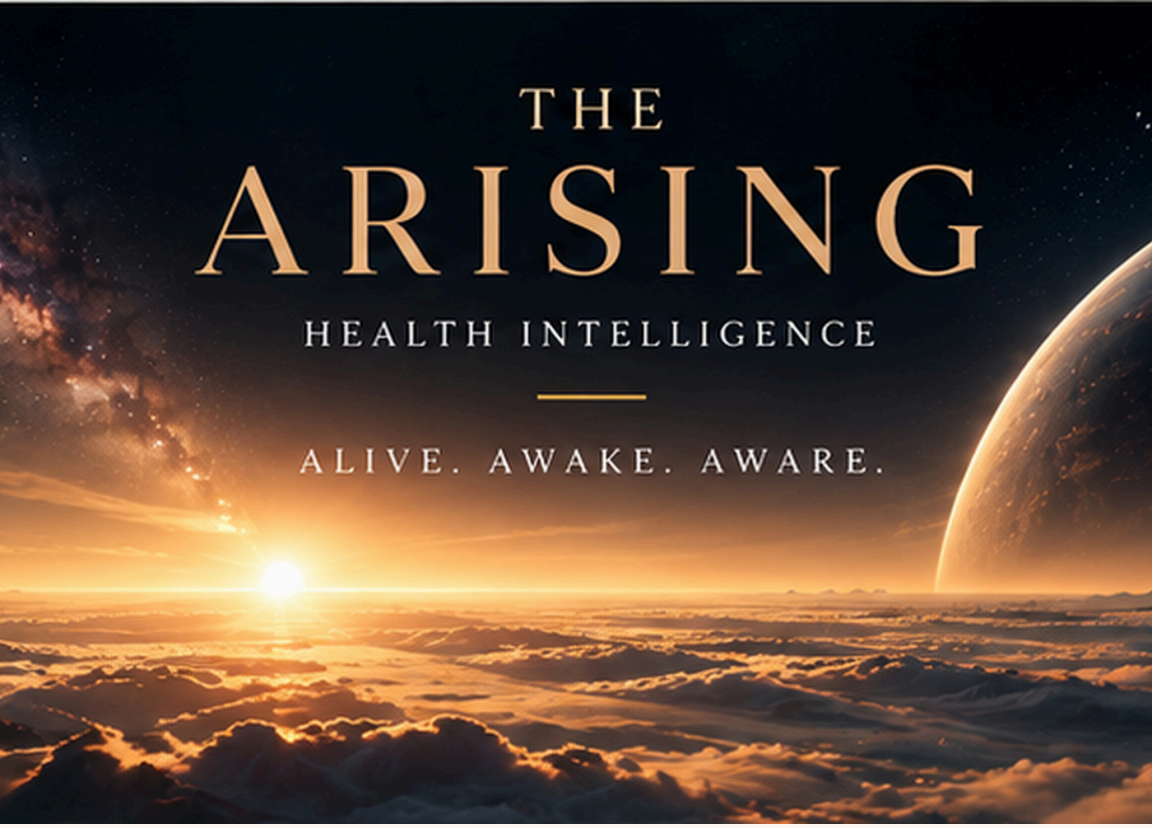


17 / EVERYDAY HEALTH

The Capacity to Keep Going

Aerobic fitness, daily movement, athletic ambition, and the long view of physical ability.

JOHN GRIFFIN, MD

REVIEW EDITION · OCTOBER 2026

The number and the life

Aerobic capacity can be measured. Its meaning is lived: a hill, a long walk, a game, an easier recovery after effort. VO2 measurements help answer physiological questions, but no single score describes everything a person needs from movement.

The readings that follow span a decades-long cohort, a synthesis of physical-activity trajectories, and cardiac rehabilitation. They support different levels of inference. Associations across years show patterns; randomized comparisons can help test what changing a program adds. [1-3]

A training label is only a beginning

“Zone 2” and other intensity labels need a method behind them. The same label can be derived from different measurements. A compelling universal target can conceal differences in fitness, disease, medication effects, and training goals.

For a booklet reader, the first useful question is what the program is meant to accomplish. Performance, mobility, enjoyment, and rehabilitation may overlap without requiring identical plans.

There is room for a second beginning

The LIFE trial tested a structured activity program in older adults already at risk of mobility disability. Its results help move the conversation beyond the idea that only a lifetime of perfect habits can matter. [4]

That is a reason to investigate what remains possible, with appropriate support. It is not a guarantee of recovery, or a judgment on people whose limitations persist. Physical capacity

is valuable because of what it allows a person to choose. The program should remain answerable to that purpose.

