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| RESEARCH ARTICLE

The Executive Shift to Exercise Self-Leadership: Calorie-Tracking and Walking Among Men Transitioning to Elderhood

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| ABSTRACT

The transition from demanding executive and professional roles to alternative commitments such as retirement or preferment requires older men to adopt self-focused responsibility for their health behaviors. This review explores exercise self-leadership among men aged 55–75, a life stage characterized by increased autonomy alongside aging-associated physiological decline. Self-directed strategies that integrate walking with personalized calorie tracking to promote healthy aging are examined. To counteract age-related sarcopenia and dynapenia while maintaining mobility, nutritional self-regulation is emphasized to ensure adequate protein intake of 1.2–1.5 g/kg body weight/day and essential micronutrients such as calcium and vitamin D, potentially guided by appropriate heart-healthy dietary approaches. Concurrently, regular walking is a highly accessible intervention that improves cardiovascular health, balance, and psychological wellbeing. To maximize long-term outcomes, this self-determining framework is optimally augmented by resistance training, exposure to sunshine, quality sleep, recovery behaviors, and social support. Ultimately, fostering consistency in exercise self-leadership empowers men approaching elderhood to preserve their functional independence and successfully navigate life transitions beyond the corporate world.

| KEYWORDS

Exercise self-leadership, elderhood, healthy lifestyle, calorie tracking, flexibility, nutrition, walking

| ARTICLE INFORMATION

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Where the story begins: Setting the stage

The shift from an executive and professional life to alternative lifestyle commitments such as retirement, preferment, or a different way of life requires a high level of self-control and significant adaptation at the physiological, psychological, and behavioral levels. For many men, the end of work life signifies the end of occupational endeavor and a transition from externally dictated activities to primarily autonomous decision-making. This occurrence was found in a study by Umstattd et al. (2008) in that older males demonstrated an extensive tendency for self-regulatory strategies, and were noted for effective self-reporting on health where there was greater engagement in physical activities. With reduced scheduled work hours, organizational demands, and occupational responsibilities, the obligation of maintaining and enhancing one's wellbeing shifts to the individual. For some individuals, this transitional period presents the opportunity to engage in self-leadership over physical activity, which includes self-regulation of behaviors that can enhance one's long-term health, both physical and psychological.

Regarding health behaviors, routine walking and calorie tracking are relevant, as they occur mostly outside the direct supervision of a health and/or fitness professional. Although health trainers, doctors, and nutritionists can advise patients, the daily, consistent management of this particular behavior depends on self-regulation. This entails having an established goal, performing frequent self-monitoring, and engaging in consistent behavior management. Evidence supports self-regulation as an important factor in maintaining health behaviors in the elderly. Self-regulation of one's mental and physical wellbeing is associated with a sense of autonomy, a better quality of life, and reduced social isolation (Park & Byon, 2024; Ziv et al., 2024). Executive functioning is directly related to goal-setting, self-monitoring, and maintaining a consistent program of physical activity (McAuley et al., 2011; Wehrt et al., 2022). The implications here are that skill sets learned as a working professional can now be applied to a program of aging well.

This review focuses on male subjects aged 55-75, the period when age-related declines in muscle mass, strength, and function begin. However, preventive and lifestyle interventions are most effective during this period. By reviewing the topics of calorie intake tracking, walking, nutrition, sarcopenia, dynapenia, vitamin D, sleep, and recovery, this study intends to demonstrate how exercise self-leadership can facilitate health, function, and positive psychological adjustment in retirement.

