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A Review of Models for Measuring Physical Activity Levels in the Elderly Population: The Case of Türkiye*

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Review
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Abstract

Accurate measurement of physical activity (PA) in older adults enables classification of the aging population into PA categories based on participation in daily activities and leisure-time PA. It also facilitates monitoring changes in PA habits, evaluating PA interventions tailored to older individuals, identifying relationships between PA and health outcomes, and quantifying these associations in terms of dose-response relationships. According to the Turkey Elderly Profile Survey (2024), individuals aged 65 and above who regularly engage in PA, exercise, or sports is 18.3%. However, little is known about the participation of older adults in PA and related parameters in Türkiye. Our review revealed no large-scale population studies conducted in Türkiye examining the relationship between PA and related parameters in the elderly population. This study aims to address the lack of literature on models for measuring PA levels among the elderly population in Turkey. For this purpose, a traditional (narrative) review study was conducted using the Scopus, Web of Science, EBSCO, and Google Scholar databases. This review synthesizes relevant literature, focusing on the definition of aging and the importance of PA, statistics on the Turkish elderly population and PA levels, PA measurement models in the elderly, and examples of PA studies conducted in the Turkish elderly population and globally. This study is expected to contribute to research on the associations between meeting PA recommendations and socio-demographic and lifestyle factors, as well as chronic conditions, among older adults in Türkiye.
Keywords: Aging, Exercise, Health outcomes, Handgrip strength, 6-minute walk test

Yaşlı Nüfusta Fiziksel Aktivite Düzeylerinin Ölçülmesine Yönelik Modeller Üzerine Bir Derleme: Türkiye Örneği

Öz

Yaşlı yetişkinlerde fiziksel aktiviteyi (FA) etkili bir şekilde ölçmek, yaşlanan nüfusun günlük yaşam aktivitelerine ve boş zaman FA'sına katılımlarına göre FA kategorilerine sınıflandırılmasını sağlar. Ayrıca, FA alışkanlıklarındaki değişikliklerin izlenmesini, yaşlı bireylere göre uyarlanmış FA müdahalelerinin değerlendirilmesini, FA ile sağlık sonuçları arasındaki ilişkilerin belirlenmesini ve bu ilişkilerin doz-cevap ilişkileri açısından nicelleştirilmesini kolaylaştırır. Türkiye Yaşlı Profili Araştırması'na (2024) göre, düzenli olarak FA, egzersiz veya spor yapan 65 yaş ve üzeri bireylerin oranı %18,3'tür. Ancak, Türkiye'de yaşlı yetişkinlerin FA'ya katılımı ve ilgili parametreler hakkında çok az şey bilinmektedir. İnceleme sonucumuz Türkiye'de yaşlı nüfusta FA ile ilgili parametreler arasındaki ilişkiyi inceleyen büyük ölçekli bir nüfus çalışmasının yürütülmediğini ortaya koymuştur. Bu çalışmayla literatürdeki Türkiye'deki yaşlı nüfusta FA düzeylerinin ölçülmesine yönelik kullanılan modellerle ilgili kaynak eksikliğinin giderilmesine yönelik bir katkı sunulması amaçlanmaktadır. Bunun için Scopus, Web of Science, EBSCO ve Google Scholar veri tabanlarından yararlanılarak geleneksel bir derleme çalışması yapılmıştır. Bu derleme çalışmasında ilgili literatür sentezlenerek, öncelikle yaşlılığın tanımı ve FA'nın önemi, Türkiye'deki yaşlı popülasyonu ve FA düzeylerinin istatistikleri, yaşlılarda FA ölçüm modelleri, Türk yaşlı popülasyonunda ve dünyada gerçekleştirilen FA belirleme çalışma örneklerine ilişkin başlıklara yer verilmiştir. Bu çalışmanın Türkiye'deki yaşlı yetişkinlerde FA önerilerini karşılama ile sosyo-demografik faktörler, yaşam tarzı faktörleri ve kronik durumlar arasındaki korelasyonları araştırmayı amaçlayan çalışmalara katkı sunması beklenmektedir.
Anahtar kelimeler: Yaşlanma, Egzersiz, Sağlık sonuçları, El kavrama kuvveti, 6 dk yürüme testi

* This study was presented orally by the last author as an invited speaker at the 2nd National Symposium on Exercise and Sport in Old Age, held in Antalya between April 17-19, 2025.

