

# ACTIVITY PROFESSIONALS OF GREATER DALLAS: SENIOR HEALTH TALK

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## 3 CRUCIAL COMPONENTS TO QUALITY OF LIFE

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# SENIOR LIVING REALITIES

▶ Average Life Expectancy in 1820...

**38 years**

▶ Average Life Expectancy in 1920...

**54 years**

▶ Average Life Expectancy in 2020...

**79 years**

# THE PROBLEM

1. Body parts and organs are getting older
2. Healthcare is still mainly reactive

# THE STATISTICS

- ▶ 65% of Hospital Stays for Seniors are PREVENTABLE
- ▶ Many that do go to the Hospital have great difficulty recovering once back home
- ▶ Annual Medicare Costs are \$17 BILLION for preventable hospital admissions

# THE RESEARCH

- ▶ 80,000 seniors in 17 different states
- ▶ No 'Manual for Aging'
- ▶ Medical community has limited understanding of the real risks seniors face

# THE DISCOVERY

## ▶ 3 CRUCIAL Areas to Avoiding the Hospital

1. Management of Medical Conditions
2. Safe Functional Mobility
3. Social Engagement

# THE SOLUTION



**CHRONIC DISEASE**  
MANAGEMENT

A comprehensive approach to managing the  
aging process

# MANAGEMENT OF MEDICAL CONDITIONS

1. Maintain Reconciled List of Medications
2. Take Medications as prescribed
3. Vitals stay within parameters
4. Know how to respond to changes



