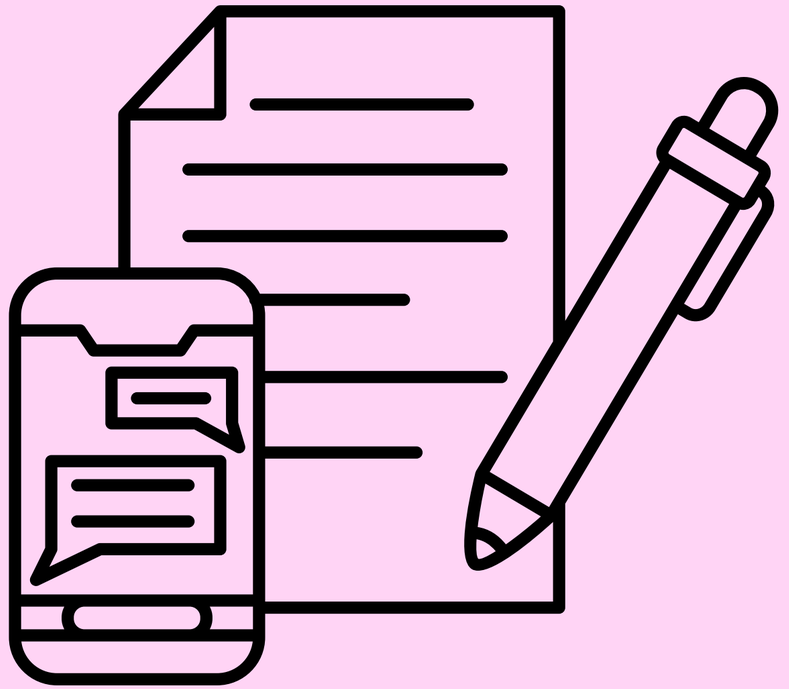
Rehabilitation in Geriatric Care

For MO



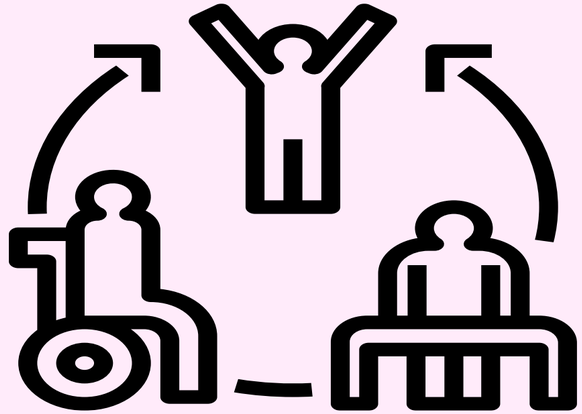



CONTENTS



REHABILITATION

- The root word is 'habilitate‘ (Latin 'habitare') means 'make fit. ' The Latin prefix 're-' gives the meaning 'again'
- ‘Rehabilitation’ means 'to restore to a former position or status’
- Rehabilitation (WHO) is defined as “a set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment”.



REHABILITATION IN THE OLDER PERSON

Goals

- Improve mobility
- Inculcate self-care independence
- Improve quality of life

Assess

- Premorbid functioning
- Cognitive status
- Vision, hearing and joint position sense
- Caregiver input

INTERDISCIPLINARY TEAM

A rehabilitation program is a combination of :

- Physical
- Occupational
- Speech therapy
- Psychological counseling
- Social work services to help persons maintain or recover physical capacities

APPROACH

Prevention Approach

- Accident prevention-
  a) Home assessment and home hazard checklist
  b) Environment
  c) Fall prevention
- Activity promotion
  a) Activity configuration
  b)Environmental familiarity

Accommodation Approach

- Assistive technology
- Leisure
- Psychological support
- Caregiver training
- Palliative care

Restorative Approach

- Strengthening
- Endurance
- Gait
- Balance
- Coordination

HEALTHY AGEING

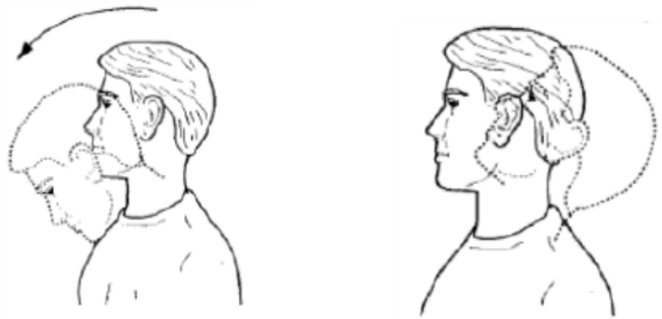
Lifestyle modification:

- Patient education
- Leisure
- Neck, back, shoulder and knee strengthening exercises

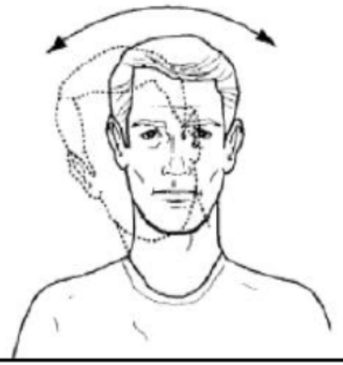
NECK

1) NECK RANGE OF MOTION EXERCISES

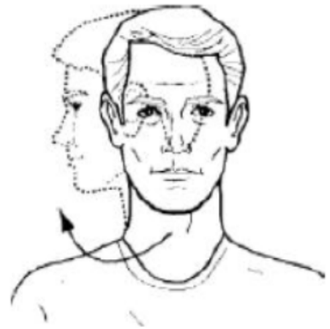
These exercises can be done while sitting or standing



- Neck flexion and extension,
- Repeat 5 times, 2 to 3 times daily
- Can be increased to 10 times after a week.



