

# Patient Calendar

Patient Name: \_\_\_\_\_ Task for Patient to do: \_\_\_\_\_

Month: \_\_\_\_\_

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

# Cognitive Impairment

## Patient Information Sheet

### **What is dementia?**

Dementia is a term used to describe the loss of mental function. Memory loss is its most common symptom. Patients can have problems with speech, understanding and judgment. They may be confused about place and time. Dementia can affect patients' characters. It can change their moods and behavior. All in all, dementia can make it hard for patients to care for themselves.

### **What causes dementia?**

Most often it is caused by Alzheimer's disease (AD) and strokes that affect the brain. AD is the cause of 50 to 75% of all cases. Stroke is the cause of 10 to 20% of dementia cases. The rest can be caused by other conditions.

Memory loss and confusion can be brought on by alcohol, depression, side effects of medicine and other illness. It is important to find out if these factors are the cause of memory loss or confusion. If they are found and treated, it may reverse or slow the loss of mental function.

### **What is Alzheimer's disease?**

AD starts when certain cells in the brain stop working. It begins in the part of the brain that controls memory. As the damage continues, people with AD always get worse. For most, this is a slow process. But for some, it is rapid. People with AD live an average of 8 to 10 years after they are found to have AD. Some live 20 or more years.

The cause of AD is not known. Older age and a family history increase a person's chance of getting dementia. While there is no cure for AD, there is medicine to slow the disease or improve the symptoms.

### **What is vascular dementia?**

This kind of dementia is caused by a stroke or a series of strokes. A stroke slows or stops the flow of blood to the brain. This may be linked with high blood pressure, high cholesterol, diabetes, and some heart conditions. It may affect different parts of the brain. Stroke differs from AD because it often comes on quickly. And the loss of mental function is sudden as well. The kind of mental damage caused depends on which parts of the brain are damaged.

### **How do you know if you or someone you care about has dementia?**

Dementia must be diagnosed by a doctor. It is the only way to be sure. Your doctor will need to take a full medical history, do a complete physical exam, and order lab tests. Psychological tests and a brain scan may help as well.

## **Facts about dementia you can use**

### **See your doctor right away-sometimes dementia symptoms may be reversible**

Most illnesses that look like dementia get worse over time. But some can be reversed. If the cause of dementia is found and treated, some people can have all or at least part of their symptoms reversed. This is most often true if the causes are depression or medication problems.

### **Drug treatment for Alzheimer’s disease may delay functional decline**

New drugs called cholinesterase inhibitors are used to treat AD. Some adults with early stages of AD who take these drugs improve their memory and some of their thinking. Some are more able to do daily tasks. This class of drugs may also change some behaviors. For example, a person may enjoy being with family and friends again.

### **Daily routines can help**

Treating behavior can help. Caregivers should set up daily routines. It can make the patient’s life less difficult. The home and yard should be checked to make sure it is safe. Patients should take part in things that they enjoy. It may help them do more and be less depressed. Daily activity, like walks and dancing, often help.

### **Depression increases the decline of mental abilities**

Depression is common among patients with dementia. In early stages of AD, depression makes it hard to think clearly and to do everyday tasks. It makes it more likely that a person might have a real behavior change. For instance, a person could become aggressive.

Older adults with both AD and depression can improve when treated with medications. It may make them less upset and angry.

### **Caregivers need education and support**

Taking care of a person with AD is very hard. It puts a great strain on the caregiver. They often get depressed. They may miss work. The burden on the caregiver’s health is a common reason for placing a person with AD in a nursing home.

Family caregivers, who learn about dementia, go to support groups, and get help and counseling are able to cope better. They report a much improved quality of life. This kind of support may help caregivers keep their family member at home for an extra year before needing a nursing home placement.

## **Questions for you or a family member to ask your doctor**

These are questions you can ask your doctor. If you think of any others, write them in the space below.

How can I tell the difference between just forgetting things and early signs of dementia?

Have you tested my family member for dementia?

If a family member or I have memory loss, what tests should be done?

Should my family member or I take medicine if Alzheimer’s is found?

Are there treatments that should be started to help behavior problems?

How will I know if it is working?

Are there other treatments that you suggest?

How do I set up a daily routine to help care for my family member?

How can I tell if my family member is depressed? How should it be treated?

What is the best way to learn how to be a better caregiver?

Write your questions here:

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**The information provided here is for educational purposes only, please consult your doctor.**

# Cognitive Impairment

## Patient/Caregiver Follow-up Information

Dementia or Alzheimer's disease can result in memory loss and confusion that can create challenging problems for the patient and those who care for him/her. Finding solutions to these problems requires working closely with your doctor and other health care providers.

Instructions to the patient:

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**Please fill in the answers to the questions on the date of your next appointment. Then, bring this filled out form with you to give to the doctor:**

1. Is the patient having any problems with agitation, trouble sleeping, emotional outbursts, feeling suspicious of those around him/her, depression, or any other problems?

No  Yes (explain): \_\_\_\_\_

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2. Does the patient have enough help for personal care and safety?

Yes  No (explain): \_\_\_\_\_

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3. Do you, as the caregiver, feel that you have adequate help and support?

Yes  No (explain): \_\_\_\_\_

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### **Remember:**

If you have any questions about the patient's treatment or other concerns, do not hesitate to call this office for assistance.

