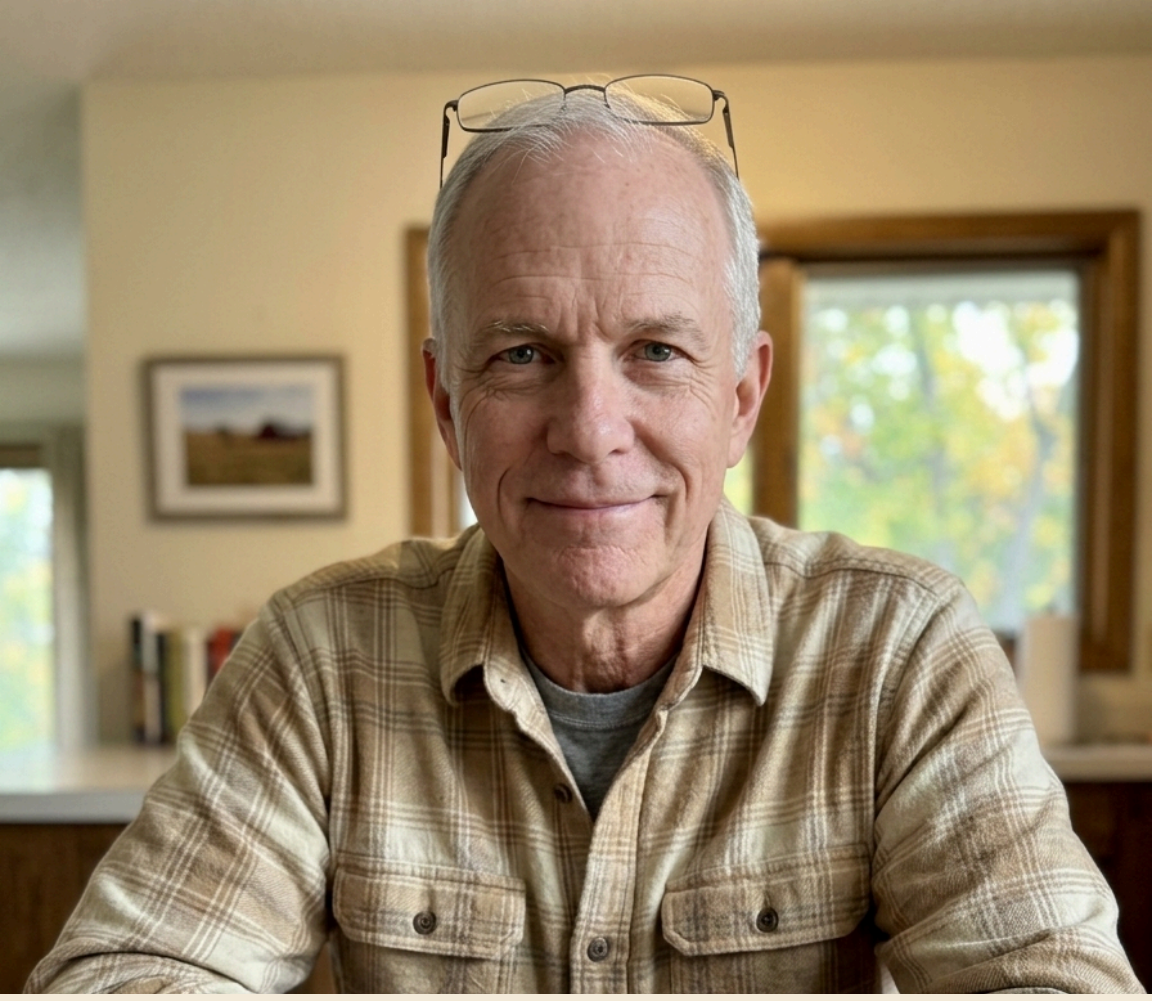


The Straight Answer

Twelve things that keep a body working after forty. And twelve they sell you that don’t.

Walt Denning

CHAPTER FOUR

Can you get off the floor?

This is the one I'd keep if I could only keep one.

A group in Rio de Janeiro published a test so simple it sounds like a joke. You sit down on the floor. You stand back up. They count how much help you needed.

They ran it on two thousand and two people, aged fifty-one to eighty, about two-thirds of them men, and then they waited a little over six years to see who was still alive.

