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## Use of the Term "Elderly"

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# Editorial

## Editor's Message: Use of the Term "Elderly"

he terms *senile*, *demented*, and *aged* are unfortunate terms once in common use among physical therapy personnel. While these terms have mostly disappeared, there is still a term in common use that needs to disappear, the term *elderly*.

Terms tend to be convenient but suffer stereotyping through their generalization and lack of specificity. Thus, using the term *elderly* for a person who is robust and independent as well as for a person who is frail and dependent says little about the individual. Since older individuals become more heterogeneous with age, a specific descriptor such as elderly is inaccurate and misleading. For example, asked to describe an 82-year-old woman would provoke little agreement and much discussion based on personal experiences. Eighty-two-year-old women run marathons and 82-year-old women are bed ridden. Which is the accurate description?

The term *elderly* is ageist. Ageist terms are those terms in which a stereotype is promulgated and treatment is delivered differently on the basis of age. Ageism, like racism and sexism, is a form of prejudice or prejudgment that shapes perceptions. Ageist terms tend to diminish older adults, yet ageism is rampant in health care, stereotyping older folks as sick, frail, and physically dependent. Ageism can result in less care, less robust care, and negatively affect outcomes.

None of us would demonstrate ageism by using patronizing speech when interacting with older adults or talking baby-talk. Yet, the use of the term *elderly* persists. In a survey of major medical journals from 1996 through 2006, all used the term *elderly* and 3 of the 4 major geriatric journals preferred the term *elderly* over *older* adults at a rate of 4:1 over general journals.<sup>3</sup>

The term *elderly* lacks an equal and opposite term *pederly*; unlike geriatrics versus pediatrics that describes an area of medicine and health care. The term *elderly* is often used to describe frail individuals; without applying the well-known and valid criteria of frailty.<sup>4</sup> Furthermore, older adults do not like the term *elderly* applied to themselves, even if they use the term to describe someone else! A European survey asking older individuals their preferred term indicated a preference for older or senior and strongly rejected terms aged, old, and most strongly elderly. In 1995, the United Nations Committee on Economic Social and Cultural Rights of Older Persons rejected the term *elderly* in preference for the term *older persons*.<sup>5</sup> Additionally, a media guide issued by The International Longevity Center, headed then by Robert Butler, recommended the term *older adults* over *senior* and *elderly*. The report states, "After all, we don't refer to people under 50 as 'junior citizens'."

It is time our language use matures. Using terms that are precise, accurate, value-free and that older adults prefer makes a good sense. The term *older adult* or *older person* is respectful and should be the standard term in this journal. O

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The author declares no conflict of interest. 10.1519/JPT.0b013e31823ab7ec



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- Metabolic syndrome / insulin resistant syndrome. The effect of exercise on insulin resistance and functional ability in older adults with metabolic syndrome.
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- Peripheral mobilizations. The effect of peripheral mobilizations on pain and function in older adults with peripheral joint dysfunctions (targeting shoulder, hip, or knee as the primary peripheral joints to focus on).
- Impact of footwear on gait. Effect of footwear on distance walked and joint pain in older adults participating in walking/running exercise programs.

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