

Prioritising Patient's Safety in Hospital, Home and Outdoor Premises by Minimising Architectural Barriers: A Physical Therapist Perspective

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Abstract

Physical therapy is a branch of science which treats patients by means of physical agents to reduce their sufferings from impairments and disabilities. It processes cost efficient mode of treatments which help to reduce the unwarranted burden on patient's personal economy to a vast extent. Hence, it is improvised to improve the overall quality of life. Physical therapy is been in existence since World War II. Over the decades, extensive research led to advancement in assessment and therapeutic intervention to take Physical therapy to its current stature. In this article, the author would like to concentrate on a single parameter which should significantly be given prior most importance while assessing and rehabilitating a patient. These are addressed as "Safety measures". Safety concern for patient from the moment of stepping in for consultation to return to his personal premises should be prioritised as they play a vital role in developing positive mental setup which improves psychological wellbeing leading to early disbursement of disability.

Keywords: *Safety, Hospital, Rehabilitation, Home, Therapist*

Introduction

Physical therapy is a branch of science which treats patients by means of physical agents to reduce their sufferings from impairments and disabilities. It processes cost efficient mode of treatments which help to reduce the unwarranted burden on patient's personal economy to a vast extent¹. Hence, it is improvised to improve the overall quality of life. Physical therapy is been in existence since World War II. Over the decades, extensive research led to advancement in assessment and therapeutic intervention to take Physical therapy to its current stature. Physical therapy imparts treatment

strategies with varying time period. There can exist a sequential comeback of patient for either days/weeks/month or years to come depending on the disability. While treating a patient, a therapist mainly works in domains of assessment and rehabilitation of the patient. Both these domains when worked in combination with good communication skills yield presidential results in patient's recovery²⁻¹¹. In this article, the author would like to concentrate on a single parameter which should significantly be given prior most importance while assessing and rehabilitating a patient. These are addressed as "Safety measures". Safety concerns for patient suffering from stroke¹², Alzheimer's diseases¹³, Dementia^{14,15}, Cancer^{16,17,18,19}, Depression²⁰, Osteoporosis^{21,22,23}, Urinary incontinence²⁴, Chronic low back pains^{25,26,27,28} etc from the moment of stepping in for consultation to return to his personal premises is prioritised by a Physical Therapist as they play a vital role in developing positive mental setup which improves psychological wellbeing leading to early disbursement of disability. For a healthy individual, usually safety is of minimal concern, but for any patient suffering with

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mental or physical impairment and disabilities, it is the highest point of consideration. In Physical therapy this component is tackled in a professional way for the betterment of the patient. With time new strategies have regularly been put into force in improving safety measures. From a Physical therapist point of view these concern towards patient safety in different settings shall be discussed under the following headings:

1. Safety measures in healthcare settings.
2. Safety measures at home.

3. Safety measures during outdoor travel and entertainment.

1. Safety measures at healthcare settings (Clinic, Nursing home, Old Age Homes and Hospital etc):

1. The outpatient department should either be in basement or on the ground floor to keep travel distance to minimalist for the patient.

2. Floor should be of non-slippery nature to prevent predisposing a fall.

3. The entry and exit gateway should possess a ramp for a possible and easy movement of partial and non-ambulatory patients.

4. Handrails should be fixed in walls at the entry, exit and walk areas to provide for accelerating walking with confidence. The same handrails can be used to provide immediate support to maintain balance and prevent fall during rehabilitation.

5. Patient treating areas should be embossed with sufficient light for enabling patient's concentration on therapist commands during treatment sessions.

6. Furniture endings should be blunt or rounded to prevent incidence of physical injuries while assessing or training patient.

7. Overcrowding of furniture should be avoided in order to create ample open area for the patient and therapist to walk around without any hurdles.

8. The walls should be painted with soothing colours, as light colours help the patient to relax and calm during rehabilitation phase of treatment.

9. If possible, a height adjustable couch should be used which can be adjusted according to individual patient's height which prevent sudden or jerky moments

while getting in and out of the couch.

10. If a non-adjustable couch is used in a setup, a set of stairs should be placed nearest to the couch used for easy climbing and descending by the patient.

2. Safety measures at home:

1. A patient's personal area should be adjusted near to entrance of the house for easy entry and exit thus, preventing any unwanted physical and mental discomfort to the patient.

2. Matt finished flooring should be encouraged in room to prevent loss of balance during moving in and out of bed for basic activities.

3. Room and pavement area should be well lighted with either white or yellow coloured lights. If possible Red, blue and green colours lights should be avoided.

4. Normally, large door handles and locks should be embossed on for easy opening and locking of doors.

5. The height of the bed should be adjusted according to the patient's height which accelerates easy getting in and moving out of the bed.

6. Toilet facility should be in closest proximity for easy and fast go and back.

7. Almirah, cupboards, side table and any other supportive furniture should be placed in extreme corners of the room to create safe walking area.

8. Rough flooring should be used in toilet and bathrooms to minimise falls.

9. Switch board with switches for light, fan etc should be installed to the nearest point around the bed of the patient for preventing unnecessary travel in the room for the cause.

10. A bell should always be placed near the patient which can be used in case of any emergency to call the family members.

3. Safety measures while outdoor entertainment and travel:

1. Whenever planning an outdoor travel, neither too tight nor loose clothing should be worn. This is due to the fact that tight clothing reduces the overall mobility and loose clothing predisposes the patient to loss of balance and lead to fall.

2. Flat or nearly flat heeled footwear should be used while walking outdoors to overcome any unusual or unseen obstacle which can disrupt then patient's balance.

3. Any required assistive device should always be carried without fail. This is attributed to the fact that if a patient encounters a new walking surface which they have not been accustomed of, might lead to the patient getting unstable and loosing balance. This can predispose him to fall.

4. An adult member should accompany the patient to provide basic or emergency help in the shortest interval of time.

5. While travelling in car, patient should be offered seat closest to door for easy accessibility and exit from vehicle.

6. If possible, patient should be entertained in less crowded areas as firstly, over crowdedness might make the patient uncomfortable psychologically and secondly, a physical push or pull from unwanted external sources might engrave the patient to lose balance and ultimately fall.

7. Whenever travelling, a healthy conversation between patient and accompany should be encouraged to give positive feeling of wellbeing.

8. When travelling via aircraft, seats near the aircraft doors should be preferred to accelerate easy move in and out with minimal energy expenditure and risk.

9. When walking outdoors, patient should be taught to look for obstacles in their way. On noticing of inability to cross the obstacle, accompany should be informed as any miscalculation in crossing over the obstacle might prove to be dangerous for the patient.

10. Certain physiological changes occurring inside the body can be seen as distinguishable facial expressions. These expressions should be taken care of by family members/friends/ peer group when entertaining the patient in outdoor facilities as occasionally patient's don't intend to interrupt the joy of their accompanies.

Findings

While training a patient in any setup, safety from all physical and architectural barriers should be prioritised.

Reduction of these barriers to the minimalist boosts patient's confidence and reduces incidence for loss of balance predisposing the patient towards fall. In addition, identification of obstacles in outdoor settings and basic modifications in home can be of great value for patient in early recovery and improving overall quality of life.

Conclusion: Physical therapist should encourage modifications at home and while outdoor engagements by the patient or their family members. These modifications enable the patient to make easy in and out movements without unknown hurdles, hence reducing incidence of loss of balance which is the biggest predisposing factor for falls in any age group.

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