

PHYSIOTHERAPY IN GERIATRY

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The most frequent diagnosis in anamnesis

- heart diseases
- CHRI (chronical renal insufficiency)
- COPD (chronic obstructive pulmonary disease)
- Parkinson morbus/syndrom
- oncological diseases
- DM
- defect of musculoskeletal system

The most reasons of hospitalisation

- cardial decompensation
 - ↓fraction of heart ($\geq 25\%$)
 - pulmonia, fluidothorax
- fall/s
- infection of respiratory and urinary tract
- iontdiscrepancy, dehydration
- oncological diagnosis
- worsen condition of nutrition
- trombosis of deep vein
- DM decompensation

Most often complications of current diagnosis

- patient's condition after fracture colli femoris, colli humeri (after a fall)
- patient's condition after fracture vertebrae (JEWET), costae
- condition of patient after brain stroke
- a bit of temperature up to fever
- the whole weakness
- decreasing of intake of food and liquid
- infection of respiratory and urinary tracts
- infection disease – clostridy

Negative factors influencing physiotherapy

- defect of senses – getting worse hearing, eye-sight
- ↓ of physical condition
 - ↓ muscles, muscles coordination, gentle motoric, defect of walking, the total decondition
- ↓ cognitive and gnotick functions
 - ↑ forgetting, ↓ of concetration
- ↓ of fatic functions
 - ↓ of speech, ↓ ability to name something, ↓ ability to understand
- ↓ or Ø interest of patient about moving (specialy in patients
 - after brain stroke)
- ↓ ability of space
- ↓ of recognition
 - sensing, attention, memory, image, thinking
- advanced stage of demention, morbus Alzheimer

The aim of physiotherapy

- to keep or to get better mobility (specialy walking ->this is the most important for relatives->it is most requirement for homecoming)
- to keep or increasing selfcare
- to keep to get increasing cognitive function
- to enable return home



physical and mental ability
> mobility of movement ability for ADL

Assumptions of reaching this aim

- to keep (renew, gaining) enough of moving patterns (PNF, Brunkow, Bobath)
- equal normalisation (compensation) of potential defect (aweaken or shorten of soft tissue)
- mental thinking about a thing ->worsening of functions (preliminary of moving apparatus)
- all activation organism (↑of muscles strong, ↑coordination, dynamics, permanency)
- ↑of motoric activity, practising of walking and improving certainty (using accessories)

Kinesiotherapeutical influences

- improving of physical condition indicators
(breathing content, heart output, normalisation of preassure, decreasing of clinical symptoms ICHS ischemic heart disease and so on)
- improving of possibility to control level of sugar in blood
(possibility to ↓ medication)
- decreasing of bone matter
(mainly in women after menopasuse)
- decreasing of fall
(fractures)
- improving of mobility and all joint functions
(decreasing of pain)

- improving of quality of sleeping, ability of studying, short-time memory
- alleviation of symptoms in development of blood vessels ending (artery defect, decrease of vein inflammation, pulmonary decrease, pneumonia etc.)
- increasing of metabolic, keeping of optimal weight
- antidepressive influence
- decreasing of exhaustion

Procedure of kinesiotherapy

- to start breathing exercising – dynamic (eventually local)
- to continue in exercising from acers (at first HKK then DKK)
- to choose excercise from easy one up to more difficult
- no hurry
- it is necessary to count with sense defects (eye–sight, hearing)
- to choose easy language to undestand (to excercise together with patients)
- to keep good mood

- important to understand the exercise with patients (to choose their close moving activities)
- be aware of over loading (to adjust intensity and extension of exercising up to date)
- Include exercising into regular daily programme
- not to exercise over pain
- be aware of isometric exercising (namely in hypertension)
- be aware of optimal temperature in the room
- to exercise one hour after food earliest (DM)

Physiotherapeutical means

- conditional exercising in lying, sitting, standing position
 - (to keep/to improve extention of joint movement and to keep/improve of muscle strenght)
- possible to use accessories
 - (theraband, overball, weight sacks, dumbbells1–2 kg, polles)
- practising of gentle motoric
- LTV kinesiotherapy on the base of neurophysiology
 - (elements of PNF,Brunkow, Bobath,sensomotoric)
- practising of verticalisation (spinal ortesis–JEWET)
 - into seat – with/without help, with/without support on limbs
 - training of seating stability

- into standing position – with/without help, with/without protetic accessories
 - (hight/low walking device, armpit crutches, crutches, walking stick)
 - training of standing stability
- into walking position – with/without help, with/without protetic accessories
 - (hight/low walking device, armpit crutches, crutches, walking tick)
 - *training of modification steps and walking*, co-movement of upperlimbs