Understanding the Aging Body beyond 55 years

The population of older adults is increasing globally, and the trend is likely to continue over the next few decades. According to a report by Novotova and Pavlu (2025), the proportion of the population aged 65 and above is expected to rise from 10% in 2022 to 16% in 2050. The statistics underscore the need to support this population's healthy aging, with fewer chronic illnesses and better health outcomes. The nutritional needs of adults change as they age, and calorie-tracking is more about preventing muscle loss and deficiencies than about strict weight loss. Aging is associated with muscle loss, and it contributes to the slower rate at which the body utilizes calories. An individual's physical activity also decreases with age, making it harder for them to stay fit, build muscle, and lose weight. According to the American Heart Association (AHA), the loss of muscle and reduced physical activities increase the risk of chronic illnesses like diabetes, cardiovascular diseases, and cancer (Williamson, 2024). Older adults can prevent muscle loss by consuming a protein-rich diet, as protein is a building block of muscle. The protein intake for older men should be approximately 1.2-1.5 g/kg body weight/day (Harris et al., 2025; Famularo, 2023), which takes into account considerations in different types of proteins with varying mechanisms of absorption. This population also requires vitamin B12 and vitamin D to maintain a healthy central nervous system and bone health, respectively. These nutrients promote healthy aging without complications.

Calorie-tracking is essential for weight management in healthy aging, given a slowing metabolism and rapid muscle loss. The AHA notes that men aged 60 and older require a daily calorie intake of 2,000-2,600 (Williamson, 2024). The calories come from nutrient-dense foods with emphasis on meat, vegetables, whole grains, and low-fat dairy. The foods should be low in sugars, unprocessed, contain limited refined starch, and be low in sodium. An example of an acceptable nutrition approach is the Dietary Approaches to Stop Hypertension (DASH) diet recommendations, which provide guidelines for healthy eating in older adults, including men. It emphasizes heart-healthy, nutrient-dense meals that help reduce the risk of hypertension, thereby promoting healthy aging (Lichtenstein et al., 2026). Adherence to such guidelines is part of exercise self-leadership, as use thereof promotes healthy living and protects older men from chronic diseases. This is also confirmed in a study by Thandi et al. (2018) when the engagement of older men in exercises was researched in relation to implications for promoting health.

Physical activity is another way of attaining a healthy lifestyle due to its immense health benefits (Daniels et al., 2023; Neill et al., 2025). Physical activities are also associated with better mental health and psychological, social, and emotional wellbeing. Therefore, given the indispensable benefits of physical activity for older men's overall wellbeing, adopting it as part of their schedule is key. Older men aged 55 to 75 years without major chronic diseases or health disabilities need to maintain their health and fitness by actively participating in exercise programs, preferably supervised by a fitness professional in a gym or at home. The recommendation is 2 to 3 days per week of supervised weight training at a gym focused on strength, mobility, and flexibility, on non-consecutive days. According to Paluch et al. (2024), strength training exercises improve and maintain muscle mass and have positive effects on physiological and clinical cardiovascular and risk factors. Specifically, Paluch et al. (2024) found that adults who engage in resistance training have a 15% lower risk of all-cause mortality and a 17% lower risk of cardiovascular disease than those who do not. Similarly, resistance training provides a full range of body motion, allowing an individual to combine strength, flexibility, and mobility as they exercise. It rebuilds the architecture of connective tissues and improves joint flexibility, thereby producing a magnified overall effect (Afonso et al., 2021; Favro et al., 2025). Therefore, strength training exercises reduce the effects of involution changes and slow down their impact on the body.

Changes in mobility and balance are among the issues older men experience. Most older men eventually struggle with mobility, which affects their ability to undertake activities of daily living, or ADLs (Maresova et al., 2023). The decline in mobility and balance impairs their independence, leaving most dependent on caregivers and relatives. Exercise delays the onset of dependence in older adults by enhancing their physical abilities. These exercises for older men help them maintain balance and mobility and allow them to perform sit-to-stand transitions without accompanying symptoms such as dizziness. Notably, exercise training interventions

increase walking speed and balance and enhance performance during ADLs (Choudhary et al., 2026). For instance, a 6-minute walk has a positive influence on an adult's performance of ADLs (Cogollos-de-la-Peña et al., 2025). Overall, walking is a functional exercise for healthy seniors that, through exercise self-leadership, helps them attain stability, mobility, and balance and enjoy their independence for longer.

