

FINAL REPORT
**I GIVE YOU
MOBILITY**





TABLE OF CONTENTS

3

The Team

4

Contextual
framework

10

Data collection

16

Stakeholders

17

SWOT analysis

22

Profile of Home
Support Service users

30

Senior Wellness
Support Plan

THE TEAM



Ana Catarina Abreu

Master Degree in Artistic Intervention and Recreation



Ana Margarida Cardoso

Undergraduate degree in Biomechanics



Beatriz Martins

Undergraduate degree in Social Service



Inês Ramos

Undergraduate degree in Sport, Physical Condition and Health

FACILITATORS



Ana Sousa

Polytechnic of Leiria



Paula Cardoso

Polytechnic of Leiria

CONTEXTUAL FRAMEWORK

.....

The project entitled “I Give you Mobility” was created to address the need to bring mobility to the homes of users of the Home Support Service provided by the Private Institution of Social Solidarity, Fonte Santa , Centro Social da Serra do Bouro.

In a first stage, we started with a brainstorming activity, to understand what the starting point for our project would be, trying to answer the following questions:

- How can we bring mobility to the homes of the elderly? (types of exercises, social activities, type of existing technologies that could be used)
- What are the different degrees of mobility?
- What do we know and what do we not know about the phenomenon of ageing and the importance of mobility in this context?
- What resources are there?

Then, we did a literature review that could not only clarify some doubts about the topic, but could also bring new theories and ideas.

.....

Population ageing is a worldwide phenomenon. It is estimated that by 2050, 16% of the global population will be over 65 years of age. For this reason, it is imperative to take care of the health and well-being of the elderly.

Some of the first signs of ageing can be related to the health of muscles, bones and joints, which have a strong impact on the elderly person's mobility.

The progressive loss of mobility can affect their stay at home.

For institutions, providing services to the elderly in their own home entails less expense than institutionalization, while bringing them comfort and happiness. Therefore, it is essential that the institution can help the elderly to remain active at home.

.....

CONTEXTUAL FRAMEWORK

Demographic and individual aging

Ageing can be seen from two perspectives:

- Demographic - a macro view on ageing, which looks at it as a global process
- Individual – a micro view of ageing, which is seen here as something individual and, as such, different from individual to individual. In this context, individual ageing is related to changes at biopsychosocial level.

"Ageing is, therefore, associated with a set of biological, psychological and social changes that take place throughout life, so it is neither easy nor consensual to determine the age at which people can be considered elderly" (Marinho, 2013).

New paradigms of ageing

Currently, new paradigms for ageing are emerging, which translates into a change in the ageing process, as well as in the way it is experienced. Today, we see a greater demand from individuals with regard to ageing, its duration (living more and more years), but above all with quality of life. (Dennis, 2004; Nummelin, 2005, cit in Marinho, 2013).

One of the New Paradigms is successful ageing. This paradigm was born in the 60s and focuses on the individual's adaptation to their ageing process, as well as the need for them to seek stability between their abilities and the demands of their surroundings. (Fonseca, 2005b, cit in Marinho, 2013)

CONTEXTUAL FRAMEWORK

New paradigms of ageing

Another new paradigm is Active Ageing. The term "active ageing", created by the WHO in the 90s, shows us that for healthy ageing to exist, we need to consider factors other than health.

An "active ageing" assumes the individual's active participation in all of his life decisions and in his entire ageing process. It seeks to coordinate concepts such as quality of life and physical, social and mental well-being. (Marinho, 2013)



FACTORS THAT INFLUENCE AGEING

Transversal
Personal
Behavioural

Physical space
Health system
Social environment

Economic
Independent Life
Work



CONTEXTUAL FRAMEWORK

Active Ageing: Reduced Mobility

For a healthy ageing, a sedentary lifestyle can be addressed through the following strategies that promote life quality:

- regular exercise practice
- greater specialised monitoring
- new programmes that promote senior training. (Sequeira, 2010, cit. in Pimenta, 2016, p.18).

According to Sequeira (2010), individuals who maintain an active lifestyle, with an adequate nutritional diet and with a level of physical activity and regular and appropriate exercise, have a greater capacity to reduce the risk of functional limitations, since an active life reduces the possibility of developing pathologies, as well as their impact on their physical function.

Changes at the cognitive level that occur in the ageing process can interfere with all functions of the elderly, when they're not worked on. These should be the target of work and intervention in cognitive stimulation programmes. (Sequeira, 2010 cit. in Pimenta 2016). In other words, in terms of mobility, it is not only necessary to address health, nutrition and physical activity, but it is also essential to do it at cognitive level.

In this context, rehabilitation can be a proposal for intervention, as it is a method of supporting individuals with mental or physical disabilities to regain quality health and a good level of independence. (Roach, 2003, p.79, cit in Pimenta, 2016). Health education for the elderly and caregivers should be a focus of rehabilitation programmes.

HOME SUPPORT SERVICE

It was in the post-25th April period, with the political changes that took place in Portugal, that a policy aimed at the elderly took place, which led to the emergence of the first day care centers in the early 1980s and later day care and home support services.

These changes aimed to “foster social interaction, offer recreational activities, light meals and information about health care, while keeping the elderly in their usual social environment (Fernandes, 1997; Veloso, 2008).

If, on the one hand, there was a growing concern with maintaining the elderly in their usual way of life, a fundamental attitude to maintain their physical, psychological and social well-being (INE, 1999), on the other hand, with the implementation of new equipment such as day centers or home support, this policy allowed to reduce State expenses. This policy of keeping the elderly at home is also based on the assumption that social interaction and participation in different activities, can delay physical and mental ageing, also promoting a different view of old age, that is seen as an autonomous and active old age (Veloso, 2008).

The Home Support Service thus appears as an option to institutionalizing the elderly and enables their autonomy, keeping them in their environment and, simultaneously helping to meet their needs.

It is also a tool for respecting the dignity and needs of the elderly, often collaborating with informal solidarity networks (family, friends, neighbours). (Pimentel, 2000 cit in Marinho, 2013).

The Home Support Service seeks to encourage the strengthening of family ties and simultaneously encourage them, by supporting daily activities, enabling the elderly to be autonomous.

DATA COLLECTION

Expert in Gerontology

A fundamental step of our project was to identify experts in the area(s) under development, in order to understand the phenomenon in its entirety.

In this sense, we invited Dr. Ricardo Pocinho, PhD in Psychogerontology and President of ANGES - National Association of Social Gerontology, a non-profit association whose objective is to promote active and successful ageing in its most diverse forms.

The interview with Dr. Ricardo Pocinho proved to be extremely important for us to be able to perceive some sensitive points in the issue of healthy and active ageing, as well as in the different approaches to the care context for the elderly. As an example, Dr. Ricardo does not agree with the existence of the Home Support Service in the form it currently has, and is more in favor of Day Centres, as they contribute to promoting contact and socialization among the elderly, instead of keeping them at home, isolated.

Another sensitive topic has to do with the rapid ageing of the elderly population in Portugal, since, according to PORDATA, Portugal will have around 67% of elderly population in the next 20 years, which also derives from the fact that there are no real birth incentive policies.



1- Basic
healthcare

2- Maintenance
of cognitive
status

3- Socialisation

DATA COLLECTION

One of the reasons why the expert advises against Home Support Services has precisely to do with the lack of this third pillar, since there is less socialisation at home, and often the homes themselves may not be properly adapted to the conditions of the elderly.

Another aspect is related to the issue of public policies. There are several authors who defend that public policies and community programmes should be considered in the promotion of more active lifestyles, which proves to be a problem in the case of ageing, since, according to the expert, there is no real public policy for ageing while care is mostly provided by private social solidarity institutions. On the other hand, these institutions themselves should be equipped with technicians specialised in different areas, such as nutrition, physical therapy, occupational therapy, nursing, social work, psychology, gerontology, among other relevant areas for the promotion of a healthy and active ageing.

Therefore, to implement a plan to promote the well-being of the elderly, the expert in psychogerontology mentions some elements that are essential for this plan to be successful, namely:

.....

Study the resources of the area and establish partnerships in order to make the most of the resources

.....

Integrate local cultural and recreational associations in order to promote the socialisation among the elderly (with due care due to the pandemic)

.....

Involve interns from the areas of nursing and others, making the most of professional practice to create multidisciplinary teams to support the project

.....

Involve the Health Centres, since most of them have difficulty in serving all users who need home support

.....

In conclusion, Dr. Ricardo Pocinho recalls that social isolation is one of the main reasons for the lack of healthy and active ageing, so, at this time, it is natural that we find more resistance from the elderly in taking responsibility for their well-being. In this sense, ways of conquering the elderly should also be thought of, and the pandemic should not be seen as an excuse, but an opportunity.

DATA COLLECTION

Psychologists

As important stakeholders for the project, we interviewed two psychologists, with training in gerontology and experience in supporting the promotion of active ageing initiatives, namely Dr. Patrícia Pereira and Dr. Ana Pais.

During the interviews, we obtained different opinions, but that are interconnected. We were able to find out that first we always have to meet the elderly with whom we are going to work, as they are all different. Therefore, any type of activity will have to meet the interests of the elderly and should be significant for them.

According to the characteristics of the ageing process, we must prioritise activities to stimulate specific areas such as: memory, attention, and executive functions, never forgetting socio-emotional activities; for example, if the person has been a kitchen assistant in a school, you can try to make him/her functional, autonomous in preparing meals shared with the neighbourhood, and this way socialization will be promoted.

This type of activity will slow down the brain ageing process, thus delaying the symptoms of cognitive loss and a possible pathological condition.

The elderly should be motivated to participate with activities adapted to their interests, their daily lives, their customs, but more importantly, their abilities and their rhythm. It should also be noted that one should always try to understand what is the availability of these people, what their complaints are, as we will have to start with the person's needs, to motivate them.

It is important to consider the elderly person's relationship with their family and friends, since, given the existing emotional bond, this can facilitate, but also affect, the elderly person's involvement in the individual well-being plan.

With regard to the involvement and motivation of the elderly at their individual level, it is extremely important that the technician is communicative, empathetic and knows how to actively listen.

The duration of the activities was a non-consensual point, as one of the psychologists stated that the activities should preferably be done three times a week, while the other stated that the activities should be carried out as long as the elderly wanted.

DATA COLLECTION

Physical Therapists

In order to understand what kind of physical activities could be performed autonomously by the elderly at home, depending on the different degrees of mobility, we conducted interviews in two physical therapy clinics, Clinifisio and Clínica São Gregório.

According to the physical therapists, coordination and balance exercises, which are simple mobility exercises, can be performed with small loads or just with the body itself, bearing in mind that it is necessary to establish goals with the person and realise what they want. Examples of easily accessible equipment are a broomstick, a crankset, pillows for leg exercises and strengthening, a rice pack and an elastic band.

