WERENKOWICZ, Wiktor, BORAL, Aleksandra, CZARNECKI, Bartlomiej, KRYŚ, Dominika, KOCZUR, Julia, GÓRSKI, Michal, PNIOK, Wiktoria, KURKIEWICZ, Wojciech and BRZOZA, Joanna. Potential Health Benefits and Risks Associated with Calisthenics, a Sport of Increasing Popularity – A Literature Review. Journal of Education, Health and Sport. 2025;82:60373. eISSN 2391-8306.

https://doi.org/10.12775/JEHS.2025.82.60373 https://apcz.umk.pl/JEHS/article/view/60373

The journal has had 40 points in Minister of Science and Higher Education of Poland parametric evaluation. Annex to the announcement of the Minister of Education and Science of 05.01.2024 No. 32318. Has a Journal's Unique Identifier: 201159. Scientific disciplines assigned: Physical culture sciences (Field of medical and health sciences); Health Sciences (Field of medical and health sciences).

Punkty Ministerialne 40 punktów. Załącznik do komunikatu Ministra Nauki i Szkolnictwa Wyższego z dnia 05.01.2024 Lp. 32318. Posiada Unikatowy Identyfikator Czasopisma: 201159. Przypisane dyscypliny naukowe: Nauki o kulturze fizycznej (Dziedzina nauk medycznych i nauk o zdrowiu); Nauki o zdrowiu (Dziedzina nauk medycznych i nauk o zdrowiu). © The Authors 2025;

This article is published with open access at Licensee Open Journal Systems of Nicolaus Copernicus University in Torun, Poland

Open Access. This article is distributed under the terms of the Creative Commons Attribution Noncommercial License which permits any noncommercial use, distribution, and reproduction in any medium, provided the original author (s) and source are credited. This is an open access article licensed under the terms of the Creative Commons Attribution Non commercial license Share alike.

(http://creativecommons.org/licenses/by-nc-sa/4.0/) which permits unrestricted, non commercial use, distribution and reproduction in any medium, provided the work is properly cited.

The authors declare that there is no conflict of interests regarding the publication of this paper.

Received: 16.04.2025. Revised: 25.04.2025. Accepted: 18.06.2025. Published: 23.06.2025.

Potential Health Benefits and Risks Associated with Calisthenics, a Sport of Increasing Popularity – A Literature Review

Authors:

Wiktor Werenkowicz [WW]

Powiatowe Centrum Zdrowia Sp. z o. o.

44 Batorego st.

Otwock, 05-400

Masovia, Poland

https://orcid.org/0009-0008-8487-2426

wiktorwerenkowicz@gmail.com

Aleksandra Boral [AB]

Katowickie Centrum Onkologii

26 Raciborska st.

40-074 Katowice

https://orcid.org/0000-0003-0342-5349

boral-a@wp.pl

Bartłomiej Czarnecki [BC]

Provincial Specialist Hospital No. 5 named after St. Barbara in Sosnowiec,

Plac Medyków 1,

41-214 Sosnowiec,

Silesia, Poland

https://orcid.org/0009-0006-8960-5760

bartlomiejszymonczarnecki@gmail.com

Dominika Kryś [DK]

Samodzielny Publiczny Zakład Opieki Zdrowotnej MSWiA im. Sierżanta Grzegorza Załogi w Katowicach

39/41 Wita Stwosza st.

40-042 Katowice

https://orcid.org/0009-0005-5183-7008

dominika.anna.krys@gmail.com

Julia Koczur [JK]

St. Elizabeth Hospital in Katowice, American Heart of Poland Group,

52 Warszawska st.

40-008 Katowice

https://orcid.org/0009-0004-8578-0866

juliakoczur8@gmail.com

Michał Górski [MG]

Samodzielny Publiczny Zakład Opieki Zdrowotnej MSWiA im. Sierżanta Grzegorza Załogi w Katowicach

39/41 Wita Stwosza st.