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INTRODUCTION

Biological aging is a natural process that results from the accumulation of molecular and cellular damage over time, leading to a decline in physical and cognitive capacity and an increased risk of chronic diseases (WHO, 2024). From a social perspective, aging is associated with various life transitions, including retirement, relocation, and the loss of friends or a spouse. The World Health Organization (WHO) defines old age as beginning at 65 years and classifies individuals into three categories: young-old (65–74 years), old (75–84 years), and oldest-old (85+ years). Additionally, individuals aged 100 years and above are referred to as "centenarians," while those aged 110 years and above are classified as "supercentenarians" (Andersen et al., 2012).

The WHO defines health not merely as the absence of disease or disability but as a state of complete physical, mental, and social well-being (WHO, 2024). During aging, this state of well-being gradually declines. With the increasing elderly population, the number of individuals living with one or more chronic diseases is rising, posing a significant economic burden on countries and increasing the demand for healthcare services (Pedersen & Saltin, 2015). Consequently, in countries across all income groups, healthcare expenditures and the average share of Gross Domestic Product (GDP) allocated to health increased between 2000 and 2019 (Şenol & Cansever, 2023).

As life expectancy increases, strategies to preserve older adults' independence and improve their quality of life are becoming increasingly important. Physical activity (PA) and exercise are fundamental components of this process. According to the US Department of Health PA Guidelines, adults are recommended to do at least 150 minutes of moderate-intensity PA or 75 minutes of vigorous-intensity PA per week to achieve significant health benefits (Chodzko-Zajko et al., 2009; USDHHS, 2010).

The importance of regular PA in middle age and old age is evident in the fact that it supports cardiovascular health, reduces the risk of obesity and metabolic diseases, helps protect cognitive functions by increasing the number of motor neurons and the benefits it creates on the nervous system, reduces the risk of falling by improving balance and coordination, increases bone mineral density and supports the musculoskeletal system with its preventive and healing effect on muscle atrophy - sarcopenia. Starting exercise programs in middle age and later life has been directly associated with healthy aging. It has been reported that the amount of activity is adequate in this relationship, with individuals having higher PA levels and greater physical fitness being associated with a lower risk of death (McPhee & Degens, 2016).

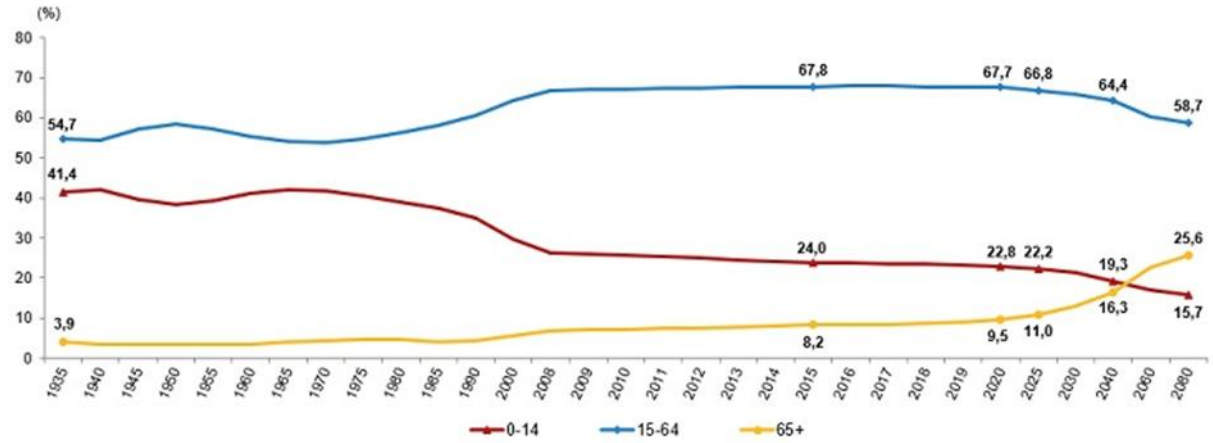

Figure 1. The Demographic Distribution by Age Group from 1935 to 2080 (TÜİK, General Population Censuses, 1935-2000; TÜİK, Address-Based Population Registration System, 2008-2020; TÜİK, 2018 Population Projections, 2025-2080)

According to the 2023 data from the Turkish Statistical Institute (TÜİK), the number of individuals aged 65 and over in Türkiye has increased by 21.4% over the last five years, reaching 8.7 million. This age group constitutes 10.2% of the total population and is projected to rise to 25.6% by 2080 (Figure 1). When considered alongside the decline in fertility rates, this increase in the elderly population signals a significant demographic shift (TÜİK, 2024).

