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*School of Occupational Therapy*

## **Integrating Rehab Principles for the Geriatric Population in the Acute Care Setting**

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### **Abstract**

Hospitalization is a significant event that frequently leads to disability for the geriatric population. Eskenazi Health has indicated that their therapists are not equipped with the means to fully treat this population to the best of their ability. The purpose of this capstone project was to identify and define opportunities within the therapeutic process in which inpatient therapists at Eskenazi Health could improve quality of care for this population. Therapists' confidence in addressing the many needs of this population was measured before and after an education and training session on resources created to improve therapy services for geriatric patients. Results indicated improved confidence in all steps of the therapeutic process for the inpatient therapy team. Acute care therapists may benefit from the results of this project through continued education and understanding of the risk factors of debility and implications of care for the geriatric population.

### **Integrating Rehab Principles for the Geriatric Population in the Acute Care Setting**

Eskenazi Hospital has a long-standing history as the Marion County Hospital, dating back to the 1800s. As the first Level I Trauma Center and burn center in the state of Indiana, Eskenazi continues to be a leading provider of healthcare services for not only Marion County residents but all of Indiana. As one of America's largest essential health care systems, Eskenazi Health provides treatment and services through more than one million outpatient visits each year (Eskenazi Health, n.d.-a).

For more than 160 years, Eskenazi Health has served the residents of Marion County and Central Indiana with the goal of offering high-quality, cost-effective, and patient-focused health care. Currently, Eskenazi Health continues to treat patients with the mission "to advocate, care, teach, and serve with special emphasis on the vulnerable populations of Marion County" and the vision to "continuously strive to enhance the ability to meet the needs of the underserved and all people of Marion County, will be sound economically and will lead innovatively in clinical care, research, education and service excellence" (Eskenazi Health, n.d.-b).

Eskenazi Health is home to more than 50 physical, occupational, and speech therapists who work in a variety of settings including outpatient, inpatient, neonatal intensive care unit, mental health, burn, wound, and emergency department areas. These therapists are highly skilled and work with a variety of patients from Marion County and surrounding areas. Specifically, therapists that are working in the inpatient setting are treating patients with acute illnesses or injuries who are no longer able to perform their daily tasks at their previous level of function (University of St. Augustine for Health Sciences, 2020).

There are substantial risks connected to hospital-associated disability for the geriatric population (Boyd et al., 2008; Kosse et al., 2013; McCusker et al., 2002). Because Eskenazi Health is a Level I Trauma Center, there are many demanding needs of the therapists on the

inpatient team including large caseloads with a variety of patients, such as those with complex cases that may take priority over most geriatric patients at risk of further debility. Because of this, there is a significant need for support for this population of patients at Eskenazi Health. This led to the primary aim of this capstone project being to provide support for the team members of the inpatient physical and occupational therapy teams by acting as a resource to assist in better achieving the Eskenazi mission for this vulnerable population. To do this, resources were created that cover a variety of topics that have been identified in recent literature as areas of functional and occupational deficits for individuals 65 years of age and older. The purpose of this paper is to outline the details of the project, including the guiding theories and frame of reference, project design and implementation, and project outcomes.

### **Background**

Literature has shown that older adults are at severe risk of functional loss during hospitalization (Boyd et al., 2008; Kosse et al., 2013; McCusker et al., 2002). As cited in Covinsky et al. (2011), acute medical illness that requires hospitalization is a critical event that often leads to disability for older adults. This hospital-associated disability occurs in approximately one-third of patients older than 70 years of age and can occur even when the illness that necessitated the hospitalization is successfully treated (Covinsky et al., 2003; Covinsky et al., 2011; Kosse et al., 2013). For example, Covinsky et al. (2003) found that 35% of patients aged 70 and older presented with declines in activities of daily living (ADL) function while hospitalized between baseline and admission with 23% of those patients failing to ever recover to baseline function between admission and discharge. For the patients who do not experience decline between baseline and admission, 12% show functional decline between admission and discharge. Another study found that 52.2% of all older adults presented worse

functional capacity at discharge than at baseline (Menezes et al., 2021). Many of these older adults, aged 65 or older, are discharged with new or additional disability, specifically causing difficulties performing ADL which puts them at greater risk for poor prognosis for functional recovery (Boyd et al., 2008; Covinsky et al., 2003; Menezes et al., 2021).

The results of hospital-associated disability results in the subsequent inability to live independently and complete basic ADL (Covinsky et al., 2011). Both disability and functional decline are associated with increased risk of mortality, institutionalization, and service utilization resulting in higher societal costs. Because of this, the predictors of functional decline are of interest not only to clinicians, but to the patients and their family members, healthcare administrators, and health policy makers (McCusker et al., 2002).

The most frequent predictors of functional decline in community-dwelling older adults are changes in cognition, affect, comorbidities, health behaviors, and other specific impairments (McCusker et al., 2002). Dependency for ADL, symptoms of depression, low levels of cognition, and in-hospital mobility have also been identified as risk factors for greater loss in functional capacity during hospitalization (Menezes et al., 2021). Increased age is another factor that puts these patients at a particularly high risk of poor functional outcomes because they are less likely to recover ADL function lost before admission and more likely to develop new functional deficits during hospitalization (Covinsky et al., 2003). Because of this, functional, cognitive, and emotional status, as well as in-hospital mobility must be carefully assessed at hospital admission and monitored during hospitalization. Menezes et al. (2021) calls for improved effective strategies for preventing loss in functional capacity in older adults.

Due to the substantial risks connected to hospital-associated disability for the geriatric population, there is a significant need for support for this population of patients at Eskenazi

Health. Through the needs assessment and discussion with members of the inpatient therapy team at the capstone site, it has become apparent that there are many demanding needs of the therapists on the inpatient team. One of these challenges includes large caseloads with a variety of patients, such as those with complex cases that may take priority over most geriatric patients at risk of further debility. The inpatient therapy team's geriatric committee identified problems with: the amount of therapy time that is being dedicated to the geriatric patients, the ability to justify treatment sessions focused on maintaining prior level of function, creating effective and cost-efficient interventions, and lack of education and resources directed towards creating success for geriatric individuals at home and in the community.

The findings of the needs assessment directed the development of the project, and in collaboration with the inpatient therapy team, a project was developed with the purpose being to focus on providing support for these team members by acting as a resource to assist in improving the efficiency and efficacy of the therapeutic process for geriatric patients. To do this, project goals were delineated that are aimed to create a "golden standard" of care for the geriatric population. These goals include: creating resources regarding a variety of health topics, creating a comprehensive list of interventions, outcome measures, and goals that are appropriate for use with these patients, and educating and training therapy staff members on the benefits and use of the materials created. Each of these objectives were created based on evidence-based practice guidelines that have been shown to improve physical and emotional well-being as well as functional outcomes for geriatric populations.

Other early in-hospital physical rehabilitation programs appear to prevent functional loss in geriatric patients. According to Kosse et al. (2013), at time of discharge, patients who had participated in a multidisciplinary program or exercise program improved more on physical

functional tests and were less likely to be discharged to a nursing home compared to patients receiving only usual care models. Multidisciplinary programs reduced the length of hospital stay significantly. Follow-up interventions improved physical functioning after discharge. Early physical rehabilitation care for acutely hospitalized older adults leads to functional benefits (Kosse et al., 2013). As cited in Fox et al. (2012), geriatric care in the acute care setting was found to be associated with fewer falls, less delirium, less functional decline at discharge, shorter length of hospital stays, fewer discharged to nursing homes, lower costs, and more discharges home.

Different from previous geriatric-based rehabilitation programs, this project will focus on completing and creating a variety of interventions, outcome measures, resources, and tools to further improve functional outcome measures of the geriatric population rather than using only one intervention/series of interventions and one outcome measure. The goal of using a variety of tools is to employ a more holistic approach for treating these patients. Like all individuals, the geriatric population has a varying number of needs, challenges, and physical capabilities. Through this project, the goal was to create an interdisciplinary program that allows the individuality of each older adult to be addressed and honored, in hopes of seeing greater success through functional outcomes. Through the screening process, a basic understanding of each patient's physical being will be obtained. With the resources that have been created, the therapists at Eskenazi will be able to meet these older adults where they are physically to make a client-centered and effective plan of care. Furthermore, the project focused on creating resources aimed to educate the patients and their families on how to best address their needs and close the gaps in all areas of wellness that are crucial in allowing these individuals the best chance for success.

### **Guiding Model & Frame of Reference**

The creation of this project was guided by a model and frame of reference from the occupational therapy profession. The Canadian Model of Occupational Performance (CMOP) was selected as one of the guiding theories as this model allows for the therapeutic process to be holistic in nature, as the CMOP is based on the use of client-centered practice. This is important as it honors the vast diversity of the geriatric population treated at Eskenazi Health. CMOP focuses on the influence that the person, the occupation, and the environment have on the occupational performance of the patient. Using this model, the therapeutic process is focused on the person and how their individual human spirit creates a drive to perform their occupations. Within the CMOP, the human spirit is influenced by the physical, affective, and cognitive characteristics of the person. Because of this, it is important that these areas be addressed while in the acute care setting as it directly relates to occupational performance (Cole & Tufano, 2008).

Using the theoretical basis of the CMOP and information found in the literature, efforts to improve the frequency and efficacy of patient care for each geriatric patient must address the human spirit, physical, affective, and cognitive skills of each of these individuals. The literature has acknowledged that addressing spirituality is associated with greater health outcomes including coping with illness and improved will to live (Finkelstein et al., 2007; Puchalski, 2004). This is especially important when working with the geriatric population, as the prevalence of depression in the geriatric population is high and is considered a leading cause of disability in older adults (Beyer, 2007). Based on discussion with inpatient therapists at Eskenazi Health, there was a lack of confidence on how to approach and/or treat the affective and spirituality components of the CMOP model in the acute care setting. To address this need, this project made efforts to suggest improved rapport building strategies with patients through subjective



interviewing skills and continued conversation throughout treatment sessions as well as making connections with music and pet therapy programs at Eskenazi Health. These three components, rapport building, pet therapy, and music therapy, among other intervention suggestions have been shown to improve patient affect by addressing the spirituality of the person, which in turn leads to improved patient outcomes (Aalbers et al., 2017; Bulette Coakley & Mahoney, 2009; Leach, 2005).

Another theory that helped to lay the groundwork of this project is the Activity Theory, which falls into the Lifespan Development frame of reference. The Activity Theory proposes that greater continued engagement in activities leads to greater life satisfaction in the later years of life (Cole & Tufano, 2008). This is especially important when working with patients who are hospitalized as they are not in their normal environment, meaning they do not have access to engage in their normal activities. Using this theory as a guiding model, this project focused on developing interventions that simulate participation in normal daily events that go beyond the confines of a hospital room.

### **Project Design**

In order to create an evidence-based, effective, quality-improvement standard of care for the geriatric population treated at Eskenazi, the development of this project necessitated a full breakdown of care through the entirety of the therapeutic process. This includes everything from screening and evaluation, all the way to outcomes and discontinuation of services (AOTA, 2020). This portion of the paper has been broken into the separate sections to follow the areas of the project by the appropriate stage of the therapeutic process.

Unrelated to the therapeutic process, development of this project included meetings with several interdisciplinary teams including the inpatient therapy geriatrics committee, transitions of

care, a trauma surgeon, and pet and music therapy providers. The information gathered from these meetings were used to either supplement the needs assessment or used to create intervention and discharge ideas and are reflected in the resources provided in the appendices. Other aspects of the project included collection of data and analysis (see “Project Outcomes” section) and dissemination of project findings, materials, and further implications to the inpatient therapy team.

### **Screening**

Due to the nature of the acute care setting and the purposes of this project, screening patients was equated to completing chart reviews on patients with therapy orders prior to evaluation. This aspect of the therapeutic process is important as it helps to develop a picture of the patient prior to evaluation. Because of this, it aids in getting an early start to evaluation for the geriatric population. For individuals who are 65 years of age and older, there are a lot of factors that play a role in their risk for debility, whether it be before, during, or following hospitalization. These risk factors include, but are not limited to: age, living environment, level of daily activity, independence with ADL, medication adherence, quality and quantity of sleep, nutrition, weight, depression, and social interaction and support (Axiom Home Care, 2017; Johns Hopkins Medicine, n.d.; Komiya et al., 2013; Kosse et al., 2013; Willacy & Tidy, 2021). Using a thorough chart review, many of these factors can be identified, prior to even interacting with the patient. This is helpful in allowing the therapist to be prepared for what to expect during the evaluation, which areas of the patient’s life may require more attention than others, and which assessment tools may be beneficial to use in evaluation. The aim of emphasizing this portion of the therapeutic process during dissemination was to help set a solid base for a successful therapeutic experience for both the patient and the therapist.

## **Evaluation**

Traditionally, the evaluation portion of the therapeutic process consists of a subjective interview to gather information about the patient, their history, and the environment they perform their daily tasks in as well as a formal assessment of their functional performance (AOTA, 2020). This is consistent with how therapists at Eskenazi Health typically perform their evaluations in the acute care setting. Following the purposes of this project and the needs assessment, it was decided that evaluations for the geriatric population would be improved by focusing on identifying the presence of the earlier identified risk factors for debility.

To do this, a combination of subjective and functional outcome measures must be used. Emphasizing what has been found in the literature, a guide of probing questions was created to assist in identifying the earlier identified risk factors of debility to be used during the subjective interviewing portion of the evaluation. The goal of asking these questions was to assist in helping to discover if and/or what aspect of their lifestyle the patient is lacking resources for continued success during and following hospitalization. See Appendix A.

Functional outcome measures are used to assess patients' specific performance in different areas, whether it be physical skills, cognitive skills, and/or occupational performance skills (APTA, n.d.). Because of the large individuality within the geriatric population, there are a multitude of outcome measures that can be used during evaluation within this population. To assist in making it easier to delineate and differentiate which outcome measure might be best used for each client, a comprehensive list of these outcome measures organized by the skill that each tool measures was created. See Appendix B.

## **Goal Writing and Interventions**

Following evaluation, the next step in the therapeutic process includes creating a plan of care and goal writing (AOTA, 2020). Through the needs assessment, it was identified that the geriatric patients treated inpatient at Eskenazi Health are not being seen as frequently as they should be. Though there are a variety of systems-related reasons that go beyond the abilities of this project that play a role in this issue, it was identified through the needs assessment that some of the reasons this is happening include: patients being considered to be at their “baseline” and therapists feeling at a loss of intervention ideas for these patients.

In hopes of helping to aid these issues, this project included a comprehensive list of maintenance goals for both professions and intervention ideas that can be used to create justifiable interventions to help improve functional outcomes for these patients. See Appendix C.

### **Outcomes and Discharge from Services**

Following patient outcomes in this setting is slightly different than in other settings as the patient can be discharged from the hospital and, therefore, therapy services at any time following the creation of the plan of care. To track patient outcomes in this setting, the patient’s performance can be tracked through the therapist’s documentation over the therapy sessions.

Because of the quick turnover of patient care, it is essential that the patient’s performance and debility risk factors are identified at evaluation, which further supports the necessity of the previously outlined resources created in this project. The quick turnover also necessitates the adherence for patient advocacy for this population.