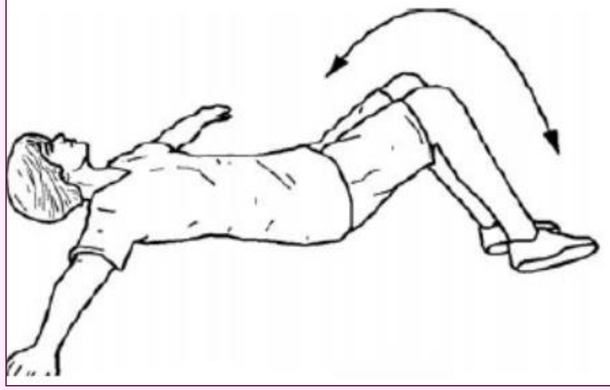
- Neck bending sideways.
- Repeat 5 times, 2 to 3 times daily.
- Can be increased to 10 times after a week.



- Neck rotation sideways.
- Repeat 5 times. 2 to 3 times daily
- Can be increased to 10 times after a week.

BACK

Lumbar Flexion with Rotation

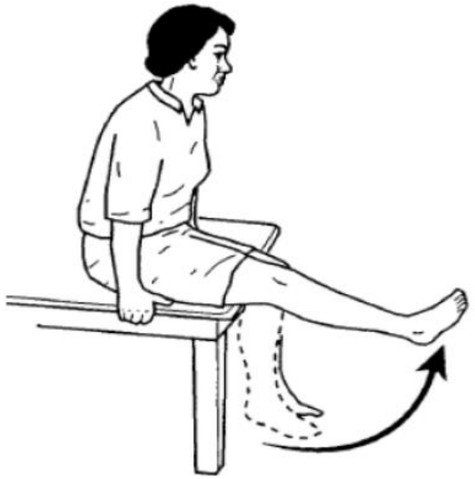


- Lie on your back with your hands at your side and your knees bent.
- Rotate your knees towards right and left side. Repeat exercise 5 times each side.
- Two to three times daily.
- This can be increased to 10 times after a week.

Bridging

- Tighten your abdominal muscles to keep your back in the neutral position.
- Use your buttock muscles to slowly rise off the surface without bending your lower back.
- Hold position for 5 seconds
- Repeat exercises 5 times, repeat2 to 3 times daily can be increased to 10 times after a week.

KNEE



Dynamic Quads

- Sit on the side of your bed, or a firm chair.
- Raise your foot until the knee is straight.
- Hold position for 5 seconds. Slowly lower your foot and relax.
- Repeat exercises 5 times, 2 to 3 times daily
- This can be increased to 10 times after a week.

Hip Abduction

- Lie on your side.
- Bend your arm closest to the bed to support your head as shown.
- Place your other hand in front of your trunk for balance.
- With legs straight, lift your leg straight up (as shown) to raise your heel about 10 inches off the bed.
- Hold position for 5 seconds. Slowly lower your leg and relax.
- Repeat exercises 5 times, 2 to 3 times daily
- This can be increased to 10 times after a week.

1. ACTIVITY PROMOTION

- Link older adults with activities that have a meaning
- Connect them with others, who have the same preferences
- Ascertain what specific self-care activities are perceived as vital to the individual
- Use memory boxes or go down memory lane with them as reminiscence therapy

Activity configuration and environmental familiarity

- Routine activity spaces - independent
- Occasional activity spaces - dependent

Daily Schedule

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8:30							
9:30							
10:30							
11:30							
12:30pm							
1:30							
2:30							
3:30							
4:30							
5:30							
6:30							
7:30							
8:30							
9:30							
10:30							
11:30							
12:30am							

2. ACCOMMODATION APPROACH

Use of compensatory strategies:

- Smart phones with speed dial to a relative/close friend/emergency service.
- One can use a bell, which the patient can ring when he or she wants anything.
- Screen magnification for reading on the computer/laptop/i-pad etc
- Wheelchairs and commode chairs
- Leisure activities

PATIENTS WITH COGNITIVE PROBLEMS

- Do not make any major modifications
- Reduce clutter
- Label drawers and cabinets by their contents
- Arrange commonly used objects in the same place
- Jot down important appointments
- Orientation

PATIENTS WITH VISUAL PROBLEMS

- Lighting
- Contrast
- Bold print
- Flooring/Background
- Regular reviews – optometrist/ophthalmologist

PATIENTS WITH HEARING PROBLEMS

- Approach the older adult from the front
- Face the older adult directly
- Check that hearing aids are fitted properly and that batteries are in working order
- Ensure adequate lighting
- Avoid background noise
- Speak clearly using a low tone voice and moderate rate of speech
- Write a message, if necessary
- Refer to an ENT specialist and a Speech and Language therapist for a complete evaluation

