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Capacity for Active Ageing

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Student Handbook |

Clinical Practice in Geriatric Physiotherapy

FH JOANNEUM University of Applied Sciences

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SANTA MARIA HEALTH SCHOOL
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Student Handbook

Clinical Practice in Geriatric Physiotherapy

BSc Honours in Physiotherapy Degree Programme

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Physiotherapy Assessment, Interventions and Clinical Reasoning

Key Competencies:

- Conduct geriatric physiotherapy assessments
- Develop evidence-based patient-centred treatment plans based on assessment findings
- Adapt interventions according to the setting (institutional vs. community)

Assessment Protocol

History Taking

- Medical history with a focus on comorbidities
- Medication review (noting those affecting balance, cognition, or mobility)
- Social history and living situation
- Previous level of function and current limitations
- Fall history (if applicable)

Physical Assessment

- Vital signs monitoring (including orthostatic BP)
- Pain assessment using geriatric-appropriate scales
- Mobility assessment:
    - Timed Up and Go (TUG) test
    - 30-second Chair Stand Test
    - 4-Stage Balance Test
    - 10-meter Walk Test
- Range of motion and strength testing (with consideration of age-related changes)
- Sensory assessment (proprioception, vibration, touch)
- Functional assessment (ADLs and IADLs)
- Cognitive screening (Mini-Cog, MMSE) in collaboration with other team members

Treatment Planning Process

- Document baseline measures using standardized tools
- Establish SMART goals with patient and/or caregiver input
- Prioritize interventions based on:
    - Risk level (falls, pressure sores, immobility)
    - Patient goals and preferences
    - Prognosis and recovery potential
    - Available resources (especially in community settings)
- Document clear progression criteria

Implementing Physiotherapy Interventions

- Bed Mobility Program
    - Guided practice in rolling, bridging, and supine-to-sit
    - Use of bed rails, overhead trapeze when appropriate
    - Energy conservation techniques
- Transfer Training
    - Sit-to-stand techniques with appropriate assistance levels
    - Bed-to-chair transfers using various methods
    - Car transfers for community-dwelling seniors
    - Documentation of the minimum assistance level required
- Gait Training
    - Progressive walking program with an appropriate assistive device
    - Obstacle negotiation practice
    - Stair management (when applicable)
    - Outdoor mobility for community reintegration
- Falls Prevention Strategies:
    - Balance Training
        - Static and dynamic balance exercises
        - Dual-task training (cognitive + motor tasks)
        - Perturbation training (supervised only)
        - Tai Chi or similar movement programs
    - Environmental Assessment
        - Home/institutional hazard identification
        - Recommendations for modifications
        - Lighting assessment
        - Footwear evaluation
    - Education Component
        - Fall risk factors specific to the individual
        - Safe movement strategies
        - When and how to call for assistance
        - What to do if a fall occurs
- Pain Management Approaches:
    - Non-pharmacological Interventions
        - Therapeutic exercise (strength, flexibility, aerobic)
        - Physical modalities (heat, cold) with appropriate precautions
        - Manual therapy techniques (gentle mobilization)
        - Relaxation and breathing techniques
    - Functional Pain Management
        - Activity pacing
        - Ergonomic adaptations
        - Energy conservation
    - Sleep hygiene recommendations

Assistive Devices and Gait Training

Assistive Device Selection and Training

- Assessment for Appropriate Device
- Balance and strength capability
- Cognitive status and learning ability
- Home environment compatibility
- Caregiver support availability
- Device Options and Fitting
    - Canes: straight, quad, offset
    - Walkers: standard, front-wheeled, four-wheeled
- Proper sizing and maintenance instruction
- Progressive Training Protocol
- Initial device training in controlled environment
- Graded complexity with obstacles and varied surfaces
- Community navigation with device (for community-dwelling)
- Regular reassessment for continued appropriateness