The elderly dependency ratio is increasing significantly; currently at 16.4% in 2025, it is expected to reach 43.6% by 2080. This indicates that the burden on social security systems and healthcare infrastructure from the elderly population will increase substantially (TÜİK, 2021). Additionally, 78.7% of elderly individuals have chronic diseases, and 32.3% of these diseases severely limit the individuals' daily living activities (TÜİK, 2024).

This demographic change is not merely a numerical increase; it necessitates the restructuring of health policies, social services, and economic planning to accommodate the growing elderly population (Doğan & Bostan, 2019). PA and exercise programs, designed and implemented by experts in the field to suit older adults, are among the most important policies for improving this target group's mental and physical well-being (Şenol & Cansever, 2023).

Physical Activity Participation Statistics of the Elderly Population Living in Türkiye

Participation rates in PA are relatively low in Turkey, with only 18.3% of individuals aged 65 and over engaging in regular PA (Figure 2). The proportion of individuals who engage in PA every day or nearly every day is 25.5% for men, while for women, this rate is 12.5%. 51.4% of elderly individuals have never engaged in PA, exercise, or sports. 71.1% of women and 58% of men reported never engaging in PA for health reasons (TÜİK, 2024).

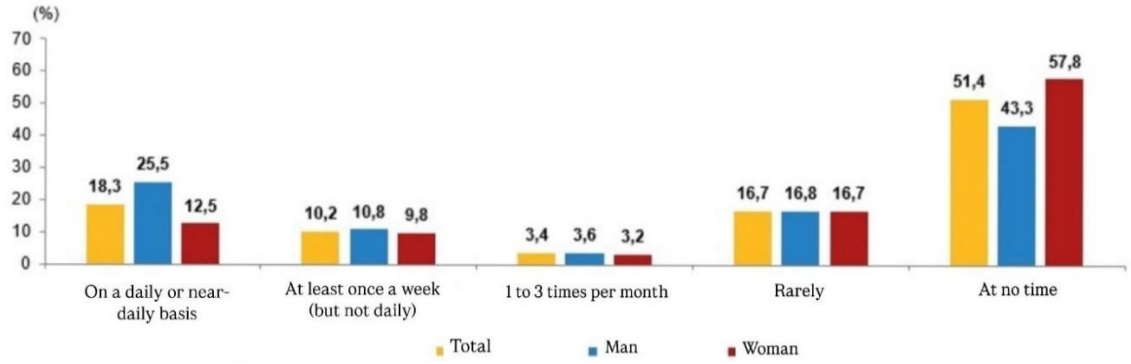

Figure 2. The Rate of Individuals Aged 65+ Engaging in PA, Exercise, or Sports by Gender and Frequency, 2023 (TÜİK, Turkey Elderly Profile Survey, 2024)

METHODS

In this traditional review study, publications were retrieved using the Scopus, Web of Science, EBSCO, and Google Scholar databases using the keywords "elderly population in Turkey," "older people and exercise," "aging," "elderly population and physical activity levels," "measuring physical activity for older people," "healthy aging," and "physical tests for older people," along with their Turkish equivalents "Türkiye'de yaşlı nüfus", "yaşlılar ve egzersiz", "yaşlanma", "yaşlı nüfus ve fiziksel aktivite seviyeleri", "sağlıklı yaşlanma", "yaşlılar için fiziksel testler". English keywords were also searched using Google Scholar's search feature in Turkish, and the existing literature in Turkey was reviewed. In addition to databases, the references of the retrieved publications were examined to identify any overlooked publications. The literature search was conducted between January 2025 and April 2025. Articles addressing the writing of the literature sections of theses and articles were excluded. The study examined publications written in English and Turkish over the last 25 years. The literature compiled from this review is presented under headings: introduction, the elderly population in Türkiye, and physical activity participation statistics of the elderly population living in Türkiye, models for measuring physical activity levels in the elderly population, direct observation and clinical assessments for the elderly: physical performance tests, some physical activity studies conducted on the elderly population in Türkiye, research examples on physical activity in elderly populations conducted around the world, and conclusion.

