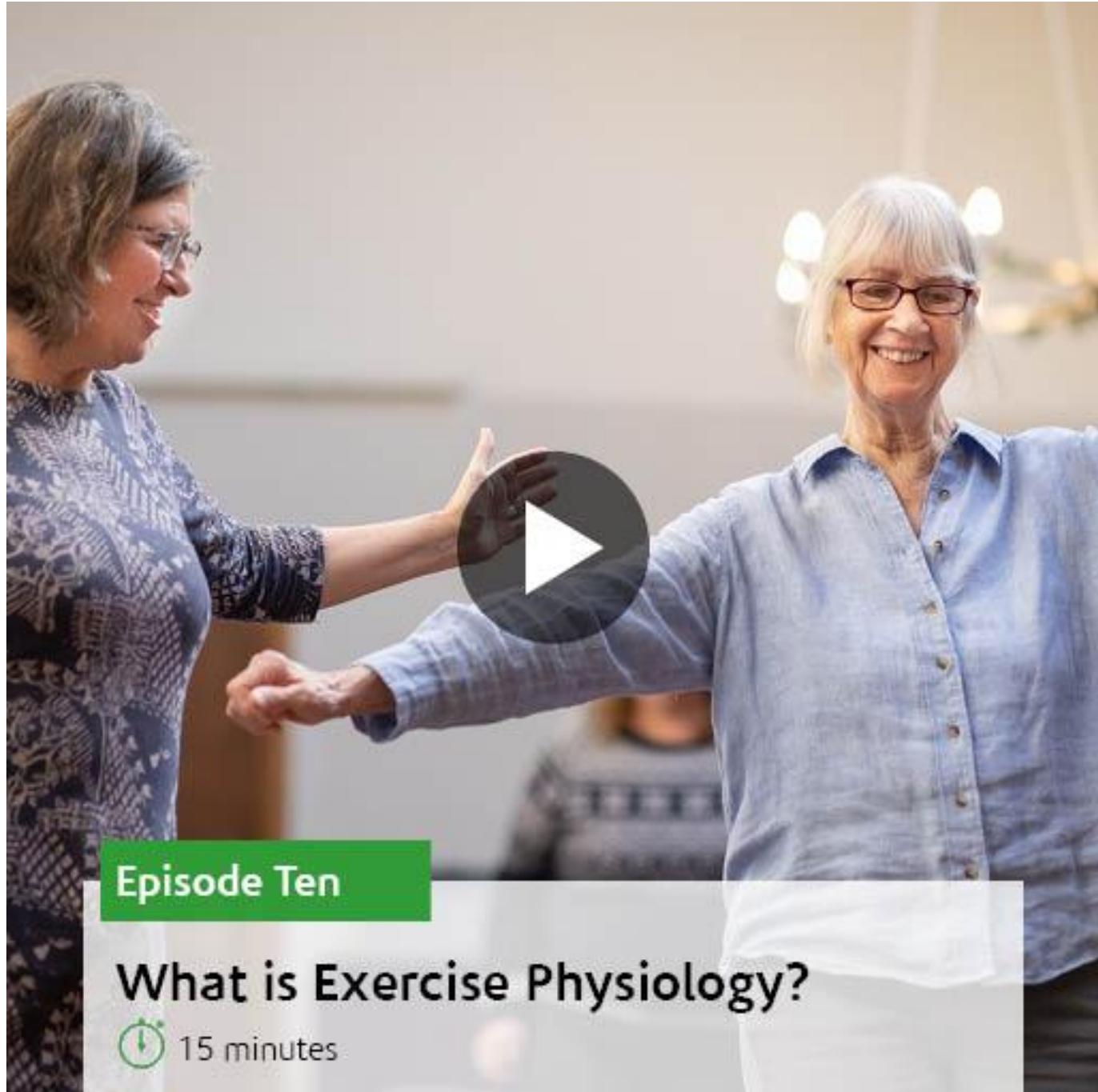


# Age Old Problems: New Aged Care



*A podcast by Helping Hand*



Episode Ten

**What is Exercise Physiology?**

15 minutes

**Age Old Problems: New Aged Care**  
Episode 10: What is Exercise physiology?

  
**Helping Hand**

00:00:00 Kate

Welcome to *Age Old Problems: New Aged Care*, a podcast by Helping Hand that offers information and advice to help you find and access the right aged care services. This podcast was recorded on Kaurna land.

