

# Promoting Older Adult Physical Activity Throughout Care Transitions Using an Interprofessional Approach

Joanne M. Miller, PhD, GNP-BC, Valerie K. Sabol, PhD, AGACNP-BC, and Amy M. Pastva, PT, PhD

## ABSTRACT

The nurse practitioner plays a key role in monitoring and improving physical activity and function of older adults. Physical activity is an essential component of care management for all older adults, even those who are frail with multimorbidities. All physical activity, no matter how small, has the potential to impact functional independence and quality of life. Partnering with the older adult and caregivers along with interprofessional providers, such as a physical therapist or occupational therapist and community-based resources, facilitates the development of successful goals and plans and the implementation of activities to promote physical activity across the continuum of care.

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Functional capacity and resilience are keys to successful aging, health, quality of life, and independence. These attributes are especially important because older adults often have multimorbidities and experience acute medical conditions. Regardless of practice settings, nurse practitioners (NPs) will be confronted with this population because of the growing numbers of older adults.

Getting and keeping older adults active, physically fit, and functioning at their highest capacity is a goal well suited to the NP role. As people live longer and the number of “boomers” reaching age 65 grows, there is a significant need to include physical activity in interactions and management plans for all older adults. Many chronic conditions share sedentary lifestyle as a contributing cause. Regular physical activity can positively impact a variety of health conditions (ie, coronary artery disease, hypertension, peripheral vascular disease, diabetes mellitus, obesity, elevated cholesterol, osteoporosis, osteoarthritis, and chronic obstructive pulmonary disease), psychological health, and well-being.<sup>1</sup> Physical activity also is known to prevent and delay cognitive decline.<sup>2</sup> Because no one provider can meet all the needs of every individual,

especially for older adults, collaborating with an interprofessional team and community resources is critical. The older adult and caregivers should be integral members of the team.

## IMPACT OF AGING CHANGES ON FUNCTION

Aging changes can impact functional capacity to a point, but there is continuing debate<sup>3</sup> as to the degree this limits older adults if they were physically active throughout their life. Common aging changes that affect physical activity include decreased visual acuity (despite corrective lens), diminished hearing, joint pain, decreased joint range of motion, muscle atrophy, and occasionally edema. A synopsis of potential barriers to physical activity and sample exploratory questions are provided in [Supplementary Table 1](#) (available online at [www.npjjournal.org](http://www.npjjournal.org)).

As people age, the need for physical activity becomes more urgent to reduce the potential loss of strength, flexibility, endurance, and balance. Functional capacity prevents injuries and falls, isolation, dependence, and depression and determines the ability to perform activities that provide quality of life. Transition to an institutional setting or the development or progression of a medical problem

can result in a high risk for functional decline and deconditioning.<sup>4</sup>

## RECOMMENDATIONS AND EVIDENCE-BASED NATIONAL RESOURCES

Current physical activity recommendations for older adults are 150 minutes per week of moderate-intensity aerobic activity or 75 minutes of vigorous aerobic activity. Thirty minutes of sustained activity is the goal.<sup>5</sup> For those with less stamina, shorter periods of at least a 10-minute duration several times per day can achieve the overall 30-minute goal.<sup>6</sup> The recommendations also include at least 2 days per week of muscle-strengthening exercises of all major muscle groups (legs, hips, back, abdomen, chest, shoulders, and arms). Balance and coordination activities on 3 or more days per week should be incorporated to prevent falls. A Choosing Wisely provider recommendation states, “Don’t prescribe under-dosed strength training for older adults, instead match frequency, intensity, and duration of exercise to the individual’s abilities and goals.”<sup>7(p1)</sup> This concept is important because a base of strength and balance can increase the ability of a person to move safely at faster speeds and for longer distances. However, less than 12% of older adults meet aerobic and muscle-strengthening physical activity recommendations.<sup>8</sup>

Older adults should start at a level of physical activity that is appropriate for their current level of fitness and then gradually increase their physical activity. Screening older adults for the risk of adverse events before participation is recommended, but the concern is to not have this be a barrier to physical activity.<sup>6</sup> A screening tool designed for older adults called the EASY tool is based on the tools described in the Table.<sup>6,9</sup> There are significant benefits for older adults even at physical activity levels well below the recommended guidelines.<sup>6,10</sup> With 94.4% of older adults seeing a health care provider within the past year,<sup>8</sup> these visits offer an excellent opportunity for NPs to address the benefits of physical activity.

Berra et al<sup>11</sup> suggest making physical activity a vital sign to ensure adequate counseling. Only 34% of all adults report being counseled about physical activity at their last visit.<sup>12</sup> The American Medical Association and the American Colleges of Sports Medicine<sup>13</sup>

initiated a program, Exercise is Medicine, to encourage making physical activity a standard part of any health promotion and treatment plan. Older adults are encouraged to find the type of activity that best fits their interests and abilities. Physical activity must be personally meaningful, fun, and something older adults can successfully do and incorporate into their everyday life.<sup>1</sup> The Department of Health and Human Services developed a guide, Be Active Your Way, which includes a framework to start the discussion about physical activity.<sup>5</sup> The National Institute on Aging also promotes physical activity for older adults with their Exercise & Physical Activity: Your Everyday Guide,<sup>14</sup> Go4life,<sup>15</sup> and additional resources (Table).

## ACUTE CARE SETTING AND NEED FOR MOBILIZATION

Functional decline is a common complication of hospitalization, even for those who had good baseline function, with the rate of decline increasing with age.<sup>16,17</sup> Several misconceptions facilitate functional decline and deconditioning.<sup>18</sup> The older adult and their families may have the perception that a person needs to rest if he or she is ill. Families and health care providers may feel older adults should not do activities out of concern for safety or health. Caregivers may also believe it is quicker if a task is done without involving the older adult’s participation.

Many hospitals recognize the importance of addressing physical mobility misconceptions; there are hospital programs and initiatives available as exemplars and resources.<sup>16,18,19</sup> The involvement of an interprofessional team should begin on day 1 of hospitalization. The need for mobilization needs to be weighed against the risk of falls. The staff and institutional fear of falls should not be the primary reason for inadequate patient mobility. The slogan to prevent falls should be changed from “Do not get up alone” to “Do not get up alone, but do get up.”

## COMMON CHALLENGES TO PHYSICAL ACTIVITY IN OLDER ADULTS

### Ageism

Ageism is often a barrier to physical activity. This bias is present in health care professionals, older adults, and their families. Negative stereotypes of aging can influence what is considered possible in older age; the

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