



AGING WITH DISABILITIES

USING THE AVAILABLE INFORMATION WITH YOUR CLIENTS FOR A SUCCESSFUL OUTCOME

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Just as with any intervention we perform as suppliers and therapists, the more information and experience we have, the more this informs our clinical practices. Understanding the medical, functional and psycho-social effects that may be experienced when a client is aging with a disability can direct intervention. With this information, we can better determine when the client might benefit from new technology or make the right referrals when technology itself is not the answer.

The body of knowledge surrounding aging with a disability is relatively new. Rehabilitation as a field was “born” around the second World War at a time when it was thought that if someone was injured, survived and rehabbed, no further intervention was needed. Fast forward to the 1970s when the first large group of polio survivors began to experience secondary impairments for which they were not prepared. Survivor rates for spinal cord injury rose through the 1960s and early 1970s, and studies began to revolve around secondary conditions which developed over time. Research studies on aging with a disability started with these two groups. More recently, since about the mid-1990s, studies have started looking at people aging with cerebral palsy and spina bifida.

Secondary impairments can range from those affecting functional reserves and capacities daily (such as pain, fatigue and new weakness) to medical issues (such as pressure injuries, heart problems, incontinence or diabetes). Some secondary impairments can be addressed in the context of a wheelchair and seating evaluation and may be affected by seating and wheeled mobility selections. Aging with a disability is not age-dependent or an “older age” problem: it is dependent on time since onset of the disability. If you work

in the field of complex rehabilitation, you need to be aware of the effects of aging on those with acquired, as well as childhood disabilities, whether you are an adult therapist or a pediatric therapist. Hopefully, as we learn of the effects of aging, we can use that information to modify or change the way we approach children as well.

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We basically see individuals in one of two situations: the person who is new to a condition or a person who has been living with a condition for many years. The former is a “blank slate.” There is no experience with which to compare information they are being provided with at an evaluation. The latter has a “full slate,” with many considerations based on their experiences. We must understand clients’ diagnoses and conditions and the effects of aging. As complex rehabilitation evaluators and providers, our role is to understand the studies and information

available and how this information can contribute to the evaluation process. Of course, each client assists us in our understanding of specific conditions as well.

Successful outcomes in the field of Complex Rehab Technology can be difficult to achieve. Having the right information helps us to ask the right questions, and combined with input from a knowledgeable medical team, can direct our interventions.

CONTACT

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