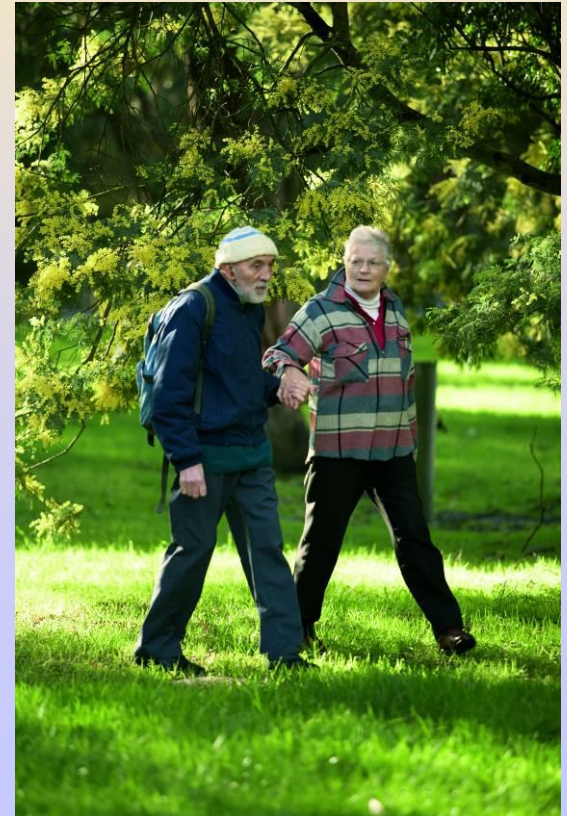


# **MOBILITY STRATEGIES AND SAFE HANDLING OF PEOPLE WITH DEMENTIA**

**Presented by  
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# Session Objectives

At the end of the session, you will be able to:-

- Discuss physical and behavioural changes in dementia
- Discuss barriers to mobility
- State principles for promoting mobility
- Describe some practical strategies in maintaining mobility and transferring skills

# Definition of Dementia

- Dementia is a syndrome characterised by confusion and behavioural and function changes in individuals
- Dementia is a broad term to describe loss of memory, intellect, social skills and normal emotive reactions
- Alzheimer's disease is most common form of dementia

# Impairments

- Memory
- Language
- Attention
- Perception
- Organisation of movement
- Abstract thought
- Concentration
- Judgment



# Behavioural Changes

- Tense, stiff and may be resistive
- Fearful and anxious
- “I want to go home”, NO , NO
- Lack of eye contact
- Worried expression
- Arms folded or tight gripping
- Restlessness and agitation

# **MOBILITY-**

## **Why is it important?**

- Physical activity slows down process of dementia
- Improves general health
- Helps strength, balance, joint movement
- Relieves stiffness and discomfort
- Maintains independence and esteem
- Prevents pressure ulcer development
- Helps prevent incontinence, constipation

# Research

- Most motor system structures remain resistant to degenerative changes of Alzheimers Disease  
(Terry and Katzman, 1983)
- Occupational programs focussing on motor activities may be successful in dementia  
(Eslinger and Damasio, 1986)
- Intervention strategies for balance and coordination can prove beneficial in mild AD (Franssen, Souren, Torossian, Reisberg, 1999)

## Research

- Home based exercise programme combined with caregiver training in behavioural management reduced functional dependence in some AD patients in the short term( Stott and Taylor,2004)
- 6 week low resistance training was not of enough duration, intensity and duration to make significant changes in gait outcome measures (Hageman and Thomas,2002)



# Research

- There is evidence to support improvement in ADL activities of AD patients due to intervention which involves appropriate environmental guidance, focus on preserved skills and addresses factors like motivation and habits (Josephsson and Backman et al, 1992)

# Research

- Important elements of mobility (eg maintenance of gait and motor strength) afford longer survival in patients with VaD and AD (Koutsavlis and Wolfson,2000)
- Mobility improved in AD patients in residential settings when staff engaged in prompt and reinforcement strategies and environmental factors were considered (Woods,1999)

# Research

- Observed increase in gait variability during dual tasking suggests that the ability to divide attention while walking is impaired in AD and supports the hypothesis that higher motor control depends on intact cognitive function (Sheridan, Mat, Kowall and Hausdorff,2003)

# Research

- An exercise programme for patients with AD in a nursing home led to slower decline in transferring and walking abilities despite only 1/3 adhering to the programme (Rolland et al,2007)

# Why Is Mobility Difficult In Dementia?

- Physical conditions often linked with old age e.g. arthritis, poor hearing, weakness
- Impact of dementia: Poor memory causes:-
  - Forgetting of the method or request
  - Comprehension
  - Lack of will, motivation
  - Difficulty with abstract words
  - Environment



