FOX™

PHYSICAL, OCCUPATIONAL, & SPEECH THERAPY.
FOX REHABILITATES LIVES.

Resident Engagement & Socialization In the Management of Dementia

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Objectives:

- To understand the effects of a “whole resident” when function and therefore engagement is or is not present
- Why having a strong partner instead of various vendors matters
- Value-based healthcare and the inevitable impact
- How to optimize the trickle-down effect of an engaged resident population

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What Comes to Mind?

- Our things tell our story if you know where to look

FOX Rehabilitation

An industry leader in Geriatric House Calls™ and wellness

- Founded in 1998
- Geriatric House Calls™ – Medicare Part B
- High Growth Entrepreneurial Private Practice
- Primarily Operated by Clinicians
- Currently Operating in 24 States + DC
  - 30-35 by the end of 2023
- 2100+ Clinicians

- FOX Geriatric Residency in Physical Therapy
  - 1st in private practice
- FOX Geriatric Fellowship in Occupational Therapy
- Most Board-Certified Geriatric PTs in the Nation
  - Over 150 all-time
- Most Board-Certified Geriatric OTs in the Nation
  - Over 15 all-time
- More than 20 university faculty members

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Mission Possible

- To rehabilitate lives – by believing in the strength of people.
- To believe in our people – allowing them the autonomy to facilitate and provide clinically excellent care to our community with compassion and respect.
- To believe in our patients – and their ability to achieve what they once thought impossible – optimal function

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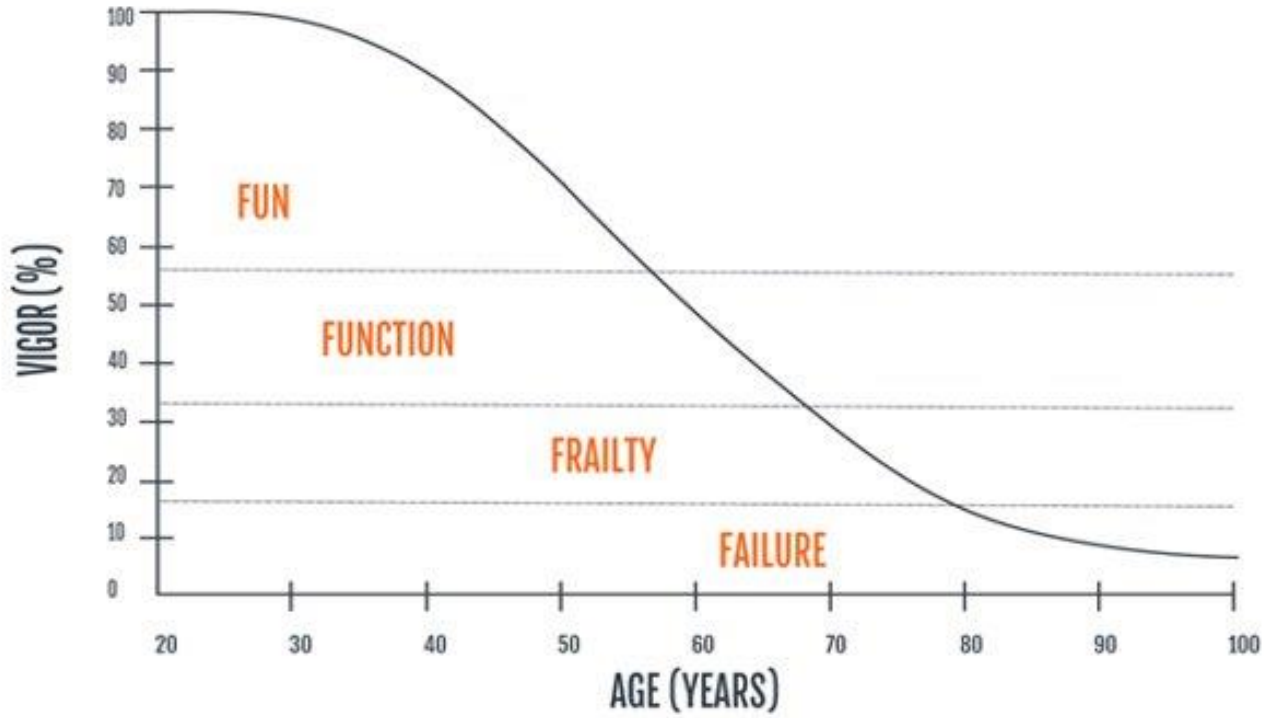
Slippery Slope of Aging