During the needs assessment, it was identified that there is a need for further resources to support health literacy for this population, as well as improvements in bridging the gap between inpatient to outpatient care in order to address the variety of needs that the geriatric population is predisposed to. To address these needs, a library of resources has been created. These resources

include handouts addressing several occupations listed in the *Occupational Therapy Practice Framework: Domain and Practice, 4<sup>th</sup> ed.* (AOTA, 2020), including but not limited to disease and health management, socialization, functional mobility, and sleep participation. See Appendix D.

### **Project Outcomes**

In order to fully communicate all aspects of the project, how it impacts therapy practice, and the evidence that supports the project development, dissemination using a PowerPoint presentation and lunch-and-learn presentation of project findings, materials, and further implications to the inpatient therapy was completed. Because the aim of this project was focused on improving the quality of care for the geriatric population provided by the inpatient physical and occupational therapy teams, therapists' confidence in addressing the multitude of needs of the geriatric population throughout the therapeutic process was measured before and after the project dissemination. To do this, a Google Forms survey was sent out to the physical therapists, physical therapy assistants, and occupational therapists who work on the inpatient team at Eskenazi Health. Survey responses were collected anonymously, and descriptive statistics were used to analysis survey responses. The therapists were asked to identify their respective profession with auto populated survey questions tailored specifically to each professions' scope of practice.

To get a better understanding of the therapists' confidence in each survey item, responses were collected on the level of confidence in addressing debility for the geriatric population through different aspects of the therapeutic process. Specific areas of concentration were indicated as level of confidence in the following areas: identifying risk factors of debility, subjective interviewing, assessment tools, intervention planning, goal writing, and resources.

Occupational therapists were asked additional items regarding their confidence in addressing medication management and depression in practice with the geriatric population. Item responses indicated a Likert Scale of one through five, with one being “I do not feel confident...” and five being “I feel confident...”. The post-survey included an additional short answer item asking survey respondents to identify an area of value for ongoing practice that the presentation provided. For a full list of survey items, see Appendix E.

The scores of each survey item were collected from 21 therapists before the project dissemination and 9 therapists following the project dissemination. This data was used to descriptively compare the pre- and post-confidence of the inpatient therapists’ comfort level in treating debility risk factors of geriatric patients throughout the different aspects of the therapeutic process. The results indicated that the therapists’ confidence collectively improved for both physical therapy practitioners and occupational therapists on all survey items. The results indicated that all therapists gained confidence in addressing debility risk factors for the geriatric population throughout all steps of the therapeutic process following the project dissemination. For full results, see Appendix F.

The largest improvements in therapists’ confidence was in accessing resources specific to the geriatric population. When the physical therapy practitioners were asked to rank their confidence on this item prior to the project dissemination, the majority of respondents (45.5%) responded they felt neutral in their ability. When compared to the responses post project dissemination, all physical therapy practitioners (100%) indicated improvement to feeling confident. Occupational therapists indicated a majority response (50%) of feeling somewhat confident in accessing resources specific to the geriatric population prior to project dissemination. Post project dissemination, the occupational therapists’ confidence improved with

majority of respondents (60%) indicating being somewhat confident and the remaining 40% indicating feeling confident. See Appendix F, Figure F11 – F12.

The therapists' also showed improvement in confidence in selecting, accessing, and utilizing appropriate assessment tools. When the physical therapy practitioners were asked to rank their confidence on this item prior to the project dissemination, the majority of respondents (54.5%) responded they felt somewhat confident. When compared to the responses post project dissemination, the majority of physical therapy practitioners (75%) indicated improvement to feeling confident. Occupational therapists indicated a split response to on the same survey item with the majority of respondents (40%) indicated feeling less confident and a tie of 30% of respondents indicated they felt neutral about their ability and 30% indicated they did not feel confident. Post project dissemination, the occupational therapists' confidence improved with majority of respondents (80%) indicated being somewhat confident in using outcome measures specific to the geriatric population. See Appendix F, Figure F5 – F6.

Occupational therapists showed improvement in confidence in addressing depression throughout the therapeutic process. Prior to the project dissemination, respondents indicated a majority of respondents (40%) indicated somewhat confident. This was followed closely by 30% of respondents indicating they felt less than confident. When compared to the responses post project dissemination, the majority of respondents (80%) indicated improvement to feeling confident. See Appendix F, Figure F14.

Finally, all respondents were asked to describe one area in which the project dissemination provided value for their ongoing practice with the geriatric population. Thematic analysis of qualitative responses indicated all respondents provided positive responses. Responses were coded to identify areas of the therapeutic process that were indicated as having

improvements to personal practice. Results indicated improved: subjective interviewing, goals, resources to give patients and their families, continuation of care/follow-up, goals, and understanding of impact of depression. For a complete list of write-in responses, see Appendix F, Figure F15.

### **Conclusion**

Geriatric patients are at risk for debility while hospitalized, but there is little discussion about this within the inpatient physical and occupational therapy teams at Eskenazi Health. This project advances the understanding of the risk factors of debility that are commonly identified in the geriatric population and defines opportunities within the therapeutic process that can be used to provide value for this population. These advances were presented to the inpatient rehabilitation team through a lunch-and-learn lecture with a PowerPoint presentation discussing the development of, research, and resources created through this project. Dissemination included staff training on how to utilize and access the materials created to promote translation of project content into therapist practice. Results indicated that the inpatient therapy staff benefitted from the project by indicating higher confidence in identifying debility risk factors; using probing subjective interview skills to identify ‘performance deficits, areas to provide value’; selecting, accessing, and utilizing appropriate standardized outcome measures; intervention planning; goal writing; and accessing resources aimed to improve overall wellness and quality of life. Additionally, occupational therapists indicated higher confidence in address medication management and depression. This project highlight implication of care regarding the geriatric population, as well as emphasizing the importance of advocacy for this vulnerable population through therapy practice.



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## Appendix A

### Subjective Interview Questions

#### Subjective Interview Questions

##### Home Set-Up/Social Support

Do you live in a house, apartment, etc?

Any stairs inside or outside? Handrail?

Tub/shower combo or walk-in shower?

Elevated or standard toilet seat? Grabbars?

Who do you live with? Are they physically capable of helping you? Are they home 24/7?

Any other family or friends near by?

How often do you see/talk to other family/friends?

##### Prior Level of Function

Do you typically use a cane or walker to get around?

Do you have any of that equipment at home?

Do you need help with dressing? Bathing? Cooking? Cleaning?

Do you drive? How do you get to/from appointments?

Do you do the grocery shopping?

Do you have difficulty getting in/out of bathtub? On/off toilet?

Have you had any falls in the past 6 months?

##### Medication/Finance Management & Health Management

Do you take your prescriptions on your own or does someone help you?

Do you tend to forget to take your medications? Do you know when to take them/how much, etc?

Do you use a pill box? Do you pick up your own scripts?

Do you manage your own finances?

Do you have a primary care physician? Do you see them regularly?

Do you know how to contact your doctor?

Do you have difficulty remembering appointments, getting there on time, etc?

##### Lifestyle – Exercise and Appetite

Do you have difficulty with not feeling hungry?

Are you able to make your own meals? Get your own food if no one is home?

Do you have access to enough food and have plenty of variety in your diet?

Do you exercise?

Have you exercised in the past? What kind of exercise did you do?

##### Personal Interests

What do you like to do for fun?

What did/do you do for work?

What did you enjoy doing as a young adult?

Is there anything you wish you were still able to do that you cannot do any longer?

What kind of music do you like?

## Appendix B

### Outcome Measures by Skill

**Figure B1**

#### *Outcome Measures for Balance*

Balance			
1	Tool Name	Description	Link and Other Resources
2	360 Degree Turn Test	The person tested turns in a complete circle (360 degrees) while time to complete and/or number of steps to complete the turn are recorded.	<a href="#">Link to directions and norms:</a> <a href="https://www.sralab.org/rehabilitation-measures/360-degree-turn-test">https://www.sralab.org/rehabilitation-measures/360-degree-turn-test</a>
3	Berg Balance Scale	Used to objectively determine a patient's ability (or inability) to safely balance during a series of predetermined tasks.	<a href="#">Link to directions and norms:</a> <a href="https://www.physio-pedia.com/Berg_Balance_Scale">https://www.physio-pedia.com/Berg_Balance_Scale</a>
4	Modified Clinical Test of Sensory Interaction on Balance (CTSIB-M)	This test is designed to assess how well an older adult is using sensory inputs when one or more sensory systems are compromised.	<a href="#">Link to directions and norms:</a> <a href="https://www.sralab.org/sites/default/files/2017-06/2014_ctsib.pdf">https://www.sralab.org/sites/default/files/2017-06/2014_ctsib.pdf</a>
5	Disability Handicap Inventory	Patient questionnaire to help identify difficulties that patient may be experiencing because of dizziness.	<a href="#">Link to directions and norms:</a> <a href="https://www.mhsp.msu.edu/files/docs/dizziness_handicap_inventory.pdf">https://www.mhsp.msu.edu/files/docs/dizziness_handicap_inventory.pdf</a>
6	Dynamic Gait Index (DGI)	Assesses individual's ability to modify balance while walking in the presence of external demands.  DGI was developed as a clinical tool to assess gait, balance, and fall risk.  Objective measure of mobility and function in elderly adults.	<a href="#">Link to directions and norms:</a> <a href="https://www.sralab.org/rehabilitation-measures/dynamic-gait-index-test">https://www.sralab.org/rehabilitation-measures/dynamic-gait-index-test</a>  <a href="https://www.physio-pedia.com/images/OFRADLE_Outcome_Measures_DGI_v2.pdf">https://www.physio-pedia.com/images/OFRADLE_Outcome_Measures_DGI_v2.pdf</a>
7	Elderly Mobility Scale	Includes supine to EOB, EOB to supine, sit to stand, stand, gait, timed walk, functional reach.  Intended to identify high-risk older adults who are at an increased risk to experience fall-related injuries due to sensory impairments. The test uses both dynamic and static balance under different situations to identify balance deficits in older adults.	<a href="#">Link to directions and norms:</a> <a href="https://www.physio-pedia.com/images/OFRADLE_Outcome_Measures_EMS_v2.pdf">https://www.physio-pedia.com/images/OFRADLE_Outcome_Measures_EMS_v2.pdf</a>
8	Fullerton Advanced Balance Scale	Intended to identify high-risk older adults who are at an increased risk to experience fall-related injuries due to sensory impairments. The test uses both dynamic and static balance under different situations to identify balance deficits in older adults.	<a href="#">Link to directions and norms:</a> <a href="https://www.physio-pedia.com/Fullerton_Advanced_Balance_(FAB)_Scale">https://www.physio-pedia.com/Fullerton_Advanced_Balance_(FAB)_Scale</a>
9	Timed Up and Go (TUG)	Assesses mobility, balance, walking ability, and fall risk in older adults.	<a href="#">Link to directions and norms:</a> <a href="https://www.sralab.org/rehabilitation-measures/timed-up-and-go">https://www.sralab.org/rehabilitation-measures/timed-up-and-go</a>
10	Timed Performance Oriented Mobility Assessment (POMA)	Task-oriented test that measures an older adult's gait and balance abilities.	<a href="#">Link to directions and norms:</a> <a href="https://www.hsp.hawaii.edu/assess/docs/Topic%20Test%20Balance-Gait-POMA.pdf">https://www.hsp.hawaii.edu/assess/docs/Topic%20Test%20Balance-Gait-POMA.pdf</a>
11	Walking While Talking Test	Measure of divided attention to examine cognitive-motor interactions, helps to identify falls.	<a href="#">Link to directions and norms:</a> <a href="https://www.sralab.org/rehabilitation-measures/walking-while-talking-test">https://www.sralab.org/rehabilitation-measures/walking-while-talking-test</a>
12	Walking and Remembering Test	Clinical test of single and dual-task performance of walking and working memory test.	<a href="#">Link to directions and norms:</a> <a href="https://www.sralab.org/rehabilitation-measures/walking-and-remembering-test-modified-walking-and-remembering-test">https://www.sralab.org/rehabilitation-measures/walking-and-remembering-test-modified-walking-and-remembering-test</a>
13			

**Figure B2**

#### *Outcome Measures for Mobility*

Mobility			
1	A	B	C
2	Tool Name	Description	Link and Other Resources
3	Timed Up & Go Test (TUG)	Patients are timed (in seconds) when performing the TUG—3 conditions: 1. TUG alone—from sitting in a chair, stand up, walk 3 meters, turn around, walk back, and sit down. 2. TUG Cognitive—complete the task while counting backwards from a randomly selected number between 20 and 100. 3. TUG Manual—complete the task while carrying a full cup of water.	<a href="#">PDF to directions &amp; scoring sheet:</a> <a href="file:///C:/Users/605035/Downloads/Timed-Up-and-Go%20(1).pdf">file:///C:/Users/605035/Downloads/Timed-Up-and-Go%20(1).pdf</a>
4	30s Sit to Stand Test	Used for testing leg strength and endurance in older adults.	<a href="#">Link to directions and norms:</a> <a href="https://www.physio-pedia.com/30_Seconds_Sit_To_Stand_Test?utm_source=physio-pedia&amp;utm_medium=search&amp;utm_campaign=spring_internal">https://www.physio-pedia.com/30_Seconds_Sit_To_Stand_Test?utm_source=physio-pedia&amp;utm_medium=search&amp;utm_campaign=spring_internal</a>
5	5 Times Sit to Stand Test	Assesses functional lower extremity strength, transitional movements, balance, and fall risk.	<a href="#">Link to directions and norms:</a> <a href="http://www.thompsonhealth.com/Portals/0/RehabilitationServices/PT%20Mgmt%20%20Knee%20SST_handout.pdf">http://www.thompsonhealth.com/Portals/0/RehabilitationServices/PT%20Mgmt%20%20Knee%20SST_handout.pdf</a> <a href="file:///C:/Users/605035/Downloads/5times_protocol_final%20(1).pdf">file:///C:/Users/605035/Downloads/5times_protocol_final%20(1).pdf</a>
6	Four Square Step Test	Assesses dynamic stability and the ability of the subject to step over low objects forward, sideways, and backward.	<a href="#">Link to directions and norms:</a> <a href="https://www.sralab.org/rehabilitation-measures/four-square-step-test">https://www.sralab.org/rehabilitation-measures/four-square-step-test</a>
7	Supine to Stand Test	Assesses a person's ability to transition from a supine position to a standing position.	<a href="#">Link to directions and norms:</a> <a href="https://www.sralab.org/rehabilitation-measures/supine-stand-test">https://www.sralab.org/rehabilitation-measures/supine-stand-test</a>

