



Getting A *Life*

Weight training an effective way to improve strength, mobility, and,

THE WEIGHT-TRAINING program at St. Ann's Community, a private, not-for-profit nursing facility in Rochester, N.Y., started as a simple response to one person's need.

Mr. A, 78, had suffered a stroke that left him with right-sided weakness and a resulting decline in his ability to walk, transfer, dress, bathe, and toilet himself. Following hospitalization, he was admitted to the Home Connection, St. Ann's adult day health center, which provided him with day-time skilled nursing services, rehabilitation, health and medical services, meals, social work counseling, recreation, and transportation to and from his home.

Mr. A was evaluated by St. Ann's licensed physical therapist (PT) and occupational therapist (OT) and completed an eight-week restorative therapy program. Measurable outcomes included supervised ambulation with a cane, minor assistance of one person to use the toilet and transfer, and the ability to feed himself with use of adaptive devices.

At the completion of his eight-week restorative program, St. Ann's therapists told Mr. A that he had reached his potential and would soon be discharged from the formal therapy program. Mr. A did not want his therapy to end because he had hoped he would

return to the way he was before his stroke—an active retiree who could walk, drive, garden, and have control of his life. The Home Connection staff respected that need, and a new idea was born.

EXERCISE EQUIPMENT FOR MINI GYM

- Weighted pulleys.
- Unweighted overhead pulleys.
- Restorator bikes that attach to chairs.
- Wrist and ankle weights on a peg board. Wrist and ankle weight wands made from sawed-off canes.
- Wheeled storage cart holding stress balls, fine-motor exercise equipment.
- Mirror to let patient observe exercises.
- Grab bars on hallway walls to facilitate structured walks and lower-extremity exercises.

Source: St. Ann's Community, Rochester, N.Y.

How Weight Training Can Help

Rehabilitation is a recovery or adaptation process that helps an individual suffering from a disabling or functionally limiting condition to regain or maximize functioning, independence, and restoration, say Kristen Easton and Thomas Eoyang in their book, "Gerontological Rehabilitation Nursing."

If physical weakness is hampering mobility in the elderly, then weight training may be the best solution,

according to Maria Fiatarone, MD, of Harvard Medical School's division on aging. Fiatarone's team conducted a study to gauge how weight training would affect nursing facility residents in their 90s. Those chosen for the study were no healthier than other residents in the facility of similar age. The team found that subjects following the training regimen registered increases in leg strength, muscle mass, and mobility after eight weeks on the program.

Older adults with chronic diseases are particularly susceptible to the consequences of inactivity. When dealing with stroke victims, exercise programs must include goals that prevent complications of prolonged inactivity and improve overall physical performance through conditioning exercises that increase functional capacity, say Dunkle and Schmidley in their book "Strokes in the Elderly" (Springer, N.Y., 1987). Many stroke victims meet their goals during formal restorative rehabilitation programs but decline in the months and years that follow due to inactivity, the authors say.

Health care professionals must take risks and develop innovative approaches that respect individuals' needs to feel productive and prevent decline, according to practitioners of a national movement known as the Pioneer Network. Staff at Home Connection agree with the Pioneer values.

At the time of Mr. A's admission to



This article is part of a series of periodic articles written for Provider by members of the Pioneer Network, established in 2000 to serve the culture-change movement in elder services.

From Lifting

im ately independent forever every old and frail adults.

the Home Connection program, the adult day health center was open 10 hours a day from Monday through Friday. A team of skilled geriatric professionals—including nurses, dietitians, social workers, and recreational and rehabilitation therapists—worked closely with family caregivers and participants to develop a plan to meet each person’s health care needs, personal goals, and requirements.

Following Mr. A’s request in 1991, the Home Connection team of registered nurses (RNs), certified nurse assistants (CNAs), and PT and OT staff started a supervised, progressive weight-training and walking program for older adults and persons with disabilities enrolled in the center.

