



Rehabilitation and the Elderly

Age is not a disability

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As a rehabilitation counsellor working with disabled individuals and their families, I know that a disability can occur at any age or at any time in a person's life. But what exactly is a disability? I don't need to tell anyone who cannot get out of bed in the morning due to paralysis of the lower limbs, or someone who cannot swallow food, what the definition of disability is. They know it. They live it.

But that is not necessarily the life situation of someone just because they have had their 65th birthday. The actual process of aging is gradual. People find that things they have had trouble doing one day, such as twisting a lid to open a jar, they may not be able to do the next. Activities they may have carried on independently now require assistance. For instance, they may no longer be able to shop and carry groceries home, or even safely cook a meal.

The goal of all rehabilitation is to maintain or maximize function. We commonly associate rehabilitation with injury. For instance, we think of the physiotherapy someone receives after fracturing a limb to improve the strength and mobility of the limb. While the goal of rehabilitation with an older person is the same as for an injured person, the means may be different. A rehabilitation approach in working with the elderly can be based on improving functional levels through modifying the environment, rather than purely following a medical model of care.

Intervention with the elderly focuses on minimizing disability to improve function. Helping someone live safely at home, and bringing in the services and supports that they need to do so, is a way to maintain function. In this context, rehabilitation takes on a social and community focus. Keeping the person safe and as independent as possible is a primary goal and services in the community that hold the same philosophy should be accessed, whether publicly or privately funded.

An in-home safety assessment can be a good place to start. It can identify that an automatic shut off kettle or use of a microwave rather than a stove would address some safety issues within the kitchen.

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Reorganizing cupboards so that they can be safely accessed without the user bending, reaching or standing on a stool may be another way. The installation of grab bars in the bathroom or removal of scatter rugs may be another suggestions for improving safety within the home.

Inherent in the process of aging is a decline in function of some parts of our bodies – we may not see as well, we may not hear as well, we may not remember as well, we may not walk as well.

We need to understand the etiology of the decline on a medical level and obtain medical treatment as necessary. In addition, rehabilitation intervention by a proactive team helps elderly clients improve how they function on a daily basis. A physiotherapist can assist with designing an activation program and a dietician can review their dietary needs and assess how well they are maintaining their nutritional requirements.

The role of the Geriatric Care Manager is to work with the aging individuals, their families and any medical specialists involved to identify areas of need and to locate appropriate local resources to address the concerns. Bringing in services such as personal support workers, foot care specialists or healthy meals to the home may assist in keeping someone at home for a longer period of time and even reduce the need for an alternate living placement. Linking the caregiver to appropriate community resources or exploring appropriate day programs for an individual may assist in improving quality of life for the family as well as the individual.

The Geriatric Care Manager is knowledgeable about all aspects of the needs of an elderly person and the rehabilitation services that are available. An advisor and facilitator, the Geriatric Care Manager can access and coordinate all the services required to keep an elderly person functioning at a safe, optimal level. ☺