FAMILY RESOURCE GUIDE

Staying Strong and Mobile

A family guide to physical therapy for seniors

Why strength and mobility matter

3–5% of muscle mass is lost each decade after age 30 without enough exercise and good nutrition (U.S. Office on Women's Health). Later in life, that loss shows up as trouble with chairs, stairs, dressing and bathing.

Physical therapy helps older adults keep, and often rebuild, the strength and movement those everyday tasks take. Medicare can cover it to maintain function, not only to improve it.

What a physical therapist works on

The National Institute on Aging groups exercise for older adults into four types. A good therapy plan covers all four and ties each one to a real task.

Strength
Standing up from a chair, climbing steps, carrying groceries.

Balance
Walking on uneven ground and turning without wobbling.

Flexibility
Reaching a shelf, looking over a shoulder, putting on shoes.

Endurance
Walking farther, with energy left for the rest of the day.

Signs it's time to ask the doctor

Check any that apply and bring this page to the appointment.

- [ ] Takes more than one try to stand up, or pushes hard with the arms
- [ ] Shorter, slower or shuffling steps
- [ ] Avoids stairs, outings or hobbies because of fatigue or soreness
- [ ] Stiffness makes dressing or bathing harder
- [ ] Weaker after a hospital stay or illness
- [ ] Unsteady on their feet, or a recent near fall
- [ ] Pain that limits walking or daily tasks

What Medicare covers

- Medicare Part B covers medically necessary outpatient physical therapy. A doctor or other qualified provider must certify the need.
- Therapy can be covered to **maintain** function or slow decline, not only to improve it (Medicare.gov; Jimmo v. Sebelius settlement, 2013).
- You pay 20 percent of the Medicare-approved amount after the Part B deductible.
- Medicare Advantage plans may require prior approval. Call the plan before the first visit.
- If you're told therapy must stop because your loved one "isn't improving," ask for the decision in writing and ask how to appeal.

Questions to ask the physical therapist

1. What are the goals, and how will we measure progress?
2. How many visits a week, and for how long?
3. What should we practice at home, and how often?
4. Is there anything we should stop doing?
5. How will you adjust the plan for memory loss? Can a family member come to sessions?
6. If progress levels off, can therapy continue to maintain what they have?
7. What signs should make us call you or the doctor?
8. When therapy ends, how do we keep the gains?

Keeping someone moving at home

- Pick the same time each day so movement becomes part of the routine.
- Show the movement and do it together. One step at a time works better than a list of instructions.
- Use familiar activities: a walk on a known route, folding laundry, dancing to a favorite song.
- Stop and call the doctor for chest pain, dizziness or unusual shortness of breath.
- Check with the doctor before starting a new exercise routine (Alzheimer's Association).

The weekly goal for adults 65+ (CDC): 150 minutes of moderate activity, strength work on two days, and activities that improve balance. If that's out of reach, start smaller. The CDC's advice is that some activity is better than none.

Find a licensed physical therapist: choosept.com/find-a-pt (American Physical Therapy Association)

Sources: U.S. Office on Women's Health, "Sarcopenia Matters"; National Institute on Aging, "Four Types of Exercise"; Medicare.gov, "Physical therapy services"; Center for Medicare Advocacy, Jimmo v. Sebelius settlement; Alzheimer's Association, "Taking Care of Yourself"; CDC, "Older Adult Activity." This guide is general information, not medical advice. Talk with your loved one's doctor about what's right for them.