00:00:22 Kate

Hello and thanks for listening to the Helping Hand podcast. I'm your host, Kate Holland, and I'm really looking forward to chatting with today's guest. I happened to know that when Harry Beresford started studying exercise physiology, lots of people around him had tending to elite sports stars in mind. But Harry has always wanted to help people, which makes him the perfect person to explain what exercise physiology is. And yes, it's different from physio and the benefits that it can bring to older people. Welcome Harry.

00:00:47 Harry

Thank you for having me.

00:00:48 Kate

So let's start while you explaining what your role is at Helping Hand if you can.

00:00:52 Harry

Yeah. So I work in Helping Hand's Home Care and my role is the Exercise Physiology Manager. So I lead and support the team of exercise physiologists, and I also directly oversee the allied health assistant team in home care, and alongside the team leader for that role as well. In addition to all of that, I have a couple of days a week where I do groups and I do my home visits just so I'm still getting out and about and working with clients.

00:01:16 Kate

So just in case people listening don't know what allied health is, can you explain?

00:01:20 Harry

Yes. Allied health is quite a broad term and there's lots of different disciplines or areas that work in allied health. So we're talking about the likes of physiotherapy, and occupational therapy. We have social work, dietetics, speech pathology. I'm sure I've missed a couple. And podiatry. It is quite a broad term and we'll work with people in different aspects to support their wellbeing.

00:01:44 Kate

And I think Helping Hand has its own allied health team, doesn't it, as part of Helping Hand services?

00:01:48 Harry

Yes. So I'm part of the Home Care side of Helping Hand. So typically our roles are based in the community. So we do our home visits. We also have our three clinics and there's also the residential side of allied health as well.

00:02:02 Kate

We need to cut to the chase. What is exercise physiology and how is it different from physio? This is a question I'm sure you've been asked a million times.

00:02:09 Harry

Yeah, many times, many times. So in a nutshell, exercise physiology is really the study of how the body responds and adapts to exercise, typically over a long period of time. As an exercise physiologist, we're essentially using exercise as the tool of our trade, and we're use it to help people improve their health, their quality of life, their wellbeing over a long period of time. So really focused on making programs or supporting them in a way that is sustainable and realistic for the rest of their life. Essentially I do get asked a lot about the difference between physiotherapy and exercise physiology.

00:02:50 Harry

Physiotherapists are much more suitably qualified to support people who have new acute injuries or pain, and physiotherapists can diagnose, whereas exercise physiologists cannot, and they're much more fully qualified, or have a better skill set, to support people in the earlier stages of an injury and helping them to recover and rehabilitate so they can get back to what they were doing.

00:03:19 Harry

With exercise physiology, we typically get involved mid to later stages of an injury when we're supporting someone who is living with a chronic long standing disease. And what I mean by that is typically like your diabetes, your high blood pressure, osteoporosis or bone-related terms; and it's really about supporting an individual to manage these as best they can over a long period of time or the rest of their life.

00:03:49 Kate

And it's not just about movement, is it? I've spoken to you before about how you get clients working on things like reaction times and coordination, and that's to get the brain ticking, isn't it?

00:03:57 Harry

Yeah. So we cover lots of different areas. Oftentimes we would look at coordination, balance, and it is quite important in the aged care older adult space. But we're also looking at the strength, the cardiovascular health – so the heart and their lungs, and just covering all aspects of a client.

00:04:17 Kate

Yeah. So this is about preventative care, right? As well as the management of existing health conditions. So does that mean advising and supporting them with lifestyle changes as well as exercise?

