Domiciliary Phyiotherapy
A backbone of community care

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Introduction

“If formal support is not provided, there is a danger that informal caregivers will burn out. Then not only will the elderly person require more formal care but the caregiver as well could become a recipient within the system. That is, there is both a humane and an economic incentive for assisting caregivers in the care of their seniors.”

(Gunfield et al. 1997)
Physical status of older person living in the community

- Performing personal activities is essential to living independently (Gill et al. 2002)

- With age difficulties in performing ADL’s may arise
Performing personal activities is essential to living independently (Gill et al. 2002)

With age difficulties in performing ADL’s may arise

Physical difficulties may need specialized treatment or medication (Lungaro Mifsud 1995)

Physiotherapists focus on:

- Improving
- Maintaining or
- Limiting decline in the physical function of the older person.
Some definitions

- **What is a domiciliary physiotherapy service?**
  - Physiotherapy provided at patient’s home
  - Aimed at frail older persons
  - Structural barriers
  - Support caregivers

- **Who are the informal caregivers?**
  - Traditionally mostly women
  - Main sources of support to frail older person
  - No previous training for this role
  - Primary and secondary assistance
Domiciliary Services at SVPR

- Started around 2001
- One physiotherapist (and one delegate) allocated on Domiciliary Physiotherapy Services
- Time allocated is approximately one hour / day
  - Mostly afternoon sessions
  - Morning sessions available once a week (max 5 sessions / day)
- Frequency varies according to:
  - Needs of patient
  - Availability of transport
Speaking of transport...

The physiotherapist goes to the elderly person’s home using the transport system available.
• Mode of referral
  • 60+
  • General Practitioners
  • Geriatricians
  • Other Health Professionals
  • Other Hospitals
  • Commissioning

• Record Keeping
  • Patient Database
  • Domiciliary Assessment Forms
  • Daily Register
  • High Risk Register
Role of Domiciliary Physiotherapist

- Assess patient’s functional mobility at home
- Assess patient’s ability to adjust to normal life and surroundings
- Provide optimum treatment for patient’s in the most appropriate place
- Evaluate and eliminate any hazards at home
- Provide advice and education to informal caregivers on safe handling
- Reduce informal caregivers’ injuries from inappropriate lifting and handling
- Liase with other health professionals
Following assessment...

Physiotherapist decides whether patient would

- Benefit from Domiciliary Services
- Be referred to Respite Services / other health care professionals
- Be seen on an Out-Patient Basis
- Discontinued from Physiotherapy Domiciliary Services
Advantages

- Facilitates more appropriate treatment planning and management pertaining to patient’s home environment
- Patients more relaxed and co-operative in their own home
- Caregiver’s involvement
- Decreased fatigue of frail older person due to transportation
- Potentially decreases musculoskeletal injuries from lifting and handling
Difficulties

- Increasing patient isolation
- Increased travelling time for physiotherapist
- Increased isolation of physiotherapist from MDT
- Equipment not available
- Limited space in the home
- Absence of family caregivers
- Patient’s cognitive impairment
- Costs are high
Following discharge

- Domiciliary High Risk Register and contacted at required intervals

- Physiotherapy Report will be sent to referring G.P. / Consultant
Number of new referrals in 2007
Number of new referrals in 2008
A study

- “The impact of domiciliary physiotherapy services on older persons living in the community”
- 12 subjects
- Exclusion criteria
  - Participants below the age of 60
  - Subjects still undergoing rehabilitation
  - Subjects residing in residential homes
  - Subjects receiving private domiciliary physiotherapy services
- Tools
  - F.I.M.
  - Semi-structured questionnaire
# Functional Independence Measure

