



Managing The Functional Wellness of Your Residents With Memory Impairment

An Evidence Based Approach



2019 Corporate Member



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FOX Mission

MISSION POSSIBLE

- To rehabilitate lives by believing in the **STRENGTH of PEOPLE.**
- To believe in our people – allowing them the autonomy to facilitate and provide clinically excellent care to our community with compassion and respect.
- To believe in our patients and their ability to achieve what they once thought impossible – **optimal function to rehabilitate their lives.**



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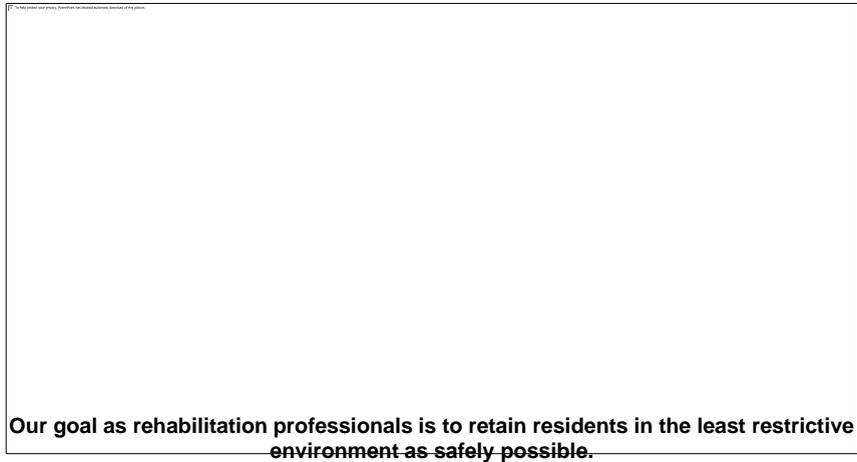
What is Functional Wellness?

- Combined with medical wellness makes up overall wellness
- Traditionally, undervalued in healthcare
- Risk factor for adverse events
 - One can be medically well, but functionally sick
 - Need an expert on aging and functional wellness



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KPI's of Functional Wellness



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How Do We Achieve Fewer Falls?

- Falls
 - Mitigating fall risk through proactive screening
 - Avin et al
 - Most recent evidence to reduce fall risk
 - Minimum threshold of **50 hours** over 6 months
 - Evidence-based programs can reduce fall rates by **35-42%**
 - True Physiological Change in muscular takes 2/3 X per week for up to **8-12 weeks**



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How Do We Prevent Hospitalizations?

- Hospitalizations

- Improved strength, muscle density and minimize deconditioning - Cawthorn et al, Fisher et al



- Reduced ADL impairment which is indicative of hospital admission especially those admitted for heart failure, heart attack or pneumonia - Greysen et al

- Higher intensity rehab following acute hospitalization reduces readmission risk
- Andrews et al



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Physical Activity Guidelines

2008 U.S Department of Health & Human Services

- 150 minutes per week, or 30 minutes/day, 5 days/week
- Aerobic- **Moderate intensity** (5-6/10 on exertion scale)
- Slightly breathless – Talk Test
- Strengthening- 10-15 Repetition Maximum



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Exercise – Great at any age

“If exercise could be put in a pill, it would be the number one anti-aging medicine and the number one anti-depression medicine. It’s also cheap, and it avoids the negative side-effects of medication.”

Dr. Robert Butler, President of the International Longevity Center, Mt. Sinai Medical School, NYC



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The MAGIC of EXERCISE

(JAMDA,2008:375-378)

Abundant Evidence That Exercise Can:

- Decrease cognitive impairment
- Decrease dysphoria
- Decrease behavioral disturbances
- Reduce falls
- Reduce injuries
- Decrease frailty
- REVERSE sarcopenia
- Slow osteopenia
- Reduce pain
- Decrease constipation
- Decrease incontinence
- Enhance sleep
- Improve blood glucose control
- Improve and REVERSE diabetes
- Improve quality of live
- “Exercise clearly is better a treatment than medication for dementia”
Morely, J. JAMDA 2008



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WHAT IS DEMENTIA?

