



Center for Optimal Aging

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Program Summary

The Center for Optimal Aging is an outpatient program offered exclusively at Providence Little Company of Mary Medical Center San Pedro. This two-part assessment is performed by an expert multi-disciplinary team comprised of physical therapists, occupational therapists, pharmacists, dietitians and an Eldercare Consultant. Patients are referred by their primary care physician.

The goal of the assessment is to evaluate the patient's

- Strength
- Balance
- Mobility
- Range of motion
- Performance of activities of daily living
- Cognitive performance test
- Medication use
- Nutrition
- Social connectivity
- Support system

During the assessments, patients and their caregivers will receive education about injury prevention, proper body mechanics and patient transfer techniques which will promote safety and may make the work of care giving more manageable.

These evaluations are performed in our rehab department and in the Center for Optimal Aging conference facility both located inside the medical center. Upon completing these assessments, the team will provide the patient, referring physician and care givers with a report of findings and recommendations that may include follow-up testing, referrals to specialists and a wealth of community based resource information.

The team report may act as a valuable tool in improving the quality of life for both the patient and his or her care givers as they navigate around the obstacles that we all face during the aging journey.

Caregivers will be encouraged to connect to our Caregiver Lecture series which includes bedside care and body mechanics demonstrations as well as presentation on a broad spectrum of topics including memory loss, driving, legal issues and skilled nursing options.

Here's what the Center for Optimal Aging team will deliver.

Findings:

- Strength
- Balance
- Range of motion
- Gait
- Safety and need for assistance
- Ability to get in and out of bed
- Ability to climb stairs
- Risk for falling
- Vision
- Bathing and showering
- Dressing and hygiene
- Toileting
- Medication management
- Nutrition
- Cognitive performance including ability to drive and need for supervision
- Depression
- Social connectivity
- Family concerns
- Financial and benefits assessments

Recommendations:

- Safety recommendations including home evaluation, driving, living situation, need for supervision and medication management
- Additional training/treatment in occupational therapy and physical therapy
- Swallow Test performed by a speech therapist
- Diabetes Education by a registered dietitian
- Neurology, psychology or psychiatric referrals
- Activities/resources to promote socialization
- Home care supplies to ease mobility and independence
- Caregiver instructions and educational opportunities
- Caregiver respite information
- Meals on Wheels information
- Adult day care recommendations
- Elder law resources
- Advanced directives
- Support groups
- Transportation
- South Bay Community Resource Directory

Preparing for your Center for Optimal Aging Appointments

Dear Patient,

Your assessment will take place at Providence Little Company of Mary Medical Center **San Pedro** over the course of three appointments. Here is what you can expect:

Day One (Approximately 2.5 hours)

1. On **Day One** you will come to the main hospital lobby and check in with our Admitting Department.
2. You will then go upstairs to the rehab gym on the 3rd floor. There you will meet with an occupational therapist and a physical therapist for evaluations including balance, range of motion, and strength. Please wear comfortable clothing and shoes.

Day Two (Approximately 1 hour)

1. On **Day Two** you will return to the 3rd floor outpatient therapy department.
2. You will be assessed for Cognitive Performance by an Occupational Therapist. You are encouraged to bring a family member with you to observe this assessment.

Day Three (Approximately 1 hour)

1. Your final assessments will be with our Eldercare Consultant in the Center for Optimal Aging conference room on the first floor of the hospital.

Report, Recommendations and Resources Information

Our team will provide you and your physician with the findings of each of the assessments. You will also receive resource information for programs that are available throughout the South Bay and Los Angeles areas. Your physician will let you know if you need to return to us for further testing or treatment.

Your physician must complete this form

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PHYSICIAN ORDER

Providence Little Company of Mary Medical Center San Pedro

1300 W. 7th St., San Pedro, CA, 90732

(310) 514-5370 • FAX: (310) 514-5374

Patient's Name: _____ Phone: _____

Additional Contact Name: _____ Phone: _____

Referring Physician: _____ Physician Phone: _____

***NOTE:** Medicare patients receiving home health care will not be eligible for this program. A cash rate is available-please call us!

Multi-Disciplinary Team Order	
<input checked="" type="checkbox"/> Physical Therapy Evaluation and Treatment Diagnosis/Code <input type="checkbox"/> Alzheimer's 331.0 <input type="checkbox"/> Brain Injury 854.0 <input type="checkbox"/> C.O.P.D. 496 <input type="checkbox"/> Cancer 195.8 <input type="checkbox"/> Congestive Heart Failure 428.0 <input type="checkbox"/> Degenerative Joint Disease 715.90 <input type="checkbox"/> Dementia 294.20 <input type="checkbox"/> Disturbance of Gait 781.2 <input type="checkbox"/> Lymphedema 457.1 <input type="checkbox"/> Neuropathy 355.9 <input type="checkbox"/> Old Age Debility 797 <input type="checkbox"/> Osteoarthritis 715.90 <input type="checkbox"/> Parkinson's 332.0 <input type="checkbox"/> Pneumonia <input type="checkbox"/> Spinal Cord Injury <input type="checkbox"/> Status Post Surgery <input type="checkbox"/> Stroke Other: _____	<input checked="" type="checkbox"/> Gait training <input checked="" type="checkbox"/> Balance /Coordination <input checked="" type="checkbox"/> Functional mobility training <input checked="" type="checkbox"/> Patient, family, caregiver education/training Other: _____
<input checked="" type="checkbox"/> Occupational Therapy Evaluation Diagnosis/Code <input type="checkbox"/> Alzheimer's 331.0 <input type="checkbox"/> Brain Injury 854.0 <input type="checkbox"/> C.O.P.D. 496 <input type="checkbox"/> Cancer 195.8 <input type="checkbox"/> Congestive Heart Failure 428.0 <input type="checkbox"/> Degenerative Joint Disease 715.90 <input type="checkbox"/> Dementia 294.20 <input type="checkbox"/> Disturbance of Gait 781.2 <input type="checkbox"/> Lymphedema 457.1 <input type="checkbox"/> Neuropathy 355.9 <input type="checkbox"/> Old Age Debility 797 <input type="checkbox"/> Osteoarthritis 715.90 <input type="checkbox"/> Parkinson's 332.0 <input type="checkbox"/> Pneumonia <input type="checkbox"/> Spinal Cord Injury <input type="checkbox"/> Status Post Surgery <input type="checkbox"/> Stroke Other: _____	<input checked="" type="checkbox"/> Activities of daily living retraining <input checked="" type="checkbox"/> Functional activity <input checked="" type="checkbox"/> Cognitive/perceptual retraining <input checked="" type="checkbox"/> Patient, family, caregiver education/training <input checked="" type="checkbox"/> Cognitive Performance Test (CPT) Other: _____
<input checked="" type="checkbox"/> Nutritional Assessment	
<input checked="" type="checkbox"/> Pharmacy Consultation (<i>Polypharmaceutical review</i>)	<input type="checkbox"/> A medication list is attached
<input checked="" type="checkbox"/> Eldercare Consultant Assessment	

Physician Signature: 2/12, 3/12, 5/12 _____ Date: _____ Time: _____