# MANAGEMENT OF MEDICAL CONDITIONS

## 1. Maintain Reconciled List of Meds Dosages and Schedules

System Needed



All MDs are approve list

Success



1 month to ongoing

# MANAGEMENT OF MEDICAL CONDITIONS

2. Take Medications/  
Follow Treatments as Prescribed

Equipment Needed



Process



3 weeks to ongoing

# MANAGEMENT OF MEDICAL CONDITIONS

**3. Vitals stay within established parameters**

**Vitals Needed**



**Process**

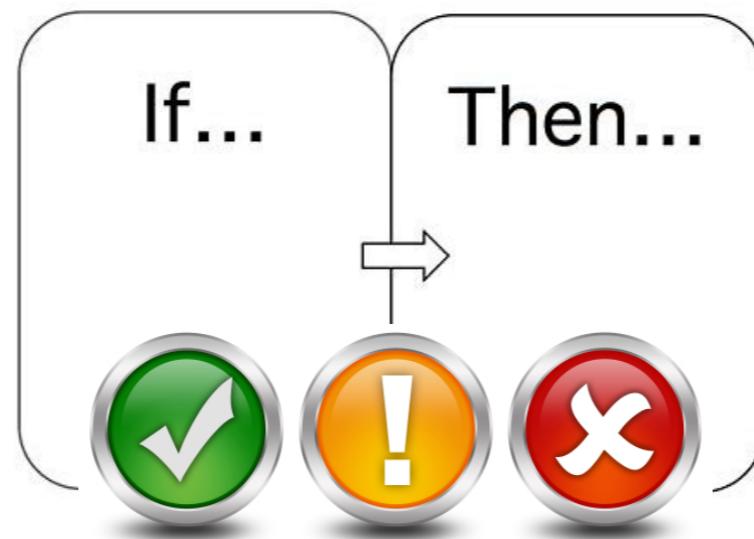


3 weeks to ongoing

# MANAGEMENT OF MEDICAL CONDITIONS

## 4. Know How to Respond to Changes

System Needed

