

PHYT 701 Older Adult Case Study Discussion Talking Points

Due to the repeated use of the case for PHYT 701, it is not included in these talking points. However, the clinical pearls included are applicable across multiple case scenarios and are based in evidence used for the lecture/VoiceThread as well as prior experience in the course and in the clinic.

1. Seeking additional subjective info:

- Is the older adult an accurate historian? Consider history of confusion, dementia, and current presentation
- The older adult goes to an adult day facility – how does she get there? Does she still drive? What does she do while at the facility (e.g. classes, social events, meals, etc.)
- Home life: any family or other caregivers near by? How does the older adult conduct shopping/groceries? What does “help around the house” from the caregiver entail?

2. Potential impairments in the older adult:

- Decreased endurance, deconditioning, generalized weakness – common PT diagnoses in older adults
- Decreased balance – risk for falls based on outcome measure results, any recent history of falls or injuries due to falls further increases risk
- Potential for cognitive impairment – consider any known neurologic diagnoses as well as physiologic generation. Is more testing warranted?
 - Note that cognitive impairment DOES NOT negate the ability for an older adult to try new things or participate meaningfully in PT – rather, you may have to get creative and always maintain safety
- Medications – interactions, potential for polypharmacy. How might this be an impairment or exacerbate another impairment? Potential for increased falls risk, decreased endurance, increased fatigue, changes in arousal, etc.

3. Safety hazards relevant to the older adult:

- Lighting
- Home set-up – rugs, furniture, etc.
- Stairs/ramp – integrity, ADA compliance, who built?
- Living arrangements – alone, with spouse (any impairments?), caregiver (live-in, occasional, etc.)
- Falls risk – prior history of falls, physiologic vs. pathologic degeneration, confusion, etc. Consider intrinsic and extrinsic factors and what is modifiable!

4. Suggested environmental changes when working with older adults:

- Lighting – night lights, lamps (how does it turn on? Are fine motor skills impacted?)
- Assistive devices – what is the best option when balancing safety vs. mobility? (e.g. rollator increases mobility but lacks some stability and requires a lot of moving parts such as locking the brakes, 4 wheels vs. 2 makes more joints/parts to maintain, etc.)

- Shoe wear – yes, even in the house. Shoes with Velcro/elastic ties or slip-ons with elastic uppers vs. slides/clogs/mules
- Home set-up – furniture, rugs, kitchen counter/cabinets, etc. Want the most-used items at counter level, avoiding reaching/bending that may increase falls risk.
 - BE CAREFUL about overhauling someone’s home – you wouldn’t want someone coming in and telling you to move all your stuff around without asking or good reason, would you? Also consider the sentimental attachment and fear of loss of independence – an older adult might understand why removing a Persian rug decreases her falls risk, but that doesn’t mean she wants to move it...
 - Consider cognitive impairment and other side effects of aging like vision/night vision – if you move a piece of furniture the older adult is used to holding on to when getting to the bathroom at night and it’s no longer there, you’ve increased her fall risk!

5. Potential interventions for the older adult:

- Strengthening major muscle groups – flexion or extension? Consider posture!
- Balance – Otago, reaching outside base of support, standing and dynamic exercises. Consider safety – would you put balance exercises in an older adult’s HEP? Why or why not? Think about how to increase compliance while maintaining safety
- Aerobic – increase endurance and cardiorespiratory fitness. Walking, stationary bike, etc.
- Would you prescribe high load/low reps or low load/high reps? How much rest do you think the older adult will need?
 - ASK! If she goes home and sleeps the rest of the day after PT, you probably over did it!
 - Consider the spectrum of activity in the older adult population – people are living longer and maintaining active lives longer. Not all 65-year-olds are the same, not all 80-year-olds use walkers, and not all 90-year-olds sit around all day!
- What would the older adult enjoy? Pick interventions that not only meet the patient/client’s needs, but are interesting!

6. Constructing SMART goals:

- What will be meaningful to the older adult? For her life/ADL? For her longevity?
- Is independence the ultimate goal? What goals would a caregiver have?

7. Any referrals?

- Whatever referrals you think would be helpful, make sure you’re facilitating the older adult’s needs and wants
- Social work – services and needs addressed, more caregiver support, respite care, community resources, etc.
- PCP or pharmacy -- medications

- Dietician?
- Speech or OT? – what can other allied health therapies provide that would also help meet PT goals?
- Neuro?
- Ophthalmologist?
- Audiology?
- Cardiology?