According to physical therapists, one way to motivate the elderly to get involved is to find company for the exercises, as they spend a lot of time alone and also to motivate the exercise in groups, with relatives or neighbours. They must be involved in the rehabilitation project, that is, they must first notice the results, so that they are motivated to carry them out.

To understand how to correctly perform the exercises, it would be ideal to have someone who explains and follows them for 2 or 3 weeks or even 1 month so that they understand and reduce the risk of creating injuries.

The goals must also be easy and achievable for the person to feel that they can achieve them and show that these goals can help them in the social environment.

In order to understand the ideal frequency and duration of each training session, it is essential to assess the person's potential, the level of mobility of the lower limbs and waist for stability and how they are able to stand and walk. It is also important to establish goals with the person and understand what the person intends to do, in order to select exercises for mobility, balance, sitting or standing, for muscle strengthening.

As a general rule, the recommended frequency is 3 times a week with a duration of 45 to 60 minutes. However, the evolution of the elderly must be analysed and the frequency and duration of exercises adjusted to their degree of mobility.

Considering that a person's well-being involves not only a physical component, but also an emotional one, the initial assessment of the elderly by a multidisciplinary team is recommended, which should include a physical trainer or someone from the field of physical education, physical therapist or an occupational therapist, a psychologist, also a doctor or nurse and a family member as these are the ones who know the elderly person best.

DATA COLLECTION

Technical Director of the Sêniiores+ Programme

In order to find local entities and projects with potential to establish partnerships for the development of the project, we identified the SENIORES+ project, a municipal program that aims to prevent disease and promote the health of the senior population through regular physical exercise. Thus, we interviewed Dr. Patrícia Mendes, technical director of Sociedade Recreativa e Cultural Os Pimpões and responsible for the Programme.

Dr. Patrícia Mendes said that the main objective of the programme is to increase the quality of life of the senior population living in Caldas da Rainha. Therefore, the support from institutions is extremely important, especially with a focus on mobility. We learned that the SENIORES + programme is available to collaborate with Fonte Santa IPSS in finding solutions to this challenge.

The SENIORES + Programme aims to enhance work carried out in a multidisciplinary way and with a close relationship between health professionals and physical exercise technicians, through a protocol between Caldas da Rainha City Council and the Regional Health Administration (ARS) of Lisbon and Tagus Valley.

This joint work is carried out in a perspective of decentralization, in partnership with Parish Councils of the Municipality, where all participants in the SENIORES + Programme have Gym and Aqua Aerobics classes close to where they live and at an affordable price.

The SENIORES+ programme is a non-profit programme, so the intention is never to profit from any of the suggestions presented.

However, the involvement of its specialised technicians has inherent costs, so a cost assessment would be necessary based on the most appropriate suggestions.

For the elderly, the practice of physical exercise is extremely important, both for maintenance and for improving their mobility. However, it must be done according with the capabilities of each person and always under the supervision of a specialised technician. Therefore, the best strategy will always be to include monitoring by technicians, on a regular or punctual basis.

The activities to be carried out with each person will always depend on their degree of mobility, level of general functional aptitude, motivation for the practice, among other variables of the elderly person. It will always be essential to evaluate the elderly person before presenting a proposal for activities.

DATA COLLECTION

Coordinator of the CLDS4G Project

During the search for local entities and projects that promote active ageing, within the scope of social development, we also interviewed Dr. Gabriela Galeão, Technical Coordinator of the CLDS4G project (Local Contract for Social Development) of Caldas da Rainha.

CLDS and Fonte Santa are part of the Social Network of the Municipality of Caldas da Rainha, which brings together various institutional and community partners from the most diverse areas - social action, health, employment, education, security, Parish Councils, among others - with the intention to better make use of the resources of the Municipality and its Parishes.

Axis 3 of the CLDS Action Plan has as its key point the promotion of active ageing and support for the elderly population, being open to the community, so it is always receptive to new ideas and possible projects within its axes of action.

The Sêniores + programme was identified as an asset for elderly people's mobility outside the home. However, with the COVID-19 pandemic, the mobility of these elderly people decreased, causing them to become more dependent and to have developed, in some cases, dementia due to the loss of cognitive activity.


For certain elderly people, socialization is no longer just a moment, but one of the main reasons to live. For these people, initiatives that promote their social contact should be favored, instead of promoting their stay at home, as the longer they stay at home, the more difficult it will be to leave their homes.

CLDS develops initiatives within a close proximity volunteering. The first is the "Bom Dia" programme, a Psychosocial Support Line, in partnership with the Municipality and which consists of telephone support for people over 65 in a situation of vulnerability or isolation. There is also the "Mais Perto" programme, which involves face-to-face visits, carried out by pairs of volunteers.


Dr. Gabriela Galeão proposed to include the elderly in Home Support by Fonte Santa IPSS in the several initiatives mentioned, as well as others that may exist, such as social gatherings and cinema cycles in the library.

STAKEHOLDERS


Following our research into the phenomenon and the interview with the expert, as well as weekly meetings with company representatives, we were able to identify the following stakeholders for our project:




Psychologists



Parish council



Cultural and
Recreational
Associations




Entities/ Local
Projects




Jornal das Caldas



Polytechnic of Leiria



Universidade
Sénior



Physical therapists



Healthcare Centres



SWOT ANALYSIS

STRENGTHS

- Home Support Service
- Efficient work dynamics
- Proactive in senior wellness
- Only IPSS in the parish with Home Support
- Diversity of provided services
- Close relationship with customers

WEAKNESSES

- Few human resources
- Limited time for individual home support

OPPORTUNITIES

- Existence of a Social Network in the council
- Possibility to establish partnerships
- More awareness of healthy ageing
- More awareness of psycho-social wellness
- Global ageing
- Pandemics

THREATS

- Lack of public policy support
- Low retirement pension amounts
- Climate change
- Social isolation
- Pandemics



SWOT ANALYSIS

STRENGTHS

- The very existence of the home support service, thus making it easy to “take mobility home”;
- Having an efficient work dynamics;
- Being proactive in the well-being of the elderly, as they are concerned with trying to find new solutions to meet the needs of their users;
- The fact that it is the only IPSS that provides home support in the parish where they operate;
- Being an institution with a great diversity of services;
- The close relationship between employees and service users.

WEAKNESSES

- The few human, material and financial resources available at Fonte Santa;
- Time limitation on each home visit.



SWOT ANALYSIS

OPPORTUNITIES

- The existence of a Social Network in the Municipality, which seeks collaborative work between different entities with regard to social issues;
- The existence of potentially partnering entities, that showed interest in collaborating in this project;
- Greater social awareness of issues related to healthy ageing;
- A greater concern with psychosocial well-being and the perception of its importance;
- The global ageing of the population, making the existence of projects that respond to the needs of this public increasingly necessary.

THREATS

- The lack of support of public policy, as the State delegates most of the responsibility for creating social responses to the private sector;
- The reduced value of the retirement pensions;
- Climate change, as, in more extreme conditions, it can affect some activities carried out outside.



SWOT ANALYSIS

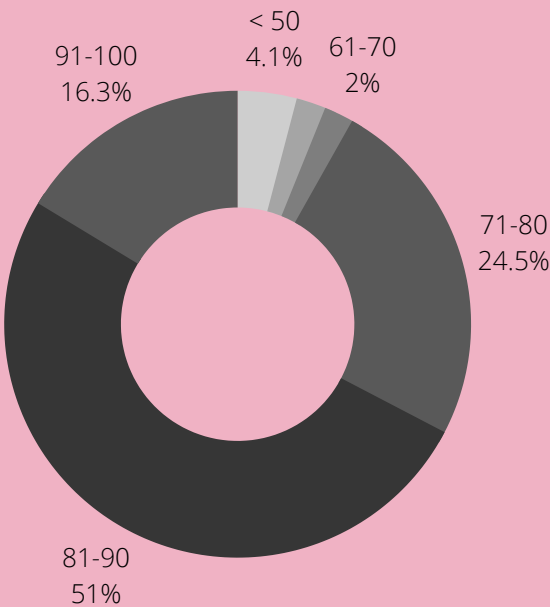
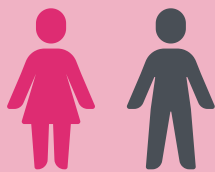
OPPORTUNITIES AND THREATS

- We considered social isolation and the current pandemic as both an opportunity and a threat.
- Social isolation aggravated some health issues for many elderly people, both at the motor level and at the cognitive, psychological and social level, but it also showed the importance, not only of home support, but also of social projects in the area of ageing.
- The pandemic situation could be an obstacle to the home support service, but it could also be seen as an opportunity, as it showed the need for the existence and reinvention of social projects in the area of healthy and active ageing.

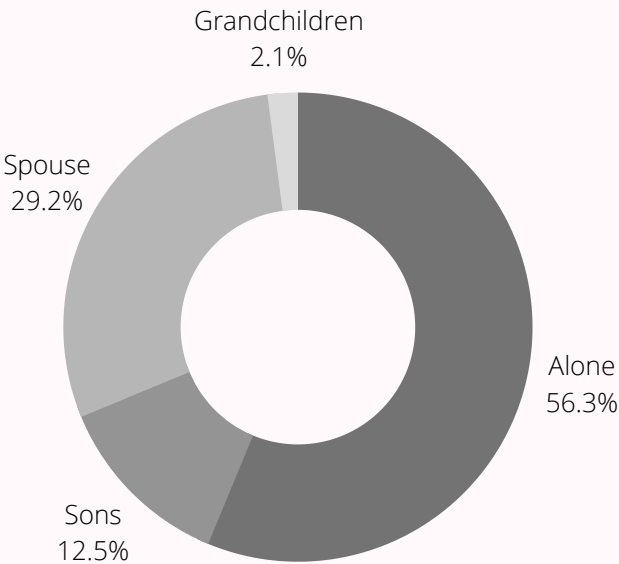
PROFILE OF HOME SUPPORT SERVICE USERS

A survey by questionnaire was applied to the 48 users of the Home Support service, in order to understand their physical and emotional condition, habits and attitudes, which allow the design of the Senior Wellness Support Plan.

