

**Physiotherapy in Geriatrics**

Code: 102975  
ECTS Credits: 6

Degree	Type	Year	Semester
2500892 Physiotherapy	OB	3	1

The proposed teaching and assessment methodology that appear in the guide may be subject to changes as a result of the restrictions to face-to-face class attendance imposed by the health authorities.

**Contact**

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**Use of Languages**

Principal working language: catalan (cat)  
Some groups entirely in English: No  
Some groups entirely in Catalan: Yes  
Some groups entirely in Spanish: No

**Teachers**

Montserrat Grau Pellicer

**Prerequisites**

There are no prerequisites for enrollment. The teaching team recommends having completed and obtaining the first subjects and according to physiotherapy course.

**Objectives and Contextualisation**

Knowledge of the physiotherapy bases in geriatrics to attend (treat) to geriatric patients from one integral vision.

Understanding and basic management of the main geriatric syndromes and diseases that can influence the process of physiotherapy.

In the current context, the knowledge of physiotherapy in geriatrics is necessary, due to the increase of the life expectancy that partly

involves a high prevalence of chronic diseases and disabilities.

**Competences**

- Act with ethical responsibility and respect for fundamental rights and duties, diversity and democratic values.
- Apply quality-assurance mechanisms in physiotherapy practice, in accordance with the recognised and validated criteria.
- Design the physiotherapy intervention plan in accordance with the criteria of appropriateness, validity and efficiency.
- Display knowledge of the morphology, physiology, pathology and conduct of both healthy and sick people, in the natural and social environment.

- Display knowledge of the physiotherapy methods, procedures and interventions in clinical therapeutics.
- Evaluate the functional state of the patient, considering the physical, psychological and social aspects.
- Express ideas fluently, coherently and correctly, both orally and in writing.
- Integrate, through clinical experience, the ethical and professional values, knowledge, skills and attitudes of physiotherapy, in order to resolve specific clinical cases in the hospital and non-hospital environments, and primary and community care.
- Make changes to methods and processes in the area of knowledge in order to provide innovative responses to society's needs and demands.
- Make the most correct decisions in given situations.
- Participate in drawing up physiotherapy protocols on the basis of scientific evidence, and promote professional activities that facilitate physiotherapy research.
- Solve problems.
- Take sex- or gender-based inequalities into consideration when operating within one's own area of knowledge.
- Work in teams.

## Learning Outcomes

1. Analyse a situation and identify its points for improvement.
2. Analyse the sex- or gender-based inequalities and the gender biases present in one's own area of knowledge.
3. Apply suitable physiotherapy assessment procedures in geriatrics, in order to determine the degree of damage and its possible functional repercussions.
4. Apply the basic physiotherapy methods, procedures and interventions to the different clinical specialisations that treat typical conditions in geriatrics.
5. Communicate using language that is not sexist.
6. Consider how gender stereotypes and roles impinge on the exercise of the profession.
7. Critically analyse the principles, values and procedures that govern the exercise of the profession.
8. Describe and analyse the evidence-based physiotherapy protocols for geriatric disorders.
9. Describe and analyse the quality-assurance mechanisms of physiotherapy in geriatrics.
10. Describe the injuries and diseases in geriatrics, identifying the symptoms that appear during the process, their etiology and the associated medical, surgical and rehabilitation treatments.
11. Describe the principles behind assessment in geriatrics.
12. Design therapeutic exercises and activities for geriatric diseases and injuries.
13. Explain the explicit or implicit code of practice of one's own area of knowledge.
14. Express ideas fluently, coherently and correctly, both orally and in writing.
15. Identify situations in which a change or improvement is needed.
16. Identify the principal forms of sex- or gender-based inequality present in society.
17. Make the most correct decisions in given situations.
18. Propose new methods or well-founded alternative solutions.
19. Propose new ways to measure success or failure when implementing innovative proposals or ideas.
20. Propose projects and actions in accordance with the principles of ethical responsibility and respect for fundamental rights, diversity and democratic values.
21. Propose projects and actions that incorporate the gender perspective.
22. Solve problems.
23. Use physiotherapy to treat clinical cases involving geriatric conditions.
24. Weigh up the impact of any long- or short-term difficulty, harm or discrimination that could be caused to certain persons or groups by the actions or projects.
25. Weigh up the risks and opportunities of suggestions for improvement: one's own and those of others.
26. Work in teams.

## Content

- Geriatrics and gerontology. Historic antecedents Profiles of elderly patients.
- Demographics and epidemiology of aging.
- Physiological changes associated with aging in organs and systems.