# Cognitive Impairment

Community Resources

**Resources to call for information about cognitive impairment, home care, adult day care, respite/support programs for caregivers, nursing homes, food and transportation sources.**

Alzheimer's Disease Education and Referral (ADERA) Center  
National Institute on Aging  
1-800-438-4380  
[www.alzheimers.org](http://www.alzheimers.org)

Eldercare Locator  
Department of Health and Human Services  
Administration on Aging  
1-800-677-1116  
[www.eldercare.gov](http://www.eldercare.gov)

Meals on Wheels Association of America  
(703) 548-5558  
[www.mowaa.org](http://www.mowaa.org)

Alzheimer's Association  
24-hour support line: 1-800-272-3900  
[www.alz.org](http://www.alz.org)

Family Caregiver Alliance  
National Center on Caregiving  
1-800-445-8106  
[www.caregiver.org](http://www.caregiver.org)

**Resources/Services in My Community:**  
Address and Telephone

Alzheimer's Association: \_\_\_\_\_

Senior Center: \_\_\_\_\_

Senior Day Care: \_\_\_\_\_

Meals/food: \_\_\_\_\_

Transportation: \_\_\_\_\_

Social worker: \_\_\_\_\_

Other: \_\_\_\_\_

# Alzheimer's Disease Treatment: Working with the Doctor

## What is Alzheimer's disease (AD)?

AD is a brain disorder that gets slowly worse over time. It damages a person's memory. It affects thinking and behavior as well. Symptoms and signs of AD can include:

- A gradual memory loss
- Less able to do routine tasks
- Confusion about time and space
- Poor judgment
- Problems learning new things
- Problems with language. They are not able to make themselves understood.
- Change in personality. Not behaving in an appropriate way. Loss of interest in things they used to do. Mood changes.
- Delusions. Seeing things or having false beliefs.

## How does the doctor know if it is Alzheimer's disease?

There is no one test that can diagnose AD. The doctor needs to do a full check-up.

This includes:

- An accurate medical and mental health history
- A neurological exam
- Lab tests to rule out low blood counts or other conditions. Tests to see if vitamins are needed.
- Finding out if the person is able to do common daily activities. This could include managing medicines or a checkbook.
- A mental status exam to evaluate the person's thinking and memory
- An interview with the caregiver

## How can you help the doctor?

Bring a list of the medications the person takes to the doctor's appointment. Make a log of the symptoms or the changes in behavior you have seen. Have a list of questions or concerns. The doctor will need a full medical history. This includes any mental health treatment they have had before.

## What can the doctor do if the diagnosis is Alzheimer's disease?

There is no cure for AD. Yet there are many ways to treat some of the symptoms of the disease. The doctor may suggest that the person:

- Use medicines. They may delay (or in some cases improve) mental decline and memory loss.
- Try some activities. There are exercise and recreation classes. There are also adult day care services.
- Get proper care for medical or mental health problems. This may help a person think more clearly.
- Go to counseling. This will help family members and caregivers. They will learn how to help a person with AD. They can learn how to make a safe environment.

## What can be done for behavioral problems?

At times, a person with AD may have behavior problems. They may wander off. They can be paranoid and may not trust others. They may want to argue and fight. They may also not want to bathe, change clothes, or keep themselves clean. All these problems can be too much for the caregiver. The doctor may suggest ways to help. Some of these could be:

- Signing the person up in the Alzheimer's Association's Safe Return Program. This is a program to help find adults who have wandered off and are lost.
- Making changes to the person's surroundings. This helps reduce confusion caused by too much noise, light, and activity in a room or house. Turn off TVs and radios, keep shades down, and make a quiet place for the person.
- Explaining a task before you do it. Say, "I am going to help you put on your shirt."
- Having a daily routine at home. Have regular times for meals, bathing, exercise, and bedtime.
- Giving comfort to the confused patient. But do not challenge their claims or beliefs even if they are false. Direct their attention to something else.

These methods may not be enough, in which case the doctor may want to use medicines. The caregiver needs to give the doctor detailed information about the problem. This will help guide treatment. They should report when the behavior began. They should report how often and when it occurred and what they have already tried.

## How can the doctor help you plan for the future?

Your doctor may suggest you plan for your health care needs by completing an advance directive. It is a legal document. It will direct how future treatment decisions should be made when the patient is not able to decide. The advance directive can explain who should make decisions. It also says what sort of decisions should be made. This is for an individual who is still able to make decisions. The patient signs it while they are capable of making sound decisions.

*Adapted from the Los Angeles Alzheimer's Association.*

### **For more information contact:**

Los Angeles Alzheimer's Association at (323) 938-3379 [www.alzla.org](http://www.alzla.org)

Alzheimer's Association 24/7 National Contact Center at 1-800-272-3900 [www.alz.org](http://www.alz.org)

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# Falls and Mobility Disorders

## Patient Information Sheet

### **Why are falls and mobility disorders a problem for the elderly?**

Falls can cause major injury and cause a person to go to the hospital. Sometimes a person is admitted to a nursing home because of a fall. Many falls can be prevented. But, older patients often do not tell their doctor that they have these problems. Tell your doctor that you have fallen or are afraid of falling. This may help to prevent future harm.

### **What leads to falls in the elderly?**

There are many possible causes:

- Weak legs and unstable walking
- Balance problems
- Poor vision
- Memory problems
- Certain types of medications
- Your blood pressure drops when you are standing

Even routine activities can lead to a fall. A person can have trouble getting dressed or slip in the bath.

## **Facts you can use about falls and problems walking**

### **Factors that can increase your chances of falling**

Weak legs and being dizzy can get in the way of walking or keeping your balance. They can make a fall more likely to happen. If you have any of these problems, tell your doctor. Your doctor can offer you medical treatments. Your doctor may offer you exercise programs to try that might improve your symptoms. Exercise programs can also lower your chances of falling.

- Poor vision can increase your chance of falling. Have your eyes checked at least once a year, or more often if your vision changes.
- Certain types of medicines may increase your chances of falling. The same is true if you take a lot of medications.
- Make a list of your prescription medicines and over-the-counter medicines. Go over this list with your doctor. You should do this at least once a year.
- If you change or add a new medication to your list, your doctor should review the list again.

Your home can be a cause of some falls. Things like poor lighting, loose rugs, and objects or furniture in walking areas are hazards. Ask your doctor about a home safety checklist to use to check your home. Certain changes to your home may help to prevent a future fall. You can change your home by having grab bars put in the bathroom. You can fasten down loose rugs.

### **Tell your doctor if you have fallen or are afraid of falling**

If you have fallen, your doctor will want to find out what caused the fall. Once you have been checked, the doctor can make a treatment plan. This plan should reduce or prevent future falls and help you to get around safely. Therefore, it is important to tell your doctor about your falls. Also make your doctor aware of your concerns about your walking or balance. Together, you can make a plan to try and prevent future falls.

