

## Our future selves, unprecedented opportunities

Life expectancy in the United States in the early 1900s was 47 years. Not so long ago, when someone had arthritis of the knee or hands at age 60, physicians would tell them to take NSAIDS and live with it. Today we know that NSAIDS are killing us.

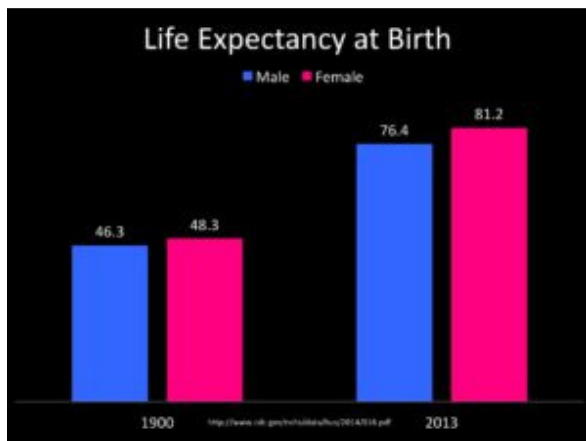


Fig. 1.

People are living much longer today and they don't want to live with pain in their knees or a torn rotator cuff that leaves them unable to move. The answer is not medication. Just listen to those pharmaceutical commercials, "And the side effects are: headache, abdominal pain, fatigue, rash, blurry vision, bleeding, shortness of breath, painful urination, dizziness, hair loss, weight gain, stomach ulcers, kidney disease, heart attack, liver disease, addiction, vomiting, diarrhea, seizures, and death." Sometimes surgery can help with pain and mobility issues, but older adults are often not good candidates for surgery. The best approach to alleviate the pain and suffering caused by many chronic problems is physical therapy. In fact, research clearly demonstrates the benefits and cost effectiveness of physical therapy.

Too often I hear older patients ask, "Why didn't someone tell me this earlier?" Their forward head, muscle weakness, ankle inflexibility or balance issues did not develop overnight. Annual physical therapy screens and exercise programs starting at age 50 or younger could prevent injurious falls, reduce compression fractures and improve quality of life. Most people know that physical therapists are essential to rehabilitation after surgery or accidents, but too few realize that physical therapists are the key to optimal aging.

As George Burns said, "I look to the future because that is where I am going to spend the rest of my life." It is unfortunate that the health care system we live in was designed by 50-year-old men in business suits and not 87-year-old women in walk-up apartments. You can get 911 to respond in 5 minutes or less almost anywhere in the country if you have a heart attack, which is fantastic, but will physical therapy be paid enough to work on someone with knee osteoarthritis so he/she can get up the stairs independently?

I foresee a future in which physical therapists use their knowledge and skill to assess and fix functional problems with appropriately prescribed and monitored exercise and their arsenal of treatment options. Functional assessment and exercise are not one size fits all quick fixes. They are part of a timed, incremental, and long-term approach perfected through expertise and skilled patient motivation. Yet many of our peers in medicine and the general population view these tasks as generic. No physician would give every patient an aspirin for every problem. That would be malpractice. Hence, telling patients to “exercise” without seeing a therapist who can properly assess a person’s individual needs, is also malpractice. Everyone, but especially middle aged and older persons will benefit significantly from annual screenings conducted by physical therapists, much like annual dental checkups. A tweaking or prescription for a more detailed intervention can help prevent disability in the future.

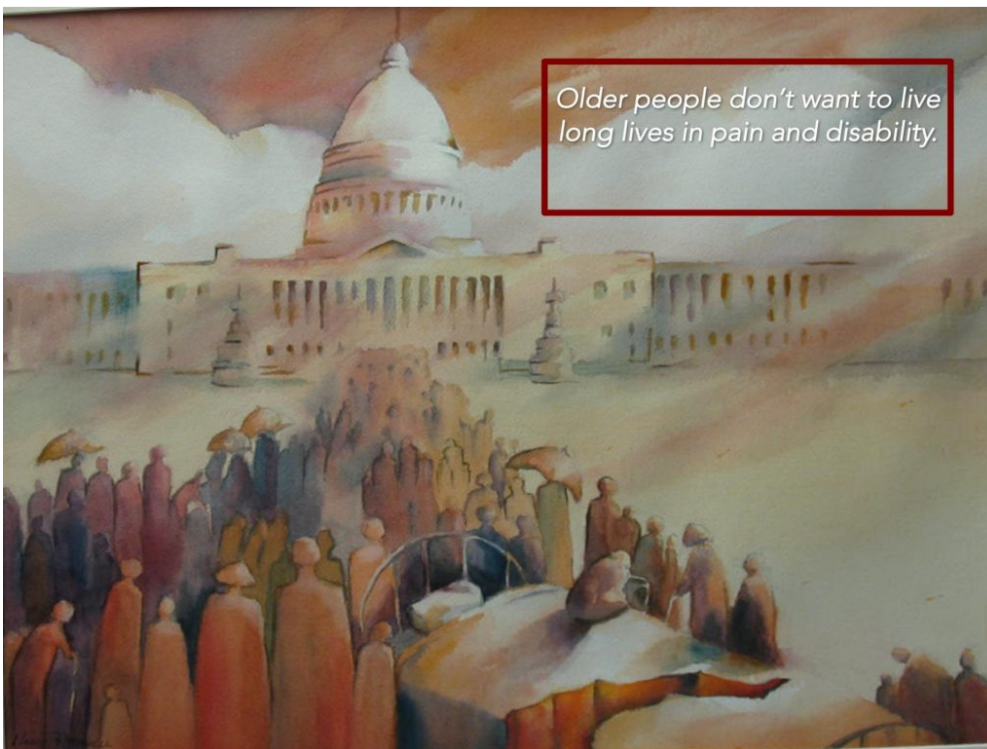


Fig. 2. Painting done by a retired physical therapist. Nancy Rothwell.

To embrace the unprecedented opportunities presented by our aging population, physical therapists need to work together with middle aged and older people to build health care habits that contribute to independence and optimal aging. Age-acceptance recognizes that one can be active, involved, curious, and a full participant in life until the very end. I invite you as a physical therapist and as an aging human being, to Move Forward for a bright Future Self.

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## **Publication**

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