

PHYSIOTHERAPY IN HOMES FOR THE ELDERLY†

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It has been said that 'the important thing is to add life to years and not years to life'.

The authors set out to investigate the views on physiotherapy in Homes for the Elderly and to find out the actual role of the physiotherapist in these Homes.

Twenty-two Homes were chosen at random in and around Cape Town. Of these only ten employed physiotherapists. Five Homes were for Coloureds, the other 17 for Whites. The interviews conducted with the matrons and physiotherapists of the Homes were based on a questionnaire/checklist. The average percentage of male residents was 17% compared to 83% females. The average age group of the residents was 78 years, the range being between 55 and 100 years of age.

When asked if they saw physiotherapy as a necessary service in the Home, two of the 12 matrons interviewed said 'no', as the residents were healthy and independent, yet they, together with seven of the other matrons, defined physiotherapy as rehabilitation, exercises and motivation.

All the members felt that it would be useful to be advised by a physiotherapist on specific details such as suitability of footwear for the residents, the proper use of walking aids and simple chest treatments. With regard to patient handling, most matrons felt that a physiotherapist was better qualified than the nursing sister to train the nursing staff.

In the ten Homes who employed physiotherapists, only one physiotherapist worked full-time. Six of the physiotherapists were of the opinion that they could cope with their work load, as the residents were either healthy and independent or senile, in which case they would not understand instructions. One physiotherapist at a Home with 300 residents, however, said she was only 'scratching the surface': another replied that she only had time to treat the chronic cases.

Only four of the ten physiotherapists had previous post-graduate experience with the elderly. The others had received

some experience when working on orthopaedic and medical wards in hospitals. The majority felt that their role was to keep the elderly mobile and independent for as long as possible. Motivation was another important point mentioned. It is important to keep the elderly independent, as dependence on others can be demoralising. Two of the Homes visited had physiotherapy aides. These were nurses at the Home who were rotated through the physiotherapy department on a monthly basis. Their training was on an informal basis and they were required to fetch residents, walk them and keep the physiotherapy room tidy. All the physiotherapists were very much in favour of having aides. However, because of the shortage of staff, in most Homes this was not possible.

In general, the relationship between the doctor and physiotherapist was not very good. Some physiotherapists felt that occasionally residents were referred to them only as a last resort when 'all else had failed'. The matron usually acted as a liaison between the therapist and doctor.

Only two of the physiotherapists trained the nursing staff in patient handling, the main problem being lack of time. Rehabilitation of the elderly is essentially a matter of teamwork; no one can accomplish rehabilitation by themselves and there must be continuing consultation between all members of the team.

Four of the ten Homes visited employed Occupational Therapists (O.T.). Here a good rapport had been established between O.T. and physiotherapist. Residents were cross-referred when necessary and there was regular feedback on their progress.

In conclusion, physiotherapists can play a vital role in Homes for the Elderly, especially as regards education and training of staff, which is sadly neglected. The shortage of physiotherapists in Homes could be overcome by creating part-time posts, which would appeal to married therapists who have young children. It is important that all therapists have a better knowledge and understanding of ageing and the aged. Teaching geriatric care at undergraduate level might eliminate the myth that working with the elderly is uninteresting, unstimulating and unrewarding.

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