

Getting Going – It's More than Strength, Coordination, and Body Mechanics

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Last month, I focused on strategies to help someone sit down in a chair or on a toilet when their mobility skills are deteriorating. And, most assuredly, changes in movement abilities are a big part of mobility challenges.

Another equally important concern related to mobility, however, is a less well known one and more invisible one. It is known in the care world as initiation. The ability to get started! The act of going from thinking about doing something to actually doing it!

It is actually fairly complex and requires multiple parts of the brain to cooperate in order to get a thought into action. Let's break this ability into the top five elements, so it might be possible to determine where someone still has some function, and where there is a missing ability that will have to be compensated for or supported in a different way.

1. **Desire or will to move** - One piece of the puzzle is whether the person perceives value in moving or doing. Is the person able to seek to move or even want to move? The desire to move may be to get something of value beyond their reach or in another location, or it could simply be a desire not to be still any longer.
2. **Comprehension of instructions to begin a movement** - A second piece of the puzzle is whether the person is able to take in auditory information and translate it into a request to do something physically. Is our request enough or the right way to get action started? "Are you thirsty? Let's go get a drink." Will only help a person to get going, if they can:
 - a. Understand the information
 - b. Evaluate their thirst accurately
 - c. Relate the desire for a drink with the act of getting up
 - d. Appreciate your willingness to provide them with a drink only if they go with you
3. **Motor initiation** – A third element is whether the person, once they determine they would like to move or do something, can send messages to the motor strip so that action begins. Can they go from a thinking section of the brain to a movement section of the brain? If not, the person may indicate they do want to do something, but then doesn't get going to do the thing they agreed to do. It is often tricky however, without careful partner work, to figure out if the problem is getting data in or having the person process the request, or have the decision to move be translated into a physical action.

4. **Motor planning or sequencing** – Once initiated, the human brain has to determine what comes next. Each task is broken down into sub-routines, each subroutine has components. Problems in wiring or storage can cause loss of signals or mis-firings at any point along the way. Hence, we might notice someone leaning forward, but not pushing into a standing position. Standing in front of a door and not turning the handle to open it, or picking up and putting down a spoon over and over, but not taking a single bite of food.
5. **Distress when starting movement** – If beginning an action causes pain, discomfort, or fear, then immobility and not-moving seems to be the better course of action. It is all too easy to assume lack of action is due to dementia, when in fact it might be due to a combination of brain change and arthritis, muscle tenderness, unseen injuries or falls, balance or vestibular issues, vision changes, or PTSD, anxiety, or depression.

In my book, the first step in changing and getting things going in a better direction is to get curious and try to better understand **why** things are happening the way they are. Only then can we develop strategies to provide better options, alternatives, and supports.

Take a closer look at these five elements and consider how we could possibly change something to match shifting abilities.

Here's one example, to get you going!

If a person doesn't seem to have **the desire or a will to move** in order to redistribute weight, use muscles, or get needs met, try one of these possibilities:

- a. Will they move automatically to rhythm? If I put on music or if I demonstrate a repetitive action where they can see it and will cause them to copy me, without the need to understand the value of the action.
- b. Will they move to music that is from long ago? Rocking lullabies, childhood play music, teenage dance music, or even music to clap to or clap after.
- c. Is it possible to elicit spontaneous, not thought about movement? Presenting a non-threatening object that can be touched, moved, stroked, and handled. And then moving it slightly further away or providing a second item slightly beyond the first can help a person go from a still state to a moving state.
- d. Could you use a friendly and alerting sound, plus an action that causes the person to react with *action* rather than consider whether to move? Something like, "Teepa, hey! Look at that!!!" high energy and curiosity in your voice, with a pointing gesture to a high contrast item in the center field of vision.

Keeping someone active and moving is in the best interest of every single one of us. The challenge is figuring out what is getting in the way and what we can choose to do that can help! I sincerely hope, this helps!