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Care Delivery Within Senior Living

A third option exists that enhances resident engagement and socialization by optimizing medical and functional wellness

NAVIGATING THE MEDICARE MAZE OF REHABILITATIVE SERVICES	HOME HEALTH AGENCY	GERIATRIC HOUSE CALLS	OUTPATIENT REHABILITATION
PAYOR SOURCE	*Medicare Part A*	*Medicare Part B*	*Medicare Part B*
LOCATION OF SERVICE	*Patient's home*	*Patient's home*	*Clinic*
MEDICARE REGULATORY QUALIFICATIONS	*Homebound status required*	*Homebound or non-homebound patients accepted*	*NO homebound status required*
EASE OF ACCESSIBILITY TO SERVICES IN RELATION TO REGULATORY QUALIFICATIONS	*Good— homebound status required*	*Excellent— no requirements*	*Good— travel to clinic required*
PATIENT'S INITIAL FUNCTIONAL STATUS	*Poor, moderate, good, excellent*	*Poor, moderate, good, excellent*	*Good, excellent*
GOAL	*Progress functional level to transition to other services*	*Optimize function and safety in the home and community*	*Optimize function and safety in the community*
FREQUENCY AND DURATION OF THERAPY	*1-2x per week*	*2-3x per week*	*2-3x per week*

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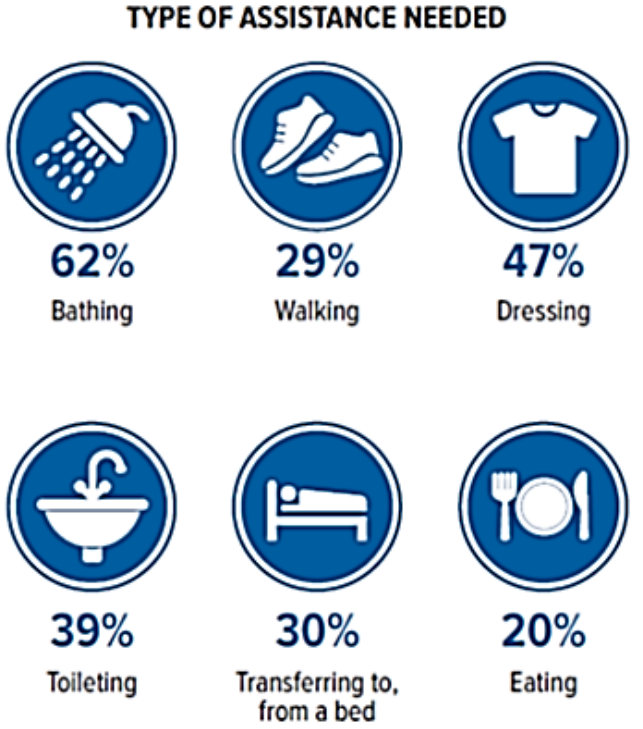
Medical & Functional Wellness Within Senior Living

Physical, occupational, and speech therapists' education and scope of practice allows them to address medical and functional wellness

- Physical therapists
  - Clinical doctorate
  - Physical/functional
- Occupational therapists
  - Master's degree with doctoral option
  - Psychosocial well-being
- Speech-language pathologists
  - Master's degree with doctoral option
  - Cognition and swallowing



