

Help sheet 14:

Accessing health professionals to address physical activity and nutrition needs

Physiotherapists, occupational therapists, dietitians, general practitioners (GPs) and medical specialists, such as geriatricians, can all be accessed in the community by older people with health problems requiring further assessment, advice and assistance regarding physical activity and nutrition.

General Practitioners

GPs are an important resource in ensuring planned changes to an older person's physical activity levels are appropriate, as the GP is familiar with the person's medical history and has the medical training to recommend the amounts and type of physical activity that may be appropriate. Additionally, the GP's knowledge is respected by older people and advice regarding the need to be physically active (or not) is valued and often acted upon.

A checklist has been developed to guide the need for a review by the GP prior to a change of physical activity levels (modified from the checklist by Maria Fiatarone, in Evans, 1999). Individuals who answer 'yes' to any of the questions below should consult their GP before increasing their levels of physical activity:

- Do you get chest pains while at rest and/or during exertion?
- Have you ever had a heart attack?
- Do you have high blood pressure?
- Are you short of breath after extremely mild exertion and sometimes even at rest or at night in bed?
- Do you have any ulcerated wounds or cuts on your feet that do not seem to heal?
- Have you lost 5 kg (10 pounds) or more in the past six months without trying?
- Do you get pain in your buttocks or the back of your legs, thighs or calves when you walk?
- While at rest, do you frequently experience fast irregular heartbeats or, at the other extreme, very slow beats?
- Are you currently being treated for any heart or circulatory condition, such as vascular disease, stroke, angina, high blood pressure, congestive heart failure, poor circulation in the legs, valvular heart disease, blood clots or pulmonary disease?
- As an adult have you ever had a fracture of the hip, spine or wrist?
- Did you fall more than twice in the past year (no matter what the reason)?
- Do you have diabetes?
- Do you have any acute or inflamed arthritic joints?
- Do you take any prescribed medications?

It should be noted that the presence of the above symptoms or conditions does not preclude a person from undertaking physical activity, but that activity may need to be modified or graduated more slowly than if these were not present.

To determine other factors that might be important to know prior to commencing a physical activity program, carry out nutrition risk screening – refer to Help sheets 2.1–2.9 (Nutrition resource manual).

A GP review would also be indicated if:

- the individual or carers are concerned about the individual's health or ability to exercise. A GP would advise the individual on undertaking the appropriate physical activity for them, increase the person's confidence in their own abilities and inform them of what to look for to determine a need for further medical review.
- any older person is considering starting a vigorous physical activity program, is undertaking a significant increase in their physical activity levels or is currently sedentary and looking to become more physically active.

Suggest to the person to speak to their GP about the LifeScripts (see Help sheet 10 in this Resource Kit for further information).

Physiotherapists

Some older people may require individualised physical activity programs developed by a physiotherapist. Generally, more frail older people will require assessment and supervision of a physical activity program by a physiotherapist. If you notice any of these problems, then assessment by a physiotherapist may be required:

- The person is reporting having trouble with their usual activities or has stopped performing activities they were previously able to do (other than for reasons of an acute medical condition), such as shopping, housework, walking in the neighbourhood, dressing independently.
- The person has had a period of ill health and is having trouble getting back to their previous levels of activity.
- The person is experiencing falls (falls can be caused by a complex mix of risk factors and may require further in depth assessment and management by a multidisciplinary team).
- The person reports feeling unsteady on their feet or is expressing a fear of doing their usual activities due to falling.
- The person appears unsteady on their feet or walks around the house holding onto the furniture.
- The person has started using a gait aid (a stick or frame) but has not been seen by a physiotherapist.
- The person is becoming more tired or short of breath performing their usual activities.
- The person is experiencing aches or pains they did not previously have when performing activity (if the person is experiencing chest pain they should seek medical advice).
- The person has a history of neurological conditions (stroke, Parkinson's disease) or orthopaedic conditions (arthritis, joint replacement, osteoporosis) and is now experiencing difficulties with their current levels of physical activity or is looking to increase their levels of physical activity.

Physiotherapists will assess and develop individualised physical activity programs. These programs may consist of a home exercise program, centre-based exercises or inclusion in a group-based exercise class. Depending on the older person's needs, the program may include strengthening exercises, balance exercises, flexibility exercises and walking or endurance type exercises.

