

Continuum of Care – *obstacles within*

By

Barb Batson

How many times have you seen or heard of someone experiencing a life limiting situation and thought, come to the water – you will find help. Aqua resources are not without limit but our experience as aquatic professionals, whether licensed, degreed therapists or passionate, certified aquatic specialists, affirms that much can be done to improve quality of life with the help of water, especially since aquatic therapeutic innovations are being continually revealed. AquaStretch is one recent example.

Still we hear time and again that many who may benefit from water work do not make it to the pool. Why is this and how can the tide be turned so the healing benefits of the water can enhance wellbeing of more people? Kevin Tucker, nationally recognized authority on all things 'pool' noted in his February 2012 address to the Association of Aquatic Professionals in Austin, TX, that population growth has exceeded growth in water safety and swimming, citing that although population has increased 8-13% in each of the last 10 years, swim organization membership has grown only 3%. Could this statistic be harbinger of a trend indicating reduced awareness, interest and therefore, embrace of aquatics in any form, even to save a life?

Or is the fragmentation of care, driven by insurance benefit availability focusing primarily on compensation for invasive procedures rather than wellness, part of the problem?

The term continuum of care has a welcome common sense ring to it and is more often heard these days of integrated health approaches, but what exactly does it mean to the care receiver and how is it working? As early as 1989 in the article *Creating the Continuum of Care* by Connie Evashwick, now Senior Director of Academic Programs Association of Schools of Public Health it is defined this way: **Continuum of care is a concept involving an integrated system of care that guides and tracks patients over time through a comprehensive array of health services spanning all levels of intensity of care.**

A scan, though, of medical dictionaries today, brings very few hits on the term. These two for example:

Care Continuum (n) [Health](http://www.medical-dictionary.cc/what-does/care-continuum-mean) care provided on a continuing basis from the initial contact, following the patient through all phases of medical care. <http://www.medical-dictionary.cc/what-does/care-continuum-mean>

Continuum of Care - Health care provided on a continuing basis from the initial contact, following the patient through all phases of medical care. <http://www.online-medical-dictionary.org/omd.asp?q=continuum+of+care+>

In our real world of political and social turmoil, perhaps it is more effective first to drill down from the big continuum of care picture and examine specific situations exemplifying the path to the pool and its benefits. Then determine what we can do to make things better, one person at a time. That's just what we do so well each day when we enter the pool.

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What can we do to get these people to the pool?

Amy visits her primary care physician who tells her she should exercise. She does not like the outdoors nor is she strong enough for aerobics class, besides she has never been able to move with rhythm and all those people in the class will think she looks silly. He suggests swimming and she nods her understanding but she is thinking NO WAY- I can't swim, what about my hair, my glasses will get wet and I look awful in a bathing suit.

Bill has PD and he is falling more often even with the help of a walker. He's been to the physical therapist for fall prevention, completing that program and another specifically for balance with some improvement, but does not practice the movements on his own. He's afraid to fall – so he's back to square one again. His wife is at her wit's end about how to help him but does not want to push since she too is afraid of him falling and breaking a hip.

Carol attends an aquatic exercise class and has for years. She loves the camaraderie of exercising with friends but lately she has been getting lost in the normally familiar routine and seems sometimes not to recognize old pals. Her class friends roll their eyes as she gets in her car for the short drive home and talk among themselves that she may not be safe on the road.

David loves his weekly massage – a luxury he has enjoyed since retirement several years ago. He does not get out much other than that, enjoying his reading at home and the TV. His wife and children have urged him to use a cane or even a walker but that's for old people and his balance is fine – he just needs to touch the wall once in a while, everyone needs to steady sometime. He is noticing that the massage table must be different (maybe narrower and higher) – he does not get on/off with the same ease as in the past and has trouble turning over.

What's different about the path these people found?

Rose has been active all her life; introduced to tennis when her children were small and continuing now that they are grown and have children (and grandchildren) of their own. When her knees started bothering her, she began aqua exercise at the suggestion of her doctor along with treadmill walking. As the knee problem progressed, her tennis diminished but she began a tap dance class and continued aqua exercise including Arthritis Foundation aqua. When knee replacement was advised she had both done at the same time and entered rehab from the hospital then eagerly returned to the pool when her doctor gave the OK. She now credits faithful aqua exercise to her successful recovery. She has resumed tap and added salsa dancing to her exercise program and still does her home treadmill every morning. And she's considering rejoining her tennis buddies this spring since she has approval to do anything she would like.

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Myron experienced several strokes limiting left side mobility, the most recent also limiting vocalization. In April 2010 he was being seen by a physical therapist and worked twice weekly at home with a personal trainer. At that point his primary care physician recommended no more time, effort or resources be expended to enhance his quality of life. Myron had a great desire to improve his mobility and an exceptional support system of family and friends. His son heard about an aqua specialist known to both the PT and personal trainer and made contact to discuss the possibilities. In the meantime, the physical therapist advised 'releasing my dad from his physical and speech therapies. He hasn't shown improvement over the last month and no longer fits the Medicare guidelines for therapy.' Personal training in the water began and continues twice weekly (see photos below); new primary care physician was secured and medications adjusted. Myron now walks, sometimes without assistance, not only in the water but at home, including relearning stair navigation and is working toward qualifying for the stroke program at Taub Therapy Clinic in Birmingham. His aqua personal trainer has also made contacts leading to exploration of music therapy to improve his vocal communication.



Myron enters the pool with the aid of a lift and uses Kiefer ankle weight to assist left foot grounding. Gait begins with support assistance then progresses to walking with right deck support, then cane. Seated on the AquaticTrend equipment reinforces left lower extremity flexion/extension with assistance and prompting of his right side. Note WetBell equipment to aid left arm extension.

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Jane has bursitis. Her doctor referred to land physical therapy and she reports they 'kicked her out' because they could do nothing for her to reflect progress so her insurance would not pay. She did not know what to do next because the physical therapist did not suggest an alternative so she asked about aqua and her PT agreed it was a good idea and her physician gave his blessing. She returned to her primary care physician Wednesday after just one month of twice-weekly Arthritis Foundation Aqua and she shared with the class that he is VERY PLEASED with her progress. She is sold – loves the class, being with the other ladies, feels great, is thinking of buying a new bathing suit, and is now asking about what else she can do at the center. She likes the idea of trying Ai Chi and is considering full membership at the facility.

What Next?

As aquatic professionals, we must champion our profession by raising awareness of what we do; first among ourselves and then to others in the continuum of care stream so our work becomes recognized as an important part of the wellness plan. Begin by attending the ATRI Symposium 2012 at Sanibel. Bring your business cards; be ready to share details of those who have found you and their success, tell of those you referred to others in the continuum stream; share ideas about equipment and approaches that work, and those that don't. Get serious. Come and share your ideas and learn from others for the greater good of those we serve and for our industry. CONTINUUM 'R' US/CONTINUUM 'R' U

Continuum of Care <http://www.medical-dictionary.cc/what-does/care-continuum-mean>

Continuum of Care <http://www.online-medical-dictionary.org/omd.asp?q=continuum+of+care+>

Creating the Continuum of Care. C Evashwick <http://www.ncbi.nlm.nih.gov/pubmed/10293297>

Photos by Darlene Old

Without Legislation/Regulation presented by Kevin Tucker - Association of Aquatic Professionals on February 15, 2012