

The role of public policies and body practices/physical activity in combating sedentary lifestyles and chronic degenerative diseases

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SUMMARY

This article aims to analyze the role of public policies and physical activity/physical practices in combating sedentary lifestyles and chronic degenerative diseases. Such diseases have become prevalent in the Brazilian population, driven by inactive lifestyles and unhealthy habits. The research was conducted through a bibliographic survey, based on authors and studies that address the relationship between movement, health, aging, and public policies. The results indicate that regular physical activity, when encouraged and facilitated by effective public policies, is a fundamental preventive and therapeutic strategy for improving quality of life, especially among the elderly. In addition, the importance of promoting autonomy, functionality, and comprehensive well-being is highlighted, aspects that go beyond biological care. It is concluded that tackling sedentary lifestyles requires continuous and integrated intersectoral actions that articulate health, education, and social assistance to ensure active and healthy aging.

Keywords: Public policies. Physical activity. Sedentary lifestyle. Chronic diseases.

ABSTRACT

This article aims to analyze the role of public policies and bodily practices/physical activity in combating sedentary lifestyle and chronic-degenerative diseases. Such diseases have become prevalent in the Brazilian population, driven by inactive lifestyles and unhealthy habits. The research was carried out through a bibliographic survey, based on authors and studies that addresses the relationship between movement, health, aging and public policies. The results indicates that the regular practice of physical activity, when encouraged and facilitated by effective public policies, is a fundamental preventive and therapeutic strategy for improving quality of life, especially among the elderly. In addition, the importance of promoting autonomy, functionality and integral well-being are highlighted, aspects that go beyond biological care. It is concluded that the confrontation of sedentary lifestyle requires intersectoral, continuous and integrated actions, which articulate health, education and social assistance to ensure active and healthy aging.

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1 INTRODUCTION

In recent decades, advances in science and medicine have made it possible to increase significant increase in life expectancy. However, this quantitative gain has not always been accompanied by quality, since a sedentary lifestyle and chronic degenerative diseases have been consolidating themselves as threats to public health. Such conditions are related to inadequate lifestyle habits, such as physical inactivity, unbalanced diet and stress continuous, which contribute to a growing picture of morbidity and loss of quality of life life, among the adult population.

In this context, regular physical activity and body practices play a key role. strategic in the control and treatment of these diseases, promoting physical and mental well-being and social. Still, the population's adherence to an active lifestyle continues to be a challenge, which highlights the need for effective and coordinated public policies that guarantee access, information and encouragement to practice physical activities for all age groups.

The relevance of this study lies in the urgency of understanding the role of policies public and bodily practices as instruments to combat sedentarism and chronic diseases, given the accelerated aging of the Brazilian population. This is a necessary and current reflection, which seeks to integrate knowledge from the areas of health, physical education and public management, in order to contribute to strategies for promoting health and quality of life.

Thus, we seek to answer the following research problem: How can policies public and bodily practices/physical activity can effectively contribute to the reducing sedentary lifestyles and tackling chronic degenerative diseases in the population Brazilian?

The general objective is to analyze the role of public policies and practices body/physical activity in the fight against sedentary lifestyle and chronic degenerative diseases. And as specific objectives: Identify the main factors that contribute to the sedentary lifestyle in the Brazilian population; point out the benefits of physical activity in the prevention and in the control of chronic diseases; investigate public policy strategies aimed at health promotion through body practices; discuss the impact of physical activities on quality of life of the elderly and populations at risk.

1.1 Methodology

The method can be understood as the set of procedures and instruments used in conducting scientific research. The methodology refers to the critical study and reflective of the theoretical and practical paths adopted to achieve the objectives of a investigation. Although they have different meanings, method and methodology should not be treated in isolation, as they are interdependent elements in the investigative process.

The choice of a theme, object or research problem requires a coherent articulation between the methods used and the methodological approach adopted, in order to guarantee the validity and consistency of the results obtained.

