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The Age of Aging: are we in the "Decade of Healthspan"?

Mike Studer, PT, DPT, MHS, NCS, CWT, CSST, CEEAA, CSRP, CBFP, FAPTA

[1]Adjunct professor, Touro University, Las Vegas Nevada, 89154, USA

[2]PTI, University of Nevada Las Vegas (UNLV), Las Vegas, NV 89154, USA

***Corresponding author**
Mike Studer, PT, DPT, MHS, NCS, CEEAA, CWT, CSST, CSRP, CBFP, FAPTA, Adjunct professor, Touro University, Las Vegas Nevada, 89154, USA and PTI, University of Nevada Las Vegas (UNLV), Las Vegas, NV 89154, USA.

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We are seemingly a schism-separated and decades away from a time when aging was to be feared, hidden, or resented. Across cultures and ethnicities, the world has seemingly and simultaneously embraced the value of aging and deepened its interest in the true process of aging. While there is no doubt that ageism continues in our nuclear families, workplaces, in pop culture in athletics and politics alike, we have, as the famous line goes, "come a long way, baby".

Aging is presently in a transition from stigma to badge of We are in a decade of change.

This screenshot, Figure 1. tells a story that needs no additional narrative [1].

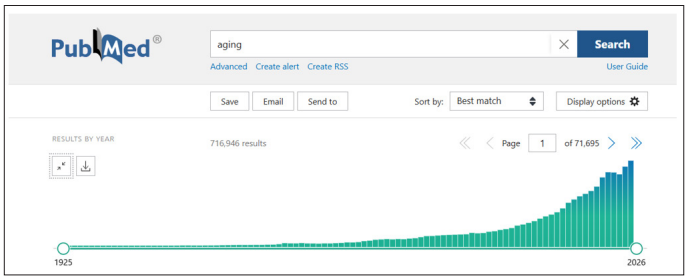

Figure 1: Aging Citations in PubMed

The rate of publications focused on aging is clearly on the rise. Perhaps even more notably, the consideration of healthspan (often written health span) is emerging as a frontrunner, over our prior valuation of lifespan, as seen in Figures 2 and 3 [2].

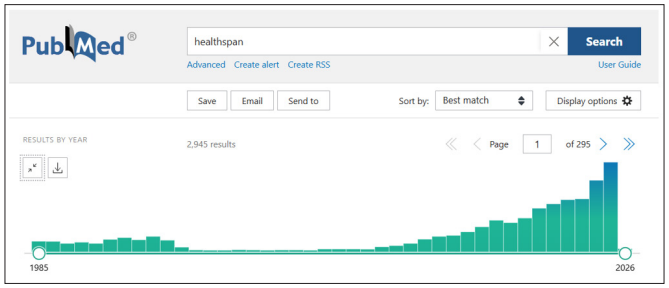

Figure 2: Healthspan* Citations in PubMed

*Health span (two words) has over 19,000 citations and is ostensibly a more visually powerful graphic [2].

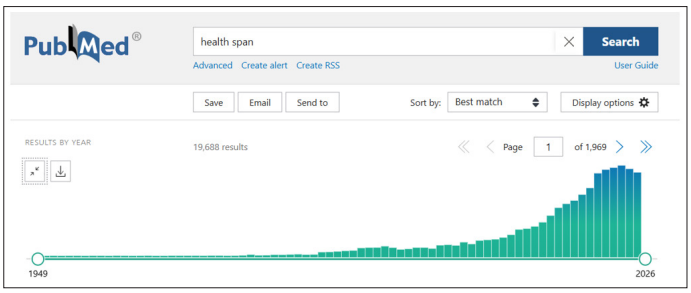

Figure 2a: Health Span Citations in Pub Med

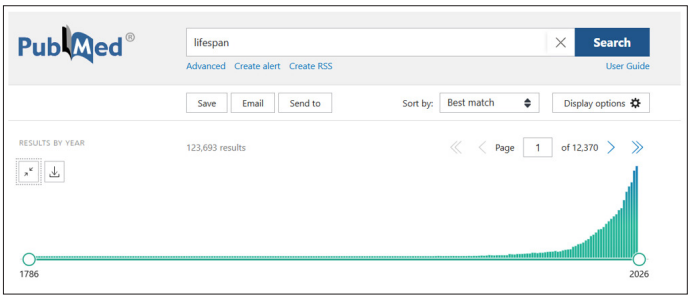

Figure 3: Lifespan Citations in PubMed

What may be most notable and central in the discussions of aging, healthspan and lifespan is the discussion of "squaring the curve" or "living long and dying fast" [3]. While many have addressed this concept, proposing that healthspan is more valuable than lifespan, it is well-covered by Srinivasan in his 2015 article, "When Life Span Exceeds Health Span" [4].

As with any popular topic, there has been profiteering and misinformation, controversy and conflicting scientific discoveries. We do not know everything about aging, yet; however we do know much more about the physiology of aging than we did last year, and will know more again next year. The interest and focus on aging has not peaked and may never peak on this topic, yet it (the focus) must be pivoted. Gone are the days that society's

view on aging could be summed up with the actress Betty Davis' quote, "Old age ain't no place for sissies" or captured by Meryl Streep's sentiment (similarly attributed to Anthony Hopkins) that, "Old age is not for the faint of heart". Arrived and emerging are the days when celebrities flaunt their age, when athletes extend their playing careers and In this decade, society and pop culture stories focus less exclusively on "escape velocity" highlights of someone making it to 100 and now celebrate participation and success sories regarding the number of participants in a senior games or people over 80 completing a marathon.