The Critical Window of 55 to 75 years: Defining Emerging Elderhood and Preferment

The inclusion of adults 55 to 75 years is not arbitrary but based on a multitude of behavioral and physiological factors. Skerrett et al. (2021) use the term emerging elderhood for this age range, describing it as a transition stage during which individuals experience observable changes in autonomy, identity, and daily schedules as they shift from occupational roles. Individuals in this phase experience the disappearance of externally imposed daily schedules and a significant reliance on self-initiated decisions to maintain healthy behavior that is also affirmed by Cramm et al. (2013) in their study on understanding the self-management abilities in older individuals.

While research in this field focuses on managing frailty within a geriatric framework, this study is conceptualized within a preventive model. It focuses on maintaining functionality and autonomy before physiological decline rather than on restoring function once significant disability has occurred. While walking programs, calorie tracking, and resistance training protocols can be highly effective in decline management, their effectiveness may be better during early to mid-elder adulthood, as adaptability might be relatively higher. From a physiological perspective, from the late fifties through the early seventies, many changes become measurably apparent, although the trajectory varies across individuals. Furthermore, it is during this period that initial sarcopenic trajectories and reductions in habitual physical activity emerge, even in the absence of underlying overt illness (Araújo et al., 2025). Addressing these trajectories earlier through behavioral interventions may significantly alter future declines, whereas treatments that aim only to cope with existing functional loss may not. From a psychological perspective, during this stage, many people transition from highly structured decision-making to more autonomous settings that rely on self-guidance, particularly as the individuals leave high-responsibility positions or even full-time work. Therefore, the 55–75-year range captures a critical window during which behavioral interventions remain highly modifiable, making it an optimal stage for embedding sustainable exercise self-leadership practices before significant functional decline occurs. This period of transitioning to elderhood rather than labelling it as retirement is encompassed in the emerging concept of 'preferment' by Disch (2018). Preferment embodies establishing a self-directed course of action and a mindset where individuals are self-determined in the choice of activities, recreational pursuits, and adopts flexibility in daily life schedules with a focus on improving overall well-being.

The Power Paradox: Muscle Size versus Muscle Strength in Aging

Functional decline occurs as age-related changes in muscle, generally referred to as muscle loss, although this simplified term may be crude, as important physiological differences exist. A better distinction between structural and functional loss helps clarify why older people with visible signs of muscle mass changes may still retain independence. In contrast, others experience a steep decline in strength and mobility. This notion may be further elaborated under differentiation between sarcopenia, dynapenia, and functional loss. Sarcopenia is the progressive loss of skeletal muscle mass associated with aging. Sarcopenia evolves progressively and often from midlife onwards and is often exacerbated by physical inactivity, poor protein intake, and disease states. The clinical consequences of sarcopenia include decreased gait speed and exercise tolerance, impaired balance, and a higher risk of falls and hospitalization (Baek et al., 2025). This definition highlights sarcopenia's implications for body mass and its relationship to functional consequences for physical performance and independence.

However, the role of muscle mass alone in fully explaining physical functional losses in the aging population would require more analysis of the concept of dynapenia. Dynapenia is a specific age-related loss of muscle strength which cannot solely be attributed to sarcopenia (Jung et al, 2023). This may imply that an individual can retain relatively normal or only mildly reduced muscle mass while still suffering from a profound reduction in strength production. In fact, losses of muscle mass may progress more slowly than declines in strength, and the neuromuscular factors, including motor unit remodeling and reduced neural activation, are critically involved in functional loss. In other words, muscle size alone does not predict muscle function, and an individual's strength could be well below normal despite relatively normal muscle size. Two individuals with the same muscle mass may differ substantially in mobility, balance, and daily living activities based on their efficiency of muscular force generation.