In this study, we opted for bibliographic research, the objective of which is to situate the reader in the investigated field, providing access to knowledge already produced – whether through of books, articles, dissertations, theses, official documents or audiovisual productions – on the topic in question.

2 THEORETICAL FRAMEWORK

2.1 Movement, Body and Consciousness

The understanding of human movement, throughout history, goes through different fields of knowledge — from philosophy to biology, from physics to physical education — revealing themselves as essential element in the constitution of health, consciousness and existence. For the tradition Aristotelian, as highlighted by Castro & Kunz (2022), human action is oriented towards an end, being teleological.

Based on this logic, Aristotle understands the soul as the engine of living beings, and the movement, as the continuous manifestation of this motor, ceasing with the rest of the body. This philosophical conception would later be translated into scientific foundations by Isaac Newton, who, with the publication of the *Mathematical Principles of Natural Philosophy* (1687), establishes the three classical laws of motion: inertia, the relationship between force and acceleration, and action and reaction.

However, when dealing with movement in the field of physical education, it is necessary to go beyond the mechanical physics. Cesar (2021) proposes an essential conceptual differentiation: movement is the physical displacement of a body in space (physics concept); motility is the movement biological of living beings or their organs (biological concept); and motricity is the movement

human, conscious, affective and symbolic, involving intentionality, emotions, cognition and culture.

This distinction is fundamental to understanding the role of bodily practices in health promotion. The body expresses itself, communicates, adapts and transforms the environment and itself. As Martiny, Theil & Neto (2021) state, human movement is affected and affecting, becoming an instrument of social integration, individual expression, control emotional and collective transformation.

Still according to Martiny, Theil & Neto (2021) movement is the first language of human being. Since intrauterine life, the body performs movements that shape not only its physical structure, but also their cognitive, emotional and social experiences. The human development is therefore multidimensional, and the body is the first and most fundamental means of relating to the world.

In this context, public policies aimed at promoting physical activity should not be thought of as a response to a sedentary lifestyle or as an instrument for preventing chronic diseases. They must recognize the value of movement as a human right, which allows the subject age with dignity, express yourself and participate in society.

Initiatives such as outdoor gyms, fitness programs for seniors, intergenerational dance projects, physical activities adapted for people with disabilities and incentives for the use of public spaces for physical practices are examples of policies that value movement as an integral part of citizenship and health.

Finally, more than combating risk factors, promoting movement is promoting life. with meaning, awareness and presence in the world. Recognize motor skills as language human is to value the capacity to act, feel and transform — essential aspects for a public policy that aims at the fullness of life.

2.2 Strategies to Combat Sedentary Lifestyle and Promote Quality of Life

A sedentary lifestyle has become one of the main risk factors for development of chronic diseases and loss of quality of life in society contemporary. In view of this, bodily practices emerge as fundamental strategies for health promotion, working to improve the musculoskeletal system and general well-being.

The musculoskeletal system, made up of bones, joints and muscles, has essential structures such as cartilage, ligaments, tendons and intervertebral discs, which ensure stability and mobility to the body. Resistance exercises, such as squats,



stimulate these structures safely and effectively, contributing to strength, stability and body balance. Squats, in particular, are considered a functional exercise because they resemble everyday movements, such as sitting and standing. However, their execution must be technical and conscious, respecting body alignment to avoid injuries (Almeida, 2023).

Furthermore, functional training has gained prominence as a physical practice aimed at improving overall physical fitness. It works the body in an integrated way, developing strength, flexibility, coordination and stability. This type of training considers the body as an interconnected system, requiring muscles to act in harmony to respond to the specific demands of each movement. The main focus of training functional is not aesthetics, but rather the functionality of the body and the promotion of quality of life, adapting to the needs of each individual.

Despite the widespread dissemination of the benefits of physical activity, a sedentary lifestyle still reaches all social classes, including those with greater access to information and resources. Castro & Kunz (2022) highlight that even privileged groups maintain high rates of physical inactivity, showing that awareness and changing habits are challenges universal.