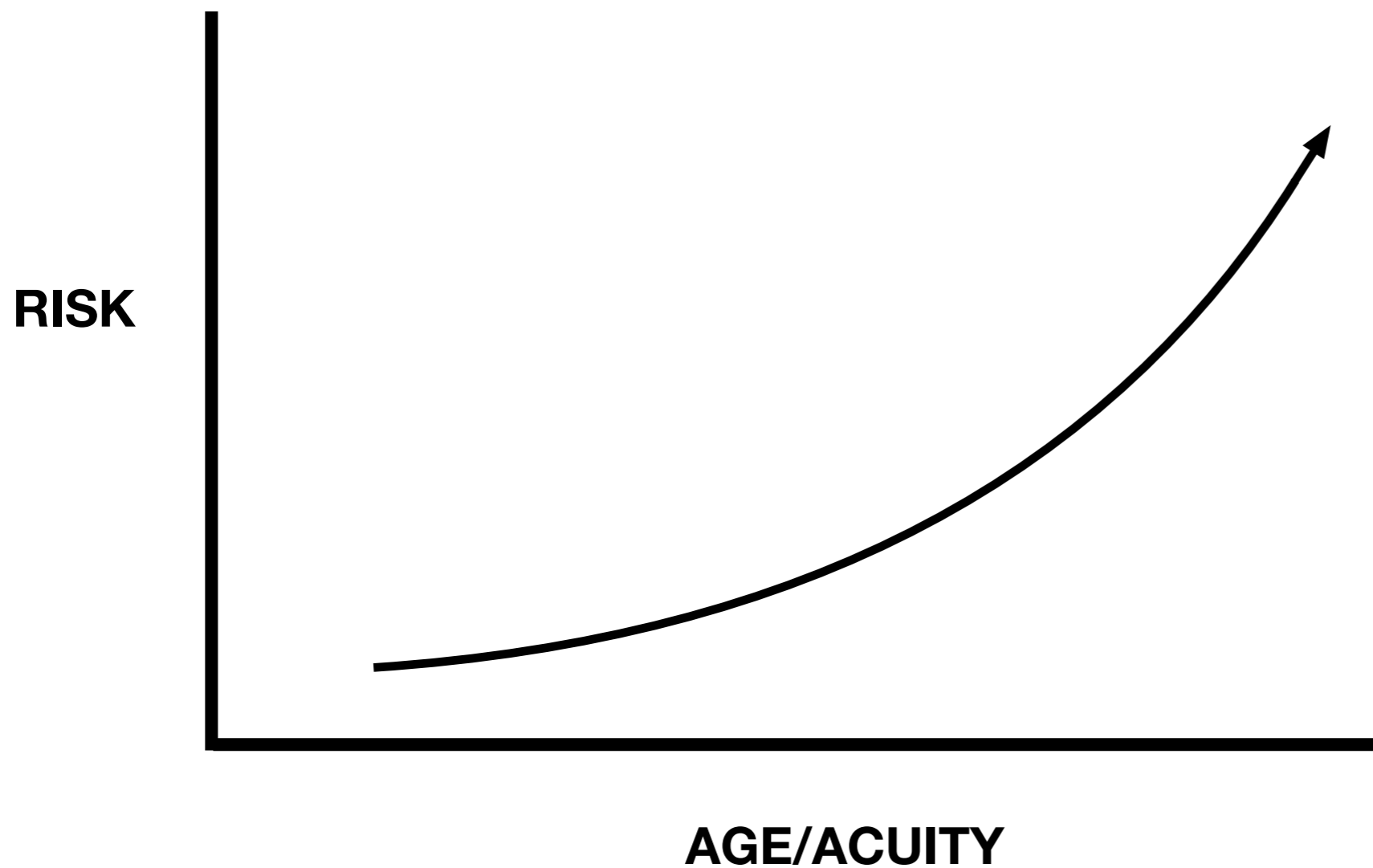


Success



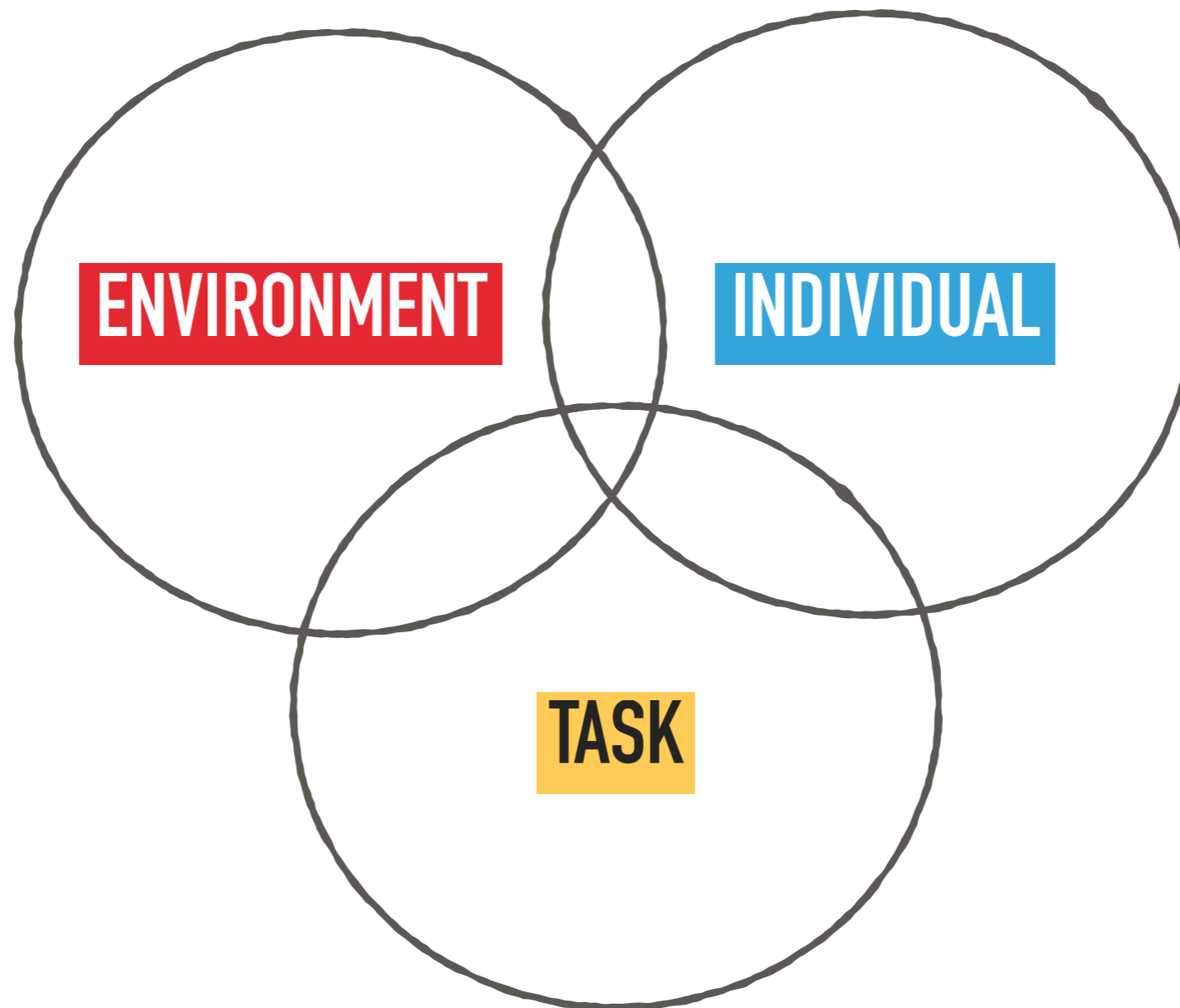
Ongoing

# SAFE FUNCTIONAL MOBILITY



Falls are a leading cause of hospitalizations

# SAFE FUNCTIONAL MOBILITY



Injuries occur when there is a mismatch

# SAFE FUNCTIONAL MOBILITY

- ▶ Most Dangerous Variables in the Home
  - ▶ Medications (more than 4, antidepressants, anti-anxiety)
  - ▶ Bathrooms and Wet Areas
  - ▶ Missing/Wrong/Poorly Functioning Mobility Devices
  - ▶ Commonly Used Items in Poor Locations

