

Functional Training Versus Traditional Exercise in Elderly Home Rehabilitation: A Comparative Review

Priti Nathani

University of Montana, Missoula, MT

Abstract: The rising interest in the need for effective home-based rehabilitation interventions among the elderly population has resulted in the growing popularity of the modalities of exercise that would allow maintaining the independence of the patient, minimizing the risk of falls, and improving the quality of life of patients. In this review, the author provides a comparative study of functional training and traditional exercise in the process of supervising the rehabilitation of the elderly at home. Based on the previous literature, the article analyzed the physiological changes, balance results, cognition, compliance, safety, and long-term consequences linked to both modalities. Isolated strength and aerobic exercises are traditional workouts that have infrastructure advantages in cardiovascular conditioning and muscle maintenance. Functional training, in comparison, places more focus on task-specific body motions that resemble everyday action, producing greater benefits in dynamic balance, cognitive-motor vastness, and functions of everyday activities. Evidence shows that functional training potentially possesses more practical and involvement advantages in real life than other approaches, when both personalization and severity are applied. The conclusion made in the review is that a personalized integrative intervention could be the most exhaustive approach in home rehabilitation in older age.

Keywords: Elderly rehabilitation; Functional training; Traditional exercise; Home-based care; Fall prevention.

INTRODUCTION

The current trend toward longer life span in the world population has raised major changes in terms of priorities, to which people lend their focus regarding public health, on the maintenance of physical independence and healthy life among adults, and the elderly. The age effects on the loss of muscle strength, balance, mobility, and functional capacity are crucial to challenge independent living and frequently contribute to the development of risks of falls, hospitalization, and long-term institutionalized care. Home-based rehabilitation has also come up as a feasible and logistically viable method of getting solutions to the issues of physical degeneration that come with age. The key component in these programs involves protocol-based exercise programs that aim at restoring or preserving functional abilities.

There are two main paradigms of home-based exercise interventions among elderly people that include traditional exercise and functional training. As a general rule, traditional exercise includes isolated strength training, aerobic conditioning, flexibility routines, and balance exercises executed in a piecemeal manner. They are interventions depending on general principles of fitness and frequently determined by well-established geriatric exercise prescriptions. In comparison, functional training involves exercises that involve duplication or simulation of realistic tasks; the idea of such training is to enhance the individual's capability to handle daily activities that include thriving a stairway, transporting groceries, or getting out of a

seat. This style considers combining several physical elements, such as strength, coordination, balance, and flexibility, through compound movements, which advance neuromuscular refinement and work-specific changes. Functional training has become popular because of the likelihood of transferring gains to activities of daily living (ADLs) that help in maintaining independence among older persons (Granacher, U. *et al.*, 2023).

Meanwhile, the increased popularity of functional training is associated with an increasing number of trials proving its clinical efficacy in community-living and housebound elderly groups of the population. Some of the studies have reviewed their use of functional training in superior outcomes of gait speed, lower limb strength, dynamic balance, and reduction of fall risks in comparison to the conventional methods (El, C., & M, I. 2013). The relative benefits of functional versus traditional exercise remain to be determined, however, especially with regard to home-based rehabilitation, where access to supervision, equipment, and individual progression is poor.

The main rehabilitation stimulus of elderly people is dependent on numerous situations, such as physical status, comorbidities, environment, and dynamics of motivation. Although both the functional and traditional models of exercise have been shown to have some effects in the aged

population, a definite comparative platform, which assesses the applicability, safety, scalability, and effectiveness of the outcomes, is lacking in the home-based populations.

This critique evaluates the comparison between functional and conventional exercise training in an elderly home. Utilizing the literature alone, the discussion will cover some of the most important areas and domains, such as physiological effects, balance and risk of falls, cognitive-motor integration, adherence to programs, equipment needs, and long-term functional capability. This is with the aim of establishing a scientifically backed knowledge about the comparative strengths and limitations of each modality to guide practitioners, caregivers, and policy makers to participate in the process of geriatric rehabilitation design.

PHYSIOLOGICAL IMPACT AND FUNCTIONAL OUTCOMES

The outcome measure of exercise performance in a home rehabilitation process is dependent on success in terms of improvements in physical capacities and functional abilities on a daily basis in elderly people. Both traditional and functional training help to attain strength, cardiovascular, and neuromuscular control enhancement, but in different ways.

