

The Importance of Physical Activity in Geriatric Clients

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Health Science 4500

Fall 2011 ✓

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This is a truly impeccable paper; well-written; excellent LR & analysis and paying attention to all detail as per APA style.

Excellent Report!

Keep up!

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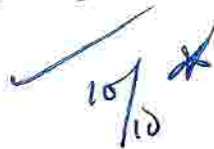
### The Importance of Physical Activity in Geriatric Clients

The United States' geriatric population, individuals over sixty-five years old, is the fastest growing age group, and one out of every five Americans will be considered elderly in 2030 (U.S. Census Bureau, 2001). As older adults age, decreases in strength from muscular atrophy and higher perceived risks from physical activity discourage individuals from exercising (Stephan, Boiche, Trouilloud, Deroche, & Sarrazin, 2011). Furthermore, the geriatric population spends more time than any other age group sedentary, and a person's age is directly proportional to the amount of time spent idly watching television (Gardiner, Eakin, Genevieve, Healy, & Owen, 2011). Sedentary behavior, especially in the geriatric population, can lead to: a low quality of life, loss of functional capacity, and loss of independence (Mazzeo & Tanaka, 2001). Physical activity, however, can reduce the risk for such health problems (Kruger, Bowles, Jones, Ainsworth, & Kohl, 2007). A combination of stretching and aerobic/endurance or strength/resistance training is an effective exercise method to help maintain an independent lifestyle (Whyte, 2010). Aerobic training targets quality of life improvements, while strength training expands functional capacity (Mazzeo & Tanaka, 2001). The goal of this report is to examine how physical activity can effectively mitigate health complications associated with aging.

I intern at Senior Support Program of the Tri-Valley, a non-profit organization located at 5353 Sunol Boulevard, Pleasanton, California 94566. I primarily teach exercise classes to geriatric clients, enter data, and conduct physical assessments under the guidance of my supervisor, Debbie Whiteside, RD. Interning has provided me with first-hand experience in a community setting, strategies to communicate health information to a special population, and organizational skills necessary to successfully manage health care programs in the future.

### Method

As an intern, I am responsible for teaching individual and group exercise sessions to geriatric clients, many of which are considered functionally impaired. In order to conduct customized work outs safely to older adults, each session requires that I review clients' health records, create a lesson plan, make reminder phone calls, instruct exercise, and provide health information specific to each client. During a routine, it is my duty to closely monitor clients' physical conditions as well as encourage them to participate in physical activity. Also, I regularly assist my supervisor with updating client medical logs and compiling data for financial reports.

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## Literature Review and Analysis

### Literature Review

Whyte (2010) addresses strategies to motivate geriatric patients to begin exercising. The study shows that older adults avoid physical activity due to feeling too old, lacking knowledge on proper exercise techniques, fearing pain or injury, and believing exercise is too boring. When physicians provide alternative solutions to overcome these anxieties, clients experience less stress, pain relief, and an overall better mood associated with physical activity. (Whyte, 2010)

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Excellent

Related research examines which sections of the brain are positively altered when older adults exercise. Magnetic resonance imaging scans following fitness training in geriatric patients reveal that exercise increases connectivity between the hippocampus and anterior cingulate cortex, two highly connected networks in the brain. For older adults, increased activity in the hippocampus reverses age-related decreases in the ability to resolve conflicts, monitor cognitive controls, communicate, and retrieve information. (Burdette et al., 2010)

Kruger et al. (2007) focuses on quality of life benefits associated with physical activity in the geriatric population. Study results show physical activity is a direct indicator of health status. For example, the more study participants exercised, the more they experienced good mental and physical health conditions, allowing them to conduct everyday activities. Furthermore, these health benefits occur in obese, overweight, or normal weight older adults (Kruger et al., 2007)

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Good

Similar research concentrates on reversing functional capacity limitations linked to aging. The study concludes that participants who exercised regularly showed improvements in maximum oxygen consumption, muscle strength, and overall functional capacity; such gains foster independent living for older adults. Although the ability to remain independent decreases with age, regular physical activity attenuates declining capacities. (Mazzeo & Tanaka, 2001)

**Analysis**

As Whyte (2010) reports, I observed that geriatric clients have anxiety about pain that may result from exercising. To combat such fears, I call each client twenty-four hours following individual sessions. Together, we discuss how to change their exercise routine for the following week to ensure sessions are safe and pain free. While providing alternative fitness options motivate clients to continue exercise on a weekly basis, Burdette et al.'s (2010) conclusions provide long-term incentives. Though I have only interned eight weeks, my clients' cognitive functioning improved with continued physical activity. During group sessions, resistance activities that involve complex patterns push participants to simultaneously speak, mentally retrieve information from prior classes, and resolve conflicts. Each month, clients eagerly anticipate more intricate cognitive challenges. Whyte (2010), Burdette et al. (2010), and my internship demonstrate that once clients believe exercise is safe, they experience cognitive gains.