Models for Measuring Physical Activity Levels in The Elderly Population

Accurate measurement and assessment of PA levels guide the development of strategies that support health at both the individual and societal levels. Especially when assessing older adults, it is crucial to select assessment models that account for factors such as age, gender, and geographic location (urban or rural) (Fien et al., 2022).

The assessment methods are grouped into three main categories: self-report questionnaires, wearable technologies, and direct observation or clinical tests.

Self-Report Questionnaires: Self-report questionnaires, completed by older adults or their caregivers, are widely used due to their ease of administration and low cost. The International Physical Activity Questionnaire (IPAQ) and the Physical Activity Scale for the Elderly (PASE) are among the preferred tools. The IPAQ-C short form assesses the levels of walking and moderate-to-vigorous PA in elderly individuals over the past seven days, excluding time spent walking and sitting, and expresses the results in metabolic equivalent (MET) scores. Because the IPAQ-C is customized and self-administered among older adults, it is among the most reliable instruments in the literature. Although the PASE is valid and reliable in some studies, it has been considered insufficient in others (Forsén et al., 2010).

Wearable Technologies: Wearable technologies, integrated directly into individuals' bodies or clothing, provide objective data. Pedometers, heart rate monitors, and mobile applications enable real-time monitoring of PA levels. However, it is emphasized that these devices should be compatible with specific software for elderly individuals; otherwise, measurement errors may occur in this population (Teixeira et al., 2021). Additionally, the potential of these devices to provide feedback that increases motivation should not be overlooked.

Direct Observation and Clinical Assessments: Direct observation and clinical assessments, performed by healthcare professionals, can provide more detailed and valid information. However, these methods are time-consuming and require expert supervision. Therefore, although they may be challenging to implement in large-sample studies, they are preferred in smaller groups (Tümtürk et al., 2021).

Direct Observation and Clinical Assessments for The Elderly: Physical Performance Tests

Various physical performance tests, specifically designed for older adults, are used in direct observation and clinical assessments to evaluate their physical capacities.

Timed Up and Go (TUG) – Clinical Walking Test: This test measures the time required for an individual to stand from a seated armchair, walk 3 meters forward, turn, walk back, and sit down again. Time taken is used to assess functional impairments resulting from diseases affecting the cardiovascular, neurological, and musculoskeletal systems (Beauchet et al., 2011; Podsiadlo & Richardson, 1991).

Chair Stand Test: This test measures the number of times a person can stand and sit within 30 seconds, providing information about lower-extremity strength. The test has been shown to have a high correlation with leg press performance, supporting its validity. Additionally, significant age-related declines in performance have been observed, and these declines may predict physical conditions such as loss of lower-extremity muscle strength, osteoporosis, fall risk, and postural instability (Jones et al., 1999).

6 Minute Walk Test (6MWT): This test measures the distance an individual walks in six minutes, assessing cardiopulmonary capacity and physical endurance. The results of this test can indicate issues such as cardiopulmonary diseases (COPD, heart failure, etc.), musculoskeletal disorders, and loss of physical endurance. Considering that most daily activities are performed at submaximal effort levels, the 6MWT reflects better functional

exercise levels for daily PA (ATS Committee, 2002).

Romberg Test: This test is used to assess balance and proprioception. Individuals who can stand still with their feet together and arms at their sides for 20-30 seconds with their eyes open but sway or lose their balance when their eyes are closed are considered to have a "positive Romberg." The results of this test can indicate balance disorders, as well as neurological diseases such as Parkinson's, Alzheimer's, multiple sclerosis, and vestibular disorders (Forbes et al., 2023).

Berg Balance Scale: This scale assesses several physical functions, including sitting, standing, walking, turning, and standing on one leg, to evaluate fall risk and balance disorders. The scale has shown a high correlation with motor performance after a stroke (Berg et al., 1992; Miranda & Tiu, 2023).