Conventional exercise, such as Progressive resistance training, aerobic exercise-isolated muscle exercises, and cardiopulmonary stress. Such a model is efficient in sarcopenia resistance, increases VO_2 max and met utilization compatibility, and is also useful in those who are deconditioned and are in need of a gradual and safe reintroduction to exercise (Ma, F. 1994; Taylor, D. 2014). Automatic training, however, implements multi-joint, task-specific movements, which reflect day-to-day activities of standing, stepping, and reaching. The exercises will develop intermuscular coordination, proprioception, and efficiency of movement skills, which are core skills of autonomy. Research has demonstrated that functional training has a greater benefit in the improvement of activities of daily living and mobility than conventional procedures (Fragala, M. S. *et al.*, 2019; De Vreede, P. L. *et al.*, 2005)

In contrast to monotonous conventional training, functional movements tend to use unstable or dynamic conditions, which reinforce neural flexibility, response times, and functional power, which is rapid force dispensation to activities such as avoiding a fall or rising out of a chair quickly

(Hortobágyi, T. *et al.*, 2015; Fielding, R. A. *et al.*, 2011). With that said, conventional training will still become useful in developing the basics of strength and endurance, particularly for individuals with low functional capacities. Both strategies can be used together once combined strategically. Hybrid programs, which begin by moving to strength and then into functional movement, have shown tremendous gains in both the physiological and functional performance indicators (Liu, C. J., & Latham, N. K. 2009)

In addition to the above, although the effects on the body composition are beneficial in both modalities, functional training is more likely to cause a stronger energy expenditure during a single session and provide improved postural control and muscle activation patterns (Me, N. 2007). The choice of and/or combination of both must be based on the personal health conditions, the goals of the rehabilitation, as well as on the resources available at the home setting.

BALANCE ENHANCEMENT AND FALL PREVENTION

Falls are among the top causes of injuries and death in aged patients, with an incidence as high as 35 percent in people 65 years and older, and the risk increases as frailty accrues. Preventing falls in home-based rehabilitation is of vital concern owing to the environmental risk factors and low clinical monitoring. The role of exercising in balance enhancement and reduction of fall risks cannot be overemphasized, and in this regard, it is of the essence that the relative advantages of functional training in comparison to standard exercise be closely examined.

Strength training of the lower limbs has an effect on balance muscles secondarily, but its effectiveness is likely to have a limited effect in terms of the real situation (Sherrington, C. *et al.*, 2011) Functional training, in turn, incorporates balance difficulty straightaway in everyday-type moves like walking over obstacles or turning with a lifted weight. This enhances dynamic balance and proprioception, and vestibular coordination. Studies discovered that multicomponent functional training decreased rates of falls by 23.31% in elderly people (Gillespie, L. D. 2012). It was reported in other studies that this kind of task-directed training increased gait, stride variability, and dual-task performance, particularly in cognitively impaired individuals (Li, F. *et al.*, 2012; Liu, C. J. *et al.*, 2014). These results can be confirmed with the help of comparative trials: a

functional plan based on Tai Chi managed to cause a substantial reduction in the rate of falls in addition to resistance training by itself (Bamidis, P. D. *et al.*, 2014), and a functional program with a dynamic emphasis accrued a 36 percent greater drop in falls compared to traditional, stretching-oriented programs. Furthermore, functional training comprising remote or face-to-face supervision also increases the effects, thus developing a feasible and affordable fall prevention intervention in home care elderly patients (Skelton, D. A. *et al.*, 1995). To sum up, both methods are useful, but functional training has greater advantages in their task-specific results in enhanced balance and prevention of falls since such training is dynamic, involves multiple senses, and is practical.

COGNITIVE ENGAGEMENT AND NEUROPLASTICITY

Advancing age can be characterized by the loss of cognitive and physical ability that may lead to mobility, independence, and falls. Mental stimulation is thus a significant aspect in the design of rehabilitation in older adults. Although conventional activities, like aerobic and resistance training, enhance brain health via the physiological processes, i.e., higher cerebral metabolism and neurotrophic factor synthesis, they rarely support active cognitive engagement during the exercise process. However, functional training can also include cognitive tasks in the movement in a natural way: through problem-solving, attention, and sensory feedback. The actions that are similar to the daily activities (like stepping with the cues or dual-tasking (talking and walking)) will train the cognitive-motor integration. Research has indicated that this kind of task-related participation triggers parts of the brain involved in attention and planning and facilitates neuroplasticity significantly in positively influencing persons with mild cognitive impairment.