Consistent with Kruger et al.'s (2007) study, I have found physical assessments reveal that exercise clients make gains in flexibility, endurance, strength, and balance as a result of weekly exercise classes. Consequently, clients self-report they participate in more activities following exercise. Although I have only read seven relevant articles, this raises the question to what extent can quality of life improvements in older adults be attributed to increased activity, as opposed to more opportunities to socialize. Mazzeo and Tanaka's (2001) results corroborate how my clients' independence in the classroom reflects overall self-sufficiency. With the exception of one participant diagnosed with Wernicke's Aphasia, clients require little to no assistance to accurately carry out exercise instructions. Based on Kruger et al.'s (2007) and Mazzeo and Tanaka's (2001) findings, my internship confirms that geriatric clients' participation in physical activity mirrors their ability to maintain a high-quality, healthy, and independent lifestyle.

### Conclusion

Though beginning regular exercise generates some anxiety associated with making a lifestyle change, physical activity is essential to reduce aging complications and promote independent living in the growing geriatric population. The literature emphasizes how exercise in older adults can: alleviate stress, reduce pain, and promote an overall better mood; increase cognitive functioning by reversing age-related decreases in mental competencies; increase the ability to perform daily activities from overall health improvements; and enhance functional capacities. My internship experience has taught me the importance of continually motivating older adults during and outside of exercise classes to yield the highest possible levels of physical and mental health benefits.

✓ excellent  
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10/10 \* Excellent

The Role of Rehabilitation and Physical Therapy in Veterans Affairs

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Health Science 4500

Fall 2011

5/5 \*

98%  
A+

Excellent Report  
Very well-written  
Keep up!  
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Reviewed by: Cyril Virtusio, B.S.  
Title: Application Support Engineer (Katarina Rivera)

## The Role of Rehabilitation and Physical Therapy in Veterans Affairs

The United States Department of Veterans Affairs (VA) is considered to be the most extensive benefits organization for veterans in the world, tracing its history back to 1637 with the earliest laws being set forth by Pilgrims of Plymouth Colony (Department of Veterans Affairs, 2010). The term *veteran* refers to those who have served in the armed forces of their country and the VA provides health care services and federal benefits to these persons and their dependents (CalVet, 2011). Veterans have made sacrifices for our country; therefore, they typically suffer traumatic injuries, both physically and psychologically, from their experiences overseas.

Although trauma can be physical and psychological, this report will mainly focus on the physical aspect of health in the VA. Also, since many are injured in war or training-related accidents, rehabilitation and physical therapy play a prominent role in patient care. Physical therapy is considered the practice of treating health-related injuries or illnesses that hinder the patient's ability to move and/or limit their acts of daily living like ambulation, dressing or self-feeding (Bureau of Labor Statistics, 2011). Rehabilitation is the slow recovery following a serious injury, illness or surgery (MedlinePlus, 2011). The purpose of this paper is to inform upon the importance of rehabilitation and physical therapy and how, collectively, they play an important role in the health care of veterans.

I volunteer three times a week at the Martinez Outpatient Clinic, an East Bay Division of the VA Northern California Health Care System which is located at 150 Muir Road, Martinez, California 94553. I assist in the Physical Therapy Department (Rehabilitation section) under the supervision of Mrs. Shalimar Belscher who is a physical therapist assistant. The assistance I provide here will help to familiarize myself with patient care and also aid in my future endeavors of becoming a registered nurse.

### Method

As a volunteer, my responsibility is to provide assistance to the physical therapy staff with the various responsibilities they assign me. A few of these tasks include following patients with wheelchairs while they take their daily walks, changing the sheets for new appointments, helping the staff organize activities to do with the patients, organizing paperwork, and transporting patients back to their rooms. At times, I also assist with the prosthetics when new orders are put in and I keep track of the inventory. Often, I am available to lend a hand to other departments if they need extra help.

