LORD bless you and keep you; the LORD make his face shine on you and be gracious to you; the LORD turn his face toward you and give you peace."*
>
> **— Numbers 6:24–26 (NIV)**

6

FREQUENTLY ASKED QUESTIONS

What does the Bible say about health and caring for your body?

Scripture treats the body as entrusted rather than owned. Paul tells believers to honor God with their bodies (1 Corinthians 6:19–20), the psalmist calls himself fearfully and wonderfully made (Psalm 139:14), and Psalm 92 pictures the righteous still bearing fruit in old age. Caring for your body belongs alongside every other Christian discipline, not apart from it.

When should balance training for seniors begin?

Earlier than most people expect. Balance deficits are well established before they are noticeable — by the time hesitation appears on grass, soft carpet, or in a dimly lit room, balance is often already reduced by thirty percent or more. Balance work should be consistent by the forties and a daily priority from the sixties onward.

Is building strength after 50 still possible?

Yes. The body adapts to appropriate load at every age. The fifties are the decade for posture, power, and the mobility trifecta of hip, shoulder, and spine, and the chair stand remains one of the most valuable strength exercises available well into the nineties.

What are the best mobility exercises for seniors?

Ten to fifteen minutes each morning focused on the hips, thoracic spine, and shoulders. Those three regions sit at the root of both cascades described in this guide, and keeping them mobile is what keeps strength and balance training possible.

How much training do strength, balance and flexibility actually require?

Two sessions each week, with every session touching all three pillars. Two sessions held for twenty years build a Legacy Body; an ambitious six-day program abandoned in March builds nothing. Consistency is the Christian habit that makes the difference.

THE
MENTORING
PROJECT

Peter Erickson, Doctor of Physical Therapy, has trained clinicians for 25 years across sports, spine, and orthopedic care. After rebuilding his own balance, he now focuses on helping people invest early so they can stay steady and independent in their 70s and 80s.