Enriched activity adoption, such as gamified exercises and virtual simulations, enhances cognitive gains as well as memory, task switching, and confidence. The multi-domain approach of

functional training provides a more global-scale approach to facilitating brain health when formal brain treatment is an insufficient option in home environments. Both types of exercise have the cognitive potential to benefit when they are accordingly designed, but functional provides another, more dynamic, more interesting route to maintain neurocognitive performance and lead to more independence and a higher quality of life in older adults (Bamidis, P. D. *et al.*, 2014; Skelton, D. A. *et al.*, 1995; Tapia, J. L., & Duñabeitia, J. A. 2023). Advancing age can be characterized by the loss of cognitive and physical ability that may lead to mobility, independence, and falls. Mental stimulation is thus a significant aspect in the design of rehabilitation in older adults. Although conventional activities, like aerobic and resistance training, enhance brain health via the physiological processes, i.e., higher cerebral metabolism and neurotrophic factor synthesis, they rarely support active cognitive engagement during the exercise process. However, functional training can also include cognitive tasks in the movement in a natural way: through problem-solving, attention, and sensory feedback. Research has indicated that this kind of task-related participation triggers parts of the brain involved in attention and planning and facilitates neuroplasticity significantly in positively influencing persons with mild cognitive impairment (Cicerone, K. D., & Maestas, K. L. 2014).

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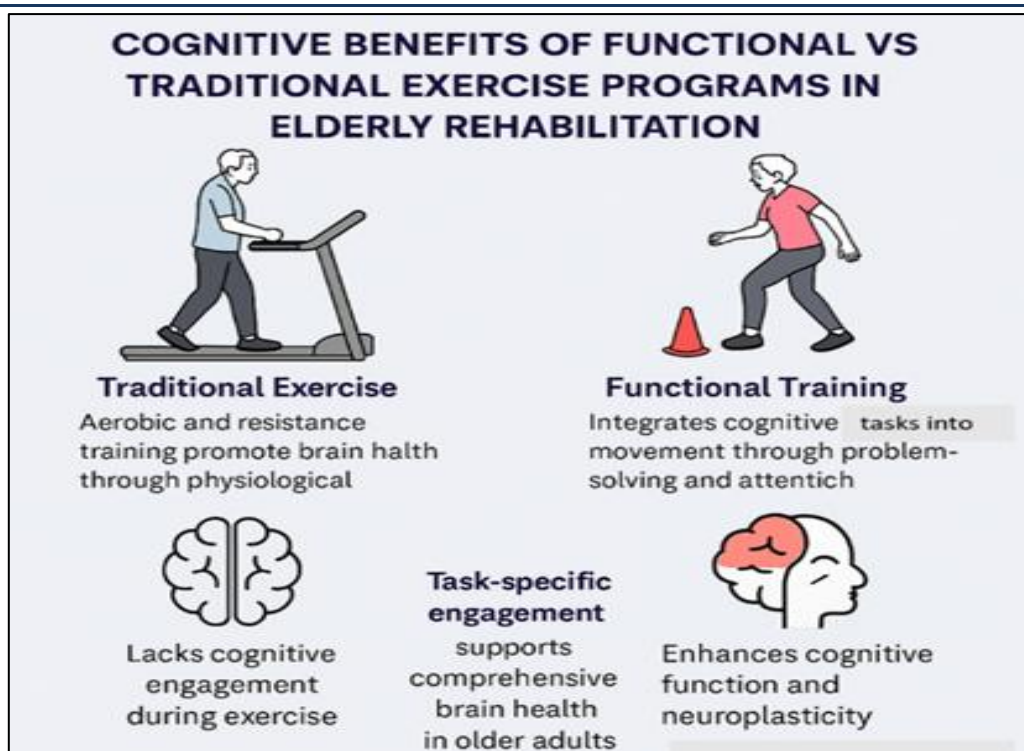


Figure 1: Comparative Cognitive Benefits of Functional vs. Traditional Exercise in Elderly Rehabilitation.

