

Breaking Barriers to Physical Activity

How Digital Health, Family, and Peer Support Can Empower Autistic Adults

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Research focus

- Physical activity, functional mobility, quality of life, and community participation among autistic adults.
- Telehealth, wearables, peer support, family co-participation, and community-engaged research.



Learning objectives. ROADMAP

1. Health Disparities & Movement Barriers

Examining cardiometabolic risks, sedentary patterns, and motor deficits in autistic adults.

2. Digital Health & Telehealth (PACT Model)

Validating remote physical assessments and peer-guided telehealth exercise interventions.

3. Wearables & Pragmatic Metrics

Utilizing activity trackers and adopting step-based metrics tailored to sensory profiles.

4. Family & Peer Support Systems

Leveraging family co-participation and peer support pods to foster long-term motivation.

What most often gets in the way of physical activity engagement?

Which barrier, do you believe has the greatest day-to-day impact for autistic adults.

- A** Access to programs
- B** Motivation or routine
- C** Transportation
- D** Social or sensory demands
- E** Lack of knowledgeable providers

Keep your answer in mind. We will revisit it near the end.

Daily steps and health outcomes in adults: a systematic review and dose-response meta-analysis

Prof Ding Ding, PhD ^{a,b} • Binh Nguyen, PhD ^{a,b} • Tracy Nau, BComLaw BNutSci ^{a,b} • Mengyun Luo, PhD ^{a,b} • Borja del Pozo Cruz, PhD ^c • Paddy C Dempsey, PhD ^{d,e,f,g} • et al. Show more

Affiliations & Notes Article Info Linked Articles (3)



Daily steps and health outcomes in adults

150 min

moderate activity
each week

+ muscle strengthening
on 2 days each week

31%

of adults worldwide

did not meet activity
recommendations in 2022

7,000
steps

per day was associated with
meaningful health benefits in a
2025 meta-analysis

- Steps are one useful measure.
- They do not capture every activity or replace strength training.
- If you are 65 or older, you need aerobic, muscle-strengthening, and balance activities each week.

Is Motor Impairment in Autism Spectrum Disorder Distinct From Developmental Coordination Disorder? A Report From the SPARK Study ^{FREE}

[Anjana Narayan Bhat](#) ✉

Physical Therapy, Volume 100, Issue 4, April 2020, Pages 633–644,

<https://doi.org/10.1093/ptj/pzz190>



FLORIDA INTERNATIONAL UNIVERSITY

Motor impairment risk Remains high through adolescence

86.9%

at risk for motor
impairment

11,814 autistic children
ages 5–15

31.6%

received physical therapy

Only 15.1% had a DCD or
motor-delay diagnosis

WHY IT MATTERS

Early motor challenges may
affect later activity, fitness, and
participation

Parent-reported screening study; adult impact is an inference, not a direct study finding.

FIU

Physical activity, Sedentary Behaviour and Their Correlates in Adults with Autism Spectrum Disorder: a Systematic Review

C. Thompson^{1,2} · M. Brook¹ · S Hick¹ · C. Miotti¹ · R. Toong¹ · JA. McVeigh^{1,2,3}



Physical activity and sedentary behavior in autistic adults

12 studies

systematic review

Only 2 studies used
accelerometry

8–105 min/day

more sedentary time

Across 3 studies
comparing
autistic and neurotypical
adults

LOW PA

**Limited evidence suggested
autistic adults were unlikely to
meet activity guidelines**

Few studies, mixed methods, and heavy reliance on self-report
limit certainty.

Physical activity supports health and participation

HEART

Physical health

Cardiovascular health, weight management, strength, mobility, and chronic disease prevention

MIND

Mental well-being

Stress regulation, mood, anxiety management, sleep, confidence, and energy

LIFE

Participation

Daily routines, community access, relationships, independence, and quality of life

Benefits matter most when activity is safe, chosen, and sustainable.

THE CHALLENGE | Physical Inactivity and Elevated Cardiometabolic Risk

>70%

High Abdominal Adiposity

Over 70% of our studied cohorts exhibited:

- ***High abdominal risk waist to height ratio** (> 0.50)

- ***BMI ~29** kg/m² (Overweight)

>50%

Insufficiently Active

- ***Over 50%** of participants reported **low leisure activity**

- *Only 33% reached 8,000+ daily steps.

Multidimensional Barriers to Exercise

- *Sensory defensiveness

- *Motor coordination differences

- *Transportation gaps

- *Unadapted community spaces.

Low activity can signal a poor fit between person and environment

A behavior label can hide
the real problem

“Not motivated”

Possible realities

- The setting is noisy, bright, crowded, or unpredictable
- Transportation, cost, or scheduling blocks access
- The activity does not match interests or motor abilities
- Instructions are unclear or change too quickly
- Past exclusion makes returning feel unsafe

Ask what is getting in the way before deciding what someone lacks.

Four studies, one connected research question

How can we make movement more accessible, measurable, and sustainable for autistic adults?

2024

PACT FEASIBILITY

Can telehealth, peers,
and wearables work
together?

2024

PACT PILOT RCT

Can the model
increase activity?

2026

MOVING TOGETHER

How does family co-
participation relate
to steps?

2026

RCMI + SPARK

Can we assess
mobility and
inequities remotely?

Physical Activity Connections via Telehealth (PACT)



PTJ: Physical Therapy & Rehabilitation Journal | *Physical Therapy*, 2024;104:pzae005
<https://doi.org/10.1093/ptj/pzae005>
Advance access publication date January 17, 2024
Original Research



Implementation of Peer-Assisted Physical Activity Via Telehealth for Adults on the Autism Spectrum: A Mixed Methods Feasibility Study

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Physical Activity Connections via Telehealth

- Created during COVID-19 restrictions in 2021 as an alternative to disrupted programs
- Designed for autistic adults ages 18 to 32 who could use remote technology with minimal assistance
- Combined individualized exercise, peer-guided support, coaching, and a Fitbit
- Focused on feasibility, acceptability, and sustainable self-management

THE PACT MODEL | Integrating Telehealth, Wearables, and Peer Mentors

AUTONOMY

Customized Home Program

Tailored exercise routines based on personal goals, activity preferences, and available home equipment.

COMPETENCE

Wearable Self-Monitoring

Fitbit activity trackers provide objective step feedback, daily goal setting, and self-management.

