

THE COMMUNITY WORK OF THE PHYSICAL THERAPY STUDENTS FOR THE ELDERLY

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ABSTRACT

The community work of the Physical Therapy students not only provided health care services to rural people, but also increased their understanding of the significance of physical therapy. Their community activities included assessing the baseline vital signs and physical capability of the elderly, providing low impact aerobic exercises, conducting disability survey, and initiating community-based rehabilitation of disabled persons along with their family members. Results of this community work showed changes in the attitude and values of the students and the development of expertise among them despite the short period of their work with the community.

Introduction

Because they are currently hospital-based and concentrated in the urban areas, physical therapists are not so popularly known in the Philippines. Particularly in the rural communities, neighborhood traditional bonesetters are called upon to alleviate musculoskeletal problems. Compared to the hefty amount of money required by hospitals, traditional bonesetters usually ask only for a donation or a minimal amount for the treatment they render. Depending on the skill of the bonesetter or the seriousness of the musculoskeletal disorder, the outcome is either complete healing or consequent complications, i.e. deformity.

In most cases rural people learn about physical rehabilitation and physical therapy only when they have serious injuries such as a complete fracture that requires them to go to the hospital for medical intervention and then a referral to physical therapy. The last is usually an additional expenses which they could ill afford. But physical therapy is not limited to the hospital setting. It can also be a community-based program empowering people, particularly the disabled and their families, with knowledge and

skills in dealing with the disability, and inspiring in them a changed attitude in viewing disability.

The community work of the Physical Therapy students was aimed at increasing the understanding of the community about physical therapy, what it can do, and how it can be learned. More significantly, the students' participation in the service-learning program allowed them to realize their roles beyond hospital work.

This brief report outlines the experiences of the Physical Therapy Service-Learning Project during a semester.

Activities

The participation of the fourth year Physical Therapy students in the Service Learning Program was a response to the priority areas of concern identified in the baseline survey results conducted by the Department of Sociology and Anthropology in Maluay. The following were the activities formulated and implemented to respond to the needs of the elderly and the disabled in particular.

Preparation. The faculty coordinator briefed the participating fourth year students on the concept of service-learning, the role of the Physical Therapy Program in the interdisciplinary approach to service-learning, and the scheduled activities of the community work. Prof. Merlinda Cepeda, faculty coordinator of the Department of Social Work, oriented the students about the community and the principles of community organizing to prepare them for real fieldwork.

The Physical Therapy Program also coordinated with the Department of Sociology and Anthropology through its faculty coordinator, Dr. Solomon Apla-on, whose class was responsible for preparing and organizing the elderly individuals for the community entry of the Physical Therapy students. Upon community entry, the Director of the Physical Therapy Program and a physiatrist, Dr. Lynn Olegario, the faculty coordinator for service-learning, Ms. Michelle T. Banogon, and Clinical Instructors, Mr. Cyflor Puton and Mrs. Sharon Vidal, paid a courtesy call to the Barangay

PERIODICAL SECTION

Captain. They also met with the Barangay Midwife and the two Barangay Health Workers for information and coordination of their field activities.

Initial Consultation and Assessment. Supervised by the faculty coordinator and clinical instructors, the students assessed the baseline vital signs and physical capability of the elderly through muscle strength and endurance evaluation. The physiatrist also rendered free medical consultation for the elderly individuals who had physical complaints such as symptoms of arthritis, post-stroke problem, spinal cord injury, and others.

A total of 20 clients underwent medical consultation. Of these, 10 were more than 60 years old, nine had age range from 50-59 years old, and one was less than 50 years old.

Low Impact Aerobic Exercise for the Elderly. The rationale, effects, and advantages of exercise were explained to the elderly prior to the exercises. Only the elderly individuals who were cleared in the initial consultation qualified to join the exercises. The 45-minute exercises consisted of a warm up, a low impact exercise proper, and a cool down. The objective was to improve the physical fitness of the participants in terms of muscle strength, endurance, and ability to do work. The activity also provided the target group with the much-needed social interaction.

To monitor the response of the elderly to the exercises, vital signs were taken at the start, during, and after exercises. There were only two exercise sessions and to assure that the elderly will perform the exercises at home, an exercise hand-out in an easy-to-understand form was distributed. Although there were thirteen participants in the first session, only four turned up at the second meeting.

Disability Survey. This survey was done to identify the persons with disability in Maluay so that appropriate Physical Therapy services can be provided based on the result. The survey instrument was a modification of Form 1 of the National Registration for the Persons With Disability 1997 of the Department of Health.

In order to make the process easier, faster, and safer, the survey was conducted with the assistance of a barangay councilor assigned to a specific *purok*. This is so because each *purok* is under the jurisdiction of one councilor who knows everybody and everything that happens in his or her area of responsibility.