40-042 Katowice

https://orcid.org/0009-0003-5147-0192

michal.gorski@onet.eu

Wiktoria Pniok [WP]

Katowickie Centrum Onkologii

26 Raciborska st.

40-074 Katowice

https://orcid.org/0009-0004-0287-8527

wiktoriajoannapniok@gmail.com

Wojciech Kurkiewicz [WK]

Doctor of Medicine, Hospital of the Ministry of the Interior and Administration in Cracow, 25 Kronikarza Galla st.

30-053 Cracow, Poland;

https://orcid.org/0009-0000-0137-1311

kurkiewiczw@gmail.com

Joanna Brzoza [JB]

Student of medicine at the Faculty of Medical Sciences of the Silesian Medical University in Katowice-Ligota,

18 Medyków st.

40-752 Katowice

Silesia, Poland

https://orcid.org/0009-0003-1076-5461

jbrzozaaa@gmail.com

Corresponding author: Wiktor Werenkowicz

Powiatowe Centrum Zdrowia Sp. z o. o.

44 Batorego st.

Otwock, 05-400

Masovia, Poland

https://orcid.org/0009-0008-8487-2426

wiktorwerenkowicz@gmail.com

SUMMARY

Introduction and purpose:

Calisthenics is a sport in which the load and resistance is the body of the person exercising. It can be practiced indoors or in outdoor gyms, and to perform exercises such as pull-ups, push-ups, jumping jacks and lunges, no special equipment is needed or only basic equipment in the form of a bar and parallel bars. Due to the ease of performing most calisthenic exercises, their availability, and the health benefits of practicing it, its popularity is constantly growing among people of all ages. The purpose of this article is to collect information on the possible health benefits of calisthenics and the most common injuries associated with practicing it.

A brief description of the state of knowledge:

During calisthenics training using your body weight, people who exercise face a number of mental and physical challenges that depend on the level of advancement of the exercise or gymnastic figure being performed. During calisthenics training using your body weight, exercisers face a number of mental and physical challenges that depend on the level of advancement of the exercises or gymnastic figures performed. These exercises can lead to health benefits as well as injuries. Injuries during body weight exercises can affect any limb. The most common joints that are injured are the knee, shoulder, or wrist joints. The health benefits of this type of exercise are many, both physical, such as reduced cardiovascular risk and muscle growth, and mental, such as reduced anxiety, a lower chance of depression and better sleep.

Conclusions:

The risk of injury during calisthenics is relatively low, and the health benefits of the exercises are undeniable. Calisthenics is a good choice for people who do not want to spend a lot of money on equipment or a gym membership and want to improve their physical and mental health with a low risk of serious injuries.

Keywords: calisthenics; body weight exercise injuries; calisthenics health benefits; push-ups injuries; elderly exercises

1. Introduction and purpose

Calisthenics exercises are dynamic, body-weight-based aerobic activities that rely on the individual's own weight as resistance, and they can be performed without the need for equipment. [1,2] A typical calisthenics workout includes a range of movements such as swinging, twisting, jumping, kicking, and bending. Common exercises incorporated into calisthenics routines include push-ups, pull-ups, lunges, planks, squats, step-ups, crunches, dips, burpees, mountain climbers, and plyometric exercises like jump squats. [1] These exercises have been shown to improve flexibility, strength, agility, muscle endurance, cardiovascular health, balance, coordination, overall vitality, and physical preparedness for daily life. [3–5]

On the other hand, in addition to the aforementioned benefits, engaging in calisthenics exercises also carries an inherent risk of injury. The likelihood of injury is directly correlated with the complexity and intensity of the exercises performed. Exercises that demand greater physical exertion and skill are associated with an increased risk of injury due to the higher forces involved during execution. [6–9]

The objective of this review is to compile and analyze existing scientific literature on the health benefits of calisthenics, as well as the potential risks of injury associated with these exercises.

2. Description of the state of knowledge

During calisthenics training using your body weight, people who exercise face a number of mental and physical challenges that depend on the level of advancement of the exercise or gymnastic figure being performed. Performing more complex exercises, i.e., engaging more muscles at the same time, can result in numerous health benefits, as well as an increased risk of injury. [10,11] Calisthenics can be practiced both indoors, such as a gym or your home, using basic equipment such as a bar or parallel bars, and outdoors, using outdoor gyms. [2] [12] The latter are becoming more and more accessible, usually in cities.

