

ASSISTING PATIENTS IN THEIR ACTIVITIES OF DAILY LIVING

Abstract:

Meeting the activity of daily living needs of patients and ensuring these needs are met is a primary role of the health care professional. Assessment of a patient's physiological needs is the first step to identifying any deficits in functioning that need to be supported. Using Maslow's hierarchy of needs, the basic activity of daily living needs can be determined during the patient assessment. While some patients can attend to most of their daily living needs, others will require routine assistance. In addition, some patients will not be able to feed themselves and they may be at risk of aspiration. Assisting a patient with food and fluid intake are essential to patient health and quality of living, and often patients need help to take medication. Assisting patients in their activity of daily living skills also includes encouraging them to remain physically active and to stay independent.

Learning Objectives:

1. Identify elements of the patient assessment using Maslow's hierarchy of needs, or a variation of it.
2. Describe how the health care professional would assist patients in the general areas of personal hygiene, nutrition, and safety.
3. Explain care for patients who self-administer medications.

Introduction

The provision of a patient's daily needs is one of the most important functions performed by health care professionals in hospitals, nursing homes, and through a home aid service. These needs may be basic or more involved and complicated. Some patients only require minimal help with their daily needs, such as assistance with a dressing change. Others cannot do any activities of daily living without assistance. Every patient, however, will require some help to perform self-care, and the health care professional is expected to determine a patient's daily needs and ensure that these needs are met.

Patient Assessment

The first step in identifying how to assist patients with their daily needs is to perform a patient assessment. A helpful way to do an assessment is to use Maslow's *hierarchy of needs*.

Abraham Maslow was a psychologist who believed that human needs could be viewed along a continuum of simple to complex needs. There are basic needs for health and survival, more sophisticated emotional and psychological needs, and *higher* needs, such as the need for love and companionship. Emotional needs and higher needs cannot be satisfied if basic needs for food, shelter, and sleep are unfulfilled.

Assessment of physiological needs should begin with a measurement of a patient's temperature, pulse, respirations, and blood pressure. This assesses a patient's physiological stability and identifies any deficits that should be addressed. The next step is a basic assessment of a patient's neurological status. A patient's nutritional and fluid status, any problems with elimination, and the adequacy of the patient's sleep patterns are completed. The health care professional should determine what medical issues a patient has, what prescription and over-the-counter medications they are taking, and what therapies they are currently receiving.

An assessment of self-care should include the health care professional's evaluation of how well a patient can perform activities of daily living, such as ambulating, bathing or self-hygiene, dressing, eating, and if applicable, medication self-administration.

Assessing patient safety and security is closely aligned with the physiological needs. Environmental safety and security are major concerns if a patient lives at home or if a hospitalized patient is confused and disoriented. If a health care professional is providing home care, it's important to know what emergency resources are available to the patient and whether the patient knows how to use them. For example, it should be established whether the patient has telephone numbers close at hand for a physician, poison control, pharmacy, and a family member.

If a health care professional is working with a home care patient, it should be determined what medical problems the patient has and how well the patient understands the medical problems. This last point is especially important if a patient has chronic diseases such as diabetes, chronic obstructive pulmonary disease (COPD), heart disease, or hypertension that require ongoing care.

The psychological needs assessment would include knowledge of the patient's need for emotional support, any chronic psychiatric problems the patient has, and what psychological issues the patient identifies as important. Social needs vary from person to person. The simplest way to determine a patient's social needs is to ask the patient or family about these needs. Because it can be difficult asking personal questions, observing the patient may be a better way to start. The health care professional should observe whether the patient seems lonely, seems to be satisfied with the current level of social contact, and whether the interactions with others seem satisfying to the patient.

Self-Care Needs: Scenario

The health care professional is working in a healthcare setting and caring for a 67-year old male patient who recently had a cerebrovascular accident (CVA), also known as a stroke.

The patient assessment indicates that he cannot perform many self-care activities. The patient is fully awake and oriented and can speak but is weak and uncoordinated and cannot walk or stand unassisted. In addition, the stroke has affected his gag reflex, and swallowing food and liquids puts him at risk for aspiration. The health care professional will have to bathe him and perform oral hygiene care, assist with eating, elimination, dressing, and with ambulation within the limits established by his provider.