HOW OLD THEY ARE

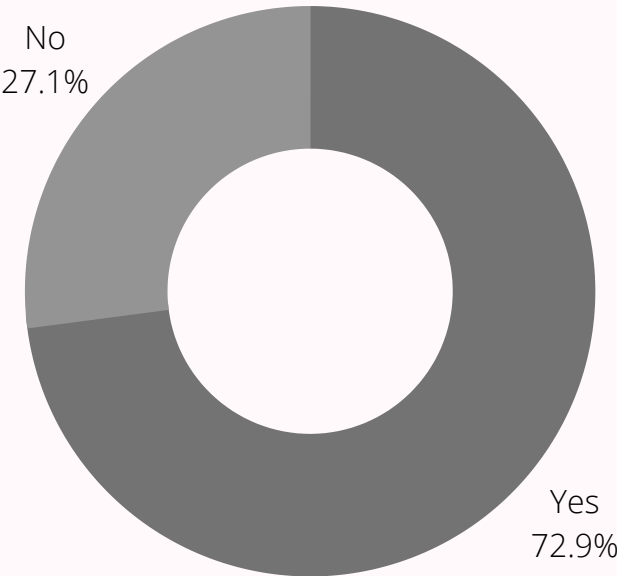
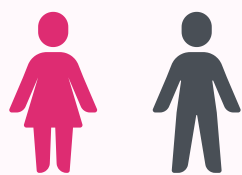


WHO THEY LIVE WITH

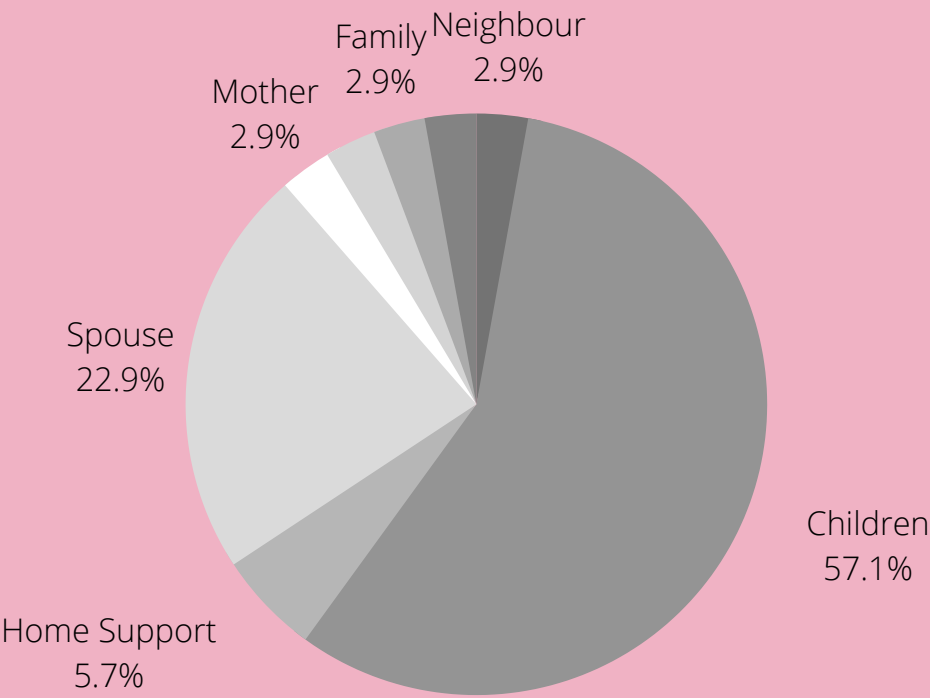


PROFILE OF HOME SUPPORT SERVICE USERS

CAREGIVER(S)

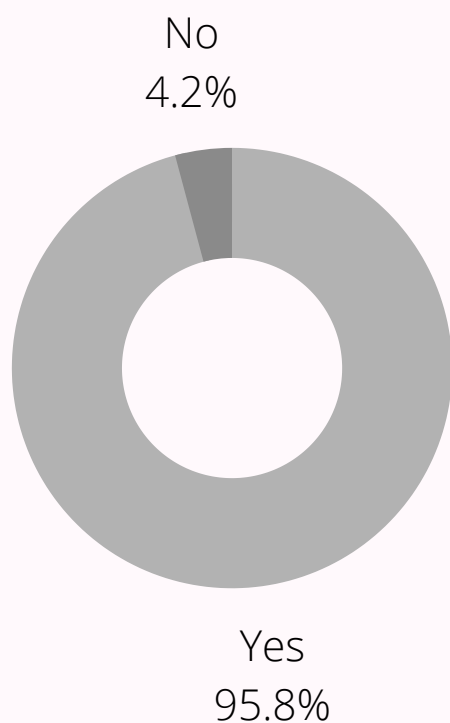
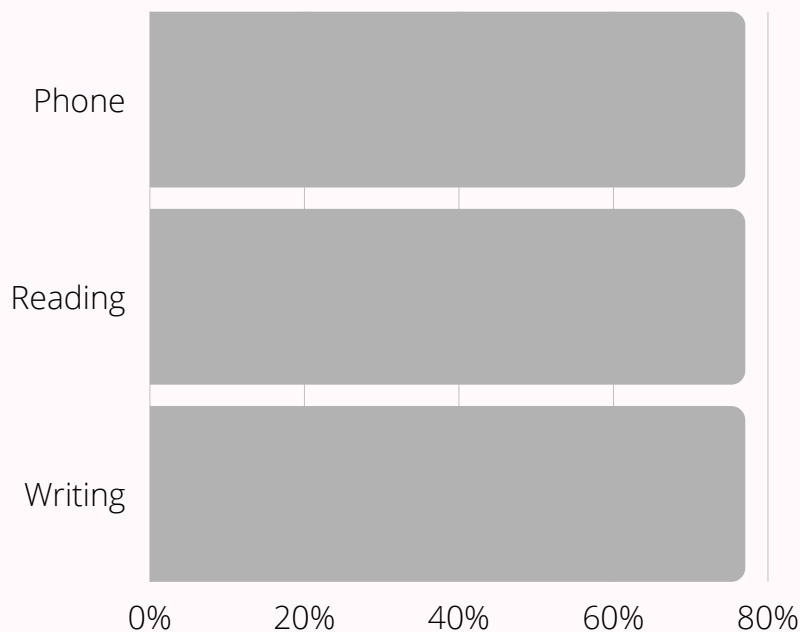