PATIENTS WITH NEUROMUSCULAR, MOTOR OR MOBILITY PROBLEMS

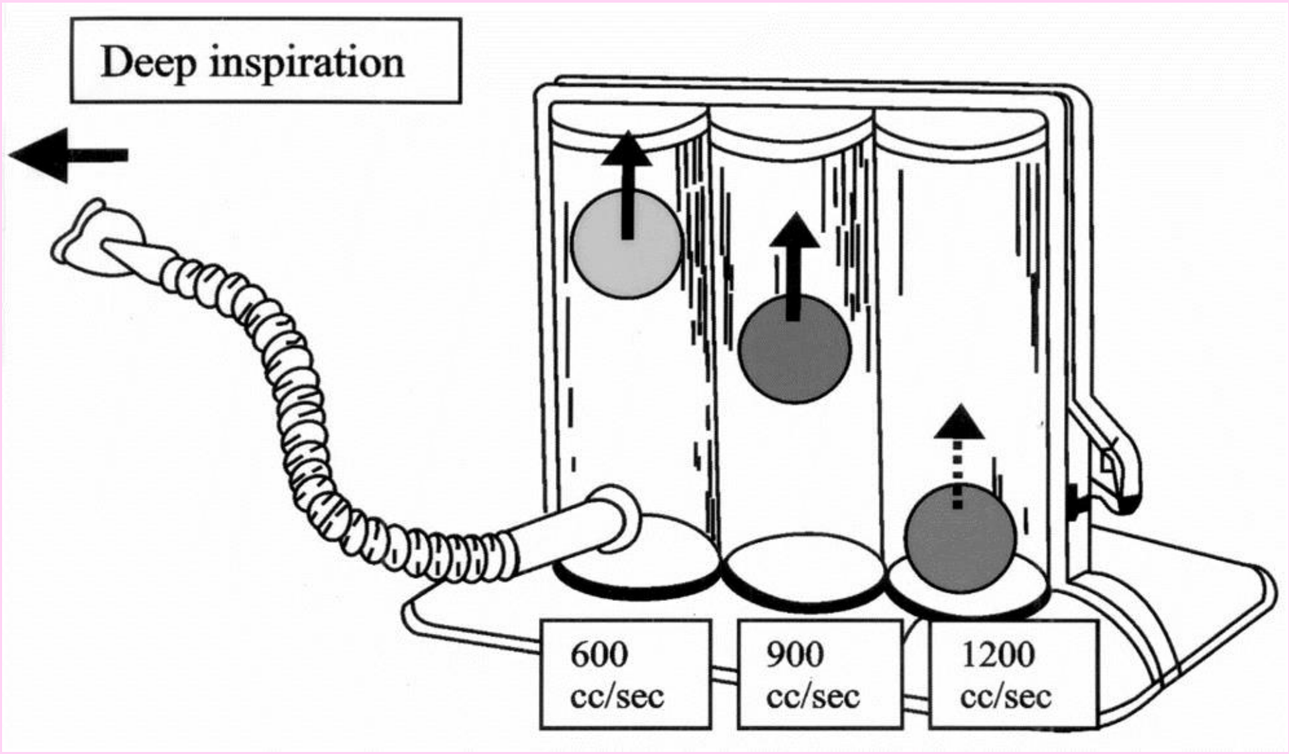
- Environment is free of hazards
- Appropriate height of chairs, beds, dresses, clothes and toilet seats

CARDIAC FAILURE

- Endurance
- Activities of daily living

LUNG PATHOLOGY

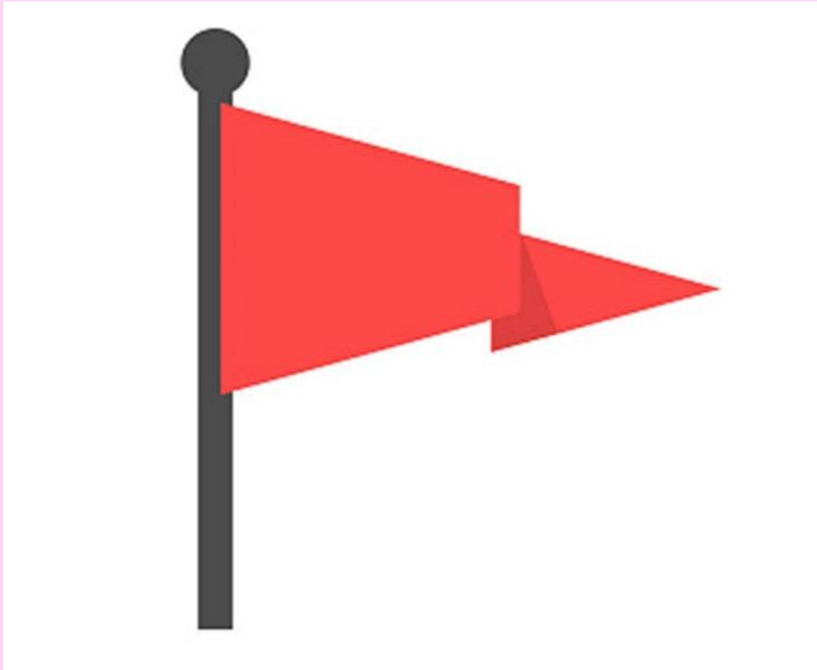
- Incentive spirometry
- Chest physiotherapy
- Breathing exercises
- Lifestyle modification



STROKE – RED FLAGS

Red Flags:

- Altered consciousness
- Poor swallow
- Poor communication
- Poor sitting balance
- Dislocation of shoulder