Personal Hygiene Needs

Personal hygiene should be performed every day and some patients will need attention to perform personal hygiene and skincare several times during the course of a day. Personal hygiene has many beneficial effects. It helps the patient relax, eliminates and prevents body odors, prevents skin breakdown, and stimulates circulation. In addition, being clean and having good personal hygiene also promotes dignity and self-respect. The personal hygiene needs discussed here are bathing, elimination, and oral hygiene.

Bathing

Assisting a patient with bathing is one of the primary responsibilities of health care professionals. Many patients are susceptible to skin breakdown and bathing is a good time for doing a skin assessment.

The health care professional should carefully and systematically inspect the patient's skin. Normal skin should be intact (no open areas) and there should be no bruises. Observe for swelling, especially in the

ankles, feet, and hands. The elbows, the back of the head, the heels, the hips, and the area at the base of the spine should be inspected for redness, this may be the first sign of a pressure ulcer.

Observing pressure areas on the patient's skin is most important in individuals who are immobile but the elderly patient who has thinner skin, and is perhaps less active, should have these areas periodically examined. If a patient has diabetes, special attention should be paid to the ankles, feet, and the areas around the toenails. Poor circulation and nerve damage are common complications of diabetes, and diabetic patients can easily develop ulcers and infections in their ankles, feet, and toenail beds. If a patient has any signs of infection the health care professional should notify a supervisor, and a complete bed bath may be required.

Once the bath has been completed the next focus of care will be to dress the patient, comb or brush the patient's hair, return the jewelry, and position the patient comfortably with the call light within reach. The procedure should be documented and any observations about the condition of the patient's skin should be included in the documentation.

Washing the patient's hair does not need to be done every day but shaving can be completed daily or when the patient wants it to be done. It can be accomplished by using an electric razor or a safety razor. Shaving could be contraindicated for patients who have certain medical conditions or who take blood thinners so checking the chart is important.

Trimming fingernails can be done using ordinary care and precautions but trimming toenails should only be done if it is specifically allowed by the healthcare facility or agency; it is not a routine part of skin care. Cutting the toenails can be hazardous. Patients with diabetes have very poor circulation in their feet. Any cuts can easily get infected and a patient with diabetes may also have nerve damage in the extremities, so the patient may not notice the pain and swelling of an infection.

Elimination

Because some patients cannot walk or stand unassisted, they will need assistance with elimination. With a male patient, urination can be done by helping the patient to stand and then holding the urinal in place. If it is safer for the patient to stay in bed, the health care professional can simply put the urinal in place. After the patient has finished, the health care professional should ask whether the patient experienced any difficulty urinating. Finally, the urine output should be measured and the amount recorded and checked for the presence of blood or an unusual color.

If a patient needs to defecate, a bedside commode or a bedpan will be needed. The bedside commode is preferable as it is easier for a patient to use. The health care professional should help the patient out of bed and onto the commode. The call light should be placed nearby if the patient can use it. If the patient cannot use a call light, the health care professional should return to the room in a few minutes to check.

After a patient has finished, the anorectal area should be cleaned and the patient assisted back to bed. The patient should be asked whether there was any difficulty or pain while defecating. The commode should be emptied, and then document any important observations.

Using a bedpan is much less comfortable but at times it is necessary. The patient should be asked to raise the hips and a waterproof bed protector and a bedpan should be placed underneath the patient. If the patient cannot lift the hips, have the patient roll to one side (or help the patient to do so), and place the bedpan against the patient's back and buttocks before having the patient roll back onto it. The head of the bed should be elevated if possible. A call light should be placed near the patient to be used if the patient is able. If the patient cannot use a call light, the health care professional should return to the room in a few minutes to check.

After the patient has finished, the bedpan should be removed and the anorectal area cleaned. The health care professional should ask the patient if he/she experienced any difficulty or pain while defecating. The bedpan should be emptied, and then document what happened.