<table>
<thead>
<tr>
<th>Scale</th>
<th>Description</th>
<th>Subject Code</th>
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<tbody>
<tr>
<td>7</td>
<td>Complete Independence (timely, safely)</td>
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<tr>
<td>6</td>
<td>Modified Independence (extra time, devices)</td>
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<tr>
<td>5</td>
<td>Supervision (cuing, coaching, prompting)</td>
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<tr>
<td>4</td>
<td>Minimal Assistance (performs 75% or more of task)</td>
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<tr>
<td>3</td>
<td>Moderate Assistance (performs 50% - 74% of task)</td>
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<tr>
<td>2</td>
<td>Maximal Assistance (performs 25% - 49% of task)</td>
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<tr>
<td>1</td>
<td>Total Assistance (performs less than 25% of task)</td>
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## Self Care Items

<table>
<thead>
<tr>
<th>Item</th>
<th>Pre-Test</th>
<th>Post-Test</th>
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<tbody>
<tr>
<td>1. Feeding</td>
<td></td>
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<td>2. Grooming</td>
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<td>3. Bathing</td>
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<td>4. Dressing Upper Body</td>
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<tr>
<td>5. Dressing Lower Body</td>
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<td>6. Toileting</td>
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### Sphincter Control

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<thead>
<tr>
<th>Item</th>
<th>Pre-Test</th>
<th>Post-Test</th>
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<tbody>
<tr>
<td>7. Bladder Management</td>
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<td></td>
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<tr>
<td>8. Bowel Management</td>
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### Mobility Items (Type of Transfer)

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<tr>
<th>Item</th>
<th>Pre-Test</th>
<th>Post-Test</th>
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<tbody>
<tr>
<td>9. Bed, Chair, Wheelchair</td>
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<tr>
<td>10. Toilet</td>
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<tr>
<td>11. Tub or shower</td>
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</tbody>
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### Locomotion

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<tr>
<th>Item</th>
<th>Pre-Test</th>
<th>Post-Test</th>
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<tbody>
<tr>
<td>12. Walking / Wheelchair</td>
<td></td>
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<td>13. Stairs</td>
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### Communication Items

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<tr>
<th>Item</th>
<th>Pre-Test</th>
<th>Post-Test</th>
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<tbody>
<tr>
<td>15. Expression - Verbal, Non-Verbal</td>
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### Psychological Adjustment

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<tr>
<th>Item</th>
<th>Pre-Test</th>
<th>Post-Test</th>
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<tbody>
<tr>
<td>16. Social Interaction</td>
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### Cognitive Function

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<th>Item</th>
<th>Pre-Test</th>
<th>Post-Test</th>
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<tr>
<td>17. Problem Solving</td>
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<td>18. Memory</td>
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**Total**
Semi-structured questionnaire

- Support services available
- Moving and handling
- Equipment management
- Exercise techniques
- Equipment
Results

- Patients
  - 58.33% were over 81 years of age
  - 25% were over 75 years

- Informal caregivers
  - 66.64% were over 60 years of age
  - Out of these 16.6% were over 80 years of age
  - 83.4% were women (wives, sisters, daughters, nieces)
Teaching of moving and handling skills

![Bar chart showing teaching of moving and handling skills]

- **Bed Mobility**: Demonstrated
- **Transfers in & out of bed**: Very Confident
- **Transfers onto w/c or armchair**: Not Confident
- **Wheelchair Management**: Quite Confident
Confidence level when using equipment

Use of lifer
- Demonstrated: 6
- Very Confident: 5
- Confident: 2
- Quite confident: 1
- Not Confident: 1

Use of Aids
- Demonstrated: 10
- Very Confident: 9
- Confident: 4
- Quite confident: 1
- Not Confident: 1

Ambulation
- Demonstrated: 10
- Very Confident: 9
- Confident: 6
- Quite confident: 2
- Not Confident: 2
Pre- vs post-test F.I.M. scores
Recommendations

- Need to advertise service
- Need for larger workforce
- More support is needed for informal caregivers to continue their vital role in community
- Availability of respite care
- Focus more on prevention rather than cure
- Need for undergraduate training in domiciliary physiotherapy
Conclusion

“The basic principle underlying community care is the desirability of enabling elderly people to remain at home at an optimum level of health and independence rather than institutionalizing them.”

(Finucane et al. 1994)
THANK YOU!