

AGING WITH DISABILITY: A LIFE-LONG PREVENTION AND MANAGEMENT OF FUNCTIONAL PROBLEMS

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One of the major changes occurring during the last 40 years that affect people who have a disability is their increased life expectancy to where it is approaching the rest of the population. This change has resulted from improved rehabilitation techniques, better basic medical care, improved technology, and changes in social and legislative actions. Recent evidence indicates that people who have a disability from earlier in life may age at a slightly different rate.

Generally speaking, people with disabilities have less physiologic reserve than their counterparts without disability, and may not have access to providers and facilities that have the resources necessary for preventive health care screening. Since humans become much more disease-prone as they age, the researchers argue that a "systematic attack on ageing itself" is the best way to fight disease and disability. A change in function can be so universal that prevention and management of symptoms that affect function should be a life-long focus for both the clinician and the consumer.

Rethinking the Rehab philosophy of "use it or lose it" to "conserve it to preserve it" requires both the consumer and the clinician anticipate and prepare for these musculoskeletal changes. The most common presented functional problems are pain, fatigue, and the onset of new weakness which may lead to changes in actual task performance, changes in the ability for Activities of Daily Living (ADLs) and eventually the person's quality of life.

With the knowledge we are currently developing about the experience of aging with disability, we are beginning to understand that aging with long term impairment is complex and can have a significant impact on all aspects of an individual's life including education, employment, health, family, and retirement.

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