

Supplementary advice: Draft National Dementia Action Plan

Submission by the
Australian Physiotherapy Association (APA)

January 2023

Authorised by:

Anja Nikolic
CEO
Australian Physiotherapy Association
Level 1, 1175 Toorak Rd
Camberwell VIC 3124
Phone: (03) 9092 0888
www.australian.physio

1. Supplementary briefing

APA feedback to the Draft National Dementia Action Plan

1. Importance of allied health in maintaining and improving quality of life is overlooked.

The draft Plan lacks an emphasis on the impact allied health intervention on quality of life.

The summary document doesn't appear to mention allied health at all. The value of allied health care needs to be explicitly and prominently stated to ensure the importance of allied health care such as physiotherapy is recognised and understood. To that end the APA supports:

- a. Objective 3 'Reviewing the 2016 Clinical Practice Guidelines and Principles of Care for People with Dementia' recommendation that a full interdisciplinary team is commissioned, including representation from physiotherapy, speech pathology, dietetics and pharmacy that appeared to be absent from the last guideline adaptation committee.
- b. Objective 4, 'Exploring the feasibility of having Brain Hubs with multidisciplinary teams established across the country that can work holistically with the person on a range of allied health needs including physiotherapy, occupational therapy and social work.' Noting a specific focus on addressing workforce shortages in regional/remote areas is also required to enable this approach.
- c. The suggestion of 'Developing and implementing early intervention restorative programs that target physical and cognitive function for people diagnosed with mild cognitive impairment and early stage dementia.'

2. Access to high quality allied health care in residential aged care facilities is ad hoc and diminishing since the introduction of the Australian National Aged Care Classification (AN-ACC).

The APA supports the intent of the consumer-driven care approach, however, there must be recognition that it is difficult for many people with dementia to express their concerns. Physiotherapists have advised that they are seeing cases of people living with dementia and their GPs asking for allied health care and being unable to access it in RACFs. Since the introduction of the AN-ACC there have been significant job losses, reductions in hours, redeployment of the existing allied health workforce and a shift from individualised to group therapies (not directed by qualified allied health professionals).

3. Language plays a key role in ensuring people living with dementia receive the right care.

The importance of language in caring for people with dementia, particularly RACFs, to avoid expressions of need being dismissed as behavioural issues. In many cases, "dementia overshadowing" has meant a need has been seen as a "behaviour" and the person has missed receiving care. People living with dementia benefit from multidisciplinary care who work together to identify the cause of what may be otherwise seen as behavioural issues – such as undiagnosed causes of pain. Allied health practitioners such as physiotherapists have the clinical expertise to understand what referrals are required.

Case studies

Case study 1

Mr D was referred to a physiotherapist as a result of vocalisation described as “attention seeking” and being “non-compliant” with walking with an aid. Mr D has right sided visual neglect following a stroke in 2021.

Visual neglect is a common neurological syndrome in which patients fail to acknowledge stimuli toward the side of space opposite to their unilateral lesion. This disability affects many aspects of life. For example, after a right lesion, patients typically fail to eat the food located on the left side of their plate, or to shave or make up the left side of their face, and, in extreme cases, may no longer acknowledge the left side of their body as their own.¹ There was a diagnosis of dementia written in Mr D’s medical notes by his GP, but no further documentation or notes about this condition on his rehab discharge summary.

The physiotherapist was able to identify the neglect which had impacted the ability of the staff to care plan for his visual neglect in regards to his environment resulting in reduced engagement with his room and difficulty finding his walking frame and could not find things resulting in boredom and loneliness.

The physiotherapist was able to implement a mobility plan to assist staff when attending to Mr D with instructions for the need to walk with him on his left side and position his walking frame within arms reach.

There was limited understanding about what neglect was. Mr D’s “attention seeking” occurred because he could not find staff or his walker and was lonely sitting in his room with nothing to do. The physiotherapist was able to identify the issues that were creating a barrier to Mr D having a safe environment and input into his care plan to enable appropriate care to be provided.

Case study 2

Mrs S was referred for physiotherapy after throwing her cup on the floor when given medications and being resistant to receiving personal care. Mrs S is living with Parkinson’s and Lewy body dementia.

The physiotherapist performed an assessment which identified a number of issues contributing to the staff identified concerns. Mrs D had kyphosis (exaggerated, forward rounding of the upper back) causing significant physical challenges which may have resulted in pain while staff were assisting with personal care. A person living with dementia may be unable to express feelings of pain and discomfort which may occur during personal care as limbs are being moved during showering and dressing, the resulting verbal or physical responses may be misinterpreted as “resistance to care”.

Case study 2 continued.

In combination with slower motor planning, reduced strength, and cognitive impairment, the physiotherapist identified she may have difficulty holding her cup related to these impairments. The physiotherapist worked with staff to improve seating position and prescribe and exercise program to improve spine posture, upper limb range of motions and strength. The physiotherapist also consulted an occupational therapist to determine the appropriate type of cup to assist with the ability for Mrs D to be able to drink more effectively.

The physiotherapist identified further serious concerns such as ability to physically swallow the medications. Mrs S had not had any contact with a speech pathologist in over two years and no swallow assessments except for a registered nurse assessing for ability to swallow water. A referral for a swallowing review was initiated by the physiotherapist in consultation with Mrs D and her family and the facility RN. The speech pathologist could then work with the staff towards an improved ability to prescribe medications which may include changing how medications are delivered working with Mrs D, the pharmacy and GP.

The physiotherapist was able to identify the contributing factors to the concern regarding ability to swallow medication and contribute to the overall improved personal care and support for Mrs D to enable safe, comfortable personal care and the ongoing safe management of medications. By working with the involved care staff and health care team this example demonstrates how access to multidisciplinary care including physiotherapy benefits people living with dementia and those who care for them.