### **Difficulty walking-a cane or walker can make you less likely to fall**

Many people over the age of 65 have walking and/or balance problems. This may be due to injuries or painful joints. It could be from other medical problems. The use of a device, like a cane or walker, can make your walking more secure. There are many types of devices. Your doctor can tell you if you would be helped by one of these. And he or she can tell you where to find the device that is best for you.

### **Exercise can help reduce the incidence of falls**

Physical activity can help your strength and balance. You should get regular exercise. This can decrease the chance of falls. Speak with your doctor about what would be best for you.

Your doctor may want you to have physical therapy. This can make you stronger or more secure in walking. You may need it if you have had an injury. It is helpful for those just starting to use a new device like a cane or walker. Physical activity that builds strength in your legs and upper body can help prevent falls. Your doctor may give you exercises to do. Senior centers may have programs you like. There may be low-impact or water aerobics classes. There may be Tai Chi, and walking programs as well. Tai Chi is a gentle form of Chinese exercise shown to improve balance. Talk to your doctor about what you should do next.

## **Questions for you or a family member to ask your doctor**

This is a list of questions you can ask your doctor. If you think of any more, write them in the space below.

Do I need any more tests to find the cause of my falling or balance problems?

Are any of my medications making me unsteady?

Do I need physical therapy or exercises to build up strength?

Should I be using a device to help support me, like a cane or walker?

Would hip protectors be of any help to me?

Do I need to make changes in my home like grab bars or rails? How do I get them installed?

Are there any community resources, such as classes that could help me?

Should I see a specialist?

Write your questions here:

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# Falls and Mobility Disorders

## Patient Follow-up Information

Falls are a common problem for older people and can lead to serious complications. In most cases, relatively simple things can help minimize this problem. Prevention of falls requires looking at many possible causes. Working with your doctor to identify these causes can reduce your risk of falling.

Instructions to the patient:

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**Please fill in the answers to the questions on the date of your next appointment. Then, bring this filled out form with you to give to the doctor:**

1. Did you have any problems with the treatment your doctor prescribed?

No  Yes (explain): \_\_\_\_\_

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2. Have you fallen since your last visit?

- Yes
- No, but I feel unsteady and I am afraid I will fall
- No, and I am NOT afraid I will fall

If you continue to fall or feel so unsteady that you are afraid of falling, here are some questions you might discuss with the doctor at your next office visit:

- Do I need any more tests to find the cause of my unsteadiness or falling?
- Are any of my medications making me unsteady?
- Do I need physical therapy or strengthening exercises?
- Should I be using a device to help support me, like a cane or walker?
- Would hip protectors be of any benefit for me?
- Do I need modifications in my home like grab bars or rails? How do I get these installed?
- Are there any community resources, such as classes that could help me?
- Should I be referred to a specialist?

### **Remember:**

If you have any questions about your treatment or other concerns, do not hesitate to call this office for assistance.

# Falls and Mobility Disorders

## Community Resources

**Resources for information about safety and fall prevention.**

Ask your doctor about exercises that you can do and exercise programs, home safety assessment and modification, and assistive devices like canes and walkers.

American Association of Retired Persons (AARP)  
Home design and safety  
1-888-687-2277  
[www.aarp.org/life/homedesign/safety](http://www.aarp.org/life/homedesign/safety)

Home Safety Council  
(202) 349-1100  
(336) 957-9947  
[www.homesafetycouncil.org/safety\\_guide](http://www.homesafetycouncil.org/safety_guide)

Meals on Wheels Association of America  
(703) 548-5558  
[www.mowaa.org](http://www.mowaa.org)

National Resource Center for Safe Aging  
(619) 594-0986  
[www.safeaging.org/resources/resources.asp](http://www.safeaging.org/resources/resources.asp)

**Resources/Services in My Community:**  
Address and Telephone

Community exercise:  
\_\_\_\_\_

Senior Center:  
\_\_\_\_\_

Medical supply:  
\_\_\_\_\_

Meals/food:  
\_\_\_\_\_

Transportation:  
\_\_\_\_\_

Social worker:  
\_\_\_\_\_

Other:  
\_\_\_\_\_

# Home Safety Checklist to Reduce Your Risk of Falling

You can do some simple things to stay safe inside and outside your home to help reduce your risk of falling and hurting yourself. Place a check next to each of the things you already do. Then try to make changes so that you can check off the rest of the boxes.

## Personal safety

### Personal condition

- Eat a healthy diet
- Get regular exercise
- Get enough rest
- Get regular medical checkups

### What you wear

- Avoid footwear that is too loose or too tight
- Wear good shoes with good support, low or flat heels, closed toes, nonslip soles
- Replace boots and shoes when the soles or heels are worn smooth
- Avoid long clothing (such as bathrobes, dressing gowns, nightgowns, or winter coats) that you can trip over
- If you wear glasses, keep your prescription up to date

### Moving around

- Ask for help with tasks that you may not be able to do safely
- Do not climb up on stepladders, step stools, chairs, or other objects
- When you carry bulky packages, make sure they don't block your vision
- Divide large loads into smaller loads whenever possible
- Plan ahead and don't rush
- Move slowly and avoid rushing to answer the phone or doorbell
- Take time to get your balance when you change position from lying down to sitting and from sitting to standing

### **An emergency plan**

- If you live alone, have daily contact with a friend or neighbor
- If your phone has speed dial buttons, add your emergency contact numbers
- Rent a personal response and support service (an emergency HELP button) in case you fall and cannot get up

### **Bathroom safety**

- Ask a professional about putting in a raised toilet seat and grab bars for your toilet and bathtub
- Use a rubber bath mat or other nonslip surface in your bathtub or shower
- Use a nonskid rug on the bathroom floor
- Use a bath seat for extra safety
- Have your water heater set to a temperature below 120° F (49° C)
- Use liquid soap instead of bar soap
- Have good bathroom and hall lighting

### **The rest of your home**

#### **Don't let your things be your downfall**

- Keep floors and stairs clear of clutter
- Keep the traffic lane from your bedroom to the bathroom free of things you might trip over
- Arrange furniture so that you can walk across every room in your home, and from one room to another, without having to go around furniture
- Watch out for pets lying in or crossing your path when you stand up or walk
- Keep electrical and phone cords away from where you walk. Use a cordless phone
- Store things that you use often at a comfortable height so you don't have to bend or stretch too much to get to them

