# Psychomotor Rehabilitation Program: Innovation and levels of adherence of a group of institutionalized elderly people

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## ABSTRACT

**BACKGROUND:** Aging is a dynamic, progressive and irreversible process, characterized by a set of neurological changes with cognitive[1,2] and psychomotor consequences[3,4]. **OBJECTIVE:** The study aimed to evaluate the adherence of a group of elderly people to the Psychomotor Rehabilitation Program (PPMR)[5] and the evolution after three months of individual intervention. **METHODS:** The PPMR focuses on the compromised areas of the psychomotor profile and cognitive function and proposes a combined intervention model of Psychomotricity and cognitive training mediated by the COGWEB® system. The sample consisted of 19 elderly residents of the Senior Residence of Hospital Terra Quente ($\bar{x}$= 86.3; ± SD = 6.15 years of age), 9 females (47.4 %) and 10 males (52.6 %). Of which, 2 are illiterate (10.5%), 14 have the 4th grade (73.7%) and 3 have higher education than the 4th grade (15.8%). 42.1 % of the elderly are married (n=8) and 57.9 % are widowed (n=11). Half of the elderly (47.4%; n=9) have dementia and moderately severe disability. Patients whose diagnosis was possible were quantitatively assessed by the Geronto-Psychomotor Examination (PGE), the Mini-Mental State Examination (MMSE), the Montreal Cognitive Assessment (MoCA) and the modified Rankin Scale, to assess the psychomotor profile, the presence of cognitive defect and functionality, respectively. **RESULTS:** 15.8% (n=3) performed qualitative evaluation due to neurological and psychomotor impairment. 69.2% (n=9) of the patients with dementia had cognitive impairment. 15 (93.8% %) had a psychomotor profile below the average reference for their age group and 1 patient (6.3%) had a psychomotor profile above average. 81.3% of the participants had cognitive defect when evaluated by the MMSE and 100% of the literate ones had cognitive defect when evaluated by the MoCA. In the initial evaluation, no significant differences in PGE and MoCA were observed among patients with different neurological diagnoses, being the differences statistically significant for the MMSE *(t=14.972; p=0.024).* After three months, 17 patients (89.5%) remained in the PPMR (1 death and 1 withdrawal). Of these, 82.4% (n=14) perform combined intervention (Psychomotricity +

COGWEB®) and 17.6% (n=3) perform Psychomotricity. After the short-term intervention, there were significant improvements in the psychomotor profile *(p= 0.003)* and in the cognitive profile assessed by the MoCA *(p= 0.033).* **CONCLUSIONS:** Qualitatively, there were clear improvements in global praxis, socialization and emotional expression/affectivity, decreased emotional lability and increased sensory response. Despite the small sample, the levels of adherence to PPMR are good indicators of a response to innovation and the evolution results, although still discrete, are positive.

**Keywords**: *elderly, psychomotricity, cognitive training, combined intervention* and *adherence.*

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