FROM THE ARISING / 2026-10-15

There is no single birthday when possibility closes

A 47-year study describes physical-capacity trajectories, not a deadline for starting.

A population curve can tell us something important about aging. It cannot tell a person that the useful part of training is over. A Swedish study following physical capacity across 47 years is most helpful when those two ideas remain separate.

The cohort included 427 people born in 1958, with objective assessments from adolescence into their sixties. Researchers examined estimated aerobic capacity, muscular endurance and power. Those measures describe different capabilities; calling all of them “strength” loses information.

What changed across the decades

Estimated aerobic capacity and muscular endurance peaked between ages 26 and 36 in both sexes. Decline was initially gradual and accelerated with age. The reported overall reduction from peak to age 63 ranged from 30% to 48%, depending on the outcome.

The variation among people also increased substantially. An average trajectory did not become everyone’s trajectory. Higher activity earlier in life, and becoming active during adulthood, were associated with better performance.

This was an observational study. It did not randomly assign activity patterns, establish the ideal exercise program, or prove

that one person could avoid a specified percentage of decline by following a particular routine.

Why the wording matters

A headline saying fitness “starts falling at 35” can be heard as a biological deadline. The study describes different peaks for different measurements and considerable variation among individuals. The useful clinical task is to assess current capacity and what can be developed from there.

Likewise, declining performance is not automatically sarcopenia or disability. Those are clinical concepts with their own definitions. Someone can differ from their younger self and still gain meaningful function, confidence and reserve through appropriate training.

What this suggests for healthspan

A better follow-up conversation asks what the person can do, what they hope to keep doing, what limits them, and which measurements can track progress reliably. Endurance, power and aerobic capacity should not be collapsed into one supposedly definitive longevity number.

The cohort represents a particular country and birth year, and participation over decades can introduce selection effects. Those limitations constrain generalization without erasing the value of a long observation.

This paper appeared in a December 2025 journal issue and was revisited in the October 15 archive. It is included because of the perspective its timescale provides. A long view can encourage earlier attention to capacity without implying that later effort has lost its value.

Sources and evidenceRise and Fall of Physical Capacity in a General Population: A 47-Year Longitudinal StudyDecember 2025 journal issue; revisited in October 2026 · Longitudinal observational cohort Open research →

FROM THE ARISING / 2026-10-20

The strength to keep going

What long-term activity patterns tell us about frailty

Adults who stayed physically active over the years were less likely to become frail than those who remained inactive. People who became more active also did better. For longevity, that is a useful place to begin: with the capacity to continue participating in life.

The finding comes from a systematic review and meta-analysis by Sgouropoulou and colleagues in Geriatrics. The review included 10 prospective cohort studies following 111,714 community-dwelling adults in Europe, Asia and North America. Six studies contributed to the pooled analysis. This was observational evidence, so it identifies an association rather than proving that exercise caused the difference.

The pattern over years

The researchers looked beyond a single report of how much someone exercised. They compared people who remained active, people whose activity increased, and people who remained inactive. The studies used repeated measurements or activity trajectories and validated definitions of frailty.

Persistent activity was associated with a risk ratio of 0.56 for future frailty, with a 95% confidence interval of 0.42 to 0.76. That is a 44% lower relative risk. Increasing activity was associated with a risk ratio of 0.62, or a 38% lower relative risk, with a confidence interval of 0.57 to 0.68. These are relative comparisons, not the number of people out of every hundred who would avoid frailty.

The authors rated the persistent-activity evidence as moderate certainty and the increasing-activity evidence as low certainty. Results were similar in populations younger and older than 60 at the beginning of follow-up.

Why this matters

Frailty concerns reserve: how well a person can withstand illness, injury or another stress. Its consequences can include disability and loss of independence. An activity pattern that persists through ordinary weeks and years may therefore matter more than an impressive but brief burst of effort.

That is an interpretation of the evidence, not an exercise prescription. The review does not establish a particular routine, intensity or weekly target. Nor can it tell an individual how much their own risk will change.

What remains uncertain

People who stay active may also differ in health, income, diet and access to care. Illness can itself reduce activity, making cause and effect difficult to separate. Pooling studies with different methods adds uncertainty.

The encouraging finding is that the association was not confined to people who had always been active. Rising activity also tracked with lower frailty risk. The next step is to test how real programs help people build and sustain that change—and whether those programs preserve function over the long term.

Read the research: Primary study / PubMedStudy publication: August 11, 2026. Source edition: October 20, 2026. Open research →

FROM THE ARISING / 2026-10-20

A stronger heart-rehabilitation program includes the rest of the body

Aerobic and resistance training address different parts of physical capacity

Heart rehabilitation has long centered on aerobic exercise such as walking or cycling. A systematic review in Sports Medicine–Open asks what happens when resistance training joins it. The answer points toward a broader view of recovery: fitness, strength and the ability to do more in daily life.