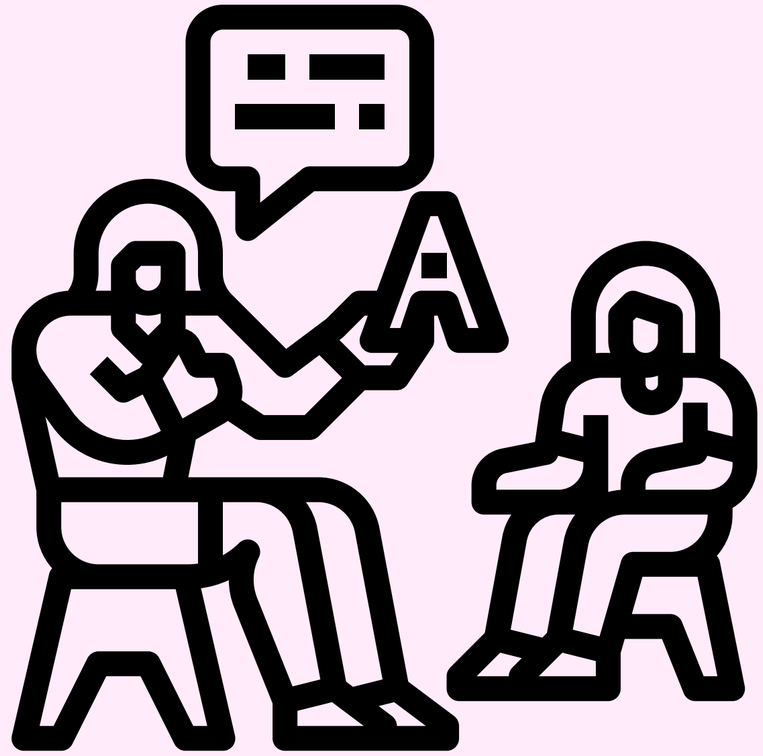
STROKE

Bed exercises:

- Transfers - check if patient lie on bed
- Assessment of care givers
- Muscle strengthening - Graded
- Prevention of shoulder dislocation
- Hand functions – holding tumbler to hand to mouth rom, ADL activities

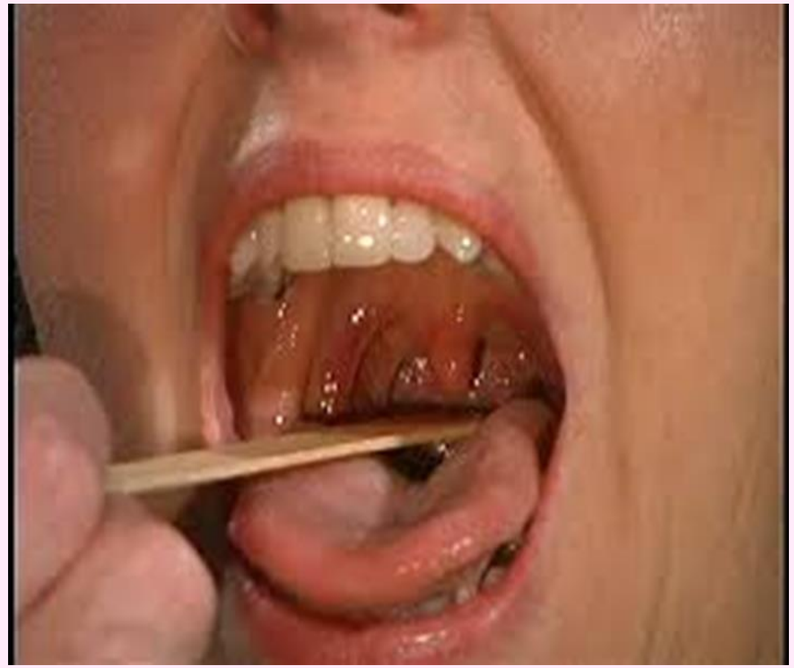
STROKE – SPEECH PATHOLOGIST

- Communication
- Communication board
- Eye closure, grunts
- Monosyllables
- Read/Repeat
- Encourage
- Care Education
- Frustration/ Tiring out



STROKE – SPEECH PATHOLOGIST

- Check if the patient can obey commands
- Assess if the patient can be made to sit up
- Check oral cavity for any lesions in the mouth, drooling of saliva, pocketing of food, absence of teeth
- Pooling of secretions
- Check for gurgle-y voice
- Gag reflex