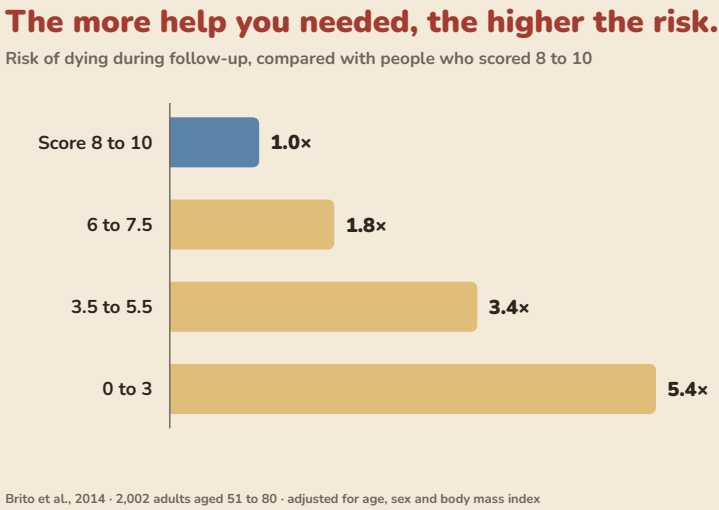
Here's how the scoring works, and you can do this at home in a couple of minutes.

You start with five points for sitting down and five points for standing up. Ten total. Every time you put a hand or a knee down for support, you lose a point. If you wobble noticeably on the way, that's another half point.

Ten means you went down and came back up using nothing but your legs.

Now the results.

Compared with the people who scored eight to ten, the people who scored three or less were about **five and a half times as likely to die** during the follow-up. That's after the researchers accounted for age, sex, and body weight. It wasn't just that the low scorers were older or heavier. They ran the numbers on that.



And it wasn't all-or-nothing. Every single point on that ten-point scale was worth about twenty-one percent better survival. A four and a six aren't the same score, and the difference isn't a rounding error.

The same group wasn't done. This year they published a bigger one. Four thousand two hundred and eighty-two people, aged forty-six to seventy-five. They followed them for about twelve years.

Here's how many died of natural causes. That leaves out accidents and COVID. A perfect ten: 3.7 percent. An eight: 11.1 percent. Zero to four: 42.1 percent.

After adjusting for age, sex, body weight and health conditions, the lowest group was nearly four times as likely to die of natural causes as the perfect tens. For heart deaths, about six times. That one had fewer deaths behind it, so it's the looser number.

It's the same clinic, so it isn't an independent check. But it's twice the people and twice the time. For a test that takes two minutes, that's not nothing.

Now let me tell you what I think is actually going on, because "floor test predicts death" is the kind of headline that gets shared without being understood.

Getting off the floor unaided is the only everyday movement I know of that tests four things at once. Leg strength. Hip and ankle mobility. Balance. And your weight relative to what you can lift. When you're standing up, that's you.

The researchers put it more narrowly: the test is influenced by strength and flexibility. Either way, it's more than one thing.

And here's the part I want to be careful about, because I've been careful all the way through and I'm not going to stop now.

This is an observational study. Nobody assigned people to be good or bad at getting off the floor. So the test predicts. It doesn't prove that practicing it fixes anything. What it is, is the same thing as the grip: a window. A very good one.

Two more honest things.

One: don't do this alone if you're at all unsteady. I mean that. If your balance is poor, if your knees are bad, if you've fallen in the past year, have somebody in the room. Do it near a chair or a wall you could reach, and use a soft surface. The whole point of this book is keeping you on your feet. Falling while testing whether you'd fall would be a stupid way to prove me right.

Two: a low score is not a verdict. If you scored a three, you did not just read your own obituary. You read a signal, and you read it early enough to do something with it, which is a great

deal more than most people get. Chapter two of this book is about exactly that. Ninety-year-olds moved their numbers.

Here's what to do with your score.

Write it down with today's date. Not on your phone. On something that'll still be around in a year. The back of a drawer, the inside of a cupboard door, wherever you'd find it again.

Then test yourself every three months. The number itself matters less than the direction it's moving.

A lot of people couldn't tell you whether they're getting stronger or weaker. Some find out at seventy-eight, in a hallway, when something goes wrong.

You now have a way of knowing. It cost you a couple of minutes and nothing else.

The papers are Brito and colleagues, 2014, and Araujo and colleagues, 2026. Both are in the *European Journal of Preventive Cardiology*, and both are in the back.

Go find out your number. And be honest about the wobble. Nobody's watching, and lying to yourself here is the only way to actually lose.

THAT WAS CHAPTER FOUR

If your score was low

A low score is a signal, not a verdict. These are the parts of the book that answer it:

- Chapter 2, “Nobody is too old.” Ninety-year-olds moved their numbers.
- Chapter 6, “Two days a week can be enough.”
- Chapter 10, “Ten seconds on one leg,” and the home program that cut falls by about a third.
- Your First Two Weeks: what to do from day one, with five drawings.

The things they sell you, by name

Part Two takes on twelve things people our age get told or sold. Four of them come in a bottle or a prescription: collagen, testosterone, a multivitamin and glucosamine. Each one gets the trial and what it actually found.