ACUTE Injuries

Calisthenics can be classified as a relatively safe activity, but not without any risk. Research indicates that the frequency of injuries increases in direct proportion to the increase in popularity of this type of sport. [13–15]

Various improper technique usage along with inadequate warm-up along with excessive loading and unsuitable environmental factors lead to acute injuries during calisthenics practice.

[16,17] A profound understanding of injury nature and mechanisms serves essential purposes for prevention and treatment purposes.

Sudden occurrences of musculoskeletal injuries are classified as acute injuries that most often arise from specific athletic movements. [7,18,19] Strains and sprains combine with fractures and dislocations to form the basic injury categories during calisthenics exercises. [7,13] Muscle strains and ligament sprains frequently occur in the lower limbs as a result of high-intensity calisthenics, which require jumping or unexpected movement transitions. [20]

The knees experience special vulnerability during calisthenic movements. Squats along with lunges generate high amounts of pressure on the knee joint, which can result in sprained ligaments. [8,21] Athletic injury research indicates that grappling with jumping mechanics leads to harmful sprains and patellar tendon damage when athletes maintain improper alignment or have inadequate techniques in athletic motions.

The practice of calisthenics leads to multiple shoulder injuries regardless of which exercise is performed, particularly during push-ups and dips. [11] Acute injuries frequently happen in the rotator cuff or as shoulder dislocations because performers fail to stabilize their joints properly during strength training activities. [22] Explosive exercises lead to frequent ankle injuries as well as injuries to the hip joint. [6,7,13,21] Acute ankle sprains and fractures from jump squats together with other plyometric exercises become likely outcomes due to improper landing technique on uneven surfaces. During jumping actions and landings, the forces transmitted through the ankle joint become higher, which raises the risk of damage to this joint.

The necessity of trained instructor intervention for proper techniques to minimize injuries should not be underestimated because research shows supervision from experienced personnel dramatically lowers the injury frequency. [23]

Exercisers should perform structured warm-up activities as a preventive measure against acute injuries during calisthenics practice. Acute injuries show reduced occurrence rates when athletes perform organized warm-up and cool-down procedures, according to studies. [24] To prevent injuries, people should keep their training progressively advanced as exercise difficulties and difficulty levels increase, while focusing on correct form. [9,10]

OVERUSE SYNDROMES

The repetitive activities in calisthenics cause stress and strain to specific muscle groups, joints, and connective tissues, which develop into long-term syndromes. Overuse injuries appear differently than acute injuries because they grow slowly while reducing physical activity capabilities. [13,20,25]

The majority of calisthenics overuse injuries arise when trainees elevate their workload without achieving appropriate development in strength or conditioning abilities.

The lower body regions experience most of the overuse injuries that occur during calisthenics training. [13,20] High-repetition movements coupled with plyometrics along with the nature of calisthenics activities produce shin splints (medial tibial stress syndrome) and leg or foot stress fractures. [7] Depictive impacts generated through jump squats as well as deep lunges cause extensive bone strain together with stress to the surrounding soft tissues. [26]

The upper extremities have a high risk of developing the overuse condition cumulative trauma disorders when performing repetitive calisthenics exercises. Those who perform numerous push-ups together with weight-bearing exercises on their hands may develop a condition like carpal tunnel syndrome that creates wrist and hand pain alongside weakness and numbness. [27]

Joint pressure from sustained activities leads to the development of bursitis, which becomes a chronic condition. The bursa in the shoulder area becomes inflamed as a result of shoulder movement friction, leading to a condition called subacromial bursitis during repeated movements in calisthenics. [28]