#### **Stairs, rugs and floor**

- Install 2 handrails on your stairs
- Buy rugs with a nonskid backing (or fasten them to the floor), and tack the edges
- Wipe up spills right away

#### **Keep it lit**

- Keep indoor areas and stairways well lit to get rid of shadowy areas
- Use nightlights in your bedroom, hallway, and bathroom
- Have a lamp or light switch within easy reach of your bed

## Outdoor safety

- Install railings by your entrance
- Keep lawns and gardens free of holes
- Always put away garden tools and hoses when not in use
- Have mats at doorways for people to wipe their feet on
- Keep outdoor walkways, steps, and porches free of wet leaves, snow, and things you might trip over
- Avoid going outside in poor weather or when sidewalks are not clear and dry
- Avoid busy traffic times and cross the street at traffic lights

### Have the light you need

- Make sure your entrance is well lit
- Avoid walking in poorly lit areas
- Take time to let your eyes adjust to changes in lighting; wear sunglasses on sunny days

*Adapted from the National Safety Council.*

**For more information contact:**

The National Safety Council at 1-800-621-7619 [www.nsc.org](http://www.nsc.org)

**The information provided here is for educational purposes only, please consult your doctor.**

# Lower Body Strength/Balance Exercises

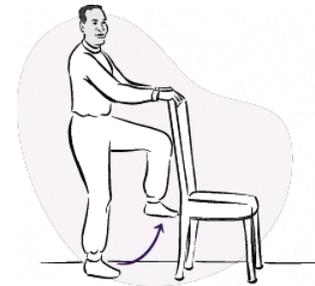
Physical activity can help your strength and balance. This can decrease the chance of falls.

## Hip Flexion

**Strengthens thigh and hip muscles.** Stand to the side or behind a chair or table, holding it with one hand for balance. Take 3 seconds to bend your left knee and bring it as far toward your chest as possible. Stand straight throughout, without bending at the waist or hips. Hold the knee up for 1 second, then take 3 seconds to lower your left leg all the way down. Remember to keep breathing during all of these movements. Repeat with right leg. Then alternate - left leg, right leg, left leg and so on until you have done 8 to 15 knee bends on each side. Rest; then do another set of 8 to 15 knee bends. Add or increase ankle weights, when you can do 15 knee bends with good form.

### Summary:

1. Stand straight, holding tall, stable object for balance.
2. Slowly bend one knee toward chest, without bending waist or hips.
3. Hold the knee up.
4. Slowly lower leg all the way down.
5. Repeat with other leg.



## Hip Extension

**Strengthens buttock and lower-back muscles.** Stand 12 to 18 inches away from a table or chair, feet slightly apart. Bend forward from the hips, at about a 45-degree angle, holding onto the table or chair for balance. In this position, take 3 seconds to lift your left leg straight behind you. Don't bend your knee, or point your toes, or bend your upper body any farther forward. Hold the leg up for 1 second. Take 3 seconds to lower your left leg back to the starting position. Remember to keep breathing during all of these movements. Repeat with right leg. Do each leg in turn until you have done the exercise 8 to 15 times with each leg. Rest; then do another set of 8 to 15 exercises with each leg. Add ankle weights when you can do 15 exercises with good form.

### Summary:

1. Stand 12 to 18 inches from table.
2. Bend at hips; hold onto a table.
3. Slowly lift one leg straight backwards.
4. Hold the leg up.
5. Slowly lower leg.
6. Repeat with other leg.



## Knee Flexion

**Strengthens muscles in back of thigh.** Stand straight, very close to a table or chair, holding it for balance. Take 3 seconds to bend your left knee so that your calf comes as far up toward the back of your thigh as possible. Don't move your upper leg at all; bend your knee only. Take 3 seconds to lower your left leg all the way back down. Remember to keep breathing during all of these movements. Repeat with right leg. Alternate legs until you have done it 8 to 15 times with each leg. Rest; then do another set of 8 to 15 times with each leg.

Do knee flexion as part of your regular strength exercises, and add these changes as you progress: Hold table with one hand, then one fingertip, then no hands. Then do exercise with eyes closed, if steady. Add or increase ankle weights when you can do this 15 times.

### Summary:

1. Stand straight; hold onto table or chair for balance.
2. Slowly bend knee as far as possible so foot lifts up behind you.
3. Hold position.
4. Slowly lower foot all the way back down.
5. Repeat with other leg.



## Knee Extension

**Strengthens muscles in front of thigh and shin.** Use ankle weights, if you are ready to. Sit in a chair, with your back resting against the back of the chair. If your feet are flat on the floor in this position, you should place a rolled-up towel under your knees to lift them up. Only the balls of your feet and your toes should be resting on the floor. Rest your hands on your thighs or on the sides of the chair. Take 3 seconds to extend your right leg in front of you, parallel to the floor, until your knee is straight. With your right leg in this position, flex your foot so that your toes are pointing toward your head. Hold your foot up for 1 to 2 seconds. Take 3 seconds to lower your right leg back to the starting position, so that the ball of your foot rests on the floor again. Remember to keep breathing during all of these movements. Repeat with left leg. Alternate legs, until you have done the exercise 8 to 15 times with each leg. Rest; then do another set of 8 to 15 exercises on each leg.

### Summary:

1. Sit in chair. Put rolled towel under knees, if needed.
2. Slowly extend one leg as straight as possible.
3. Hold position and flex foot to point toes toward head.
4. Slowly lower leg back down.
5. Repeat with other leg.



## Chair Stand

**Strengthens muscles thighs and buttocks.** Sit toward the middle or front of a chair with back and shoulders straight, knees bent, and feet flat on the floor. You will begin by leaning just slightly forward, but don't lean over. Keep your back straight as you come up. You should notice that your weight will be in the middle of your feet, not at your heels. As you bend slightly forward to stand up, keep your back and shoulders straight. Take about 2-3 seconds to stand up, using your hands as little as possible. Take at least 3 seconds to sit back down. Remember to keep breathing during all of these movements.