Oral Hygiene

Patients who have limited physical movement, such as those diagnosed with a CVA (stroke) will often have both their strength and coordination affected and need someone to perform oral hygiene for them. Oral hygiene is important and affects a person's ability to eat, drink, speak, maintain food and fluid intake, and overall health may be affected. If oral hygiene is not completed the patient's mouth may become dry, the lips and tongue may crack and bleed, the appetite may be adversely affected, and the patient's dignity and self-image may suffer.

Before performing oral hygiene, the patient's chart should be reviewed to determine whether food or liquids are permitted. Some patients have medical conditions that make swallowing food or liquids undesirable or even dangerous. If this is the case, the letters "NPO" will be somewhere in the patient's chart. NPO is an abbreviation for a Latin phrase that means "*nothing by mouth.*" If the patient has an NPO order, the patient should not swallow any liquids, mouthwash, or toothpaste when providing oral hygiene. The health care professional should also become familiar with situations in which patients may be NPO, which are listed in Table 2.

Table 2: INDICATIONS FOR NPO

- 1. Pre-operative patients**
- 2. Post-operative patients**
- 3. Bowel obstruction**
- 4. Placement of a PEG tube**
- 5. Before certain procedures**
- 6. Patients on aspiration precautions**
- 7. Patients that recently had a stroke**

Providing oral hygiene is relatively simple and it does not take a long time to complete. A towel should be spread across the patient's chest in order to keep the patient dry. The patient should be offered a glass of water or mouthwash/water mix and instructed to rinse and spit. Toothpaste should be placed on a toothbrush and, if the patient is able to do so, the patient should brush the teeth. If a patient is not able to do so, the health care professional will need to assist the patient by brushing the patient's teeth.

After brushing the teeth is completed the patient should be instructed to rinse and spit out oral contents. Offer the patient some dental floss. If a patient is unable to use the floss, the health care professional may need to perform this task for the patient. After flossing, the patient should be instructed to rinse and spit. The health care professional should offer mouthwash to the patient if this is allowed. The health care professional should also offer a lip moisturizer as needed.

Cleaning Dentures

The health care professional should remove the patient's dentures if the patient is unable to do it on their own. The dentures should be placed in an emesis basin or any type of suitable container that is lined with a paper towel. The dentures should be taken to the sink. Place a towel in the sink so that if the dentures are dropped, they will not break against the hard surface of the sink.

Toothpaste or denture cleaner should be used and all of the surfaces of the dentures cleaned. Rinse with cool running water. The

denture cup should be filled with water, mouthwash, or a denture solution, and the dentures placed in the patient's denture cup. The dentures should be returned to the patient or placed in an appropriate place.

Maintaining Nutritional Status

Some patients will not be able to feed themselves and may be at risk of aspiration. Good food and fluid intake are essential to patient health and recovery but feeding patients at risk of aspiration presents challenges.

Feeding someone requires time and planning and there are some important points that must be remembered. Next, the health care professional should check the food tray. There should be some identifying information attached to it, which indicates that the correct meal has been delivered to the right patient.

If a patient is in a chair, the health care professional should make sure the patient's head is supported. If there is a risk for spills, the health care professional should place a towel or absorbent protecting pad across the client's chest and under the chin. If a patient must stay in bed, the head of the bed should be elevated as far as is practical and comfortable. The exact angle is not important but if a patient is at risk for aspiration, there will often be a protocol for a minimal angle of elevation that should be followed during feeding. The key here is to keep the patient in an upright position. This allows food to travel down into the stomach and prevents food from being aspirated into the lungs.

The health care professional should ask the patient what he/she would like to eat first, or as a second or third choice. If the patient is unable to view the tray, the food should be described. The patient should be fed in small portions.

Practice Patience

Someone who needs assistance eating will often not be able to consume food as quickly as someone who can eat without help. Although patients should be encouraged to eat, they should never be rushed through a meal. Rushing a patient could cause food to be aspirated.

Budget Time

A patient who cannot eat independently will typically eat at a slow pace, so the health care professional should plan accordingly. This will take some practice; however, it should be remembered that the health care professional cannot use the amount of time an unimpaired patient needs to eat as a reference. Time should be allotted so that neither the health care professional nor the patient is hurried and there is ample time to finish the meal.