HEALTH BENEFITS

PHYSICAL

Comprehensive involvement in calisthenics exercises generates remarkable positive effects on cardiovascular health because participants improve their aerobic capacity and cardiovascular endurance. Participating in calisthenics delivers cardiovascular benefits through two main factors: high-intensity exercises that raise heart rate and promote circulation in the body. Long-term involvement with intense exercise practices yields positive impacts on cardiovascular system functioning, which lowers cardiovascular disease risks and minimizes health problems from being inactive. [4,29]

Calisthenics turns out to be an excellent method for improving both muscular strength and endurance attributes. [4,30] Muscle groups become stronger while age-related muscle

deterioration decreases when individuals complete push-ups, pull-ups, squats, and lunges exercises. Research has shown that resistance training through calisthenics exercises plays a critical role in preserving muscle mass and strength benefits among senior citizens and elderly individuals. [3] Muscular endurance benefits from this type of training approach, which enables people to handle their everyday tasks more easily and function more efficiently. [31] Through exciting full-range exercises, calisthenics helps both joints and flexibility improve, respectively. Physical activities that combine stretching with strengthening techniques enable people to achieve flexibility that works as an injury prevention strategy and supports functional movement during aging. [3] Human movement becomes better through practicing different calisthenics actions that help with carrying out daily work and overall physical ability. Extended reach and deep squat movements serve as effective ways to boost both joint health and flexibility of the body. [32]

The practice of calisthenics functions very well to help people manage their weight and lose body fat. Calisthenics exercises that require multiple joints as well as repeated movements boost workout metabolisms, which assists people in reaching and maintaining their desired weight levels [33,34]. Even though calisthenic movements affect metabolism, the positive effects on muscle definition and fat reduction combination result in improved body composition and better overall health benefits. [1]

MENTAL

Practicing calisthenics brings positive effects on mood and helps decrease symptoms of anxiety and depression. Science reveals that medium-intensity workouts based on calisthenics result in major enhancements to psychological health, mostly among the older adult population. [35,36] A study established that physical exercise, which includes calisthenics, boosts mental health conditions by slowing depression symptoms and boosting satisfaction and peaceful feelings. When exercise triggers endorphin release, it serves as a key factor in mood enhancement, so calisthenics functions well as a tool to control negative emotions and reduce anxiety. [37]

Better sleep quality results from practicing calisthenics because it is crucial for mental health maintenance. The combination of heart rate increases and physical tiredness through certain exercises produces better sleep efficiency alongside shorter time required for falling asleep, thus resulting in better sleep quality for individuals. Expert research indicates that older adults experience better sleep quality as a result of participating in scheduled physical exercise, which includes calisthenics. [36,38,39]

People who practice calisthenics develop mental strength, through which they handle stressful

or challenging circumstances more effectively. Evidence indicates that maintaining an active

lifestyle enhances stress management abilities, together with the development of resilient

coping mechanisms. Completing advanced calisthenic exercises builds self-confidence as well

as self-efficacy that enhances both psychological wellness and personal perception. [36]

3. Conclusions

Calisthenics, despite the low risk of injury, offers numerous positive health effects on physical

and mental health. With calisthenics, people can improve muscle strength and cardiovascular

endurance, as well as flexibility and mobility, which results in a better level of physical fitness

and a better quality of life. Health and functionality remain good during aging with

calisthenics because the exercises help people maintain independence and protect them from

functional limitations. It should not be forgotten that regularly performed such training is

associated with an improvement in a person's mood, better quality of sleep, and a lower risk

of depression. To ensure only positive effects of calisthenics on health, it is important to

remember the potential risks associated with incorrect execution of exercises. Intensification

of training load combined with repetitive strain injuries are the main factors in the

development of injuries observed during calisthenics training. The combination of unhealthy

methods, insufficient recovery, and inadequate warm-up contribute to overload injuries during

calisthenics exercises. To avoid injuries and maintain full health, it is essential to use

structured exercise programs combined with strict implementation of correct technique, as

these methods reduce training risks and create better safety conditions.