Your goal is to do this exercise without using your hands as you become stronger. If you are weak, you may only be able to complete 3 or 5 chair stands in the beginning. That's OK. Rest for two minutes, and repeat the same number of chair stands if you can. The goal is to be able to do 8 to 15 chair-stands without a rest. It may take several weeks before you can do this. Whatever you can do, stop, rest for about 2 minutes and then repeat.

### Summary:

1. Sit in middle or toward front of chair, knees bent, feet flat on floor.
2. Sit upright, with your back and shoulders straight.
3. Lean slightly forward, your body weight moves to the middle of your foot.
4. Slowly stand up, using hands as little as possible.
5. Slowly sit back down.
6. Keep back and shoulders straight throughout exercise.



## Plantar Flexion

**Strengthens ankle and calf muscles.** Stand straight, feet flat on the floor, holding onto the edge of a table or chair for balance. Take 3 seconds to stand as high up on tiptoe as you can; hold for 1 second, then take 3 seconds to slowly lower yourself back down. Remember to keep breathing during all of these movements. Do this exercise 8 to 15 times; rest a minute, then do another set of 8 to 15. As you become stronger, do this exercise first on your right leg only, then on your left leg only. Do it for a total of 8 to 15 times on each leg.

Rest a minute, then do another set of 8 to 15 exercises on each leg.

### Summary:

1. Stand straight, holding onto a table or chair for balance.
2. Slowly stand on tip toe, as high as possible.
3. Hold position.
4. Slowly lower heels all the way back down.



## Side Leg Raise

**Strengthens muscles at sides of hips and thighs.** Stand up straight, directly behind a table or chair, feet slightly apart. Hold onto the table to help keep your balance. Take 3 seconds to lift your right leg 6 to 12 inches out to the side. Keep your back and both legs straight. Don't point your toes outward; keep them facing forward. Hold the position for 1 second. Take 3 seconds to lower your leg back to the starting position. Remember to keep breathing during all of these movements. Repeat with left leg. Alternate legs, until you have repeated the exercise 8 to 15 times with each leg. Rest; do another set of 8 to 15 exercises with each leg. Use ankle weights, if you are ready to.

### Summary:

1. Stand straight, directly behind table, feet slightly apart.
2. Hold table for balance.
3. Slowly lift one leg to side, 6-12 inches.
4. Hold position.
5. Slowly lower leg.
6. Repeat with other leg.
7. Back and both knees are straight throughout exercise.



Progressing with your ankle weights- if you are doing these exercises 2 or 3 times a week, you will probably learn that you will be able increase the ankle weight every 2 or 3 weeks by 1 to 3 pounds. Continue to increase your ankle weights if you can do the exercise without pain, and you can keep good form- you can do the exercise smoothly-you should be able to start and complete the movement under control, and without twisting your torso.

## Anytime/Anywhere

These types of exercises can help your balance. You can do them almost anytime, anywhere, and as often as you like. Just make sure you have something sturdy nearby to hold onto if you become unsteady.

### Examples:

Walk heel-to-toe. Put your heel just in front of the toes of the opposite foot each time you take a step. Your heel and toes should touch or almost touch. (See Illustration.)

Stand first on one foot then the other. You can do this while you are waiting somewhere such as the bus stop or the grocery store.

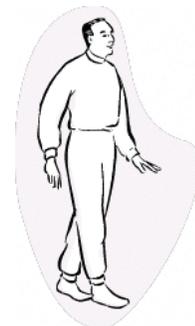
Stand up and sit down without using your hands.

*Adapted from the National Institute on Aging.*

### For more information contact:

The National Institute on Aging at (301) 496-1752 [www.nia.nih.gov](http://www.nia.nih.gov)

**The information provided here is for educational purposes only, please consult your doctor before starting a new exercise routine.**



# Upper Body Strength Exercises

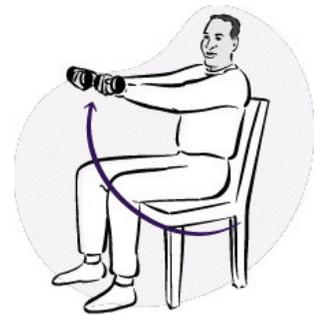
Physical activity can help your strength and balance. This can decrease the chance of falls.

## Shoulder Flexion

**Strengthens shoulder muscles.** Sit in a chair, with your back straight. Your feet should be flat on the floor, spaced apart so that they are even with your shoulders. Hold hand weights straight down at your sides, with your palms facing inward. Take 3 seconds to lift your arms in front of you, keeping them straight and turning them so that your palms are facing upward, until your arms are parallel to the ground. Hold this for 1 second. Take 3 seconds to lower your arms so that they are straight down by your sides again. Pause. Remember to keep breathing during all of these movements. Repeat 8 to 15 times. Rest; do another set of 8 to 15 repetitions.

### Summary:

1. Sit in chair.
2. Feet flat on floor; keep feet even with shoulders.
3. Arms straight down at sides, palms inward.
4. Raise both arms in front of you (keep them straight and turn them so palms face upward) to shoulder height.
5. Hold position.
6. Slowly lower arms to sides.



## Arm Raise

**Strengthens shoulder muscles.** Sit in a chair, with your back straight. Your feet should be flat on the floor, spaced apart so that they are even with your shoulders. Hold hand weights straight down at your sides, with your palms facing inward. Take 3 seconds to lift your arms straight out, sideways, until they are parallel to the ground. Hold the position for 1 second. Take 3 seconds to lower your arms so that they are straight down by your sides again. Pause. Remember to keep breathing during all of these movements. Repeat 8 to 15 times.

Rest; do another set of 8 to 15 repetitions.

### Summary:

1. Sit in chair.
2. Feet flat on floor; keep feet even with shoulders.
3. Arms straight down at sides, palms inward.
4. Raise both arms to side, shoulder height.
5. Hold position.
6. Slowly lower arms to sides.



## Biceps Curl

**Strengthens upper-arm muscles.** Sit in an armless chair, with your back supported by the back of the chair. Your feet should be flat on the floor, spaced apart so that they are even with your shoulders. Hold hand weights, with your arms straight down at your side, palms facing in toward your body. Take 3 seconds to lift your left hand weight toward your chest by bending your elbow. As you lift, turn your left hand so that your palm is facing your shoulder. Hold the position for 1 second. Take 3 seconds to lower your hand to the starting position. Pause, then repeat with right arm. Remember to keep breathing during all of these movements. Take turns with each arm until you have repeated the exercise 8 to 15 times on each side.