Clinical Management and Ethical Practice

Managing Complex Geriatric Conditions

Common Geriatric Syndromes - Management Guidelines

- Frailty
  - Use validated frailty scales
  - Implement multicomponent interventions focusing on:
  - Progressive resistance training (start at 30-40% 1RM)
  - Nutritional support in collaboration with a dietitian
  - Cognitive engagement activities
  - Monitor exertion using the modified RPE scale (1-10)
  - Schedule shorter, more frequent sessions (20-30 minutes)
- Dementia
  - Establish a consistent routine and environment
  - Use simple, one-step commands with demonstrations
  - Allow extra processing time
  - Schedule sessions during the patient's best time of day
  - Incorporate familiar movements and activities
  - Document behavioural responses to interventions
- Post-Stroke Rehabilitation
  - Focus on task-specific training
  - Implement constraint-induced movement therapy when appropriate
  - Address neglect through visual scanning exercises
  - Provide caregiver training for continued practice
  - Monitor for post-stroke depression and fatigue
- Osteoporosis/Fracture Risk
  - Implement safe loading exercises with spine protection principles
  - Avoid high-impact activities and extreme flexion/rotation
  - Focus on fall prevention strategies
  - Teach safe movement patterns for ADLs
  - Collaborate with the physician regarding bone health medications
- Parkinson's Disease
  - Focus on the amplitude of movement
  - Use external cueing (visual, rhythmic auditory stimulation)
  - Address freezing of gait with specific strategies
  - Schedule sessions during medication "on" time

Ethical Decision-Making

- Ethical Framework for Student Practice:
    - Respect for Autonomy
        - Obtain informed consent before each session
        - Assess decision-making capacity regularly
    - Honor advance directives
        - Include family/caregivers when appropriate, while maintaining focus on the patient
    - Beneficence and Non-maleficence
        - Assess risk vs. benefit for each intervention
        - Start with the lowest risk interventions
        - Document safety monitoring plan
        - Report adverse events promptly
    - Justice and Fair Treatment
        - Provide consistent quality of care regardless of setting
        - Advocate for appropriate resources for patient needs
        - Address accessibility barriers to care
        - Consider socioeconomic factors in home program design
- Ethical Decision-Making Process
    - Identify the ethical issue
    - Gather relevant information
    - Identify options
    - Analyse options using ethical principles
    - Make a decision
    - Implement and evaluate
    - Document the process and rationale

Ensuring Patient Safety and Comfort

- Safety Protocols:
    - Pre-Session Safety Check
        - Vital signs assessment (temperature, HR, BP, RR, SpO_2)
        - Pain level assessment
        - Environmental safety scan
        - Equipment safety check
        - Appropriate shoe wares
    - Monitoring During Session
        - Continuous observation for signs of distress
        - Periodic vital sign checks during exertion
        - RPE monitoring
        - Recognition of red flags requiring session termination:
            - Chest pain or palpitations
            - Dizziness or lightheadedness
            - Significant BP changes (>20mmHg systolic)

        - SpO_2 drops below 90%
        - Unusual shortness of breath
        - New or worsening pain
        - Signs of fatigue affecting safety
        - Signs of respiratory efforts (nasal flaring and intercostal retraction)
- Infection Control Practices
    - Hand hygiene before and after patient contact
    - Equipment cleaning between patients
    - Personal protective equipment as indicated
    - Wound precautions when applicable
- Comfort Measures:
    - Provide adequate rest breaks during treatment
    - Ensure proper positioning and support
    - Monitor room temperature and lighting
    - Address pain proactively
    - Respect modesty and privacy
    - Accommodate hearing or visual impairments

Communication and Multidisciplinary Care

Family Education

- Education Session Structure:
    - Initial Family Conference
        - Assessment findings and implications
        - Treatment goals and expected outcomes
        - Role of family in supporting goals
        - Home modification recommendations
    - Ongoing Education
        - Proper assistance techniques (demonstrations and return demonstrations)
        - Recognition of red flags and when to seek help
        - Safe exercise progression
        - Energy conservation techniques
        - Fall prevention strategies
    - Discharge Planning Education
        - Long-term management strategies
        - Community resource connection
        - Follow-up appointment scheduling
        - Equipment maintenance
        - Home program progression guidelines