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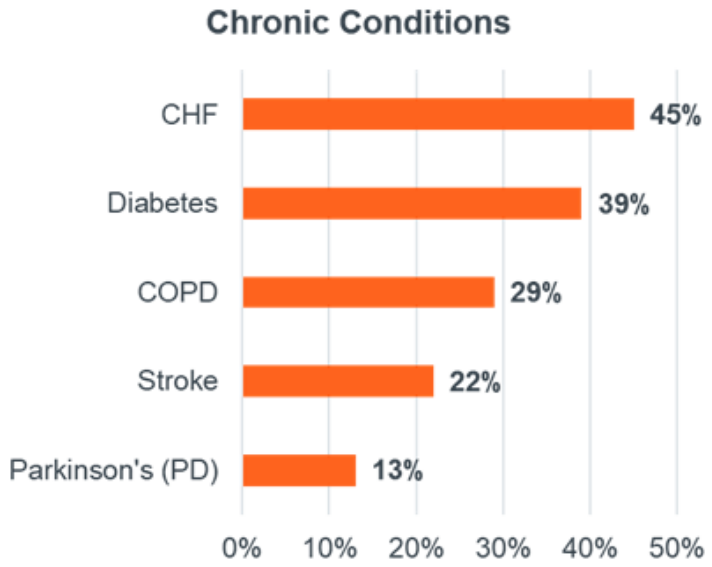
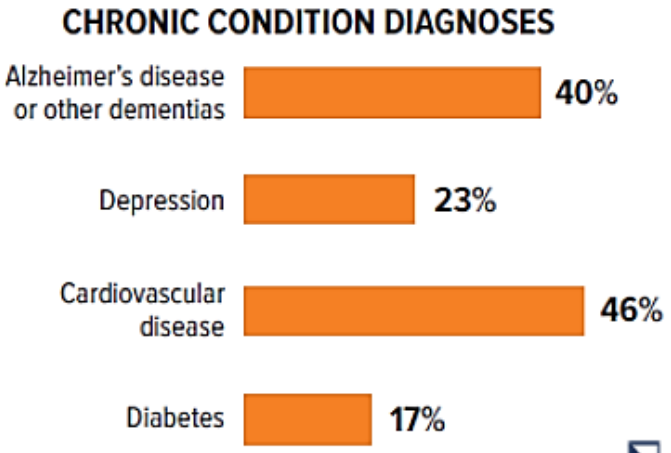
Care Delivery Within Senior Living

This third care delivery option can support the relative acuity of senior living residents

- Geriatric House Calls™
  - 82 years old on average



- Senior Living
  - 73% of residents 75 or older
    - 53% of residents 85 or older



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Global Deterioration Scale (GDS)

STAGE	HALLMARKS AND CHARACTERISTICS	COMMUNICATION STRATEGIES	TREATMENT CONSIDERATIONS
EARLY STAGE (GDS 1-3)	• Typically lives in community • Majority of functional abilities are intact • Experiences mild changes in executive function and short-term memory • Can follow multi-step directions • Can engage in new learning with repetition	• Short phrases, basic vocabulary • Simple, concrete written instructions • Respond to repetitive questions	• Repetitive training and blocked practice, especially with use of assistive devices and adaptive equipment • Compensatory strategies such as alarm clocks, timers, checklists, or written reminders • Establish and promote daily functional routines • Encourage engagement in meaningful activities, including exercise and social participation
MODERATE STAGE (GDS 4-5)	• Word finding difficulty • Unable to recall major aspects of personal life • Increased difficulty with all self-care, mobility, and transfers and unable to live alone • Emerging aggressive behaviors, hallucinations, or delusional thinking • Procedural memory may be intact	• Limit choices to 2 • Use simple, concrete language • Relate to the patient's world	• Task adaptation and environmental modification to reduce cognitive demand • Incorporate meaningful leisure activities and reminiscence into therapeutic interventions • Repetitive, purposeful tasks such as folding laundry, wiping counters • Consider seating/positioning needs
LATE STAGE (GDS 6-7)	• Loss of ability to express needs • Difficulty swallowing • Requires maximum or total assistance with functional activities • Begins to experience the world through the five senses	• 90-second rule • Simple, one-step directions • Calm tone, gentle touch, smile • Approach at side angle	• Dysphagia treatment • Caregiver education with focus on assisted mobility, contracture management, and skin integrity • Sensory stimulation • Seating/positioning

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Live to Work or Work to Live?