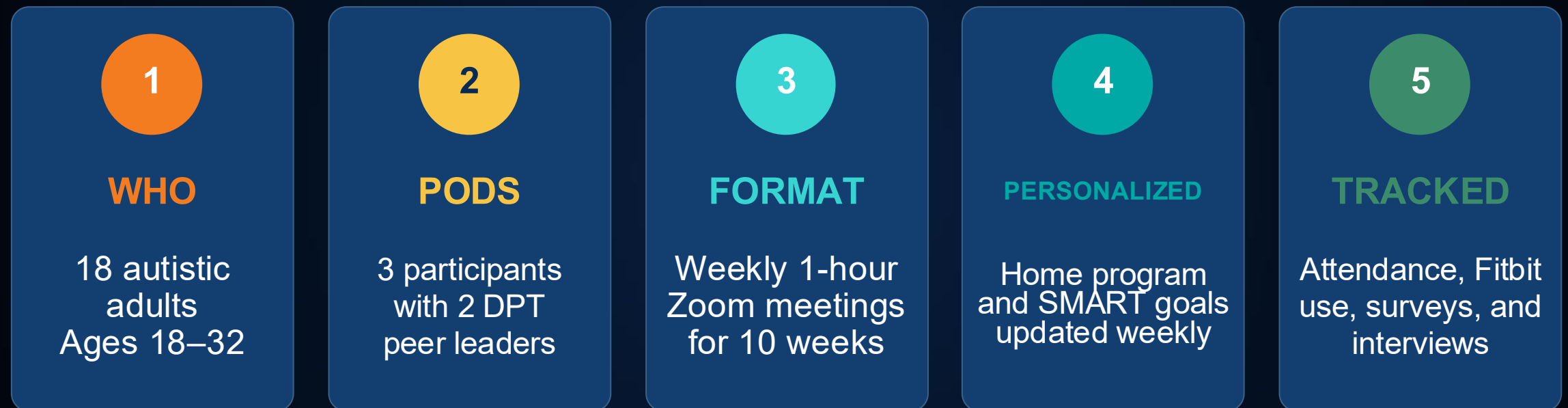
RELATEDNESS

Fitness Support Pods

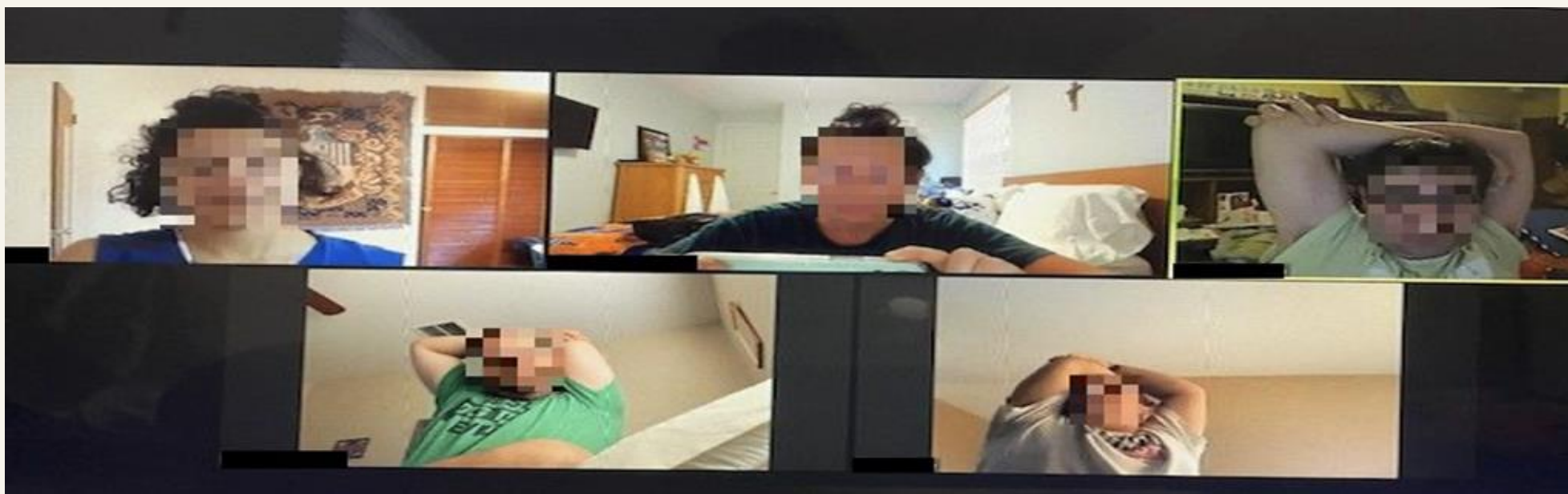
Weekly 1-hour telehealth sessions with 3 autistic peers and Doctor of Physical Therapy student mentors.

Evidence-based strategies	Competency	Autonomy	Relatedness
● Weekly fitness support pod meetings using Zoom© videoconferencing	x		x
● Individualized exercise program based on fitness assessment, participant goals, interests, and available resources. Updated weekly based on participant progress and feedback.	x	x	
● Peer support, coaching, modeling	x		x
● Fitbit© activity tracker and Fitbit mobile App for self-monitoring and individualized goal setting xx	x	x	
● Fitbit© mobile App personalized communities for communication, prompting, and team building	x	x	x
● Weekly online exercise logs via Survey Monkey	x	x	

How PACT was delivered



This mixed methods study focused on feasibility and acceptability.



CHECK IN

What worked?
What got in the way?

