

Physiotherapy and People with Down's Syndrome and Dementia

Adults with Down's syndrome and dementia may develop physical changes that can progress as their dementia progresses. Physiotherapy can assess and advise on how to manage these changes.

Changes

Deterioration in mobility

How can this manifest? What this might look like

- Unsteady on feet
- Unable to maintain an upright position when walking, e.g. leaning to one side
- Difficulty managing transfers
- Falls
- Wandering without purpose

Postural changes

- Leaning to one side when seated or when walking
- Leaning backwards when walking
- Unable to sit upright
- Discomfort in sitting or moving

Lack of awareness of surroundings

- Sitting down suddenly

Altered depth perception

- Difficulty managing stairs or steps
- Difficulty with changes in surfaces, e.g. carpet to hard flooring
- Difficulty managing thresholds between rooms
- Falls

How can Physiotherapy help?

Physiotherapy, delivered as part of a multidisciplinary team approach, is clinically and cost effective in the management of dementia. In the community, Physiotherapy plays an essential part in promoting and maintaining mobility for people with dementia and particularly has a vital role in end of life care, by managing positioning, seating and painful contractures. People with dementia often have difficulty expressing pain. Pain affects cognition, motivation and response to any intervention; physiotherapists are experts in identifying and treating pain and provide essential support and education to care home staff and carers.

- Assessment for appropriate walking aids to maintain mobility

Assessment for walking aids is more beneficial to be carried out earlier rather than later to develop familiarity with the aid. A walking aid is not always appropriate and can sometimes be more hazardous than helpful therefore it should always be assessed by a Physiotherapist.

➤ Assessment for additional postural support, including the need for specialist seating

Good posture and protection of body alignment plays an important role in the ability to eat and drink safely and also to enable a person to engage in social interaction. Physiotherapy may therefore work jointly with other healthcare professionals such as Speech and Language Therapists and Occupational Therapists to assess a person's postural needs. People who are not mobile who spend the majority of their time in a chair or bed are at risk of developing contractures, pressure areas and discomfort. Correctly positioning someone is key in preventing these developments from occurring. In end of life care, Physiotherapy advice and support regarding a person's positioning can significantly improve a person's quality of life.

➤ Assessment of falls related to reduced mobility

People with dementia have an increased risk of falling but falls can be due to a number of reasons and not solely to changing mobility. Please see "Why People Fall" factsheet for further information. If someone is falling and also has reduced mobility or postural changes, Physiotherapy intervention and recommendations can reduce the risk of further falls and injury.

➤ Advice regarding appropriate activity and exercise

People with dementia should still be encouraged to participate in exercise and activity to maintain muscle strength and movement of the joints and to enhance a person's feeling of wellbeing(8). Exercise and activity may need to be tailored to ensure the person's enjoyment and ability to participate. Mr Tolan (CSP professional advisor) said: "Research shows that simple exercise, advice and support could delay the early progress of the disease."(9, 10)

When a Physiotherapist is already involved:

Their role may be to do joint working with other professionals when required. For example:

➤ Assessment for transfer or moving and handling aids

As a person's dementia progresses, they may no longer be able to mobilise or even weight bear therefore assessment of how to safely support them to move will need be needed. In the first instance, advice should be sought from a Moving and Handling Advisor or Social Care Occupational Therapist. Equipment such as hoist may be required to enable the person to be transferred and to continue to be able to participate in all aspects of daily living and social activity.

A Physiotherapist can signpost people to the right service as this may vary depending on the need. A Physiotherapist can work with an Occupational Therapist to carry out this assessment.



➤ Advice surrounding need for a wheelchair

As a person's dementia progresses, changes in mobility may mean they require a wheelchair to continue to participate in activities both in and outside the home. Physiotherapy can offer advice and refer on to wheelchair services as required. This can also be done via the person's GP.

➤ Assessment and advice to help manage perceptual changes

As part of a mobility assessment, the Physiotherapist will take into account any changes to a person's perceptual needs in their recommendations. This can include strategies and cues and practical changes to try and help people manage changes in surfaces. It would be beneficial to consider getting the person's vision checked. For more advice or strategies regarding perceptual changes, consider consulting an Occupational Therapist.