

Bridging Generations: Pediatric and Geriatric Physical Therapy.

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Introduction

Physical therapy is a critical healthcare profession that caters to individuals of all ages, from the youngest to the oldest in our communities. Pediatric and geriatric physical therapy, though seemingly distinct, share many commonalities in their mission to improve mobility, function, and quality of life. This article explores the essential role that both pediatric and geriatric physical therapy play in enhancing the well-being of individuals across generations [1].

Pediatric Physical Therapy, often referred to as pediatric physiotherapy, is a specialized branch of physical therapy that focuses on the assessment, diagnosis, and treatment of children from infancy through adolescence. Pediatric physical therapists work with children who have various conditions or issues that affect their physical development, mobility, and functional abilities. These conditions can be congenital, developmental, neurological, orthopedic, or acquired through injury or illness [2].

Pediatric physical therapy focuses on the assessment and treatment of children, from infants to adolescents, who may have developmental, congenital, or acquired conditions affecting their movement and functional abilities. These conditions could include cerebral palsy, muscular dystrophy, or sports-related injuries. The primary goals of pediatric physical therapy are enhance motor development: Physical therapists work with children to develop and strengthen their gross and fine motor skills, allowing them to reach developmental milestones. Improve mobility: This therapy helps children improve their balance, coordination, and gait to enhance their independence. Manage pain: Physical therapists use techniques such as manual therapy and exercises to alleviate pain and discomfort. Promote participation: By working closely with families and caregivers, pediatric physical therapists help children engage in daily activities and recreation [3].

Geriatric physical therapy addresses the unique needs of older adults, often dealing with age-related conditions, chronic diseases, or post-surgery rehabilitation. The objectives of geriatric physical therapy include: Fall prevention: Falls are a significant concern for older adults. Physical therapists help seniors improve their balance and strength, reducing the risk of falls. Pain management: Arthritis, osteoporosis, and other age-related conditions can cause pain. Physical therapists use various modalities to alleviate discomfort. Enhance mobility:

Geriatric physical therapy works to improve seniors' ability to walk, stand, and perform daily activities. Rehabilitation: After surgeries or illnesses, physical therapists assist in regaining independence and functionality. Despite the differences in the populations they serve, pediatric and geriatric physical therapy share some commonalities [4].

Individualized Care: Both specialties emphasize personalized treatment plans tailored to the unique needs and goals of their patients. Holistic Approach: Physical therapists in both fields consider not only the physical aspects of therapy but also the emotional and psychological well-being of their patients. Collaborative Care: Communication with families, caregivers, and other healthcare professionals is integral to both specialties to ensure a comprehensive approach to care. [5].

Pediatric and geriatric physical therapy is two vital branches of the field, providing much-needed support to individuals at different stages of life. Their common goal is to improve the mobility, function, and overall quality of life for their patients. By recognizing the valuable contributions of both pediatric and geriatric physical therapists, we can better appreciate the breadth and depth of their impact on our communities, bridging generations and helping people lead healthier, more fulfilling lives [6].

Pediatric physical therapists play a crucial role in helping children reach important developmental milestones. They work with infants to ensure they achieve motor skills appropriate for their age, such as rolling over, sitting up, crawling, and walking. Pediatric physical therapists assess a child's movement patterns, strength, flexibility, posture, and overall physical function. They may use standardized tests and clinical observations to determine the child's needs. After assessment, a tailored treatment plan is developed, addressing the child's specific needs. Treatment methods may include exercises, stretches, and hands-on techniques to improve muscle strength, coordination, balance, and mobility. Assistive Devices: In some cases, pediatric physical therapists may recommend and assist in the use of assistive devices like braces, orthotics, or mobility aids to enhance a child's function and independence. Pain Management: Pediatric physical therapy can also involve pain management techniques, particularly for children with conditions like juvenile arthritis or sports injuries [7].

Family-Centered Care: Pediatric physical therapists work closely with the child's family, caregivers, and other

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healthcare professionals to ensure a holistic approach to care. This includes providing education and guidance to parents and caregivers on how to support the child's progress at home. Collaboration: Pediatric physical therapists often collaborate with other healthcare professionals, including occupational therapists, speech therapists, and physicians, to provide comprehensive care for children with complex medical needs [8].

Specialized Settings: Pediatric physical therapy can be provided in various settings, including hospitals, clinics, schools, early intervention programs, and in the child's home.

Common conditions that may require pediatric physical therapy include cerebral palsy, Down syndrome, developmental delay, musculoskeletal conditions, sports injuries, and neurological disorders. The goal of pediatric physical therapy is to maximize a child's physical potential, improve their overall quality of life, and enable them to participate fully in age-appropriate activities [9].

Pediatric physical therapists are highly trained professionals who must have a deep understanding of child development, age-appropriate milestones, and specialized techniques to engage and motivate children during therapy. They play a crucial role in helping children with physical challenges achieve their highest potential and lead healthier, more active lives. [10].

References

1. El-Hage W, Hingray C, Lemogne C, et al. Les professionnels de santé face à la pandémie de la maladie à coronavirus (COVID-19): Quels risques pour leur santé mentale?. *L'encephale*. 2020;46(3):S73-80.
2. Pappa S, Ntella V, Giannakas T, et al. Prevalence of depression, anxiety, and insomnia among healthcare workers during the COVID-19 pandemic: A systematic review and meta-analysis. *Brain Behav Immun*. 2020;88:901-7.
3. Koh D, Lim MK, Chia SE, et al. Risk perception and impact of severe acute respiratory syndrome (SARS) on work and personal lives of healthcare workers in Singapore what can we learn?. *Medical care*. 2005;676-82.
4. Lai J, Ma S, Wang Y, et al. Factors associated with mental health outcomes among health care workers exposed to coronavirus disease 2019. *JAMA*. 2020;3(3):e203976-.
5. Sun N, Wei L, Shi S, et al. A qualitative study on the psychological experience of caregivers of COVID-19 patients. *AJIC*. 2020;48(6):592-8.
6. Capdevila X. Pandémie au virus SARS-CoV-2 en France: l'histoire d'une adaptation hors normes des soignants. *Anesthésie & Réanimation*. 2020;6(3):281.
7. Ledford H. How does COVID-19 kill? Uncertainty is hampering doctors' ability to choose treatments. *Nature*. 2020;580(7803):311-3.
8. O'Boyle C, Robertson C, Secor-Turner M. Nurses' beliefs about public health emergencies: fear of abandonment. *AJIC*. 2006;34(6):351-7.
9. Aughterson H, McKinlay AR, Fancourt D, et al. Psychosocial impact on frontline health and social care professionals in the UK during the COVID-19 pandemic: A qualitative interview study. *BMJ*. 2021;11(2):e047353.
10. McDonough CM, Harris-Hayes M, Kristensen MT, et al. Physical therapy management of older adults with hip fracture. *J Orthop Sports Phys Ther*. 2021;51(2):CPG1-81.