Rest, then do another set of 8 to 15 times on each side.

### Summary:

1. Sit in armless chair, with your back supported by back of chair.
2. Feet flat on floor; keep feet even with shoulders.
3. Hold hand weights at sides, arms straight, palms in.
4. Slowly bend one elbow, lifting weight toward chest.  
(Turn your palm to face your shoulder while lifting weight.)
5. Hold for 1 second.
6. Slowly lower arm to starting position.
7. Repeat with other arm.



## Triceps Extension

*(If your shoulders aren't flexible enough to do this exercise, see the "Dip" exercise, on next page.)*

**Strengthens muscles in back of upper arm.** Sit in a chair, toward the front. Your feet should be flat on the floor, spaced apart so that they are even with your shoulders. Hold a weight in your left hand, and raise your left arm all the way up, so that it's pointing toward the ceiling, palm facing in. Support your left arm by holding it just below the elbow with your right hand. Slowly bend your left arm so that the weight in your left hand now rests behind your left shoulder. Take 3 seconds to straighten your left arm so that it's pointing toward the ceiling again. Hold the position for 1 second. Take 3 seconds to lower the weight back to your shoulder by bending your elbow. Keep supporting your left arm with your right hand throughout the exercise. Remember to keep breathing during all of these movements. Pause, then repeat until you have done the exercise 8 to 15 times with your left arm. Then put your left elbow up and support it with your right hand. Do the bending and straightening 8 to 15 times with your right arm. Rest; then do another set of 8 to 15 on each side.

### Summary:

1. Sit in chair, near front edge.
2. Feet flat on floor at shoulder width.
3. Raise one arm straight toward ceiling.
4. Support this arm, below elbow, with other hand.
5. Bend raised arm at elbow, bringing hand weight toward same shoulder.
6. Slowly re-straighten arm toward ceiling.
7. Hold position.
8. Slowly bend arm toward shoulder again.



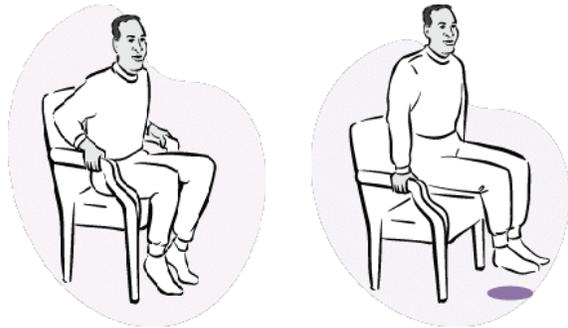
## Alternative “Dip” Exercise for Back of Upper Arm

Sit in a chair with armrests. Lean slightly forward, keeping your back and shoulders straight. Hold onto the arms of the chair. Your hands should be level with the trunk of your body, or slightly farther forward. Place your feet slightly under the chair, with your heels off the ground and the weight of your feet and legs resting on your toes and the balls of your feet. Slowly lift yourself up, using your arms, as high as you can. This pushing motion will strengthen your arm muscles even if you aren’t yet able to lift yourself up off of the chair. Don’t use your legs or feet for assistance, or use them as little as possible. Slowly lower yourself back down. Remember to keep breathing during all of these movements. Repeat 8 to 15 times.

Rest; repeat another 8 to 15 times.

### Summary:

1. Sit in chair with armrests.
2. Lean slightly forward, back and shoulders straight.
3. Grasp arms of chair.
4. Tuck feet slightly under chair, weight on toes.
5. Slowly push body off of chair using arms, not legs.
6. Slowly lower down to starting position.



*Adapted from the National Institute on Aging.*

### For more information contact:

The National Institute on Aging at (301) 496-1752 [www.nia.nih.gov](http://www.nia.nih.gov)

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# Urinary Incontinence

## Patient Information Sheet

### **What is urinary incontinence (UI)?**

UI happens when you are not able to control when you urinate and you wet yourself.

### **How common is urinary incontinence?**

UI is very common. About one-third of people over the age of 60 report frequent accidents. UI may be mild or very severe. It can limit what a person is able to do. It can cause people to keep to themselves. And it may be a big source of stress for patients and their families.

Doctors or patients rarely talk about UI. This could be due to:

- Embarrassment
- The belief that UI is a normal part of aging

Proper treatment of UI can help. It will also help a person stay independent.

### **How do I know if I have urinary incontinence or a urinary tract infection (UTI)?**

It is hard to tell because they have some of the same symptoms. Some of these are the need to:

- Urinate often
- Get to the toilet quickly
- Get up at night to urinate

Your doctor can test a sample of your urine to see if you have a UTI. If there is a UTI, it should be treated with antibiotics. If you still have a problem after it is treated, then you can try treatments for UI.

### **How is urinary incontinence treated?**

There are many ways that UI can be treated:

- Exercises to build up the pelvic muscles around the bladder (a balloon-like muscle that holds urine) can be used
- Retraining the bladder to hold more urine before you have to urinate
- Learning ways to ignore the urge to urinate
- Taking medicine

For severe cases of UI, or cases where other treatments have not helped, surgery may be a choice. No one treatment works for each person. The treatment must match the needs and feelings of the patient.

## **Facts about urinary incontinence you can use**

### **Talk to your doctor about urinary incontinence—knowing the cause can lead to treatment that works**

If you are having problems with UI, be sure to talk to your doctor about it. Your doctor will ask you several questions about your symptoms such as:

- When you have the problems
- How severe they are
- How much they bother you
- What type of treatments for UI you have tried in the past and how well have they worked

A urine test will be done to make sure you do not have a bladder infection. And finally, you will have a physical exam.

Once you have been found to have UI, you and your doctor can plan a course of treatment. Your doctor may refer you to a specialist. One type of specialist is a urologist. This is important if you need surgery.

### **Programs to improve urinary incontinence**

Studies have shown that UI can get better when it is treated correctly. This change can lead to:

- A better lifestyle
- More independence
- Fewer worries about accidents
- Taking part in activities that were avoided before

### **Exercises and other treatments**

Each patient will have his or her own treatment plan. It will depend on each person's state of health. It will also depend on what kinds of treatment a person can choose.