From an exercise self-leadership perspective, the distinction between sarcopenia and dynapenia appears to provide a practical directionality of self-leadership behaviors, such as regulated walking, resistance exercise, protein management, and recovery practices, which are intended to address sarcopenia and dynapenia, respectively, and position older individuals as active agents who can manage the directionality of their physiological aging through sustained behavioral regulation. For example, walking can affect cardiovascular endurance and physical functioning, and resistance training can affect both muscle strength and mass; meanwhile, proper daily protein intake may enhance muscle protein synthesis and recovery. Together, these strategies are targeting the physical, functional, and structural components of aging muscle. Hence, exercise self-leadership functions as a preventive behavioral framework that may slow or partially counteract both sarcopenic and dynapenic progression, thereby

preserving independence and functional capacity for longer periods of aging. The distinguishing characteristics of sarcopenia and dynapenia are summarized in table 1 that follows.

Table 1: Distinguishing Sarcopenia and Dynapenia in Older Men

Characteristic	**Sarcopenia**	**Dynapenia**
Definition	Loss of skeletal muscle mass	Loss of muscle strength
Primary mechanism	Structural muscle loss	Neuromuscular decline
Outcomes	Reduced gait speed and frequent falls	Reduced strength and mobility
Occurrence	Low muscle quantity and quality	Low grip strength and physical performance
Key intervention	Managed protein intake, regular walking, and resistance training	Resistance training and recovery

The Exercise Self-Leadership Pillars: How Tracking and Walking Drive Results

The two key pillars of calorie-tracking and walking in exercise self-leadership elicit a powerful synergy when combined as intentional action pillars. Separately, walking can become aimless, and tracking can be reduced to a mindless data collection task. When unified, however, a dynamic emerges that fosters mutual motivation, where real-time metrics inject purpose into consistency with bi-directional feedback significance.

Pillar One: Eating with Intention – The Calorie-Tracking Approach

Calorie-tracking using calorie-deficit approaches is a suitable method for preventing weight gain, as it can be achieved through calorie monitoring and is driven by self-regulation and self-management of a balanced nutritional approach. According to Laysandro et al. (2026), a calorie deficit occurs when the body consumes fewer calories from food and drinks than it burns during the day. The two essential approaches to achieving a calorie deficit are reducing daily calorie intake below what the body burns or increasing calorie burn above what the body takes in. Older men can reduce their calorie intake by limiting their food intake and fasting. Eating nutrient-dense foods without processed sugars or saturated fats reduces calorie intake, thereby improving weight management (Contreras et al., 2024). Also, older men can attain weight management through fasting, with intermittent fasting approaches resulting in modest weight loss. Ozcan et al. (2024) also highlight that intermittent fasting promotes cardiometabolic health by counteracting the molecular hallmarks of cardiovascular aging. Adopting this approach as part of exercise self-leadership, which a fitness professional endorses, results in better weight management as it is sustainable with manageable side effects.

An individual also creates a caloric deficit by burning more calories than they consume. A successful and sustainable approach to a calorie deficit involves combining an active lifestyle that includes consistent physical activity with a balanced diet (Laysandro et al., 2026; Wu et al., 2024), which is achieved in consultation with a fitness expert and/or nutritionist. Individuals using this approach should avoid relying solely on intense exercise, as it can lead to fatigue and muscle strain and is therefore unsustainable. Effective methods include increasing non-exercise activity thermogenesis, building lean muscle, and maximizing cardio efficiency. Non-exercise activities include taking the stairs instead of the lift, taking walking breaks, and undertaking household chores. Notably, according to Pereira et al. (2024), an older adult builds lean muscle mass by engaging in strength-training exercises 2 to 3 times per week. This approach increases the resting metabolic rate, so an individual burns more calories even at rest. Maximizing cardio efficiency through high-intensity interval training spikes the heart rate and forces the body to burn extra calories in the period after the workout. Overall, these approaches promote weight management, helping men achieve their desired weight.

Calorie tracking through calorie restriction prevents muscle loss and promotes healthy aging, and combining it with exercise yields better, more sustainable outcomes. According to research by the National Institute on Aging (2023), calorie restriction in humans results in stronger muscles when weight loss is predominately fat, and stimulates the production of healthy-aging genes. In essence, as fat loss occurs with calorie restriction through a healthy diet, the result can be that muscles are rejuvenated, and biological pathways are activated that is essential to good health and wellness. Further, a 12% reduction in calorie intake is modest and makes a significant difference in an individual's life. Notably, calorie restriction does not result in a loss of muscle strength, as it improves the force each unit of muscle mass generates. This approach is sustainable and powerful in preventing pro-inflammatory illnesses in older adults.

