

Geriatric rehabilitation: what place and what perspectives?

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received : 28 January 2022

accepted: 18 March 2022

ISSN: 2823-989X

DOI: 10.52057/erj.v2i1.14

By 2030, it is estimated that around 25% of the European population will be over 60 years old. The most marked increase is expected during the period 2015-2035, when the baby boom generation will retire. The proportion of over 80s is expected to almost triple to represent 12% of the total EU population [1].

Despite this demographic revolution, geriatric rehabilitation is not sufficiently recognized and well-defined. There is no international consensus about concerned population, about aims or practice specificity. For this reason, everybody continues to define geriatric rehabilitation with chronologic age of patients, and others argue that it must be linked to geriatrics medicine or even to physical and rehabilitation medicine. This loss of precision in the definitions does not facilitate the development of this discipline that has a major place in our health system.

On one side, persons show a successful aging [2]. Successful aging has developed into a critical term for defining the standard of aging. The definition evolved from a biomedical perspective to include a broader view of late-life cultural and mental adjustment mechanisms. Physiological aging is accompanied by adaptation and compensation phenomena allowing the individual to maintain functions similar to those of young adults as long as they do not require excessive performance [3]. These adaptation possibilities are linked to the importance of individual resources and, in the case of motor functions, appear to be largely influenced by the quality of motor learning.

On the other side, some people present with a frailty state that results in a decline in many physiological systems, leading to increased vulnerability to loss of function.

Decompensation of a function occurs in the elderly under the influence of a precipitating factor, consequently exceeding the adaptive possibilities of the subject due to reduced functional reserves. The entry into the loss of physical autonomy constitutes the major risk of the decompensation of motor functions. Thus, elderly people with pre-existing fragility may be exposed to dependence even by a minimal triggering factor, which would play a revealing role.

These phenomena, which are fully characteristic of the elderly, lead to a re-education approach proposed to them mainly to explore new compensations skills rather than attempting to improve or strengthen functional performance. Specially in a context where the latter is often irreversibly impaired. Finally, others persons show pathological aging creating situations of dependence. Professionals of geriatric rehabilitation have a role to play in these three situations. They help keeping persons

healthy, help preventing the loss of capacity that can occur, and also they accompany and help stabilizing people with comorbidities who have already entered into dependence.

Training professionals in evidence-based practice (EBP) is one of the essential levers to meet this enormous challenge. Evidence-based practice is the explicit use of current best evidence in making decisions about the care of individual patients and is a concept of growing importance for physiotherapy. Research allows developing knowledge on aging that are necessary to enhance practice quality (effects of aging on motor control, compensation process...).

It seems to me that three areas have been prioritized to date: prevention, specificity of rehabilitation in pathological aging and research. These three axes share the need to move away from a purely nosological vision, which describes diseases to consider functional notions such as intrinsic capacities recently taken up by the WHO to explain frailty. The geriatric physiotherapy approach is not a medical approach. The complexity of the intricacy between the effects of aging and the signs that often belong to multiple diseases, requires the clinician to carry out a precise assessment of motor functions and to make an informed choice of techniques and objectives. The representation that our societies have of old age oscillates between the image of the respectable old person and that of the burden on the community. It is necessary to change society's 'perspective and get out of worn-out and fatalistic representations. The rehabilitation of the elderly is still too often imbued with fatalism and the sole criterion of age constitutes a barrier to dynamic management. It is important to abandon this state of mind in order to offer elderly subjects, whether very old or frail, a quality rehabilitation adapted to their condition, aimed at maintaining functional capacities which prevent them from losing their autonomy, along with serious human and economic consequences [4]. The key word in all of this is undoubtedly adaptation in a system has moved forward and will move further.

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