**Figure B3***Outcome Measures for Mobility***Gait**

	A	B	C	D	E	F	G	H	I	J
1	Tool Name	Description	Link and Other Resources	Time						
2	<b>Timed Up &amp; Go Test (TUG)</b>	Patients are timed (in seconds) when performing the TUG—3 conditions 1. TUG alone—from sitting in a chair, stand up, walk 3 meters, turn around, walk back, and sit down. 2. TUG Cognitive—complete the task while counting backwards from a randomly selected number between 20 and 100. 3. TUG Manual—complete the task while carrying a full cup of water.	PDF to directions & scoring sheet: <a href="file:///C:/Users/605035/Downloads/Timed-Up-and-Go%20(1).pdf">file:///C:/Users/605035/Downloads/Timed-Up-and-Go%20(1).pdf</a>	5 - 10 minutes						
3	<b>30s Sit to Stand Test</b>	Used for testing leg strength and endurance in older adults	Link to directions and norms: <a href="https://www.physio-pedia.com/30_Seconds_Sit_To_Stand_Test?utm_source=physio-pedia&amp;utm_medium=search&amp;utm_campaign=ongoing_internal">https://www.physio-pedia.com/30_Seconds_Sit_To_Stand_Test?utm_source=physio-pedia&amp;utm_medium=search&amp;utm_campaign=ongoing_internal</a>	5 minutes						
4	<b>5 Times Sit to Stand Test</b>	Assesses functional lower extremity strength, transitional movements, balance, and fall risk	Link to directions and norms: <a href="http://www.thompsonhealth.com/Portals/0_RehabilitationServices/PT%20gmt%20of%20Knee/5XSSST_handout.pdf">http://www.thompsonhealth.com/Portals/0_RehabilitationServices/PT%20gmt%20of%20Knee/5XSSST_handout.pdf</a> <a href="file:///C:/Users/605035/Downloads/5xsts_protocol_final%20(1).pdf">file:///C:/Users/605035/Downloads/5xsts_protocol_final%20(1).pdf</a>	5 minutes						
5	<b>Four Square Step Test</b>	Assesses dynamic stability and the ability of the subject to step over low objects forward, sideways, and backward	Link to directions and norms: <a href="https://www.sralab.org/rehabilitation-measures/four-square-step-test">https://www.sralab.org/rehabilitation-measures/four-square-step-test</a>	5-10 minutes						
6	<b>Supine to Stand Test</b>	Assesses a person's ability to transition from a supine position to a standing position	Link to directions and norms: <a href="https://www.sralab.org/rehabilitation-measures/supine-stand-test">https://www.sralab.org/rehabilitation-measures/supine-stand-test</a>	5 minutes						

**Figure B4***Outcome Measures for Reach***Reach**

	A	B	C	D	E	F	G	H	I	J
1	Tool Name	Description	Link and Other Resources	Time						
2	<b>Functional Reach Test/ Modified Functional Reach Test</b>	Assesses a person's stability by measuring the maximum distance an individual can reach forward while standing in a fixed position. The modified version of the FRT, requires the individual to sit in a fixed position	Link to directions and norms: <a href="file:///C:/Users/605035/Downloads/5Hgjkv-Functional%20Reach%20Test.pdf">file:///C:/Users/605035/Downloads/5Hgjkv-Functional%20Reach%20Test.pdf</a> <a href="https://www.sralab.org/rehabilitation-measures/functional-reach-test-modified-functional-reach-test">https://www.sralab.org/rehabilitation-measures/functional-reach-test-modified-functional-reach-test</a>	5 minutes						
3	<b>Multidirectional Reach Test; Reach in Four Directions Test</b>	Used to determine the limits of stability in 4 directions	Link to directions and norms: <a href="https://www.sralab.org/rehabilitation-measures/multidirectional-reach-test-reach-four-directions-test">https://www.sralab.org/rehabilitation-measures/multidirectional-reach-test-reach-four-directions-test</a> <a href="file:///C:/Users/605035/Downloads/multidirectionalreachtest%20(1).pdf">file:///C:/Users/605035/Downloads/multidirectionalreachtest%20(1).pdf</a>	5 minutes						

**Figure B5***Outcome Measures for Daily Routines/Physical Activity Levels***Daily Routines/Physical Activity Levels**

1	A	B	C	D	E	F	G	H	I
	Tool Name	Description	Link and Other Resources	Time					
2	Physical Performance Test	Assesses multiple domains of physical function using observed performance of tasks that stimulate ADLs of various degrees of difficulty	Link to directions and norms: <a href="https://www.sralab.org/rehabilitation-measures/physical-performance-test">https://www.sralab.org/rehabilitation-measures/physical-performance-test</a>	5-10 minutes					
3	Baecke Physical Activity Questionnaire	Evaluates activity of individuals over the previous 12 months	Link to directions and norms: <a href="https://www.sralab.org/rehabilitation-measures/baecke-physical-activity-questionnairemodified-baecke-physical-activity">https://www.sralab.org/rehabilitation-measures/baecke-physical-activity-questionnairemodified-baecke-physical-activity</a> <a href="http://geriatricphysiotherapy.yorksite.com/resources/Baecke_questionnaire_for_Measurement_of_a_Person's_Habitual_Physical_Activity.pdf">http://geriatricphysiotherapy.yorksite.com/resources/Baecke_questionnaire_for_Measurement_of_a_Person's_Habitual_Physical_Activity.pdf</a>	30 minutes					
4	Community Health Model Activities Program for Seniors Physical Activity Questionnaire	ADL Performance A self-report questionnaire assesses weekly frequency and duration of a variety of lifestyle physical activities that are meaningful and appropriate for older adults. It includes activities of various intensities	Link to directions and norms: <a href="https://oak.uci.edu/champs">https://oak.uci.edu/champs</a>	20-30 minutes					
5	Frenchay Activities Index	Measure of IADL broken into 3 domains: domestic chores, leisure/work, and outdoor activities	Link to directions and norms: <a href="https://www.sralab.org/rehabilitation-measures/frenchay-activities-index">https://www.sralab.org/rehabilitation-measures/frenchay-activities-index</a> file:///C:/Users/605035/Downloads/Frenchay%20Activities%20Index.pdf	5 minutes					
6	Katz Index of Independence in Activities of Daily Living	Assesses functional status as a measurement of the client's ability to perform activities of daily living independently	Link to directions and norms: <a href="https://www.siz.org/carelearning/downloads/katz.pdf">https://www.siz.org/carelearning/downloads/katz.pdf</a>	10-20 minutes					
7	Physical Activity Scale for the Elderly	Measures the level of self-reported physical activity in individuals aged 65+; comprised of items of occupational, household, and leisure activities in the past 7 days	Link to directions and norms: <a href="https://www.physio-pedia.com/Physical_Activity_Scale_for_the_Elderly_(PASE)">https://www.physio-pedia.com/Physical_Activity_Scale_for_the_Elderly_(PASE)</a> <a href="https://www.sralab.org/rehabilitation-measures/outcomes-expectation-exercise-scale-outcomes-expectation-exercise-2">https://www.sralab.org/rehabilitation-measures/outcomes-expectation-exercise-scale-outcomes-expectation-exercise-2</a>	10 minutes					
8									

**Figure B6***Outcome Measures for Quality of Life/Depression***Quality of Life/Depression**

1	A	B	C	D	E	F	G
	Tool Name	Description	Link and Other Resources	Time			
2	Control, Autonomy, Self-Realization, and Pleasure	Used to measure self-reported quality of life measure among adults 60 and older	Link to directions and norms: file:///C:/Users/605035/Downloads/CASP-19%20Instrument-2.pdf	5 minutes			
3	Geriatric Depression Scale	Should be considered as a possible indicator of depression	Link to directions and norms: <a href="https://geriatrictoolkit.missouri.edu/cog/GDS_SHORT_FORM.PDF">https://geriatrictoolkit.missouri.edu/cog/GDS_SHORT_FORM.PDF</a>	5 minutes			
4	Life Satisfaction Index	Self-report measure of depression in older adults - "yes/no" format	Assesses various aspects of life satisfaction including: life as a whole, self-care management, contacts with friends, vocational, family life, partner relationships, financial, leisure situations, sex life	10-30 minutes			
5	Patient Health Questionnaire (PHQ-9)	Link to directions and norms: <a href="https://www.sralab.org/rehabilitation-measures/life-satisfaction-questionnaire-9">https://www.sralab.org/rehabilitation-measures/life-satisfaction-questionnaire-9</a>	Self-report questionnaire on depression	5-10 minutes			
6	Satisfaction with Life Scale	Link to directions and norms: file:///C:/Users/605035/Downloads/PHQ9%20id%20date%2008.03.pdf	Measures global cognitive judgements of one's life satisfaction	5 minutes			

Figure B7

## Outcome Measures for Cognition

Cognition					
	A	B	C	D	E F
1	Tool Name	Description	Link and Other Resources	Time	
2	Short Blessed Test	This test addresses cognitive concerns in the areas of orientation, memory, and concentration.  The purpose of this test is to serve as a screening tool to determine cognitive changes associated with dementia.	Link to directions and norms: <a href="http://regionstrauma.org/blogs/sbt.pdf">http://regionstrauma.org/blogs/sbt.pdf</a>	5 - 10 minutes	
3	BrainyEx Audit	Self-report screen used to self-assess cognition and executive function of older adults	Link to directions and norms.	5-10 minutes	
4	Abbreviated Mental Test-4 (AMT-4)	Uses patients ability to answer four basic orientation questions to assess mental impairment in elderly patients with a dichotomous outcome	<a href="#">Link to directions and norms.</a> <a href="https://www.mdcalc.com/abbreviated-mental-test-4-amt-4">https://www.mdcalc.com/abbreviated-mental-test-4-amt-4</a>	5 minutes	
5	Saint Louis University Mental Status Exam (SLUMS)	Used to identify possible dementia or mild neurocognitive impairments	Link to directions and norms: file:///C:/Users/605035/Downloads/slumsexam_05_0.pdf <a href="https://www.sralab.org/rehabilitation-measures/saint-louis-university-mental-status-exam">https://www.sralab.org/rehabilitation-measures/saint-louis-university-mental-status-exam</a>	4-10 minutes	
6	Walking While Talking Test	Measure of divided attention to examine cognitive-motor interactions, helps to identify fallers	Link to directions and norms: <a href="https://www.sralab.org/rehabilitation-measures/walking-while-talking-test">https://www.sralab.org/rehabilitation-measures/walking-while-talking-test</a>	5 minutes	
7	Walking and Remembering Test	Clinical test of single and dual-task performance of walking and working memory test	Link to directions and norms: <a href="https://www.sralab.org/rehabilitation-measures/walking-and-remembering-test-modified-walking-and-remembering-test">https://www.sralab.org/rehabilitation-measures/walking-and-remembering-test-modified-walking-and-remembering-test</a>	15 minutes	

Figure B8

## Outcome Measures for Frailty

## Frailty Scale

Frailty Scale					
	A	B	C	D	E F G H I J
1	Tool Name	Description	Link and Other Resources	Time	
2	Clinical Frailty Scale (CFS)	-A judgement-based tool to screen for frailty and to broadly stratify degrees of fitness and frailty. -As a way to summarize the overall level of fitness or frailty of an older adult after they had been evaluated by an experienced clinician. -It is not a questionnaire, but a way to summarize information from a clinical encounter with an older person, in a context in which it is useful to screen for and roughly quantify an individual's overall health status.	Scoring System Resources: <a href="https://cuh.ac.uk/content/dam/cuh/academic/pdfs/theses/CPFS-Classification-Tree.pdf">https://cuh.ac.uk/content/dam/cuh/academic/pdfs/theses/CPFS-Classification-Tree.pdf</a> <a href="https://www.dai.co.uk/theses/our-tools/clinical-frailty-scale.html">https://www.dai.co.uk/theses/our-tools/clinical-frailty-scale.html</a>	10-15 Minutes	
3	Fried Frailty Scale	- Short physical performance battery used as an assessment pre-surgery. - Frailty scale that is based on 5 criteria (Weight loss in past 12 months, gait speed, grip strength, physical exhaustion, low energy expenditure). -Assesses 5 domains: cognition, general health status, functional independence, social support, medication use, nutrition, mood, confidence, and functional performance	PDF including directions and scoring (p. 2): <a href="https://fallprevention.org/sites/default/files/2020-10/Fraily%20Assessment%20Definition%20Sheet%20-%20combined.pdf">https://fallprevention.org/sites/default/files/2020-10/Fraily%20Assessment%20Definition%20Sheet%20-%20combined.pdf</a>	30-45 Minutes	
4	Edmonton Frail Scale (EFS)		PDF including Scoring: <a href="https://www.pdf995.com/pdfs/edmonton-frail-scale.pdf">https://www.pdf995.com/pdfs/edmonton-frail-scale.pdf</a> <a href="https://doi.org/10.1155/2016/3448693">https://doi.org/10.1155/2016/3448693</a>	10-15 Minutes	



**Figure B4***Outcome Measures for Miscellaneous***Miscellaneous**

	A	B	C	D
1	Tool Name	Description	Link and Other Resources	Time
2	Exertion			
3	Borg Rating Scale of Perceived Exertion	A way of measuring physical activity intensity level. Perceived exertion is how hard you feel like your body is working. It is based on the physical sensations a person experiences during physical activity, including increased heart rate, increased respiration or breathing rate, increased sweating, and muscle fatigue. Although this is a subjective measure, a person's exertion rating may provide a fairly good estimate of the actual heart rate during physical activity*	Link to directions and norms: <a href="https://ghhs.ne.gov/Concussion/Manage/Documents/BorgScaleExertion.pdf">https://ghhs.ne.gov/Concussion/Manage/Documents/BorgScaleExertion.pdf</a>	5 minutes
4	Pressure Sore			
5	Braden Scale	Used for predicting pressure sore risk	Link to directions and norms: <a href="https://www.in.gov/health/files/Braden_Scale.pdf">https://www.in.gov/health/files/Braden_Scale.pdf</a>	5 minutes
6	Caregiver Strain			
7	Modified Caregiver Strain Index (MCSI)	Self-report index to measure caregiver strain	Link to directions and norms: <a href="https://www.sralab.org/sites/default/files/2017-07/issue-14.pdf">https://www.sralab.org/sites/default/files/2017-07/issue-14.pdf</a>	5-10 minutes
8	Dizziness			
9	Motion Sensitivity Quotient	Measures motion-provoked dizziness during a series of 16 quick changes to head or body positions	Link to directions and norms: <a href="https://www.sralab.org/rehabilitation-measures/motion-sensitivity-quotient-test">https://www.sralab.org/rehabilitation-measures/motion-sensitivity-quotient-test</a> <a href="http://www.owlis.org/uploads/3/0/6/0/30609871/appendix_g_motion_sensitivity_test.pdf">http://www.owlis.org/uploads/3/0/6/0/30609871/appendix_g_motion_sensitivity_test.pdf</a>	20-30 minutes
10	Dizziness Handicap Inventory	Self-reported inventory used to identify difficulties that the patient may be experiencing because of their dizziness	Link to directions and norms: <a href="https://www.rehab.msu.edu/_files/_docs/dizziness_handicap_inventory.pdf">https://www.rehab.msu.edu/_files/_docs/dizziness_handicap_inventory.pdf</a>	10-15 minutes
11	Nutrition			
12	Mini Nutrition Assessment	Helps to identify elderly patients who are malnourished or at risk of malnutrition	Link to directions and norms: Helps to identify elderly patients who are malnourished or at risk of malnutrition	5-10 minutes
13				