The Age of Aging has arrived. As stated above, it is not "just" a decade; it is a worldwide awakening – a pivot. This awakening, is not an overnight sensation but is rather a dynamic process that is in evolution as we speak. In pop culture and science alike, we are doing well by blaming less on aging while simultaneously we are pushing the boundaries of possibilities within older age. These trends are healthy at the individual and societal level as we all benefit from the vicarious experiences of a 106 year old runner, an 80 year old Ironman triathlete, an 80 year old ascending Mt. Everest, if only to inspire us to feel more empowered to invest in ourselves and accept-less regarding the obligatory nature of aging.

Perhaps we have all given the physiology of aging too much power. This premise can be easily considered in a few short examples across human function, outlined in the three points below:

- When someone moves from a second-story home to a first-story home, they will likely experience a loss in natural, daily leg strength opportunities. How much of their loss in leg strength would be blamed on aging? Could some of these losses be mitigated by finding a way to replace that strength stimulus in their single level home?
- Similar to the first example, cognitive stimuli would likely be reduced when a person retires from full-time work. Unless the workplace stimuli are replaced by other roles or responsibilities, it would be natural that they may have less of a need-to-know what time it is, day of the week it is, to divide attention (dual task), and to meet timelines. They may also have fewer life-demands to meet new people or learn new processes than they would have at work. How much do these changes impact their rate of cortical atrophy, their opportunities to form new memories? Could some of these losses be mitigated by finding a way to replace the cognitive stimuli?
- When we "transition" to a place where we stop participating in nearly any major life function, we are compelled to replace this stimulus in the brain – or surrender to the likelihood of losing this function through pruning. Consider the effects on the brain (cognitive and mental health) that would be a natural consequence from any of the following transitions to a time that you are not responsible for: empty nest, financial management, daily meal preparations, shopping, or driving. Reducing participation reduces stimulation – yet we blame the losses incurred - on aging.

If some of the losses that are correlated with aging are not actually caused by aging, then by extension, there is some capacity remaining for mitigation, controllability, or perhaps even reversal of a trend [5]. There is a significant societal sea change that impacts our biopsychosocial experiences (and in turn the epigenetic influences on subsequent generations) when we understand that aging is not the same for everyone and that choice, experiences, environment, (our own) investments toward wellness and our beliefs will all make a difference – no matter how late we start [6,7].

Consider for a moment what you believe about, what you have said about, and what you have heard about aging. Be willing to hold these beliefs loosely in regard to the themes surrounding:

- Strength gains and frailty
- Capacity to improve balance/expectations for fall frequency
- Aging in place
- Involvement in recreational sports
- "Time to retire"
- Life roles and responsibilities
- Multidirectional health benefits of an extended family living arrangement
- Cognitive decline vs. reductions in cognitive stimuli
- Features, expectations and amenities of/for senior living communities

Be thankful that you are living in the Age of Aging, regardless of the years that you have lived to this point. Accept less about aging. Challenge (yourself and societal expectations) more [8-10].

As the CEO of the International Council on Active Aging, Colin Milner has been quoted as saying, ""In my mind, we have one life, and we have two choices: do we get the most out of it, no matter our circumstances, or do we not?" [11].

The science is proving that our healthspan can be positively influenced by our actions in physical activity, nutrition, sleep, rest, play, social connections and novel experiences. The good news is that you, today, could make a no-cost (free) change for the positive in any one of these arenas – a choice that you can make better than anyone can make for you.

While you are making those personal changes, investing in yourself, consider one more arena of change that you can impact – societal beliefs. Be willing to push-back when you see or hear ageism, large or small. Just this morning, I was listening to one of my favorite podcasts when the host remarked to the interviewee, "You don't sound like you are 74!".

Pause there. Consider the well-intentioned and celebratory remark in those quotes, and push-back. The aforementioned statement indicates that, "*all people that are 74 should sound alike*" the way that I am imagining. We all need to reduce our reinforcement that aging yields obligatory changes leading to ceilings that we cannot break-through.

Finally, on the topic of society's shifting perceptions of aging, consider the benefit of two final levers that you can pull for yourself, patients, clients, customers and family members:

- Consume stories that provide hope and celebrate accomplishments in later years. Subscribe to one or all of these uplifting and informative podcasts: *Age Better* (Barbara Hannah Grufferman), *Growing Bolder* (Marc Middleton), Ageist (David Harry Stewart), *Feel Better Live More* (Dr. Rangan Chatterjee) *or The Drive* (Dr. Peter Attia).
- Identify your personalized opportunities to function better (starting now, for now and for later years, by reading and applying the principles outlined in Scott Fulton's book, *Function: Turn Your Blind Spots Into Strengths* [12].

So, if we are indeed in the "Decade of Healthspan", we have four years remaining to maximize this push toward an extended quality of life, of function.

We end with a statement that I iterated 350 days before writing this final line, one that I have now been oft-quoted to have said, "Hard

habits die old.". This theme of programmed resilience, of fitness in the mind and body is grounded in chapter 6 of the book, "The Brain That Chooses Itself": Practical Strategies to Improve Your Healthspan"7 and is cited directly in many articles.12,15 Push yourself to learn and do something new, something challenging… on a regular basis – you have permission to continue The Age of Aging for yourself, and empower others to do so as well.

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