

Chronic Pain is a Serious Problem for Geriatric Patients

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Description

Conventional pharmacotherapy with no steroidal anti-inflammatory drugs or opiates is often accompanied by serious side effects. Pain reduction was assessed with a numeric rating scale (0-10; 0 = minimum; 10 = maximum), mobility by walking distance, and activities of daily living by Barthel index. The association between complementary therapy and the changes observed in the patient under treatment were evaluated using cognition-based medicine. Under complementary therapy, the patient experienced a clear reduction in pain (from 8 to 3 points on the numeric rating scale); regained the ability to walk (increase in walking distance from 0 to 70 m); and showed improvements in activities of daily living (increase in Barthel index from 45 to 65). An association between pain reduction and the complementary treatment setting seems likely. Regaining functional independence and independent living is challenging in hospitalized geriatric patients. Different from community dwelling and institutionalized older people, geriatric patients on rehabilitation wards generally receive more frequent and structured physiotherapy with the primary aim to discharge them to their home or place of residence. There is a paucity of evidence concerning the structure and components of physiotherapy programs to improve functional performance in this particular group. In this paper, we describe how we developed the Geriatric Activation Program Pellenberg (GAPP) based on patients' needs and available literature.

Physiotherapist Staffing

We searched the literature on physiotherapy interventions focusing on the core components for improvement of functional performance: strength, balance, function, (gait) speed, coordination, and endurance training. Based on physiotherapist staffing and physiotherapy time allocated to each patient, we organized the practical, daily delivery of the program. GAPP is a 5-day program, repeated weekly, delivered by physiotherapists and physiotherapy students. Each day, one or a combination of two to three different core components of functional performance is trained intensively in 45-min sessions. A set of standard exercises is constantly adjusted to each patients' capacity. On day 5, there is a mix of these core elements in a group session (e.g., chair-dance, table tennis, karate) and the Berg Balance Scale is completed to evaluate progress. A

multidisciplinary German expert group met in 2012 to discuss the current status and prospects of health care of geriatric patients with urinary incontinence in Germany. The purpose of this position paper is to raise awareness among health care providers for the challenges associated with adequate management of urinary incontinence in frail elderly. The experts agree that a multidisciplinary collaboration is essential for the successful treatment of urinary incontinence symptoms which are often associated with loss of autonomy and social isolation. For most geriatric patients, usually the general practitioner is the first contact when seeking help. Hence, the general practitioner plays a crucial role in the coordination of diagnosis and treatment. The involved health care providers should have adequate education and training in their respective disciplines and should be networked allowing quick turnaround times. Non-pharmacological treatments (e.g. behavioral interventions) should have been tried before any pharmacotherapy is initiated. If pharmacological treatment of urinary incontinence involves the use of anticholinergic agents, cognitive performance should be monitored regularly. If indicated, anticholinergic agents with a documented efficacy and safety profile, explicitly assessed in the elderly population, should be preferred.

Circumferential Measurements

The aim of this study is to compare the effects of complex decongestive physiotherapy (CDP) and conventional bandaging (CB) on the postamputation edema of geriatric transtibial amputees. Eleven geriatric transtibial amputees were included in the study. Randomized controlled study started on the first postoperative day with the amputees who are appropriate for CB and CDP. Before and after application, all the participants underwent circumferential assessments both amputated and intact side in each session. The period between the first session and the last session (transition to permanent prostheses) were recorded in days. The hospitalization period of the cases were also recorded. There was not any significant difference between the groups when the duration of stay at the hospital was evaluated ($P > 0.05$). The period of transition to permanent prostheses was found to be shorter in CDP group ($P < 0.05$). When the first and last session values of both groups were analyzed, significant differences were determined ($P < 0.05$). The difference between the last circumferential measurements of the stump was observed to be more obvious in the CDP group

than in the CB group ($P < 0.05$). To conclude, it can be postulated that CDP could be preferred in the treatment of postamputation stump edema to shape the stump effectively, which is the basic cardinal requirement of prosthetic fitting after surgery. Hospital-associated disability (HAD) is significant among geriatric patients admitted to acute care hospitals. The objective of the study is to evaluate the effectiveness of additional weekend physiotherapy

on mobility impairments of high-risk older patients admitted to the acute medical unit. Physiotherapy plays a major role in restoring function and is often recommended to improve physical function to facilitate an effective discharge from the hospital. Additional physical therapy improves the functional outcomes of patients with stroke, total knee replacement, and coronary artery bypass grafting.