## Appendix C

### Goals and Interventions

**Figure C1**

#### *Goals for Occupational Therapy*

##### **Occupational Therapy Goals**

Pt will demonstrate ability to (I)'ly access electronic medical records via MyChart to increase (I) with disease and health management tasks.
Pt will (I)ly verbalize knowledge of how to request prescription medications using MyChart to increase (I) with management and adherence to medication regimen and health management tasks.
Pt will be *** with simulated medication management task using pill box to organize 5 medications of different administration complexity.
Pt will (I)'ly verbalize 3 sleep hygiene strategies to incorporate into daily routines to increase performance in sleep participation for continued (I) with functional mobility and ADLs and enable participation in meaningful occupations.
Pt will complete HEP with no more than *** to increase strength/endurance of extremities for increased safety and (I) with mobility and ADLs.
Pt will (I)'ly vocalize plan to implement walking program into daily routines for improved (I) with self-management of progressing endurance/strength with functional tasks at discharge location.
Pt will (I)'ly verbalize 3 fall prevention strategies to incorporate into daily routines to increase safety and (I) with functional mobility and ADLs, enable participation in meaningful occupations, and minimize fall risk at discharge location.
Pt will (I)'ly verbalize 3 mental health strategies to incorporate into daily routines to increase mood and enable participation in meaningful occupations.
Pt to demonstrate advanced balance skills including weight shifting, reaching outside BOS, and retrieval of items from floor level with no more than *** to promote increased safety with ADLs and IADLs at discharge location.
Pt to complete simulated tub transfer with no more than *** for increased (I) and safety with ADL performance at discharge location.
Pt to complete all aspects of grooming tasks while standing sink side, including item retrieval, set-up, and grooming with no more than ***.
Pt to tolerate bathing tasks while in standing with ***.
Pt to participate in bed making task *** for increased (I) and safety with home management tasks.
Pt to complete light-duty housekeeping tasks with no more than *** for increased (I) and safety with IADL performance.
Pt to complete meal preparation task with *** for increased (I) and safety with ADL performance.
Pt to demonstrate ability to perform ***-step tasks with *** verbal/visual/tactile cues for increased safety and (I) with ADL performance.
Pt to engage in therapeutic activities incorporating physical activity with mental exercises for promotion of cognitive maintenance for increased quality of participation in ADLs and IADLs.
Pt to engage in simulated grocery shopping task with no more than ***for increased (I) with IADL tasks.
Pt will demonstrate ability to dial family member's phone number with no more than *** verbal/visual cues to increased (I) with communication management.
Pt to improve score on 9-hole Peg Test by *** second to indicate increased fine motor coordination for increased quality of performance with ADLs.
Pt will maintain ability to tolerate *** minutes standing activity to prevent further debility and ensure discharge to least restrictive environment.
Pt will maintain ability to complete LB dressing (*)'ly.
Pt will maintain the ability to complete all functional transfers with LRAD and *** to prevent further debility and ensure discharge to least restrictive environment.

Figure C2

## Goals for Physical Therapy

## Physical Therapy Goals

Pt will maintain ability to ambulate at least \*\*\* ft without obvious LOB or SOB to prevent further debility and increase safety at discharge location.

Pt will maintain ability to perform bed mobility with \*\*\* to increase participation in positioning and decrease risk for skin breakdown and caregiver burden.

Pt will maintain the ability to complete all functional transfers with LRAD and \*\*\* to prevent further debility and ensure discharge to least restrictive environment.

Pt will maintain the ability to perform static/dynamic standing balance activities for at least 5 minutes to prevent further debility and ensure safety with discharge to least restrictive environment.

Pt will (I)'ly verbalize 3 fall prevention strategies to incorporate into daily routines to increase safety and (I) with functional mobility and ADLs, enable participation in meaningful occupations, and minimize fall risk at discharge location.

Pt will (I)'ly vocalize plan to implement walking program into daily routines for improved (I) with self-management of progressing endurance/strength with functional tasks at discharge location.

Pt to demonstrate advanced balance skills including weight shifting, reaching outside BOS, and retrieval of items from floor level with no more than \*\*\* to promote increased safety with ADLs and IADLs at discharge location.

Pt to improve score on Berg Balance Assessment by \*\*\* points to indicate increased balance to minimize falls risk and improve safety at discharge location.

Figure C3

## Interventions for Mobility/Balance/Endurance

## Mobility/Balance/Endurance

Intervention	Goal	Intervention	Goal	Intervention	Goal
<b>Foot Tap - Balance Activity</b> 	Pt to demonstrate advanced balance skills including weight shifting, reaching outside BOS, and retrieval of items from floor level with no more than *** to promote increased safety with ADLs and IADLs at discharge location.	<b>Bathing in standing</b> Incorporate standing components along with sitting if needed. <b>Bed Making</b> Include stripping sheets and linen retrieval for added challenge. Ducting high and low surfaces	Pt to tolerate bathing tasks while in standing with ***. Pt to participate in bed making task *** for increased (I) and safety with home management tasks. Pt to complete light-duty housekeeping tasks with no more than *** for increased (I) and safety with ADL performance.	<b>Home Exercise Plans - Standing, Seated, Supine</b> See following pages for HEP printouts with pictures. <b>Walking Program Training</b> See following pages for walking program education and handout.	safety with ADLs and IADLs at discharge location. Pt will be *** to perform HEP as demonstrated by ability to verbalize exercises/regs (I)'ly to improve (I) and self-management of progressing endurance/strength with functional tasks. Pt will (I)'ly vocalize plan to implement walking program in daily routine for improved (I) with self-management of progressing endurance/strength with functional tasks upon discharge to previous place of residence.
<b>Seated or Standing Yoga</b> See following pages for Yoga poses and education handouts. <a href="https://12m71j1325o13x5o204810gh-wpengine.netdna-cdn.com/wp-content/uploads/2016/04/The-Ultimate-Guide-to-Yoga-for-Seniors.pdf">https://12m71j1325o13x5o204810gh-wpengine.netdna-cdn.com/wp-content/uploads/2016/04/The-Ultimate-Guide-to-Yoga-for-Seniors.pdf</a>	Pt. to (I)'ly complete Yoga exercises in sitting or standing as demonstrated by ability to verbalize and complete exercises/dosing without concerns for safety to improve independence and self-management of progressing balance for functional tasks.	<b>Tidying up "clutter"</b> by ambulating around obstacles and incorporating reaching out of base of support. Retrieving or putting away clothing or items from high or low surfaces	Pt to complete light-duty housekeeping tasks with no more than *** for increased (I) and safety with ADL performance. Pt to complete light-duty housekeeping tasks with no more than *** for increased (I) and safety with ADL performance.	<b>Playing Games in Standing</b> Cards & Connect 4 in 7" floor satellite	Pt to demonstrate advanced balance skills including weight shifting, reaching outside BOS, and retrieval of items from floor level with no more than *** to promote increased safety with ADLs and IADLs at discharge location.
<b>Stepping Stones</b> Draw or mark one circle to stand in and 4 circles around patient - one in front, one behind, and one on both sides. Start with the right leg and have patient step into the circle behind them. Once both feet are placed in the circle, have them step back into the middle starting with the right foot. One by one, step into each of the other circles and step back into the center each time, starting with the right leg. Then repeat the process but starting with the left leg.	Pt to demonstrate advanced balance skills including weight shifting, reaching outside BOS, and retrieval of items from floor level with no more than *** to promote increased safety with ADLs and IADLs at discharge location.	<b>Meal preparation - sitting or standing</b> Simple snack preparation from running station items (graham crackers and peanut butter; boost shakes with ice, etc.)	Pt to complete meal preparation task with *** for increased (I) and safety with ADL performance.		
<b>Tub Transfer</b> Turn room trash can on its side of one footrest next to wall to simulate stepping over side of tub. Do multiple reps if patient can tolerate as a good challenge. <b>Grooming at the sink in standing with reaching out of base of support.</b>	Pt to complete simulated tub transfer with no more than *** for increased (I) and safety with ADL performance at discharge location. Pt to complete all aspects of grooming tasks while standing sink side, including item retrieval, set-up, and grooming with no more than ***.	<b>Dancing</b> Senior friendly dancing videos on YouTube - try SilverSneakers YouTube channel	Pt to demonstrate advanced balance skills including weight shifting, reaching outside BOS, and retrieval of items from floor level with no more than *** to promote increased safety with ADLs and IADLs at discharge location.		
		<b>Ball Toss - Standing or sitting</b> List categories at each turn to add cog factor	Pt to demonstrate advanced balance skills including weight shifting, reaching outside BOS, and retrieval of items from floor level with no more than *** to promote increased safety with ADLs and IADLs at discharge location.		
		<b>Cone hole - Standing or sitting</b>	Pt to demonstrate advanced balance skills including weight shifting, reaching outside BOS, and retrieval of items from floor level with no more than *** to promote increased safety with ADLs and IADLs at discharge location.		
		<b>Seated Cone Stacking</b> including reaching out of base of support	Pt to demonstrate advanced balance skills including weight shifting, reaching outside BOS, and retrieval of items from floor level with no more than *** to promote increased		

**Figure C4***Interventions for Cognition***Cognition**

Name/Instructions	Goal
Medication Management	Pt will (I/I) verbalize knowledge of how to request prescription medications using MyChart to increase (I) with management and adherence to medication regimen and health management tasks.
Practice and training using pill box	
Multi-Step Retrieval Tasks	Pt to demonstrate ability to perform ***-step tasks with *** verbal/visual/tactile cues for increased safety and (I) with ADL performance.
Give patient instructions to complete multi-step tasks or multiple separate tasks and give them opportunity to recall and perform tasks with as few cues as possible.	
Example: "Walk into the bathroom, wash your hands, and then brush your teeth"	
Card Games	Pt to engage in therapeutic activities incorporating physical activity with mental exercises for promotion of cognitive maintenance for increased quality of participation in ADLs and IADLs.
Sorting tasks (match numbers, colors, suits, etc)	
Basic card games – go fish, solitaire, etc.	
Memory game (flip cards over and find matches of suits, numbers)	
Add endurance, balance components with sit-to-stands between turns, completing game in standing, etc	
Deck of cards in 7 <sup>th</sup> floor satellite	
Beach Ball Toss	Pt to engage in therapeutic activities incorporating physical activity with mental exercises for promotion of cognitive maintenance for increased quality of participation in ADLs and IADLs.
Toss beach ball back and forth in sitting or standing while counting by 7s, backwards from 100, stating items in a specific category, etc	
Simulated Shopping Task	Pt to engage in simulated grocery shopping task with no more than *** for increased (I) with IADL tasks.
Provide "grocery list" of random items available in patient rooms. Set items about and have patient retrieve them.	
"Hang Man" Game	Pt to engage in therapeutic activities incorporating physical activity with mental exercises for promotion of cognitive maintenance for increased quality of participation in ADLs and IADLs.
Engage patient in game of "hang man" in sitting or standing, using white board in patient room. Have patient stand at board or complete sit to stands to take their turn.	
Connect 4	Pt to engage in therapeutic activities incorporating physical activity with mental

Engage patient in game of Connect 4 in sitting or standing.	exercises for promotion of cognitive maintenance for increased quality of participation in ADLs and IADLs.
Grade activity to patient's cognitive level- sorting colors, patterns, etc.	
Folding Laundry	Pt to engage in therapeutic activities incorporating physical activity with mental exercises for promotion of cognitive maintenance for increased quality of participation in ADLs and IADLs.
Sitting or standing to add endurance	
Counting Change	Pt to engage in therapeutic activities incorporating physical activity with mental exercises for promotion of cognitive maintenance for increased quality of participation in ADLs and IADLs.
Have patient count out specific amounts of change.	
Ask patient to add prices or retrieve items and exchange items for change to grade activity.	
Math Game	Pt to engage in therapeutic activities incorporating physical activity with mental exercises for promotion of cognitive maintenance for increased quality of participation in ADLs and IADLs.
Hang answers to simple math questions on post-it notes in hallway or in room. Provide patient with basic math problems and have them retrieve the correct corresponding post-it note.	

**Figure C5***Interventions including Pet Therapy and Music Therapy***Pet Therapy**

Name/Instructions	Goal
Fetch – Sitting or Standing	Pt to engage in therapeutic activities demonstrating advanced balance skills for *** minutes for increased endurance to promote independence and safety with mobility.
Throwing the ball with the dog – includes endurance, bending, balance, sequencing	
Walking Dog	Pt to ambulate *** ft without obvious LOB or SOB to prevent further debility and increase safety at discharge location.
Includes balance, endurance, problem solving, memory	
Pet therapy course on the east side of the hospital includes uneven surfaces, steps, etc.	
Dog Grooming	Pt to engage in dog grooming task in collaboration with pet therapy with no more than *** for increased endurance and (I) with IADL performance.
Includes fine and gross motor skills, endurance, range of motion, strength	
Playing with Dog	Pt to engage in play activities in collaboration with for *** minutes without obvious LOB or SOB for increased endurance and muscle strength to promote (I) and safety with mobility and ADL performance.
Manipulating dog toys, tug of war, giving treats, commands, etc	
Social Interaction and Leisure Participation	Pt to (I/I) verbalize 3 leisure activities to incorporate into daily routine to promote increased mood and enable meaningful occupations.

To collaborate with pet therapy, please contact \*\*\*\* on secure chat or via text message at (\*\*\*). \*\*\*. \*\*\*\*.

**Music Therapy**

Name/Instructions	Goal
Playing Instruments	Pt to engage in therapeutic activities in collaboration with music therapy for *** minutes while static sitting/standing to promote endurance and (I) with meaningful occupations.
Includes balance, strength, range of motion, sequencing, fine and gross motor skills, endurance	
Social Interaction and Leisure Participation	Pt to (I/I) verbalize 3 leisure activities to incorporate into daily routine to promote increased mood and enable meaningful occupations.

To collaborate with music therapy, please contact \*\*\*\* via secure chat.




## Appendix D

### Educational Handouts and Resources

**Figure D1**

*Educational Handout on Weakness and Debility*



# Weakness and Debility:

## What you need to know

Eskenazi Health  
720 Eskenazi Ave.  
Indianapolis, IN 46202  
317.880.0000  
EskenaziHealth.edu

### What is debility?

Debility is a broad medical term that is used to describe weakness resulting in increased risk of falls and inability to perform daily activities.

When debility occurs, the body is weakened and with it so is the immune system, leaving you at risk to a number of illnesses and infections. When your body is weak, it has a harder time fighting off these illnesses, including colds and the flu!

Because of this, debility can lead to lower quality of life.

### Symptoms of Debility

- Weakness
- Fatigue
- Pain
- Weight loss
- Muscle loss
- Brain fog or confusion
- Falls

### What causes debility?

Debility is caused from a low activity levels, which leads to muscle weakness and loss. Weakness and muscle loss makes it more difficult to participate in daily activities.

References:  
e Care. (2017). General Debility. <http://aionhomecare.com/department/general-debility/>  
ns Medicine. (n.d.). Stay strong: Four ways to beat the frailty risk. <https://www.hopkinsmedicine.org/health/wellness-and-prevention/stay-strong-four-ways-to-beat-the-frailty-risk>  
Ishii, H., & Kushima, H. (2013, July). Physicians' attitudes toward the definition of "death from age-related physical debility" in deceased elderly with aspiration pneumonia. *Geriatrics and Gerontology International*, 13(3). doi: 10.1111/j.1447-0594.2012.00941.x  
Willacy, H. & Tidy, C. (2021, June). Muscle weakness. Patient. <https://patient.info/signs-symptoms/tiredness-fatigue/muscle-weakness>

Revised Feb. 2022

### Tips to Prevent Debility

1. Stay hydrated- Drink plenty of water (8 cups/day)
2. Eat a healthy and balanced diet
3. Stay active and exercise ~30 minutes a day
4. Manage stress and anxiety levels
5. Get involved in previous interests and hobbies
6. Get out of the house
7. Avoid unhealthy habits – smoking, excessive alcoholic intake, and drug use
8. Get enough sleep – 7 to 8 hours a night!
9. Take medication only as told by your health care provider
10. Visit your doctor regularly!

