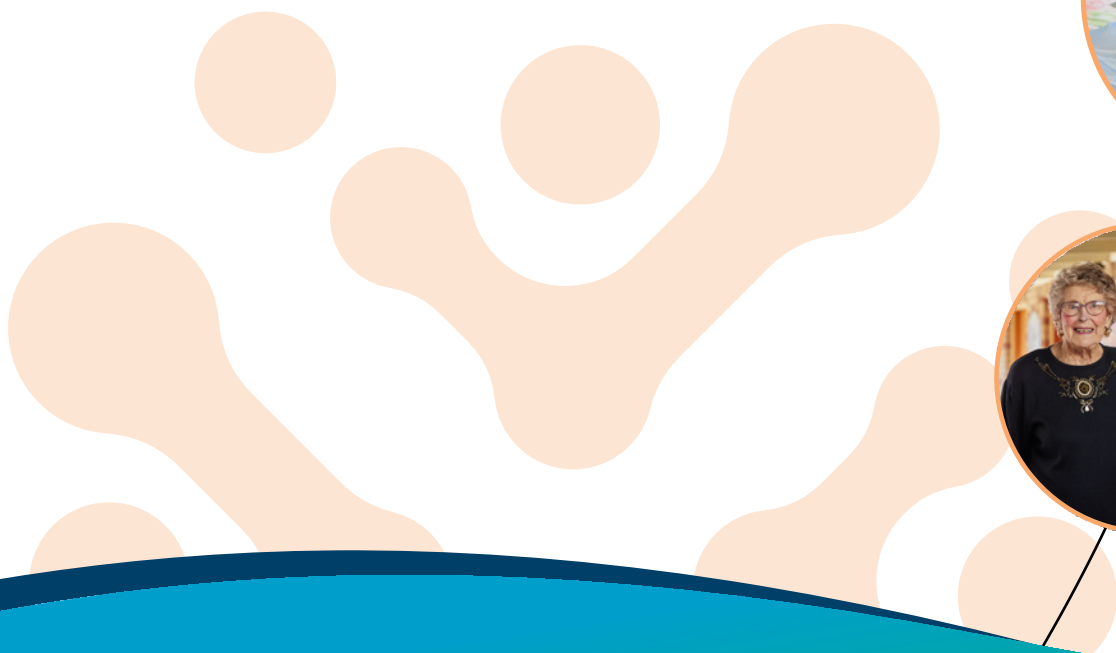




Functional Decline and Fall Intervention





Problem

- Referral received for 88-year-old gentleman post fall when attempting to stand
- Prior to fall consumer spent most of day in bed

Medical History:

Health History:

Hypertension; Partial Hearing Loss; UTI- recurrent; Osteoarthritis; Osteomyelitis; Sciatica (left); Discitis; L) Fractured Fibula (2017);

Medication:

Candesartan; Meloxicam; Paracetamol; Sertraline; Buprenorphine; Metoprolol; Lyrica;



Consumer's Goal:

- The consumer's wishes were that he would like to keep standing and walking on his own feet with his Fore Arm Support Frame (FASF) to maintain independence. He would like to be able to walk the distance of the corridor to the dining room (approximately 30m)





Goal of Physiotherapy Intervention:

- Prioritise establishing a mobility plan that ensured the safety of the consumer and the staff during mobilising and transferring.
- Identifying and addressing factors contributing to functional decline and falls
- Implementing strategies for falls prevention
- Establish targeted exercise program
- To establish consistency with mobility with FASFx 1-2 physical assistance + wheelchair behind within 1 month

Main issues identified

- Consumer incorrectly wearing grippy socks
- Consumer not calling for assistance to stand
- Reduced lower limb power and strength
- Reduced standing balance
- Reduced standing/walking endurance
- Possible cognitive impairment contributing to lack of insight into abilities and impulsive behaviours
- Family continuing to mobilise consumer around facility with just one family member assisting



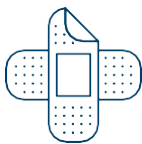
Consults

- Scheduled daily for 1 week with Consumer, family, RN and Physiotherapist, service staff, Care plan updated and viewable following each consultation for all participants
- Schedule 2nd daily for 3 weeks with Consumer, family, RN Physiotherapist with Occupational Therapist participating weekly.



Intervention:

6. Focus on practicing mobilising with consumer and FASF plus 2 person assist, under physiotherapy supervision and service staff to ensure safety. Focus on evaluating consistency of mobility.
7. An individualised exercise plan targeting lower limb strength and power retraining was created for the consumer, and the program was carried out by the lifestyle staff of the facility daily.
8. Extensive education and discussions with site staff, managers and family members.
1. Advice provided to staff about how to effectively support consumer with regards to prompting throughout transfers and mobility.
2. Strongly advised against the family mobilising with the consumer, highlighting risk to consumer and his brother.
3. Recommend cognitive screen to explore consumer insight into understanding risks of certain behaviours.
4. Phone call to daughter who lives interstate but is heavily involved in the consumer's care to keep updated on her father's progress and plan.
5. Consumer is educated on the importance of using the call bell



Outcome:

Consumer goal: The consumer's wishes were that he would like to keep standing and walking on his own feet with his FASF to maintain independence. He would like to be able to walk the distance of the corridor to the dining room (approximately 30m) - Goal Achieved



1. Consumer was able to upgrade his mobility and progress to standing and stepping with his fore-arm support frame with assistance of 1 staff
2. Consumer was able to demonstrate walking approximately 30 metres with FASF
3. Consumer is satisfied with his level of mobility and his goals have been reached and is happy with the outcome of intervention.
4. Staff confident in managing ongoing exercise program
5. Weekly clinical and physiotherapy reviews continued for 4 weeks post goal achievement