The Physician Learning Program, the Office of Lifelong Learning, and the ALS Multidisciplinary Clinic

Head Shoulders, Knees and Toes: Neurological Presentations and Serious Mimics

Pearls For Practice

The Senior With Functional Decline - Geriatrics or Neurology?

Dr. Wendy Johnston & Dr. Diana Rucker

Different kinds of activities of daily living require different functions

Instrumental activities of daily living (IADLs) require higher cortical function
- Personal finances, Transportation, Taking medication
- Cooking, House cleaning, communication, Laundry, Shopping

- Activities of daily living (ADLs) require intact motor, sensory and coordination skills
  - Bathing, Dental Hygiene, Toileting, Eating, Dressing, Transfer and Mobility

When should an older patient see a geriatrician?

- IADLS go before ADLS
- Complex older patients with multiple comorbidities related to cognition and function (dementia, mood disorders)
- Evaluate impact based on cultural and historical context

When should an older patient see a neurologist?

- ADLS go before IADLS
- Progressive weakness
- Progressive sensory loss
- Insidious onset - can't link onset to a specific event
- Asymmetric findings
- Functional decline out of step with changes in cognition

The tree of reasons to refer an older adult to a geriatrician

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Frailty and Functional decline

- Degree of functional impairment is necessarily linked with dementia
- Distinguish between physical and cognitive impacts on ADLs/IADLs
  - E.g. Can they not take their medications because they're too out of breath to get to counter (physical) or because they're forgetting (cognitive)?

What to include in your referral

Geriatrics

- Results of exams to help consulting physician
  - Cognitive screens: MoCA, MMSE, SLUMS
- Need for capacity assessment: if patient needing placement and refusing to go, elder abuse (if PD/POA established ask family to bring documents)
- Safety issues: driving, leaving stove on, wandering

Neurology

- Results of exams to help consulting physicians
  - Response to pain management, etc
- Presence of:
  - Upper motor neuron signs
  - Wasting
  - Progression - especially disjointed progression in different areas
  - Contemporaneous changes in speech/ swallowing
  - Respiratory symptoms

Geriatric referral in Edmonton has two components:

- Referral letter (or most recent progress note stating rationale for referral
- Fill out this form on AB referral directory: **Specialized Geriatrics Outpatient Referral**

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Consider using **MyL3Plan**, a free online tool developed by the Office of LIfelong Learning (L3) that can be used to meet and support the 3 activities/action plans required by the PPIP-CPSA and earn up to 36 Mainpro+ certified credits. by completing the following cycles:

- Practice-driven quality improvement using objective data (CQI)
- Personal Development (PD
- Standards of Practice Quality Improvement (SOP).

Learn more here!

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