WHO THE CAREGIVER IS



PROFILE OF HOME SUPPORT SERVICE USERS

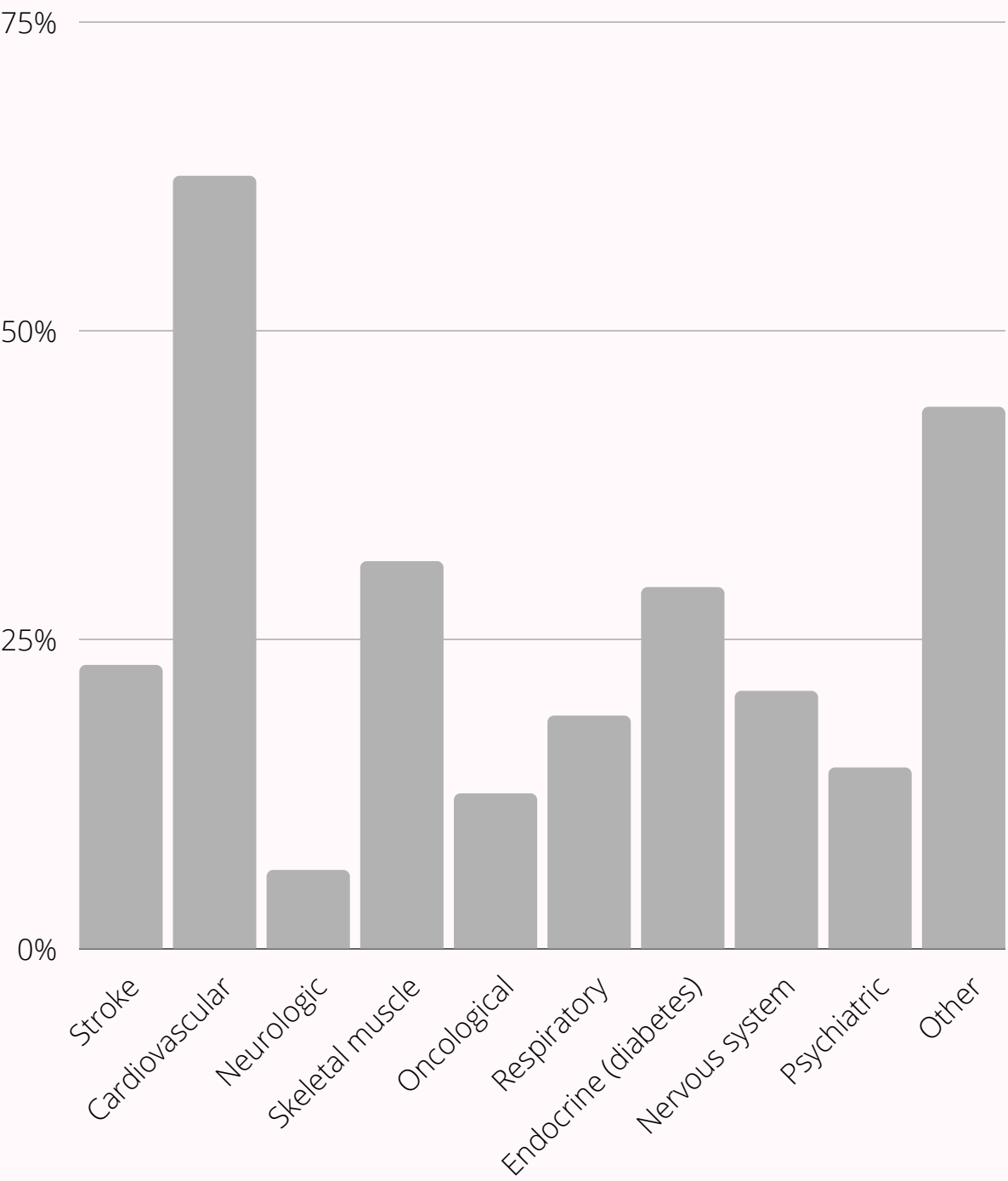
AUTONOMY



HAS SOMEONE TO SHARE PROBLEMS WITH

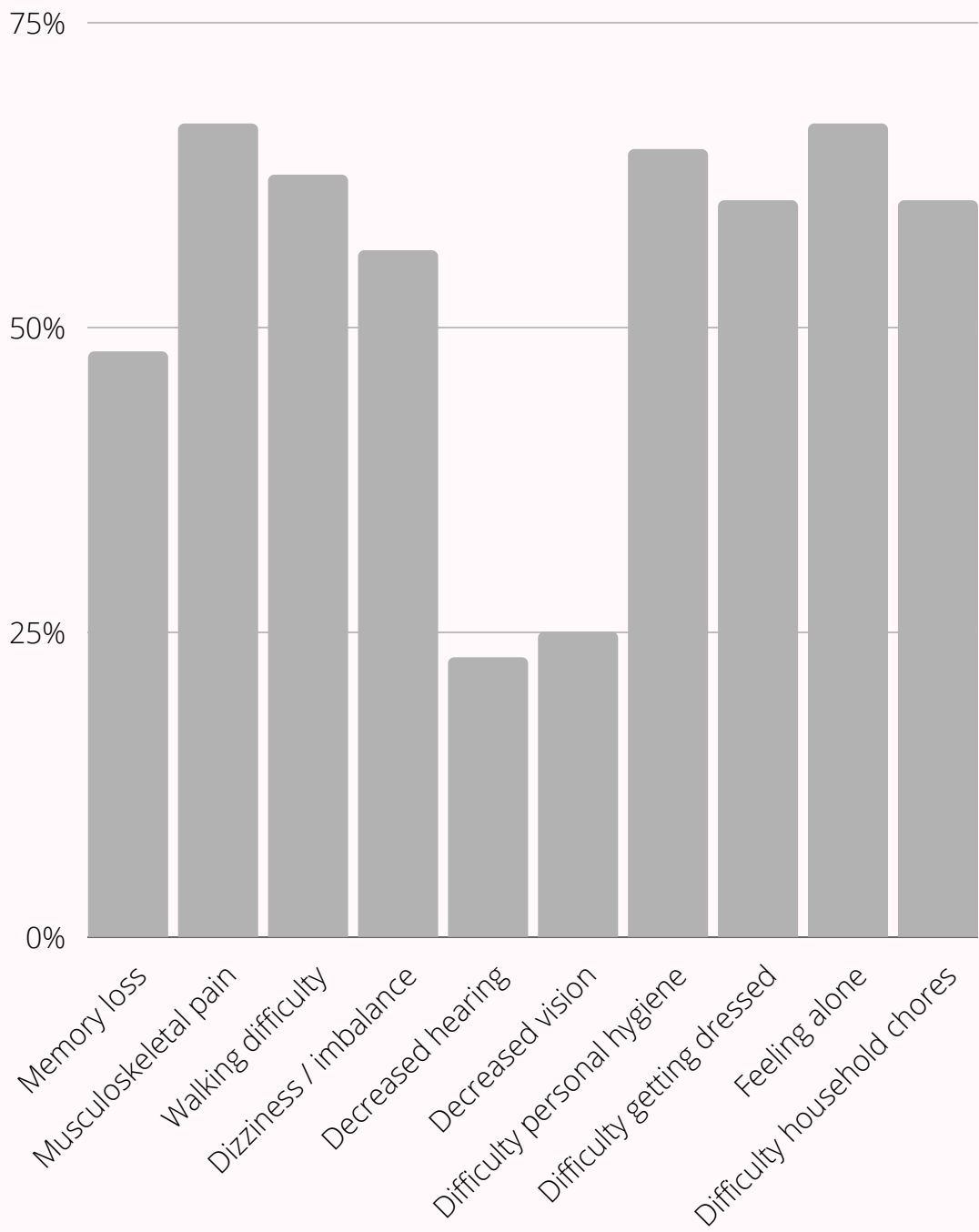
PROFILE OF HOME SUPPORT SERVICE USERS

DISEASES



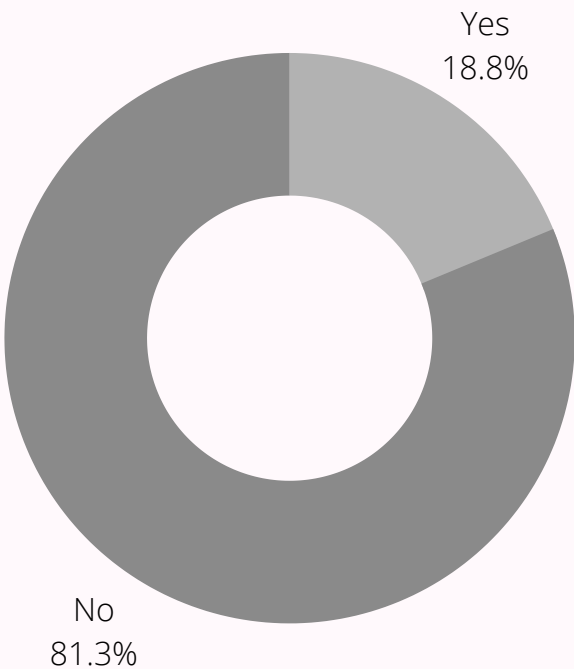
PROFILE OF HOME SUPPORT SERVICE USERS

SYMPTOMS

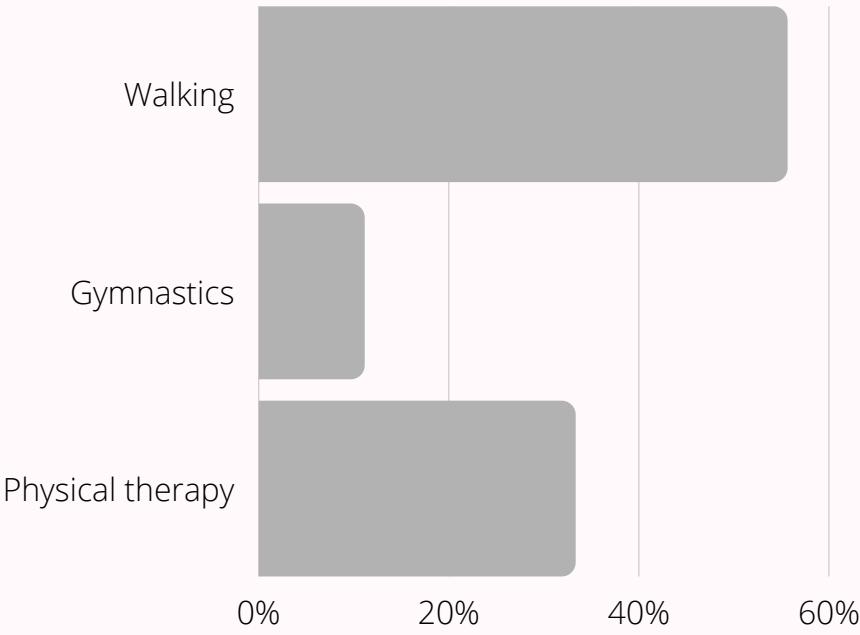


PROFILE OF HOME SUPPORT SERVICE USERS

PRACTICES PHYSICAL EXERCISE



PHYSICAL EXERCISE



PROFILE OF HOME SUPPORT SERVICE USERS

LEAVES HOME

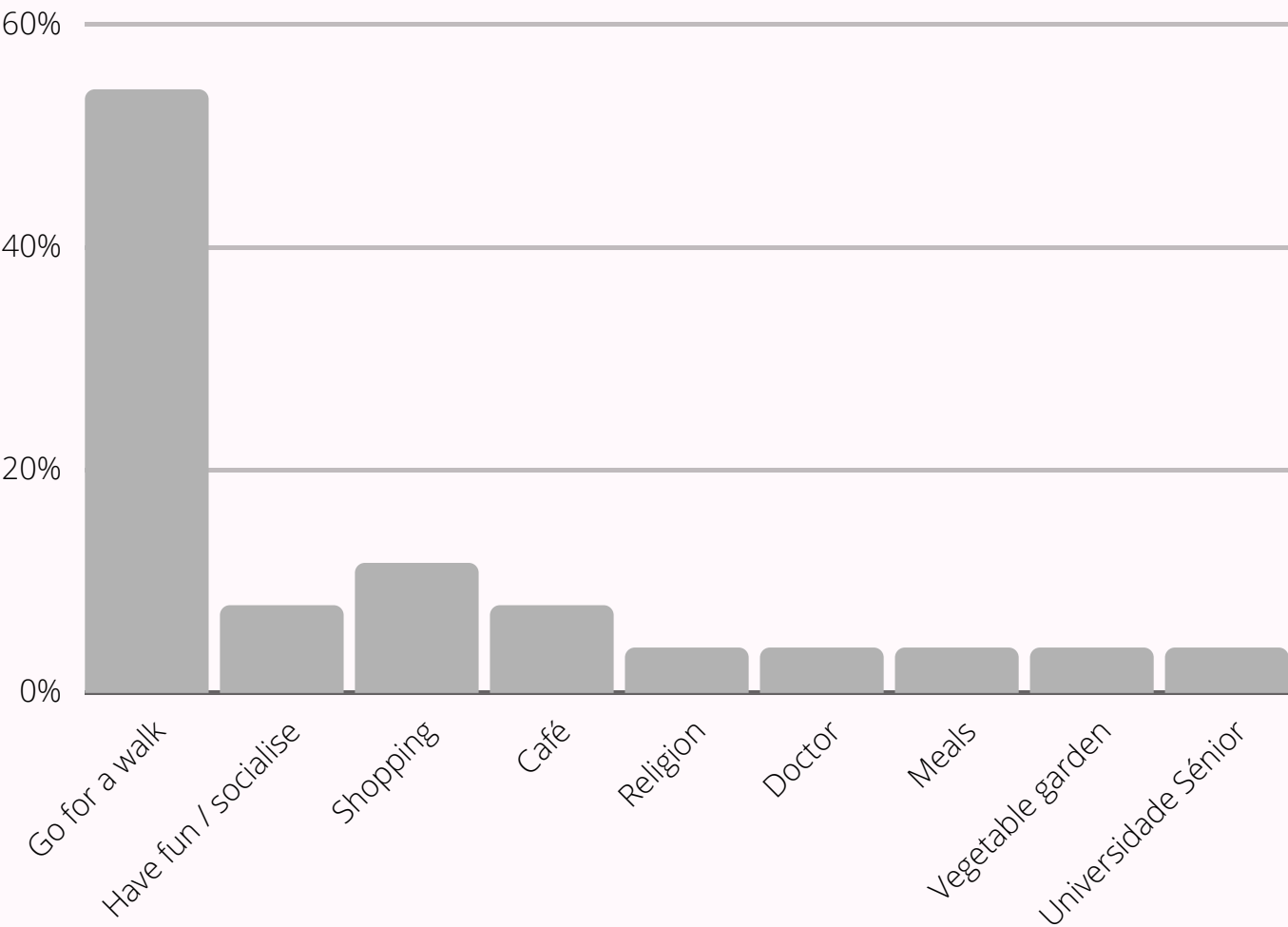


No
45.8%



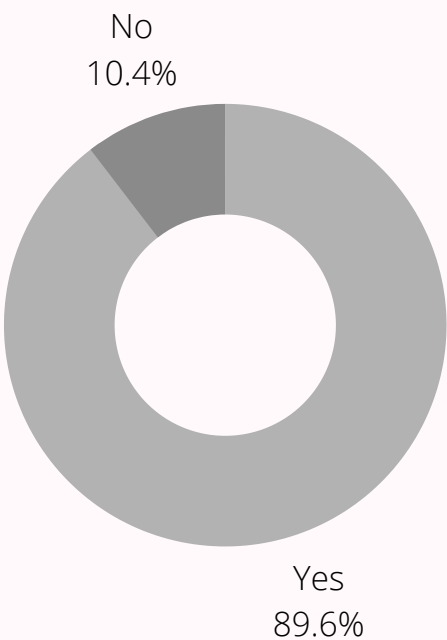
Yes
54.2%

REASON(S) TO LEAVE HOME

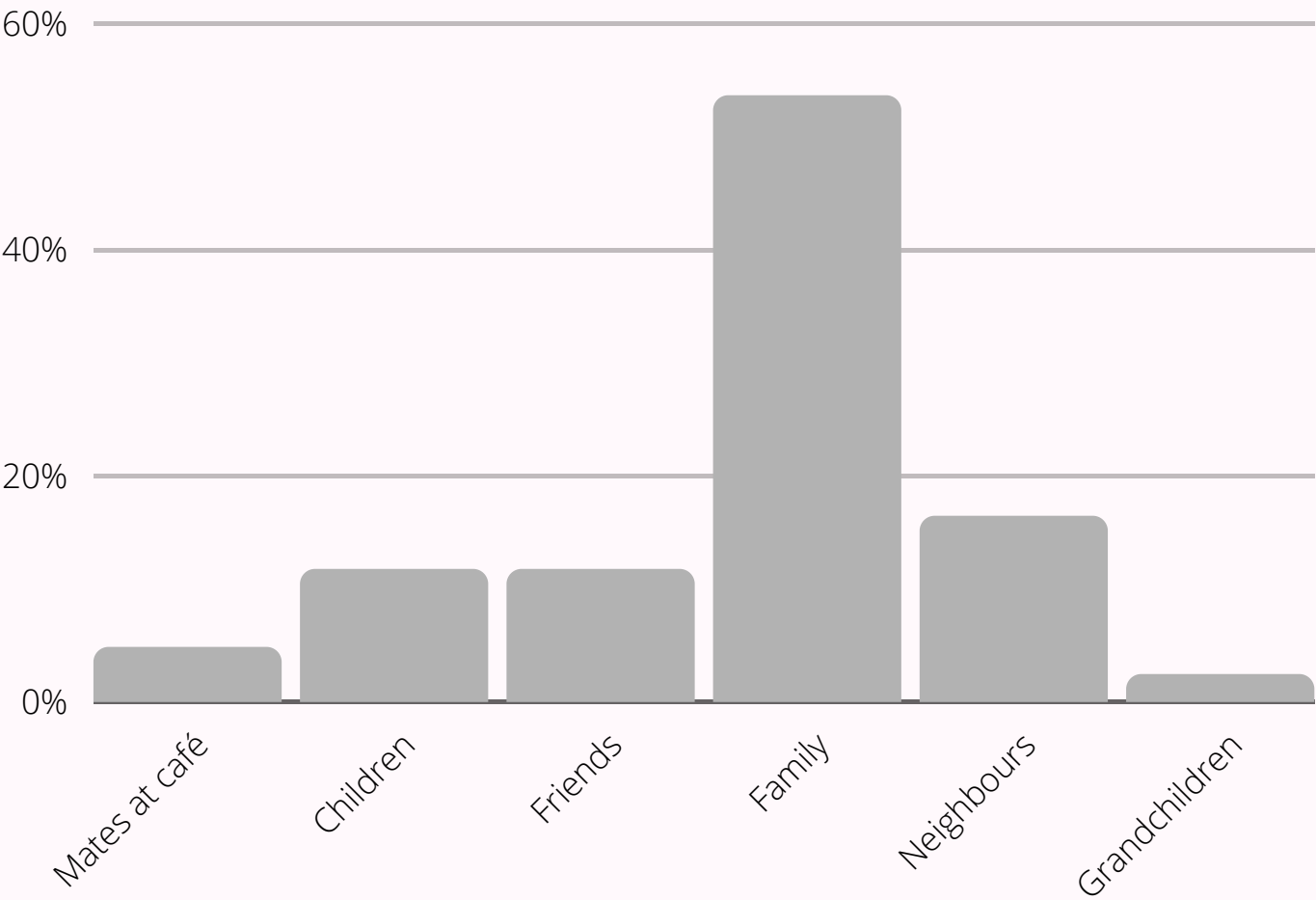


PROFILE OF HOME SUPPORT SERVICE USERS

SOCIALISES WITH OTHER PEOPLE



WITH WHOM?



ANALYSIS OF THE PROFILE OF HOME SUPPORT SERVICE USERS

- Most of the elderly are aged between 71 and 80 years (25.5%) and between 81 and 90 (51%).
- More than half of the elderly (56.3%) reported living alone, with only 29.2% reporting living with their spouse and 12.5% with their children. Despite this percentage of individuals living alone, the vast majority reported having the monitoring of a caregiver (72.9%). Caregivers are generally children (57.1%), followed by spouses (22.9%).
- Of the total of 48 elderly people, 77% say they know how to read and write and are autonomous in using their mobile phone.
- Another important aspect would be to have a perception of the health of the elderly and the most frequent diseases, as they play an important role in their level of autonomy. The group presented some diagnoses such as: cardiovascular diseases; neurological diseases; musculoskeletal diseases; respiratory diseases; endocrine diseases; nervous system diseases; psychiatric diseases, among others, the most common being cardiovascular diseases (62.5%).
- In addition to diseases, the elderly also have some difficulties that can be barriers to performing activities in their daily lives, such as: memory loss (48%); musculoskeletal pain (66.7%); difficulty in walking (62.5%); imbalances/dizziness (56.3%); hearing loss (22.9%); decreased vision (25%); difficulty in performing their personal hygiene (64.6%); difficulty dressing alone (60.4%); feeling of loneliness (66.7%) and difficulty in performing household chores (60.4%).