- **Early retirement, before the age of 62, has been associated with higher mortality risk in some instances.** A study of Shell Oil employees found that those who retired at 55 and lived to be 65 died 37 percent sooner than those that retire at 65. And in general, people who retire at 55 are 89 percent more likely to die within ten years than those that retire at 65. (ElderGuru.com)
- Social Security has noticed this trend, as well. Men that retire at 62 have a 20 percent higher likelihood of death than the general population. However, retiring early for women causes no increase in mortality rates. (ElderGuru.com)

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Meet Betty

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Resident Engagement & Socialization

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What does engagement look like in memory care?

- Currently
  - BINGO?
  - Religious Services
  - Music
  - Games
  - Exercise Classes
  - Puzzles
- Individual Purpose
  - Helping with meals
  - Caring for plants
  - Engaging with one another
  - Assisting with Laundry
  - Assisting with Housekeeping
- Group Engagement
  - Walking clubs
  - Social events
  - Appropriate exercise class

How an Occupational Therapist Enhances Engagement and Socialization

- ADLs
- IADLs
- Technology Integration
- Functional Mobility

- **OT's address the functional wellness of residents**

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How a Speech-Language Pathologist Enhances Engagement and Socialization

- Eating/Swallowing
- Communication
- Cognition

- **SLP's address swallowing, thinking, and communication of residents**

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How a Physical Therapist Enhances Engagement and Socialization

- Functional Mobility
- Pain Control
- Safety Awareness
- Balance Restoration

- **PT's address the safety and physical wellness of residents**

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Evidence Based Dosage Guide

- Strengthening: 2-3x/week
- Aerobic Capacity: 3 days/week, 150 minutes of moderately intense exercise.
- Flexibility: All major muscle groups, 2x weekly. 20-60” holds.
- Balance: At least 2 hours per week.

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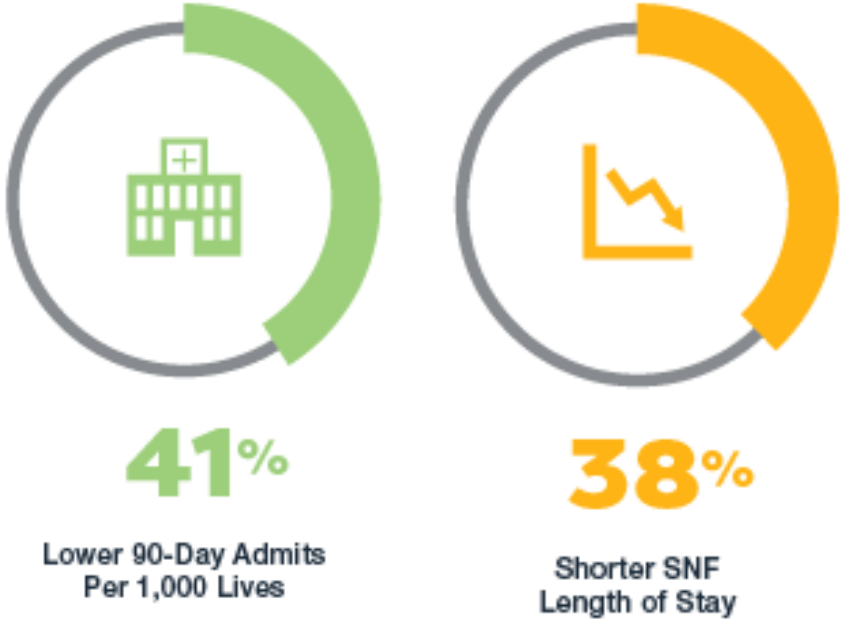
Enhancing the Value Proposition in Senior Living

