Other key points she addresses during the back-and-forth with her audience are:

— The benefits of respite care to the caregiver.
— The importance of preserving relationships.
— The difficulty our elders have accepting care.
— The use of humor to ease situations.

This video would be best suited for training seminar leaders or for viewing by those caregivers who need support as they cope with the challenges of their situations.

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**Question:** Hey, have you heard that a lot of seniors have AIDS?

**Answer:** No, gee, I didn't realize!

**Question:** Yeah! Hearing aids, seeing aids, chewing aids, walking aids . . .

**Answer:** Laughter. [Relief?]

This is a joke currently circulating around some senior centers. *The Forgotten Tenth* should add a sobering perspective to this humorous depiction of AIDS in seniors.

Real people tell their real-life stories in this video. The producers aptly describe the video as “highlighting the personal experience of three persons (two women and one man) who are HIV-infected and one caregiver. The stories illustrate how the disease affects both men and women as well as individuals with different racial and cultural backgrounds.” The main purpose of the video is to emphasize the fact that 10% of the annually reported cases of AIDS occur in the 50-and-older age group. In addition to brief factual information about HIV/AIDS sources and transmission, misinformation such as “the elderly don’t get AIDS” is corrected.

The elderly are indeed a part of the whole human condition. An intense focus on elderly specifics is presented via the persons interviewed. They openly share with us their shock, pain, and difficulty coping with HIV. The video facilitator is a caregiver whose young daughter died of AIDS; thus, she adds the poignant connection to the whole population and situation of AIDS in our society. There is no “acting.” The slices of life are portrayed by the people themselves. The three participants’ situations realistically reflect the demographic data to date on HIV/AIDS in the elderly. The photography and choreography are excellent; the tone of the video is somber, gentle, and tragic. It does not offer or emphasize hope, which may be a drawback for some audiences.

An outstanding manual is included with the video which can serve as a discussion guide for workshop leaders, a participant workbook, and a source for public relations data. Contents offers concise, comprehensive hard facts about HIV/AIDS, and information regarding support services, discrimination, economic and political questions, educational concerns, and strategies. A list of other available audiovisuals on the topic and sources is also included. The manual alone is well worth the purchase price of the video.

The producers intended the video for midlife and older adults, health care professionals, gerontologists, and educators for use in a variety of voluntary, community, religious, and professional organizations. Their intentions are manifested amazingly well in such a short video. Paradoxically, the video’s versatility could also be interpreted as a limitation; therefore, strong recommendation is made to preview before using and to “set the appropriate stage” for viewing with the intended audience.

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*Strong For Life,* 1/2” videocassette/40 min/color/1994. New England Research Institute Media Development Center, 9 Galen Street, Watertown, MA 02172. 800/775-6374 x560. Sale $89.95, no rental.

This videotape stresses the point throughout that exercise is the single most important thing that we can do for our health and well-being. It begins with the participants (an instructor and three others) doing mostly modified versions of exercises using an elastic band (Theraband). Before the exercise segment starts, an off-camera voice explains how the color of the elastic determines the resistance of the band. There are several different levels of resistance. There is also a demonstration on how to use the Theraband to increase the effectiveness of the exercises, and how to measure the appropriate length of the elastic band depending on the exercise to be done. It is thorough and easily understood.

The language and manners used by the principal characters are very polite and appealing, particularly to the targeted audience. The background music, however, is slow and monotonous and not conducive to physical activity.

The participants are instructed to do the exercises in three steps: (1) 5-minute warm-up for flexibility and balance; (2) 20-minute strengthening exercise program; and (3) 5-minute cool-down. It is recommended that the exercises, which were developed by physical therapists, be done three to four times a week.

During an informal interview, some of the participants are asked what they feel are the benefits of exercise. The responses include “strengthens my muscles” and “gives me energy.” Others mention that it makes them feel better about themselves and helps them stay alert. The instructor adds that it improves balance and reduces the risk of falling, which often results in debilitating fractures.

Breathing and stretching exercises are stressed. The exercises geared to assisting a person in getting out of a chair was particularly appreciated, since this is a painful and embarrassing problem for many older individuals.

The term “cool-down” is an incorrect description of what actually occurs. The 5-minute cool-down exercises are exactly the same as those done in the warm-up seg-