PRACTICE

Model and adapt
exercises

WEEKLY 60-MINUTE POD

3 autistic adults
2 DPT student peer
coaches
1 faculty supervisor

PLAN

Update SMART goals
and home program

CONNECT

Encouragement and
shared accountability

A weekly pod combined structure with individualized change

PACT feasibility study at a glance

18

participants

Autistic adults
ages 18–32

10

intervention weeks

Plus baseline and
post-program
weeks

6

support pods

3 participants per
pod

80%

a priori benchmark

Attendance,
retention, and
wearable
adherence

Exploratory sequential mixed methods: program metrics plus six focus groups

PACT was feasible and acceptable



100%

retention

All 18 participants
completed the program

93%

mean attendance

Weekly telehealth
sessions

82%

**Average Fitbit adherence across
10 weeks**

*All participants were satisfied and would likely join
again.*

Demographic and Quantitative Data per Subject																	
Subject #	Age	Sex	Race/Ethnicity	Employed	Living Situation (A = Alone F = with family)	Weekly Attendance (0 = absent)											
						1	2	3	4	5	6	7	8	9	10	Total	
1	32	M	Hispanic	No *	F	x	x	x	x	0	x	x	x	x	x	90%	
2	25	F	White Non-Hispanic	No	A	x	x	x	x	x	x	x	x	0	0	80%	
3	31	F	Hispanic	No	F	x	x	x	x	x	x	x	x	x	x	100%	
4	29	F	White Non-Hispanic	No	F	x	x	x	x	x	x	x	x	x	x	100%	
5	24	M	Hispanic	No	F	x	x	x	x	x	x	x	x	x	x	100%	
6	21	M	Hispanic	No	F	x	x	x	x	x	x	x	x	0	x	90%	
7	32	F	Asian	No	F	x	x	x	x	x	x	x	x	x	x	100%	
8	30	M	Hispanic	No	F	x	x	x	x	x	x	x	x	x	x	100%	
9	24	M	Hispanic	No	F	x	x	x	x	x	x	x	x	x	x	100%	
10	26	M	Hispanic	No *	F	x	x	x	x	x	x	x	x	x	x	100%	
11	22	F	White Non-Hispanic	No	F	x	x	x	x	x	x	x	x	x	x	100%	
12	31	M	White Non-Hispanic	Yes	F	x	x	x	x	x	x	x	x	x	x	100%	
13	26	M	White Non-Hispanic	No	F	x	x	x	x	0	0	x	x	x	x	80%	
14	20	F	Hispanic	Yes	F	x	x	x	x	x	x	x	x	x	x	100%	
15	27	F	Hispanic	Yes	A	x	x	x	x	x	x	x	x	x	x	100%	
16	19	M	Black/African American	No	F	x	0	0	0	x	x	x	x	x	x	70%	
17	24	M	Hispanic	Yes	F	x	x	x	x	x	0	x	x	0	x	80%	
18	25	M	White Hispanic	No *	F	x	x	x	x	x	x	0	x	x	x	90%	

Structured Support Pods Reduce Isolation and Build Confidence

Focus group themes from the PACT Feasibility Study (Tovin & Nuñez-Gaunaurd, 2024).

Theme 1: Structured Social Engagement

Weekly Fitness Support Pods provided social connection, goal-sharing, and accountability.

"The weekly meetings really helped to have a sense of community of people who are doing the same things you are." — Sean

Theme 2: Self-Efficacy & Pride

Participants gained confidence, reported weight loss (up to 20 lbs), and managed anxiety through exercise.

"I've lost about 20 pounds... I feel like I have a new-found confidence with exercise because of this program." — Jack

Theme 3: Accessibility & Social Safety

Remote telehealth delivery created a safe, non-judgmental space free from public gym anxiety.

"Doing this on Zoom really helped me... I don't really like exercising in groups. This was perfect for me." — Lucy

CLINICAL EFFICACY | PACT Significantly Increases Daily Steps & Activity

Journal of Developmental and Physical Disabilities (2024) 36:921–947
<https://doi.org/10.1007/s10882-024-09951-x>

ORIGINAL ARTICLE

Promoting Physical Activity Through Telehealth, Peer Support, and Wearables: A Pilot Randomized Controlled Trial Among Adults with Autism Spectrum Disorder

Annabel Nunez-Gaunard¹  · Melissa Tovin²

+1,615

Steps / Day Increase

PACT participants

↑steps/day:

* **5,828 to 7,443 steps**

($p = 0.015$, $d = 0.72$) vs. control group decrease.

+159%

Leisure Activity Score

Self-report physical activity (GSLT-PAQ)

↑from **26.2 to 67.8**

($p = 0.002$, $d = 2.60$).

93%

Session Attendance

100% program retention across 10 weeks and 93% average session attendance rate.



Key Clinical Takeaway:

Simply handing out a wearable device is NOT enough. The control group (wearable only) saw step counts decrease. Structured peer coaching, goal setting, and accountability are essential to convert technology into lasting behavior change.

FOR FAMILIES

What PACT study findings suggest

1

ACCESS

Remote visits can reduce travel and scheduling demands

2

CHOICE

Activities matched each adult's goals and interests

3

CONNECTION

Peers and coaches supported motivation

4

FEEDBACK

Fitbit data made progress visible

5

AUTONOMY

Offer help with setup or routines when wanted

These small studies included adults who could use remote technology with minimal assistance. Larger and longer trials are still needed.

Small changes can reduce common barriers

1

STARTING

Offer a 10-minute walk or stretch instead of an open-ended plan

2

SCHEDULE

Add a short home session to an existing routine

3

INTEREST

Try walking, dancing, gardening, swimming, or strength training

4

SENSORY

Adjust noise, lighting, clothing, or temperature

5

WEARABLE

Turn off alerts or review less often if data feels stressful

One solution will not fit every adult. Ask, try, and adjust.

EXAMPLE

Supporting a yoga routine without taking over

**15 min****Maya chooses yoga**

Tuesday and Thursday
after breakfast

Ask first**Caregiver helps**

Bookmark the video
and clear the space

Review

After 2 weeks, Maya decides
whether to continue or change
the plan

Success may mean consistency, confidence, enjoyment, energy, or less stress.



Contents lists available at [ScienceDirect](#)

Disability and Health Journal

journal homepage: www.disabilityandhealthjnl.com



Brief report

Moving together: The role of family co-participation in promoting physical activity among adults with autism

Annabel Nunez-Gaunaurd^{a,*}, Melissa M. Tovin^b, Dulcie Kermah^c, Bettina M. Beech^d, Marino A. Bruce^e

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Family co-participation was linked to higher activity

44 adults

ages 18–35

52% identified as
Hispanic or Latino

55%

averaged fewer than
7,000 steps per day

**6.86 X
odds**

of completing 7,000 steps /day
with family co-participation in informal
activities



Cross-sectional study with a wide confidence interval (1.05–44.72); association does not establish causation.