Figure D2

*Home Exercise Plan: Standing*

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# Home Exercise Plan

Perform these exercises in standing while holding onto a solid object as shown. If you are unsteady on your feet, only perform these exercises when someone is with you.

## Marches

1. Bring your knee up in a marching motion.
2. Slowly lower your leg down and place your foot back on the ground.
3. Repeat on the other side.

Repeat on both sides, 15 times.

## Hip Abduction

1. Raise one leg out to the side.
2. Slowly lower your leg down and place your foot back on the ground.
3. Repeat on the other side.

Repeat on both side, 15 times.

## Shoulder Flexion

1. Start with arms relaxed.
2. Raise arms up overhead as far as you can.

Repeat 15 times.


## Squats

1. Keep your feet flat on the floor.
2. Squat down as far as you can, then stand up.

Repeat 15 times.

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**Figure D3***Home Exercise Plan: Sitting*



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[EskenaziHealth.edu](http://EskenaziHealth.edu)

# Home Exercise Plan


Perform these exercises while seated safely in a chair.



## Marches

1. Sit firmly on a chair or on the side of the bed with your feet flat on the floor.
2. Bring your knee up in a marching motion.
3. Slowly lower your leg down and place your foot back on the ground.
4. Repeat on the other side.


Repeat on both sides, 15 times.



## Kicks

1. Sit firmly on a chair or on the side of the bed with your feet flat on the floor.
2. Straighten your knee and kick your foot off the floor.
3. Slowly lower your leg down and place your foot back on the ground.
4. Repeat on the other side.


Repeat on both side, 15 times.



## Shoulder Flexion

1. Start with arms relaxed.
2. Raise arms up overhead as far as you can.

Repeat 15 times.



## Chest Punches

1. Begin with elbow bent at chest.
2. Extend arms straight out.

Repeat 15 times.

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**Figure D4***Home Exercise Plan: Supine*

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# Home Exercise Plan

Perform these exercises while lying on your back in bed.

## Ankle Pumps

1. Pump your foot up and down slowly.

Repeat 15 times.

## Bridges

1. Lie on your back.
2. Bend your hips and knees, and plant your feet flat on the bed.
3. Raise your hips by pushing down evenly on both legs.
4. Hold for 5 seconds, then slowly lower your hips.

Repeat 15 times.

## Shoulder Flexion

1. Start with arms relaxed.
2. Raise arms up overhead as far as you can.

Repeat 15 times.


## Chest Punches

1. Begin with elbow bent at chest.
2. Extend arms straight out.

Repeat 15 times.



Figure D5

*Educational Handout on Fall Prevention*


Eskensazi Health  
720 Eskensazi Ave.  
Indianapolis, IN 46202  
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Eskensazi@health.edu

## Falls Prevention Handout

A simple fall can change your day to day life. This handout is an educational tool. It will provide you with helpful tips for fall prevention, the do's and don'ts of home safety, and recommendations for increasing safety in your home. Falls are often related to weakness and home hazards. Following the recommendations in this handout can reduce your fall risk in the future.

### Home Safety Do's

- Stand up slowly when changing positions (ex. lying down to sitting up, sitting to standing, and quick turns). Getting up too quickly can make you dizzy.
- Wear rubber-soled, low heeled shoes that fully support your feet. Replace slippers that are stretched out. Use the appropriate adaptive equipment (ex: shoe horn/sock aid, to assist with putting on shoes and socks) as recommended by your occupational therapist.
- Use the recommended assistive devices (rolling walker/cane/crutches) recommended by your physical therapist.
- Remove all throw rugs to prevent tripping.
- Hold on to handrails when using the stairs.
- Use night lights to light pathways to the bathroom. Dark areas increase the risk of falling.
- Consider wearing adult briefs to prevent falls that happen while trying to rush to the bathroom.
- Carry your cell phone with you everywhere you go. Even in your house!

### Home Safety Don'ts

- Don't ignore falls. Make sure to tell a family member, caregiver or medical professional if you fall.
- Don't forget your **cordless phone/cell phone/Life Alert button**; always carry it on you.
- Don't let your house get too hot or too cold. This can affect how much energy you have and can lead to a fall.
- Don't take chances. Stay away from freshly washed/waxed floors.
- Don't stand on a chair or table to reach something high. Use a ~~reach~~ or call friends/family to assist.
- Don't ignore recommendations made by your doctors/nurses/therapists.
- Don't leave rooms/hallways cluttered with items that you could trip on

### What To Do If You Fall

- If you are not hurt:
  - Safely get up, and notify your doctor/family that you have fallen. (See picture on back).
- If you can't get up:
  - Make noise, use your cell phone/Life Alert, attempt to crawl towards a location where you can contact help.
- If an injury occurs due to the fall:
  - Consider asking your doctor for an occupational and physical therapy consultation.

**Figure D6***Home Exercise Plan for Fall Prevention***Home Exercise Program**

The following exercises can help keep adults' muscles strong to prevent falling. Each exercise should be completed 2-3 times per day with ~10 repetitions each time.

1. **Ankle Pumps:** Sit in a chair with your back straight and legs extended and spread slightly apart and flat feet on the ground. Begin by lifting your toes'. Then point your toes downward and lift your heel off the ground, as though you are pressing down on a gas pedal.



2. **Sit to Stand:** Start from a seated position in a chair (preferably with arms). Stand, using arms to assist with stand if needed and slowly sit back down.



3. **Marching-in-Place:** Sit in a chair. Sit with your feet slightly apart (as you normally would) and your arms at your side. March in place, lifting your knees high towards the ceiling one at a time.



4. **Arm Circles:** Complete in sitting and extend your arms straight out to the side. Slowly start to make small circles. Continue the circular motion for about ten seconds. Reverse the direction, and complete for another 10 seconds.




5. **Chair Push-Ups:** Grip the arms of the chair and press down through your arms to lift your buttocks off the chair. Lower yourself back into the chair.



Reference:  
 Lee, Megan. (2017). Occupational Therapy Acute Care Reference Tool: A Reference to Best  University  
 Doctorate of Occupational Therapy. Pg 55-58.  
 Revised: February 2022

Figure D7

## Home Safety Checklist Handout

 <div style="text-align: right;"> <b>Eskenazi Health</b>          730 Eskenazi Ave.          Indianapolis, IN 46202          (317) 680-0000  <a href="http://EskenaziHealth.edu">EskenaziHealth.edu</a> </div>		
<h2 style="color: #0056b3;">Home Fall Prevention Checklist for Older Adults</h2> <p style="color: #0056b3;">Use this checklist to find and fix hazards in your home.</p>		
<p><b><u>Floors</u></b></p> <p>When you walk through a room, do you have to walk around furniture?</p> <ul style="list-style-type: none"> <li>○ Ask someone to move the furniture so your path is clear.</li> </ul> <p>Do you have to throw rugs on the floor?</p> <ul style="list-style-type: none"> <li>○ Remove the rugs, or use double-sided tape or a non-slip backing so the rugs won't slip.</li> </ul> <p>Are there papers, shoe, books, or other objects on the floor?</p> <ul style="list-style-type: none"> <li>○ Pick up things that are on the floor. Always keep objects off the floor.</li> </ul> <p>Do you have to walk over or around wires or cords (like lamp, telephone, or extension cords)?</p> <ul style="list-style-type: none"> <li>○ Coil or tape cords and wires next to the wall so you can't trip over them.</li> </ul> <p><b><u>Kitchen</u></b></p> <p>Are the things you use often on high shelves?</p> <ul style="list-style-type: none"> <li>○ Keep things you use often on the lower shelves (about waist high).</li> </ul> <p>Is your step stool sturdy?</p> <ul style="list-style-type: none"> <li>○ If you must use a step stool, get one with a bar to hold on to. Never use a chair as a step stool.</li> </ul>	<p><b><u>Bedrooms</u></b></p> <p>Is the light near the bed hard to reach?</p> <ul style="list-style-type: none"> <li>○ Place a lamp close to the bed where it's easy to reach.</li> </ul> <p>Is the path from your bed to the bathroom dark?</p> <ul style="list-style-type: none"> <li>○ Put in a nightlight so you can see where you're walking. Some nightlights go on by themselves after dark.</li> </ul> <p><b><u>Bathrooms</u></b></p> <p>Is the tub or shower floor slippery?</p> <ul style="list-style-type: none"> <li>○ Put a non-slip rubber mat or self-stick strips on the floor of the tub or shower.</li> </ul> <p>Do you need some support when you get in and out of the tub, or up from the toilet?</p> <ul style="list-style-type: none"> <li>○ Have grab bars put in next to and inside the tub, and next to the toilet.</li> </ul>	<p><b><u>Stairs &amp; Steps (Indoors &amp; Outdoors)</u></b></p> <p>Are there papers, shoes, books, or other objects on the stairs?</p> <ul style="list-style-type: none"> <li>○ Always keep objects off the stairs</li> </ul> <p>Are some steps broken or uneven?</p> <ul style="list-style-type: none"> <li>○ Fix loose or uneven steps</li> </ul> <p>Is there a light and light switch at the top and bottom of the stairs?</p> <ul style="list-style-type: none"> <li>○ Get an overhead light or nightlight at the top and bottom of the stairs.</li> </ul> <p>Has a stairway light bulb burned out?</p> <ul style="list-style-type: none"> <li>○ Have a friend or family member change the light bulb</li> </ul> <p>Is the carpet on the steps loose or torn?</p> <ul style="list-style-type: none"> <li>○ Make sure the carpet is firmly attached to every step, or remove the carpet and attach non-slip rubber treads to the stairs</li> </ul> <p>Are the handrails loose or broken? Is there a handrail on only one side of the stairs?</p> <ul style="list-style-type: none"> <li>○ Fix loose handrails, or put in new ones. Make sure handrails are on both sides of the stairs, and are as long as the stairs</li> </ul>
Revised April 2022		

**Figure D8***Educational Handout on Starting a Walking Program: Part 1*

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 Indianapolis, IN 46202  
 317.880.0000  
 EskenaziHealth.org

## STARTING A WALKING PROGRAM

### SHOE SELECTION

Select a shoe with the following features:

- Thick, firm, flexible sole
- Lacing and breathable upper material
- Firm heel counter with good arch support
- Large toe box with padding on the top

### DRESSING FOR WALKING

#### Warm Weather

- Loose-fitting, cotton fabric
- Light, ventilated hat for sun protection

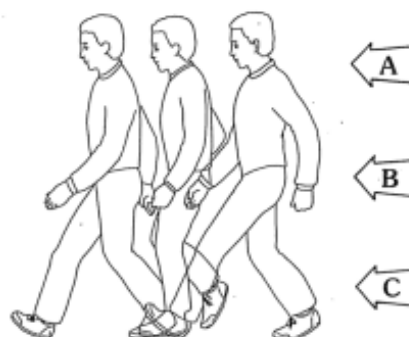
#### Cold Weather

- Wool hat and gloves
- Several layers of light clothing – can be removed a layer at a time as you become warm

#### Wet Weather

- KEEP WALKING!
- Breathable waterproof garments
- Best not to use umbrella – interferes with arm movement

### WALKING TECHNIQUE



- A. Stay upright with shoulder relaxed.  
 B. Let arms swing naturally at sides.  
 C. Use smooth motion, rolling from heel to toe.

### WAKING FOR FITNESS

- Time not distance is important
- Walk at least 3 times a week, 5-7 if possible.
- Achieve your target heart rate (see below)
- For aerobic fitness, maintain target heart rate for the entire walk.
- When beginning walk at least 10 minutes.
- Gradually increase your walking time to 40-60 minutes.

**Figure D9***Educational Handout on Starting a Walking Program: Part 2***BEGINNERS PROGRAM**

Week	1	2	3	4	5	6	7	8	9	10	11	12
Minutes	10	15	20	25	30	30	35	35	40	40	45	45
# of times	3	4-5	3	4-5	3	4-5	3	4-5	3	4-5	3	4-5

\*After 12 weeks walk 30-45 minutes 3-5 times per week.

**TARGET HEART RATE**

With fingers on wrist, check pulse for 10 seconds only. The heart will slow after 10 seconds. Walk briskly enough to achieve your target heart rate. After you reach your target rate, check pulse periodically to ensure you maintain your target heart rate for the entire walk.



Use the charts below to find your correct TARGET HEART RATE.

Target Heart Rate Ranges by Age

Age	Beats/Minute
20	140 to 170
25	137 to 166
30	133 to 162
35	130 to 157
40	126 to 153
45	123 to 149
50	119 to 145
55	116 to 140
60	112 to 136
65	109 to 132
70	105 to 128

Beats/10 seconds =	Beats/minute
15	90
16	96
17	102
18	108
19	114
20	120
21	126
22	132
23	138
24	144
25	150
26	156
27	162
28	168
29	174

**Figure D10***Educational Handout on Starting a Walking Program: Part 3***COMFORT AND SAFETY TIPS**

- Check with your doctor before beginning this or any other exercise program.
- Walk with a friend for pleasure and safety.
- If walking alone, tell someone your route and expected time of return.
- Walk during the day or on well-lighted streets.
- Wear reflective clothing if walking at night.
- Always walk facing the traffic.
- Vary your route from day to day.
- Record your walking time each day on chart below.

## Figure D11

### *Educational Handout on Starting a Walking Program: Part 4*

#### WALKING TIME LOG

Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

\*\* Minutes/Heart Rate

Example

Minutes = 30


Heart Rate = 132

30/132
--------

Compliments of Eskenazi Health Services Center for Senior Health

Revised April 2022



**Figure D12***Educational Handout on Medication Management*



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## Managing Your Medications

Being able to manage your medications and following a strict medication routine means taking your medications as instructed by your doctor – the right dose, at the right time, in the right way and amount.

This is extremely important as not taking your medicine as instructed by a doctor or pharmacist could lead to your disease getting worse, hospitalization, and in extreme cases, even death.

Taking your medicine correctly is important for controlling chronic conditions, treating temporary conditions, and overall long-term health and well-being.




### TIPS AND TRICKS TO MANAGE YOUR MEDICATIONS

- Read the labels on all your medications and know when, how much, and how often you need to take your medications
- Use only ONE pharmacy.
- Take your medications at the same time everyday
- Make taking your medications a part of your daily routine, like brushing your teeth or getting ready for bed
- Keep a “medicine calendar” with your pill bottles and note each time you take a dose or set up reminders on your phone
- Use a pill box – and refill your pill box at the same time each week!
- Keep an up-to-date list of your medications! Always take it with you to the doctor.
- Use reminders and alarms to help remind you to take your medications.