# BATHROOMS AND WET AREAS

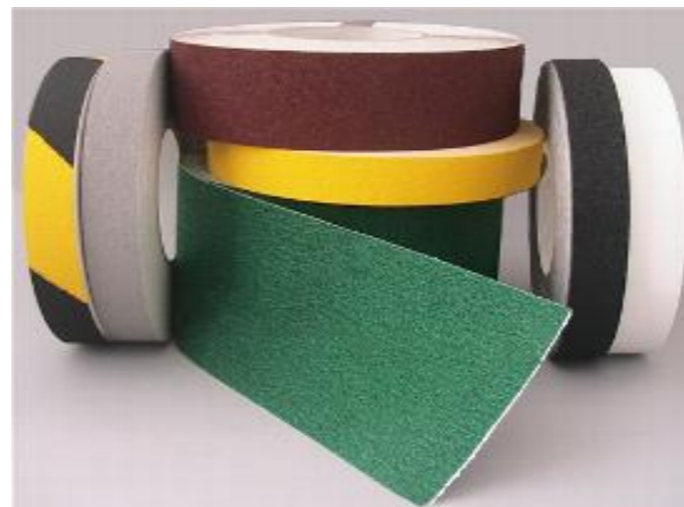
***DON'T***





# BATHROOMS AND WET AREAS

**DO**

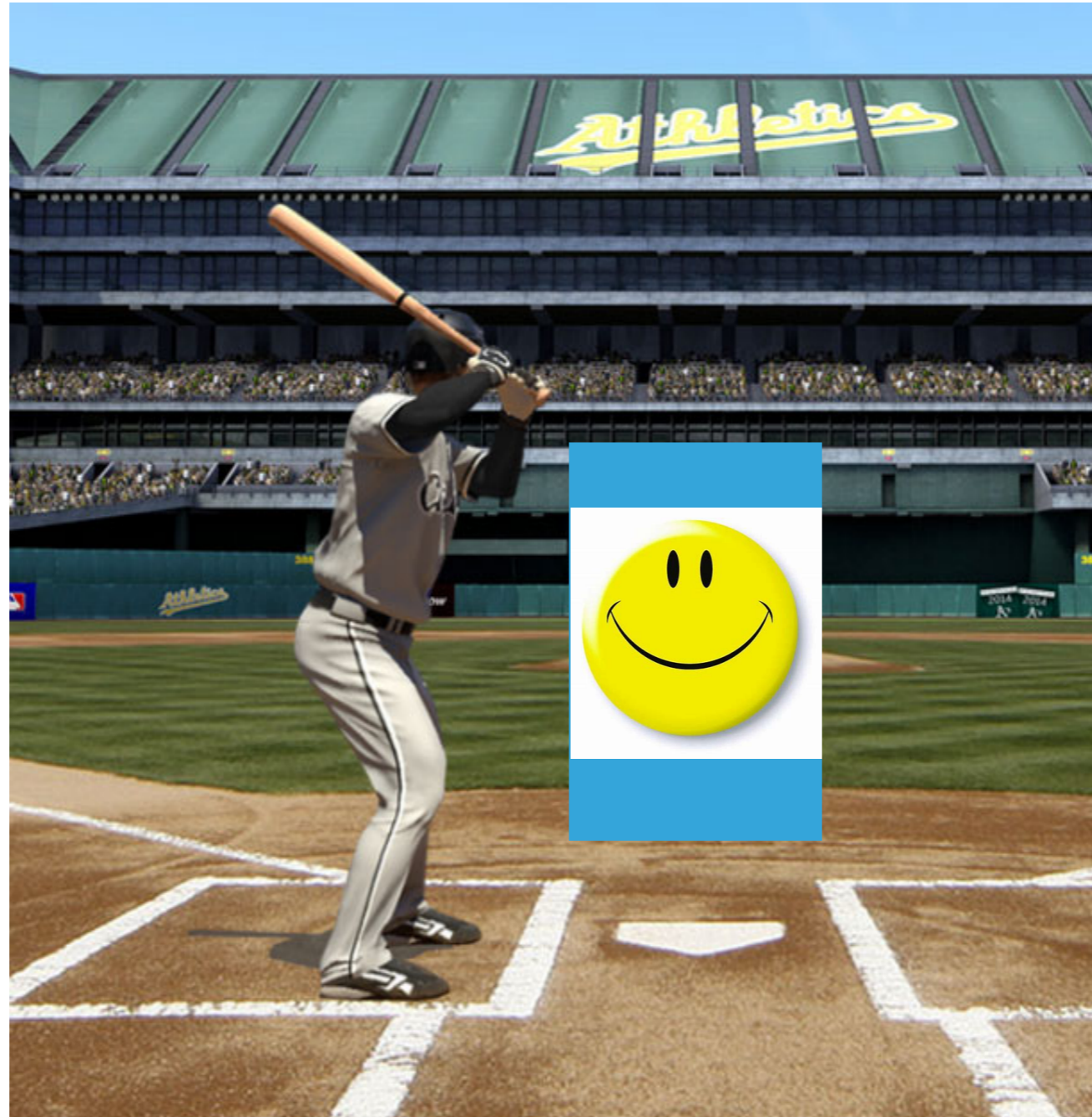


# WALKING/MOBILITY DEVICES



**HOW DO YOU CHOOSE THE RIGHT ONE?**

# COMMONLY USED ITEMS IN POOR LOCATIONS



**USE THE STRIKE ZONE**

# COMMONLY USED ITEMS IN POOR LOCATIONS

## CONSIDERATIONS



# SOCIAL ENGAGEMENT

Activities should include:

- ▶ Physical
- ▶ Social
- ▶ Mental

\* An isolated, lonely and inactive older adult experiences quick decline

# THE RESULTS

- ▶ 40-50% Decrease in ER and Hospitalization Visits
- ▶ Less Suffering, Fewer Costs
- ▶ Higher quality of life



CHRONIC DISEASE  
MANAGEMENT

# MAXIMIZING YOUR CALENDAR'S EFFECTIVENESS

1. Ensure to have activities that incorporate ALL 3 Crucial Components of Chronic Disease Management
2. Promote. Promote. Promote.
3. Consider options to increase compliance and/or retention (e.g. homework)

# MAXIMIZING YOUR CALENDAR'S EFFECTIVENESS (CONT.)

4. Develop 'high risk' list and encourage participation
5. Staff training on triggers and promotion
6. Use experts in various areas
7. Consider how to encourage 'shut-ins'



# HIGH-RISK TRIGGER LIST

## *Trigger List for At-Risk Residents*

Department	Trigger	Possible Causes
<b>All</b>		
	Recent fall/hospital/ER visit/request for house-call doctor	New medical/worsening medical condition, balance/strength decline
	Other residents call attention to resident struggling	Could be any number of issues
	New Mobility Device or Walking Less	Could be recent fall, or resident/family/doctor notice new balance issues
	More Difficulty walking or getting out of chairs	Could be getting weaker, new/worsening medical condition
<b>Activities</b>		
	Less participation in activities/ leaving apartment less	Could be harder to move, fearful of falling or isolating behaviors
	Participates in onsite activities, but doesn't go offsite as often	Same as above
<b>Dining</b>		
	New request or requesting meal delivery more often	Could be recent fall/illness and getting harder and less safe to move around
	Difficulty getting in/out of dining chairs	Could be getting weaker, more pain or balance issues
<b>Housekeeping and Maintenance</b>		
	Clutter building up or apartment smelling	Could be weakness and inability to keep apartment clean
	Resident looks disheveled	Could be weakness, fear of falling during self hygiene activities
	New request for bars in bathroom or taller toilet	Could be weakness, recent fall, less balance
	Towel bar in bathroom is loose in drywall	Could be resident is using this to steady him/herself in bathroom due to balance/weakness

