

VIRTUAL GERAS FRAILTY REHAB

Maximizing mobility & independence



Why is this study being done?

McMaster University researchers are trying to understand the best way to help older adults improve health and maintain strength & independence while physical distancing at home during COVID-19

Who is this study for?

Older adults (aged 65+) who have lost energy or strength (e.g. difficulty climbing stairs or slow walking); clinical frailty scale score of 4-6

What does the study involve?

1. Virtual pre-assessment online at home (1-hour)
2. Virtual frailty rehabilitation online at home (1-3x weekly, 12-weeks)
 - ✓ **Exercise** Consultations and Classes
 - ✓ **Nutritional** Meeting
 - ✓ **Protein** Supplementation
 - ✓ **Medication** Consultation
 - ✓ **Socialization** Phone Calls
3. Virtual post-assessment online at home (1-hour)

CLINICAL FRAILTY SCALE

	1	VERY FIT	People who are robust, active, energetic and motivated. They tend to exercise regularly and are among the fittest for their age.
	2	FIT	People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally, e.g., seasonally.
	3	MANAGING WELL	People whose medical problems are well controlled, even if occasionally symptomatic, but often are not regularly active beyond routine walking.
	4	LIVING WITH VERY MILD FRAILTY	Previously "vulnerable," this category marks early transition from complete independence. While not dependent on others for daily help, often symptoms limit activities. A common complaint is being "slowed up" and/or being tired during the day.
	5	LIVING WITH MILD FRAILTY	People who often have more evident slowing, and need help with high order instrumental activities of daily living (finances, transportation, heavy housework). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation, medications and begins to restrict light housework.

	6	LIVING WITH MODERATE FRAILTY	People who need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing.
	7	LIVING WITH SEVERE FRAILTY	Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~6 months).
	8	LIVING WITH VERY SEVERE FRAILTY	Completely dependent for personal care and approaching end of life. Typically, they could not recover even from a minor illness.
	9	TERMINALLY ILL	Approaching the end of life. This category applies to people with a life expectancy <6 months, who are not otherwise living with severe frailty. (Many terminally ill people can still exercise until very close to death.)

SCORING FRAILTY IN PEOPLE WITH DEMENTIA

The degree of frailty generally corresponds to the degree of dementia. Common symptoms in mild dementia include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In moderate dementia, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting. In severe dementia, they cannot do personal care without help. In very severe dementia they are often bedfast. Many are virtually mute.



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Rockwood K et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.

Enrollment is Free

If you would like to participate or have any questions, please call GERAS Research Staff at

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