With Mr. A’s approval and input, a team that included an RN, PT, OT, CNA, social worker, and recreational therapist developed an individualized weight-training and “walking club” program for him. Under the direction of St. Ann’s rehabilitation department, nursing staff were trained to work with him and document his progress.

The Program Today

St. Ann’s nursing rehabilitation program uses both resistive exercises and a walking program. Resistance exercises are performed when muscles are contracted against a resistance greater than the muscle is accustomed to. Weight-training programs commonly use this form of exercise. The walking program

is conducted inside the building in hallways with grab bars. Whenever possible participants walk outside on a one-mile nature trail. The walking builds endurance, while the weight training increases strength and func-

OUTCOMES OF MR. A’S GYM PROGRAM

- Increased strength as documented by his ability to lift heavier weights.
- Enjoyment in life as expressed by more smiles and laughter.
- Increased appetite with a 10-pound weight gain.
- Improved sleep patterns as reported by family.
- Greater comfort levels as evidenced by fewer complaints of pain.
- Improved ability to walk independently.
- Participation in group exercises.
- Higher satisfaction levels expressed by the participant and his two daughters.
- Greater acceptance of his remaining strengths.

Source: St. Ann’s Community, Rochester, N.Y.

tion for participants. A daily music and exercise group complements the individualized weight-training program.

To create a gym for the weight-training part of the program, St. Ann’s Home Connection staff decided to use existing space that was part of a large “quiet room.” Using a room divider to block out noise, staff sectioned off an eight-ft. by 14-ft. area for the gym.

When the area was not in use, the room was opened up to accommodate larger groups. PT and OT staff advised the day center staff on necessary equipment. Because the room looked like a small exercise gym, it was named the Mini Gym. Exercise equipment was placed in the room (*see table, page 38*), and staff added posters and a bulletin board to bring color and inspiration and music and headphones for personal enjoyment.

Referrals Grow

Based on Home Connection’s success with Mr. A, the facility expanded the program and developed a referral process. Participants are initially referred to rehabilitation services for evaluation and treatment as indicated by order of a physician.

Once rehabilitation goals have been achieved or maximum benefit reached from a formal PT and OT program, a St. Ann’s nurse refers the individual to the rehabilitation department. After reviewing the person’s chart for medical and social history, the therapist performs a standard evaluation that includes range of motion, manual muscle strength, balance, transfer, ambulation, and endurance. The therapist

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incorporates the results of this assessment into each participant's stated goals and wishes and creates a Mini Gym program. The program is designed to increase intensity or effort as tolerated. Therapists accomplish this by recommending specific progression in ambulation distances and

frequencies and through progressive resistive exercises.

As the Mini Gym program grew, nursing staff looked at ways to improve documentation of measurable outcomes and progress. The RN developed individualized log sheets that were placed in the Mini Gym three-

ring binder along with the therapist's instructions for CNAs. The log sheet shows the name of participant, attendance record, recommended exercises, performance, response and progression, instructions for ambulation, and calendar boxes for staff initials. The RN also documents a quarterly note in the participant's medical chart.

Nursing staff who conduct the program are cross-trained and given an annual review. Training includes the benefits of a resistive exercise and walking program, the referral process, demonstration of equipment usage, explanation and demonstration of exercises on printed handouts, and review of transfer and ambulation techniques with all mobility equipment. Providers train staff as needed and encourage them to contact the therapy department with questions and concerns.

Outcomes And Benefits

Both nursing staff and Mr. A felt a sense of accomplishment with the outcomes of his weight-training program. Prior to the program, Mr. A had been depressed and frustrated. He had difficulty sleeping and had lost his appetite. He refused to participate in group activities. Following his weight-training program, Mr. A showed measurable improvements, including expressed satisfaction, dignity, and independence (*see table, page 37*)

Besides improving the quality of life of participants, the gym has become a marketing tool.

When a 90-year-old gentleman toured Home Connection, he observed several participants as they lifted weights. He quickly told his son, "Sign me up!" ■

For More Information

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■ For additional information on the Pioneer Network, visit www.pioneernetwork.net.