

PT Evaluation for Alzheimer's

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- A. **Pathology:** Alzheimer's is a type of progressive dementia which leads to progressive decline over time and affects the patient's ability to function. There is genetic predisposition to possibly having Alzheimer's as well as age.
- B. **How to Evaluate:**
- With respect to physical therapy there are no specific assessments used other than general to overview the patient's ability to follow through
 - The patient can be evaluated with respect to bed mobility, transfers and gait
Things to assess other than bed mobility, transfers and gait.
 1. Level of consciousness
 - o **Alert.** The patient is awake and attentive to normal levels of stimulation. Interactions with the therapist are normal and appropriate.
 - o **Lethargic.** The patient appears drowsy and may fall asleep if not stimulated in some way. Interactions with the therapist may get diverted. Patients may have difficulty in focusing or maintaining attention on a question or task.
 - o **Obtunded.** The patient is difficult to arouse from a somnolent state and is frequently confused when awake. Repeated stimulation is required to maintain consciousness. Interactions with the therapist may be largely unproductive.
 - o **Stupor** (semicoma). The patient responds only to strong, generally noxious stimuli and returns to the unconscious state when stimulation is stopped. When aroused, the patient is unable to interact with the therapist. **Coma** (deep coma). The patient cannot be aroused by any type of stimulation. Reflex motor responses may or may not be seen.
 2. Oriented Status
 - o Time
 - o Person
 - o Place
 3. Memory Impairments
 - o **Immediate memory** (immediate recall) refers to the immediate registration and recall of information after an interval of a few seconds (e.g., "Repeat these three items after me").
 - o **Short-term memory** (STM) (recent memory) refers to the capability to remember current, day-to-day events (e.g., what was eaten for breakfast, the date), learn new material, and retrieve material after an interval of minutes, hours, or days.



- **Long-term memory** (LTM) (remote memory) refers to the recall of facts or events that occurred years before (e.g., birthdays, anniversary, historic facts). It includes items an individual would be expected to know.

C. Treatment

- a. Bed mobility, transfers, gait intervention will incorporate patient education and practicing the mobility skills.
- b. Memory
 - i. Remedial Approach. This is when material is organized in a logical way so that way the patient can retrieve the memory.
 - ii. Compensatory Approach. In this case there is use of a diary or notebook or other ways to remember certain skills such as calendars or beepers.

D. Websites

- i. [Alzheimer's Association | Donate to Fight Alzheimer's Disease](#)

E. References:

- a. O'Sullivan, S. B., Schmitz, T. J., Fulk, G. D., & O'Sullivan, S. B. (2019). *Physical rehabilitation*. F.A. Davis.