Small Portions

The patient who needs assistance with eating often cannot chew and swallow large pieces of food. Food portions that are too large may be aspirated. The health care professional should not be afraid to underestimate what the patient can tolerate. It is better to use smaller rather than larger bites to avoid the risk of aspiration. The health care professional should never leave a patient alone with a food tray. If someone is disoriented or confused, a piece of food might be aspirated.

Feeding Utensils

Even if a health care professional is wearing gloves, the fingers should never be used to place a piece of food in a patient's mouth. A spoon or a fork should be used as much as possible. A spoon is as effective as a fork and using a spoon eliminates the chance that the patient could be injured by the fork. This may sound unlikely but a patient who is confused and disoriented and especially hungry may bite down hard on a fork or grab the fork and place it forcefully in the mouth.

Fluids should always be available and occasionally the health care professional should offer the patient something to drink.

A patient should be encouraged to eat as much as possible. An adequate calorie intake and good nutrition are vital for people who are sick. Make sure documentation is done on the patient's chart in terms of how much of the meal was finished and how much fluid was consumed. If the patient was unable to finish a substantial portion of the meal and if the patient is able to communicate, the health care professional should ask the patient why the meal could not be eaten and inform a supervisor.

Aspiration

Aspiration is the medical term for the inhalation of a foreign body or foreign substance into the lungs. In people who are awake and alert and neurologically intact, aspiration is prevented by the gag reflex. The gag reflex is a protective reflex that is initiated when something such as food, liquid, or a foreign body comes in contact with a nerve that is located in the back of the throat. When this nerve is stimulated by the foreign body a powerful cough is produced that expels the aspiration hazard. Almost everyone has experienced the gag reflex after eating or drinking something too quickly.

Aspiration of food into the lungs can have serious medical consequences such as pneumonia. Many clients who cannot feed themselves are likely to have a weak or absent gag reflex. For example, patients who have a depressed level of consciousness may have a weak gag reflex and patients who have had a stroke may not have a gag reflex. In either case, aspiration can occur with minimal signs and symptoms or without signs and symptoms so caution is required when feeding these patients.

Because aspiration can be difficult to detect, a patient who requires assistance with feeding should be closely observed during

meals. Each healthcare facility should have guidelines for aspiration precautions.

Medication Self-Administration

Health care professionals often provide home care, and many home care patients self-administer their medications. Most patients can learn to self-administer medications effectively and safely if they are properly educated and they have support but there is potential for harm and mistakes.

Helping patients self-administer medications and making sure they know how to do so correctly requires them to demonstrate the following:

1. An understanding of the six rights of medication administration.
2. They have a basic understanding of medication errors.
3. They have a basic understanding of the side effects of the medications being taken.
4. An understanding of the concept of medication interactions.
5. They know the available resources if they need help with medication self-administration.

If these points are learned and retained and if patients are periodically evaluated for their knowledge, virtually anyone can self-administer medications.

Medications

A medication is defined as a substance that:

1. Is used to cure, diagnose, prevent, or treat a disease.
2. Is intended to enhance mental or physical well-being.
3. Has a measurable effect on human physiology or a measurable effect on the signs and symptoms of a disease or illness.

4. Can cause side effects, minor or serious.

Prescription drugs, over-the-counter drugs, vitamins, and supplements should all be considered medications. This is an important point that patients should understand. Many people consider over-the-counter medications to be safe but there are multiple ways in which over-the-counter medications can be harmful.

Example:

Over-the-counter cough and cold relief products often contain a cough suppressant called dextromethorphan and/or a decongestant such as phenylephrine or pseudoephedrine. Dextromethorphan should not be used by someone who is taking certain antidepressants such as paroxetine, phenylephrine and pseudoephedrine should be avoided by people who have cardiac disease or hypertension.

Six Rights of Medication Administration

The six rights of medication administration are guidelines that will ensure the safe and effective use of medications. These guidelines should be reviewed with patients who self-administer medications.

Right Drug:

The correct medication should be used. If a patient is prescribed the diuretic furosemide, he or she should receive furosemide. It should also be remembered that although a physician may have ordered a medication and the pharmacy correctly filled the prescription that does not mean it is the right drug. For example, a physician or other healthcare professional could have mistakenly prescribed insulin for a patient who is not diabetic.

