This paper argues that the sociology of ageing has been dominated by social and health policy and advocacy on behalf of older people, the sociological analysis of later life has taken second place. The rise of critical gerontology motivates individuals to engage more in age-related domains. These findings suggest that the intervention program prepared for old age in four domains (finance, health, social relationship, and leisure activity). Specifically, the program started with four workshops where participants learned from experts on how to prepare for old age in four domains. Then, participants were grouped according to their domains of interest, and guided planning was provided to empower them to hold their old age as an active phase. A total of 77 participants (mean age = 7.52) finished the intervention program. Findings showed improvement in meaningfulness were also found in all four domains after joining the workshop. Finally, a decrease in anxiety and an increase in satisfaction with aging preparation in three domains (all except finance) after joining the workshop. After completing the intervention program, participants were able to reduce their reliance on assistive devices, and predict risk of falling. These tests require patients to perform tasks that span varying degrees of difficulty so that therapists can observe changes in mobility and balance that can occur as a function of age and neurological disease. Evidence suggests that subtle gait changes which begin in middle-age can predict the future onset of mobility difficulties. However, standard clinical tests which rely on visual observation are designed to capture easily observable balance and gait problems in patients, rather than small changes that begin in middle-age. In this study we examined mobility changes that occur as a function of age using a common clinical test, the Functional Gait Assessment (FGA). Both middle aged (n=8) and young adult (n=12) participants completed the FGA while wearing small sensors, called inertial measurement units (IMUs). IMUs were placed on each ankle and the trunk to capture subtle differences in gait patterns. Participants also completed a health history questionnaire. Preliminary data suggest gait variability was increased in middle-aged adults (especially towards the end of the gait cycle), in the more difficult tasks. Subtle changes in gait velocity and leg acceleration during the swing phase of gait also appears to emerge by middle-age. Using IMUs to capture changes in gait patterns of middle-aged participants may help to identify those who are at future risk of having mobility difficulties and significant health risk.