

Editorial

Shifting the Paradigm: A Person-centered Strategy to Reclaim Posture in Older Adults

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Introduction

Ageing is associated with physiological changes that may affect postural alignment. These changes may be muscle loss, decreased bone density, and reduced proprioception [1].

Postural malalignment in older adults may threaten independence by raising the risk of falls, chronic pain, and functional limitations. Most conventional interventions, such as postural correction exercise programs or physiotherapy, ignore individual differences. Therefore, they may be less effective and have low adherence. A person-centered approach is planned to focus on individual needs, take into account each person's unique preferences and circumstances, and improve interventions' adherence to and effectiveness [2]. This study presents a person-centered model to improve postural alignment in older adults, describing its components and possible impact. The model provides a comprehensive, adaptable framework to combine physical, psychological, and social strategies to manage postural issues in older adults.

Main components of the person-centered model

The person-centered strategy for enhancing postural alignment in older adults consists of five key elements: Comprehensive evaluation, customized exercise programs, psychological support, social interaction, and

continuous observation. Each of these components helps design a posture correction program based on the individual's needs, improves effectiveness, and increases the older adults' adherence to postural correction programs.

Comprehensive assessment

A thorough evaluation is necessary to develop a person-centered model, including the physical, functional, and psychosocial factors that may affect postural alignment. Important components of the assessment are:

- 1) Physical evaluation: Evaluation of muscle strength, joint mobility, balance, and proprioception is essential among participants to detect malalignments, such as hyperkyphosis or forward head posture.
- 2) Functional assessment: To examine how postural malalignments may affect mobility and independence, activities of daily living should be assessed.
- 3) Psychosocial factors: To evaluate motivation, self-efficacy, and participation barriers, including social isolation or fear of falling, appropriate questionnaires or assessment instruments should be used.

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Using this multifaceted evaluation, therapies can be customized to each person's distinct profile, addressing both psychological and physical constraints.

Customized exercise programs

Exercise is essential for improving postural alignment. However, classic programs may fail to benefit older adults [3]. Therefore, it seems that the person-centered approach to prescribing postural correction interventions creates customized exercise programs that include:

1) Strength training: Depending on the individual's level of fitness, low-resistance exercises that strengthen the back and core muscles to support spinal alignment should be recommended. Exercises, such as seated leg lifts and resistance band workouts, may fall under this category.

2) Stretching and multimodal exercises: Such as chair-based yoga, modified yoga, or tai chi, can be recommended to enhance range of motion, improve flexibility, and address joint stiffness.

3) Balance training: Exercises, such as dynamic balance movements or single-leg standing, can help lower the risk of falls. Seniors' abilities should guide the design of these exercises, which can be advanced by enhancing balance.

Corrective postural programs can be developed with the individual's participation to ensure that activities are practical given their physical and environmental limitations and align with their interests (e.g. dancing).

Psychological support

Psychological factors can strongly influence adherence to postural correction interventions [4]. The person-centered model components are:

1) Motivational interviewing: To address uncertainty regarding exercise and increase intrinsic motivation, motivational interviewing techniques can be used. In this regard, cooperative goal-setting of therapeutic interventions and presenting the importance of maintaining personal health to participants can be useful.

2) Cognitive-behavioral strategies: These employ cognitive restructuring to target negative beliefs, such as "I am too old to exercise". The cognitive-behavioral strategies should address fear of falling or negative beliefs about physical activity.

3) Mindfulness practices: According to existing evidence, stress reduction with mindfulness-based exercises may increase physical exercise engagement by lowering anxiety and improving body awareness. Empowering older adults to overcome psychological issues can be expected to lead to longer participation in training programs.

Social interaction

It seems that a major barrier to sustained health interventions among older adults is social isolation [5]. The person-centered model includes:

1) Group-based activities: Participating in structured group exercise sessions, such as tai chi classes, can foster social bonds and accountability. These exercises can also be easily customized. Virtual participation in this sport is also possible.

2) Family involvement: Encouraging family members to participate in or support exercise routines may enhance motivation and create a supportive environment.

3) Community resources: It is suggested that people's interaction with local resources should be strengthened, such as senior centers or walking groups. It is recommended that this may increase adherence to the interventions, even after the training period ends.

Emphasizing social interactions may improve adherence to postural correction interventions.

Continuous observation

Continuous assessment and feedback during the implementation of the intervention program are needed [6]. The person-centered model includes:

1) Regular follow-ups: Pre-scheduled reassessments should be used to track participants' progress in older adults' posture, strength, and function during interventions. This can be achieved using tools such as wearable sensors or smartphone apps.

2) Feedback to performance: Ongoing feedback on participants' performance and progress can reinforce positive changes and increase their motivation to participate in interventions. Studies have shown that providing constructive feedback from therapists, including visual (e.g. body posture images) or verbal feedback, can be helpful [7].

3) Adaptive interventions: Based on the participant's progress, when prescribing and designing postural correction interventions, the intensity, frequency, or type of exercise should be modified. For example, increasing resistance can be performed when strength improves, or destabilizing the level of balance exercises when balance is enhanced.

Continuous observation throughout the intervention's implementation ensures that it remains relevant, effective, and adapted to the individual's needs.

The person-centered corrective interventions offer a comprehensive approach for improving postural alignment in older adults. This approach addresses physical, psychological, and social dimensions. Unlike traditional models, this model prioritizes individualized interventions and strengthens adherence to them. However, the implementation challenges of this approach should also be considered. It appears that this approach may have limitations, such as difficulty accessing trained professionals or the need for technology to continuously monitor intervention implementation. Future research should evaluate the model's effectiveness through randomized controlled trials. These studies should also assess long-term outcomes and cost-effectiveness. It should be noted that integrating these methods with telehealth monitoring platforms could increase access to interventions.

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