



Inequalities in access to rehabilitation services are causing health inequalities

amongst users - DOSOR, Nursing home Radenci, offers solutions in the region.

Reducing inequalities in health among elderly people

We talked about new services developed on the basis of observed inequalities in health in the field of access to rehabilitation services with Katja Peček Poredoš, graduated physiotherapist employed at Dosor, which has over eight years work experience in the field of physiotherapy of elderly people.



Risks associated with old age - particularly in the field of mobility and independent self-care?

Old age is a physiological process, accompanied by a decline in physical and mental fitness, functional changes, chronic diseases and polymorbidity, which also results in the use of multiple medications (polypharmacy). These are mostly incurable conditions, which can be managed by appropriate treatment and rehabilitation. The changes that occur also present a higher risk of falling and subsequent moderate to severe injuries for older people. After a fracture, the physical capacity of an elderly person deteriorates significantly, rehabilitation after an injury is therefore crucial. Studies show that one week of lying in bed causes a 10 %

loss of muscle mass. Patients give up (physical) activities because of fear of falling and this consequently leads to social isolation and dependence on others.

What is the problem of access to rehabilitation of the elderly?

Rehabilitation is not as accessible for elderly people because of immobility, incontinence, and certain contra-indications, represented by the accompanying chronic illnesses in old age. The individual is most often instructed to attend a rehabilitation in a health resort and a tertiary Centre (URI Soča), but they have limited capacities there. A problem are also longer waiting periods. The treatment programs in health resorts are sometimes too demanding for the psychophysical state of the elderly person that requires an individual integrated treatment. That is why the elderly are a discriminated group and do not have equal access to rehabilitation as others. After an illness or an injury, the physical performance of the elderly person deteriorates significantly, that is why early rehabilitation and activation are essential for a better outcome. The incidence of a stroke also increases; here early rehabilitation (first nine weeks) enables a better functional outcome and a reduced handicap.

What can Dosor offer as a solution for the problem and what are your references?

Dosor is a service provider for the elderly. With the help of

these services, we try to reduce inequalities in health and enable access to rehabilitation services to those that are not suitable candidates for treatment because of certain excluding factors. We here at Dosor perform rehabilitation after illnesses (stroke) or injuries (hip,thighbone, wrist fractures) with the purpose of increasing the quality of life. The basic objective is to achieve a greater degree of autonomy and independence. The individual can attend rehabilitation clinically, according to a schedule or stationary, when a stay, health care services and group treatments (rehabilitation) are included, which are individually adapted to the individuals needs, according to his state of health. We successfully performed 14 rehabilitations last year. Five of these people were able to return to their home environment. After hip surgery, two tenants are individual in their movement again, in the case of a fracture in the wrist, the function of the hand was restored in full.

Who performs the rehabilitation? Who can the user that needs rehabilitation, turn to?

Experts of different fields take part in the multidisciplinary team. Each one of them contributes to the improvement of the state of health of the user in his field (social worker, physiotherapist, occupational therapist, registered nurse, doctor). The people who are included in the program of the rehabilitation have the opportunity for treatment by a

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physiatrist - specialist of physical and rehabilitational medicine. We cooperate with the service user individually in a therapeutic procedure in which we influence the improvement of individual functions through therapeutical procedures and techniques. According to the assessment of the state, the physical therapist develops an individual program for the treatment - he determines the amount and the duration of the therapies.

Is there anything you would like to add in the end?

Maybe just the fact that the inability of older people to take care of themselves is not a consequence of age, but inactivity. Regardless of age, physical activity can improve the quality of our lives because every individual must be aware of his own responsibility for health and participate actively.

You can get more information concerning physiotherapy treatments at (02) 568 46 28 (every weekday between 7 am and 3 pm) or by email katja.pecek@dosor.si.


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