FIU

Familism and shared activity



Familism

a cultural value

Family cohesion, shared responsibility, and participation

Ask first

support the adult's choice

Join, plan, remind, or give space based on their preference

Shared routines Walking, swimming, household tasks, or recreational games can make movement familiar and flexible

***Familism** may be meaningful for many families, but it should not be assumed or increase caregiver burden.

DIGITAL TRACKING | Wearable Activity Trackers Drive Self-Management

Benefits of Consumer Wearables

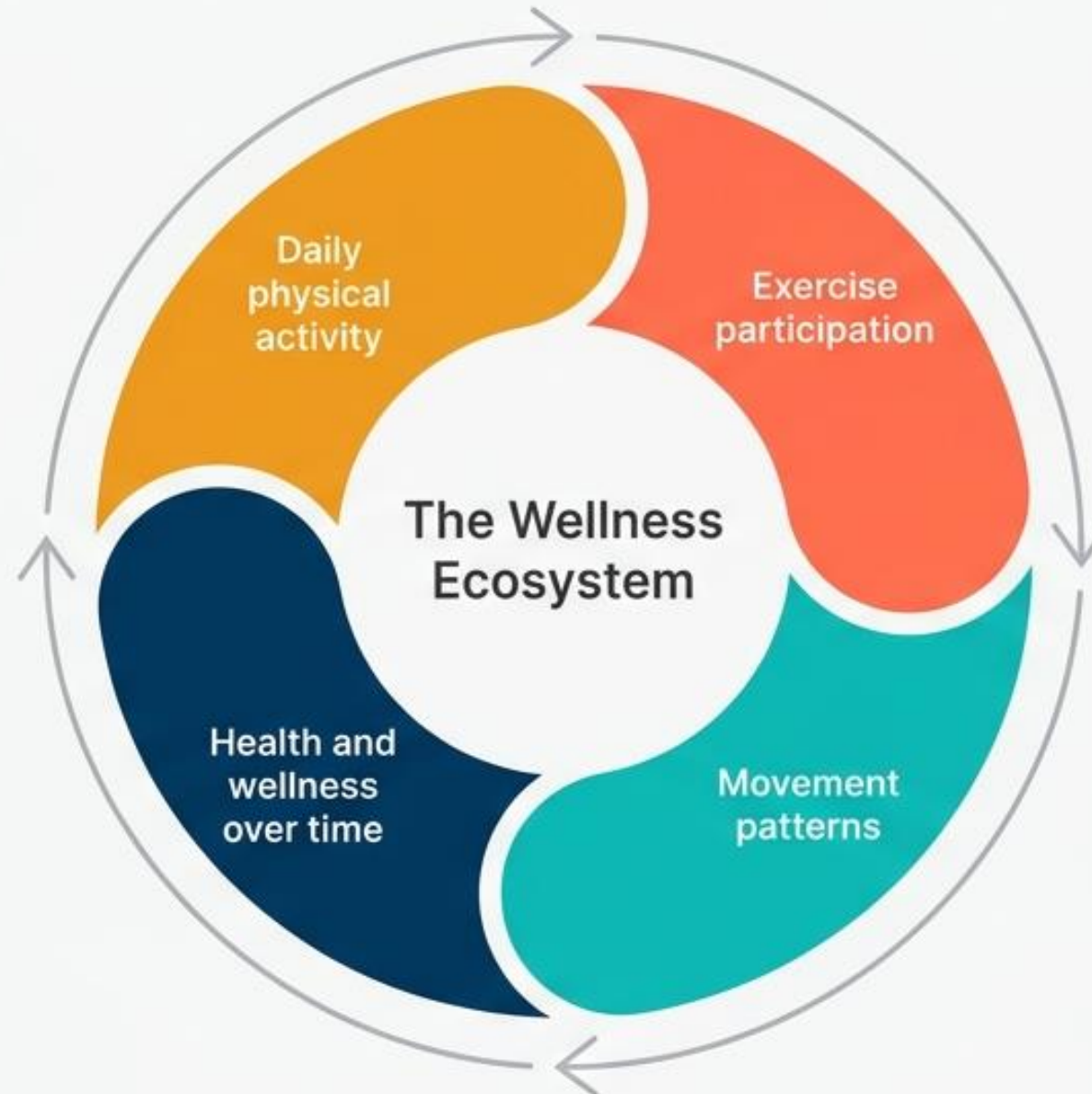
- Real-Time Feedback: Provides visual step counts, heart rate, and sleep metrics.
- Promotes Independence: Encourages self-monitoring without constant adult prompting.
- Team Challenges: Enables friendly group step challenges within fitness support pods.
- Goal Mastery: Helps participants celebrate micro-achievements and daily progress.

Overcoming Practical Challenges

- Sensory Sensitivities: Wristband tightness can cause discomfort; alternative clips can help.
- Executive Functioning: Remembering to charge devices and sync data requires initial routine building.
- Technical Set-Up: Initial pairing and app downloads benefit from guided peer assistance.
- Flexible Wear Expectations: Respecting non-wear during rest/vacation prevents resistance.

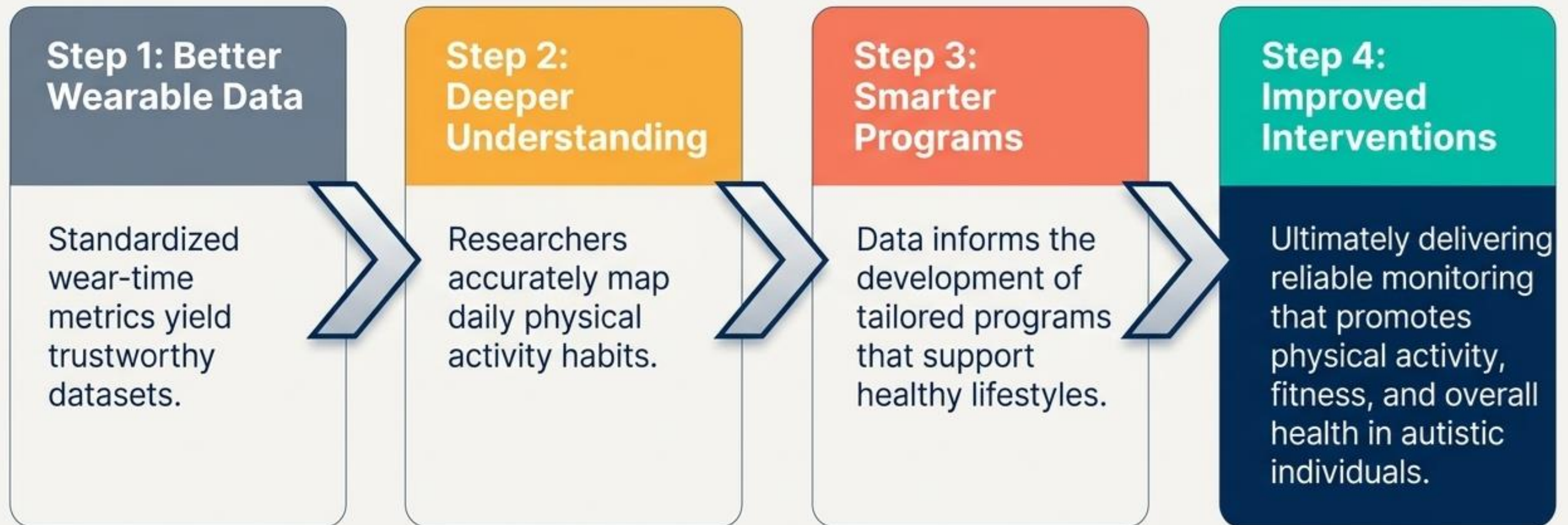
Wearable devices offer a window into holistic health

