

Functional exercises and counselling help an out-of-shape elderly patient achieve her functional goals: a case study

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Abstract

The process of aging is usually coupled with comorbid conditions and unique requirements. Because of the growing number of elderly people in society, a more individualized healthcare system is required. As a result of the contemporary lifestyle, in which every person is engaged with their own responsibilities, retired geriatrics sometimes feel lonely, sometimes griping about the situation and other times learning to accept it as inevitable. In addition to contributing to one's overall health and well-being, regular physical activity lowers one's chance of developing a number of different illnesses. A session of physiotherapy typically lasts between 25 and 35 minutes on average. A patient might be motivated to understand their specific age-related demands by a physiotherapist who has received adequate training. The current way of life necessitates the provision of geriatric physiotherapy in the comfort of one's own home. This case study makes an effort, via the presentation of an example, to demonstrate how geriatric physiotherapy with counseling is assisting in the achievement of functional objectives in the home without the use of cultured equipment. An 87-year-old woman's family has recommended that she begin exercising under the supervision of a trained expert in order to regain her ADLs. Functional workouts, range-of-motion drills, and liberal resistance training were all part of her therapy regimen. These were followed by a brief (10-minute) counseling session at the conclusion of her treatment plan. Before and after the Intervention, data were analyzed using the Barthel Index and the Berg Balance Scale. By the end of therapy, the Patient had accomplished her objectives for ADL recovery, and she had also had improvements in her balance; after three follow-up sessions, she was still functioning at the same level as before. The consequences of this case study propose that a combination of functional training and professional counseling is optimal for achieving positive outcomes.

Keywords: Counseling for the elderly, the Barthel Index, Functional Exercise, and the Berg Balance Scale

Introduction

Growing numbers of people, especially those aged 60 and older, are not necessarily gaining autonomy due to longer life expectancies. Those in their 70s and 80s are particularly vulnerable to this. This leads to a deterioration in the individual's inherent talents in addition to the different co-morbidities. According to the World Health Organization (WHO), an individual's "intrinsic capacity" consists of their "whole observable potential" in terms of both their body and mind. In general, these skills may be divided into five classes: intelligence, mobility, senses, and health. As expected, as people age, they become more susceptible to a wide range of health problems. To be in good mental health today is as crucial as being in good physical health, but despite its criticality, it is often overlooked. Co-morbidities and individual requirements are inextricably linked to the aging process, and this must be taken into account. There will

be a greater need for specialized healthcare as the number of people over 65 increases. Due to the fact that everyone is so preoccupied with their own lives, elderly retirees often reported feeling alone. They were resigned to their lot in life, notwithstanding their occasional complaints. Regular physical exercise and keeping therapeutic interactions may enable decreasing the risk of having a number of diseases and enhancing overall health. We hope that by presenting this case study, we can show how geriatric physiotherapy and counseling are working together to help patients achieve their functional goals in their own homes without the need for expensive and complicated technological aids. We are working toward the possibility of doing just that.

Case description

Mrs. Arti Patel, 88 years young, has trouble getting up, sitting down, walking, and altering her posture. She needs her daughter's help with everything, including personal care, toileting, eating, and dressing. She bursts out in uncontrollable laughter for no apparent reason. These episodes disturb her balance often. The Patient avoided social situations because she felt awkward around other individuals. The persistent lack of bowel movement is the Patient's primary concern. She says she has lost her appetite, which is probably because she has so few teeth left. She has poor eyesight even after wearing glasses, so she has to rely mostly on speech recognition to identify people. She says that fatigue is when you have no motivation to do anything. Her loved ones are worried that she will be bedridden in the future, so one of them advised her to try physical therapy. The Patient sleeps for long periods of time and won't even leave her room. She didn't leave her room the whole time.

The Past of Medicine

In 2016, she suffered from a Transient Ischemic Attack. She takes medicine for her diabetes, hypothyroidism, and blood pressure, among other conditions. Vision impairment caused by aging

