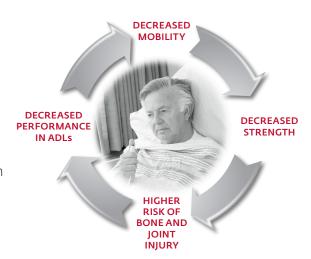
# Long-term Options for Functional Decline

DJO's Long-term Options for Functional Decline is a comprehensive program that includes program development tools, treatment protocols and various resources to help you successfully manage the problem of functional decline in your facility. This evidence based program will help you manage the challenges of weakness and deconditioning, decrease the occurrence of complications, thus allowing you to increase patient participation in therapy and decrease cost.

#### The Functional Decline Dilemma

- Functional decline leads to weakness, loss of muscle mass and bone density, resulting in higher risk of bone and joint injury.
- Fear of falling contributes to accelerated muscular decline and deconditioning as a result of imposed activity restrictions.
- Disuse atrophy is the leading cause for deconditioning in over 40% of elderly patients.





#### Addressing Functional Decline

- Requires a multifaceted, multi-disciplinary approach.
- Exercise prescription should include targeted exercise to promote aerobic capacity, strength and balance.
- Impairments contributing to immobility should be identified and should be aggressively treated utilizing modalities as needed to reverse vicious cycle of immobility.

<sup>1.</sup> Convertino VA, Bloomfield SA, Greenleaf JE. (1997). An overview of the issues: physiological effects of bed rest and restricted physical activity. Med Sci Sports Exerc. 29(2):187-90.

<sup>2.</sup> Fitzgerald TG. Hadjistavropoulos T. MacNab YC. (2009). Caregiver fear of falling and functional ability among seniors residing in long-term care facilities. Gerontology; 55(4):460-7. Epub 2009 May 21.

<sup>3.</sup> Okawa Y, Nakamura S, Kudo M, Ueda S. (2009). An evidence-based construction of the models of decline of functioning. Part 1: two major models of decline of functioning. Int J Rehabil Res. Sep;32(3):189-92.

<sup>4.</sup> Rader MC, Vaughen JL. (1994). Management of the frail and deconditioned patient. South Med J.; 87(5):S61-5.

<sup>5.</sup> Singh MA. (2002). Exercise to prevent and treat functional disability. Clin Geriatr Med. 18(3):431-62, vi-vii.

# **Functional Restoration Plan**

Nursing staff regularly screens ALL residents for signs of and risk for functional decline/ deconditioning.

## **Necessary Elements**

Standard **Screening Tools** 

Patients at risk for functional decline are referred to therapy for evaluation and management.

## **Necessary Elements**

Standard **Evaluation Tools** 

PT/OT treats key impairments and manages weakness, atrophy and decreased mobility with one or more of the following: Electrotherapy, Moveo.

#### **Necessary Elements**

Modalities Clinical Protocols Staff Education

Nursing staff continues to screen and/or monitor current and new residents for signs of and risk for functional decline/ deconditioning.

## **Necessary Elements**

Standard **Screening Tools** 



# The Power of Skilled Modality Use

Without skilled modality use

Increased risk of falls

Decreased ADL performance

Decreased participation in therapy

Decrease in muscle mass and strength

With skilled modality use



Increased ADL performance

Decreased risk of falls

Increased participation in therapy

Increase in muscle mass and strength

	Moveo	Electrotherapy	
Facilitates functional exercise	Modes To	Muscle strengthening and muscle reeducation	