Understanding dietary patterns in older men is essential in promoting healthy aging and preventing malnutrition. Protein intake is essential for older men as it has an indispensable role in preserving muscle mass and health. According to Moradell et al. (2025), a protein intake of 25 g to 30 g per meal enhances muscle synthesis and health more than lower protein intake spread across meals. Older men with a protein intake of less than 1.2 g/kg body weight/day have a higher risk of developing mobility impairments

over time than those with adequate protein intake. Older men should also increase their intake of vitamin D, calcium, magnesium, and B vitamins to support bone health, neurological function, and muscle adaptations to exercise. They should avoid processed foods, sugar, saturated fats, and refined carbohydrates, as these are pro-inflammatory and increase the risk of chronic illnesses. Adopting Mediterranean and DASH diets is heart-healthy and ensures the intake of nutrient-dense foods (Abasız & Arslan, 2026). These diets improve cardiovascular, muscle, and cognitive health and function, and aid blood sugar control and weight management. Adopting a healthy dietary lifestyle as part of exercise self-leadership results in better health management and outcomes in this population. Each of the nutritional components are summarized in table 2 that follows, including recommended intake and the related reasons for men aged 55-75 years.

Table 2. Nutritional Recommendations for Men Aged 55–75 Years

Nutritional Component	Recommended Intake	Rationale
Protein	1.2–1.5 g/kg body weight/day 25–30 g per meal	Preserve muscle mass and optimize protein synthesis
Vitamin D	Adequate daily exposure to sunlight	Improve bone and muscle health
Calcium	Enough intake	Bone and strength preservation
Foods to limit	Processed foods, foods with high sugar content, and refined carbohydrates	Reduced inflammation

Pillar Two: One Step at a Time – Walking for Life

Older men need to engage in light to moderate physical activities for fitness and weight management. According to research by the Centers for Disease Control and Prevention (2025), older adults need approximately 150 minutes of moderate-intensity aerobic physical activity weekly, which is equivalent to brisk walking. Older men can undertake their exercises by walking for 30 minutes, 5 days a week. Brisk walking is a moderate intensity exercise with a measured intensity of 5 or 6 out of 10. Walking makes an individual breathe harder and their heart beat faster, increasing the supply of oxygen to the organs and muscles (Korivi et al., 2025). Notably, walking is less strenuous, and an individual can take it up as a daily habit, making it sustainable and effective. Also, walking has limited side effects as the participants report fewer injuries, less fatigue and exhaustion, and decreased muscle soreness (Takeuchi et al., 2025). Therefore, in exercise self-leadership, adopting walking as part of a routine is beneficial and reduces the adverse effects of physical inactivity.

Walking is the most common physical activity among older men and is described as brisk or light. Light walking is a low-intensity physical activity, while brisk walking is a moderate-intensity physical activity (Ross et al., 2024). The benefits of walking are widely acknowledged as it promotes muscle, cardiovascular, and cognitive health and functioning (Bai et al., 2022; Ungvari et al., 2023). Walking exercise programs improve cardiovascular health by reducing systolic and diastolic blood pressure by 3 and 2 mmHg, respectively (Ungvari et al., 2023). Also, walking interventions increase an individual's aerobic fitness and decrease the body mass index and body weight, resulting in better weight management and reducing the risk of cardiovascular diseases. According to Li et al. (2023), regular walking exercises promote endothelial function, which has an essential role in cardiovascular health. Endothelial cells regulate vascular tone and blood pressure, and exercise promotes vascular integrity and preserves capillary architecture, reducing cardiovascular effects. Therefore, walking reduces cardiovascular risk in older men, resulting in better health. Walking has blood-pressure-lowering effects, reducing the incidence and complications of hypertension. According to Ungvari et al. (2023), walking for longer durations in 6,017 Japanese men (aged 35–60 years) without hypertension or diabetes reduced the risk of high blood pressure. Specifically, an 11- to 20-minute walk and a walk of 21 minutes or more resulted in a 12% and 29% lower risk of hypertension, respectively (Ungvari et al., 2023). Notably, walking reduces the risk of cerebrovascular diseases, with aspects like walking distance, energy expenditure, and duration causing the difference in effectiveness (Miller et al., 2022). For instance, there is a relationship between walking pace and stroke risk, with individuals in the fastest walking pace reporting a 44% lower risk of stroke than those in the slowest walking pace (Ungvari et al., 2023). Walking is an approach that can be implemented in various settings as it is affordable and does not require specialized equipment or facilities. Older men can incorporate it into their daily routines, making it a convenient way of promoting physical activity. Families and communities should encourage family members or friends who are older adults to adopt walking as part of their health-promotion activities. Overall, older men can use exercise as part of self-leadership to prevent stroke and high blood pressure and experience better health, making aging enjoyable and disease-free.