Clinical Evaluation as well as treatment

An in-depth analysis revealed that the Patient's left side was tilted, her upper back was rounded, and she could not walk with her left foot elevated adequately. The range of motion in the shoulder is therefore reduced. Paresthesia affected the palm of her left hand and the sole of her left foot, but she felt no discomfort. The Patient's shoulder had a restricted range of motion; hence the ULTT was not performed despite negative findings from the Slump and SLR tests (ROM). The flexor muscles of the foot, including the plantar and dorsi, are weak. Disconcerting lack of equilibrium. Constant fatigue is a major problem for the sufferer. This difficulty has developed since the Patient mentioned above is elderly and hence dependent on others to carry out her ADLs. Using the Barthel Index, we may assess her level of social necessity and work up a treatment plan to help her become more self-reliant. We'll use the Berg Balance Scale and the Barthel Index to judge her equilibrium. The Patient's major motivation for physiotherapy was to become less reliant on her daughter for the performance of ADLs; hence, this was also the Patient's primary motivation for physiotherapy. The Patient's scores on the Berg Balance Scale and the Barthel Index are also low: 5/56 and 25/100, respectively. It's quite likely that the Patient may get dizzy or dizzy and unsteady on their feet. This person is a classic example of deconditioning; she has accepted the inevitable decline in her health and no longer cares about the future. The toughest part of the task was visiting her home and convincing her to work out. As part of her treatment, she takes part in moderately strenuous activity nearly every day. Range-of-motion (ROM) exercises, muscle strength training, balance training, breathing exercises, and functional exercises all fall under this umbrella term. She also regularly

participates in therapy. After counseling her for five to ten minutes, have her blow a whistle for five repetitions, pausing for one minute between each time, for a total of ten repetitions; repeat this process twice daily. Perform ten sets of the active assisted shoulder range of motion and the knee range of motion. Active plantar and dorsiflexion ankle ROM for ten reps Active assisted tactile stimulation (ATAS) was performed ten times on the feet and hands using a range of textures, from rough to smooth. Active Dorsiflexion and Plantar Flexion of the Ankle for 10 Reps Ten sets of active plantar flexion and dorsiflexion of the foot and ankle.

The results obtained after the intervention

She has stopped complaining about being weary ever since she started getting Treatment at Intervention for a period of six months. For the last 10 minutes, she has been able to use the bathroom on her own, move about the house with the assistance of a walker, and not complain about the activities she is participating in. The Patient's Barthel Index is now at 65/100, and her Berg Balance Score is at 25/56. In addition, the Patient has maintained her functional activity and mobility after three follow-up appointments. The first follow-up was performed one month after the initial therapy, the second one three months later, and the third one six months after the initial treatment.

Limitation

Since this is just a single case study, the physiotherapist must conduct the counseling session with a big group to get the best likely results for the long-suffering. In this case study, there is not enough emphasis on the integrated care strategy.

Conclusion / Discussion

Building a reliable rapport with the Patient is crucial for successful treatment. It is especially crucial for the physical therapist to think about this when they have to visit the Patient at least four times a week for thirty-minute sessions. To ensure the success of the physiotherapy process, it is crucial to cultivate a positive bond with the Patient. This is because the treatment relies on the Patient's active participation in both the physical and mental aspects of the treatment. Within a year of her husband's death, this elderly Patient's health began a steady decline that has continued to this day despite ongoing treatment. Therefore, there is a strong link between her health and her husband's death. The Patient has more faith than ever before that physiotherapy will help her live a long, healthy, and happy life. The Patient's functional training regimen resulted in a dramatic increase in their ADL and balance performance.



Fig:1 Exercises on maintaining equilibrium performed by Arti Patel

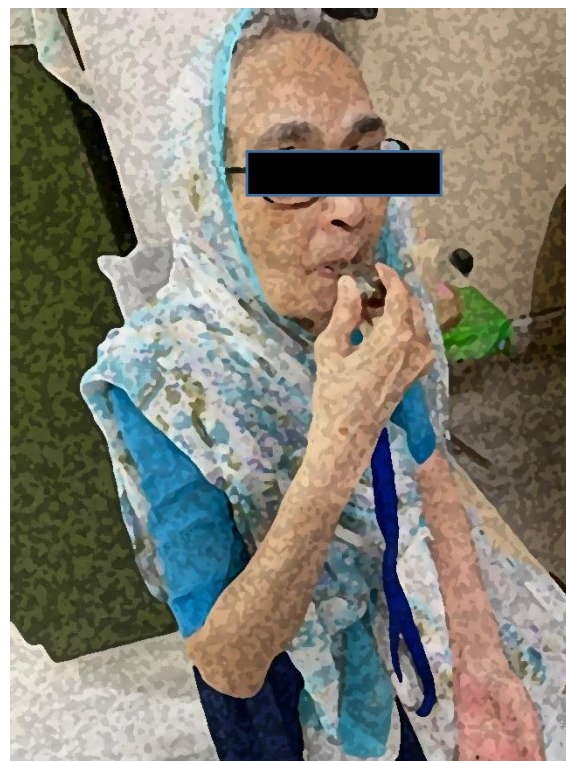


Fig:2 Exercise in "Blowing the Whistle" Conducted by Arti Patel

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