Therefore, encouraging regular physical activity is an essential step in combating a sedentary lifestyle. Whether through resistance exercises, functional training or other body practices, the important thing is to integrate movement into your daily routine, respecting the individualities and promoting a more active, healthy and balanced life.

2.3 Physical Activity as a Preventive and Therapeutic Strategy for Chronic Diseases Degenerative

The increasing prevalence of chronic degenerative diseases such as diabetes, hypertension, obesity and osteoarthritis, has drawn attention to the central role of physical activity in health promotion and prevention of such conditions. Physical exercise has been recognized as an effective form of natural “medicine” against a sedentary lifestyle, being referenced by researchers and health institutions as a safe and accessible intervention.

A sedentary lifestyle, considered one of the main risk factors for the development of these diseases, can be effectively combated with systematic body practices. The adopting active habits already generates positive impacts on health, although the ideal is to carry out of planned physical activities, focusing on physical fitness and functional balance of the body (Farias; Camargo, 2024).

Among the recommended training methods, strengthening the "core" stands out. – set of muscles that support the spine and stabilize the body. Muscles such as the transverse abdominis, obliques and glutes are fundamental for posture and prevention of injuries. In addition, functional training and aerobic exercises act to control the stress, improving sleep quality and emotional well-being.

In the context of aging, physical activity becomes even more relevant. Exercises aimed at balance, muscle strengthening, flexibility and capacity cardiorespiratory are essential to maintain the functional autonomy of the elderly, preventing falls and reducing the risk of comorbidities. Matsudo & Matsudo (2007) highlight that Regular exercise also contributes to glycemic control, body weight, cognitive functions and socialization, promoting more active and healthy aging, as recommended by the World Health Organization.

From a musculoskeletal point of view, attention to joints, such as the knee, is fundamental. Structural changes, such as varus or valgus knees, can trigger degenerative processes such as osteoarthritis, with physical activity being a therapeutic resource important preventative measure to minimize pain and slow the progression of these diseases.

In addition to the physiological benefits, physical activity contributes to mental health and emotional. Nita (2023) reinforces that involvement with aerobic and resistance exercises guarantees greater functional independence for the elderly, while Cruz (2023) and Silva et al., (2024) point out that human movement is adaptable, expressive and essential for interaction with the environment and overcoming physical challenges.

In this way, physical activity acts as a health promotion tool, coping with chronic degenerative diseases. Exercise should be understood as an integral part of a healthy lifestyle, adapted to the conditions, capabilities and needs of each individual, with positive impacts on the body, mind and integration social.

2.4 The Role of Public Policies and Body Practices in Confronting Sedentary Lifestyle and Chronic Degenerative Diseases

Chronic degenerative diseases, such as obesity, hypertension, diabetes and cardiovascular diseases, have become established as the main causes of morbidity and mortality in Brazilian population. This epidemiological scenario reflects profound changes in lifestyles contemporary life, marked by a sedentary lifestyle, inadequate diet, chronic stress and

inequality in access to health services. In view of this, bodily practices and activity physics, articulated with effective public policies, constitute indispensable strategies for the prevention, control and treatment of these diseases.

Obesity, for example, is a complex chronic disease, characterized by the accumulation excessive body fat, with serious metabolic, cardiovascular and psychosocial. According to the Brazilian Association for the Study of Obesity and Syndrome Metabolic (ABESO, 2010), this is a problem that affects all age groups, genders and social classes. Its advance among children and adolescents is worrying, as it compromises the quality and life expectancy of future generations.

The causes of obesity are not restricted to genetic predisposition. The reduction of physical activities, associated with increased time in front of screens and food consumption ultra-processed foods, configures a behavioral pattern that is increasingly present in the daily lives of children and adults. A sedentary lifestyle, in itself, is today one of the main risk factors modifiable for cardiovascular diseases, arterial hypertension, type 2 diabetes and dyslipidemias (Cesar, 2021).

According to the World Health Organization (WHO), some of the risk factors for global mortality are associated with inadequate dietary habits and physical inactivity. Regular physical activities such as walking, swimming, dancing and aerobic exercise have positive impact on reducing blood pressure, glycemic control, improving lipid profile and strengthening mental and emotional health.