Hand Grip Strength (HGS) Test: This test uses a hand dynamometer to assess an individual's muscle strength. The test is considered adequate and predictive for determining indicators such as sarcopenia, nutritional status, cognitive disorders, diabetes, and quality of life (Bohannon, 2019).

Short Physical Performance Battery (SPPB): This test combines balance, walking speed, and chair-stand performance to assess overall physical capacity. It is an important tool for predicting short-term mortality risk and the risk of nursing home admission (Guralnik et al., 1994).

Some Physical Activity Studies Conducted on the Elderly Population in Türkiye

Various intervention studies have been conducted in Türkiye to determine the PA levels of elderly individuals, increase them, and improve their health conditions (Table 1). These studies assess the psychological, physiological, and functional effects of exercise and are planned in a comparable manner for both supervised and unsupervised programs.

Table 1. Some physical activity studies conducted on the elderly population in Türkiye

Reference	Subjects	Aim	Methods	Results	Conclusion
Terkes, Aksu, and Yama, 2023	70 elderly individuals aged 65 and older with at least six months of type 2 diabetes	To compare the effects of online supervised and unsupervised exercise groups	The supervised group performed cardiovascular, strength, and balance exercises three days a week for six weeks with expert guidance via video conferencing, while the unsupervised group performed the same exercises independently.	After six weeks, no significant changes in quality of life and psychological resilience were observed in either group over time. However, the supervised exercise group showed more significant reductions in fasting blood sugar and body mass index.	Online supervised exercise is more effective for elderly individuals with type 2 diabetes.
Ayaz et al., 2025	66 elderly individuals aged 65 and older.	To examine the effects of a combined exercise intervention on metabolic stress markers, spexin, and follistatin in elderly individuals	12-week aerobic exercise and resistance exercise	The exercise group showed a significant increase in spexin and follistatin levels, reductions in neck, waist, and hip circumference, and improvements in muscle mass	The changes in these biomarkers regulating metabolic balance were interpreted as improving the metabolic communication between fat and muscle tissue

Table 1. Continued

Reference	Subjects	Aim	Methods	Results	Conclusion
Tortumluoğlu et al., 2005	46 elderly individuals aged 65 and older.	To examine the effects of planned exercise programs on BMI, arterial blood pressure, and exercise behaviors	A three-week group exercise session followed by six months of supportive education	Participants showed significant improvements.	Short-term interventions may lead to more lasting effects when supported by long-term behavior changes.
Kocaman et al., 2020	16 elderly individuals at risk of falling.	To evaluate the impact of square-step exercises and vestibular exercises on postural control, cognitive function, and walking	Eight weeks of square-step and vestibular exercises, conducted three times a week.	The combined exercises reduced the risk of falls, improving cognitive performance and walking capacity.	Balance-focused exercises are important in geriatric rehabilitation programs.
Erden and Güner, 2018	76 elderly individuals aged 65–74	To evaluate the effects of exercise on quality of life, body awareness, kinesophobia, and fall risk	A 12-week exercise program	Improvements in all dimensions of quality of life, and a negative correlation between body awareness and the risk of falls	Exercise should be included in geriatric rehabilitation programs as a preventive and health-promoting approach for older adults.
Özsoy et al, 2017	34 elderly individuals living in nursing homes	To investigate the relationship between balance, functional exercise capacity, and peripheral muscle strength	The Tinetti Balance and Gait Assessment (POMA), 6-Minute Walk Test (6MWT), and knee extensor muscle strength measurements	A positive correlation was found between balance, peripheral muscle strength, and functional capacity.	This study supports the effectiveness of multi-component exercise programs focused on balance and strengthening in elderly individuals.
Şahin et al, 2018	27 young-old women	To investigate the effects of regular exercise on physical fitness and functional physical age	Six-month, bi-weekly, 40-minute exercise program	Significant improvements in leg and arm strength, agility, dynamic balance, aerobic capacity, and a decrease in functional physical fitness age, but not statistically significant when compared with the control group	This assessment can be recommended for use to increase individuals' exercise dependence and motivation.

The data from these limited studies suggest that exercise programs tailored for older adults in Türkiye have a significant and positive impact on physical, psychological, and functional health parameters. It is emphasized that supervised programs are more effective across physiological variables and behavioral outcomes, and that multi-component programs that involve balance, strength, and aerobic capacity are crucial for the health of older adults.