# MOBILITY – Main Areas Of Concern

- Functional weakness
- Impaired motor planning and coordination
- Inability to initiate movement
- Poor judgement
- Poor motivation
- Poor concentration
- Disorientation in space
- Memory, comprehension etc



# Barriers To Movement

- Figure / ground problems e.g. objects on patterned floors
- Being rushed
- Pain
- Inability to communicate
- Inappropriate footwear
- Design and arrangement of furniture
- Environmental design



# General Principles for Promotion of Mobility

- Check the environment for suitability
- Check for enough space to move
- Check for suitable equipment e.g. chairs at correct height
- Talk to person and encourage some effort
- Move person through normal movement patterns
- Support person in safe ways (no pulling on arms)
- Use safe back care principles



# Safe Back Care Using Principles of Manutention

- Keep spine in natural curves
- Use legs to do the work etc in different directions
- Stay close to the person without invading personal space (choose appropriate position)
- Keep feet mobile to avoid a rotated posture
- Brace and stabilise trunk at all times
- Look for support e.g. rest on knee or lean on chair
- Use force couples as much as possible
- Plan the move, moving smoothly and slowly

# Communication for Mobility

- Approach slowly from the front or side on
- Lower to obtain eye to eye contact or kneel but respect personal space
- Address by name and make eye contact
- Keep body movements smooth and unhurried
  - USE SHORT,CLEAR, FAMILIAR WORDS  
IN ADULT MANNER .....SMILE

# Communication for mobility

- Use gentle touch
- Speak clearly
- Use facial expressions
- Maintain eye contact but consider cultural background
- Ensure instruction is goal directed

# Mobility Strategy

## Sitting to Standing

- Stand to one side  
“Susan , I would like to stand up, please”  
(pause) “I will help you”
- Keep posture low and prompt or mimic



# Give Invitation

- Stand in front of person and offer your hands (open hand approach) and ask to “Come with me”
- Provide appropriate support (method)
- Do not pull if person resists



# Using Chair

- Position stable chair in front of person
- Guide hands to the back of the chair
- “Susan, put your nose over your toes and stand up”
- Remove chair when person is secure



# Standing to one side

- Position yourself to one side in side lunge posture
- Extend hand and ask to “take my hand” or “Let’s go”
- Move in next to the person and offer an arm as in wedding hold



# Mimic action

- Position chair next to the person
- Sit down next to the person
- Ask to “Let’s stand up or “Nose over toes and stand up”





# Using equipment

- Position frame in front of person with space to reach
- Guide hands to frame
- Maintain side lunge and crossbrace position
- Ask to “reach, push forward and stand up”



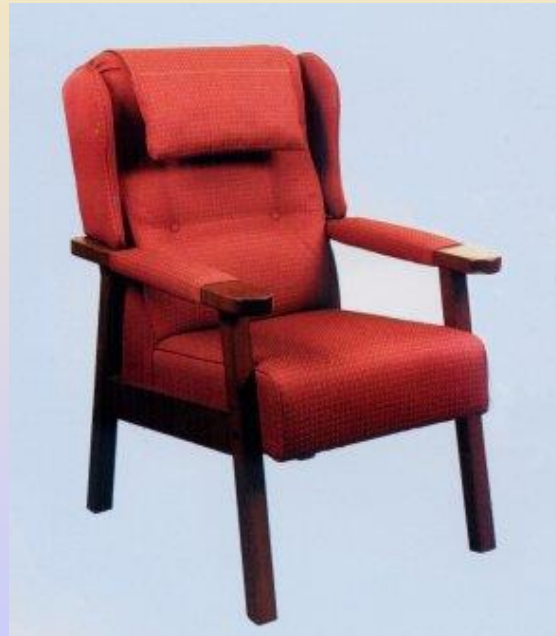
# To Produce Movement In A Specific Direction

- Invade personal space (sit next to person)
- Use gestures (up, down, forwards etc)
- Use touch e.g. taps, sweeps, brushing
- Auditory cue e.g. pat chair, pillow
- Visual cue e.g. you walk ahead to show differences in surface level
- Visual cue e.g. Correct alignment with shoes

# Other Strategies

- Mimic the desired action and do it with the person
- Use equipment e.g. use short bed rail or extra chair to stand
- Integrate physical activity into daily care
- Do not force hands open but offer palm to palm grip
- Singing or talking in pleasant tone may help to maintain rhythm and prevent freezing

# Some equipment to assist mobility





# SUMMARY

- Maintaining mobility has many advantages for the person with dementia
- Mobility strategies should precede manual handling
- Consider an interactive approach – move with the person as a unit
- Get to know the person's story for appropriate interaction

# References and Acknowledgements

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