**References:**

Community Homecare. (n.d.). *Medication management: 10 helpful tips and tricks for managing your medication*.  
<https://commhealthcare.com/medication-management-tips/>  
 Goyer, A. (2020, October). A survival guide to medication management. AARP.  
<https://www.aarp.org/caregiving/health/info-2020/medication-management>



**Figure D13***Educational Handout on Sleep Hygiene*


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### Sleep Hygiene Tips


1. Maintain a regular sleep routine by going to bed and getting up at the same time every day of the week. Exposure to bright natural light when waking up will be helpful to set your natural biological clock.
2. Avoid naps if possible. Avoiding naps during the day will make you more tired at night and make it easier to fall asleep. Don't take longer than a 30 minute nap and avoid napping in the evening.
3. Get out of bed if you have been lying awake for more than 20 minutes. Consider sitting in a chair in a low lit room (perhaps read) until you feel sleepy. Avoid TV, smartphone, or computer use during this time.
4. Limit how much you watch tv or read in bed. Use bed for sleep and sexual activity only.
5. Limit amount of food and caffeinated drinks for at least 4 hour prior to bedtime.
6. Avoid eating a large meal or spicy food 2-3 hours before going to bed. Your digestive system slows down while you are sleeping and can stimulate acid secretions that cause heartburn. Have a light snack if you are hungry.
7. Start to limit the amount of liquid you drink 2-3 hours before bedtime.
8. Exercise regularly. However, many recommend avoiding rigorous exercise before bedtime. This can stimulate the brain and body and make it hard to fall asleep. |
9. Avoid over-the-counter sleeping pills.
10. Avoid drinking alcohol or smoke cigarettes within 3 or 4 hours of going to bed. Alcohol can cause relaxation, but it can actually increase number of times you wake up during the night and cause you to wake up early. Nicotine can act as a stimulant that can cause difficulty sleeping.
11. Establish a comfortable sleeping environment (eg, comfortable and supportive pillows and mattress, a comfortable room temperature, light-blocking curtains, earplugs, eye mask).
12. Establish a comfortable pre-bedtime routine (eg, warm bath or shower, reading, meditation, quiet time)
13. Hide the clock if you find yourself constantly watching the clock while trying to sleep.
14. Talk to your doctor or health professional if you continue to have trouble sleeping.

Morris D, ~~Levin~~ D. Sleep Insufficiency and Older Adults. ~~Geriatrics~~ *Academy of Physical Therapy*. 2018;25 (5):19-22.

~~Stevens~~ C, Al-~~Salami~~ M, Stevens, S. Sleep Health Promotion: Practical Information for Physical Therapist. *J Physical Therapy*. 2017;97 (8):826-836.

Revised February 2022

Figure D14

*Educational Handout on Depression*


Eskenazi Health  
720 Eskenazi Ave.  
Indianapolis, IN 46202  
317.880.0000  
EskenaziHealth.edu

## Depression

Depression is a serious mood disorder. It can affect the way you feel, act, and think. Depression is a common problem among older adults, but depression is not a normal part of aging. In fact, depression can speed up the aging process, including increasing your risk for furthering weakness, increasing arthritic pain, and worsening other health problems.

### Signs and Symptoms

- Sadness or feelings of despair
- Loss of interest in social activities or hobbies
- Weight loss or lack of hunger
- Feeling of hopelessness or helplessness
- Unexplained aches and pains
- Poor sleep
- Lack of motivation and energy
- Loss of self-worth
- Slowed movement or speech
- Memory problems
- Poor self-care routines

### Risk Factors

- New or worsening medical conditions, such as stroke or cancer
- Family history of depression
- Stress and/or grief
- Lack of social interaction and loneliness
- Lack of exercise and physical activity
- Health problems that make engaging in daily activities difficult
- Abuse of drugs or alcohol
- Unusual sleep patterns
- Some medications

### Treating Depression

It is important to remember that depression is not a normal experience and it can be treated. It's important to seek treatment as soon as you begin noticing signs. If you think you may have depression, start by making an appointment to see your doctor. Depression can be treated in many ways. Below are some of the ways depression can be treated:

- Medication
- Counseling
- Move your body
- Healthy, balanced diet
- 7-9 hours of sleep each night
- Stay in touch with friends and family
- Participate in activities you enjoy
- Join a support group
- Take a fitness or art class

- Get involved in the community (go to a park, volunteer!)
- Learn a new skill
- Spend time outdoors
- Stick to a regular routine

If you feel like you are struggling with depression, talk to your doctor or other health professional!

Revised April 2022

**Figure D15***Educational Handout on Ways to Improve Mental Health*




ESKENAZI  
HEALTH

Eskenazi Health  
720 Eskenazi Ave.  
Indianapolis, IN 46202  
317.880.0000  
EskenaziHealth.edu

## Ways to Improve Your Mental Health

- Keep your brain active
    - Read
    - Write – letters or journaling
    - Learn a new language
    - Sing or play an instrument
    - Playing games and puzzles
- Stay active
    - Take regular walks
    - Exercise
- Stay connected with friends
    - Make phone calls
    - Community Centers
    - Exercise Classes
- Pick a new hobby
    - Cooking
    - Sewing
    - Gardening
    - Baking
    - Crafts
- Volunteering



**Figure D15***Educational Handout on Outpatient Services for Geriatric Patients*


**Eskenazi Health**  
720 Eskenazi Ave.  
Indianapolis, IN 46202  
317.880.0000  
EskenaziHealth.edu

## Outpatient Geriatric Services at Eskenazi Health

### Center for Senior Health

Helps older adults and their families cope with the medical, social, and emotional changes that often come with aging such as functional decline, polypharmacy, memory complaints, difficulty with basic daily activities and depression.

Offers primary care in an outpatient setting for frail senior 65 years of age and older who have multiple geriatric syndromes such as dementia, depression, falls, or functional decline.

#### Geriatrics Consultation

Available for those who want to keep their primary care physician but would like a complete health evaluation and physical examination conducted by an expert team of geriatricians, nurses, and social workers. They will develop a plan of care with the patient's specific needs in mind. Recommendations are reviewed with the patient and their family, and a copy of the plan is then given to the primary care physician.

To contact the center, please call 317.880.6600.

### Aging Brain Care

Aging Brain Care program builds on the success of programs targeting Alzheimer's disease and other forms of dementia. It focuses on treatments and strategies that help patients and caregivers enjoy an improved quality of life.

Develops a personalized treatment plan for each patient that includes medications as well as non-drug treatments to improve the quality of life for patients and caregivers.

To contact the Aging Brain Care Center, please call 317.880.2224.

### House Calls for Seniors

Eskenazi Health House Calls for Seniors provides team-based primary care for those 65 and older who live in Marion County and are unable to leave their homes. The program accepts patients through referrals from physicians or agencies, or from families and other patients. If they meet the necessary criteria, patients will be cared for by a team of experts, including a geriatrician, nurse practitioner, nurse and social worker as their primary care providers.

To contact the House Calls for Seniors center, please call 317.880.6636.

## Appendix E

### Pre- and Post-Survey Items

**Table E1**

*Pre/Post Survey: Physical Therapists/Physical Therapy Assistants*

<p><b>Geriatrics Capstone Presentation Survey</b></p> <p>Thank you for agreeing to complete this survey. This survey is intended to provide pre/post feedback on the geriatric's capstone presentation.</p> <p><b>Are you a PT/PTA or OT?</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> PT/PTA</li> <li><input type="radio"/> OT</li> </ul>
<p><b>PT/PTA Survey Sections</b></p> <p><b>Debility:</b> Consider the degree of confidence you have in identifying risk factors of debility throughout the therapeutic process.</p> <ul style="list-style-type: none"> <li><input type="radio"/> 5. I can easily and regularly identify 5+ risk factors of debility.</li> <li><input type="radio"/> 4. I can identify 4-5 risk factors of debility.</li> <li><input type="radio"/> 3. I can identify some risk factors of debility, but probably not more than 3.</li> <li><input type="radio"/> 2. I can identify 1-2 risk factors of debility.</li> <li><input type="radio"/> 1. I cannot identify any risk factors of debility.</li> </ul> <p><b>Subjective Interviewing:</b> Consider the degree of confidence you have in using probing interview skills to identify "performance deficits, areas to provide value".</p> <ul style="list-style-type: none"> <li><input type="radio"/> 5. I feel confident in my ability to use open-ended subjective questions that further my understanding of the patient's lifestyle choices that reflect their risk for debility.</li> <li><input type="radio"/> 4. I feel somewhat confident in my ability to use open-ended subjective questions that further my understanding of the patient's lifestyle choices that reflect their risk for debility.</li> <li><input type="radio"/> 3. I feel neutral about my ability to use open-ended subjective questions that further my understanding of the patient's lifestyle choices that reflect their risk for debility.</li> <li><input type="radio"/> 2. I feel less confident in my ability to use open-ended subjective questions that further my understanding of the patient's lifestyle choices that reflect their risk for debility.</li> <li><input type="radio"/> 1. I do not feel confident in my ability to use open-ended subjective questions that further my understanding of the patient's lifestyle choices that reflect their risk for debility.</li> </ul> <p><b>Assessment Tools:</b> Consider the degree of confidence you have in selecting, accessing, and utilizing appropriate standardized outcome measures specific to the geriatric population.</p> <ul style="list-style-type: none"> <li><input type="radio"/> 5. I feel confident in my ability to know which assessment tools are best, how to access them, and how to utilize them in evaluation of the geriatric population.</li> <li><input type="radio"/> 4. I feel somewhat confident in my ability to know which assessment tools are best, how to access them, and how to utilize them in evaluation of the geriatric population.</li> <li><input type="radio"/> 3. I feel neutral about my ability to know which assessment tools are best, how to access them, and how to utilize them in evaluation of the geriatric population.</li> <li><input type="radio"/> 2. I feel less confident in my ability to know which assessment tools are best, how to access them, and how to utilize them in evaluation of the geriatric population.</li> </ul>



<ul style="list-style-type: none"> <li>○ 1. I do not feel confident in my ability to know which assessment tools are best, how to access them, and how to utilize them in evaluation of the geriatric population.</li> </ul>
<p>Intervention Planning: Consider the degree of confidence you have in planning patient centered interventions that increase and/or maintain the functional capacities of the geriatric population within the confines of the acute care setting.</p> <ul style="list-style-type: none"> <li>○ 5. I feel confident in my ability to plan and implement creative interventions for the geriatric population.</li> <li>○ 4. I feel somewhat confident in my ability to plan and implement creative interventions for the geriatric population.</li> <li>○ 3. I feel neutral about my ability to plan and implement creative interventions for the geriatric population.</li> <li>○ 2. I feel less confident in my ability to plan and implement creative interventions for the geriatric population.</li> <li>○ 1. I do not feel confident in my ability to plan and implement creative interventions for the geriatric population.</li> </ul>
<p>Goal Writing: Consider the degree of confidence you have in developing goals focused on maintaining functional status for patients who are at risk for debility during their admission.</p> <ul style="list-style-type: none"> <li>○ 5. I feel confident in my ability to develop non-traditional goals specific to interventions focused on maintains/increasing functional outcomes specific to the geriatric population.</li> <li>○ 4. I feel somewhat confident in my ability to plan and implement creative interventions for the geriatric population.</li> <li>○ 3. I feel neutral about my ability to plan and implement creative interventions for the geriatric population.</li> <li>○ 2. I feel less confident in my ability to plan and implement creative interventions for the geriatric population.</li> <li>○ 1. I do not feel confident in my ability to plan and implement creative interventions for the geriatric population.</li> </ul>
<p>Resources: Consider the degree of confidence you have in accessing resources aimed to improve overall wellness and quality of life for the geriatric population.</p> <ul style="list-style-type: none"> <li>○ 5. I feel confident in my ability to know what resources and how to access them throughout treatment with the geriatric population.</li> <li>○ 4. I feel somewhat confident in my ability to know what resources and how to access them throughout treatment with the geriatric population.</li> <li>○ 3. I feel neutral about my ability to know what resources and how to access them throughout treatment with the geriatric population.</li> <li>○ 2. I feel less confident in my ability to know what resources and how to access them throughout treatment with the geriatric population.</li> <li>○ 1. I do not feel confident in my ability to know what resources and how to access them throughout treatment with the geriatric population.</li> </ul>
<p>Please describe one area where this presentation has provided value for your on-going practice with the geriatric population.</p>

**Table E2**  
***Pre/Post Survey: Occupational Therapists***

<p><b>Geriatrics Capstone Presentation Survey</b></p> <p>Thank you for agreeing to complete this survey. This survey is intended to provide pre/post feedback on the geriatric's capstone presentation.</p> <p><b>Are you a PT/PTA or OT?</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> PT/PTA</li> <li><input type="radio"/> OT</li> </ul>
<p><b>OT Survey Sections</b></p> <p><b>Debility:</b> Consider the degree of confidence you have in identifying risk factors of debility throughout the therapeutic process.</p> <ul style="list-style-type: none"> <li><input type="radio"/> 5. I can easily and regularly identify 5+ risk factors of debility.</li> <li><input type="radio"/> 4. I can identify 4-5 risk factors of debility.</li> <li><input type="radio"/> 3. I can identify some risk factors of debility, but probably not more than 3.</li> <li><input type="radio"/> 2. I can identify 1-2 risk factors of debility.</li> <li><input type="radio"/> 1. I cannot identify any risk factors of debility.</li> </ul> <p><b>Subjective Interviewing:</b> Consider the degree of confidence you have in using probing interview skills to identify "performance deficits, areas to provide value".</p> <ul style="list-style-type: none"> <li><input type="radio"/> 5. I feel confident in my ability to use open-ended subjective questions that further my understanding of the patient's lifestyle choices that reflect their risk for debility.</li> <li><input type="radio"/> 4. I feel somewhat confident in my ability to use open-ended subjective questions that further my understanding of the patient's lifestyle choices that reflect their risk for debility.</li> <li><input type="radio"/> 3. I feel neutral about my ability to use open-ended subjective questions that further my understanding of the patient's lifestyle choices that reflect their risk for debility.</li> <li><input type="radio"/> 2. I feel less confident in my ability to use open-ended subjective questions that further my understanding of the patient's lifestyle choices that reflect their risk for debility.</li> <li><input type="radio"/> 1. I do not feel confident in my ability to use open-ended subjective questions that further my understanding of the patient's lifestyle choices that reflect their risk for debility.</li> </ul> <p><b>Assessment Tools:</b> Consider the degree of confidence you have in selecting, accessing, and utilizing appropriate standardized outcome measures specific to the geriatric population.</p> <ul style="list-style-type: none"> <li><input type="radio"/> 5. I feel confident in my ability to know which assessment tools are best, how to access them, and how to utilize them in evaluation of the geriatric population.</li> <li><input type="radio"/> 4. I feel somewhat confident in my ability to know which assessment tools are best, how to access them, and how to utilize them in evaluation of the geriatric population.</li> <li><input type="radio"/> 3. I feel neutral about my ability to know which assessment tools are best, how to access them, and how to utilize them in evaluation of the geriatric population.</li> <li><input type="radio"/> 2. I feel less confident in my ability to know which assessment tools are best, how to access them, and how to utilize them in evaluation of the geriatric population.</li> <li><input type="radio"/> 1. I do not feel confident in my ability to know which assessment tools are best, how to access them, and how to utilize them in evaluation of the geriatric population.</li> </ul>

Intervention Planning: Consider the degree of confidence you have in planning patient centered interventions that increase and/or maintain the functional capacities of the geriatric population within the confines of the acute care setting.