For people with autism who use fitness trackers or smartwatches, these devices hold tremendous potential. They provide researchers and healthcare providers an objective way to better understand these four interconnected pillars of health.



Better measurement drives smarter health interventions

Cascade of Impact



RESEARCH REPORT



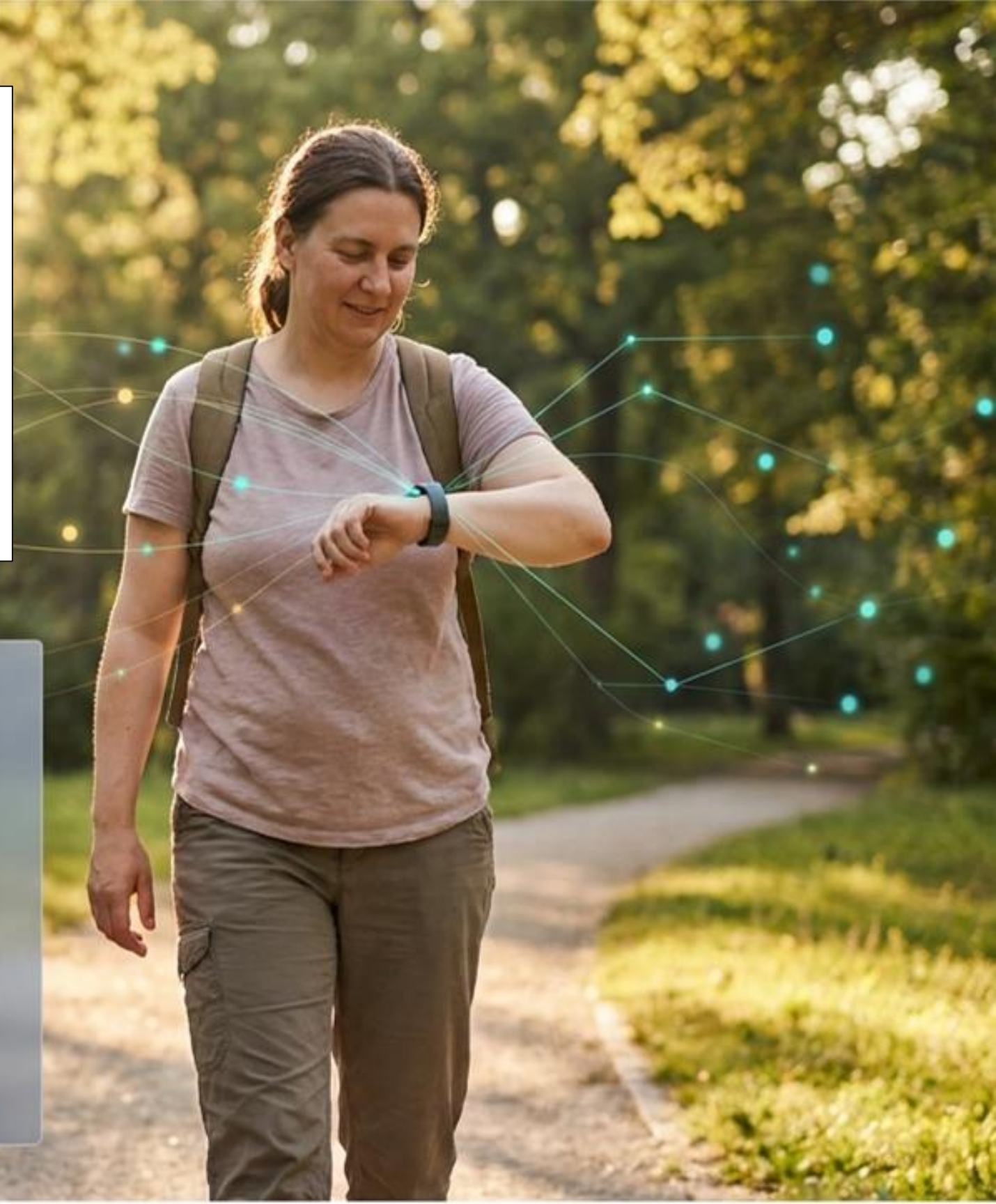
Comparing methods to measure wearable device adherence for physical activity monitoring for persons with autism: A prospective observational cohort study

Melissa M. Tovin, PT, PhD, PCS^a, Sheila B Madden, DPT, PT, PCS^b, Kaiwen Wu, DPT^a, and Annabel Nunez-Gaunard, PT, MSPT, PhD^c

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Can Wearable Activity Trackers Help Us Understand Physical Activity in Autism?

The crucial first step in translating device data into real-world wellness.



The way we define "wear time" fundamentally alters study results

Method A (Strict Definition)	Method B (Lenient Definition)	Standardized Method
Estimated Wear Time: Under-reports usage	Estimated Wear Time: Over-reports usage	Estimated Wear Time: Accurate
Data Reliability: Throws out valid data	Data Reliability: Counts device on a table as physical activity	Data Reliability: Distinguishes between sensory breaks and non-compliance
Risk to Study: Fails to capture the reality of the participant	Risk to Study: Inflates activity metrics	Risk to Study: Minimizes errors

Our study compared these different ways of determining whether a device was worn consistently by individuals with autism. The finding is clear: different methods give vastly different estimates of how often a device is actually worn.

