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# PHYSIOTHERAPY- A BOON IN GERIATRIC PATIENTS

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## ABSTRACT

The present investigation focuses to device an alternative method for treating the geriatric patients in order to replace the typical and long term mode of treatment using surgery. Physiotherapy could be the best way to help the patients get relieved.

**Keywords: Phsiotherapy, Geriatric Patients, Back pain, Reduced Paraspinal Muscle Spasm, Swelling and Back Stiffness**

## INTRODUCTION

**Geriatrics** is a sub-specialty of internal medicine and family medicine that focuses on health care of elderly people. It aims to promote health by preventing and treating diseases and disabilities in older adults. There is no set age at which patients may be under the care of a **geriatrician**, or physician who specializes in the care of elderly people. Rather, this decision is determined by the individual patient's needs, and the availability of a specialist. Geriatric patients are vulnerable to various diseases. Patients suffer with multiple complications. For patients undergoing surgery recovery from prolonged surgeries is very difficult. Need of hour is to opt for therapy which is more cost effective, patient friendly and easy to implement. Physiotherapy is to be focused in forth coming year to extended support of geriatric patients.

## METHODOLGY

### Description of Case

A 68 yrs old male patient suffering from severe low back pain since past 4- 5 months

duration, complaining of urinary difficulty presented to outpatient department for radiating pain. He was administered analgesics and advised for investigations i.e general and laboratory **[1]**. And later given interfential therapy, ultrasound therapy, short wave diathermy.

**RESULTS AND DISCUSSION**

**On General Examination**

Patient was moderate build, hypertensive with BP 160/104, known HTN, known Diabetic, CAD +. **PATIENT C/O:** Giddiness, paresthesiain entire left leg, diminished ankle and knee reflexes and difficulty in urination.

**Lab Investigations**

Random plasma glucose – 212 mg/dl. MRI scan of Lumbar spine – suggestive of Lumbar canal stenosis at L3, L4 and L4, L5, migrated L2, L3 discs, central disc protrusion at L5, S1, Lumbar canal stenosis. 2D Eco- reports suggesting dilated LA & LV, mild left ventricular hypertrophy, diastolic dysfunction of left ventricle.

Patient was referred to orthopedics department. He was advised surgery. Patient refused surgery due to economic crisis. Patient was administered medication to control pain and referred to department of neurology for urinary difficulty. Patient was investigated and found urine serum creatinine1.0.Urine flow- disturbed, interrupted, Q max 5min for 189 milliseconds.

PVRV- 140 milliseconds, frequency volume chart voiding up to 350 milliseconds @ 2-6 hourly frequency.

Patient was administered Tab. Dynapren 0.4mg bedtime. Unable to find improvement in pain. Patient was referred to department of physiotherapy in view that patient is unable to afford for surgery and keeping in view complications associated with HTN, DM, CAD+.

Patient was referreddepartment of physiotherapy.

On motor examination – Patient was unable to lift the leg.

ROM (Range of motion) - was 20 degrees. Hence special test straight left leg raising was performed by the physiotherapist passively and found severe pain at 20 degrees range of motion. Test is positive for disc prolapse. Muscle power – physiotherapy done passively by quadriceps, hamstrings and calf muscle – power grade 3.Based on these findings physiotherapy treatment procedures done for a period of 45 days. Reducing radiating pain, paraspinal muscle spasm. Interferential therapy, ultrasound therapy and TENS therapy for the period of first 20 days.

**Interfential Therapy**

Reduced the pain, inflammation and swelling at 80-100 Hz frequency by blocking pain center and releasing endorphins and enkephalins which act according to pain gate mechanism.

**Ultrasound Therapy**

Is given in pulsed mode for first 10 days wave production output is 1.5 watts/$cm^2$ ,after 10 days continuous mode 2.5 watts/ $cm^2$ output intensity. Hence duration 20 min given daily. Patient recovered by reducing paraspinal muscle spasm and tenderness and it improved blood vascularity.

**Short Wave Diathermy**

Given in frequency of 27.12 MHZ frequency, intensity 120 MA which produces electromagnetic waves increase blood vascularity and improve spine activity. Then for another 20 days intermittent Lumbar traction was done .For traction 1/3 of the total body weight of the patient was calculated and given 25 Kgs and done for 15 min duration. Weight was increased by 1 Kg every alternate day upto 30 Kgs. Finally this procedures reduced disc compression and improved vascularity and relaxation of tight soft tissue structures and reduced nerve root irritation.

**CONCLUSION**

After using physiotherapy procedures patient improved by reduced low back pain, reduced paraspinal muscle spasm, swelling and back stiffness, improved spinal mobility and patient gait. Improved parasthesia and no difficulty in urination. Hence physiotherapy is advised in patients with lumbar canal stenosis and disc prolapse with multiple complications **[2]**. Physiotherapy helps to prevent use of inappropriate medication in elderly people, thus avoiding drug interactions **[3]**.

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