Some patients will need to do exercises. They are pelvic floor muscle (or Kegel's) exercises. These exercises can build up the muscles that support the bladder. They should be done each day.

Bladder training may be used to increase the amount of urine the bladder can hold. This is done by slowly increasing the time urine is held in the bladder before going to the toilet.

Patients should drink enough fluids throughout the day. They should avoid food and drinks that irritate the bladder. They also need to keep from getting constipated.

### **Medications can help**

Medications can help some kinds of UI. However, they can cause side effects. You and your doctor can decide if these medications would be useful for you. A lot will depend on the state of your health as well as the type of UI problem that you have.

## **Questions for you or a family member to ask your doctor**

These are questions you can ask your doctor. If you think of any more, write them in the space below.

Why do I leak urine?

Are there nondrug treatments for this leaking? If there are exercises, how do I do them and for how long?

What can I do to improve this problem? What help do I need to take these steps?

Do I need any more tests to find out the cause?

If I am taking a medicine for leaking urine, how do I know I am getting the right dose?

How do I know if another drug should be prescribed?

Are there community resources, such as classes that could help me?

Write your questions here:

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**The information provided here is for educational purposes only, please consult your doctor.**

# Urinary Incontinence

## Patient Follow-up Information

Urinary incontinence is treatable, but may require some time and patience to find the most effective solution to the problem. What works for one patient may not work for another. It is important that you help us manage your problem by returning for a follow-up visit and giving us feedback about how you are doing.

Instructions to the patient:

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**Please fill in the answers to the questions on the date of your next appointment. Then, bring this filled out form with you to give to the doctor:**

1. Did you have any problems with the treatment your doctor prescribed?

No    Yes (explain): \_\_\_\_\_

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2. Has your urinary problem gotten better since your last visit?

Much better    Somewhat better    A little better    Problem is the same or worse

If you continue to have frequent or bothersome symptoms, here are some questions you might discuss with the doctor at your next office visit:

- What is the cause of my continued urine loss?
- Are there non-drug treatments for this cause of urine loss?
- What can I do to improve this problem? What help do I need to take these steps?
- Do any more tests need to be conducted to determine the cause?
- If I am taking a medicine for urinary loss, am I getting the right dose or should another drug be prescribed?
- Are there community resources, such as classes that could help me?
- Should I be referred to a specialist?

### Remember:

If you have any questions about your treatment or other concerns, do not hesitate to call this office for assistance.

# Urinary Incontinence

Community  
Resources

## Resources for information about urinary incontinence and its treatment.

Ask your doctor about treatments that might help your type of incontinence.

American Urological Association  
Foundation  
1-800-828-7866  
[www.afud.org](http://www.afud.org)

Simon Foundation for Continence  
1-800-237-4666  
[www.simonfoundation.org](http://www.simonfoundation.org)

NIA Information Center  
1-800-222-2225  
1-800-222-4225 (TTY)  
[www.nia.nih.gov](http://www.nia.nih.gov)

National Association for Continence  
1-800-BLADDER  
1-800-252-3337  
[www.nafc.org](http://www.nafc.org)

National Institute of Diabetes and Digestive  
and Kidney Diseases  
National Kidney and Urologic Diseases  
Information Clearinghouse  
**General inquiries may be addressed to:**  
Office of Communications and  
Public Liaison  
NIDDK, NIH, Building 31, Room 9A04  
31 Center Drive, MSC 2560  
Bethesda, MD 20892-2560, USA.  
[www.niddk.nih.gov](http://www.niddk.nih.gov)

## Resources/Services in My Community:

Address and Telephone

Community support groups:

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Biofeedback:

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Medical supply:

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Other:

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# Bladder Diary

The Bladder Diary is for you to record:

- How often you urinate
- How often you accidentally leak urine
- What you think caused the accident
- The amount and type of drinks you had during the day

You should start recording on the sheet each day when you get up in the morning. Then record on the same sheet for a full 24-hour period. Start a new sheet each day. Your doctor should tell you how many days to keep track of this information. Your doctor may also ask you to measure how much you urinate, and write that down as well. After you have filled out the Diary for the required number of days, bring the Diaries to your doctor's office.

## How to use the Bladder Diary:

### **1st column**

Fill in the date and time each time that you urinate in the toilet or have an accident (leak urine before getting to the toilet).

### **2nd column**

Check this column if you urinated in the toilet.

### **3rd column**

Check this column if you had an accident.

### **4th column**

If you had an accident, write down what you think caused the accident.

### **5th column**

In this column, write down what you have been drinking before the accident.



# Bladder Retraining

## What is it?

Bladder retraining is a way to treat some problems with urination. It helps to reduce:

- Frequency – when you urinate more than 8 times a day
- Urgency – the sudden strong desire to urinate
- Nocturia – getting up more than once a night to urinate
- Urge incontinence – when urine leaks before you can get to the toilet
- Stress incontinence – when urine leaks when you laugh, cough, sneeze, bend over

These are common problems that can cause embarrassment. They are also a bother. Bladder retraining works for many people. It may help you avoid the need for medicines or surgery.

## Why does the bladder need retraining?

The bladder is a muscle that fills and holds urine. When you urinate, the bladder squeezes and empties. If the bladder muscle squeezes when it is not supposed to it can cause problems for you. Urgency, frequency and leaking urine are caused when the bladder squeezes when it shouldn't. Or it squeezes with no warning.

## What is the purpose?

The purpose of bladder retraining is to increase the amount of urine that the bladder can hold. It can hold at most about two 8-ounce cups of urine. Bladder retraining works to help you urinate less often, about every 3 to 4 hours. With retraining, you may even notice some improvement in a few weeks.

## The training program

Bladder retraining teaches your bladder how to control urgency.

**Here is how you start:** Instead of going to the toilet when you first feel the urge to urinate, wait 5 minutes before going to the toilet. This might not be easy to do at first. You may only be able to wait a few minutes. Keep trying! Slowly increase the time from 5 to 10 minutes. Keep adding minutes until you can wait 30 minutes. By increasing your waiting time, you are learning how to stop the bladder from squeezing. Filling the bladder with more urine stretches the bladder wall so it will hold more.