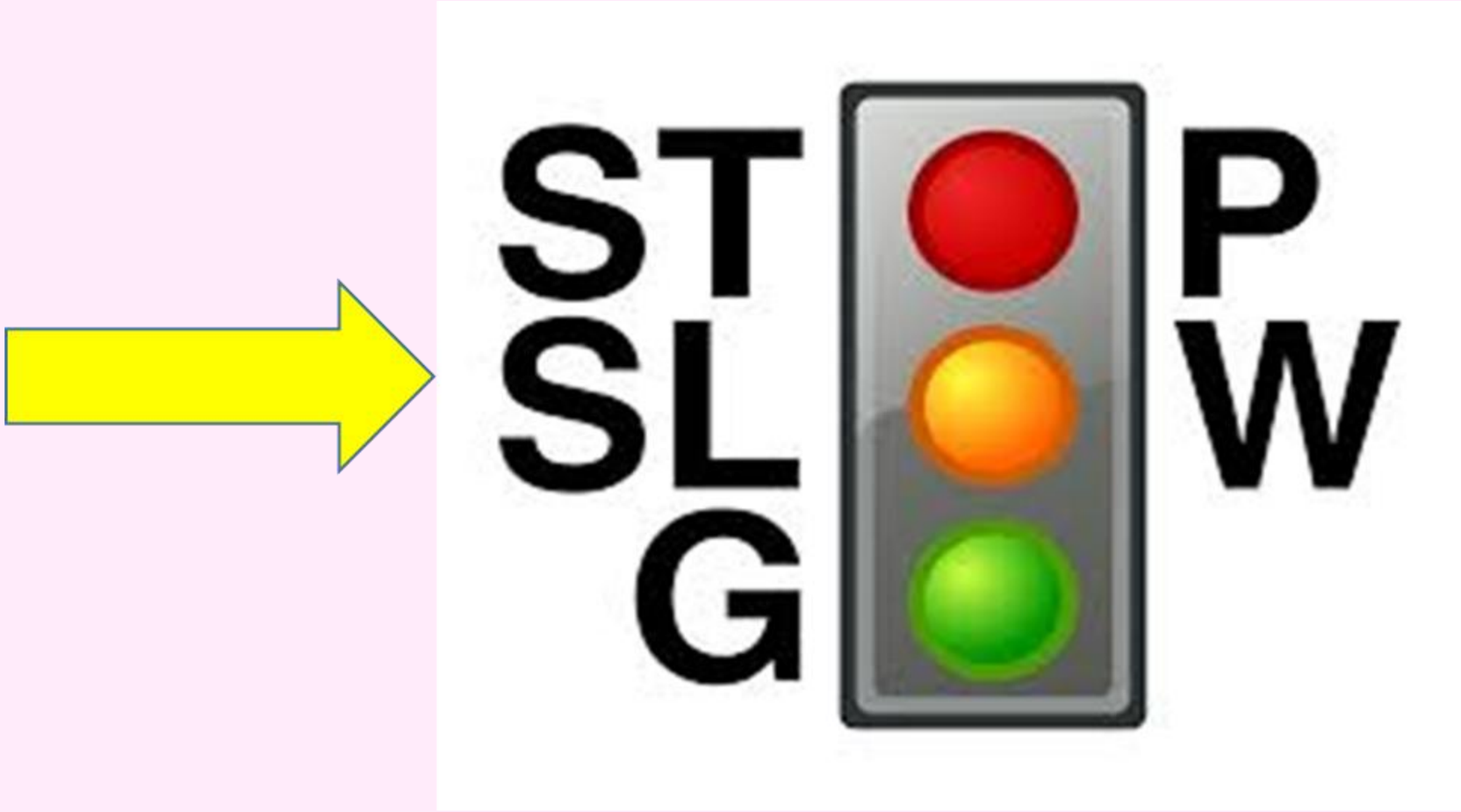


WHEN NOT TO ASSESS

- Patient is drowsy and not able to obey commands
- Patient cannot made to sit up
- Absence of gag reflex

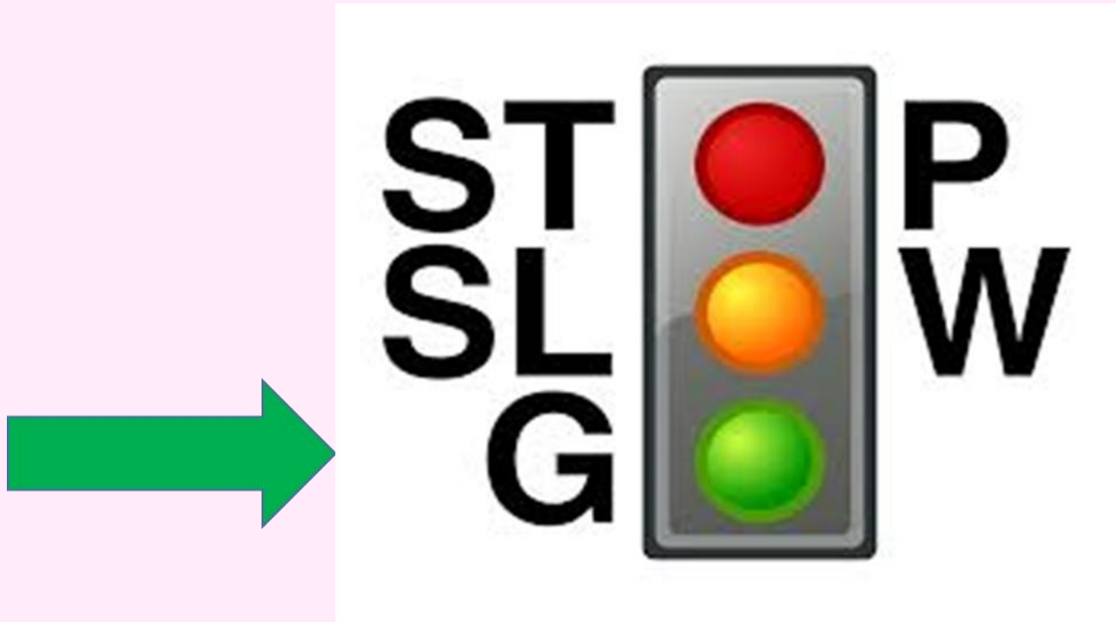
WAIT

- Patient swallows a few sips and then coughs



GO

- Tolerates pureed feeds
- Tolerates liquids
- Tolerates that day’s calorie requirement (eg.1500kcal/day)