Each bottle of prescription medication should be examined to be sure the right drug was dispensed to the right person. The patient should never take a medication that was not prescribed for them.

Right Dose:

The correct dose should be used. This includes the correct strength and the correct frequency of dosing. The patient should know that medication should not be taken in an amount that is more than or less than the prescribed amount.

Before taking a prescription medication, the prescriber should be consulted. Moreover, a medication should not be stopped without first consulting the prescriber.

Right Route:

Medications can be:

1. Oral
2. Injection
3. Intravenous
4. Intranasal
5. Rectal
6. Vaginal
7. Topical
8. Otic (ear)
9. Ophthalmic (eye)

Oral medications should be taken orally, subcutaneous medication or intramuscular medication should only be injected. Taking medication by the wrong route happens more often than one would imagine.

Right Time:

Medication should be taken at the proper time, such as before or after meals, before going to bed, every 8 hours, or every 12 hours. If a dose is missed, the prescriber or a pharmacist should be contacted for instructions.

Right Patient:

Prescription labels should be checked to see if the right drug was dispensed to the right person.

Right Reason:

The right reason is similar to the right drug. Ask yourself, is this medication appropriate for this patient? Medications are used to cure, diagnose, prevent, or treat a disease, so any drug that is prescribed by a physician is for a specific patient need.

In order for patients to be sure that they are taking a medication for the right reason they must:

1. Know their medical history.
2. Know what and how a particular medication is used.

Medication Side Effects

A side effect is an unwanted and possibly harmful effect caused by a medication. Patients who self-administer medications should know which side effects can commonly occur with these drugs and which are considered serious. This information can be obtained by the patient's pharmacist or prescriber. More importantly, anyone who self-administers medications must understand that it is not necessary to memorize a list of side effects, but if there are any new signs and symptoms, especially in the first few days of taking a new medication, or if a dose has been changed, these could be a medication side effect and the prescriber should be contacted right away.

Medication Interactions

It is impractical to expect patients to know about specific medication interactions. What they do need to know is all of their prescription medications, and over-the-counter drugs, vitamins, and supplements should all be considered to be medications. Although over-the-counter medications, vitamins, and supplements may seem safe, harmful interactions between these products and prescription medications are not uncommon.

The health care professional should inform the home care patients to check with a physician, pharmacist, or other healthcare provider before taking any new medication.

Medication-Food Interactions

Significant medication-food interactions are uncommon but there are some that are important. People who take warfarin should avoid foods such as kale or spinach that contain high levels of vitamin K. The MAO inhibitor antidepressants can interact with certain types of cheeses and with the liver. Grapefruit juice can significantly interfere with cholesterol-lowering medications such as atorvastatin and lovastatin.

When alcohol is ingested along with an antidepressant or a sedative such as diazepam, excessive drowsiness can occur. Some medications must be taken with food while others must be taken on an empty stomach.

Practical Tips for Safe Administration

Medication List:

The patient should make a list of prescribed and over-the-counter medications, including names, dosages, the reason for use, times that

medications should be taken, how to take them, and side effects. A healthcare provider who can verify the information, such as a pharmacist, physician, and registered nurse, should check the list to be sure it is accurate. The patient should make a copy and keep the information in a safe and easily accessible place.

Medication Timers:

Medication timers are clocks that can be set to ring or alarm at a specified time during the day. When the alarm goes off the patient knows it is time to take the medication. Medication watches that serve the same function are also available. These devices may be useful for some patients.

Medication Organizers:

A medication organizer is a small plastic container that is used to hold tablets and capsules. Medication organizers are very popular and the most commonly used ones are "week-long" organizers. These have seven separate containers that are labeled Sunday through Saturday. The patient simply places the daily supply of medications in the appropriate part of the container. Medication calendars are another option. The patient writes down what is needed daily and makes a note on the calendar after taking a dose.

Medication Cards:

These are printed cards that contain all the important information about the medications the patient is taking. These can be placed in a prominent position where the patient can easily access them.