Psychologically, walking is also a meaningful behavior in emerging elderhood. During the transition to retirement, walking holds greater significance in regulating emotions, enhancing the sense of coherence, and facilitating changes in identity. Consistent walking is also linked to good psychological health, improved mood regulation, and a decrease in depressive symptoms in the

elderly. As suggested by Xu et al. (2024), a regular walking routine is positively correlated with a reduction in reported anxiety and depressive symptom scores. A walking intervention program could lead to measurable improvements in emotional stability and psychological wellbeing among the elderly. This aspect of psychological wellbeing is particularly crucial among the elderly aged 55 to 75, as they may feel a loss of structure when their work lives draw to a close. The loss of occupational identity can create an uncertainty that may affect their quality of life in this transitional period.

In addition, more research supports the association between walking and stress moderation. Jones et al. (2021) state that regular movement, especially outdoor activities, may decrease physiological stress levels by reducing cortisol levels, but the magnitude of the impact varies depending on circumstances and individuals. It provides older adults with a sense of control and, in turn, a sense of psychological stability. Therefore, walking should be considered as both a cardiovascular and metabolic intervention, and a psychological stabilization strategy for promoting emotional coping in emerging elderhood.

Table 3. Core Components of Exercise Self-Leadership in Older Men

Component	Purpose	Benefits	Literature Sources
Calorie tracking	Managing weight and nutrition intake	Improved body mass index (BMI) and reduced risk of chronic diseases	Laysandro et al., (2026); Contreras et al., (2024)
Walking	Daily physical activity	Improved cardiovascular, mobility, and psychological wellbeing	Ungvari et al., (2023); Xu et al., (2024)
Resistance training	Preserving muscle wellness and strength	Reduced sarcopenia and mortality risk	Paluch et al., (2024)
Protein management	Supporting protein synthesis	Improved muscle mass	Harris et al., (2025); Moradell et al., (2025)
Sleep and recovery	Mental health wellbeing	Faster recovery and better cognition	Kaczmarek et al., (2025)
Sun exposure/ Vitamin D	Supporting bone and muscle health	Better musculoskeletal health	Gao et al., (2025)

The Power Grid: The Silent System Fueling Exercise Self-Leadership

The power grid metaphor accentuates the silent system that fuels exercise self-leadership as the biological source of synergistic energy. While intense training sessions act as the high-demand component that utilizes energy, the authentic, quiet supply is hidden in the transformative power of synchronizing the effects of sunlight, sleep, and recovery. Daily sunlight imparts start-up energy, while sleep is the physiological transformer and regulator, and intentional recovery is the power grid refreshment juncture that reinforces and restores the energy potential by clearing metabolic waste and rebuilding energy for the cyclical physical demands that follow from consistency of focused execution.

