
Editorial

Are we equipped to rehabilitate old people?

When physically disabled people meet, they often discuss lavatories. Have you visited the lavatories in your departments and asked your patients what they think of them? In acute wards, access to the toilet may be difficult because furniture, equipment and visitors' chairs are stored near access routes.¹ Even in a rehabilitation ward, wheelchair users complained that the lavatories were cramped.² Toilets may be cold, stark and ill-equipped. Without raised toilet seats and grab-rails, disabled old people may require assistance from hospital staff – though they could cope unaided at home. Imagine being hemiplegic and trying to tear off a sheet of toilet paper. How many geriatric rehabilitation wards have toilet paper holders fixed to the walls on either side of the toilet, and toilet paper which is of the 'pull out' rather than the 'tear off' variety? Without this simple provision, some stroke patients will be unable to wipe themselves with ease, dignity and safety.

The chair is the normal habitat for a disabled old person in a hospital or nursing home. Those with joint pain, muscle stiffness or wasting may have difficulty getting up from their chairs. A raised seat greatly reduces the joint and muscle forces used in rising and armrests allow a person to get up without being helped. Many hospital chairs, however, are not of the correct height and those provided in outpatient clinics often do not have armrests. Only one-third of hospital inpatients who normally used a high-seat chair at home were provided with one in hospital.¹ In every other case, nurses had to help the patients

in and out of their chairs, thereby diminishing the patients' independence and increasing the nurses' workload.

Nurses take twice as much sick leave as the general working population because of back trouble: one in six nurses suffers back pain each year as a result of handling patients.³ The provision of suitable seating and hydraulically adjustable baths would reduce the necessity for much lifting and bending; the adequate provision and use of hoists would also prevent many back injuries. Yet 40% of nurses on a geriatric unit rarely or never used hoists.⁴ Under-provision, lack of training in their use, lack of confidence in hoists because of poor maintenance and inadequate space around beds and baths all contribute to the under-use of these important pieces of equipment.

Ill elderly patients may be physically harmed by the lack of basic items or poor maintenance of equipment. Pressure sores are often an unintended result of hospital admission and occur in about 10% of patients.^{5,6} Many could be prevented by ensuring that low-pressure surfaces are provided on hospital trolleys, chairs and beds. Unhappily, ill old people still spend long periods on hard surfaces.⁶ Hospital wheelchairs are frequently unsafe, unhygienic and in poor working order.^{7,8} Serious accidents occur when older patients fall out of their wheelchairs or their wheelchairs tip over. Though consequent fatalities are not common, 60% of fatal wheelchair-related accidents occur in nursing homes or hospitals.⁹

Two primary aims of rehabilitation are well-being and independence. Without proper equipment and gadgets, our desire to provide optimum rehabilitation may be thwarted and our patients and nursing colleagues may suffer unnecessary harm.

References

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