To combat chronic diseases, it is essential that public policies promote healthy environments, expand access to information, encourage physical activity and offer support for nutritional reeducation. Programs such as HIPERDIA (Health System Registration and Monitoring of Hypertensive and Diabetic Patients), established by the Ministry of Health, have sought to integrate surveillance, assistance and health promotion actions based on population data. This measure allows for more efficient planning of interventions local (Brazil, 2009d).

In addition, educational campaigns, reorganization of primary care services and investment in qualified professionals are fundamental measures to ensure that population has access to preventive care practices. Joint Ordinance No. 112, by example, establishes the obligation to feed the national database of HIPERDIA, integrating pharmaceutical monitoring into clinical care (Brazil, 2002c).

The Alma-Ata Conference in 1978 already pointed to the importance of practices of integrated and intersectoral health, highlighting prevention as a structuring axis of care

primary. This understanding is even more relevant when we observe that hypertension arterial, silent and often neglected, can be identified with actions such as measurement periodic blood pressure monitoring and health guidance.

As the population ages, chronic degenerative diseases tend to become more common. become even more prevalent. Factors such as age, gender, ethnicity, socioeconomic status and stress are associated with increased blood pressure and cardiovascular risk. The active aging — a concept defended by the WHO — values social participation, independence and general well-being of the elderly individual (Castro & Kunz, 2022).

Therefore, the role of body practices goes beyond the aesthetic or leisure function. They promote autonomy, functionality and socialization, being essential for balance biopsychosocial of the human being. Regular aerobic and resistance exercises contribute to the control of blood glucose, cholesterol, body weight, blood pressure and stress levels, preventing, thus, macro and microvascular complications, such as thrombosis and neuropathies (Martiny, Theil & Neto, 2021).

Therefore, tackling a sedentary lifestyle and chronic diseases is not limited to acting individual. It requires robust public policies, interdisciplinary actions and structural changes in the way the State, society and health professionals understand and promote care. It is necessary to create real conditions so that the population can adopt a lifestyle more active and healthy, with guaranteed access to information, infrastructure and monitoring of quality.

2.5 Active Aging and Quality of Life

Promoting healthy aging and quality of life is one of the challenges of public health policies today. With the increase in life expectancy, it becomes essential to understand what well-being, happiness and personal fulfillment represent for the elderly population, in order to structure strategies that respond to their real needs. To In addition to the physical, psychological and emotional aspects, the quality of life at this stage is related to social coexistence and functional autonomy.

Among the fundamental elements for this process, regular physical activity stands out. as a preventive and therapeutic instrument against the advance of sedentary lifestyle and diseases chronic-degenerative diseases. Guided physical exercises can contribute to the maintenance and recovery of general health, including motor, metabolic and emotional aspects (Almeida, 2023).

Practicing physical exercise brings direct benefits to the cardiovascular system, musculoskeletal and cognitive. Flexibility, for example, is one of the physical abilities more benefited, reflecting in greater performance in daily tasks, such as getting up, walking and climbing stairs. This improvement is also associated with a reduced risk of falls, if accompanied by training focused on balance and motor coordination.

In addition to physical gains, exercises stimulate the psychological and social aspects of the elderly, promoting greater self-esteem, a sense of belonging and reducing isolation social — essential factors for mental health. Regular physical activity can control weight body, reduce blood glucose levels, improve posture, help combat anxiety, insomnia and stress (Farias; Camargo, 2024).

However, for these benefits to be achieved safely, it is essential that the prescription of activities is carried out by qualified professionals, respecting the conditions health and individual limitations. Although there is no need for specific recommendations for exercising in old age, taking care of heart rate and clinical history of the elderly are fundamental. According to Silva et al., (2024) elderly people who use medication antihypertensive should maintain the heart rate around 135 to 140 bpm during exercises; for sedentary elderly people, it is recommended not to exceed 114 bpm.