- Try to keep from going to the toilet 'just in case'.
- You should try to empty your bladder only when it is full. The only exception is when the bladder wakes you at night.

## Fluid intake

It is important to drink a normal amount of fluids. This means taking in what would equal 8 to 10 glasses of liquid a day. Remember that we get fluid from many of the foods we eat. More than this is too much. Try not to drink anything within 2 hours of going to bed. Many people find that drinks with caffeine—like soft drinks, tea, coffee, hot chocolate—and alcohol, make their bladder problem worse. It might help to cut back on these beverages.

## Ways to control the urgency

When you have sudden or severe urgency, one or more of these techniques may help. They all take practice and can be used together.

**Do Pelvic Floor Muscle Exercises** These exercises help prevent leaking when you have an urgent need to urinate. Your healthcare provider might give you a sheet of exercises called “Exercising Your Pelvic Muscles”. They work best if you do them as soon as you feel the urge.

**Sit on the Arm of a Chair** Put pressure on the perineum by sitting on the arm of a chair or the edge of a firm chair. The perineum is the area between the vagina and the rectum. It can help to stop the bladder from squeezing.

**Think About Other Things** When you have a sudden urge to urinate, try to distract your mind. Think about something besides the toilet and your bladder. Anything will do. Think about chores you need to do, or places you would like to go. Breathing exercises and relaxation techniques may also take your mind off your bladder.

## Drug therapy

Some medicines can help the bladder relax. They may also decrease the number of times the bladder squeezes. Ask your healthcare provider if medicines would be helpful to you.

Bladder retraining takes time, but has no side effects. Stick with it!

*Adapted from the National Association for Continence and the Sydney Urodynamic Centres.*

### **For more information, contact:**

National Association for Continence 1-800-BLADDER [www.nafc.org](http://www.nafc.org)

American Urological Association 1-866-RING AUA [www.auanet.org](http://www.auanet.org)

**The information provided here is for educational purposes only, please consult your doctor.**

# Exercising Your Pelvic Muscles

## Why exercise pelvic floor muscles?

By using pelvic floor muscle exercises you can get back the control of your bladder. These are also known as Kegel exercises. Exercising your pelvic floor muscles can make them stronger.

Just 5 minutes, 3 times a day can make a big difference to your bladder control.

## How do you exercise your pelvic muscles?

Find the right muscles as shown below. The goal is to tighten the 2 major muscles that stretch across your pelvic floor. In day to day life, we are often not aware of these muscles, so you need to learn how to feel them:

### Step 1: Learning to Feel the Muscles

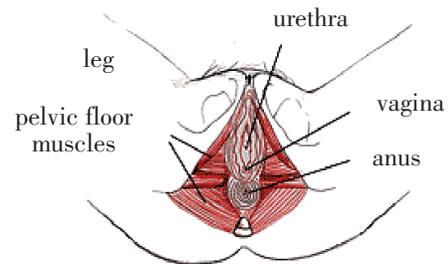
Pretend that you are trying to stop passing gas. Squeeze the muscles you would use.

If you are a woman, lie down and place a finger in your vagina and squeeze your muscles around it.

If you are a man, stand in front of a mirror and watch your penis while trying to make it move up and down without moving another part of your body.

### Step 2: Learning to Isolate the Muscles

Be careful not to tighten your stomach, legs, or other muscles at the same time as you contract your pelvic muscles. In particular, try to relax your stomach while you squeeze the pelvic muscles. Don't hold your breath.



You can make these pelvic floor muscles stronger with a few minutes of exercise every day.

### Step 3: Practicing Pelvic Exercises

Squeeze the pelvic muscles and hold for a count of 3. Then relax for a count of 3. Work up to doing this **10 to 15 times. This is one set. Then do one set 3 times per day.**

Try to practice this in 3 different positions. If convenient, do 1 set lying, 1 set sitting, and 1 set standing. If this is not convenient, just do them where you feel most comfortable. You can exercise while lying on the bed or couch, sitting at a desk, couch or chair, or standing anywhere.

Start by doing this at least 3 to 4 times a week. As you get better at it, try to do it daily.

Over time, try to hold the squeeze harder and for longer, aiming for a count of 6 to 8. Don't forget to relax for the same amount of time between squeezes.

### Step 4: When Will I Notice Improvement?

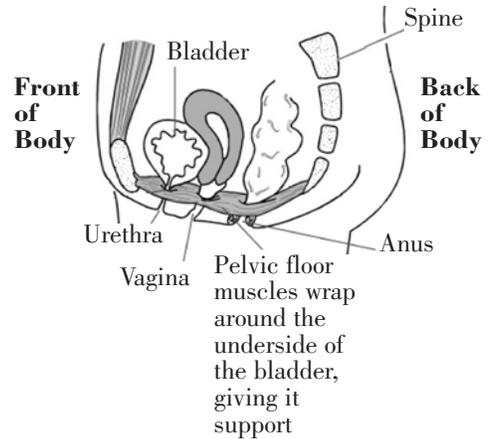
Many women do notice an improvement after a few weeks. However, you may not feel your bladder control improve until after **3 to 6 weeks** of doing the exercises 3 times per day.

After you train yourself to tighten the pelvic muscles, you will have fewer accidents.

These exercises need to be continued in order to have lasting effect, just like any other form of exercise.

If you are having a hard time doing these exercises or find you are not making progress, ask your doctor whether biofeedback might be helpful for you.

### Side view of a woman's bladder and related structures



Healthy sphincter muscles can keep the urethra closed.

*Adapted from the National Kidney and Urologic Diseases Information Clearinghouse*

#### For more information, contact:

The National Kidney and Urologic Diseases Information Clearinghouse 1-800-891-5390  
[www.kidney.niddk.nih.gov](http://www.kidney.niddk.nih.gov)

National Association for Continence 1-800-BLADDER [www.nafc.org](http://www.nafc.org)

The Simon Foundation for Continence 1-800-23-SIMON [www.simonfoundation.org](http://www.simonfoundation.org)

American Urological Association 1-866-RING AUA [www.auanet.org](http://www.auanet.org)

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