Multidisciplinary Case Discussions

- Participation Guidelines:
    - Preparation
        - Organize assessment data and outcomes
        - Identify discipline-specific concerns
        - Review progress toward goals
        - Prepare questions for other team members
    - During the Case Conference
        - Present a concise patient summary
        - Use professional terminology with clarity
        - Focus on functional outcomes
        - Actively listen to other disciplines' input
        - Ask clarifying questions
        - Identify areas for collaboration
    - Documentation and Follow-up
        - Document recommendations from team
        - Update treatment plan based on team input
        - Coordinate shared goals with other disciplines

        - Schedule collaborative sessions when appropriate

Collaboration with Social Workers and Community Care Teams

- Collaborative Practice Model:
    - Joint Assessment
        - Participate in home visits with social workers
        - Identify social determinants affecting function
        - Contribute to care transition planning
    - Shared Care Planning
        - Align physiotherapy goals with social support plans
        - Identify community resources supporting mobility
        - Coordinate equipment needs with funding sources
        - Participate in discharge planning meetings
    - Community Integration Support
        - Connect patients with senior exercise programs
        - Collaborate on transportation solutions
        - Provide input on housing modifications
        - Help establish social support for physical activity

Documentation and Evaluation

Documentation Standards

- Daily treatment notes using SOAP format
- Weekly progress reports with objective measures
- Interdisciplinary communication notes
- Incident reports when applicable
- Discharge summaries with outcomes and recommendations

Student Self-Evaluation

- Students should regularly reflect on and document:
    - Clinical reasoning process
    - Intervention effectiveness
    - Ethical challenges encountered and resolution
    - Interprofessional collaboration experiences
    - Areas for improvement

Domain	Beginning	Developing	Proficient	Exemplary
Assessment Skills	Requires significant guidance in performing basic geriatric assessments	Completes basic assessments with minimal guidance	Independently conducts comprehensive assessments	Demonstrates advanced assessment skills
Intervention Planning	Creates basic plans	Develops individualized plans	Creates comprehensive plans	Develops innovative, evidence-based interventions
Intervention Implementation	Requires supervision for safe execution	Implements standard interventions safely	Independently adapts interventions based on patient response	Skillfully modifies techniques in real-time for optimal patient outcomes
Safety Management	Recognizes obvious safety concerns with prompting	Identifies common risks and implements basic precautions	Proactively manages safety with appropriate risk mitigation	Demonstrates exceptional safety awareness and preventive strategies
Ethical Practice	Recognizes ethical issues when pointed out	Identifies ethical dilemmas and seeks guidance	Independently navigates common ethical challenges	Demonstrates sophisticated ethical reasoning in complex situations
Communication	Communicates basic information with guidance	Communicates effectively with patients and team members	Adapts communication skillfully to various stakeholders	Shows exceptional communication that enhances patient outcomes and team function
Interdisciplinary Collaboration	Participates in team discussions when prompted	Actively contributes relevant information to team	Initiates collaboration to address patient needs	Leads collaborative efforts that optimize comprehensive care

Clinical Competency Evaluation

Performance Criteria

Resources and References

Evidence-Based Practice Guidelines

- American Physical Therapy Association (APTA) Geriatric Section Clinical Practice Guidelines
- Academy of Geriatric Physical Therapy Exercise Recommendations for Older Adults
- National Institute on Aging Exercise and Physical Activity Guidelines
- Registered Nurses' Association of Ontario (RNAO) Fall Prevention Guidelines

Assessment Tools

- STEADI (Stopping Elderly Accidents, Deaths & Injuries) toolkit
- Short Physical Performance Battery (SPPB)
- Berg Balance Scale
- Modified Falls Efficacy Scale
- Functional Independence Measure (FIM)

Appendices

Appendix A: Common Medications Affecting Balance and Mobility

Appendix B: Environmental Assessment Checklist

Appendix C: Caregiver Training Competency Checklist

Appendix D: Clinical Settings