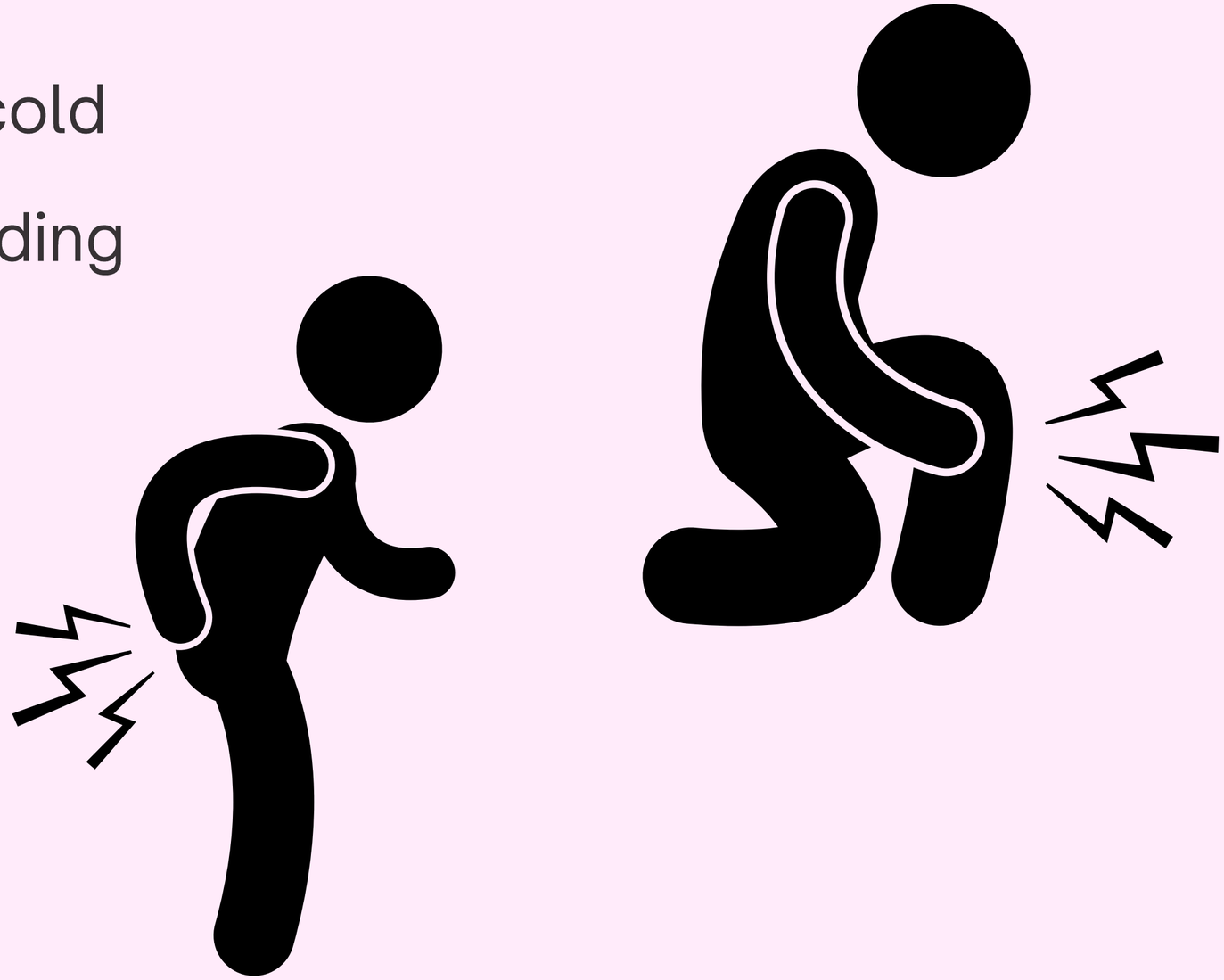
TOILET SEATS

Commode chair

Toilet seat raiser

OSTEOARTHRITIS – HIP AND KNEE

- Pain relief – hot or cold
- Use of aids – offloading



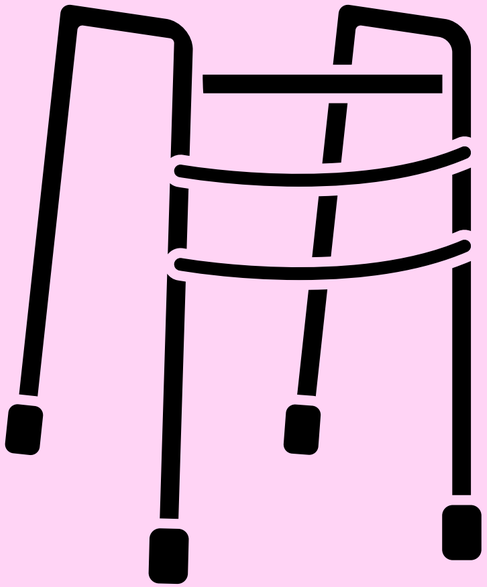
WALKING AIDS

WALKING AIDS

- Single point cane: Can help redistribute weight, and to provide tactile information about the ground
- Multiple point cane: It provides more stability for individuals who require more assistance with balancing
- Quadripod cane: Gives a wide base of support and extra stability
- Standard Walker: Improves upper extremity strength and coordination
- Wheeled walker: Increased manoeuvrability, when compared with a standard walker

IDEAL HEIGHT OF WALKER/CANE

- The height of the walker/cane needs to be adjusted



- One should be able to grip the walker/cane with the elbows bent at a comfortable angle of 15 degrees, with the shoulders relaxed while standing inside/ beside the walker/cane

- The height could be also adjusted to the level of the greater trochanter of the patient

HOW TO WALK INTO A WALKER

- The patient stands with the walker in front of him/her and grips it with both hands
- Ensure all four ferrules or wheels of the walker are well grounded before taking a step
- The elbows should be bent at a comfortable angle
- Next, place the weaker foot into the walker. The foot should land squarely inside the walker area
- Do not step too close to the front of the walker. The patient’s body should be in the center of the walker

- Standing too far away from the walker can cause it to tip backward, NB If both legs were operated, step into the walker with the leg that feels weaker.

