



Physiotherapy

DEMENTIA CARE

This evidence theme on physiotherapy is a summary of one of the key topics identified by a scoping review of dementia research. Physiotherapy as a rehabilitative intervention is covered under the priority topic Rehabilitation, reablement and restorative care on the ARIIA website.

Key points

- Physiotherapy uses a range of physical movement approaches to increase mobility, reduce pain and stiffness, and help people achieve their daily activities and have an improved quality of life.
- We found only one review examining physiotherapy interventions for people living with dementia in receipt of aged care. This review focused solely on physiotherapy for pain relief.
- Massage therapy was effective for pain compared to no treatment at all. However, it offered no benefits over standard pain treatments such as pain medication and physiotherapist-led stretching and positioning. It was also less effective than ear acupuncture delivered by a qualified acupuncturist.
- Passive movement showed little effect on pain in this population.
- More research is needed on the effectiveness of other physiotherapy approaches for pain management, as well as on other outcomes relevant to people living with dementia. [1]

What is physiotherapy?

Physiotherapy might be needed by people living with dementia who are experiencing problems with their movement due to injury or deterioration. It uses a range of physical movement approaches to increase mobility, reduce pain and stiffness, and help people achieve their daily activities and have an improved quality of life. [2] Physiotherapy also has a role in rehabilitation, reablement and restoration of function, and preventing falls, as well as advising on and providing equipment and aids for improving the wellness of older people.

Is physiotherapy effective?

While there is an abundance of evidence supporting the role of the physiotherapist in the aged care setting, we identified only one systematic review specifically focused on physiotherapy work with people with dementia. [1] This review examined the reduction of pain in this population as a result of passive movement (slow movement of the person's extremity to reduce muscle resistance) or massage therapy (involving effleurage, kneading, and trigger point therapy). It found:

This review focused on the reduction of pain in this group using either passive movement (slow movement of the person's extremity to reduce muscle resistance) or massage therapy. It found:

- Massage therapy was effective in improving pain compared to no treatment at all. It offered no additional benefits when the person was already receiving standard pain treatments such as medication or subjected to physiotherapist-led stretching or positioning.
- Massage therapy was not as effective in reducing pain compared to ear-acupressure delivered by a qualified acupuncturist.
- Passive movement was not effective in reducing pain in people living with dementia.

Reviewers suggest there is a need for more knowledge on how physiotherapy approaches can help manage pain in people living with dementia. Research needs to examine active approaches to relieving pain such as exercise and function training. [1]

What can an individual do?

- Alert a physiotherapist if you suspect a person living with dementia is experiencing pain on moving. A physiotherapist can also work with the person on issues of mobility, falls prevention, balance, strength, endurance, or rehabilitation or restorative care.
- A thorough physiotherapy assessment with suggestions for reducing pain will guide care workers and family carers on how to work with the person living with dementia to avoid pain responses or improve outcomes over time.

What can the organisation do?

- Care service providers (both community and residential) should support comprehensive and routine physiotherapy assessments of people living with dementia.
- Train staff in approaches that minimise pain experienced on movement in this population, as advised by a physiotherapist assessment.
- Ensure there is a clear referral pathway for staff to refer people with dementia to physiotherapy when the need arises.
- Ensure adequate access to physiotherapists for non-routine assessments and ad hoc referrals.
- Read more about physiotherapy's contributions to the care of people living with dementia using the PubMed on the ARIIA website.

References

1. Coronado RA, Albers HE, Allen JL, Clarke RG, Estrada VA, Simon CB, et al. Pain-reducing effects of physical therapist-delivered interventions: A systematic review of randomized trials among older adults with dementia. *J Geriatr Phys Ther.* 2020;43(3):159-69.
2. Australian Physiotherapy Association. What is physio? [Internet]. 2022 [cited 2023 Jun 29]. Available from: <https://choose.physio/what-is-physio>

Cite as: ARIIA Knowledge & Implementation Hub. Physiotherapy: Dementia care. Evidence Theme. Adelaide, SA: ARIIA; 2022 [updated 2023 Jul].

www.ariia.org.au

For more information email ariia@ariia.org.au or call 08 7421 9134

ARIIA - Level 2, Tonsley Hub, South Rd, Tonsley SA 5042

ARIIA was established as an independent, not-for-profit organisation, set up to lead the advancement of the aged care workforce capability by promoting and facilitating innovation and research to improve the quality of aged care for all Australians.

ariia Aged Care Research
& Industry Innovation
Australia

 Flinders
University

 Australian Government
Department of Health
and Aged Care