PROGRAM FEASIBILITY AND ADHERENCE IN HOME SETTINGS

The effectiveness of any home-based program of rehabilitation in older adults cannot only be based on its clinical performance but also on its feasibility, access, and continued adherence. In practice, the aged experience a number of issues that influence their ability to continually participate in systematic physical activity programs. These are the physical constraints, cognitive deterioration, absence of social support, motivational problems, and access to equipment or supervision of professionals. Thus, it is important to measure the actual work of functional training and traditional exercise models to determine whether they can be used in the rehabilitation of elderly patients in their homes. Conventional training regimes tend to be simpler to prescribe in a cookie-cutter manner. Chair-based strength exercises, walking exercises, and basic balance competencies need little space and equipment, and therefore, these exercises are more suitable to fit in limited spaces at home (Skelton, D. A., & Dinan, S. M. 1999). Greatly simplifying instructions for such programs can be done using printed guides, DVDs, or even online applications. They can also reassure the participants, who prefer the clarity of routines and less cognitive involvement, as they are predictable and repetitive.

Nonetheless, traditional exercises may go unwarranted due to a feeling that they are boring and not very relevant to one. The isolated strength and flexibility exercises are not normally perceived as intrinsically motivational in nature to many older adults, especially in situations where the exercises do not directly correlate to their daily life problems. Also, there might be a lack of variability or goal-oriented activities, which stimulates quick disengagement. In a study, it has been provided that up to 40 percent of older adults drop out of traditional exercise programs in less than six months, because of feeling bored or one does not seeing the distinction of it being worthwhile (Peterson, M. D. *et al.*, 2010). Conversely, functional training will be more interesting and have a sense to it. Since its exercises are designed on the prototype of daily activities, i.e., getting up from the chair, bending to take the object, or reaching the shelves, it induces better perceived relevance and motivation. This practical linkage can improve the emotional investment, strengthen positive reward cycles, and maintain interest in the long term. To support and offer continuous stimulation, functional training is frequently gamified or time-related in its structure as a form of challenge or progression, which may be particularly successful in enforcing compliance (Faruqi, S. H. A. *et al.*, 2020)

Although it has strong motivational advantages, functional training is very complex with regard to design and supervision. To make sure that exercises are not only safe but also sufficiently challenging in regard to specific tasks, such assessment and tuning is necessary, ideally by a physiotherapist or a trained caregiver. Local knowledge training is needed to avoid incorrect performance or excessive intensity, especially among poorly mobile people or those with multiple diseases. This may restrict the viability of autonomous functional training at home, where there is no professional support. The use of technological aids has also been on the rise in an attempt to deal with the problem of supervision. The opportunity of remote monitoring and real-time feedback becomes available through virtual platforms, video calls, and wearable sensors. Interactive systems can also be used to guide functional training programs by delivering cueing, performance analysis, and motivational messages. Some such tools hold the promise of being effective, but a basic level of digital literacy is needed, and access to technology is still an impediment to many older adults. Studies have documented that almost 30% of elderly respondents stated that without the assistance of a caregiver, they experienced difficulties in navigating exercise software or virtual systems (Yang, Z. *et al.*, 2023).

The cost and equipment are also considerations. Traditional workouts may be based either on body weight or cheap resistance bands. Functional training can be enhanced with some other tools that include stability balls, lightweight items, or even objects that can be mobilized at home, but these are usually readily available and do not require going to the gym. Nonetheless, the exercises that involve handling unstable loads or step platforms safely may present a more significant risk when working without a supervisor in terms of falls. Both modalities are matters of personalization and progression. Whereas conventional programs can theoretically be progressed incrementally, functional training permits a finer degree of progression through increases in task complexity, speed, or environmental challenge (e.g., reduced support base, addition of dual-tasks). According to the research, the individual progression plans are useful in greatly raising adherence, regardless of the kind of exercise being used (Marcus, B. H. *et al.*, 2000). Social support is an important aspect of adherence to home rehabilitation. The retention

rate is higher in programs where caregivers are involved, video conferencing with a group of people, or making telephone calls. Task-specific training, i.e., functional training, can in many cases give caregivers the opportunity to more effectively engage in shared activities, helping them speak the same language in routines of walking together, cleaning after household chores, or playing simple games. This could not only increase adherence but also help in socializing as well as developing a positive emotional state.