The WHO (2005) points out that regular practice of physical activities can reduce by up to 25% the risk of death from cardiovascular problems in elderly people diagnosed with these conditions. This demonstrates the positive impact of physical activity as a prevention tool and control of diseases such as hypertension, diabetes, osteoarthritis and dyslipidemia.

The importance of state action in this context is undeniable. Public policies that encourage access to physical activity programs aimed at senior citizens — such as health academies, walking groups, senior health care centers — are crucial to ensure equity and the right to health. In addition, awareness campaigns on the benefits of physical practices must be intensified to reach the elderly population, especially in contexts of social vulnerability.

To this end, a joint effort is required between health professionals, educators physicists, public managers and the community itself. Active aging is built with environments that favor movement, social integration and respect for the needs of population.

Therefore, ensuring quality of life in old age also means guaranteeing the right to one's body. in movement, continuous care and social participation — elements that only become

effective through integrated public policies and the valorization of bodily practices as central part of health promotion.

2.6 Aging, Public Policies and Physical Activity

Aging is an inevitable process that brings with it a series of physical, functional and psychological transformations. In old age, it is common to have a reduced capacity functional, loss of muscle and bone mass, decreased elasticity, mobility articular, in addition to a greater propensity to be overweight, slow motor skills and the development of chronic diseases. These changes impact the autonomy and quality of life of the elderly.

With the significant increase in life expectancy in Brazil, it becomes urgent to formulation of effective public policies aimed at the care and promotion of health elderly population. According to Cruz (2023) the country is going through a demographic transition accentuated, with significant growth in the age group over 60 years old, considered elderly by national guidelines. This scenario requires an expanded approach that considers aspects social, cultural and functional.

The functional state, in fact, has been recognized as one of the main indicators of well-being and autonomy among the elderly. The assessment of this condition, often sometimes reveals more about an individual's health than the diagnosis of isolated diseases, since loss of functionality may be the first manifestation of silent injuries.

According to Costa (2025), aging with health and dignity depends on multiple factors: adequate nutrition, regular physical activity, moderate exposure to the sun, mental stimulation, stress control, emotional support and a positive attitude towards life. All these elements contribute to mitigating the effects of aging, providing greater physical and mental well-being.

However, the aging process is also marked by significant challenges. Physiological changes such as chronic fatigue, vision and hearing loss, arteriosclerosis, and decline in taste and smell are common. In addition, psychological factors such as loneliness, feeling of uselessness and abandonment — among elderly people in situations of social vulnerability — become aggravating factors that compromise overall health.

In this scenario, body practices and physical activity appear as tools for promoting mental health, social integration and self-esteem. Walks, dances, resistance and balance exercises, as well as cognitive activities, promote maintenance of autonomy and community life (Nita, 2023).

To this end, it is essential to implement intersectoral public policies that guarantee access to free or subsidized physical activity programs, urban facilities adapted, trained professionals and safe living spaces. Joint action between the sectors of health, social assistance, education and leisure is essential to offer a integrated response to the needs of the elderly population.

In this context, the main objective of public health actions ceases to be the cure of diseases and becomes the maintenance of quality of life, as highlighted by Pilger et al. (2013). This includes promoting functionality, preventing dependency, stimulating active aging and guarantee the right to health in all its dimensions.

Therefore, aging with dignity is a collective responsibility. It is the duty of the State, society and institutions to create conditions for the elderly to remain active and participating and valued — recognizing the moving body as an instrument of citizenship, health and well-being.

2.7 The Challenge of Public Policies for Healthy Aging

Given the increasing longevity of the Brazilian and world population, it becomes urgent discuss the role of physical activity and public policies in promoting healthy aging healthy and active. The notion of quality of life is subjective, varying according to perceptions individual, but there is a consensus: for most elderly people, it is associated with well-being physical, emotional, relational and the functional capacity to maintain autonomy.

This quality of life goes far beyond psychological, emotional and physiological conditions. of the individual, requiring, above all, healthy social coexistence and environments that stimulate the leading role of the elderly. Physical activity, in this context, emerges as one of the central pillars in the recovery of functionality and disease prevention (Cesar, 2021).