- Only 9 elderly people practice physical exercise, the most common being walking (5 elderly),
- As for going out, 54.2% answered that they regularly go out, especially to go for a walk.
- With regard to socializing, this group of elderly people reported that they mostly live and socialize with their family (53.5%).

SENIOR WELLNESS SUPPORT PLAN

To know how to grow old is the master work of wisdom, and one of the most difficult chapters in the great art of living.

HERMAN MELVILLE

Introduction

Are we providing our Home Support Service in a way to promote the independence of the elderly?

Are we contributing positively for these people to stay longer in their homes? If so, in which conditions?



This is one of the concerns of Fonte Santa, Centro Social Serra do Bouro, to which this proposal for a Senior Wellness Support Plan intends to respond, within the time limit of 8 weeks defined for the entire project.

SENIOR WELLNESS SUPPORT PLAN

Framework

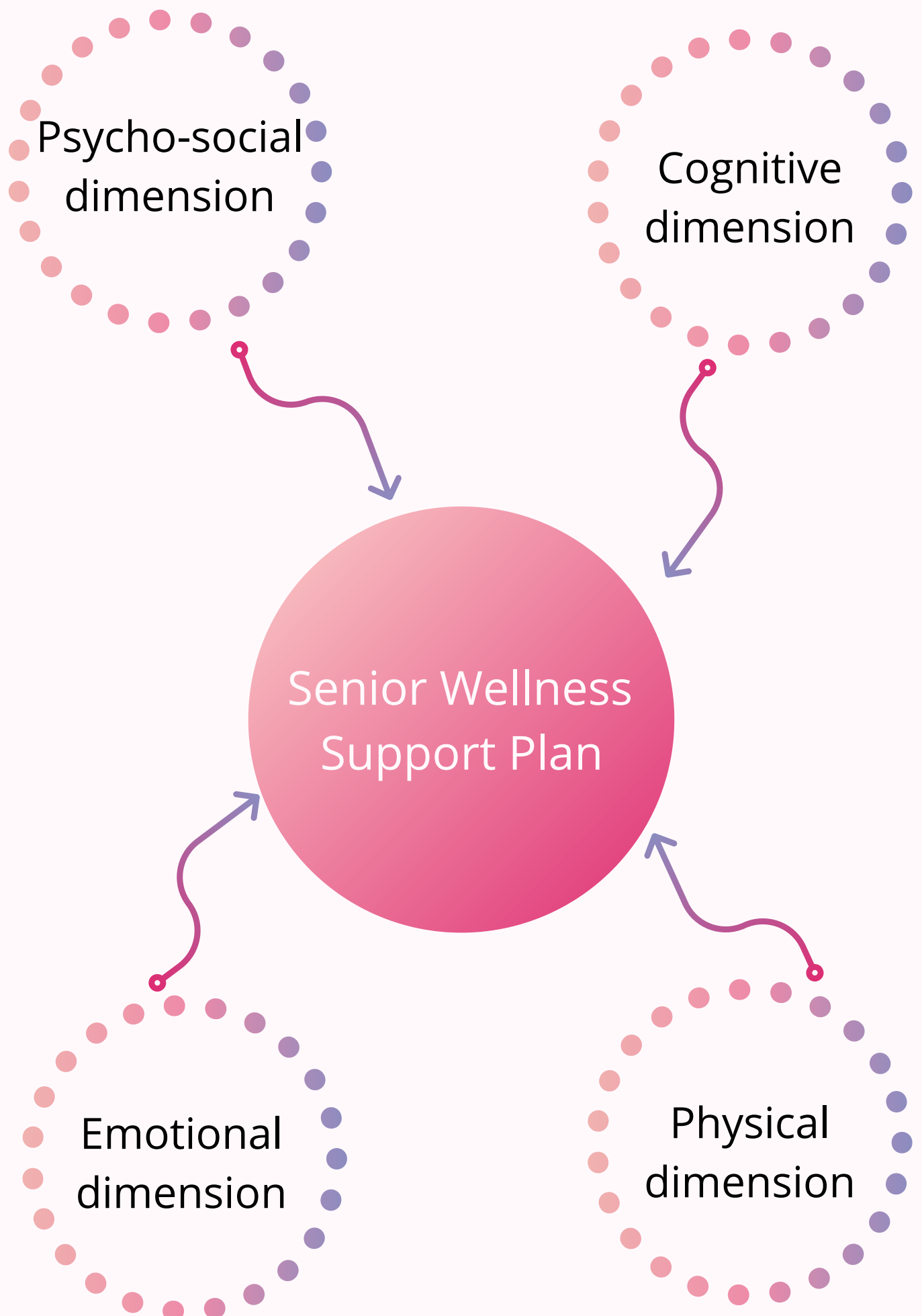
Description of the institution

.....

Fonte Santa, Centro Social da Serra do Bouro is a Private Institution of Social Solidarity (IPSS), founded on 15 September 2005, with headquarters in the Union of Parishes Santo Onofre e Serra do Bouro, municipality of Caldas da Rainha. It was recognized as a legal person of public utility in February 2, 2006. Fonte Santa has around 400 members. In May 2011 the head office building was inaugurated, a total investment of about one and a half million Euros, co-funded by Social Security under the PARES programme, by the Municipality of Caldas da Rainha, by the Parish Council, with the support of all the institutions and population of Serra do Bouro. The building accommodates the administrative services and social responses of Home for the Elderly, Day Care and Day Center.

Fonte Santa, Centro Social da Serra do Bouro has the mission to contribute to the well-being of its users, through a set of services provided with excellence and quality, thus providing them with a better quality of life. Its vision is to be a reference institution, basing its intervention on the continuous improvement of practices and on raising the quality of services provided.

