

## Geriatric rehabilitation for India: The need of the hour

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### Abstract

The number of elderly people or senior citizens is increasing day by day. Thanks to our advanced healthcare facility. But the topic to ponder is that are our elderly ageing properly being fit?

Are they ageing gracefully? A long life with loss of mobility is painful for the living old and also for the care taker. It all incurs hospitalisation expenses which the country has to pay.

The health industry is booming in manifolds across India. All we need to do is design our health care sector in such a way as to cater to the needs to the frail elderly. For which proper environmental assessment, proper reachability to the hospital, proper care at the hospital catering to their specific needs and care back at home is of utmost importance to have a healthy & prosperous country.

So I must say Geriatric Rehabilitation is the need of the hour for a healthy India.

**Keywords:** geriatric rehabilitation, healthcare facility

### Introduction

Who can be included in the geriatric group? According to WHO, "The ageing process is of course a biological reality which has its own dynamic, largely beyond human control. However, it is also subject to the constructions by which each society makes sense of old age. In the developed world, chronological time plays a paramount role. The age of 60 or 65, roughly equivalent to retirement ages in most developed countries, is said to be the beginning of old age. In many parts of the developing world, chronological time has little or no importance in the meaning of old age. Other socially constructed meanings of age are more significant such as the roles assigned to older people; in some cases it is the loss of roles accompanying physical decline which is significant in defining old age. Thus, in contrast to the chronological milestones which mark life stages in the developed world, old age in many developing countries is seen to begin at the point when active contribution is no longer possible." (Gorman, 2000)<sup>[1]</sup>.

In India 5.3% of males and 4.8% of females are aged more than 65 years. Old age cannot be healed or prevented. However much can be done by health workers in helping the elderly to lead a normal life, which is necessary for them to perform their activities of daily living (ADL) smoothly<sup>[2]</sup>.

We all age and that is part of our living and existence. No one can stop ageing and its degeneration that comes along with it. The only thing that we can think of is ageing gracefully. Living a near normal life till our end. Try to be functionally independent and almost disease free in our old age.

A smaller ignorance or carelessness by the elderly or their caregivers would lead to a painful, diseased and an expensive old age. The needs of the elderly are unique as for the paediatric group.

Rehabilitation of the geriatric population is imperative for the wellbeing of the patient and the society. There are multiple areas of concern where these elderly need special care.

The first and foremost thing is communication. The health care practitioner needs to have compassion, sympathy, empathy and need to have lot of patience when dealing with the geriatric group. The greatest challenge is when they need to communicate their problem with the health care provider. There has to be means as to improve their visual and auditory reception and then start taking their assessment.

Falls are very common for elderly. It is due to delayed response time, weak muscles and ligaments, increased postural sway, postural changes altered sensorium and proprioception. These also occur in case of higher BMI, greater height and in people with history of cerebrovascular accident. Depression, confusion, dementia and other cognitive deficits also contribute to falls. Cognitive impairments, depression and orthostatic hypotension contribute to gait disturbances and subsequently fall. Falls occur in approximately 30% of people over the age of 65. Falls in elderly results in fractures, dislocations, and head injuries. Fractures are common due to low bone mineral density. Falls in the geriatric group can be associated with substantial morbidity. Fall prevention strategies need to be advised to elderly and the care givers. Maintaining proper environmental lighting, keeping the floor dry, non-slippery, free from carpets would help. Prescription and use of assistive devices would maintain their line of gravity within the base of support. Progressive resistance training and progressive functional training are safe and effective methods of increasing strength and functional performance and reducing fall-related behavioral and emotional restrictions during ambulant rehabilitation in frail, high-risk geriatric patients with a history of injurious falls<sup>[3]</sup>.