Power Grid Activation: The Sunlight and Biological Kick-off

An underrated priority that lies within the purview of exercise self-leadership is sunshine exposure and outdoor physical activity. Vitamin D levels in elderly persons can be affected by dietary intake, age-associated changes in the skin, and daily regimen. Although nutritional recommendations and supplements are frequently emphasized when addressing vitamin D deficiency, natural sun exposure during routine outdoor activities such as walking remains a crucial source of vitamin D synthesis. Notably, Bodrick and Zakariya (2025) highlight exposure to sunshine as integral to overall health by asserting its positive impact on daily activities, social engagement, and spiritual wellbeing. However, relying on solar synthesis becomes increasingly challenging with age. There is a continuous, age-associated reduction in the skin's capability to produce vitamin D, primarily due to decreasing levels of 7-dehydrocholesterol in the epidermis (Gao et al., 2025). This biological regression limits the efficacy of cutaneous vitamin D production, even when older adults receive sufficient sunlight exposure. Thus, more regular, prolonged sun exposure is needed to meet vitamin D requirements in elderly individuals than in younger people. Vitamin D is extremely important for calcium absorption and bone strength, and low levels are associated with impaired muscle strength and an increased incidence of fracture among the elderly. It is important, however, to weigh the pros of sun exposure against other environmental factors like location, time of day, sunscreen use, etc., since in equatorial areas shorter and regular sun exposure may be adequate, while in countries with different latitudes, more seasonal variation may influence the ability to produce sufficient amounts of vitamin D.

Power Grid Regulation and Maintenance: The Silent Power of Sleep and Recovery

Sleep is a central regulator of recovery, metabolism, and cognitive function in elderly individuals. It is an active, physiological response that contributes to muscle repair, hormonal balance, and immune system function (Kaczmarek et al., 2025). Typically, aging is accompanied by altered sleep parameters, such as a lower proportion of deep sleep, greater nighttime awakenings, and decreased circadian rhythm stability. These altered parameters, in turn, could result in greater daytime tiredness, lower exercise participation, and poorer recovery post-exercise; not everyone shows these effects, but they appear to be age-dependent. Rest and recovery are important, especially for individuals engaging in intensive exercise such as walking and resistance training. Physiological responses to exercise, such as muscle repair and metabolic adaptations, may be diminished when exercise is not accompanied by adequate recovery. Since sleep serves as a recovery strategy during self-leadership, its use can be conceptualized as a key element to be managed appropriately. By utilizing sleep, the executive role shifts from controlling other systems to managing inner recovery processes.

Table 4. Self-Leadership Action Plan for Older Men

Activity	Recommendation	Outcome
Walking	30 minutes daily for 5 days a week	Better cardiovascular and psychological health
Resistance training	2-3 sessions per week	Preserved muscle strength
Protein intake	1.2–1.5 g/kg body weight/day	Prevent sarcopenia
Sleep	Prioritize adequate sleep of at least a minimum of 6 hours.	Improved recovery and adaptation
Sun exposure	Regular outdoor activity	Vitamin D synthesis
Self-monitoring	Track calorie trend and adherence to physical activity	Ensure behavioral change

Conclusion: Where the Executive Shift ends, Exercise Self-Leadership begins.

For elder men aged 55-75, healthy aging can personify maintaining mobility, independence, psychological wellbeing, and life quality as they experience the critical transition from professional careers to different social roles. As the shift occurs from a highly structured working life to retirement, preferment, or alternative life roles, the adoption of exercise self-leadership becomes vital for sustaining health without external validation. Pragmatic strategies such as calorie tracking and walking offer realistic, viable, and relevant approaches for improving the wellbeing of older men when integrated effectively. Moreover, combining focused protein intake and a nutrient-dense diet with strength training, sufficient Vitamin D, and restful sleep powers up a defense to delay sarcopenia and dynapenia while synchronously reinforcing cardiovascular health, functional capability, and psychological resilience. Daily walking goes beyond also fortifying physical fitness, but also provides a grounding routine-based approach for navigating the transition from the corporate years in the adjustment to alternative life roles and fosters lifelong self-determination. Essentially, by acquiring command of the executive shift from business and organizational management to being a custodian of one's personal health through exercise self-leadership results in an empowered champion of physiological vitality and health gains through consistency in self-regulated improvement behaviors.

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Disclaimer:

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