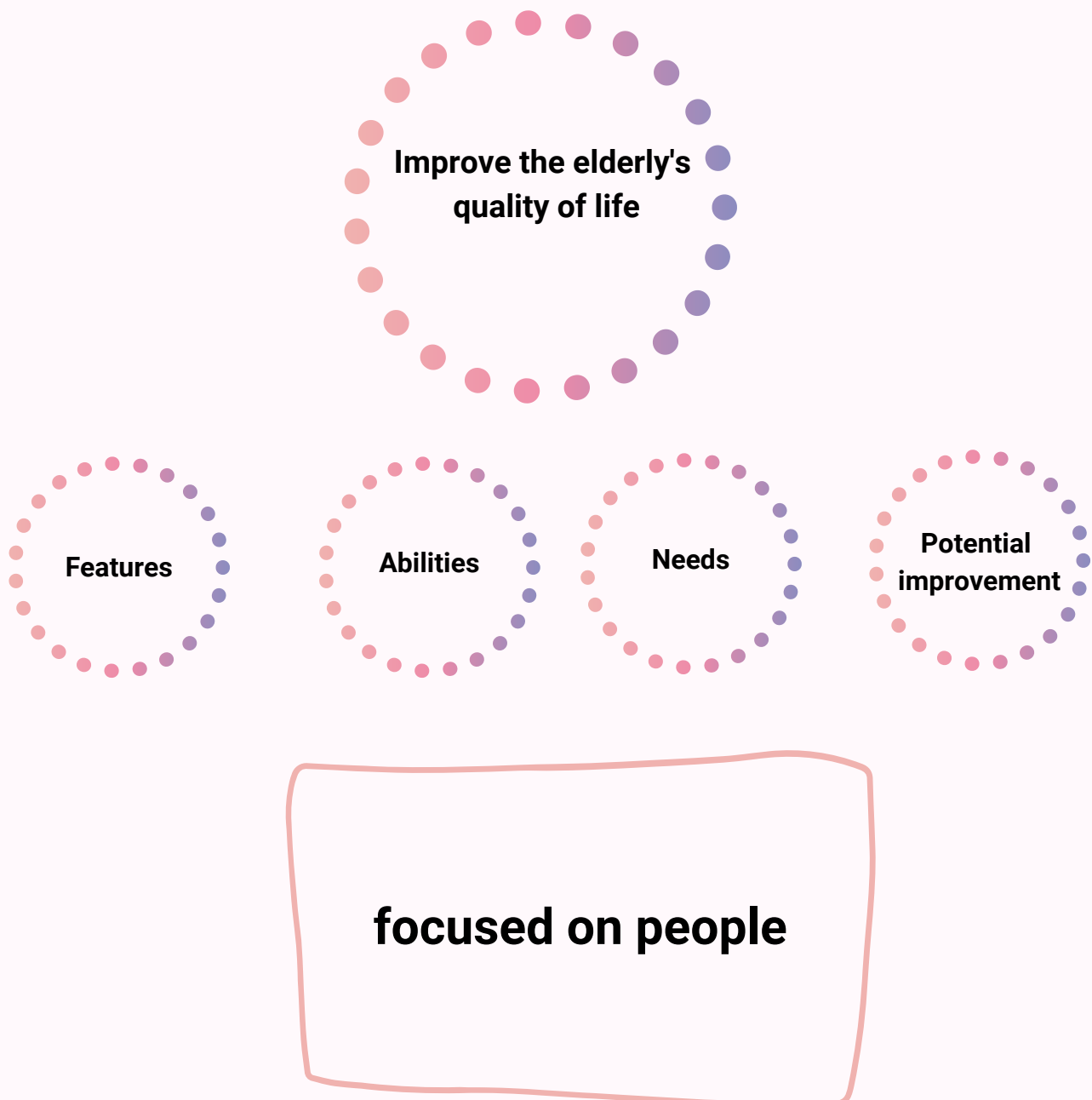
.....



SENIOR WELLNESS SUPPORT PLAN

Profile of the Home Support Service users

The Senior Wellness Support Plan has a multidisciplinary character that aims to promote the elderly's well-being, involving a team that works in different areas, while facilitating communication within the team and between the team and the user and family or caregiver(s).



SENIOR WELLNESS SUPPORT PLAN

Profile of the Home Support Service users

More than 80 years old

The majority doesn't do any
physical exercise

Don't leave home very often

Different pathologies

Live alone or with spouse



SENIOR WELLNESS SUPPORT PLAN

Profile of the Home Support Service users

Obstacles to daily activities

.....

Musculoskeletal pain

Walking difficulties

Dizziness / imbalance

Get dressed on their own

Pandemics

Less physical mobility

Less social contact

Feeling of loneliness

SENIOR WELLNESS SUPPORT PLAN

Innovative character of the proposal

**In-depth study of existing
local resources**

**Collaboration between
different stakeholders**

**To support the implementation of the
different dimensions of the Plan**



SENIOR WELLNESS SUPPORT PLAN

.....

There are currently numerous entities that provide services within the field of social economy, inserted in local communities, adapting to their needs, but whose activity is based more on a privileged partnership with the State, often underestimating the potential of a close collaboration with similar institutions.

.....

In this context, we present the entities and projects that are being developed in the municipality of Caldas da Rainha and whose technical managers are receptive to close collaboration in implementing this Senior Wellness Support Plan, taking into account the complementary intervention areas.

Next, we present a very concrete proposal on how this collaboration can happen with each potential partner.

.....

SENIOR WELLNESS SUPPORT PLAN



Healthcare Centre

- role of the family doctor – clinical history, clinical assessment, including a psychological assessment (cognitive, affective functioning, including depression and loneliness)
- initial diagnostic assessment
- health education and mobility sessions
- Functionality assessment (scales and measurement instruments to assess motor, cognitive, neurosensory, cardiorespiratory functions, among others)
- integration of nurses in a multidisciplinary team, to inform, support, train and monitor the practice of physical activity



SENIOR WELLNESS SUPPORT PLAN

Recreational Society Os Pimpões SENIORES + Programme

- awareness sessions for the elderly, with the aim of highlighting the importance of an active life for the maintenance and/or improvement of the level of mobility and, consequently, the quality of life, based on scientific evidence and presented in a clear and practical way;
- awareness and/or training sessions for caregivers, with the aim of increasing knowledge about physical exercise, with practical content that enables the inclusion of basic exercises in home visits, thus promoting more active daily routines;
- General Functional Aptitude and/or Mobility assessments, in order to understand what each person can do, in order to be able to help them individually, monitoring their evolution regardless of the activities/strategies used;
- monthly visits by an accredited Physical Exercise Technician, to carry out a personalized training session with tips for a routine that includes simple exercises, focused on mobility, to be performed on the remaining days of the month.



SENIOR WELLNESS SUPPORT PLAN

ACDR Arneirense and Cultural and
Recreational Centre of Serra do Bouro

- provision of space for socialising and/or mobility sessions for the elderly.

Polytechnic of Leiria
Health School
Education and Social Sciences School

- cooperation with the Clinical Internships and Practices Office (GEPC) at ESSLei, in the context of practical teaching programmes, namely in the areas of Dietetics and Nutrition, Physical therapy and Occupational Therapy, among others.
- cooperation with the Training and Projects Support Office (GAFP) at ESECS, within the scope of curricular internships in the areas of Sport and Well-Being and Social Service, among others.



SENIOR WELLNESS SUPPORT PLAN

CLDS4G Caldas da Rainha

- include seniors from SAD in existing volunteer programmes:
- "Bom dia" Project - telephone conversations with volunteers who regularly call the elderly)
- "Mais Perto" Project - visits to their homes, to talk, shop, for cognitive development activities, among others
- include elderly people from SAD in the Caldenses 65+ project, a space in local newspapers, with specific information for the senior population, (example: "Life Testimonies" section)
- SAD seniors contribute to defining themes for debate in meetings and other thematic gatherings

.....

SENIOR WELLNESS SUPPORT PLAN

Santo Onofre e Serra do Bouro
Parish Council

- **promote articulation among all stakeholders**
- **assess the housing conditions of the elderly, helping them adapt to the needs of each one" in order to "promote their autonomy"**

.....

SENIOR WELLNESS SUPPORT PLAN

Examples of activities that can be developed together by potential partners

Masquerade balls

Session about their childhood games and toys

Contribute to solidarity causes using their skills.

Record short videos about their traditions



SENIOR WELLNESS SUPPORT PLAN

Physical Dimension

The stimulation of the physical and mental health of the elderly is associated with a reduction in the adverse effects of the ageing process and it can even be considered synonymous with an improvement in functional capacity and an increase in quality of life.

The concept of physical exercise is defined as the dynamic triggering of planned and repeated movements, which aim to maintain or improve one or more components of the physical condition. The frail elderly person is faced with an increasing loss of their motor abilities, which in part is associated with loss of muscle mass and tone, strength and decreased balance and endurance, which can lead to a bigger tendency to fall or suffer fractures.

Guided, structured and supervised physical exercise represents one of the best strategies to preserve the levels of functionality and independence of frail elderly people.

One of the most important factors in monitoring physical exercise is to meet their individual characteristics in order to ensure the success of the intervention and maximum collective adherence.

In order to sensitise the elderly to the practice of physical exercise, posters were created with a plan of physical activities. These posters are intended to help Home Support Service users in carrying out the exercises.

SENIOR WELLNESS SUPPORT PLAN

Physical Dimension

As a solution proposal for the project, in order to promote active healthy ageing, we propose the following physical exercise plan.

Physical exercise sessions can be done one or two days a week, depending on the availability of the elderly person and the person who will accompany them.

The plan is divided into three parts, that is, into three mesocycles, each lasting 4 weeks and the objective is to make progress.



The 1st mesocycle intends to develop joint and functional mobility, that is, awareness of support limbs, control of spinal stability, breath control.



In the 2nd mesocycle, the number of exercises increases and loads are introduced, the base of support is reduced, greater movements and a combination of movements of different order.



The 3rd mesocycle is similar to the 2nd one, where load is introduced in the exercises, the base of support is reduced, the number of repetitions increases and there is a combination of movements.