At this survey, 23 persons were identified with a disability, of which seven had neuromusculoskeletal impairment, five had mental impairment, and two had hearing and speech impairment, respectively. Meanwhile, nine had a combination of two or three impairments mentioned above. Ten of the persons with a disability were less than 50 years old, two were between 50-59 years old, and eleven were more than 60 years old.

The 14 persons identified as having neuromusculoskeletal impairment were given home instructions to alleviate their physical problems which usually come in the form of pain in the joints and the back and are indications of osteoarthritis, common in old age.

Community-Based Rehabilitation. In this primary health care approach in rehabilitation services, the concerned disabled persons, along with their family members, are trained on basic skills in treating and dealing with their impairment or disability to improve their functional capacity and thus, the quality of life.

During this program, seven persons with disability, the medical conditions of which were post-stroke, fracture, spinal cord injury, and delayed milestone development, and their respective family members were instructed in the basic conservative skills in physical rehabilitation.

The students conducted the community-based rehabilitation with the supervision of the faculty coordinator and the clinical instructors who went with them to the project site.

Problems and Mitigations

Community work particularly among the elderly with limited physical mobility was not easy. The following discussions enu-

PERIODICAL SECTION

merate the problems encountered by the students during a total of six visits to the community. The corresponding mitigations were carried out to ease the problems encountered and to pursue the objectives of the field activities.

The first of the problems that confronted the students was the dole-out mentality of some of the residents. They expected the Physical Therapy students to provide free medical consultation and medications. During the initial consultation, there were residents below the 60 year old bracket for the elderly who showed up for consultation.

To ease the situation, the physiatrist who went with the students accommodated these residents and conducted medical consultation. During the succeeding sessions, she also brought free medications as starter dose for patient with arthritis as well as multivitamins. This was done with the hope that they will come back next time for the scheduled activity, i.e. the aerobic exercise for the elderly. As a result, many came. The presence of a large number residents was an opportunity to discuss the objectives of the activity of the Physical Therapy students, the rationale, and the effects of the said activities.

However, there was a poor turn out of elderly participants and low attendance in the remaining three sessions. This was partly because the Sociology and Anthropology students, burdened by their own academic load, did not have adequate time to carry out community organizing of the elderly sector. And once the Physical Therapy students also once failed to show up in the community when an unexpected in campus activity required their attendance. As a consequence, the elderly group could not be informed of the change of schedule ahead of time and this further added to the confusion.

In order to mitigate the poor attendance, the elderly people were encouraged to bring with them on the next session their elderly friends who did not know about this activity. The students also informed them that they would soon

be visiting them at home for the disability survey and encouraged them to come to the barangay hall for the aerobic exercise for the elderly.

Unfortunately, only two sessions of aerobic exercise for the elderly were conducted and these were not enough to increase the physical ability of the elderly. In order to make sure that those who joined the aerobic exercises will go on with the activity, an exercise hand out in an easy-to-understand form was distributed to the elderly to assure proper performance of the exercises at home as well as to encourage them to perform the activity.

Accomplishments

Treating the Elderly and Others. The Physical Therapy students performed physical assessment not only for the elderly but also accommodated other persons who came even if they did not qualify in the target group. The procedure was supervised by the clinical instructors. The medical consultation was done for the same group by a psychiatrist. Patients diagnosed with arthritis were given medicine as a starter dose while others received multivitamins.

The exercise regimen was then implemented among elderly individuals who were cleared or qualified to perform it. The students facilitated the exercises. In the process, the vital signs of the elderly were monitored at the start, during, and after the exercises. To assure compliance or performance of the correct technique of exercises at home, an easy-to-understand hand out was distributed to the participants.

Conducting a Disability Survey. Furthermore, a disability survey of the entire community was conducted, collated, and interpreted, the result of which was used as a basis to plan a community-based rehabilitation program. A copy of the result was also presented to the barangay health station by the students through the midwife. From the survey result, seven persons with disability were identified to benefit from the community-based rehabilitation program

while nine were given home instructions right after the interview to deal with their present physical symptoms.

Initiating a Community-Based Rehabilitation. Patients and their relatives were taught the skills necessary to pursue the community-based rehabilitation. These skills were specific to the condition of the individual patients and were geared to the improvement of their functional ability. Under the supervision of the clinical instructors, the students carried out the physical therapy evaluation and assessment. They likewise formulated and implemented the physical therapy management and reevaluated the patients' response to the intervention. The patients' relatives were also assessed to see if they can perform the skills taught. Some of the skills imparted by the students included range of motion of the joints, strengthening exercises, transfers from bed to chair and back, sit to stand and back, improving sitting and standing balance, and ambulation activities.