# EXAMPLES OF SPECIFIC CLASSES/EVENTS

1. Medical Component
  - A. Disease specific education (one off, or several weeks long)
  - B. General education on managing chronic illnesses
  - C. Table Talk events with experts

# EXAMPLES OF SPECIFIC CLASSES/EVENTS

2. Functional Component
  - A. Balance/exercise classes
  - B. Walker/Wheelchair repair workshops
  - C. Field Trips
  - D. Educational workshops on safety

# EXAMPLES OF SPECIFIC CLASSES/EVENTS

3. Social Component
  - A. Can be combined with medical and functional components
  - B. Table talk events stimulate mental aspect
  - C. Field Trips
  - D. Games (bingo, billiards, card games)
  - E. Happy hours and others that can bring in diverse resident desires

# EXAMPLES OF SPECIFIC CLASSES/EVENTS

Our 'Balance Class' is a combination of all 3 Crucial Components.

It's a Chronic Disease Management Class disguised as a Balance Class.

# BALANCE/ CHRONIC DISEASE MANAGEMENT CLASS FOR INDEPENDENT LIVING

## Session 1 Handout: Activity

Quick Overview of the Program	
Session 1	<b>Introduction, Overview, and Choosing What to Cover</b> Getting to know each other, overview of program, sharing fall experiences, choosing what to cover. Guest expert introduces the balance and strength exercises.
Session 2	<b>The Exercises and Moving about Safely</b> Review and practice exercises with guest expert, explore the barriers and benefits of exercise, moving about safely – chairs and steps, learning not to panic after a fall.
Session 3	<b>Advancing Exercises and Home Hazards</b> Review and practice exercises, discuss when and how to upgrade your exercises, identify hazards in and about the home, and problem-solving solutions.
Session 4	<b>Vision and Falls, Community Safety, and Footwear</b> Review and practice exercises. Guest experts discuss the influence of vision on risk of falling and talk about strategies to get around the local community and reduce the risk of falling. Learn about the features of a safe shoe and identify clothing hazards.
Session 5	<b>Medication Management, Bone Health, and Sleeping Better</b> Identify the importance of Vitamin D, sunlight, and calcium to protect from fall injury. Guest expert talks about medications that increase falls risk. Strategies to sleep better are discussed.
Session 6	<b>Getting Out and About</b> Discuss and give participants the opportunity to see and try hip protectors. Explore different weather conditions that could lead to a fall. Review exercises. With guest expert, practice safe mobility techniques learned during the program in a nearby outdoor location.
Session 7	<b>Review and Plan Ahead</b> Review and practice exercises, review personal accomplishments from the past 7 weeks. Reflect on the scope of things learned. Review anything requested. Finish any segment not adequately completed. Time for farewells and closure.
Follow-Up Home Visit	Support follow-through of preventive strategies and assist with modifications.
<b>3-Month Booster Session:</b> Review achievements and how to keep them going.	



# BALANCE CLASS HOMEWORK

## Exercise Log

Name \_\_\_\_\_

Week (please circle the week number — circle one)

1   2   3   4   5   6   7

Check — if I did my exercises this week

Balance Exercises (daily):

- Monday    Tuesday    Wednesday    Thursday  
 Friday    Saturday    Sunday

Strength Exercises (3 times a week — be sure you have one day of rest between strength exercises):

- Monday    Tuesday    Wednesday    Thursday  
 Friday    Saturday    Sunday



# BALANCE EXERCISES AND PHYSIOLOGY

Innate systems to keep us balanced that become challenged as we age:

1. Vestibular
2. Vision
3. Proprioception (position sense)



# BALANCE EXERCISES AND COMPENSATIONS

Common compensations that also increase risk of falling:

1. Shorter steps
2. Lower steps
3. Wider steps

# BALANCE EXERCISES EXAMPLES

Simple for those that are well-balanced, but challenging for those with history or at risk for falls.

1. Sit to stand
2. Tandem standing
3. Heel raises
4. Toe raises

**QUESTIONS?**