Furthermore, it is crucial that exercise programs are individually tailored, shaped according to chronic disease conditions, supported by technological solutions (e.g., online applications), and sustainable. Considering the growing elderly population in Türkiye, such applications should play a more prominent role in national health policies, and there is a need to develop age-appropriate PA strategies.

Research Examples on Physical Activity in Elderly Populations Conducted around the World

The global increase in the elderly population is progressively enhancing the importance of PA for the sustainability of healthy aging. Various international studies have been conducted to assess and increase PA levels, enabling elderly individuals to lead healthier, more independent, and functional lives. Participation rates in PA may vary across countries, and these discrepancies are associated with various factors, including socioeconomic status, cultural habits, environmental factors, and national health policies (Bauman et al., 2016).

In a large-scale study conducted in the United States, adherence to PA recommendations and the factors influencing it were compared between older adults with and without diabetes. Data collected from 99172 individuals living at home were evaluated against the PA guidelines of the American Diabetes Association (2007) and the Department of Health and Human Services (2008). The study found that individuals with diabetes adhered less to the recommended PA levels, with factors such as older age, being female, obesity, and comorbidities influencing these rates. The study also emphasized that higher levels of education are associated with greater adherence to PA guidelines (Zhao et al., 2011).

In the Osteoporotic Fractures Study in the United States, PA levels, lifestyles, and health status were linked among 9442 elderly women living independently. Walking was reported as the most common form of PA, and it was found that individuals with a social network and a history of PA in their younger years were more active. Psychological factors, such as fear of falling, negatively affect PA levels (Walsh et al., 2001).

A comprehensive study conducted in Sweden assessed the outdoor PA habits of 999 individuals aged 60 to 96 years. It was found that, in both men and women, independence levels were associated with PA levels, and environmental access facilitated PA. The study highlighted significant reductions in PA participation with advancing age, with fear of violence and falling significantly hindering PA, especially among women (Sjögren & Stjernberg, 2010).

Similarly, in a study conducted in South Florida, which considered ethnic differences, PA levels in 601 non-dependent participants aged 59 to 96 years (mean age 74.3 years) were found to be related to age, education, social connections, pain, and depression. Individuals with low PA levels were more isolated, depressed, and in pain. In contrast, PA was reported to strengthen social connections and reduce depression (Tappen et al., 2022).

In Australia, Rai et al. (2020) analyzed individual and environmental barriers that prevented 425 older adults from meeting the WHO recommendations. They identified low motivation, lack of time, inadequate social support, insufficient facilities, adverse weather conditions, and safety concerns as the primary barriers to their participation. The study also highlighted the importance of group activities that enhance social interaction and affordable and accessible programs. It emphasized that promoting a sense of self-efficacy in elderly individuals would increase their participation in PA.

In Ireland, McKee et al. (2015) investigated the relationship between PA levels and physical health, mental health, social participation, and environmental factors in 3499

individuals aged 65 and older. They found that PA levels decreased with age and that in the older age group, depression, anxiety, lower quality of life, decreased cognitive strength, and a loss of independence in daily living activities were significantly associated with low PA levels. Many of these variables were considered modifiable and therefore amenable to intervention.

In a study conducted in Spain, Parra-Rizo and Sanchís-Soler (2021) assessed the functional skills, capacity for independent living, social relationships, and subjective health status of 257 physically active elderly women. The study revealed that more active women had higher functional abilities and better health perceptions, and it also demonstrated that even low levels of PA had a positive effect on social satisfaction.

In Korea, a study by Sung and Park (2023) examined the relationship between PA levels and metabolic syndrome (MetS) in 893 elderly individuals. The study found that moderate recreational PA reduced the risk of MetS and was significantly associated with high-density lipoprotein cholesterol (HDL-C) levels. PA was reported to reduce metabolic risk factors, such as abdominal obesity.

In a 12-week VOILA intervention study conducted in the Netherlands, the effects of a high-protein diet and prebiotic supplementation on muscle, immune-metabolic, and gut health in 220 older adults were evaluated. The study highlighted the potential of multidisciplinary interventions to promote physiological improvements during aging (Kramer et al., 2024).

