



Functional independence

REHABILITATION, REABLEMENT, & RESTORATIVE CARE

This evidence theme on functional independence is a summary of one of the key topics identified by a scoping review of dementia research.

Key points

- As people age, they often experience a decline in functional independence. This can result in difficulty performing the daily activities required to live independently.
- Multifaceted restorative care interventions such as falls prevention, health promotion, and home exercise programs can significantly improve older adults' functional independence and prevent premature admission to residential aged care facilities.
- Physical rehabilitation, including exercise classes, mobility, and balance training, has the potential to improve the functional independence of older adults residing in residential aged care. However, it is not clear which interventions are the most effective.
- The evidence in this area is based on small studies with mixed methodological quality and a high risk of bias.

What is functional independence?

Functional independence describes a person's ability to perform activities of daily living (ADL). [1] These are the activities required to live independently and include eating, bathing, and mobility. As people age, they often experience a decline in physical function and functional mobility leading to reduced balance and walking capacity that can impact their functional independence. Aged care services provide support for people who are experiencing functional decline. [2] Rehabilitation, reablement, and restorative care approaches have been found to assist older adults to regain functional mobility and independence rather than increasing dependence on others. These approaches may help reduce the demand on aged care services, allow service users to remain living at home for longer and maintain their dignity and quality of life. [3]

How can rehabilitation, reablement, and restorative care support functional independence?

We found 11 reviews focused on improving functional independence. Overall, rehabilitation, reablement, and restorative care approaches show promise in:

- Improving function, ambulation, and decreasing risk of falls following hip fracture. [4]
- Improving ADLs, or slowing functional decline using interventions focused on cognition, self-management, prevention, and home-based multidisciplinary rehabilitation. [5]
- Helping older people remain living at home longer and avoiding premature admission to residential aged care. [6]

Rehabilitation

Rehabilitative interventions provided to older adults residing in residential aged care have demonstrated effectiveness in the reduction of disability. [7] Furthermore, integrating innovative technologies such as virtual reality and exergames can lead to improved functional mobility and independence. [8, 9] Occupational therapy interventions can improve functional independence in ADLs and enhance social participation [10] and cognitive rehabilitation, when combined with functional tasks, shows some potential to improve ADLs for older people living with dementia. [11] However, the evidence suggests that these benefits may be small and not applicable to all aged care residents.

Reablement

Interventions focused on reablement that included ADL training, physical and functional exercise, education, and management of functional disorders have been used to promote functional independence for older adults. [12] However, the quality of available evidence for these combined approaches is poor to moderate.

Reablement services raised some concerns for aged care service users.

- Older people receiving community aged care reported that reablement services improved their 'in home' functional abilities but did not address their social isolation. They reported that reablement goals often ignored the need for social connectedness. [13]
- The length of reablement services was deemed insufficient by aged care service users. They expressed that long-term, ongoing interventions would be more useful. [13]

The effectiveness of reablement services in aged care remains unclear due to a lack of quality evidence. There is an urgent need for high-quality trials to determine the effects of reablement on functional independence for aged care users. [14]

What can an individual do?

- Support older adults to carry out ADLs and meaningful activities independently by considering their surrounding environment and suggesting appropriate strategies to maintain functional independence.
- Discuss opportunities for functional independence. Carers and service providers should ensure that older adults can carry out ADLs and maintain dignity as they age.

What can an organisation do?

- Facilitate research that can identify which groups of older people are more likely to benefit from rehabilitation, reablement and restorative care to maintain or regain their functional independence.
- Integrate rehabilitation, reablement, and restorative care into aged care service delivery.

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Cite as: ARIIA Knowledge & Implementation Hub. Functional independence: Rehabilitation, reablement, & restorative care. Evidence Theme. Adelaide, SA: ARIIA; 2022 [updated 2023 Aug].

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