In conclusion, functional training can provide a better motivational strength and everyday use, which is the key to success factor of adherence in home conditions. Nevertheless, it has to be thoroughly planned, directed, and managed. Conventional exercise programs are simpler to apply and standardize, but do not have as many participants and are likely to decline over time. The effective implementation of either of the strategies relies on personalized design, caregiver incorporation, as well as technological supplementation to increase feedback and safety where possible (Faruqui, S. H. A. *et al.*, 2020; Yang, Z. *et al.*, 2023; Marcus, B. H. *et al.*, 2000)

SAFETY, RISK MANAGEMENT, AND CLINICAL CONSIDERATIONS

In elderly home rehabilitation, the most important consideration is safety, particularly in cases where supervision is vague. Strength, coordination, and reaction slow with age, exposing me to dangers such as falls, heart strain, and stroke. The common exercises, like walking and resistance programs, are usually safer for frail people since they are regular and have predictable movements. They are simple to adjust and permit a slow hand pacing because of the ease of amalgamation, hence are appropriate in the case of comorbidities.

Functional training, in its turn, implies greater dynamics and task-related movements resembling everyday activities. Although this can improve the motor control and functional performance, it can also lead to a risk of falling in case of a wrong supervision. Properly performed, functional training has not been demonstrated to be associated with increased rates of injury compared with traditional solutions. Pre-assessment tools (such as the Timed Up and Go test), modifications of the environment (elimination of trip hazards, etc.), support of caregivers, and remote follow-up via tele-rehabilitation platforms can help to optimize safety. Patients who have such restorative

conditions as osteoporosis and Parkinson's disease need to have modified exercises to prevent complications. Finally, these two modalities can be administered safely at home under proper screening and instruction. Individuals with less

capacity could take traditional programs, whereas individuals with better capacity could take functional training, with it getting wider and real-life functional advantages.

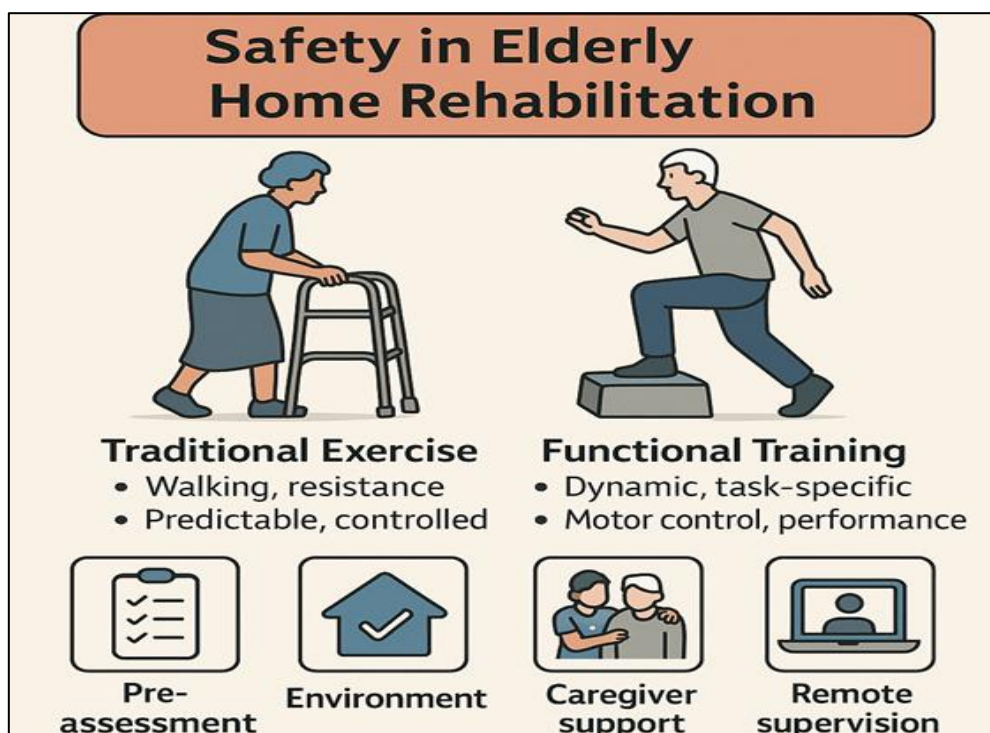


Figure 2: Safety Considerations in Elderly Home Rehabilitation Programs.

The figure contrasts traditional and functional exercise in terms of safety dynamics, emphasizing key factors such as pre-assessment, environmental setup, caregiver involvement, and the role of remote supervision in minimizing risk during home-based interventions.

