

The Healthy Aging Practice (Part 3): Assess, Train, Retest

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Editor's Note: This is part 3 of a three-part series on creating a healthy aging practice to better serve the aging baby boomer population, which likely will comprise an increasing percentage of your patient base in the coming years. [Part 1](#) appeared in the March 1 issue; [part 2](#) ran in the March 15 issue.

As we age, a number of conditions (e.g., mental confusion, visual loss) can rob people of their independence, but problems with physical mobility still rank at the top of the list. Only about 5 percent of the older adult (age 60 and older) population is considered to be at a high-fit or elite level. They do well with the "sports doctors" (DC, MD, PT). About 30 percent of the older population has already become physically frail and dependent. They do well with the PTs and home health care providers.

That leaves about 65 percent of the adult population that is independent, but generally low fit. They do well with us (DCs). I know many of you want to work with the 5 percent (high-fit), but the truth is we can all be really busy helping to guide the 65 percent of the older population to stay independent, and detect evolving weaknesses before a [loss of function](#) and frailty occurs.

The process starts with evaluating patients and identifying risk factors so you can tell patients whether their physical capacity ranks in the above-normal, normal or below-normal category. Then you need to plan a program that includes healthy-aging fitness practices.

Do you have the mindset required to help your patients make decisions for healthy aging? I would love to see our profession take the challenge of the U.S. Department of Health and Human Services (2011) goal for *Healthy People 2020* of reducing the proportion of older adults who have moderate and severe functional limitations. I have always taught that we need to go beyond low back pain management and seek the rewards of embracing the big-picture health strategies. We will each need to excel at the nitty-gritty execution of a healthy aging practice.

If you help your patients / clients set personal goals based on objective data, this typically will increase patient motivation and improve compliance! The aging population is surveying the horizon to anticipate what's out there to help them through it all. The process of identifying risk factors, planning programs, educating patients and goal-setting are nothing you weren't taught in chiropractic college - it's the physical, mental, nutritional and technology all in one. The literature and information have provided us with more specific data recommendations.

The plan has always been important, but these days changes in information can come so much more quickly. Patients are always asking, "What else can I do?" "What exercise should I do?" "What vitamins should I take?" "What if...?" "What's the impact of this on my body, my mind?" You have to be ready for these questions.

In my office I use a formal scenario-planning process. A team of people put together an online

software program that creates individual scenario planning based on tests such as lean muscle mass, body-fat percentage, hydration levels, blood pressure, medications, exercise tests, diet, etc. I can also include the Functional Movement Screen (FMS), stress testing, specialty vitamin blood testing, gait testing, and balance testing, along with standard medical tests. I guide the exam process and the treatment becomes more obvious - with the need to introduce therapeutic lifestyle changes (diet, exercise are at the top).

Because the patient is doing things (diet mostly) that change every day, I get to monitor this online. The patient knows that I am seeing what they enter into a food and exercise diary, and they say to themselves, "I'd better be good because the doctor might look at my profile today." So results and compliance go up.

The patient and I are a team. If we need to brainstorm, we can discuss what needs to be done on the phone, online or in the office. Suffice it to say, I am in touch with my patient. There's an institutionalized process, but also a constant on-the-fly process that's much less structured.

Improving Balance

For example, I can use several [balance](#) tests, such as the one-leg stand with eyes open / eyes closed, the 8-foot up-and-go test or a gait-analysis test. In-office balance treatment sessions include the stability pads, and for home use I have patients use a sofa cushion or they can purchase the stability pads to improve balance. They stand one-legged on the pads and move a medicine ball (or a 1-gallon milk jug or heavy book) from hand to hand, side to side, and behind the head. Once they've mastered the move with eyes open, they try it with eyes closed.

This simple test / train / retest process will improve balance, coordination and body control. I request that they spend five minutes doing this on a daily basis. Balance is an all-important fitness attribute.

Improving Motivation

I personally prefer to exercise before work in the morning, but I get that most of my patients aren't morning people. So, here is my suggestion to patients: "For a set period - usually four weeks - force yourself to get up 15 minutes earlier than normal and do any type of physical activity (walking in place or around the house; a little band work for strength; a little balance work)." Make it so easy that the patient doesn't even have to change into workout clothes.

As we get near the end of two weeks, I retest the bio-impedance analysis for fat loss and lean muscle mass. Then I might ask them to walk around the house holding [a kettlebell](#) in different arm positions. At or near the end of the four weeks, I retest again. I find that in many cases, we've created a new habit and will then be able to progress to greater amounts of exercise.

Test patients often in your office. Most visits, I use the SFMA; every two weeks, body composition; every four weeks, the FMS. The plan is simple: measure a variable (waist size, body fat, back-scratch test, range of motion, bench press) that equates to your end goal. Measure something that shows you the tangible results of the patient's training. And those tangible results translate into motivation.

The key is that I am in touch with what's happening in my patient's progress and I get to follow events very closely. This process is billable and will lead to increased compliance.

In today's health care environment, doctors must have one eye on the broad trends and at the same time a very clear view of day-to-day patient activities. I like the periodization concepts and explain

to patients that we will implement a 90-day, 60-day or even 30-day cycle, and follow it for improvement with biomarkers such as body composition, gait / balance testing, the FMS and other standard tests (this could include bloodwork, etc.).

Do your patients ask you the same 20 questions over and over? For my answers, I have the big picture in mind – getting that mix of diet, exercise, rest, nutrition, mental attitude, and spirit right for my patient to slow down the [degenerative](#) process. I don't want to micromanage every little thing and constrain people, but at the same time, I want to provide sound advice. However, I am deeply involved with my patients about making big decisions that come up because I offer alternative and complementary health choices. The patient is allowed to make the final call. I continue to monitor patient progress using the online program and bio-impedance analysis, making sure I stay in touch with patients.

Ultimately, the success of your anti-aging strategy depends on the ability of you and your team to execute it. It's really fun and important to look ahead and work together. You and your patients will be thrilled with the results.

APRIL 2013