Practicing physical exercise regularly provides significant benefits in the third age. Among the most benefited aspects is flexibility, which is essential for the execution of daily activities with greater autonomy and safety. In addition, the practice reduces the risk of social isolation, by encouraging the elderly to integrate into groups, expanding their coexistence and combating depression and anxiety.

According to Castro & Kunz (2022), physical activities allow the elderly to rediscover their potential of the body itself, making it less vulnerable to diseases and disabilities. Martiny, Theil & Neto (2021) reinforce that physical activity is essential for maintaining health of the cardiovascular, muscular and bone systems. Almeida, 2023) also highlights that it

contributes to the control of body weight, blood sugar, improved posture, functions cognitive, sleep and emotional health.

From the age of 60, a physically active elderly person tends to maintain their body mass index (BMI) more stable. Continuous practice allows physiological and morphological adaptations beneficial, which, however, may regress with the interruption of activities. Therefore, the exercise must be planned and maintained regularly.

However, not all physical activity is suitable for all seniors. Factors such as physical limitations, clinical history and medication use require monitoring individualized professional, with the involvement of doctors and physical education professionals. The prescription needs to consider the appropriate modality, intensity, duration, frequency, the progression and, above all, the interests and needs of the elderly, respecting their individuality and preferences.

Francini Vilela Novais, from the Federal University of São Paulo (Unifesp), points out that ideal activities for seniors must include four fundamental pillars: aerobic exercises, muscle strengthening, balance and flexibility. This approach contributes to the prevention of falls, one of the main causes of hospitalizations and loss of autonomy among the elderly.

As for practical recommendations, Nita (2023) highlights that, although the frequency ideal heart rate during exercise should be around 70% of maximum capacity (about 164 beats per minute), elderly people who use medication for hypertension should limit this number to around 135-140 bpm. For those who have been sedentary throughout their life, the ideal is to start with a controlled heart rate, around 114 bpm.

In addition to cardiovascular benefits, regular exercise reduces fat localized, improves circulation, increases muscular resistance and reduces the risk of diseases such as diabetes, hypertension and osteoporosis. Light to moderate impact activities, such as walking, water aerobics and dancing are recommended for beginners, as they offer low risk of injury.

The adequate intensity of muscular stimuli favors the production and maintenance of bone mass, and may even prevent the onset of osteoporosis in later stages advanced years of life. This is because bone health is linked to regular muscle activity (Costa, 2025).

Faced with this reality, it is essential that public authorities invest in policies intersectoral initiatives that encourage the practice of physical activity among the elderly, through the expansion accessible public spaces, implementation of free fitness programs and



guided walks, training of specialized professionals and campaigns awareness of the benefits of physical exercise.

Promoting healthy aging is a collective and state responsibility, whose basis must be centered on prevention, autonomy and well-being, fundamental pillars of any society that values life in all its phases.

FINAL CONSIDERATIONS

Given the analysis carried out, it is clear that a sedentary lifestyle represents one of the biggest current public health challenges, being linked to the high prevalence of chronic diseases degenerative diseases, such as diabetes, hypertension, obesity and cardiovascular diseases. The problem investigated in this article finds a clear answer: well-structured and practical public policies bodies integrated into the population's routine are essential and effective tools in reversing of this scenario.

Public policies should promote awareness campaigns, training of qualified professionals and social inclusion, especially of vulnerable groups such as the elderly. Physical activity, in this sense, needs to be understood as a right, not a privilege. — a central element in building a healthier, more active and long-lived society.

The study achieved the proposed objectives by demonstrating, based on the literature, that the integration between body practices and public policies is essential to address the sedentary lifestyle and chronic diseases. In addition to preventing diseases, physical activity promotes autonomy, self-esteem and social participation, impacting all cycles of life.

Therefore, the need for a collective commitment is reinforced — State, institutions, professionals and civil society — with the promotion of an active and healthy lifestyle, in that the body in movement is a symbol of health, citizenship and dignity.

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