Physiotherapist-prescribed, individualised physical activity programs have been found to be an effective method of achieving a range of health benefits. A series of studies have found that having an individualised exercise program delivered by a trained health professional was effective in improving balance and strength and reducing falls and injuries in older people (Robertson et al., 2002).

Occupational therapists

Occupational therapists will also see older people experiencing problems with physical activity, especially when there is an issue around performing functional tasks or home safety. A referral to an occupational therapist may be required if:

- the home environment is not safe and is limiting the person's ability to perform physical activity (for example, they are housebound due to a lack of mobility to go up and down their front stairs or require rails in the shower to shower safely)
- the person is reporting having trouble with their usual activities or has stopped performing activities they were previously able to do (other than for reasons of ill health), such as the shopping, housework, dressing or showering
- the person requires some aids or advice on how to perform tasks safely and more easily (for example, gardening, household tasks, showering, dressing, preparing food).

Dietitians

Dietitians in home-based care can be involved in a variety of roles to support the food and nutrition needs of older people in the community. The roles and functions are given in Section 6.1 of the Nutrition resource manual. These are summarised as follows:

- Policy development to support food and nutrition needs of older people in the community, including community food supply and food services.
- Development of community resources to support home care, including client information, shopping and transport services, community and commercial food services and volunteers.
- Training and provision of resources to service providers, including aged care workers, volunteers, personal carers, food services and regional aged care services; for example, training and resources on food and nutrition issues, nutrition risk screening, early assessment, intervention and monitoring and managing community resources and food services.

- Direct client services including:
 - assessment of dietary patterns and intake
 - assessment of nutritional status
 - intervention strategies
 - counselling and information
 - client support and monitoring
 - liaison with other service providers.

Indicators for referral to a dietitian include:

- obvious underweight or frailty
- unintentional weight loss
- poor appetite or reduced food and/or fluid intake for any reason, including medications that may cause a change in food intake
- problems with chewing or swallowing
- following a special diet
- problems with having enough money to spend on food or difficulty in accessing and preparing food.

Dietitians can assess the older person, advise on specific diet, nutrition or food issues and increased nutritional risk and monitor progress of the person who requires assistance. They can also act as a resource person to other health care professionals.

Often occupational therapists, physiotherapists and dietitians work together and will refer people to each other as appropriate.

Exercise physiologists and fitness instructors

Exercise physiologists and qualified fitness instructors can advise older people on suitable physical activity options. Exercise physiologists can be found in various rehabilitation settings and operate privately. Fitness instructors can be found at local gyms, fitness centres and also operate privately.

Accessing physiotherapists, occupational therapists and dietitians

Physiotherapists, occupational therapists and dietitians can be accessed through:

- local community health centres
- community rehabilitation centres at many hospitals
- Veterans' Affairs (if the person is a veteran)
- aged care assessment services
- private practitioners and some medical clinics
- day therapy centres (to find out more about these centres or their location contact Commonwealth Carelink Centres on **1800 052 222** or the Aged and Community Care Information Line on **1800 500 853**).

Some physiotherapy, occupational therapy and dietetic services will see people at home; others will only see people at their centre. Check with your local service for charges and service provision.

For more information

The following are contacts for relevant allied health associations and professional organisations.

- **Australian Physiotherapy Association (Victorian)**
6/651 Victoria Street
Abbotsford 3067
Ph: (03) 9429 1799
Fax: (03) 9429 1844
www.physiotherapy.asn.au
- **Dietitians Association of Australia (Victoria)**
1/8 Phipps Close
Deakin, ACT 2600
Ph: (02) 6282 9798 or
1300 658 196
Email: vic@daa.asn.au
www.daa.asn.au
- **Australian Association of Occupational Therapists (Victoria)**
PO Box 1286
Nth Fitzroy 3068
Ph: (03) 9481 6866
Fax: (03) 9486 6844
www.ausot.com.au
- **Exercise Physiologists**
<http://www.aaess.com.au/>
- **Human Services Directory**
<http://humanservicesdirectory.vic.gov.au/>

References

- Evans, WJ (1999) 'Exercise training guidelines for the elderly', *Medicine and Science in Sports Exercise*, 31(1), 12–17.
- Robertson, MC, Campbell, AJ, Gardner, MM & Devlin, N (2002) 'Preventing injuries in older people by preventing falls: a meta-analysis of individual-level data', *Journal of the American Geriatrics Society*, 50(5), 905–911.