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## Literature Review and Analysis

### Literature Review

The literature emphasized the need to raise the VA's physical therapist qualifications as more veterans require their services. Reiter (2008) addressed the dilemma of skilled PTs not joining the VA due to their outdated standards which have not been updated in 25 years and only require a bachelor's (B.S.) degree. The article concluded that the American Physical Therapy Association ordered the VA to revise credentials to better help patients since improvements in battlefield medicine has resulted in more soldiers surviving injuries and needing rehabilitative care. (Reiter, 2008) Consequently, the APTA (2009) requested Congress and the Centers for Medical and Medicaid Services to prevent unqualified staff from providing health care services. The report concludes that 49% of various rehab therapy services performed by non-physicians were conducted by staff <sup>who</sup> ~~that~~ were not trained as therapists, and thus, were considered unqualified by the Office of Inspector General. (American Physical Therapy Association, 2009)

An article by Frain, Malachy and Bethel (2010), emphasized that due to veterans surviving injuries that would have been fatal in prior wars, the need for rehab for these individuals has never been greater. The author concludes that growing populations of veterans require a modernized outlook on rehabilitation and a roadmap for understanding its role in supporting disabled military personnel. (Frain et al., 2010) Similarly, Webb (2011) reported that modern programs are integrating technology and patient care, requiring physical therapists to complete training that will allow them to work with robotics that simulate normal walking patterns. The literature concluded that technology is a key factor in developing new ways of improving patients' quality of life and functional independence, as well as enhancing the ability of physical, occupational, and speech therapists to better serve patients. (Webb, 2011)

**Analysis**

In agreement with Reiter (2008) concerning qualification standards and lack of skilled PTs at the VA, the majority of the PTs at the Martinez VA were only required to complete a B.S. degree in their education; however, more recent physical therapy programs now offer masters or doctorate degrees. Furthermore, according to one PTA, recent standards require not only attaining a B.S., but also having a physical therapy degree before taking the state board

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examinations confirming the report by Reiter (2008) regarding the APTA and their revisions. In accordance to the APTA's (2009) report, I have observed some PTs assigning tasks to volunteers that require more training. Additionally, after having been asked to set up a patient on a machine I was not qualified to oversee, one PT had witnessed this and told me it was okay that I decline which validates the report by the APTA (2009) regarding unqualified personnel delivering services without being properly trained as therapists.

S. too long split?

Thoughts from the PTs in reference to rehabilitation confirm what Frain et al. (2010) noted about taking a more modernized approach to rehab by organizing fishing trips and using interactive video games as a way of service provision. Additionally, I have noticed many younger veterans requiring the services provided by the Physical Therapy Department verifying what is reported by Frain et al. (2010) about the growing population of veterans. Relating to the article by Webb (2011) pertaining to technology as a gateway for patients to improve functional independence, WalkAide is a program currently utilized at the VA that confirms this statement. Shoes that contain sensors send signals to nerves and simulate normal walking patterns while the activity is monitored through a computer wirelessly. One PTA explained that as technology advances, the same device can be improved which correlates to the report by Webb (2011) regarding the integration of technology and patient care to increase quality of life.

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\* Excellent!

### Conclusion

Physical therapy is an integral component in the rehabilitation of veterans; and thus, it is crucial that the training of physical therapists and the delivery of services be up to current standards. The literature focuses on the following key points: raising the curriculum standards for physical therapy programs; prohibition of unqualified persons from delivering physical therapy services; focusing on modernized strategies for practicing rehabilitation; and incorporating technology and physical therapy to improve patient autonomy and quality of life. My volunteer work has improved my knowledge and interest in various health care professions and I have learned that while the work of physical therapists is broad, their main focus is treating patients and delivering rehabilitative care.

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✓ 10/10 ★  
Excellent!

Health Information Management and Patient Information Privacy in Healthcare

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Fall 2011

94<sup>9</sup>  
A+

Excellent Report!  
Very well written!  
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22      32<sup>1</sup>/<sub>2</sub>      33      6<sup>1</sup>/<sub>2</sub>  
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## Health Information Management and Patient Information Privacy in Healthcare

The Health Information Management (HIM) Department's purpose is to facilitate patient information both paper and electronic forms (Cooper, 2009). HIM must follow the standards issued by government entities, such as the Health Insurance Portability and Accountability Act (HIPAA). HIPAA created defensive guidelines explaining procedures for protecting the confidentiality of patient health information (PHI). HIPAA impacts the role of health information management as well as patient information privacy by bringing attention to the importance of health care privacy. In 2002, the U.S. Department of Human and Health Services (HHS) modified and finalized "The Privacy Rule," which states that health care professionals are obligated to provide only the minimum amount of health care information (Wielawski, 2006).

