

Occupational therapy perspective for enhancing functional independence in geriatric population

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Abstract

Independence in functional ability is essential to health and well-being. Occupational Therapy intervention aims at improving quality of life of the elderly by enhancing functional performance capability and promoting independence in activity of daily living skill. Occupational Therapy (OT) intervention is context specific intervention, and typically applies to patient centered treatment planning approach.

Keywords: elderly; aging; geriatrics; activities of daily living; occupational therapy intervention

1. Introduction

Occupational Therapy is the practice that helps people across the lifespan participate in activities through the therapeutic use of everyday activities of daily living (ADL).

Occupational Therapy is the therapeutic intervention that promotes health by enhancing the individual's skills, competence and satisfaction in daily occupations. to act on the environment and successfully adapt to its challenges. Yerxa et al. [1]

Occupational Therapist helps older adults experiencing physical and cognitive changes to adapt to those changes. This interventional study reveals the fact that Occupational Therapy plays, an important role in maintaining independent living for elderly people. It focuses on elderly population (≥ 60 years living independently. [2] There was also strong evidence present

for the efficacy of Occupational Therapy on functional ability as well as quality of life.

2. Healthy Aging

Healthy aging refers to continuing participation in social, economic, cultural, spiritual and civic affairs, not just the ability to be physically active or to participate in the working population [3]. Healthy aging is a lifelong concept. It is the development and maintenance of optimal mental, social, and physical well-being and function in older adults [4].

WHO (2015) [5] defines healthy ageing as 'the process of developing and maintaining the functional ability that enables wellbeing in older age,' where 'functional ability comprises the health-related attributes that enable people to be and to do what they have reason to value' [5].

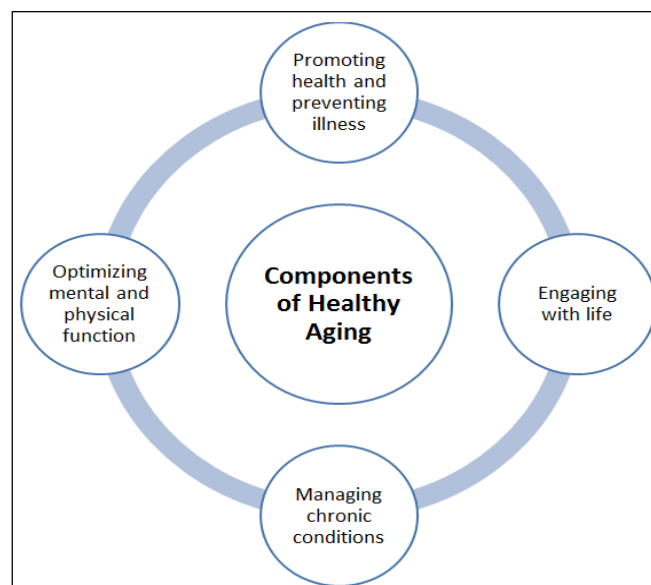


Fig 1: Components of Healthy Aging

Aging is an ongoing process. Maintaining positive attitude, feeling good, keeping fit & healthy and living a well-rounded lifestyle is a positive form of aging. Older people can make valuable and important contributions to society, and enjoy a

high quality of life. It aims to extend healthy life expectancy and quality of life for all people as they age. Maintaining autonomy and independence for the older people is a key goal in the policy framework for healthy ageing.

2.1 Health Education as Intervention for Healthy Aging

Health education is one of the main aspects in the promotion of active aging [6], in which specific aspects of old age can be adaptable to a healthy and active life [7]. Active aging covers the prevention and control of diseases, cognitive and social activity, social participation and health behaviours. In this context, it is up to health education to promote healthy lifestyles by articulating technical and popular knowledge and mobilizing individual and collective resources which an occupational therapist would articulate perfectly.

3. ADL Management in Geriatrics

Activities of Daily Living (ADL) is an umbrella term relating to self-care, comprising those activities or tasks that people undertake routinely in their everyday life [8]. The activities can be subdivided into personal care or Basic ADL (BADL) and domestic and community activities - Instrumental ADL (IADL). The Basic Activities of Daily Living (BADLs) are a defined set of activities necessary for normal self-care. The activities are movement in bed, transfers, locomotion, dressing, personal hygiene, and feeding.



Source: Aviva

Fig 2: Basic Activities of Daily Living

Occupational Therapy for the elderly person focuses on activating, validating and maintaining the energy and its capacities to act. Taking the limitations into account, new activities can be taught. When people are very strongly dependent upon others, the attention of the Occupational Therapists' goes to life comfort and the possibilities for self-determination of the elderly. (AOTA, 2008) [9] Occupational Therapy works from the value of every individual, from a fundamental holistic vision. Through every aspect of the relationship: 'person-environment-activity' and

analysing, occupational therapy creates opportunities to support the identity of the elderly person. It's the elderly that guides his life and occupational therapy stands in line to make this possible.

4. OT Interventions

The main aim of this study is to establish the evidence for the effectiveness of interventions within the scope of occupational therapy practice to increase function and decrease pain in elderly.