- Then step forward with the other leg, placing it in front of the weaker leg

USE OF A CANE

- Right knee osteoarthritic pain:
  - The patient should hold the cane in their left hand, and weight bear on the left leg
  - Move the cane and the right leg forward simultaneously
  - If they cannot do this simultaneously, they can move the cane first followed by the right leg (affected leg) and then move their left leg (unaffected leg) forward

USE OF A CANE

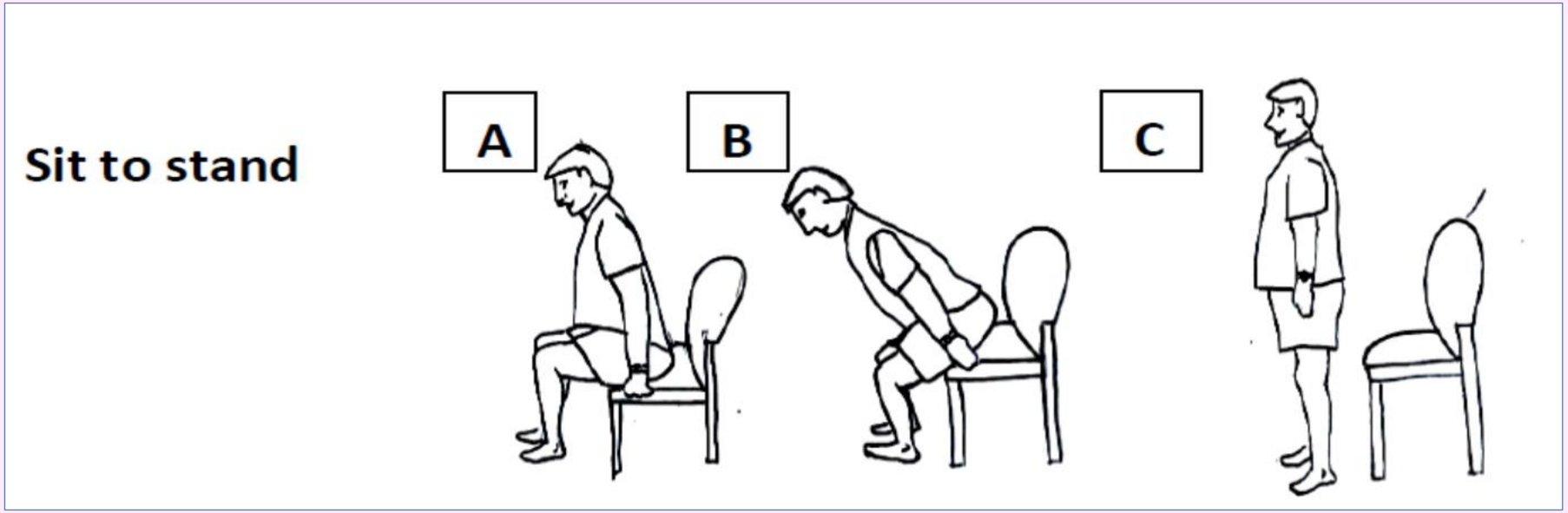
- To go up one step or a curb:
  - Step up with the unaffected leg first
  - Balance the weight of the body on the unaffected leg
  - Bring the cane and affected leg up to meet the unaffected leg

Use the cane to aid in balance

3. RESTORATIVE APPROACH - BED EXERCISES

- Active range of motion exercises – upper and lower limbs
- Sitting with maximal assistance
- Approach patient from affected side
- Limb exercises and chest physiotherapy

GAIT AND BALANCE



A. Sit on the edge of the chair, feet apart. Lean slightly forwards

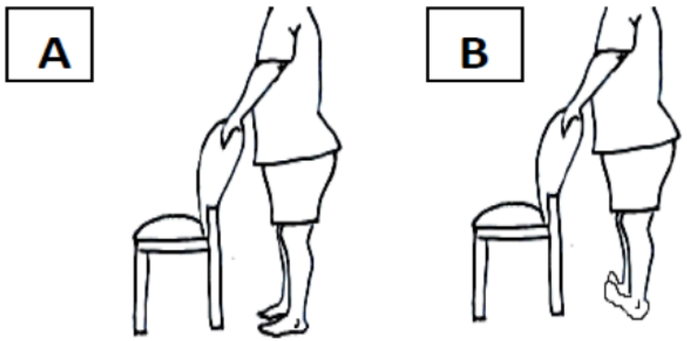
B. Stand up slowly. Do not use your arms. Keep looking forwards, not down

C. Stand upright before slowly sitting down. Repeat this 5 times

D. Gradually increase this every few days until you can do 10 times at each sitting

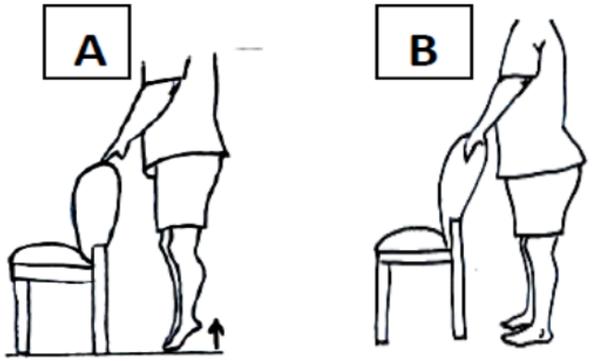
Progression: Gradually try to decrease the amount of support your hands are giving you, until you can stand up and sit down without using your arms