MEASUREMENT METHODOLOGY |

Step Counts Offer a Pragmatic Wear-Time Metric

Metric Dimension	Method A: Heart Rate (≥10 hrs/day)	Method B: Step Count (≥500 steps/day)
Participants Adherent	41% Classified Adherent (Mean 24 days / 2.8 weeks)	70% Classified Adherent (p < 0.001) (Mean 40 days / 5.4 weeks)
Behavioral Impact	Underestimates wear time due to sensory aversion to tight wristbands	Captures natural wear habits during active exercise & walking bouts
Data Loss Risk	High data exclusion (discards active days missing continuous HR)	Low data loss; preserves valid physical activity data
Research & Practice Insight	Overly stringent; sets unrealistic continuous wear expectations	Pragmatic, inclusive, and ecologically valid metric for ASD

Step counts captured more days of device use



24 days

heart-rate method

2.8 adherent
weeks

40 days

step-count method

5.4 adherent
weeks

70%
vs
41%

classified as adherent for at
least 5 of 8 weeks

Days and weeks differed significantly ($p < .001$). Step-based data retained more valid person-days.

Protocol

Remote Assessment of Physical Function and Physical Activity in Adults With Autism Spectrum Disorder: Protocol for Feasibility, Validity, and Reliability Study

Annabel Nunez-Gaunaud¹, MSPT, PhD; Melissa M Tovin², PT, PhD; Melissa Hale³, PhD; Tan Li⁴, MS, PhD; Anjana Bhat⁵, MS, PT, PhD

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FIU

Why remote physical function assessment is needed

Motor needs

Often overlooked in adulthood

Balance, coordination, and gait can affect activity and fall risk

Access

Clinic visits can be difficult

Travel, sensory demands, and limited provider availability

TELEHEALTH

- May bring physical function and balance assessment into the home
- This article describes a study protocol. It explains what will be tested, not final effectiveness results.

STUDY PROTOCOL

Study goals and potential community benefit



155 adults

recruited through
SPARK

Ages 18–59
Two weeks of Fitbit
steps

25 adults

Remote testing subset
Sit-to-stand &
balance
assessments by
video

WHAT WE LEARN

*Whether remote tests are feasible, valid,
reliable, and useful for identifying
health disparities*

Long-term goal: more accessible assessment, earlier
recognition of needs, and better-informed supports.