Table 1: Occupational Therapy Interventions

Intervention Context	Intervention Type
Physical Activity Intervention	The elderly are recommended: i) Regular and suitable exercises. ii) daily exercises and mobility depending on bodily conditions, iii) maintain proper weight and iv) slow walking in fresh air in mornings and afternoons twice each one lasting 15 to 20 minutes
Range of Motion Exercise	Range of motion (ROM) exercises is done to preserve flexibility and mobility of the joints on which they are performed. These exercises reduce stiffness and will prevent or at least slow down the freezing of the joints. i) Lower Extremity Passive ROM Exercises. ii) Upper Extremity Passive ROM Exercises.
Assistive technology and Adaptive Aids	Adaptive aids and environmental modifications to promote safety and independence in performing a broad range of ADLs are in common use. Adaptive aids are recommended after assessing the elderly's underlying impairments.

Occupational Therapy intervention was designed based on the areas emphasized by healthy lifestyle and social support. OT interventions included elders' physical activities, Range of motion exercises, muscle power strengthening exercises and adaptation training (Table 1). The interventions were educated in a weekly manner in the care homes.

5. Occupational therapy role inside the care home

Traditionally, in India, the most common form of family structure has been the joint family. The extended family

consists of at least two generations living together and this arrangement has usually been to the advantage of the elderly as they enjoy special status and power. But with growing urbanization and dependency on the availability of jobs, children are increasingly opting out of the extended family setup, leaving behind an 'empty nest' and establishing their own nuclear families.

In the coming years, the elderly population will grow phenomenally in number, while the family size will reduce. In the absence of traditional caregivers, given the disintegration

of the joint family and women moving out of the household, the elderly are already a vulnerable group in need of care and attention. And therefore there arises an indispensable need for care homes.

The Occupational Therapy has its own position in the care's organization, in the care of the resident. The Occupational therapist brings his own expertise, vision and methodology, in direction with the team as much as possible, and preferably integrated into the community.

6. Recommendations

- i) Occupational Therapist should encourage the elderly to engage in regular physical activity and help them find appropriate and meaningful forms of physical activity to ensure continued engagement. More complex, multimodal forms of exercise with an interpersonal component may confer the broadest benefits.
- ii) Occupational Therapist should incorporate person-centered self-management strategies into intervention with elderly to enhance self-efficacy and maintain participation in valued activities and roles, thus mitigating the negative effects on health and quality of life.
- iii) Occupational Therapist should provide adaptation training to the individuals so as to hearten them in addressing daily function and independence.

7. Conclusion

Preventing aging is impossible but 'worst aging' can be prevented with the intervention of occupational therapy. Living longer is terrific, but living pain-free and independently is what most people really want. Health and wellness initiatives are needed to teach people how to better manage disease and avoid debilitating injuries from falls. This study recommends that educating healthy lifestyle promoting behaviors start before old age. Fitness programs for elderly can increase an individual's strength and balance, while adaptation training programs for individuals can help them live independently as long as possible.

8. References

1. Yerxa EJ, Clark F, Frank G, Jackson J, Parham D, Pierce D *et al.* An Introduction to Occupational Science, a Foundation for Occupational Therapy in the 21st Century. In Johnson JA, Yerxa EJ, editors. Occupational Science: The Foundation for New Models of Practice. New York, NY: The Haworth Press, 1989.
2. Esther MJ, Steultjens; Joost Dekker Lex M. Bouter Sandra Jellema Erica B. Bakker Cornelia H. M. van den Ende Occupational therapy for community dwelling elderly people: a systematic review. *Age and Ageing, the International Journal of the British Geriatrics Society.* 2004; 33(5):453-460.
3. WHO, "Active Ageing: A Policy Framework" A contribution of the World Health Organization to the Second United Nations World Assembly on Ageing, Madrid, Spain, April, 2002, 12
4. Minnesota Department of Health (MDH), Creating Healthy Communities for an Aging Population, A report of a Joint Rural Health Advisory Committee and State Community Health Services Advisory Committee Work Group, St Paul, Minnesota, MDH, 2006.
5. WHO, World report on The Global strategy and action plan on ageing and health. World Health Organization, 2015. Geneva, Switzerland: Retrieved from <http://www.who.int/ageing/publications/world-report-2015/en/>
6. Maldonado MLM, Muñoz EC, Núñez VMM. Program of active aging in a rural Mexican community: a qualitative approach. *BMC Public Health* 2007; 7:276.
7. World Health Organization (WHO). Active Aging: A Health Policy. Brasília: Pan American Health Organization, 2005.
8. Katz S. Assessing self-maintenance: activities of daily living, mobility, and instrumental activities of daily living. *J Am Geriatr Soc.* 1983; 31(12):721-727. doi: 10.1111/j.1532-5415.1983.tb03391x.
9. American Occupational Therapy Association (AOTA). The Occupational Therapy Practice Framework: Domain and Process, 2nd Edition (Framework-II), 2008.