Preserving Movement and Function

Bobby Knight, PT

Objective

- At the conclusion of this session, course participants will have an understanding of the role of PT and OT with the geriatric patient in the acute care setting.

Why Therapy Is Indicated in the Geriatric Population

- 10 degrees of dorsiflexion is needed for normal gait
- 106 degrees of knee flexion is needed for tying shoes
- 90 degrees of shoulder flexion is needed to don and doff a shirt
Why Therapy is Indicated in the Geriatric Population

- 90% of people aged 70 and older are unable to achieve normal gait velocity
- Safe community ambulation requires the ability to ambulate 1,089.23’ continuously, step up and down from a 6” curb, and to climb 3 steps without a handrail

When To Consult PT

- Difficulty with walking
- Difficulty with using a cane or walker
- NWB or Limited weight bearing of one or more extremities
- Recent falls/Balance issues
- Difficulty getting OOB, out of chair, on/off toilet
- Muscle weakness/decreased activity tolerance
- Wonder if equipment could assist the patient or family

When To Consult OT

- Difficulty dressing, bathing, toileting, feeding
- Cognitive changes
- Recent falls
- Changes in vision affecting function
- Identified issues with medication management, cooking, shopping, check writing
- NWB or Limited weight bearing of one or more extremities
- Wonder if equipment could assist the patient or family
**Keys To Consulting PT and OT**

- The patient’s problem is a new problem. It is not the patient’s baseline.
- The patient has been cleared to participate in activity. There is nothing that would prevent therapy from working with this patient such as spine not clear, newly diagnosed DVT/PE, awaiting plan for extremity fracture, is in four point restraints.
- The benefits of therapy outweigh the potential negative effects of therapy.
- PT and OT must be ordered separately.

**What To Expect From Therapy**

- Therapy will work with the patient on average 3x a week
- Therapy will provide the patient with a loaner assistive device as needed
- Therapy will train the patient’s family in how to assist the patient as needed
- Therapy will provide nursing with any information that will assist nursing in the care of the patient

**Therapy Goals**

- To determine the most appropriate discharge destination
- Patient to be as independent as possible
- Patient/Caregiver to be as safe as possible
- Promote quality of life
Special Considerations for the Geriatric Patient

- Hard of hearing is frequently mistaken for dementia.
- If the geriatric patient thinks that you are too busy he/she will not ask you for help.
- Each hospitalization has the potential to lead to a significant loss of independence, a significant loss of function and to nursing home placement.
- Those 65 and older lose 30% of their strength for every day that they are in bed.

Practical Tips: Patient

- Open blinds, turn on lights, and orient to time of day.
- Put slipper socks or shoes on the patient before getting the patient up.
- Position the patient’s chair to where he is easily seen by anyone passing by.
- Place the phone within reach of the patient.
- Confused patients frequently respond better when called by their first name.
- Do not leave the television on constantly.

Practical Tips: Patient

- Use pillows under legs to prop heels off of bed.
- Use bedside commode frame to increase height of toilet and to give patient two handles to push up from.
- Place a pillow in the bedside chair to increase seat height/facilitate transferring sit to stand.
- Open packages and containers on the patient’s meal trays to facilitate eating and independence with eating.
- Allow the patient to do as much for himself as possible.
Practical Tips: Caregiver

- Raise/Lower hospital bed to correct height for you when assisting the patient.
- Block the patient’s knees when assisting the patient with standing.
- Give the patient your hand to push on when assisting with standing and with ambulation.
- Have the care partner, another nurse or charge nurse assist you with transferring/mobilizing the patient.

Practical Tips: Caregiver

- Use the equipment available to you: neurochairs, smooth moves equipment, overhead trapeze bars, bariatric wheelchairs, bariatric walkers, bariatric bedside commodes.
- Disconnect as many lines possible prior to mobilizing a patient.
- Do not give a patient a walker or cane to use if the patient has not used one in the recent past.
- Give the patient time to respond.

Practical Tips: Caregiver

- Ensure that all splints are positioned correctly before leaving the room.
- Do not assume: see what your patient can do.
- If PT and/or OT is working with the patient ask them for tips on how to assist the patient with transfers, ambulation and ADLS.
**How Nursing and Therapy Can Work Together**

- Therapy can provide nursing with information: how to assist patient with transfers, with ambulation, and with ADLS.
- Therapy can provide nursing with instructions as needed on how to apply splints/braces and how to operate equipment such as CPM machines.
- Therapy can make suggestions for equipment for nursing to use.
- Therapy can share insights they gain while working with the patient.

**How Nursing and Therapy Can Work Together**

- Nursing can get the patient up to a chair or sitting EOB for all meals.
- Nursing can ambulate the patient.
- Nursing can facilitate the patient’s and the family’s understanding of the role of PT and OT in the acute care setting.
- Therapy and Nursing can manage one another up to the patient and the family.
- Therapy and Nursing can advocate for the patient with other members of the patient’s medical team.

“Expert practice is defined as being able to do the right thing at the right time”

Ruth Purillo, PhD, PT, FAPT