SPARK helped us reach a larger, more diverse adult cohort



Recruitment through the SPARK registry

Remote surveys • Fitbit Inspire 3 •
telehealth mobility assessment
subset

155

adults enrolled

Ages 18–59

77%

Black or Hispanic

66% of the cohort was female

FOR FAMILIES

Preparing for a remote functional assessment visit

1

CLEAR SPACE

Remove tripping hazards and use a sturdy chair

2

CAMERA VIEW

Show the full body while seated and standing

3

SHARE NEEDS

Note sensory, communication, and pacing preferences

4

STOP SIGNALS

Pause for dizziness, pain, breathing trouble, or discomfort

5

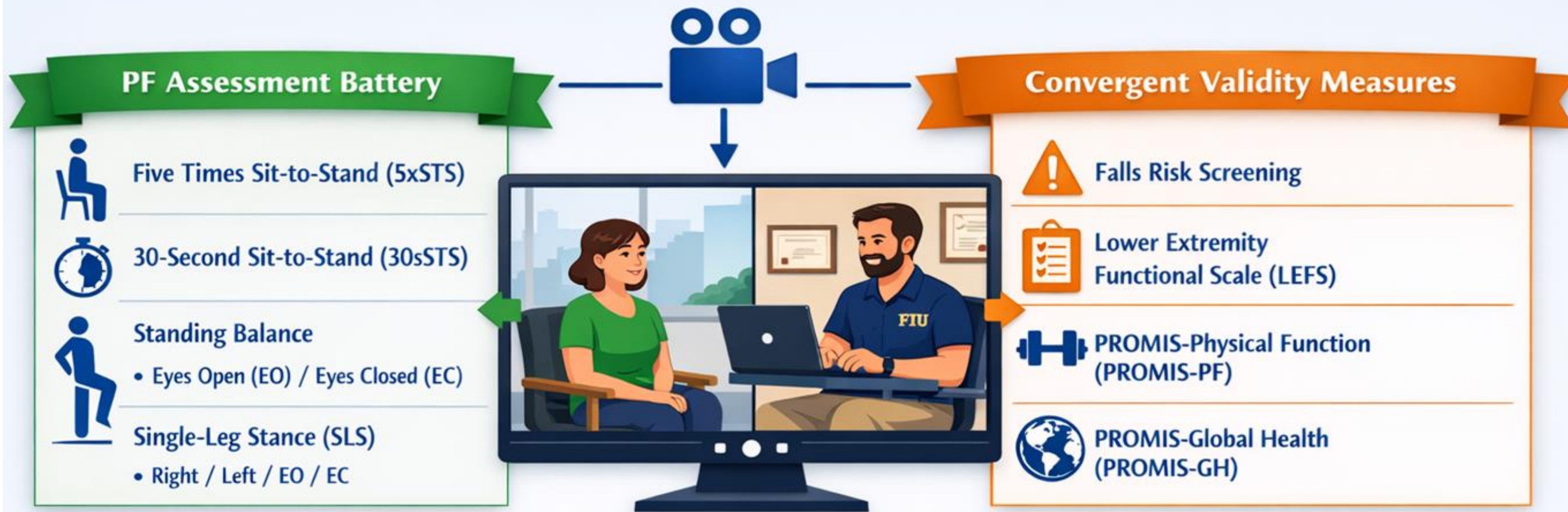
AGREED SUPPORT

Clarify what help the autistic adult wants nearby

A Short Remote Battery Can Measure Physical Function At Home

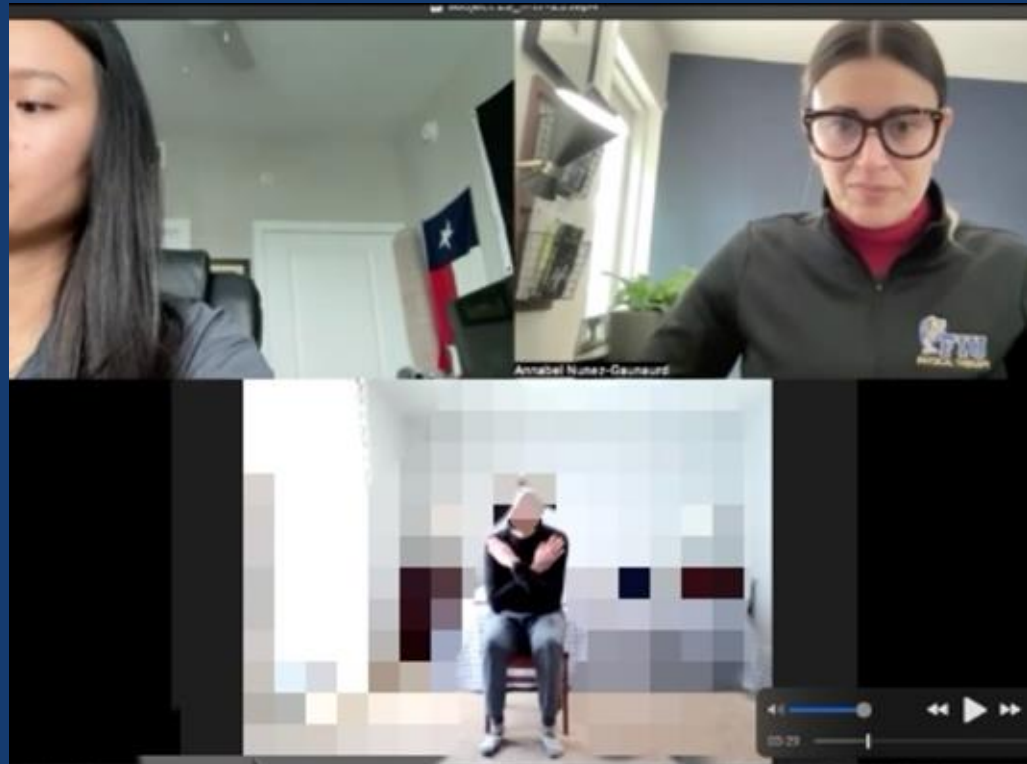
Outcome Measures Assessed

Telehealth Physical Function Tests in Adults with ASD



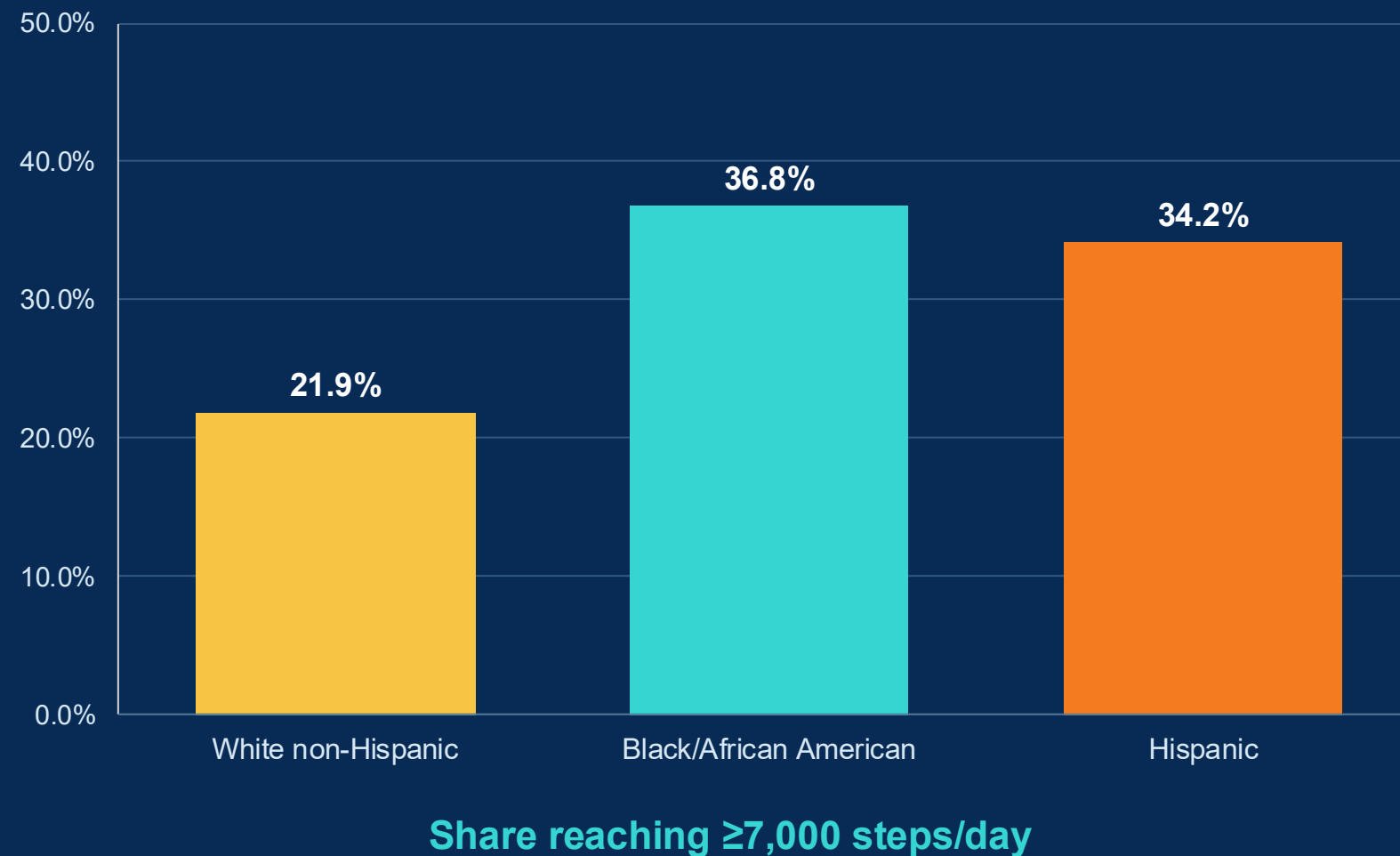
Remote Assessment Protocol in Practice

- All sessions were conducted via secure Zoom.
- Participants were set up in their home environment, with standardized positioning for sit-to-stand and single-leg stance tasks.
- Trained raters used fidelity protocols and all sessions were recorded to enable reliable inter-rater scoring.



Preliminary findings show low activity across groups

These analyses remain preliminary and should not be treated as final estimates.