Gois and colleagues gathered 61 randomized controlled trials involving people with coronary heart disease. The trials compared combined aerobic and resistance training with aerobic training alone, resistance training alone, usual care without exercise, or other combined programs. Different comparisons answer different questions and should not be treated as interchangeable.

What improved

Compared with non-exercising usual care, combined training improved peak oxygen consumption, strength measures and health-related quality of life. Peak oxygen consumption rose by an average of 2.20 milliliters per kilogram per minute. This is a measure of exercise capacity, not a direct measure of years of life gained.

The comparison with aerobic training alone is especially relevant to existing rehabilitation programs. Combined training generally performed better on oxygen uptake, six-minute walking distance, several measures of muscle strength and quality of life. The pooled difference in six-minute walking distance was about 22 meters.

Against resistance training alone, the combined approach also improved peak oxygen consumption. Together, the findings suggest that aerobic and strength work can contribute complementary benefits rather than requiring an either-or choice.

Read the mortality claim carefully

The review reported fewer mortality events with combined training than with non-exercising usual care. That comparison does not isolate the effect of adding strength work to an aerobic program. It should not be turned into a claim that a particular lifting routine prevents death or extends an individual's lifespan.

The trials varied in their programs, participants and follow-up. Many programs were relatively short, and women were underrepresented. Supervised rehabilitation also differs from attempting a new program alone after a cardiac event. The review cannot settle the safest or most effective mix for every patient.

The useful question

For someone entering cardiac rehabilitation, a practical conversation is whether the program develops both aerobic capacity and strength, and how the team adapts those elements to their condition. Exercise after a heart event belongs within an individualized rehabilitation plan.

The larger longevity idea is straightforward. Recovery is about more than a test result. Walking farther, carrying something comfortably and feeling capable in the world are outcomes worth measuring. Longer follow-up will help show how durable the gains are and which program designs deliver them most safely.

Read the research: Primary study / PubMedStudy publication: August 3, 2026. Source edition: October 20, 2026. Open research →

SOURCES & READING SCOPE

Keep the claim beside its evidence

1. Maria Westerståhl, Gustav Jörnåker, Eva Jansson, et al. Rise and Fall of Physical Capacity in a General Population: A 47-Year Longitudinal Study. Journal of cachexia, sarcopenia and muscle. 2025 Dec;16(6):e70134. doi:10.1002/jcsm.70134. PMID:41243424. Open source →

2. Danai Sgouropoulou, Maria-Iosifina Kasdagli, Demosthenes B Panagiotakos, et al. Long-Term Physical Activity Patterns and Risk of Future Frailty: A Systematic Review and Age-Stratified Meta-Analysis. Geriatrics (Basel, Switzerland). 2026 Aug 11;11(4):104. doi:10.3390/geriatrics11040104. PMID:42645008. Open source →

3. Caroline Oliveira Gois, Alana Lalucha de Andrade Guimarães, Lino Sérgio Rocha Conceição, et al. Effect of Combined Aerobic and Resistance Training on Exercise Capacity, Muscle Strength, Quality of Life, and Mortality in Patients with Coronary Heart Disease: A Systematic Review with Meta-analysis. Sports medicine - open. 2026 Aug 03;12(1):112. doi:10.1186/s40798-026-01080-3. PMID:42543470. Open source →

4. Marco Pahor, Jack M Guralnik, Walter T Ambrosius, et al. Effect of structured physical activity on prevention of major mobility disability in older adults: the LIFE study randomized clinical trial. JAMA. 2014 Jun 18;311(23):2387-96. doi:10.1001/jama.2014.5616. PMID:24866862. Open source →

Selected primary publication records and abstracts checked 25–26 October 2026. This is a focused reading companion, not a systematic review, a treatment protocol, or a complete appraisal of methods, supplements and later evidence. The following readings retain the complete article prose from the October 11–25 publishing package; original study context and limitations are preserved.

KEEP FOLLOWING THE IDEA

Part of a connected collection

Return to a subject, follow a related booklet, or explore the wider projects. These links organize reading; they do not imply that one scientific finding proves another.

This booklet online →

Booklet directory · all 48 →

Atlas · Cardiorespiratory fitness (VO2 max) →

Arising Health website →

The Arising book →

The Long Game →

Listen & watch →

Related booklets

16 · Strength Is Something We Keep Making →

18 · The Protection of Ordinary Days →

46 · What Is Thriving? →

The online review collection is hosted in the shared Atlas. Its existing access settings apply. The public website remains a separate destination.