00:04:26 Harry

Yeah. So as an exercise physiologist, it's not just about the exercises or the movements that we prescribe to people. It's about how can we get you to do something, or support you with something over a longer period of time, so you can see the benefits of exercise for as long as we can possibly get them? We're not typically focused on the short term. I've heard in the past that an exercise physiologist we've often done our job well if you don't need to see us anymore, because it means we're giving you the education, the advice that you need to take care of your own physical health, your wellbeing, and you're suitably trained if you will, to manage that over most of your life.

00:05:06 Kate

And would that time frame just really depend on the individual?

00:05:09 Harry

Yes, and it is very different in, so where we are right now, in the aged care space. We do typically see our clients weekly twice weekly. Still trying to encourage them to do their own independent exercise outside of our sessions, but where we're going in is we're taking things that they may not have access to at home,

so we can take in additional equipment, things to challenge them that little bit more so we can get them to realise the benefits and we have to keep on progressing the level of exercise as well. Otherwise the body does get very good at just adapting and stabilising with what it's got to do.

00:05:46 Kate

What are some of the exercises you do, can you explain one of them?

00:05:48 Harry

Yeah. So we do a lot of work around reactions because that's quite heavily connected to someone's level of falls or their falls risk. So we do a lot around reactions, coordination, getting them to do what's called dual tasking, so a couple of different activities at the same time, because that's often when people can get tripped up or overwhelmed is when there's too many things happening at the same time. So what better place to practise than when we go there to their home and we can do it in a controlled environment. And we don't just do these in the home, we also do them in our groups as well that we have all across our three clinics.

00:06:23 Kate

So you must build quite a strong relationship with people. If you're going into their homes weekly. Is that part of your trajectory from studying exercise physiology to ending up in home care? What do you love about it?

00:06:32 Harry

I love everything about my role, to be honest. I very much like the management side and what I do now in supporting the team. But I do like having that the client workload if you will, and still being able to see my clients in the week, I really appreciate going into their homes. There's something very different about seeing someone in their home versus them coming to see you in a clinic because they're allowing you into what I call their safe space. It's their home. So you do form quite a good connection and a good rapport with people. Some of the clients I'm seeing now, I've known them for three years, and we see them every single week. So I've seen them lots of times over those three years and you start to know their family members and you start to know the ins and outs of what's going on the rest of their week. And they do become like quite a close friend after so long seeing them, which is nice.

00:07:25 Kate

For someone starting out, you know, maybe accessing home care and your kind of assistance or allied health assistance, can you sort of paint a picture for how that would pan out when you have a first appointment with them. What do you generally run through with them?

00:07:37 Harry

So exercise physiology is really about the safety when it comes to exercise, so a lot of the initial appointment is around – there's always questions. So we're going to want to cover someone's medical background, any conditions that we might need to be aware of, especially if they might impact on their exercise. So someone's say living with diabetes. if they have any blood sugar concerns that we might need to monitor, that's really important to us. We're also looking at if they've got any current injuries or any aches or pains that we need to manage as well. Looking to the medications, and there's also an important part around the history of physical activity. So we know that if someone's been quite physically active in the past, then they're more likely to continue to be physically active as they get a bit older, but then that's also telling us what they enjoy doing, what they might dislike doing, because we're really trying to form a plan that is again sustainable. And it's realistic for that person sitting in front of us.

00:08:38 Harry

So there's a lot of questioning. And then we get into what we call our objective measurements. So we're looking at how well someone can balance, for starters with their eyes open, with their eyes closed. So we can challenge different body systems. We'll look at their level of strength. It could be as simple as how well they stand up from a chair, and how many times they can do that in a row. Looking at how far they can walk in a set period of time. And we take all that and we use it to prescribe something that's specific to that person sat in front of us. So the initial assessments are quite full on.

00:09:15 Kate

Quite deep, and obviously you'd want people to be as honest as possible and you know, as humans, sometimes we don't like to admit our vulnerabilities, but you would encourage them to be as honest as possible, so you can really tailor. Do you ask people to record that they've done the exercises that you left them with? Because I remember doing the radio segment about how many of us go to a doctor's appointment or somewhere and get told 'do this thing' and a month comes around and we go back to the appointment and we've done none of it.

