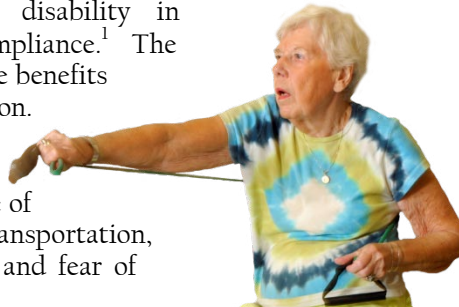




## Reversing the Progression of Geriatric Disability

A study published in the *American Journal of Public Health* shows how professionally guided home exercise programs can significantly reduce *long-standing* disability in geriatric patients while achieving 89% compliance.<sup>1</sup> The scientific literature has documented well the benefits of exercise for the geriatric population. However, physical activity levels decrease steadily with age and become quite low after age 75.<sup>2,3</sup> In the case of your geriatric patients, problems with transportation, lack of encouragement, fear of self-injury, and fear of falling can create serious impediments to routine exercise.<sup>4,5</sup> When your homebound patients have a recent medical occurrence, refer to Baystate Visiting Nurse Association & Hospice (BVNAH) for research-based, home exercise programs designed to address immediate concerns and reduce long-standing disability, long-term.

In the Strong-for-Life study, Jette et. al recruited 215 individuals aged 60+ with some sort of functional limitation. Researchers randomized participants into a waiting list group (control) and an in-home physical therapy group. Intervention included a PT directed home exercise plan using elastic bands for resistance and follow-up visits. The intervention group experienced a net reduction of 15% and 18% in *long-standing* physical disability at three and six months. Eighty-nine percent of the seniors demonstrated productive adherence, and 57% demonstrated 100% adherence.



In-home PT from BVNAH can have life altering benefits. Consider home PT for:

- Fall Injury Prevention
- Heart Failure Management
- Post Myocardial Infarction
- Post Revascularization
- Recently Acquired Disability
- Stroke Rehabilitation

The authors credit these reasons for the program's success:

- Seniors learned exercises to perform at home. Removing the need to drive to a facility and the need to be outdoors overcomes multiple obstacles to compliance.
- Exercises were designed, taught, and monitored by a physical therapist providing expert assurance that the exercises would be safe and productive.
- Follow-up visits and assessments promoted compliance.
- The exercise sessions lasted only 35 minutes and combined elements to improve strength and cardiovascular fitness.
- The exercises could be performed standing or sitting.

Medicare's skilled need requirement generally looks for a recent occurrence to justify home health services. BVNAH plans of care can include these types of disability-reducing exercise plans for situations such as stroke rehabilitation, recently screened for risk of fall injuries, heart failure management, post myocardial infarction, post revascularization procedure, COPD rehabilitation, or home transition assistance after a recently acquired disability. When you have patients with general geriatric disability compounded by a recent medical occurrence, please remember the home rehabilitation services available from Baystate Visiting Nurse Association & Hospice.



Jamie Allsop and  
Mary Kate Langone

## Calling All Primary Care Physicians

BVNAH welcomes home health referrals directly from the offices of primary care physicians (PCPs) with or without a recent hospitalization. PCPs are in a position to help prevent unnecessary hospitalizations for their patients by making timely referrals for rehabilitation, skilled observation, patient education, home safety, etc.

*Consider Baystate Visiting Nurse Association & Hospice for your patients.  
To make a referral call: 800-249-8298.*

## References

1. Jette AM, et al. Exercise – it’s never too late: the Strong-for-Life program. *Am J Public Health*: January 1999; 89: 66-72.
2. Kirchner JT. “Home Exercise for Elderly Persons with Disabilities.” *Am Fam Physician*: April 1999; 99: 415.
3. Pollock ML, et al. “Physical Activity and Exercise Training in the Elderly.” *Society of Geriatric Cardiology – Position Paper* (Bethesda, MD); internet resource: [www.sgcard.org/pp/elderly.htm](http://www.sgcard.org/pp/elderly.htm).
4. Wilcox S, Der Ananian C, Abbott J. Perceived exercise barriers, enablers, and benefits among exercising and nonexercising adults with arthritis: Results from a qualitative study. *Arthritis Care*. 2006; 55 (4): 616-627.
5. Communication Technologies. A study of help-seeking among individuals with musculoskeletal conditions in San Mateo County. National Arthritis Foundation. San Francisco, CA 1993.