- 5. I feel confident in my ability to plan and implement creative interventions for the geriatric population.
- 4. I feel somewhat confident in my ability to plan and implement creative interventions for the geriatric population.
- 3. I feel neutral about my ability to plan and implement creative interventions for the geriatric population.
- 2. I feel less confident in my ability to plan and implement creative interventions for the geriatric population.
- 1. I do not feel confident in my ability to plan and implement creative interventions for the geriatric population.

Goal Writing: Consider the degree of confidence you have in developing goals focused on maintaining functional status for patients who are at risk for debility during their admission.

- 5. I feel confident in my ability to develop non-traditional goals specific to interventions focused on maintains/increasing functional outcomes specific to the geriatric population.
- 4. I feel somewhat confident in my ability to plan and implement creative interventions for the geriatric population.
- 3. I feel neutral about my ability to plan and implement creative interventions for the geriatric population.
- 2. I feel less confident in my ability to plan and implement creative interventions for the geriatric population.
- 1. I do not feel confident in my ability to plan and implement creative interventions for the geriatric population.

Resources: Consider the degree of confidence you have in accessing resources aimed to improve overall wellness and quality of life for the geriatric population.

- 5. I feel confident in my ability to know what resources and how to access them throughout treatment with the geriatric population.
- 4. I feel somewhat confident in my ability to know what resources and how to access them throughout treatment with the geriatric population.
- 3. I feel neutral about my ability to know what resources and how to access them throughout treatment with the geriatric population.
- 2. I feel less confident in my ability to know what resources and how to access them throughout treatment with the geriatric population.
- 1. I do not feel confident in my ability to know what resources and how to access them throughout treatment with the geriatric population.

Medication Management: Consider the degree of confidence you have in assessing, creating goals, and planning/implementing interventions focused on patient performance with medication management.

- 5. I feel confident in my ability to address medication management across all stages of the therapeutic process.
- 4. I feel somewhat confident in my ability to address medication management across all stages of the therapeutic process.



- 3. I feel neutral about my ability to address medication management across all stages of the therapeutic process.
- 2. I feel less confident in my ability to address medication management across all stages of the therapeutic process.
- 1. I do not feel confident in my ability to address medication management across all stages of the therapeutic process.

Depression: Consider the degree of confidence you have in assessing, creating goals, and planning/implementing interventions focused on decreasing risk factors of depression for the geriatric population.

- 5. I feel confident in my ability to address depression across all stages of the therapeutic process.
- 4. I feel somewhat confident in my ability to address depression across all stages of the therapeutic process.
- 3. I feel neutral about my ability to address depression across all stages of the therapeutic process.
- 2. I feel less confident in my ability to address depression across all stages of the therapeutic process.
- 1. I do not feel confident in my ability to address depression across all stages of the therapeutic process.

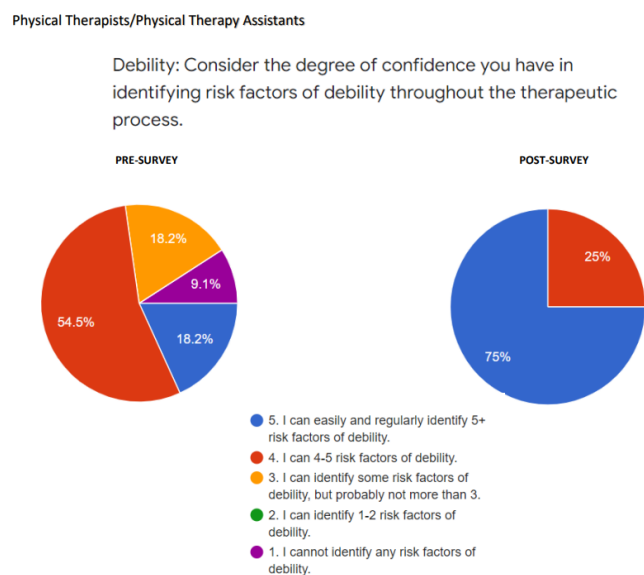
Please describe one area where this presentation has provided value for your on-going practice with the geriatric population.

## Appendix F

### Project Outcome Results

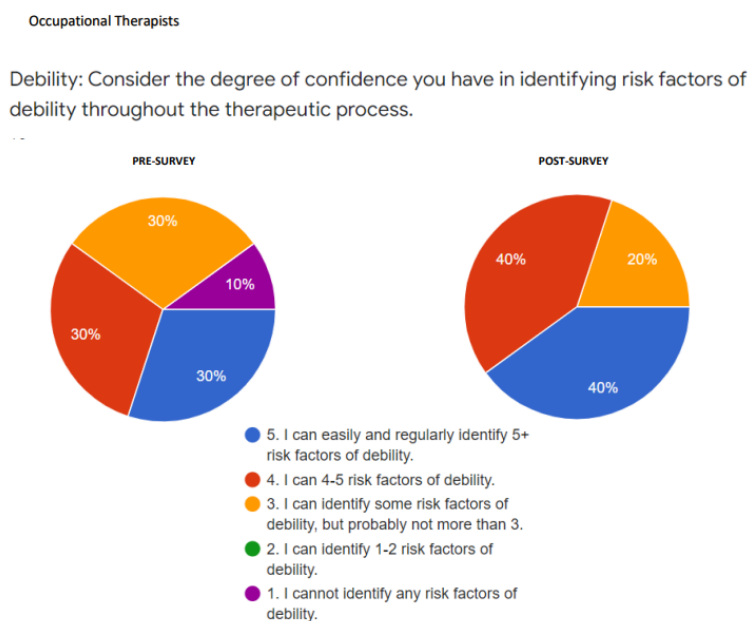
**Figure F1**

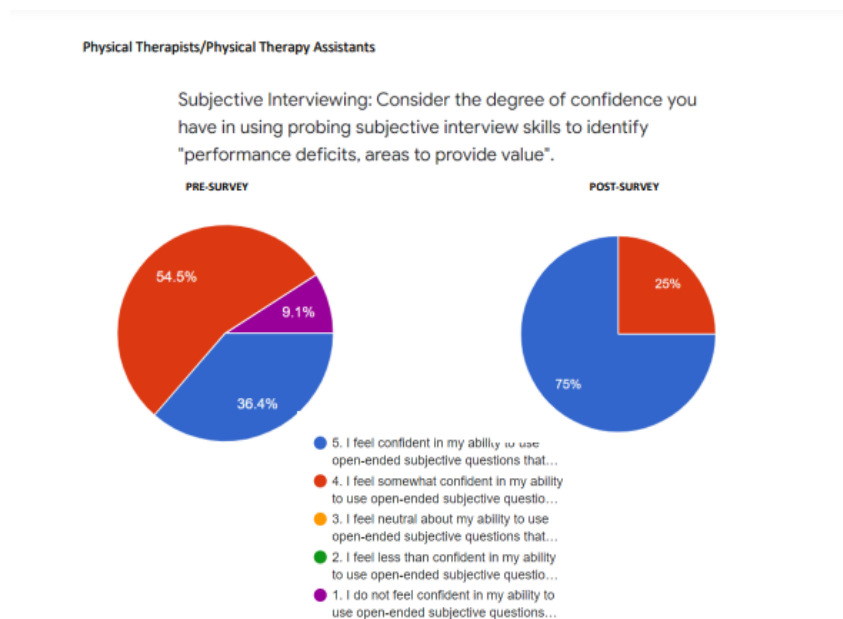
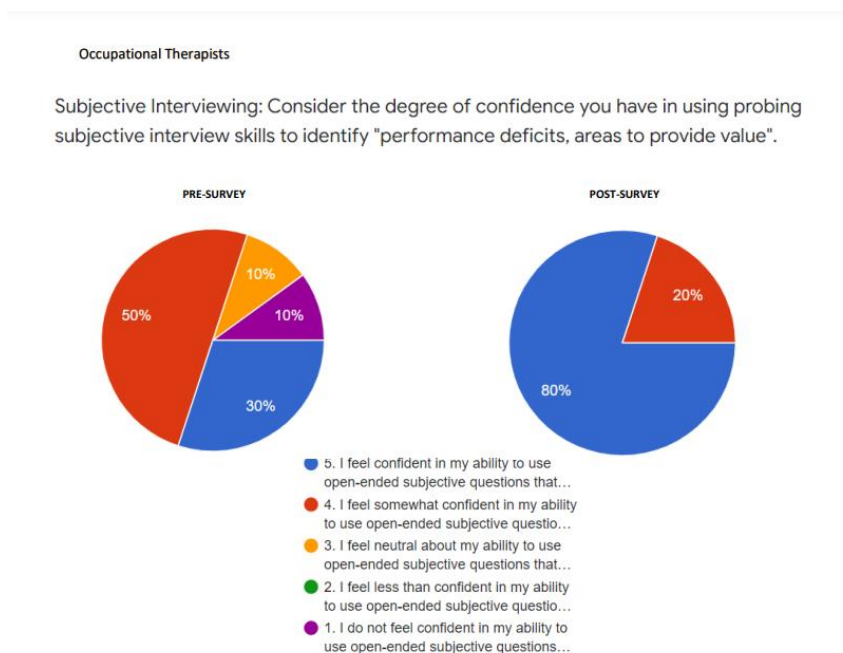
*Survey Item 1: PT Practitioners Pre-/Post- Response*



**Figure F2**

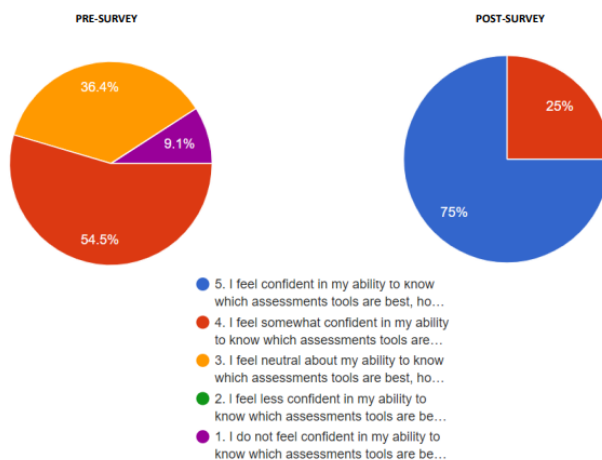
*Survey Item 1: OT Practitioners Pre-/Post- Response*



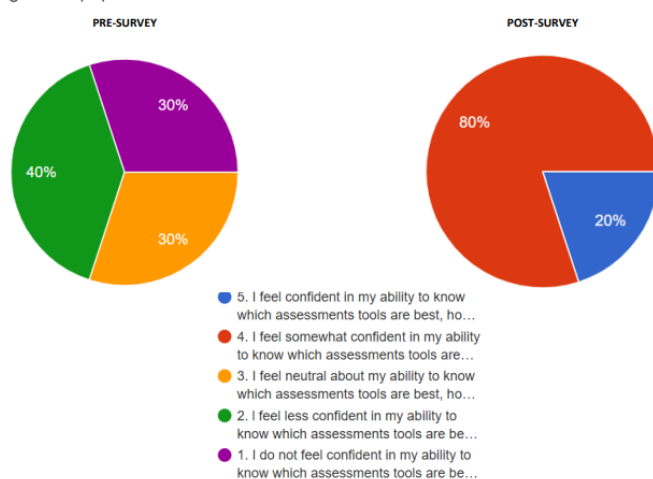
**Figure F3***Survey Item 2: PT Practitioners Pre-/Post- Response***Figure F4***Survey Item 2: OT Practitioners Pre-/Post- Response*

**Figure F5***Survey Item 3: PT Practitioners Pre-/Post- Response***Physical Therapists/Physical Therapy Assistants**

Assessment Tools: Consider the degree of confidence you have in selecting, accessing, and utilizing appropriate standardized outcome measures specific to the geriatric population.

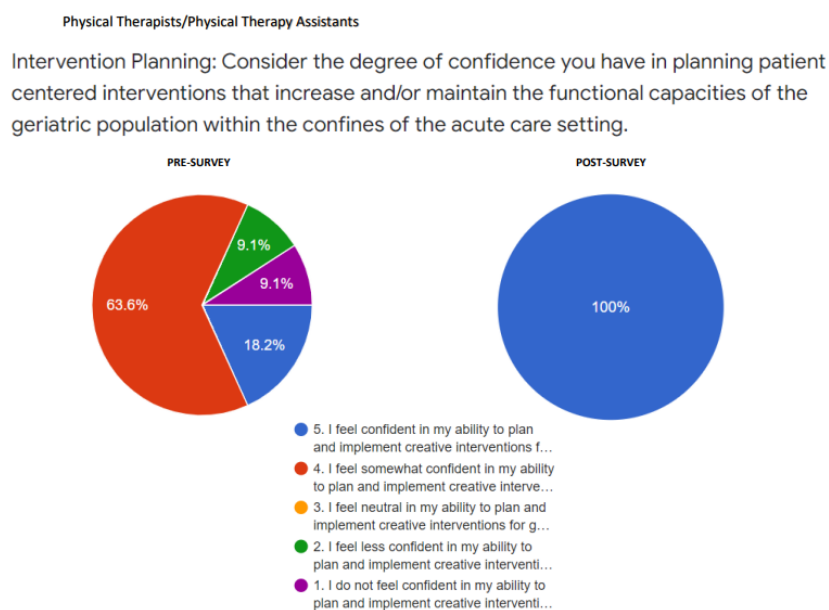
**Figure F6***Survey Item 3: OT Practitioners Pre-/Post- Response***Occupational Therapists**

Assessment Tools: Consider the degree of confidence you have in selecting, accessing, and utilizing appropriate standardized outcome measures specific to the geriatric population.