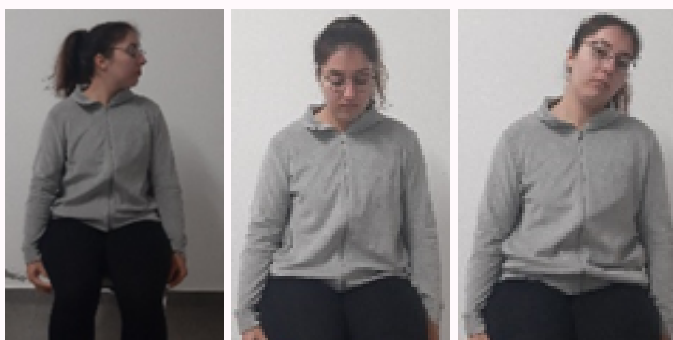
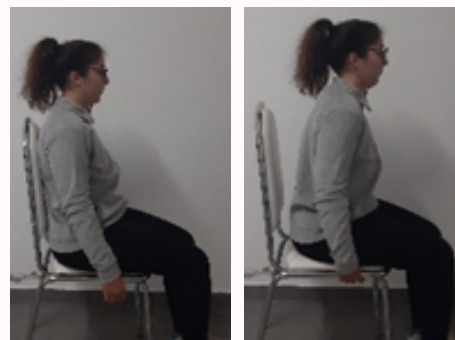
SENIOR WELLNESS SUPPORT PLAN

1st Mesocycle

25 to 30m, no material

1- Stability of the neutral position

Use the strength of the core and arms to disengage and keep the trunk away from the chair support (2 to 4 times).



2- Cervical

Flexion, rotation and tilt of the head. If the senior is accompanied, we ask the person to ask questions so that they respond with the head.



3- Shoulders

Elevation and depression of the shoulders and scapula. If the senior is accompanied, the person who asks questions and the answer will be "whatever", so that they raise and lower the shoulders. If eventually the senior is alone, they raise and lower the shoulders.



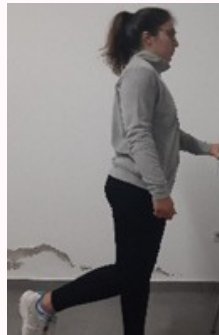
SENIOR WELLNESS SUPPORT PLAN

1st Mesocycle

25 to 30m, no material

4- Fingers and hands

Flexion and extension; adduction and abduction - crumpling and dropping a paper (6 to 8 times).



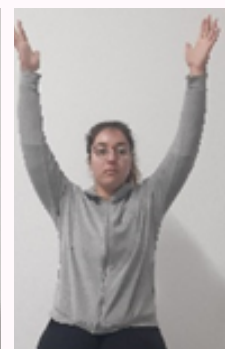
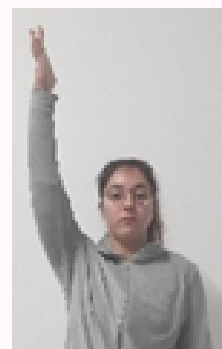
5- Knees

Extending and flexing the knee, as if we were going to kick a ball (6 to 8 times). It can be done standing or sitting, depending on the person's ability.



6- Unilateral/frontal elevation

Six to eight reps on the right and another six to eight reps on the left, as if we were picking fruit from the tree/raising the finger in the air, raising arms up with elbow in extension and neutral spine, stretching one arm at a time and then both at the same time.



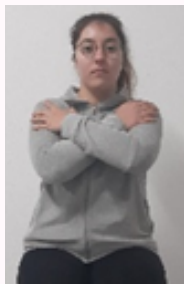
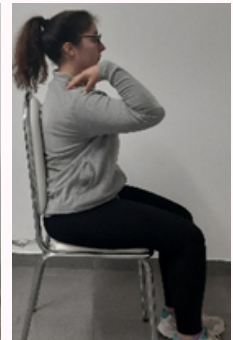
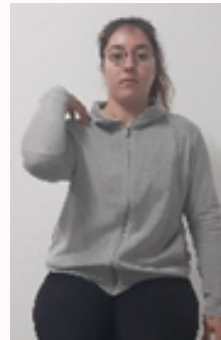
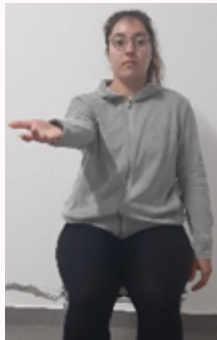
SENIOR WELLNESS SUPPORT PLAN

1st Mesocycle

25 to 30m, no material

7- Elbow flexion and extension

Touch the shoulder, 6-8 reps on the right and 6-8 reps on the left.



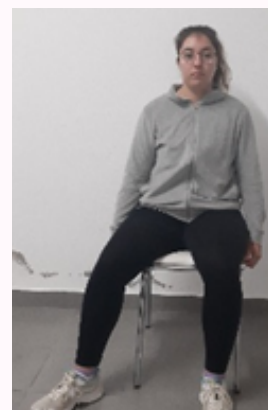
8- Horizontal adduction and abduction

If the person is with someone, hug that person, if alone, hug yourself (6 to 8 times).



9- Side touch

Sitting, stepping to the side, 10 alternate reps.



SENIOR WELLNESS SUPPORT PLAN

1st Mesocycle

25 to 30m, no material

10- Upper limbs stretching

Stretching with extension of the fingers, with the other hand helping.



11- Lower limbs stretching

Hamstring stretch, showing the soles of the shoes, 10 to 20 seconds in the same position.

SENIOR WELLNESS SUPPORT PLAN

2nd Mesocycle

30 to 35m, load may be introduced in 3rd and 4th weeks

1- Stability of the neutral position

Use the strength of the core and arms to disengage and keep the trunk away from the chair support (2 to 4 times).



2- Side flexion of the trunk

.Lateral flexion of the trunk, on one side and then the other, 4 to 8 times dynamically.

Tell the person to stretch, ask if they have already stretched that day or if they have the habit of stretching.



3- Trunk

Leaning back and forth from the chair, but now trying to get up (4 to 8 times). Keep the feet balanced on the ground and strength in the arms, leaning the trunk forward and getting up from the chair.



SENIOR WELLNESS SUPPORT PLAN

2nd Mesocycle

30 to 35m, load may be introduced in 3rd and 4th weeks

4- Trunk rotation

Rotate the trunk to the left with the left arm straight; repeat to the right side. Initially you start by sitting down, then standing up. Repeat 4 to 8 times.



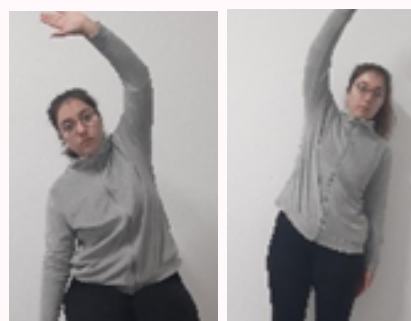
5- Shoulder extension

Do the exercise sitting or standing, depending on the mobility of the person. With the arm extended, bring the shoulder blades together (4 to 8 times).



6- Elevation of upper limbs

Raise the arms doing lateral trunk flexion, 4 to 8 times.



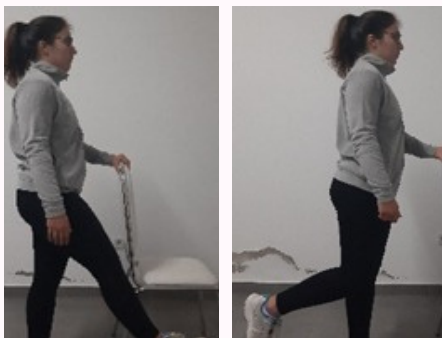
SENIOR WELLNESS SUPPORT PLAN

2nd Mesocycle

30 to 35m, load may be introduced in 3rd and 4th weeks

7- Elevation of diagonal upper limbs

Keep the trunk neutral and spread the arms up and down diagonally apart at the same time. If the person is comfortable with the exercise, we will remove a support from the floor, that is, raise the arm and move the opposite leg away, you can do it with your hands on the back of the chair (4 to 8 times).



8- Knees

Extending and flexing the knee, as if we were going to kick a ball (6 to 8 times). It can be done standing or sitting, depending on the person's ability.



9- Foot

Stepping on the ground with the toe and then the heel, we can even tell the person to pretend to step on a cockroach. Repeat 4 to 8 times.



SENIOR WELLNESS SUPPORT PLAN

2nd Mesocycle

30 to 35m, load may be introduced in 3rd and 4th weeks

10- Upper limbs stretching

Stretching with extension of the fingers, with the other hand helping.



11- Lower limbs stretching

Hamstring stretch, showing the soles of the shoes, 10 to 20 seconds in the same position.



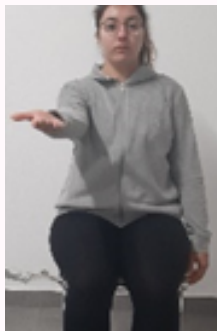
SENIOR WELLNESS SUPPORT PLAN

3rd Mesocycle

35 to 40m, with load

1- Stability of the neutral position

Use the strength of the core and arms to disengage and keep the trunk away from the chair support (2 to 4 times).



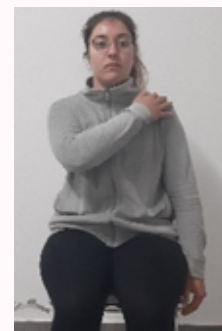
2- Trunk rotation

Rotate the trunk to the left with the left arm straight; repeat to the right side. Initially you start by sitting down, then standing up. Repeat 4 to 8 times.



3- Shoulders

Touch the shoulder with the opposite hand (4 to 8 times).



SENIOR WELLNESS SUPPORT PLAN

3rd Mesocycle

35 to 40m, with load

4- Unilateral/frontal elevation

Raise arms, with elbow in extension and neutral spine, stretch one arm at a time and then both at the same time, 4 to 8 times. If the person is comfortable, place a ball or paper ball in the hand.



5- Horizontal abduction of shoulders

Place the elbows close to the trunk, palm facing up, and open the arms 6 to 10 times.



6- Low row

Keep the spine neutral and bend the elbow back next to your trunk. Do the exercise with a light load.



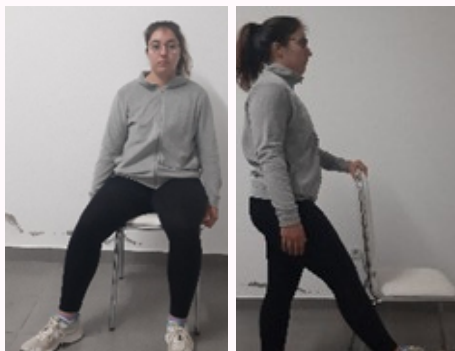
SENIOR WELLNESS SUPPORT PLAN

3rd Mesocycle

35 to 40m, with load

7- Biceps Curl

Elbow flexion, do the exercise with a light load, both arms at the same time, or one at a time.



8- Side touch

Increase amplitude or speed, gliding movements.



9- Knee flexion

Initially with the hand resting on the back of the chair and then progressing by removing the hand support.



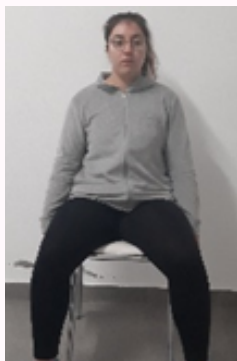
SENIOR WELLNESS SUPPORT PLAN

3rd Mesocycle

35 to 40m, with load

10- Knee extension

Stretch the knee and at the same time raise the arm from the opposite side. If the person is comfortable, try standing.