LONG-TERM OUTCOMES AND RECOMMENDATIONS

The benefits of elderly rehabilitation are not only seen in short-term increases in strength but also long-term maintenance of independence, fewer hospitalizations, prevention of falls, and an enhancement of their mental well-being. The traditional and functional training have a positive contribution, but the differences lie in the range of influence on the long-term effects. Conventional physical activity, especially aerobic and resistance training, has been tested and has been proven to improve and support physical performance, chronic illnesses, and maintenance of muscle strength and bone health (Bamidis, P. D. *et al.*, 2014; Peterson, M. D. *et al.*, 2010; Faruqui, S. H. A. *et al.*, 2020; Yang, Z. *et al.*, 2023; Marcus, B. H. *et al.*, 2000). Nevertheless, its monotonous and secluded character might not render improved

performance in our routine tasks and hence restrict autonomy in the long run.

Focusing on training task-specific, real-life types of movements, functional training shows a wider long-term advantage. Research demonstrated that it can deter the process of institutionalization, limit the rates of falls, and enhance the performance of some tasks, such as cooking and cleaning (Yang, Z. *et al.*, 2023). It further increases cognitive resilience through the activation of attention, memory, and executive function, which are essential in decreasing the development of mild cognitive impairment (Peterson, M. D. *et al.*, 2010; Faruqui, S. H. A. *et al.*, 2020; Yang, Z. *et al.*, 2023; Marcus, B. H. *et al.*, 2000). Both models have issues when it comes to adherence, although functional training can facilitate effective long-term compliance as the training style is relevant to everyday life. Studies further note that programs that are viewed as intentional are even more sustainable. Nevertheless, there are few consistent functional training guidelines; this means it is difficult to implement them widely. To sum the matter up, the traditional exercise sustains base health, and a functional one is more applicable in

real life. The most far-reaching long-term value in homely rehabilitation of the aged people could be

a hybrid approach that combines the two approaches, but customized to individual needs.

Table 1: Comparative Summary of Functional Training and Traditional Exercise in Elderly Home Rehabilitation-Long-Term Aspects

Dimension	Traditional Exercise	Functional Training
Primary Orientation	Fitness-focused (e.g., cardiovascular endurance, strength)	Task-oriented (e.g., daily living activities)
Progression Strategy	Linear (increased resistance, duration)	Contextual (increased task complexity, responsiveness)
Behavioral Perception	Often viewed as routine or prescriptive	Frequently perceived as purposeful and engaging
Adaptability to Home Settings	High (simple tools, static routines)	Moderate (may require supervision or adaptable environments)
Health System Integration	Aligned with traditional physiotherapy protocols	Compatible with aging-in-place and preventive public health models
Risk of Program Dropout	Higher if perceived as monotonous	Lower due to practical relevance and engagement
Cognitive Stimulation	Indirect (through general physical health improvements)	Direct (via dual-tasking, memory tasks, reactive movements)
Scalability Across Populations	Broadly scalable due to existing guidelines	Needs standardization and protocol refinement for consistent scalability
Impact on Healthcare Burden	Reduces chronic disease management costs	Reduces long-term care dependency and delays institutionalization

REFERENCES

- Granacher, U., Gollhofer, A., Hortobágyi, T., Kressig, R. W., & Muehlbauer, T. "The importance of trunk muscle strength for balance, functional performance, and fall prevention in seniors: a systematic review." *Sports medicine* 43.7 (2013): 627-641.
- El, C., & M, I. "How to simultaneously optimize muscle strength, power, functional capacity, and cardiovascular gains in the elderly: an update." *Age* 35.6 (2013): 2329-2344.
- Ma, F. "Exercise training and nutritional supplementation for physical frailty in very elderly people." *N engl j med* 330 (1994): 1769-1775.
- Taylor, D. "Physical activity is medicine for older adults." *Postgraduate medical journal* 90.1059 (2014): 26-32.
- Fragala, M. S., Cadore, E. L., Dorgo, S., Izquierdo, M., Kraemer, W. J., Peterson, M. D., & Ryan, E. D. "Resistance training for older adults: position statement from the national strength and conditioning association." *The Journal of Strength & Conditioning Research* 33.8 (2019).
- De Vreede, P. L., Samson, M. M., Van Meeteren, N. L., Duursma, S. A., & Verhaar, H. J. "Functional-task exercise versus resistance strength exercise to improve daily function in older women: a randomized, controlled trial." *Journal of the American Geriatrics Society* 53.1 (2005): 2-10.
- Hortobágyi, T., Lesinski, M., Gäbler, M., VanSwearingen, J. M., Malatesta, D., & Granacher, U. "Effects of three types of exercise interventions on healthy old adults' gait speed: a systematic review and meta-analysis." *Sports medicine* 45.12 (2015): 1627-1643.
- Fielding, R. A., Rejeski, W. J., Blair, S., Church, T., Espeland, M. A., Gill, T. M., ... & Pahor, M. "The lifestyle interventions and independence for elders study: design and methods." *Journals of Gerontology Series A: Biomedical Sciences and Medical Sciences* 66.11 (2011): 1226-1237.
- Liu, C. J., & Latham, N. K. "Progressive resistance strength training for improving physical function in older adults." *Cochrane database of systematic reviews* 3 (2009).
- Me, N. "Physical activity and public health in older adults: recommendation from the American College of Sports Medicine and the American Heart Association." *Med sci sports exerc* 39 (2007): 1435-1445.
- Sherrington, C., Tiedemann, A., Fairhall, N., Close, J. C., & Lord, S. R. "Exercise to prevent falls in older adults: an updated meta-