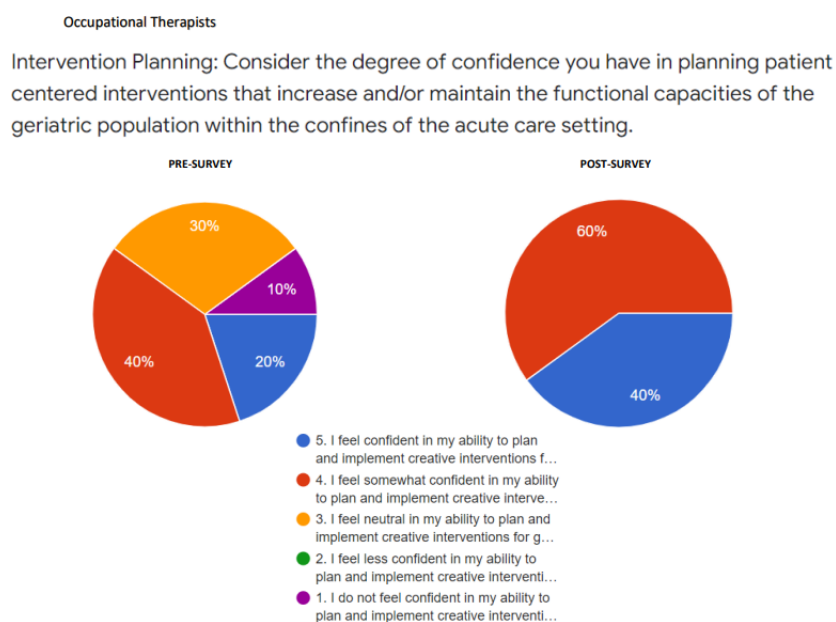


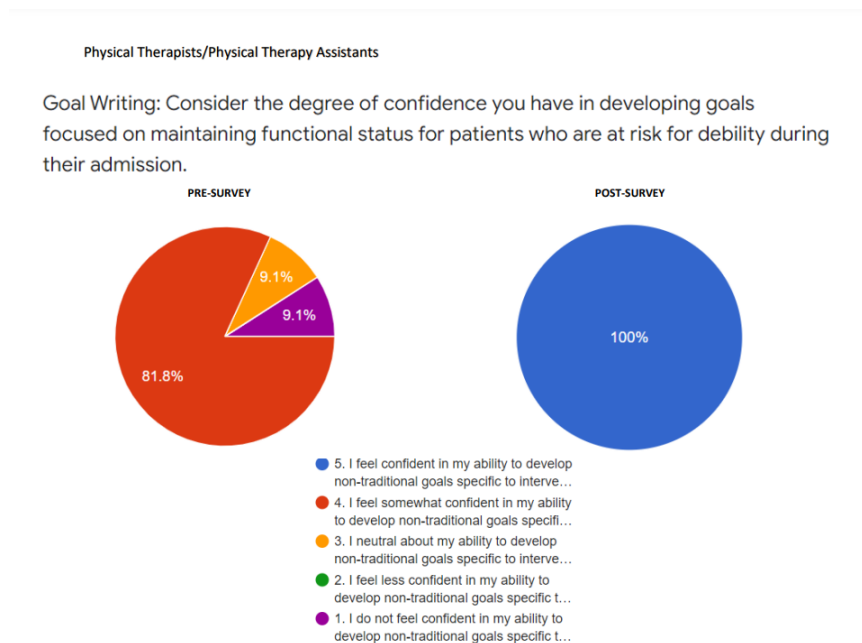
**Figure F7**

*Survey Item 4: PT Practitioners Pre-/Post- Response*

**Figure F8**

*Survey Item 4: OT Practitioners Pre-/Post- Response*

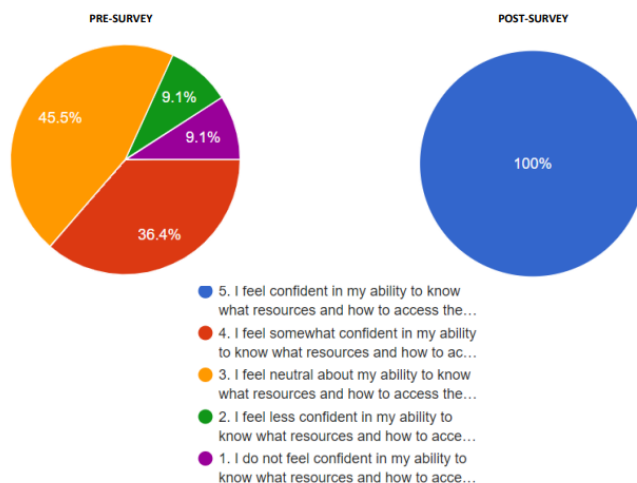


**Figure F9***Survey Item 5: PT Practitioners Pre-/Post- Response***Figure F10***Survey Item 5: OT Practitioners Pre-/Post- Response*

**Figure F11***Survey Item 6: PT Practitioners Pre-/Post- Response*

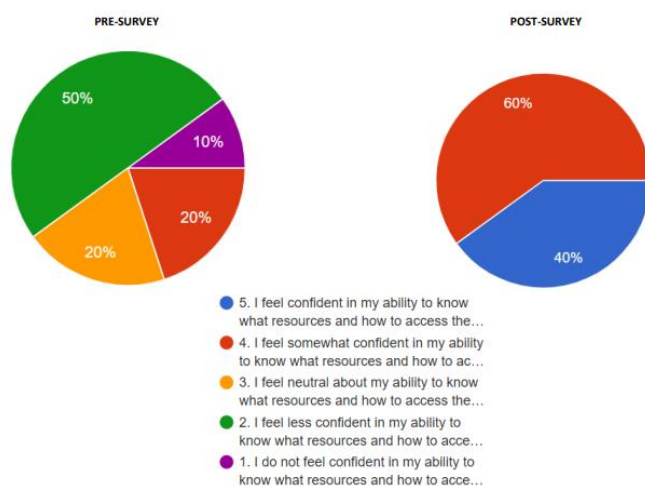
Physical Therapists/Physical Therapy Assistants

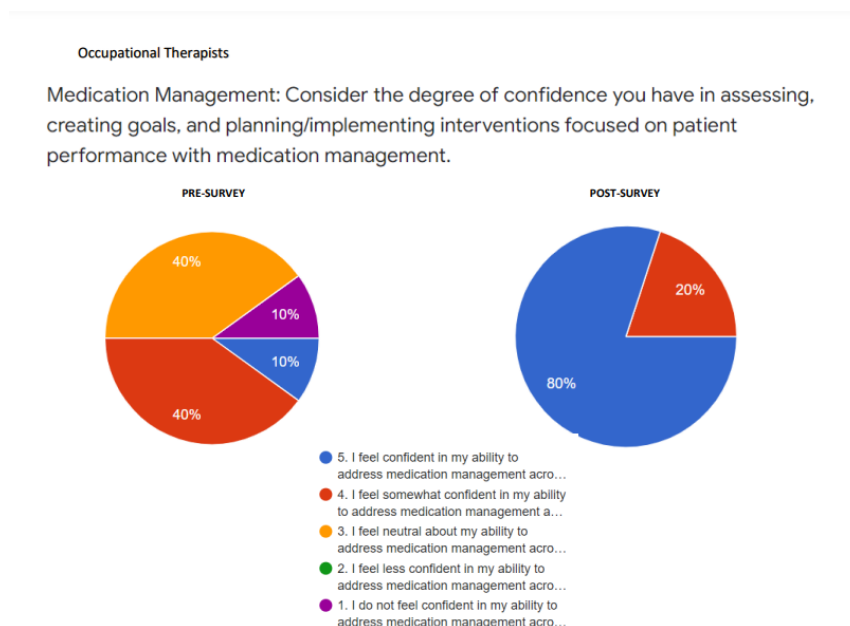
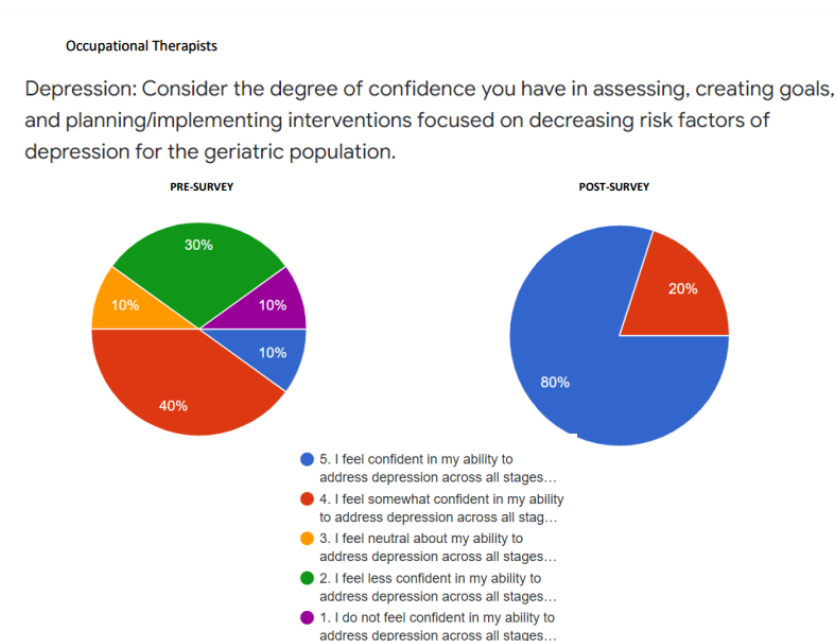
Resources: Consider the degree of confidence you have in accessing resources aimed to improve overall wellness and quality of life for the geriatric population.

**Figure F12***Survey Item 6: OT Practitioners Pre-/Post- Response*

Occupational Therapists

Resources: Consider the degree of confidence you have in accessing resources aimed to improve overall wellness and quality of life for the geriatric population.



**Figure F13***Survey Item 7: OT Practitioners Pre-/Post- Response***Figure F14***Survey Item 8: OT Practitioners Pre-/Post- Response*



## Figure F15

### *Survey Item 9: Post Survey Short-Answer Responses*

Please describe one area where this presentation has provided value for your on-going practice with the geriatric population.

<b>PT Ptactitioner Responses</b>
Continuation of care/follow up, creative goals
I learned additional ways to probe for information through my subjective history.
Resources to give patient's in their families for community wrap-around services.
Subjective questioning

<b>Occupatioanl Therapist Responses</b>
Gaining important information regarding the downward spiral of depression on the geriatric client.
Informative
I feel like I'm pretty comfortable discussing depression; however, after this presentation I am reminded of just how important it is to address with this patient population and incorporating more open-ended dialogue to address or reveal depressive episodes, ways to be pro-active to prevent depressive episodes, etc...
Like the interview questions and the example of goals
Goal in epic will be VERY helpful

**Appendix G**  
**Weekly Objectives Chart**

<b>Week</b>	<b>DCE Stage</b> (orientation, screening/evaluation, implementation, discontinuation, dissemination)	<b>Weekly Goal</b>	<b>Objectives</b>	<b>Tasks</b>	<b>Date complete</b>
<b>1</b>	<b>Orientation</b>	1) Meet with Rachel  2) Meet with Geriatrics Committee	1) Discuss plan for project completion, what day-to-day will look like  2) Discuss purpose of project, project goals, brainstorm ideas, thoughts from committee members	Update project goals  Schedule and prepare for geriatrics committee meeting  Consider progression of project  Identify what is available/what needs improvements	<b>01/14</b>
<b>2</b>	<b>Orientation</b>	1) Watch Brainy Health Lecture  2) Update literature on debility risk factors	1) Learn about cognitive changes in aging  2) Use up-to-date literature	Watch lecture  Review literature  Document new findings in paper	<b>01/21</b>
<b>3</b>	<b>Screening/Evaluation</b>	1) Meet with music therapy 2) Meet with pet therapy 3) Attend surgical symposium lecture on	1) Learn about the benefits of music therapy, what it looks like, how to order music therapy for patients	Set up meetings  Prepare for meetings  Go to meetings	<b>01/28</b>

		Geriatrics Care	2) Learn about the benefits of pet therapy, what it looks like, how to order pet therapy for patients 3) Learn about considerations of geriatrics care form trauma surgeon at Eskenazi	Write-out findings of meetings  Sign up to attend lecture  Watch lecture about geriatrics care	
4	Screening/Evaluation	1) Meet with Dr. Carr 2) Meet with case management 3) Meet with geriatrics committee	1) Discuss implications of project with trauma team, learn about the considerations of rehab from perspective of the trauma team 2) Learn about resources available for geriatric patients of variety of SES specific to the focus of debility risk factors 3) Discuss progress with project, results of meetings with other disciplines,	Set up meetings  Prepare for meetings  Go to meetings  Write-out findings of meetings	02/04

			and continued directions of projects		
<b>5</b>	<b>Implementation</b>	1) Comprehensive list of appropriate assessment tools 2) Trial assessment tools 3) Clinical Practice	1) Create a place where all assessment tools are available to all the therapists 2) Consider which assessments tools work well within confines of setting, patient population, and resources available 3) Continued advancement of clinical practice skills	Research and identify assessment tools for geriatric patients  Put all the assessment tools in one place with relevant information  Identify which assessment tools to trial & then trial them	<b>02/11</b>
<b>6</b>	<b>Implementation</b>	1) Comprehensive list of subjective interview questions 2) Trial interview questions in practice 3) Clinical practice	1) List of example subjective interview questions 2) Consider which interview questions work well within confines of setting, patient population, and	Research and identify questions for geriatric patients  Put all the interview question in one place with relevant information  Identify which patients to	<b>02/18</b>

			resources available 3) Continued advancement of clinical practice skills	trial questions on and then do it	
<b>7</b>	<b>Implementation</b>	1) Comprehensive list of goals 2) Clinical Practice 3) Goals smart phrase in EPIC 4) Midterm	1) Create a resource of example interventions to be used in this setting 2) Consider which goals work well within confines of setting, patient population, and resources available 3) Easy to access goals 4) Complete midterm	Identify which areas goals need to be made for Write goals  Put all goals in one place with relevant information  Use goals in practice  Make smart phrase with goals  Complete midterm and go over it	<b>02/25</b>
<b>8</b>	<b>Implementation</b>	1) Comprehensive list of interventions 2) Trial Interventions in practice 3) Meet with geriatrics committee 4) Clinical Practice	1) Create a place where all intervention ideas are available to all the therapists 2) Consider which interventions work well within confines of setting, patient population,	Identify which areas need intervention ideas  Come up with intervention ideas  Put all interventions in one place with relevant information	<b>03/04</b>

			and resources available 3) Continued advancement of clinical practice skills	Use interventions in practice	
<b>9</b>	<b>Implementation</b>	1) Edit resources 2) Create new resources 3) Place resources on learning home page in EPIC 4) Clinical Practice	Create a place where all resources are available to all the therapists Make the resources easily accessible Continued advancement of clinical practice skills	Identify which areas patients could benefit from education  Create resources Put in ticket to request resources be placed on EPIC systems  Use resources in practice	<b>03/11</b>
<b>10</b>	<b>Discontinuation</b>	1) Combine all resources 2) Put resources in shared drive 3) Paper	1) Begin wrapping up project 2) Make sure all materials are available to the therapists 3) Work on paper	Collect all the resources together  Place all resources in the shared drive  Work on paper	<b>03/18</b>
<b>11</b>	<b>Discontinuation</b>	1) Work on presentation 2) Send our pre-survey	1) Start preparing for dissemination	Create PowerPoint  Start organizing information	<b>03/25</b>

			2) Get pre-survey responses	to place on PowerPoint  Create presentation outline  Create survey  Email survey out to therapists	
<b>12</b>	<b>Dissemination</b>	1) Prepare for presentation	1) Continue getting prepared for dissemination	Finish slides  Create additional presentation material	<b>04/01</b>
<b>13</b>	<b>Dissemination</b>	1) Prepare for dissemination 2) Give presentation 3) Send out post survey	1) Practice presentation 2) Complete dissemination 3) Send out survey for data collection	Practice presenting presentation materials and accessing technology  Give presentation  Create post-survey items  Send out post-survey	<b>04/08</b>
<b>14</b>	<b>Dissemination</b>	1) Collect project outcomes 2) Translate all materials to site 3) Final	1) Reflect on survey responses 2) Provide all materials to capstone mentor for further use 3) Complete final	Work on project outcomes section of paper  Wrap up all materials to be provided to site	<b>04/15</b>

				Complete final and go over it	
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**Doctoral Capstone Experience and Project Weekly Planning Guide**