



Managing mobility

By Avinoam Nativ

Recent studies say that the top three problems facing North America's long-term care industry are lack of government funding, low employee morale and high employee turnover. Although listed in that order, the reality is that these issues are connected. By embracing a new approach to long-term care, facilities can deal with the issues of funding, employee morale and turnover while improving resident care.

The move for mobility

Immobility is expensive. It is the root cause of many issues especially in elder care. Although there are several reasons why individuals

become less active as they age (for example, fear of falling), when people stop moving their health deteriorates at a much faster rate than if they had remained active. Once an individual starts using a walker, there is usually a steady and often very quick progression to a wheelchair.

Immobility is typically followed by depression. As a resident's physical and mental health deteriorates the cost of care skyrockets.

As an example, the Harvard Medical Letter puts the cost of treating one pressure ulcer at 70,000 dollars U.S. This amount may sound outrageous, but it is small compared to the cost of



many other medical conditions exacerbated by immobility.

Given that demographics clearly point to significant growth in our senior population, we can expect a surge in healthcare costs to unmanageable levels unless we start to address mobility.

The effect on employees

Employee morale and turnover are recognized as major concerns within the long-term care industry. In an environment where there is a steady and often quick deterioration in physical and mental health, staying motivated as a caregiver can be extremely difficult.

A critical part of the job for front-line workers in elder care is transferring residents. This is a challenge because residents are afraid to try to move themselves and the physical work required to move them can be daunting, time consuming and cause injury to both the caregiver and the resident. Many homes have now been forced to introduce “no manual lift” policies due to lift-associated injuries.

The industry has attempted to address the mobility problem with the purchase of mechanical lifts. Although mechanical lifts are an important tool in elder care, the drawback is that they do very little to improve basic health for residents. In fact, their over-use can lead to a further decline in mobility and the associated exacerbation of many physical and mental health related issues.

Caregivers are witness to this deterioration in residents’ physical and mental health and often feel helpless in preventing it. Consequently, the industry is plagued by the huge costs associated with poor employee morale and high turnover. The industry is trying to overcome these issues but often they address only the symptomatic human resource issue rather than the root problem of resident immobility.

A winning approach

The industry has to make a paradigm shift from subsidizing immobility (a reactive approach utilizing mechanical lifts and clinical treatment focused on aches and pains) to a proactive approach: paying for mobility. Governments are attempting to do this through a new funding model called MDS (Minimum Data Set). These programs have been implemented in the U.S. and several Canadian provinces are in the advanced stages of implementation. However, for true success to happen, the change has to be embraced and adopted by the front-line workers – the caregivers and the clinicians.

The science is very clear on the fact that seniors, even the very frail, can benefit significantly from strength, mobility and balance training. The evidence also suggests that significant improvements in mobility can be realized through specific enabling mobility training with the appropriate equipment and methodology.

Tools for mobility

Advances in supportive equipment enables training of movements that are otherwise impossible for the individual to initiate, thus improving static and dynamic stability, mobility, neuro-muscular control, coordination, endurance and even lower extremity strength. It is making a difference in the lives of seniors and caregivers in both the U.S. and Canada.

Within four to six weeks (with targeted training on appropriate equipment three times per week), seniors can begin to see dramatic increases in lower extremity strength and gain the ability to transfer themselves. At the very least, individuals gain enough strength to make the transfer much easier for the caregiver. As seniors begin to move, they experience other health benefits, such as a reduction in bed sores, an improvement in overall health and, most importantly, mental attitude. Some seniors even regain the ability to self-toilet.

Imagine a home where individuals are walking, kicking soccer balls and dancing safely (all in the safe environment of a body weight support technology). Residents begin to experience improvement they never dreamed possible and the success becomes infectious. Caregivers feel they are giving hope and their jobs become less difficult and more rewarding because many residents can begin moving themselves. As a resident’s physical and mental health improves, working conditions improve and costs plummet.

Mobility training can play a significant role in addressing the specific issues that the elder care industry deems as most important. We are convinced that the next decade will bring a dramatic change to the way we view and accept physical deterioration associated with old age. We believe that mobility training equipment and enabling methodologies will play a significant role in that change. **HFM**

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