Dementia is not a disease, but rather a set of symptoms associated with a gradual decline in memory and/or behavior significant enough to interfere with every day life.



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Dementia: By The Numbers

- 5.8 million Americans living with Alzheimer's disease
- By 2050, an estimated 16 million will develop Alzheimer's disease
- 1 in 7 are living alone
- \$290 billion in cost to manage Dementia (2019)
- 16 Million unpaid caregivers in America in 2018
- 60% of caregivers rate emotional stress as high or very high
- 1/3 of caregivers report symptoms of depression



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PLAN OF CARE

Best practice is to utilize evidence based protocols when developing an individual's plan of care. We tap into our clients residual memory/procedural memory to capitalize on their strengths and compensate for their deficits.

Mind shift:

What they can't do  What they CAN DO



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What Can A Therapist Do For Someone With Dementia, They Won't Remember it Anyways?!

- Muscles DO NOT GET DEMENTIA! Lower Extremity strength is the #1 predictor of falls in Older Adults!
- The disease processes associated with Dementia occur IN ADDITION to some of the common symptoms associated with aging (Sarcopenia, Osteoporosis, Arthritis etc)
- It is the job of the Physical, Occupational & Speech Therapist to collaborate with the SLC wellness team to be proactive in planning and intervening to address functional deficits!
- Education and communication are the foundational keystones of success in improving the quality of life for your residents (& their families!) with dementia, regardless of what stage they are at in the disease progression



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How Should I Engage PT, OT, & SLP?

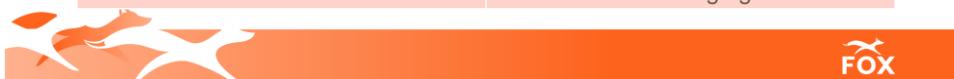
PT	OT	SLP	ALL
Transfer training, functional mobility	Basic ADL training: dressing, feeding, grooming, toileting	Communication	Advanced Caregiver education
Introduction of assistive device – especially important in early stages	IADLs – shopping, cooking, money management	Compensatory strategies for cognition	Behavior management
Balance, fall reduction and prevention	Community mobility, driving	Cognitive interventions	Home safety
DME	Vision, perception	Swallowing	Development of a Maintenance program
Strengthening	Environmental modification	Diet management, nutrition	Home exercise program



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Global Deterioration Scale

Stages	Presentation
1	No cognitive impairment
2	Individual aware of deficits, but able to compensate
3	Compensatory strategies start failing, work performance effected
4	Signs of impairment become obvious to others, individual acutely aware of own memory loss
5	“All Dressed and Nowhere To Go”
6	“Comfort is King” phase; motor and visual changes occur
7	Individuals are motivated by their senses; communication becomes challenging



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Case Studies



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OUTCOMES



**REDUCED
HOSPITAL
ADMISSIONS**



**REDUCED
ED VISITS**



**REDUCED
FALLS**



**INCREASED
OCCUPANCY**

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SUCCESS STORIES

DANNY NO LONGER FEARS FALLING AND CREDITS HIS FOX CLINICIANS FOR HIS IMPROVED MEMORY AND STRENGTH.

DANNY, 91 YEARS YOUNG
RAJ, PT, DPT; FELICIA, MS, OTR/L;
AND BILLY, MS, CCC-SLP
FOX CLINICIANS



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SUCCESS STORIES

"EVERY DAY I SHOWER, DRESS MYSELF, AND WALK FIFTEEN TIMES AROUND THE BUILDING."

CONCETTA, 90 YEARS YOUNG
PAULA, MS, OTR/L AND KIMBERLY, PT
FOX CLINICIANS



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SUCCESS STORIES

THANKS TO PHYSICAL THERAPY FROM FOX, ULDIS WAS ABLE TO WALK HIS GRANDDAUGHTER DOWN THE AISLE AT HER WEDDING.

ULDIS, 89 YEARS YOUNG
DONNA, PT, DPT, FOX CLINICIAN



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Questions?



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