11- Abduction of lower limbs

Spread the legs and put them back together, sitting and then playing a little with the movements; for example, move them apart - put them together, move them apart, together, then apart.



12- Foot

Sitting or standing, raise the foot and keep the heel touching the floor and then stand on the toes. 2 to 3 sets of 15 seconds, with a 15 second break.



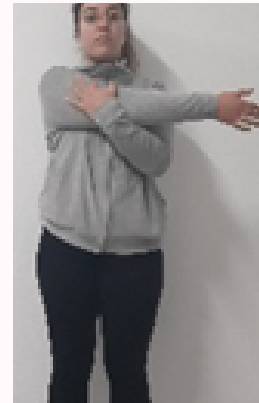
SENIOR WELLNESS SUPPORT PLAN

3rd Mesocycle

35 to 40m, with load

13- Upper limbs stretching

Stretch the arm, pull the arm forward.



14- Lower limbs stretching

Hamstring stretch, showing the soles of the shoes, 10 to 20 seconds in the same position.



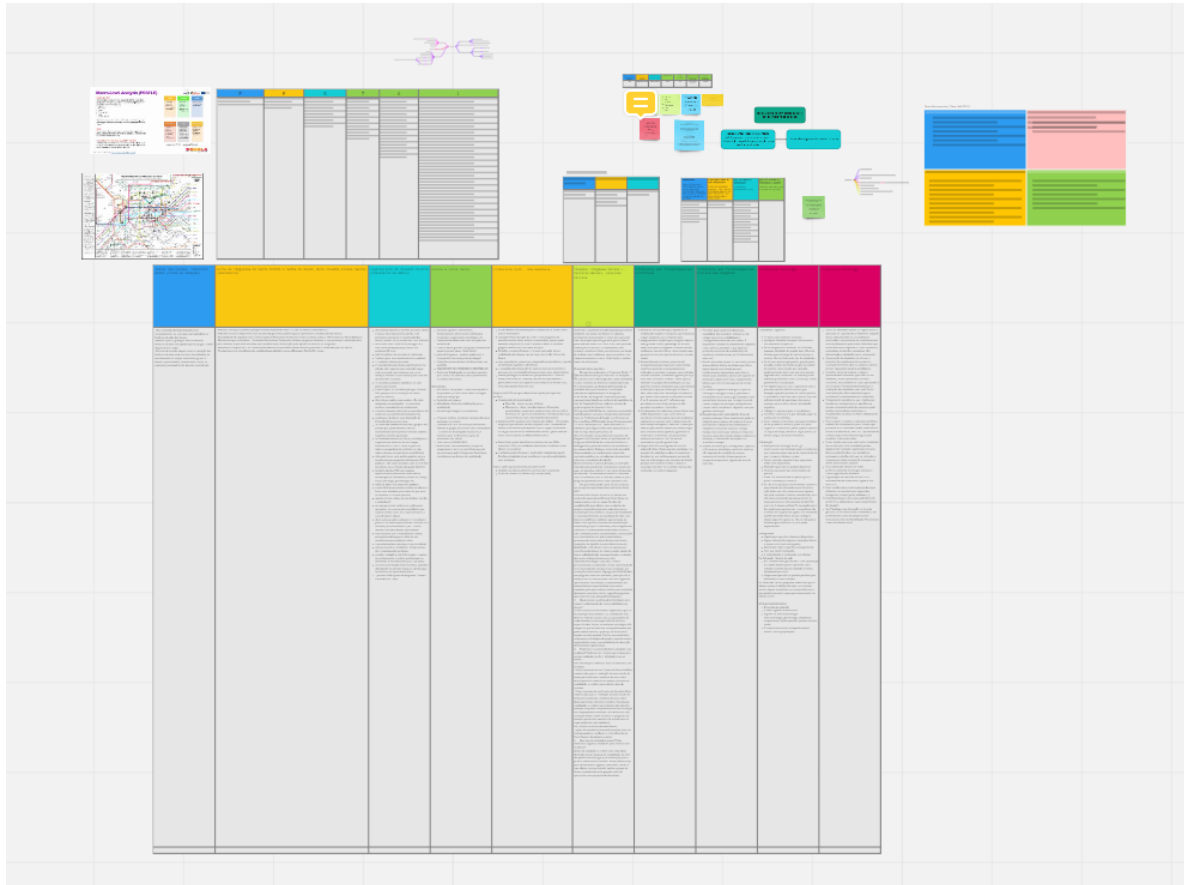
REFERENCES



- Britto, L. A. (2021). Direito à privacidade e à intimidade da pessoa idosa (Master's thesis).
- Costa, A. (2017). Estratégia Nacional para o Envelhecimento Ativo e Saudável. Direção Geral de Saúde.
- Dennis, H. (2004). Evolution of the link between business and aging. *Generations*, 28(4), 8-14.
- Fernandes, A. A. (1997). Velhice e sociedade: demografia, família e políticas sociais em Portugal. Celta Editora.
- Grossi, G., Lanza, R., Napoletano, P., Noceti, N., & Odone, F. (2020). Positive technology for elderly well-being: A review. *Pattern Recognition Letters*, 137, 61-70.
- Instituto nacional de estatística. (1999). As Gerações Mais Idosas. Consultado em 6 dezembro de 2021. Disponível em https://www.ine.pt/xportal/xmain?xpid=INE&xpgid=ine_destaques&DESTAQUESdest_boui=74099&DESTAQUESmodo=2
- Marinho, H. I. R. (2013). Serviço de Apoio Domiciliário: práticas e dinâmicas na ótica do utente (Doctoral dissertation).
- Nummelin, J. (2005). Business potential in senior services. *International Journal of Strategic Property Management*, 9(3), 191-200.
- Paúl, C. (2005). Envelhecer em Portugal: Psicologia, saúde e prestação de cuidados. Climepsi Editores.
- Pimenta, S. E. (2017). Mobilidade reduzida dos idosos no domicílio-Condições determinantes (Doctoral dissertation).
- Pimentel, L. (2000). Novas tendências do apoio social ao cidadão idoso. *Geriatrics Revista Portuguesa de Medicina Geriátrica*, 10, 6-16.
- Roach, S. (2003). Introdução à enfermagem gerontológica. In *Introdução à enfermagem gerontológica* (pp. 351-351).
- Rodrigues, A. F. D. C. (2016). O papel das comissões municipais de proteção às pessoas idosas (Doctoral dissertation).
- Santos-Rocha, R., Freitas, J., Ramalho, F., Couto, F., & Apóstolo, J. (2019). Programa de Exercício Físico Para o Idoso Com Fragilidade—Manual de Apoio. Unidade de Investigação em Ciências da Saúde: Enfermagem-Escola Superior de Enfermagem de Coimbra: Coimbra, Portugal.
- Sequeira, C. (2010). Cuidar de idosos com dependência física e mental (pp. 972-978).
- Veloso, E. (2008, June). A análise da política da terceira idade em Portugal, de 1976 a 2002. In *Actas do VI Congresso Português*.



APPENDIX



1- Miro

PHYSICAL TRAINING PLAN



Mesocycle 1



1 - Stability of neutral position



2- Cervical



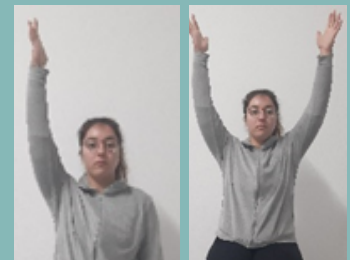
3- Shoulders



4- Fingers and hands



5- Knees



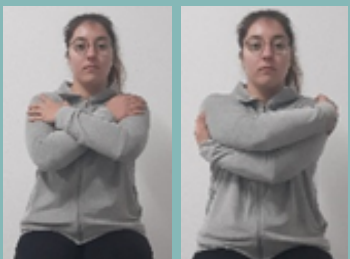
6- Unilateral/frontal elevation



7- Elbow flexion and extension



8- Horizontal adduction and abduction



9 - Side touch



10 - Upper limbs stretching



11- Lower limbs stretching

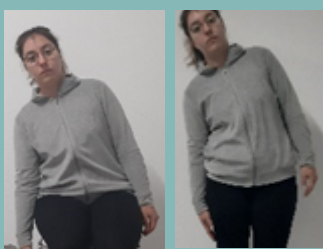


PHYSICAL TRAINING PLAN

Mesocycle 2



1 - Stability of neutral position



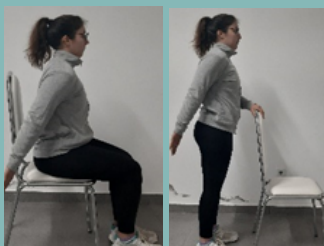
2- Trunk



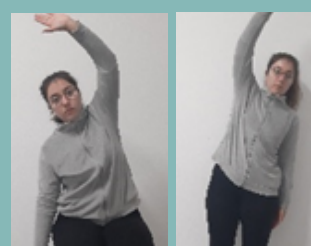
3- Trunk



4- Trunk rotation



5- Shoulder extension



6- Elevation of upper limbs



7- Elevation of diagonal upper limbs



8- Knees



9- Foot



10- Upper limbs stretching



11- Lower limbs stretching

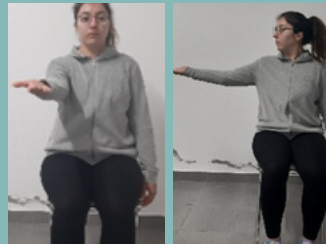


PHYSICAL TRAINING PLAN

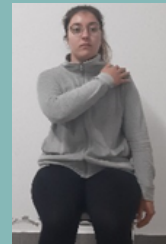
Mesocycle 3



1- Stability of the neutral position



2- Trunk rotation



3- Shoulders



4- Unilateral/frontal elevation



5- Horizontal abduction of shoulders



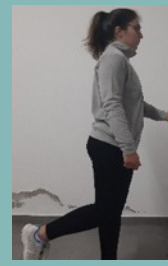
6- Low row



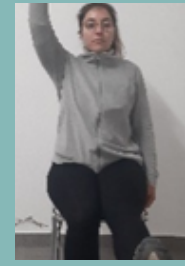
7- Biceps Curl



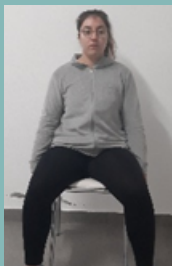
8- Side touch



9- Knee flexion



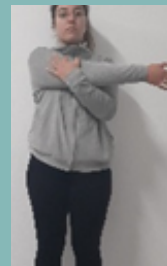
10- Knee extension



11- Abduction of lower limbs



12- Foot



13- Upper limbs stretching



14- Lower limbs stretching