Toes Raise



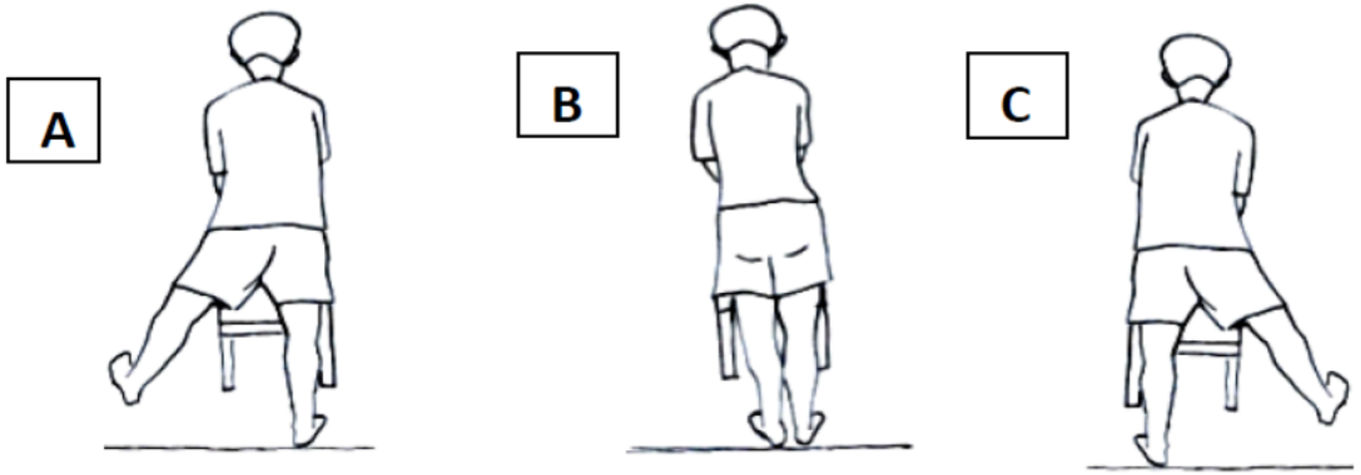
A. Rest your hands on the back of a chair.
B. Lift both foot toes off the floor as far as is comfortable. The movement should be slow and controlled.
C. Repeat 5 times at each sitting.
D. Gradually add one more repetition every few days until you can do this 10 times at each sitting.

Heel Raise



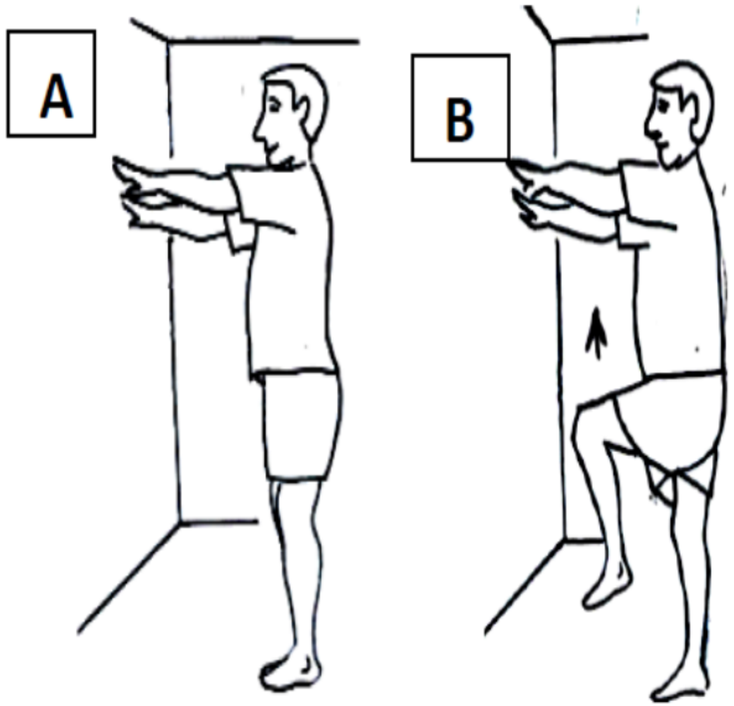
A. Rest your hands on the back of a chair.
B. Lift both heels slowly off the floor, as far as possible
C. Repeat 5 times at each sitting.
D. Gradually add one more repetition every few days until you can do this 10 times at each sitting.

Side Leg Lift



A. Rest your hands on the back of a chair.
B. Raise your left leg to the side as far as possible, keeping your back and hips straight. Avoid tilting to the right.
C. Return to the starting position.
D. Now raise your right leg to the side as far as possible and then return to the starting position
E. Repeat the exercise 3 to 5 times with each leg, at each sitting.
F. Gradually increase this every few days until you can do it 10 times with each leg at each sitting.

One Leg Stand



A. Stand facing the wall, with arms outstretched and your fingertips touching the wall.
B. Lift your left leg, gently place your foot back on the floor.
C. Hold the lift for 3 seconds. Repeat this with the other leg.
D. Do it 5 times on each side at each sitting.

SUMMARY

- Identify strengths
- Floor plans
- “Take the patient home with you”
- Set goals
- Rewards
- Repetition
- Patient and career education
- Improvise/innovate

Thank You