Osteoporosis is yet another common problem for elderly, most commonly the post-menopausal women. This further predisposes the older population for fractures after trivial injury or fall. The prevention of osteoporosis includes medication, diet modification and exercise. Therefore for the geriatric group regular formal nutritional evaluation is

recommended. Weight bearing exercise, therapeutic standing all have beneficial effect on bone mineral density (BMD) and helps to prevent osteoporosis. The Wolff's law states that mechanical loading results in increased cortical bone mass and strength along the lines of force. Whereas disuse leads to atrophy and reabsorption of bone.

Malnutrition is also common for elderly due to self-neglect. It decreases one's immunity resulting in delayed wound healing. It also leads to skin fragility, osteoporosis, anaemia, diabetes and cardiovascular disease. Risk factors for malnutrition would include poor oral health, lack of mobility to get food and then prepare, financial concerns, relying on others for meals, dietary restrictions. All of these predispose them for nutritional deficiencies<sup>[4]</sup>.

Cognitive impairments and dementia is very common in elderly people. All these are due to depression, loneliness, fear and neural degeneration. Older people tend to forget things for which they must be advised for making a habit of written notes, stick notes which would be handy and would solve their problem. Issuing of identity cards and making it compulsory for them to wear it on with contact numbers of family members must when they step out of the house.

Arthritis (joint pain) is a part of life for them. It is a part and parcel of degeneration of joints. Though it cannot be prevented but joint deloading techniques can be advised<sup>5</sup>.

Neurological disorders like parkinson's, ataxia are also common which needs proper rehabilitation so that the elderly can do their activities of daily living (ALD).

Incontinence is also very common in the geriatric group. Kegel's exercise is very important and helpful to manage incontinence.

Gait disturbances are also common due to kyphotic posture, weakened muscles and stiffer painful arthritic joints. Challenged proprioception, poor vision and unstable joints all leads to gait disturbances. To boost their confidence proper walking aids and gait training need to be given so that falls can be prevented. As falls in such ripe age would lead to fractures easily.

Geriatric rehabilitation is a team work. A multidisciplinary team approach is very much needed to solve the problems faced by the geriatric group. Basic health care awareness should be imparted to the aged as well as the care givers. Home safety thus plays a vital role. For which home environmental assessment and barrier modification can be done by a physiotherapist so that the elderly have their basic mobility at home and can function at their optimum at home.

Our hospitals should have dedicated ambulances and team to meet emergency situation. Separate emergency helpline numbers to be made available for elderly to get their health needs catered faster. On reaching hospital special fast track counters to be made so that their appointments, consultation, laboratory tests and dispatch of laboratory reports are faster. This saves their time and would help the frail population.

The hospital personnel starting from the nurses, physiotherapists, occupational therapists, medical social worker all need to be patient and considerate when handling the geriatric population. The clinical psychologists also need to be a part of the rehabilitation team.

Inpatient rehabilitation specifically designed for geriatric patients has the potential to improve outcomes related to function, admission to nursing homes, and mortality.

Insufficient data are available for defining characteristics and cost effectiveness of successful programmes<sup>[6]</sup>.

Locally geriatric societies can be formed so that older people meet up regularly and discuss their problems and find appropriate solutions from the peer group. They do not feel lonely and left out when the younger generation is out and active spending majority of the time outside the house. Social support groups and NGOs can guide and fund the geriatric needs.

The different phases of Geriatric Rehabilitation are as follows:

- 1) Assessment includes identification, analysis and identification of problems.
- 2) Planning includes analysing the problems and setting up of goals for the patient.
- 3) Treatment involves the intervention to reduce their chief complaints, disability and handicap.
- 4) Evaluation/ reassessment is the further intervention to check the effectiveness of the intervention
- 5) Care is the part where steps are taken to alleviate the consequences of disability.
- 6) Advice includes home exercises, coping strategies for patient and caregivers.

A proper planned geriatric rehabilitation would boost up the country's economy by decreasing mortality morbidity and health cost of the nation. It would also increase the life expectancy of the elderly. On successful implementation of a geriatric team elderly can live their life to the fullest each and every day that they have in their account.

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