- Psychological changes and social characteristics of the elderly population.
- Fragility: concept and evaluation.
- Theories of aging: concepts of chronological and biological age.
- Integral geriatric evaluation (I): Concept and definition. Elements and basic principles of the evaluation geriatric The medical evaluation. Geriatric clinical history.
- Geriatric evaluation (II): Functional capacity, concept, meaning and evaluation tools. The state mental (cognitive and emotional), concept and instruments of evaluation.
- Social evaluation and its meaning.
- Communication with the elderly and family patient.
- Teamwork in geriatrics and gerontology. Interdisciplinary team
- Prevention in geriatrics. Healthy aging concept. Vaccines
- Physical activity benefits and prevention.
- General principles of rehabilitation in geriatrics. Factors of functional recovery prognosis.
- Healthcare levels of rehabilitation.
- Strategies to improve the detection and treatment of pain.
- Most common diseases in elderly patients.
- Geriatric syndromes

1. - Immobility syndrome. Pathophysiological consequences of the thinning. Complications of the immobility.

2. - Pressure ulcers. Risk assessment Medical aspects of prevention and treatment.

3. - Urinary incontinence in the elderly population. Type of incontinence.

4. - Nutrition in the elderly. Anorexia in the elderly.

5. - Basic principles of pharmacology adapted to the elderly patient. Polypharmacy.

6. - Stretch.

7. - Infections

8. - Delirium or acute confusion syndrome. Definition, clinical aspects, predisposing factors and factors precipitators, handling, treatment and evolution.

9. - Dementia.

10. - Depression in the elderly: clinical and diagnostic aspects. Treatment with pharmacological measures and not pharmacological

Depression and chronic diseases.

- Disorders of the progress in the elderly: changes in the course associated with aging. Causes of disorders of the march. Balance.

- Psychomotor activity.
- Falls: epidemiology, causes and consequences. Causes risk factors. Evaluation of the elderly with falls. Intervention and prevention.
- The geriatric illness in terminal situation: definition and criteria and attitudes. Down syndrome.
- Support products and the environment.
- Ethical aspects in the geriatric patient.
- Abuse and abuse in the elderly.

## Methodology

Teaching is based on theoretical classes and seminars

Annotation: Within the schedule set by the centre or degree programme, 15 minutes of one class will be reserved for students to evaluate their lecturers and their courses or modules through questionnaires.

## Activities

Title	Hours	ECTS	Learning Outcomes
Type: Directed			
CLASSROOM PRACTICES (PAUL)	15	0.6	3, 9, 8, 10, 12, 14, 17, 23, 22, 26
THEORY (TE)	30	1.2	4, 3, 9, 8, 11, 10, 12, 23
Type: Autonomous			
SELF-STUDY	70	2.8	4, 3, 9, 8, 10, 12, 23
works delivery	34	1.36	4, 9, 8, 10, 14, 26

## Assessment

The written test will last for an hour and will be a multiple answer test with 40 questions (4 options for question with penalty incorrect answer -0.25).

Minimum grade to approve 5 out of 10. Examination date January 2019. (50%)

Continuous assessment will be done by reviewing both written and individual written work. And the participation in the seminars. Minimum grade to approve 5 out of 10. (40%)

Attendance at 100% of the classes during the course will be 10, between 80% -90% will be a 9, and attendance below 80% will be 0. (10%)

Art 116.8. When it is considered that the student has not been able to provide sufficient evidences of evaluation in the act it is will assign this subject as not evaluable.

For students who do not pass the subject, a recovery test will be scheduled according to the calendar.

## Assessment Activities

Title	Weighting	Hours	ECTS	Learning Outcomes
Attendance and active participation in class and in seminars	10%	0	0	7, 2, 1, 4, 3, 5, 9, 8, 11, 10, 12, 13, 14, 16, 15, 25, 17, 18, 19, 20, 21, 23, 22, 26, 6, 24
Narrative records:portfolio	40%	0	0	4, 3, 9, 8, 11, 10, 12, 14, 17, 23, 22, 26
Written assessments with objective tests: multiple choice tests	50%	1	0.04	4, 9, 8, 11, 10, 17, 23, 22

## Bibliography

1. Guillén Llera F, Pérez del Molino J, Petidier Torregrossa R. Síndromes y cuidados en el paciente geriátrico. 2ªed. Elsevier Masson, S.A. Barcelona, 2008.
2. Sociedad Española de Geriatria y Gerontología. Tratado de Geriatria para Residentes. Eds : International Marketing & Communication, S.A. Madrid 2006.

(disponible gratuito en [www.segg.es/tratadogeriatria/index.html](http://www.segg.es/tratadogeriatria/index.html))

1. Rebelatto, Jose Rubens Da, Fisioterapia en geriatría. Interamericana. Mc Graw-Hill. Madrid 2005.
2. Montagut, F / Flotats G. Rehabilitación domiciliaria: principios e indicaciones y programas terapéuticos. Masson. Barcelona 2005.
3. Dotte, Paul. Método de movilización de los pacientes. Masson. Barcelona 2010.
4. [www.segg.es](http://www.segg.es) (Sociedad Española de Geriatría y Gerontología)
5. [www.americangeriatrics.org](http://www.americangeriatrics.org) (American Geriatrics Society)
6. [www.fisioterapeutes.com](http://www.fisioterapeutes.com)

## **Software**

there's no need specific software