00:09:38 Harry

Yes. And truthfully, some people are really fantastic at writing stuff down. They're very accountable sometimes to us, but oftentimes to themselves, they're very self-accountable. And we have different ways of supporting people with this. So obviously technology is becoming more and more of a thing now. So we have applications available that can prompt people or they can liaise with us through the app to tell us on how they're going. Some people do like to manually write stuff down and they can tell us when we see them again a week later how they're going. Some people do just have a hard time doing that and I think that's where we find our weekly, twice weekly, visits help to keep people accountable, but also to keep things changing. Because if it's always the same, things do get a little bit boring if it's always the same exercise. So I think us going in there allows us to change things around, take some different equipment, just keep things fun and interactive, especially because we're going into their home as well.

00:10:39 Kate

So do you have an example of a success story you can share with us?

00:10:42 Harry

We had a recent example, and it was from a client who was coming to one of our weekly groups, and for some clients we do a lot of monitoring and it depends on the situation. But with this client they were monitoring his heart rate and his blood pressure, and the exercise physiologist was noticing that the resting heart rate and the blood pressure weren't quite right. They were sort of sitting a bit too high and they just casually recommended that this client go and seek further medical advice, which they did, and we received some feedback a couple of days ago from the client, and it said that he had gone to his GP, he had some further follow up and he had a 90% blockage in one of the arteries supplying blood to his heart, and then following on from that, he then had surgery. They corrected it, and his feedback was just so overwhelmingly positive and supportive of the exercise physiologist, who had picked this up and had been so encouraging to get it sorted out. And he's essentially saying without the exercise physiologist, he may not be here. So he's very thankful for help. Yeah, it's fantastic. It's fantastic.

00:11:51 Kate

That's wonderful. What an impact. OK, so who can access your services? Cause you know if you're listening in, surely you're starting to think this is a good idea.

00:11:59 Harry

Yeah, so working in this space, we're all through aged care funding. So some of them access those through their Home Care Package, which is all changing from the 1st of November to Support At Home, they will also come to us through what's called Commonwealth Home Support Programme or CHSP for short. And they have an assessment and they can be encouraged or advised to go and see an exercise group or see an exercise physiologist. With a lot of our services, there's also an option for fee for service, which means that they can pay to come to our groups, and if they have private health then they can get reimbursement off that provided and they check it all first.

00:12:39 Kate

I will put links to all of those different services so people can find out more, but am I right in thinking that you are feeling quite positive about the changes that will come in with Support At Home?

00:12:49 Harry

I'm hopeful that from November 1<sup>st</sup> there is going to be a lot of changes for what we call clinical care. So the government has recognised that allied health provide a lot of support to clients in their home and clients want to be home, so by promoting our services and making it easier for clients to access our services, there's hopes that clients will be able to stay home longer, be more independent, have a better quality of life over a longer period of time, and that's what Support At Home is aiming to achieve. So I'm very excited for what's to come.

00:13:26 Kate

What piece of advice would you give to someone who isn't sure whether they need to see an EP or to access any other allied health service?

00:13:33 Harry

Just give us a call. We have a really fantastic team, one of the great things about allied health is we can all recognise each other's strengths and not weaknesses, but areas where another area might be able to support a little bit better. We have a little team in admin, we have our receptionist, but also the managers of each of the teams can answer any questions that you might have, and we can direct you to the most appropriate department or allied health department if that's not us.

00:14:03 Kate

So it's kind of holistic in a way.

00:14:05 Harry

It's very holistic and we have lots of regular meetings. It's very multidisciplinary and I think that's what makes allied health stand out quite well is that we are just so connected and we understand each other's roles very well.

00:14:20 Kate

That's great. So if you're listening and you think you might want access to allied health services, or you do and you're not using them, I think having listened to this, the recommendation is to give it a go. Thank you so much for your time, Harry.

00:14:31 Harry

Pleasure, thank you.

00:14:37 Kate

For more information on Helping Hand and their services please head to [www.helpinghand.org.au](http://www.helpinghand.org.au) or call Helping Hand directly on 1300 653 600.