Disclosure

Author's contribution:

Conceptualization: Wiktor Werenkowicz, Bartłomiej Czarnecki

Methodology: Wiktor Werenkowicz, Dominika Kryś, Aleksandra Boral,

Software: Julia Koczur, Michał Górski

Check: Wojciech Kurkiewicz, Wiktoria Pniok

Formal analysis: Joanna Brzoza, Wiktoria Pniok

Investigation: Dominika Kryś, Julia Koczur

9

Resources: Julia Koczur, Wiktoria Pniok

Data curation: Aleksandra Boral, Michał Górski

Writing -rough preparation: Wiktor Werenkowicz

Writing -review and editing: Bartłomiej Czarnecki, Joanna Brzoza

Visualization: Wojciech Kurkiewicz

Supervision: Joanna Brzoza

Project administration: Wiktor Werenkowicz

All authors have read and agreed with the published version of the manuscript.

Funding Statement:

The study did not receive special funding.

Institutional Review Board Statement:

Not applicable.

Informed Consent Statement:

Not applicable.

Data Availability Statement:

Not applicable.

Conflict of Interest Statement:

The authors declare no conflicts of interest.

Acknowledgements:

Not applicable

References

- [1] Poulios A, Fotiou C, Draganidis D, Avloniti A, Rosvoglou A, Batrakoulis A, et al. The Energy Expenditure Associated With Body-Weight Resistance Exercises of Various Movement Patterns Performed at Different Durations. J Strength Cond Res 2024;38:2034–46. https://doi.org/10.1519/JSC.000000000000004919.
- [2] Furber S, Pomroy H, Grego S, Tavener-Smith K. People's experiences of using

- outdoor gym equipment in parks. Health Promot J Austr 2014;25:211–211. https://doi.org/10.1071/HE14038.
- [3] Aggarwal N, Sharma M. To compare the effect of modified pilates and core stabilization exercise on balance, core muscle endurance and lumbopelvic flexibility in elderly women. Int J Health Sci Res 2023;13:119–27. https://doi.org/10.52403/ijhsr.20230514.
- [4] Sakinah MH, Malek NFA, Thariq Khan AK, Ishak A, Hashim HA, Chee KC. The Effect of 12-Week Calisthenics Exercise on Physical Fitness among Obese Female Students. Teor Metod Fiz Vihov 2022;22:S45–50. https://doi.org/10.17309/tmfv.2022.3s.06.
- [5] Gurudut P, Welling AA, Naik R. Comparative effect of calisthenic and proprioceptive exercises on pain, proprioception, balance and function in chronic osteoarthritis of knee. JESP 2018;14. https://doi.org/10.18376/jesp/2018/v14/i2/111310.
- [6] Leaf JR, Keating JL, Kolt GS. Injury in the Australian sport of calisthenics: a prospective study. Aust J Physiother 2003;49:123–30. https://doi.org/10.1016/s0004-9514(14)60128-8.
- [7] Kucera KL, Marshall SW, Wolf SH, Padua DA, Cameron KL, Beutler AI. Association of injury history and incident injury in cadet basic military training. Med Sci Sports Exerc 2016;48:1053–61. https://doi.org/10.1249/MSS.00000000000000872.
- [8] Weisenthal BM, Beck CA, Maloney MD, DeHaven KE, Giordano BD. Injury rate and patterns among crossfit athletes. Orthop J Sports Med 2014;2:2325967114531177. https://doi.org/10.1177/2325967114531177.
- [9] Martínez-Gómez R, Valenzuela PL, Moral-González S, Lucia A, Barranco-Gil D. Effects of an injury prevention program in crossfit athletes: A pilot randomized controlled trial. Int J Sports Med 2021;42:1281–6. https://doi.org/10.1055/a-1386-5188.
- [10] Shen W, Zhou Q. Sports injuries in high-level aerobic gymnastics athletes. Rev Bras Med Esporte 2023;29. https://doi.org/10.1590/1517-8692202329012022 0479.
- [11] Alvin A, Fauzi MF, Zia JI, Mukhtar EF, Putra EDJ, Ferryanto F. Risk of injury comparison between regular and knuckle push-up based on kinematic parameter analysis. JRM 2022;13:343–9. https://doi.org/10.21776/jrm.v13i2.941.
- [12] Nałęcz H, Ostrowska-Tryzno A, Pawlikowska-Piechotka A. Outdoor gyms as an example of outdoor recreation activity in urbanized areas. Tour 2018;28:65–71. https://doi.org/10.2478/tour-2018-0008.
- [13] McDonald-Wedding L, Goodwin L, Preston A, McKay G, Williams C. Calisthenics: epidemiology of injury patterns and their risk factors. Open Access J Sports Med 2023;14:47–57. https://doi.org/10.2147/OAJSM.S394044.

