

CARE TO MOVE

We strive to implement the Care to Move approach with all Christies Care clients.

Care to Move is an approach that aims to encourage people to *move more* and empower them to *make decisions to move more* during their everyday lives.

It was developed by Later Life Training Directors **Bex Townley** (exercise specialist), **Bob Laventure** (a Consultant on Physical Activity and Older people), **Dawn Skelton** (Professor of Ageing and Health and a researcher), with Lianne McNally, Occupational Therapist and Pauline Virgo, physiotherapist as co-authors.



Care to Move uses behaviour change theory (building conversation skills) to teach carers to prompt and encourage their clients to do everyday movements (e.g. rising from a chair, twisting the body to get dressed, walking around the house) in a way that enables people to keep their strength and ability to move as much as possible.

The programme was originally designed and trialed across a team of support workers in a re-ablement service as a way of optimising visits and interactions with clients. A way to genuinely help people to get people better after hospital visits.

What does this mean to you, our client?

Think of yourself today – how often do you move? How often do you stand up and walk?

And what happens if you are getting a bit wobbly on your feet? Perhaps you are feeling more concerned than usual about being on your feet or maybe you've had a fall, does your family tell you to "take it easy", to "rest and relax"?

Moving less is not necessarily the answer. Of course, you can't fall when you are sitting down, but you aren't using your muscles either. It doesn't take much sitting to cause significant loss to muscle. *If you don't move it, you do indeed lose it.* This in turn makes you more unstable and weaker when you do mobilise. So you are more concerned or anxious of another fall and, in the end, we have seen clients go down this route until they can no longer move independently.

What happens if you can't stand up? Suddenly you are totally dependent upon someone else. If you want a drink of water, you have to ask for it; if you want to go to the toilet, you have to ask someone to help you, or wear pads. Before too long you are vulnerable to pressure sores, as well as other circulatory problems.

So what can you do to avoid being confined to your chair or bed, even if you do have a history of falls?

The answer is movement. If you move, you keep your muscles going, you keep your sense of balance going and, vitally, you keep your independence. You aren't stuck in a chair.



CASE STUDY

“Ever since I’ve been trialling ‘Care to Move’ with Doris, she’s been doing a lot more and there were lots of things I hadn’t thought of doing.

For example, Doris uses a Zimmer-frame and is blind, so I steer it around corners for her. This used to be really difficult, as Doris is very hunched and puts all of her weight onto the frame. Since Care to Move, I remind Doris to stand up straighter. This improves her posture and takes the weight off the frame so I can steer her more easily.

I definitely see an improvement in Doris’ mobility since starting Care to Move. For example, Doris usually used the commode in the living room which is only 2 or 3 steps from where she sits. I’ve been encouraging her to move more and now Doris is going upstairs to the bathroom.

I’ve noticed that Doris seems much stronger and I now make sure she does the sitting down movements, as well as the standing ones, which is having a good effect.”

Barbara, Christies Carer