Processing the Experiences of Students in Community Work. In order to gauge the significance of their field experiences, the Physical Therapy students processed the learning and reflection aspects of the service-learning program after every activity right at the service site. This made easy recall of experiences possible and allowed the faculty coordinator to provide feedback on the performance of the students. This also provided the chance to answer clarifications and queries of students encountered in the activity. In addition, the students were also required to submit a journal after every activity based on a guide question provided by the faculty coordinator. The journal also contains the values they realized in dealing with their patients in the community.

Some Experiences and Reflections of Students

The following experiences and reflections are lifted from the students' respective journals. More than records of their individual activities, these sample entries show the changes in the attitude and values of the students as well as development of exper-

tise among them after six visits to the community.

- ◆ The service site was on the grounds of the *barangay* hall sheltered by trees. As the hall was located along the national highway, vehicles constantly passed by requiring us to fully concentrate while taking the patients' vital signs such as their blood pressure. The setting was quite informal, a far cry from our usual hospital setting. Although we were excited by the new set-up, we were at the same time apprehensive of our capability in dealing with the patients. After the first session, we realized that we had the skill to deal with people effectively, apparently because we cared.
- ◆ We noted that the clients, particularly the elderly, displayed positive attitude towards our group after an initial awkwardness. They were generally cooperative and responsive to the activities we presented and were willing to learn. During the exercises, the elderly were in high spirits, making us conclude that the activity did them good not only physically but also emotionally and psychologically. They even told us that they felt good after the exercises and that they now realized that the activity was good for them.
- ◆ Some people who showed up, however, expected free medical consultation and free medicine and were less interested in the physical exercises taught. Many of them expected instant relief of their symptoms. The physiatrist accommodated them and gave free medicine while we explained the rationale of the exercise so they would appreciate the activity fully.
- ◆ During the disability survey, we had to walk a couple of miles uphill in the heat of the sun. Nevertheless, it was still fun because the residents were hospitable and accommodating. They even offered us fresh "*buko*" (young coconut) to quench our thirst. At the outset, some of the respondents were initially suspicious of our presence and therefore hesitated to answer

our questions. However, after we explained our purpose they were very accommodating and grateful for the free blood pressure examination and for the fact that someone is checking their health conditions. We also encountered some difficulty in explaining to them in the vernacular, but still we were able to correct some prevailing misconceptions about physical therapy and its services. We noted that a number of people in this community had no access to medical care and were ignorant of proper health care mainly due to economic and geographic reasons. There were also persons with disability whose conditions could have been prevented had there been early intervention. It was saddening that some respondents were passive and complacent towards their present condition. Some respondents on the other hand were very open about the personal details of their life, probably because it was the only time when they had the chance to talk about their ailments and to be enlightened about their cause. How we wished that we could address them all, but we realized that we have our own limitations.

- ◆ Meanwhile, during the community-based rehabilitation, we were excited by the fact that we were going to really treat a patient in the community using innovations since we could not bring with us all our equipment. We had the opportunity to treat post stroke patients, retraining them in an upright position, standing balance, and gait training. One patient, however, looked so frail that we were afraid to treat him. Paralyzed on both legs for seven years because of a certain condition on his spinal cord, he was resigned to his disability. He had no self-motivation but we managed to teach him stretching and strengthening exercises. On our second visit, he already looked optimistic, apparently realizing that he can do something about his condition. He also asked questions about his condition and followed our home instructions. Through him we saw the application of the principles in dealing with

clients that we had learned in our Psychiatry subject. His family also became more concerned and supportive. We felt bad that we were leaving him when there were still a lot of things to be done for him. We also had a patient who fell from a tree and was bedridden for almost two months. He was seen by our physiatrist and we saw him four times. His condition prompted us to go back to our books and read everything about it so that we could do something to improve his functional ability. During our last session, we taught him how to walk using a cane.

- ◆ Among our group, we developed deeper friendship and accountability for each other's actions. Some also developed new friendships with students from other colleges, particularly the sociology and anthropology students, although it was awkward at first. We got to learn their goal and function in community service.
- ◆ Our community work under the service-learning program taught us the value of teamwork and open communication, focus, responsibility, confidence, patience, dedication, and sincerity. The patients' responses made us realize that even the little things we have done made an impact on their lives, making us value humility, kindness, empathy, and competence. Upon observing the financial difficulties of some of our clients, we were reminded to budget our own money wisely. Lastly, we learned that service can only be done with personal commitment and that service-learning is not only a pure physical therapy experience but a building of character.

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Some elderly who participated in the aerobic demonstration of the physical therapy students

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