- [14] Wang X, Dubrosa F, O'Connor M, Sangiuolo K, Milanaik RL. Pediatric strength training: benefits, concerns, and current trends. Curr Opin Pediatr 2022;34:625–33. https://doi.org/10.1097/MOP.000000000001187.
- [15] Li L, Wei Y, Xiang S. Application of spectral imaging technology based on computer simulation in the prevention of sports injuries in aerobics. Res Sq 2024. https://doi.org/10.21203/rs.3.rs-3849482/v1.
- [16] Prinold JAI, Bull AMJ. Scapula kinematics of pull-up techniques: Avoiding impingement risk with training changes. J Sci Med Sport 2016;19:629–35. https://doi.org/10.1016/j.jsams.2015.08.002.
- [17] Mohammad YS, Mehrab M, Weir A. Injury incidence and patterns among Dutch calisthenics athletes: a cross-sectional observational study. J Sports Med Phys Fitness 2025;65:539–45. https://doi.org/10.23736/S0022-4707.24.16122-1.
- [18] Mondam S, Shaik R, Prakash J, Fook JL, Nekkanti S. Surveillance of Musculoskeletal Symptoms and Anthropometric Variables among Four International Cricket Teams Competed in ACC Premier League Malaysia 2014. AJPRHC 2016;8:47. https://doi.org/10.18311/ajprhc/2016/750.
- [19] Kilic O, Maas M, Verhagen E, Zwerver J, Gouttebarge V. Incidence, aetiology and prevention of musculoskeletal injuries in volleyball: A systematic review of the literature. Eur J Sport Sci 2017;17:765–93. https://doi.org/10.1080/17461391.2017.1306114.
- [20] Chéron C, Le Scanff C, Leboeuf-Yde C. Association between sports type and overuse injuries of extremities in children and adolescents: a systematic review. Chiropr Man Therap 2016;24:41. https://doi.org/10.1186/s12998-016-0122-y.
- [21] Lian W, Wang J. Repair effect of nanomaterials on meniscus injury induced by calisthenics exercise. J Nanomater 2022;2022. https://doi.org/10.1155/2022/9301750.
- [22] Urbanczyk CA, Prinold JAI, Reilly P, Bull AMJ. Avoiding high-risk rotator cuff loading: Muscle force during three pull-up techniques. Scand J Med Sci Sports 2020;30:2205–14. https://doi.org/10.1111/sms.13780.
- [23] Garber CE, Blissmer B, Deschenes MR, Franklin BA, Lamonte MJ, Lee I-M, et al. American College of Sports Medicine position stand. Quantity and quality of exercise for developing and maintaining cardiorespiratory, musculoskeletal, and neuromotor fitness in apparently healthy adults: guidance for prescribing exercise. Med Sci Sports Exerc 2011;43:1334–59. https://doi.org/10.1249/MSS.0b013e318213fefb.
- [24] Iversen VM, Norum M, Schoenfeld BJ, Fimland MS. No Time to Lift? Designing Time-Efficient Training Programs for Strength and Hypertrophy: A Narrative Review. Sports