9/15 good  
"The Privacy Rule" also obligates health care providers to notify patients if their medical information is being used, and gives the patient the authority to limit the use of their healthcare information (Wielawski, 2006). The HIM Department has the immense responsibility of protecting their patients' personal information from the wrong hands. If a patient's health care information were to end up in the wrong hands and/or misused, the consequences could be detrimental. This paper aims to examine the Role of the HIM Department pertaining to their responsibility if protecting PHI.

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I was given the opportunity to do my internship in the Health Information Management Department at Alameda Hospital located at 2070 Clinton Ave., Alameda, CA 94501. My supervisor is Mrs. Estrellita Reyes; she has been the coordinator of HIM Department for six years and has been mentoring interns for four years. I hope to be able to utilize my existing knowledge to better assist me in gaining experience from this educational internship, in order to obtain a better understanding of management in a healthcare setting.

### Method

As a student intern, I organize and manage health information data by ensuring its quality, accuracy, accessibility, and security. My daily tasks include filing charts and loose files, chart auditing, and mail distribution and processing. All these tasks are performed while abiding by hospital and state laws and regulations concerning patient information privacy and confidentiality.

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## Literature Review and Analysis

### Literature Review

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According to Smith (2000), patients are becoming increasingly concerned about how their health information is being used inside our health care system and for future references. The increased role of technology in health care systems has increased the number of people who have access to identifiable patient data. Smith (2000) concentrates on three main threats to medical privacy: administration errors, mistreatment by users, and unrestrained right of access to medical records. (Smith, 2000) In contrast, Dougherty (2004), states the implications of HIPAA and the importance of creating a secure environment for health information. The HIPAA *is complete S.* "Privacy Rule" established in 2003 regulates the use and exposure of PHI. Consequences for violating HIPAA regulations can include legal actions and conflict with accreditation committees. (Dougherty, 2004)

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excellent

Benitez and Malin (2010) discuss the progress of health information technology in regards to the amount of detailed personal health information that has been collected. This has led health care organizations to institute the de-identification technique. Benitez and Malin (2010) describe the technique as removing any explicit identifiers or potential identifiers from being seen. (~~Benitez and Malin, 2010~~) In a similar article, Birnbaum (2009) discusses California's new privacy laws; one law in particular holds healthcare providers, health insurers, and individuals accountable for unauthorized access. Birnbaum (2009) defines unauthorized access as inappropriate viewing of PHI without consent or need for diagnosis, treatment, or any other lawful use limited by the Confidentiality of Medical Information Act. Surveillance tools have been installed in hospitals to protect unauthorized access to electronic medical records and educational briefings are being held. (Birnbaum, 2009)

## Analysis

10/10 ★ In concurrence with Smith (2000) and the concerns of patient information, I have noticed that multiple people have access to patient information at my internship. Due to the new technology upgrade at the hospital, anyone with a workable login can access part or a patient's entire file. Smith's (2000) three main threats are a big concern at my internship as simple mistakes can result into violation of patient privacy rules. As Dougherty (2004) states, there are precautions to ensure that PHI is not released to unauthorized persons, necessitating careful scrutiny of interns like me and observance of HIPAA laws. While performing my regular tasks at my internship, I uphold HIPAA's "Privacy Rule" by ensuring that patient records are not visible and not having any conversation about a patient with anyone who is not directly involved. To ensure that employees do not violate these laws, my preceptor holds presentations on the consequences and importance of HIPAA that Dougherty (2004) mentions.

13/15 ★ good During my internship, I have observed that we also follow the de-identification technique as described by Benitez and Malin (2010). While working with patient information, I often find that I have to be cognizant of the information that I am distributing and processing. For example, not using what Benitez and Malin (2010) consider explicit identifying information such as, personal names or a social security number which working with PHI. In concurrence with Birnbaum (2009) Alameda Hospital's HIM Department completely understands the California's new privacy law which why we take every precaution necessary to protect PHI. In order to keep electronic PHI safe, Alameda Hospital requires user logins and passwords and automatically locks computer access if left idle for more than fifteen minutes. In agreement with Birnbaum (2009), our computer system keeps records of everything that any user has accessed like a surveillance tool to protect PHI.

### Conclusion

Providing patient privacy is a pertinent role of the HIM Department, which must adhere to strict procedures and guidelines. The literature focuses on the following key points: patients' concerns about their health care information; the impact of "The Privacy Rule" within the HIM Department; the increase in health information technology leading to the de-identification Act; and the impact of California's new privacy laws to PHI. My internship has provided me the opportunity to learn the responsibility and work ethic I need to be successful in the healthcare field.

✓ excellent  
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