In the United States, a long-term cohort study (1992-2008) involving 8578 individuals aged 51-61 years examined the effects of socioeconomic status, leisure-time PA, and non-leisure PA levels on mortality rates among elderly individuals from different ethnic groups. The study found that both leisure-time PA and daily living PA had mortality-reducing effects. It was observed that leisure-time PA had a more pronounced effect in white individuals, while daily living PA was more significant for black and Hispanic individuals. A clear dose-response relationship was observed between both PA areas and mortality (Wen et al., 2014).

In Korea, Kim and Cho (2021) conducted a study involving 5379 Korean adults aged 55-102 years (mean age, 69.6 years) to examine the impact of regular exercise on depressive symptoms. They found that exercise deficiency increased depressive symptoms, especially in elderly individuals with weak handgrip strength. The study further confirmed the positive impact of exercise on mental health.

In China, a study involving 17226 middle-aged and elderly adults aged 45 and older (mean age 61.3 years) found a significant negative relationship between PA levels and the incidence of diabetes. The study reported that increasing PA levels reduced the risk of diabetes (Zhang et al., 2024a).

In the Survey of Health, Ageing and Retirement in Europe (SHARE) study, conducted across Europe, the relationship between PA and heart disease, respiratory problems, T2D, and obesity was examined in 30826 participants aged 50 and older, including 14813 men. It was found that individuals engaging in PA 2-4 times a week or ≥5 times a week had lower rates of these diseases. A statistically significant negative relationship was found between PA and cancer in women (Marques et al., 2018).

The 10-year data from the English Longitudinal Study of Ageing (ELSA) analyzed the effect of low-intensity PA on the risk of falls in 12099 individuals aged 50 and over (mean age 65 ± 10.8 years). The study found that moderate-intensity PA was associated with better walking speed and fewer falls, while even low-intensity PA had positive effects in individuals over 70. This highlights that even small increases in PA during old age can provide significant benefits (McMullan et al., 2020).

In a study using the ELSA database from 2002 to 2011, the relationship between non-exercise PA and life expectancy was evaluated in 10426 men and women aged 50 and older residing in the UK. The study indicated that even light-intensity PA had a protective effect on all-cause mortality. Physically inactive individuals were found to have a higher risk of mortality, and it was demonstrated that PA extended survival time within a dose-response relationship (Hamer et al., 2014).

In a study using the ELSA database with a sample of 5265 older adults, the relationship between PA and sleep duration was analyzed. It was found that depressive symptoms significantly influenced this relationship. As PA levels increased, sleep duration also increased, with this effect being more pronounced in individuals showing depressive symptoms (Garfield et al., 2016).

CONCLUSION

The findings from these diverse international studies demonstrate that PA is a physical intervention and a holistic tool that positively affects the mental, cognitive, and social well-being of older adults. Another prominent finding in the studies is that the effects of PA are modulated by factors such as age, gender, health status, socioeconomic status, and cultural influences. Therefore, PA programs developed for older adults must be individualized, accessible, and sustainable. Moreover, there is a need for health policies to be designed in a way that promotes PA, in conjunction with environmental regulations and social support systems. Increasing healthy life expectancy in older age will significantly benefit individual health, public health economics, and societal welfare.

Assessing and evaluating individuals' PA levels serves as a guide for developing interventions that enhance physical and mental health at the individual and societal levels. Effective measurement of PA in older adults enables classification of the aging population into PA categories based on participation in daily activities and leisure-time PA. It also facilitates monitoring changes in PA habits, evaluating PA interventions tailored to older individuals, identifying relationships between PA and health outcomes, and quantifying these associations in terms of dose-response relationships. Our review has revealed no large-scale population studies conducted in Türkiye that examine the relationship between PA and related parameters in the elderly population. Considering this information, correlations between meeting PA recommendations and sociodemographic factors, lifestyle factors, and chronic conditions should be investigated at the national level in older adults.

Conflict of Interest: The statement that there is no personal and financial conflict of interest within the scope of the study, or another statement explaining this situation, should be used.

Researchers' Statement of Contribution Rate: Research Design BAT, KÇ, GR; Preparation of the article BAT, KÇ, GR; Data Collection was carried out by BAT, KÇ, GR.

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