

# Older Adults in Rehabilitation

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*In this issue of ARN Network, we are excited to introduce to you the first in a series of articles on gerontology. Each will focus on a topic that will offer information that is timely and useful to the practicing rehabilitation nurse. Over the next year, potential topics may include: myths of aging, sensory deficits and communications, functional assessments, cognitive impairments, depression, falls or immobility or deconditioning, sleep and rest, incontinence, pain, nutrition or hydration, polypharmacy–medication issues, restraint reduction, current trends in skin care and pressure ulcer treatment, PEG tubes, sleep disorders, life expectancy and predictors.*

*If there are topics not included in the above list that you would like to know more about or if you are interested in writing an article, please contact the ARN office at 800/229-7530.*

Not too many years ago it was relatively rare to have an older adult client receive rehabilitation services. Not so today. Twenty five percent of all older adults are hospitalized each year. Many will develop health problems that could lead them to rehabilitation units. The fastest growing segment of the U.S. population is over 85, and as we know, the many aging Baby Boomers with lifestyle diseases such as diabetes, hypertension, and coronary heart disease will present challenges to rehabilitation teams in every setting.

The older adult client often arrives at the rehabilitation setting with a unique set of circumstances. First, the average length of stay in acute care for older adults is longer than for younger people. This means that the older person may arrive in rehabilitation more debilitated from their hospitalization than a younger person with a similar diagnosis. Next, approximately 45% of hospitalized older adults incur iatrogenic problems during their hospitalization. Even if the problem is resolved,

the experience of an untoward event as a consequence of treatment often leads older adults to be suspicious of the rehabilitation team's interventions.

Undernutrition may be a problem for older adults. Although the rate of undernutrition in acute care settings is not well documented, estimates of its incidence range from 5% to 85% of clients, depending on setting. Undernutrition is associated with weakness and fatigue, which can make participating in a rehabilitation program challenging. The caloric demands of rehabilitation can be more substantial than what older adults need in their usual life, further complicating an older person's ability to participate.

Adjusting to changes in expectations from acute care to rehabilitation may take more time for older rehabilitation clients. The older client may not be prepared to get out of bed and engage in a program of rehabilitation. Adjusting to new demands may affect the number of days in which he or she can benefit from the rehabilitation setting.

Although the list of challenges presented to the rehabilitation team by older adults is formidable, older adults also bring resources to the rehabilitation setting that younger clients may not. First, the older generation is not a homogenous group. There is a 30-year, within-group difference in age between the oldest and youngest older adults. The oldest—those individuals who are at least 85 years old—lived through the Depression and World War II. The middle old, those 75 to 84 may have served in the Korean conflict. The youngest segment, those 65–74 years old, was teenagers during the 1950s and may have served in the Vietnam War. These varied experiences are resources that can be tapped to identify successful strategies to be applied to self-management of their current health problem. This wealth of experience can be a source of strength and inspiration. Stories about difficult times in their past may provide the seeds for managing problems in the present.

Older adults have a repertoire of behaviors that have served them for all of their adult lives. The team is challenged with helping the older adult to identify how to apply familiar strategies to unfamiliar situations. The rehabilitation team, including the older client, is uniquely suited to meet the challenges of disability in the older adult population. Nowhere else in healthcare does an interdisciplinary team of healthcare professionals focus such skill and energy on improving the quality of the lives of our elders. 