More evidence-based physical, occupational and speech therapy enhances the Value Proposition in Senior Living

- Keeping residents in your community
  - N=608,500
- Faster return if a resident must leave your community
  - N=608,500
- Respite care
- Staff burden and retention
- Satisfaction
- Culture and environment of fun, socialization and engagement



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What now? Back to Betty

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Get to Know Betty

Medical Team

- Functional Assessment
- Medical Evaluation
- Referrals as Appropriate

Senior Living Team

- Resident Orientation
- Development of Routines

Family

- Take an Active Role

Facilitate Independence

Medical Team

- Adjustment of medications, diet, and intervention strategies
- PT/OT/SLP as needed to allow resident to function at their maximum potential

Senior Living Team

- Staff training and education regarding resident needs
- Allowing the new resident to do as much as they are capable of to prevent learned helplessness

Family

- Support
- Communication

Create Relationships

Medical Team

- Education to patient, family and SLC team regarding interventions, needs, etc.
- Facilitate interaction through activities, treatment environment, and prior relationships

Senior Living Team

- Activities Engagement through knowledge of resident interests

Family

- Active role not passive (No Drop and Go!)

It Takes A Village

- Problem solving and training
- Incorporating recommendations into resident's daily routine
- Frequent communication to determine if/when services are warranted again

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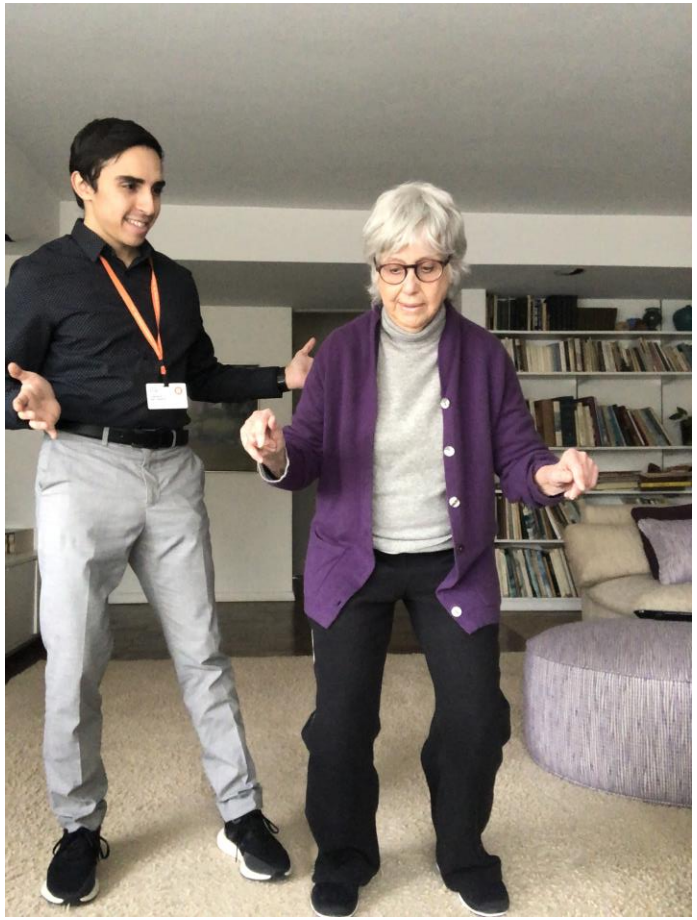
Betty at her Best



- Mobilizing independently and safely
- Staff and family understand communication strategies to facilitate success
- Engaged in community activities that are stimulating and help to manage other challenges

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One for the Road

- (Re)establishing a Purpose
- Making Friends
- Utilize Skills Established During Life
- Family Role
- Community Role

Q&A

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