

Rehabilitation of the elderly by the effective communication and physical activity.

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Abstract

Rehabilitation of the elderly includes normal aging due to disuse and ill health, cardiovascular problems such as vascular disease and stroke and skeletal problems including osteoporosis and osteoarthritic conditions such as knee and hip replacements. Physical therapy professionals [physiotherapists] use rehabilitation to work toward the goal of returning patients to their pre-injury quality of life and may use physical therapy, occupational therapy and speech therapy. As patients age, they often face many physical and emotional changes that can affect their physical, mental, social functioning and level of well-being. Rehabilitation maintains functional independence in old age. Rehabilitation of elderly patients is essential to their health and society, enabling them to thrive socially and economically.

Keywords: Rehabilitation, Diseases, Cardiovascular, Adults, Health benefits.

Introduction

An integral part of the rehabilitation of the elderly is the improvement of sensory deficits, including those affecting communication, especially vision and hearing. Preventing falls and osteoporosis can extend patient health and lifespan. Treatment of malnutrition can promote healing and rejuvenate patients to participate in formal rehabilitation programs. Depression is common in older adults with prevalent loss of motor function and inability to perform activities of daily living (ADLs). Cognitive impairments such as delirium and dementia can interfere with patient rehabilitation goals and outcomes. Finally, proper senior candidate driver assessment is an underutilized part of rehabilitation that has a significant impact on society.

- As you get older, regular physical activity is one of the most important things you can do to stay healthy. Many age-related health problems can be prevented or delayed. It also strengthens your muscles so you can live your daily life without depending on others.
- Remember that physical activity is better than none. Your health benefits also increase with more physical activity [1].
- At least 150 minutes of moderate-intensity exercise per week (e.g., 30 minutes per day, 5 days per week). B. Walk briskly. Alternatively, you should do 75 minutes of vigorous activity per week, such as walking, jogging, or running.

- Do strength-building activities at least two days a week.
- Activities that improve balance. B. Standing on one leg about three days a week [2].
- As is well known, exercise has many health benefits and this applies to adults of all ages. Suggests a rate (9.9% overall. (9.8% in men and 10.1% in women) provide valuable information on the prevention of sarcopenia in the elderly. Resistance training improves strength and can reverse or slow the age-related loss of muscle mass and strength. Aerobic exercise helps improve endurance by increasing skeletal muscle capillary density, mitochondria and enzyme levels, all of which together help older adults maintain their participation in ADLs. And help you maintain independence. Randomized controlled trials have shown that the Augmented Prescribe Exercise Program (APEP) improves outcomes in acutely debilitated elderly medical patients compared with usual care, suggesting that this intervention Suggests value for inpatients [3].

Exercise also helps reduce the risk of many no communicable diseases. It has been shown to exercise:

1. It reduces the risk of coronary artery disease, stroke, certain cancers and diabetes.
2. It prevents postmenopausal osteoporosis and reduces the risk of osteoporotic fractures.
3. Reduce immobility complications
4. Reduce the risk of accidental drops

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5. Improves mental/cognitive function, reduces stress/anxiety and boosts [4].
6. Improvements in mental health, emotional, psychological and social well-being and cognitive function are also associated with regular PA. Despite these health benefits, PA levels in older adults are recommended less than 150 minutes/week. The global prevalence of physical inactivity is 21.4%. This means that one in her four to five of her adults is physically inactive or has an activity level below her current WHO recommendations. Inactivity and aging increase the risk of chronic disease and older people often suffer from multiple chronic diseases [5].

Conclusion

WHO recommendations for physical activity include both aerobic and strength-training exercises, as well as balance exercises to reduce the risk of falls. If older people are unable to follow guidelines because of chronic illness, they should be as active as their abilities and conditions allow. It is important

to note that the recommended amount of PA is in addition to activities of daily living such as self-care.

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