- analysis and best practice recommendations." *New South Wales public health bulletin* 22.4 (2011): 78-83.
12. Gillespie, L. D., Robertson, M. C., Gillespie, W. J., Sherrington, C., Gates, S., Clemson, L., & Lamb, S. E. "Interventions for preventing falls in older people living in the community." *Cochrane database of systematic reviews* 9 (2012).
 13. Li, F., Harmer, P., Fitzgerald, K., Eckstrom, E., Stock, R., Galver, J., ... & Batya, S. S. "Tai chi and postural stability in patients with Parkinson's disease." *New England Journal of Medicine* 366.6 (2012): 511-519.
 14. Liu, C. J., Shiroy, D. M., Jones, L. Y., & Clark, D. O. "Systematic review of functional training on muscle strength, physical functioning, and activities of daily living in older adults." *European review of aging and physical activity* 11.2 (2014): 95-106.
 15. Bamidis, P. D., Vivas, A. B., Styliadis, C., Frantzidis, C., Klados, M., Schlee, W., ... & Papageorgiou, S. G. "A review of physical and cognitive interventions in aging." *Neuroscience & Biobehavioral Reviews* 44 (2014): 206-220.
 16. Skelton, D. A., Young, A., Greig, C. A., & Malbut, K. E. "Effects of resistance training on strength, power, and selected functional abilities of women aged 75 and older." *Journal of the American Geriatrics Society* 43.10 (1995): 1081-1087.
 17. Tapia, J. L., & Duñabeitia, J. A. "Driving safety: Investigating the cognitive foundations of accident prevention." *Heliyon* 9.11 (2023).
 18. Cicerone, K. D., & Maestas, K. L. "Rehabilitation of attention and executive function impairments." *Handbook on the neuropsychology of traumatic brain injury*. New York, NY: Springer New York, 2014. 191-211.
 19. Skelton, D. A., & Dinan, S. M. "Exercise for falls management: Rationale for an exercise programme aimed at reducing postural instability." *Physiotherapy theory and practice* 15.2 (1999): 105-120.
 20. Peterson, M. D., Rhea, M. R., Sen, A., & Gordon, P. M. "Resistance exercise for muscular strength in older adults: a meta-analysis." *Ageing research reviews* 9.3 (2010): 226-237.
 21. Faruqui, S. H. A., Alaeddini, A., Chang, M. C., Shirinkam, S., Jaramillo, C., NajafiRad, P., ... & Pugh, M. J. "Summarizing complex graphical models of multiple chronic conditions using the second eigenvalue of graph Laplacian: algorithm development and validation." *JMIR medical informatics* 8.6 (2020): e16372.
 22. Yang, Z., Makarova, I., Tan, J., & Tanveer, M. "Hasani Mohd Ali, Charli Sitinjak,* Muhamad Helmi Md Said, Jady Zaidi Hassim, Rozmi Ismail and Vladimir Simic." *Urban heat, air pollution, greenness and health*, 210. (2023).
 23. Marcus, B. H., Forsyth, L. H., Stone, E. J., Dubbert, P. M., McKenzie, T. L., Dunn, A. L., & Blair, S. N. "Physical activity behavior change: issues in adoption and maintenance." *Health psychology* 19.1S (2000): 32.

Source of support: Nil; **Conflict of interest:** Nil.

Cite this article as:

Nathani, P. "Functional Training Versus Traditional Exercise in Elderly Home Rehabilitation: A Comparative Review" *Sarcouncil Journal of Applied Sciences* 5.10 (2025): pp 78-85.