Patient Resources

Professional resources for medication information are the patient's physician, the dispensing pharmacist, other health care professionals

who are caring for the client, and telephone resources such as poison control centers and nurse help-lines that are sponsored by health insurance companies. Patients who self-administer medications should have all these telephone numbers at hand. For non-emergency situations, patients should call the provider, the pharmacist, or other health care professionals.

If there is an emergency or a medication error that has occurred, the patient should call the poison control center (1-800-222-1222) or the nurse help-line. Poison control or the nurse help-line will be able to determine if the situation is emergent and direct the patient to the appropriate resource.

Patient Safety

Ensuring patient safety is done by assessing the environment, such as the patient's home. A home evaluation looks for obvious and not so obvious hazards, and the patient is assessed to determine if there are any physical or psychological conditions that may affect safety. One of the most important aspects of these assessments is the *prevention of falls*. These assessments are typically done by a home healthcare nurse, a physical therapist, or an occupational medicine specialist. However, health care professionals should be aware of environmental, physical, and psychological factors that put patients at risk.

Assessment of the Environment

Assessment of the environment should include determining if there are carbon monoxide and smoke detectors, installed and working in the patient's home. Other inquiries that a health care professional can make include:

1. Is there a fire extinguisher in the house?
2. Does the patient have an escape plan in the event of a fire?
3. Does the patient have emergency numbers close at hand?

4. Does the patient know who to call if there is an emergency?

Specific environmental hazards that increase the risk of a fall include those outlined below:

1. Bathtub: Bathtub surfaces are slippery when wet.
Is this a risk for the patient?
Should railings be installed?
2. Cluttered rooms:
If there is clutter on the floors, such as loose electrical cords, piles of clothing, or newspapers and books, this creates a trip and fall risk.
3. Loose rugs.
4. Poor lighting.
5. Stair railings that are not secure.

The patient should be evaluated and factors that increase the risk of falling include:

1. Balance problems
2. Diminished vision
3. Health problems such as arthritis or stroke that affect balance, coordination, and strength
4. Loss of sensation, this is a problem for people who have diabetic neuropathy
5. Muscle weakness
6. Poor balance

There are many fall assessment tools available. The Centers for Disease Control and Prevention (CDC) publishes the *Stay Independent* brochure and this can be viewed at the CDC website. The Stay Independent brochure can be used by patients to assess their environmental and personal risk for falling. The brochure includes a 12-point questionnaire that health care professionals can use to determine if the patient is a fall risk. Below is the link for this website.

<https://www.cdc.gov/steady/pdf/STEADI-Brochure-StayIndependent-508.pdf>

Case Study: Activity of Daily Living

The following case study was obtained from a PubMed search and discusses the assessment and support of patient independence to perform the activity of daily living.

The authors reported on the importance of maintaining physical independence in older people or those with a chronic condition. This includes everyday tasks such as housework and self-care as everyday tasks become straining and exhausting. As people age or progress in a chronic condition, there is a cycle of decline where lower daily fitness and activity of daily living skills develop, and individuals become more dependent on others for completing daily tasks.

The association between being physically fit and being independent has been well studied in adults, but not as well known in those with chronic conditions and diseases. The authors focus on the chronic condition of multiple sclerosis (MS), a life-altering chronic disease of the central nervous system, which tends to occur in young and middle-aged adults and influences physical fitness and performance of activities of daily living (ADLs). As physical fitness declines so does the inability to perform ADLs. Therefore, the authors take the position that helping individuals maintain physical fitness is associated with the ability to perform the activity of daily living skills.

The authors raise the distinction of two levels of ADLs; those that are separated into basic ADLs (BADLs), such as bathing, and independent ADLs (IADLs), such as doing laundry. The impact of aging and chronic diseases on more complex tasks or IADLs has been less documented in studies but it is well known that deficits in motor and cognitive skills do have an effect upon these skills. This is a concern for

caregivers because the ability to perform IADLs satisfactorily is closely related to independent living, such as the ability to cook, shop, manage medication, and manage one's own finances.

A unique caregiver role exists to encourage older people and those with chronic conditions to improve physical fitness and, thus, independent living skills as a result of staying physically fit and active. Pre-existing studies have focused on an individual's ability to walk with or without an assistive device and recommendations have emerged relative to the completion of a maximal exercise test and how to improve physical fitness.