AROUND 6,000 STEPS/DAY

Average daily steps across the cohort

SEVERITY + FALL RISK

Greater autism symptom severity was associated with higher odds of screening positive for fall risk

Preliminary findings at a Glance



34.9

Age (yrs)



~6,000

Daily Steps



3.3

Fall Risk

**Clinically meaningful
fall risk ~ $\frac{1}{3}$ of
participants screened +
for Fall Risk*



5x Sit-to-Stand

13.6 seconds — Mildly reduced lower-extremity strength and functional mobility; ranges overlapping across groups



30 sec. Sit-to-Stand

12 repetitions — Comparable functional endurance across groups; consistent with the 5xSTS pattern of mild but broadly similar limitation

Across all domains, mean values were similar across racial/ethnic groups, greater variability *within* groups than *between* groups.

REHABILITATION ACCESS | Physical Therapy is Underutilized in Primary Care

The Transition & Primary Care Gap

- Missed Opportunities for Movement Support: Motor and physical activity needs are rarely addressed as part of routine adult autism healthcare, despite ongoing functional challenges and elevated chronic disease risk.
- Unaddressed Motor Deficits: Developmental motor, gait, and balance differences persist into adulthood without support.
- Preventable Decline: Lack of routine movement guidance accelerates sedentary behavior and chronic disease.

DISABILITY AND REHABILITATION
2026, VOL. 48, NO. 13, 3959–3983
<https://doi.org/10.1080/09638288.2025.2587014>



REVIEW ARTICLE

OPEN ACCESS

Unmet healthcare needs in adults with childhood-onset neurodisabilities: a systematic review and narrative synthesis

Aoife L. Gallagher^{a,b}, Elaine Meehan^c, Claire Kerr^d, Manjula Manikandan^e, Rory O’Sullivan^f, Aoife Whiston^{a,g}, Rose Galvin^{a,b,g} and Katie Robinson^{a,b,g}

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The Role of Physical Therapists

- Movement Experts: Physical therapists specialize in adapting exercises for complex motor and executive function profiles.
- Early PT Screening: Routine physical function checks in primary care identify early mobility and strength decline.
- Individualized Prescriptions: Tailoring exercise frequency, intensity, and type (FITT principles) to participant preferences.
- Community & Digital Bridges: Connecting patients to accessible home-based and remote physical activity programs.



Contents lists available at ScienceDirect

The Journal for Nurse Practitioners

journal homepage: www.npjjournal.org



Underused Physical Therapy Services in Primary Care Settings: An Overview

Annabel Nunez-Gaunard, Deana Goldin



Barriers accumulate across four layers

1

Physical

Motor coordination, fatigue, pain, chronic conditions, sleep

2

TASK + ROUTINE

Planning, initiation, changing expectations, complex instructions

3

PLACE + ACCESS

Transportation, cost, sensory load, limited inclusive programs

4

PEOPLE + BELONGING

Exclusion, limited support, providers without autism knowledge

The more layers involved, the more support must address the system around the person.

Caregiver Roadmap: Four Practical Steps for Physical Activity at Home

Empowering families to integrate movement into everyday life.

STEP 1

1. Adopt Pragmatic Metrics

Focus on step counts and active movement bouts rather than strict 24/7 wear requirements. Try clip-on trackers if wristbands cause sensory discomfort.

STEP 2

2. Co-Participate as a Family

- Engage in physical activity together.
- Family walks
- tandem cycling
- Swimming
- active video games turn exercise into an enjoyable shared routine.

STEP 3

3. Set Weekly SMART Micro-Goals

Start small

- (e.g., +500 steps/day or 15-min walks 3x/week).
- Use simple visual tracking logs or wearable prompts to celebrate micro-successes.

STEP 4

4. Connect with Peer & PT Networks

- Leverage virtual support pods
- community adaptive recreation
- early physical therapy referrals to address mobility needs.

The guideline is a destination, not a starting requirement



Plus strength

Muscle-strengthening activity on 2 or more days each week.

Start where you are

Some activity is better than none. Break movement into shorter, manageable bouts when helpful.

For many people, the first target is a repeatable routine, not 150 minutes on day one.

Case example: Building a routine around one person

“Gaby” 27

Enjoys nature and short walks in the park. Crowded gyms feel overwhelming. Starting tasks after work is difficult.



CHOICE

Two 15-minute nature walks on quieter routes

TECH

Watch reminder and a simple weekly step view

PEER

Ten-minute video check-in with a walking partner

FAMILY

A shared Sunday walk when Gaby chooses

After 6 weeks: a repeatable routine, more confidence, and progress that Gaby can see.

Digital health helps when the fit is right

HELPS

- **Home-based access** reduces travel and sensory demands
- **Visual feedback** makes progress concrete
- **Flexible scheduling** supports changing energy and routines
- **Remote** connection can strengthen accountability

CAN EXCLUDE

- Internet, device, or data costs limit access
- Charging, syncing, and passwords add executive demands
- Notifications and screens can create sensory burden
- Data may feel controlling if goals are not self-chosen

The best tool is the one the person can and wants to use.

Future generation of physical activity programs: more adaptive and inclusive

CO-DESIGN

Autistic adults help define outcomes, supports, and acceptable technology

PERSONALIZATION

Plans adapt to preferences, energy, motor ability, and context

HYBRID OPTIONS

People can move among home, clinic, and community settings

AFFORDABILITY

Programs account for devices, data plans, transportation, and staffing

RESPONSIBLE AI

Coaching tools remain transparent, optional, and supervised by people

LONGER FOLLOW-UP

Research tests maintenance, participation, health, and quality of life

Key Takeaways

- 1 **Physical activity supports health, function, well-being, and participation.**
- 2 **Barriers often reflect the environment and program design, not a lack of effort.**
- 3 **Telehealth and wearables can expand access when training and troubleshooting are built in.**
- 4 **Peer and family support can strengthen connection, accountability, and routine while preserving autonomy.**
- 5 **Inclusive design and meaningful choice are essential for lasting participation.**

Resources and selected publications

FOR AUTISTIC ADULTS, FAMILIES, AND PROVIDERS

SPARK webinars and adult resources
sparkforautism.org

Move Your Way activity resources
health.gov/moveyourway

Physical Activity Guidelines for Americans
health.gov/paguidelines

Articles from RESEARCH PROGRAM

PACT feasibility study
doi.org/10.1093/ptj/pzae005

PACT pilot randomized trial
doi.org/10.1007/s10882-024-09951-x

Moving Together family study
doi.org/10.1016/j.dhjo.2026.102115

Remote assessment protocol
doi.org/10.2196/86020

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Questions and discussion