The two papers from this chapter, so you can check me

Brito et al., Eur J Prev Cardiol, 2014: doi.org/10.1177/2047487312471759
Araújo et al., Eur J Prev Cardiol, 2026: doi.org/10.1093/eurjpc/zwaf325

Walt Denning is a fictional character and a pen name. General information, not medical advice.

ONE MORE, FREE

If you came here from my reel about joint pills

Here's that one too. It's myth nine in the book.

MYTH NINE

Glucosamine for your knees.

If your knees hurt, somebody has told you about glucosamine. Maybe with chondroitin. It sits on the shelf about two feet from the heating pads.

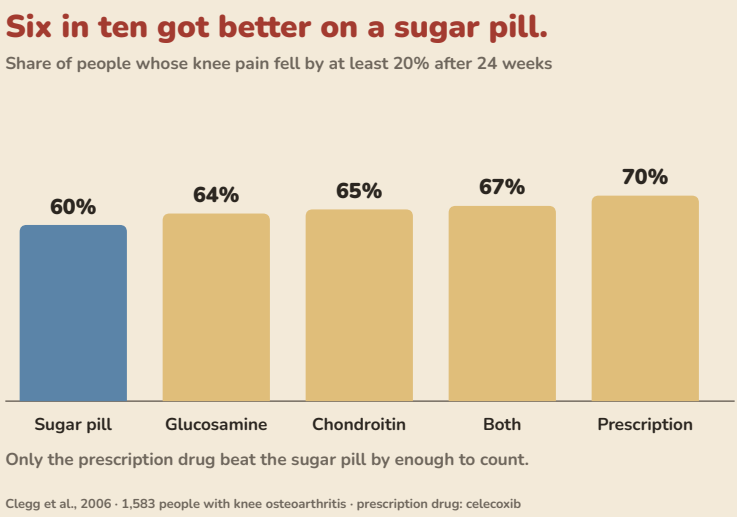
In 2006 the National Institutes of Health ran a proper trial of it. It was called GAIT. 1,583 people with painful knee osteoarthritis, average age fifty-nine, nearly two-thirds of them women, split into five groups for twenty-four weeks: glucosamine, chondroitin, both together, a prescription anti-inflammatory called celecoxib as a comparison, or a sugar pill.

Success meant knee pain down by at least twenty percent.

Here's the number that surprised me most, and it's not about the supplements. **On the sugar pill, sixty percent of people hit that mark.** Six in ten.

That's why a trial like this needs a placebo group. Pain changes for all kinds of reasons, and a pill with nothing in it still gets the credit.

Against that, glucosamine did 3.9 points better. Chondroitin 5.3. The two together 6.5. None of those differences was clear enough to rule out chance. The prescription drug was ten points better, and that one was.



Now the part that ends up on the bottle, because you'll run into it.

The trial had a smaller group, 354 people, who started with moderate to severe pain. In that group, the combination did markedly better than placebo. Seventy-nine percent against fifty-four.

That's a real number from a real trial and I'm not going to hide it. But here's how the authors themselves described it: an "exploratory analysis," suggesting the combination "may be effective" in that subgroup.

When a trial's main question comes back empty and one slice of it looks good, that's a reason to run another trial on that slice. It isn't a reason to buy the bottle. Cut any big trial enough ways and something will look promising.

If you've taken it for years and your knees feel better, I'm not going to argue with your knees. I'm only telling you what happened when somebody checked.

The paper is Clegg and colleagues, *New England Journal of Medicine*, 2006.

Fifteen hundred people. And six in ten of the ones on the sugar pill hit the mark anyway.

WHAT'S INSIDE

The whole book

Part One: Twelve things that keep a body working

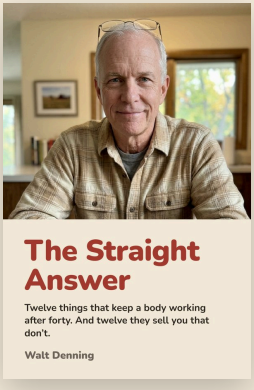
1 The scale is measuring the wrong thing · 2 Nobody is too old · 3 Your handshake knows something about you · 4 Can you get off the floor? · 5 The most dangerous thing on the list is being unfit · 6 Two days a week can be enough · 7 Ten thousand steps was the name of a pedometer · 8 The protein number you were given may be too low · 9 The one idea underneath all of it · 10 Ten seconds on one leg · 11 Sleep decides which tissue you lose · 12 The best program is the one still running in month six

Your First Two Weeks · Your Worst Week

Part Two: Twelve they sell you

1 Metabolism · 2 Lifting at your age · 3 Collagen · 4 Thinning bones · 5 Low testosterone · 6 Soreness · 7 Stretching first · 8 Multivitamins · 9 Glucosamine · 10 Cardio for weight loss · 11 Squats and knees · 12 BMI

The Fridge Sheet · How Sure Are They? · Who Was in These Studies · Check Me · Notes and Sources



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