- Med 2021;51:2079–95. https://doi.org/10.1007/s40279-021-01490-1.
- [25] Dijksma I, Zimmermann WO, Lucas C, Stuiver MM. A pre-training conditioning program to increase physical fitness and reduce attrition due to injuries in Dutch Airmobile recruits: Study protocol for a randomised controlled trial. Contemp Clin Trials Commun 2019;14:100342. https://doi.org/10.1016/j.conctc.2019.100342.
- [26] Mersmann F, Bohm S, Arampatzis A. Imbalances in the development of muscle and tendon as risk factor for tendinopathies in youth athletes: A review of current evidence and concepts of prevention. Front Physiol 2017;8:987. https://doi.org/10.3389/fphys.2017.00987.
- [27] Ruppel AM, Lomis MJ, Schneider SE. Unilateral Pushup-Induced Acute Median Neuritis. Cureus 2024;16:e57549. https://doi.org/10.7759/cureus.57549.
- [28] Ngo JK, Solis-Urra P, Sanchez-Martinez J. Injury profile among street workout practitioners. Orthop J Sports Med 2021;9:2325967121990926. https://doi.org/10.1177/2325967121990926.
- [29] Bartin University, Faculty of Sport Sciences, Bartin, Turkey, Turgut M, Sarikaya M, School of Physical Education and Sports, Van, Turkey. Effect of calisthenics exercise program on some liver enzyme values and blood lipids. Brain 2020;11:72–81. https://doi.org/10.18662/brain/11.2/75.
- [30] Basso-Vanelli RP, Di Lorenzo VAP, Labadessa IG, Regueiro EMG, Jamami M, Gomes ELFD, et al. Effects of Inspiratory Muscle Training and Calisthenics-and-Breathing Exercises in COPD With and Without Respiratory Muscle Weakness. Respir Care 2016;61:50–60. https://doi.org/10.4187/respcare.03947.
- [31] Fragala MS, Cadore EL, Dorgo S, Izquierdo M, Kraemer WJ, Peterson MD, et al. Resistance training for older adults: Position statement from the national strength and conditioning association. J Strength Cond Res 2019;33:2019–52. https://doi.org/10.1519/JSC.00000000000003230.
- [32] Myer GD, Kushner AM, Brent JL, Schoenfeld BJ, Hugentobler J, Lloyd RS, et al. The back squat: A proposed assessment of functional deficits and technical factors that limit performance. Strength Cond J 2014;36:4–27. https://doi.org/10.1519/SSC.0000000000000103.
- [33] Wu G, Qu H. The effect of calisthenics on hypoglycemic of diabetic patients. Biomed Res Int 2022;2022:7737626. https://doi.org/10.1155/2022/7737626.
- [34] Pronk NP, Wing RR. Physical activity and long-term maintenance of weight loss. Obes Res 1994;2:587–99. https://doi.org/10.1002/j.1550-8528.1994.tb00110.x.
- [35] Kanamori S, Takamiya T, Inoue S, Kai Y, Tsuji T, Kondo K. Frequency and pattern of exercise and depression after two years in older Japanese adults: the JAGES longitudinal

- study. Sci Rep 2018;8:11224. https://doi.org/10.1038/s41598-018-29053-x.
- [36] Cetisli-korkmaz N, Kara-cakici G, Doğru-hüzmeli E, Hüzmeli İ, Melek İM. The effects of calisthenic exercises on sleep quality, fatigue, and depression in elder adults. Türk Fizyoterapi ve Rehabilitasyon Dergisi 2023;34:357–66. https://doi.org/10.21653/tjpr.1015487.
- [37] Aydın T, Taşpınar Ö, Sarıyıldız MA, Güneşer M, Keskin Y, Canbaz N, et al. Evaluation of the effectiveness of home based or hospital based calisthenic exercises in patients with ankylosing spondylitis. J Back Musculoskelet Rehabil 2016;29:723–30. https://doi.org/10.3233/BMR-160677.
- [38] Ghorpade VK, Satralkar SP, Jadhav S. Effect of Calisthenics on Sleep Quality and Well-Being Among Older Adults. Cureus 2025;17:e76821. https://doi.org/10.7759/cureus.76821.
- [39] Seol J, Abe T, Fujii Y, Joho K, Okura T. Effects of sedentary behavior and physical activity on sleep quality in older people: A cross-sectional study. Nurs Health Sci 2020;22:64–71. https://doi.org/10.1111/nhs.12647.