Measures of Activities of Daily Living:

Independence was measured using well-known assessment scales for older adults in the general population and that was used in adults with MS in this study report. Eight items that determined a person's ability to complete activities of daily living skills were referenced. These included the ability to use the telephone, shopping, food preparation, housekeeping, laundry, mode of transportation, responsibility for own medications, and ability to handle finances. Each item studied was scored as either 0 or 1. A score of 0 indicates total or modified dependence, and a score of 1 means complete independence or modified independence.

During testing, for example, item 6 of the scale that inquired about a person's mode of transportation included the following options:

1. Travels independently on public transportation or drives their own car
2. Arranges own travel via taxi, but does not otherwise use public transportation
3. Travels on public transportation when accompanied by another
4. Travel is limited to taxi or automobile with the assistance of another

5. Does not travel at all.

Options 1 through 3 are scored 1 (complete independence or modified independence), and options 4 and 5 are scored 0 (total or modified dependence).

Individuals' ability to travel were compared to their ability to perform exercise or be physically active. They were given a simple, basic exercise stepper and evaluated based on their ability to perform physical exertion. Heart rate was displayed using a heart rate monitor. The ability to perform physical fitness was correlated to the ability to perform activities of daily living, such as transportation needs. The analysis between being physically fit and the total independent ADL scores showed there was a correlation. Those with lower physical fitness reported less independence in their activity of daily living skills.

Discussion

The authors of this study sought to determine the association between physical fitness and activity of daily living skills in people with a chronic condition such as aging and disease. They determined that attempts to stay physically fit were correlated with a higher level of independence to complete ADLs. Lower levels of independence were correlated with a diminished ability to perform ADLs and, therefore these individuals were more dependent on caregivers.

The importance of this study was to show the risk associated with loss of physical fitness and the role of health care professionals to encourage physical fitness for patients. The positive association observed between physical fitness and the total ADL score (a score based on a person's ability to remain independent in certain activities) showed that the more active a person the lower the speed of disease characteristics and the less progression of a loss of ADLs. This correlation has importance to health care professionals because as they

assist patients to improve physical fitness they also in turn help them to maintain ADLs.

Helping patients to maintain their ADLs is a major goal of healthcare. The authors state that “physical activity/exercise plays an important role. Physical activity/exercise is an established method for managing physiologic deconditioning and improving walking mobility, information processing speed, and several symptoms” of a chronic condition such as aging and disease progression. The authors suggested that future studies are needed that investigate the effects of physical activity on the ability to perform ADLs.

Other studies have reported how fitness activities may be implemented in long-term care facilities where health care professionals support residents to stay physically active. One recent study on seniors and physical activity found that removing barriers to physical activity had an advantage in improving ADLs. The study focused on the advantage of living in a long-term care facility where health care professionals assisted seniors with physical activities and mobility issues. Examples included attending special exercise classes, assisting seniors in wheelchairs to participate in classes designed to strengthen the body while in the wheelchair (such as interactive gaming, tossing a big ball, stretching, or chair yoga).

The health care professional has an instrumental role in helping older individuals or those with chronic conditions to participate in physical activities and to provide the assistance for individual patients to remain physically active so that independence may be maintained in their daily activities.

Summary

Meeting the daily living needs of patients and ensuring these needs are met is a primary role of the health care professional. Assessment of a patient’s physiological needs is the first step to

identifying any deficits in functioning that need to be supported. While some patients can attend to most of their basic daily needs, others will require routine assistance. Assisting a patient with bathing, elimination, and oral hygiene are responsibilities of a health care professional. In addition, some patients will not be able to feed themselves and they may be at risk of aspiration. Assisting a patient with food and fluid intake is essential to patient health and recovery. Health care professionals often provide care for patients who self-administer medications. Most patients can learn to self-administer medications effectively and safely if they are properly educated and they have support.

Being physically fit has a positive correlation with being independent in activities of daily living. These findings support the role of health care professionals and other care providers to assist individuals who are older or suffering from a chronic condition to improve physical functions and, therefore, extend independence in activities of daily living.