

Evaluation Strategies for Patients with Dementia
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Physical Therapists and Physical Therapist Assistants are able to effectively evaluate and treat patients with dementia through the integration of our creativity, flexibility, and medical knowledge. However, rehabilitation services being provided to patients with dementia are reviewed very closely by Medicare intermediaries. It is critical that our evaluations are as objective and comprehensive as possible. The use of functional tools can be successfully completed when specific strategies are incorporated into the evaluation process.

Prior Level of Function

The patient's prior level of function includes his or her mobility, ADL's, cognition, communication abilities, and some details about their daily schedule. When collecting prior level of function data, contact the patient's primary caregiver early in the process for a more complete picture. It is critical to ask specific questions about the patient's prior cognitive status. This will help indicate acute cognitive changes such as delirium, depression, or normal pressure hydrocephalus. While you are speaking with the primary caregiver/family member, you can request consent for treatment, discuss any safety concerns, and ask about some of the patient's life story details to use to connect with the patient during the evaluation process.

The Chart Review:

When reviewing the chart, specific medical, nutritional, and behavioral issues should be addressed. Medical information should include specifics on the diagnosis of dementia, duration of illness, type of dementia, and any work ups that have been completed. Make note of any high risk medications such as narcotic pain medications and psychotropics.

Nutritional data should include documentation of recent aspiration pneumonia, weight loss, malnutrition, or dehydration. Behavioral issues should include safety issues, including the presence of sensory impairments such as vision or hearing loss, behavioral issues such as fear, anxiety, or agitation, and if physical or chemical restraints are being used.

Approach Strategies for Evaluation:

It is very helpful to perform the initial evaluation in a quiet environment with minimal distractions. Establish rapport first through use of the patient's life story information, such as talking about their home town, previous career, family, or hobbies. Once rapport has been established, proceed with familiar and functional tasks, going with the flow of what the patient appears to want to do. Gradually incorporate each part of the evaluation and functional tool into the process for a comprehensive evaluation.

Communication Abilities:

Early in the evaluation process, determine what the patient's abilities are for communication and following commands. Many patients with dementia have significant impairments with following verbal instructions, but do well with the use of visual and manual cues. Medicare reviewers look for documentation of this to indicate whether or not the patient will be able to participate with Physical Therapy.

Range of Motion and Strength:

Evaluation of ROM and Strength can be initially performed by observing antigravity movements during mobility tasks. Once the patient is comfortable with you, goniometric measurements and muscle testing can be performed by utilizing your knowledge of the patient's communication abilities.

Pain:

It is very important to accurately assess pain due to the effects it has on the patient's behavior, mobility, nutrition, and overall quality of life. Many patients with dementia express pain through agitation and are inappropriately medicated. Nonverbal signs of pain, such as facial expressions, grimaces, wincing, and apparent tenderness to palpation are critical to assess. The 1-10 pain scale has been validated for use with patients with mild to moderate dementia. The *Discomfort Scale for Dementia of the Alzheimer's Type* or DS-DAT can be utilized for objective measurements of pain for patients with late stage dementia or who have difficulty communicating their pain. When using this scale, the patient is observed for five minutes for frequency, duration, and intensity of specific behavioral indicators of pain. (This scale is available at the GREAT seminars website at www.greatseminarsandbooks.com, click on Tips on the left, choose Tip # 11)

Balance:

There are numerous functional tools for the assessment of balance that can be performed with this population successfully. It is helpful to allow plenty of rest between challenging tasks. Monitor closely for fear and reassure the patient with verbal and non-verbal communication, include reassuring touch, and give a purpose for the task. Patients with dementia may become anxious if they are told they are being tested or if you document on a paper in front of them. Incorporating as many of the components of the functional tool into a familiar task can decrease this anxiety. Any components that remain to be completed can be done as an "exercise". For example, standing on one leg with music playing, with the therapist performing the task along with the patient. For higher

level patients, the Berg Balance Test can easily indicate fall risk for the ambulatory patient. The Tinetti Assessment Tool is an excellent tool for patients with dementia because it is easily incorporated into the evaluation of mobility. Both the one legged stance test and the functional reach test are very quick and easy to perform during the evaluation, with plenty of visual cues and reassurance.

Gait and Mobility:

Including as much objective data in our evaluation of gait and mobility as possible will then enable therapists to clearly document progress in our primary area of specialty. Consider using the Gait Assessment Rating Scale or GARS for patients who ambulate without a device. In addition, timing how long it takes to ambulate a functional distance or perform a transfer is pertinent objective data. Car transfers and toilet transfers are very important to assess with patients with dementia, as they frequently have difficulty with these complex mobility tasks. Deficits with these tasks may be limiting factors for the patient remaining in the community with family. Clear documentation of the specific cues and approaches required to assist the patient with mobility tasks is important with this population.

Utilizing functional tools for evaluation of patients with dementia will enable the therapist to clearly document a significant change in function and provide an objective baseline for documenting progress with physical therapy treatment.

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