

RECTH 4320
Recreational Therapy Assessment of an Individual with a Physical Disability

Identifying Data	
Name (use alias for confidentiality)	Gertrude Smith
Age	72
Gender	Female
Date of Admission to Facility/Program	9/11/19
Primary Diagnosis (The dx/s that caused the admission or referral of the client)	Weakness of muscles
Secondary Diagnoses (Other dx/s that are still active – the person is still experiencing – that are not the primary reason for admission/referral of the client)	COPD, Major Depressive Disorder, Chronic Kidney Disease, Altered Mental State, Hyperlipidemia
Past medical history (Other dx/s that the client had in the past that are no longer active)	She's had all secondary diagnoses for a long period of time
Precautions	Falling, Oxygen, Frequent vitals check (particularly O2 levels)
Diet	Regular
Medications	Ibuprofen (pain), Mucinex (cough/congestion), Bupropion (depression), Tiotropiumolodaterol and Albuterol (COPD), has had Influenza and Pneumonia vaccinations
Education (highest level achieved)	High school diploma
City & state of residence; characteristics of home & living situation	Magna, UT; Lives alone
Employment status & occupation	Unemployed, used to be secretary/manager for department store and bake/decorate wedding cakes
Social roles/social support	Mother, grandmother, friend; Has 4 kids and numerous grandkids that are close and visit/help out
Religious and cultural values	Catholic, Used to live in New York (identifies as 'east coaster')
Life habits	Smokes, spends most time in her bed
Client goals (What does he/she hope to accomplish?)	To gain enough strength to return home and to be able to live alone independently successfully
Reasons for admission (What is the main reason the person is at your particular facility or participating in this program; e.g., respite, decreased independence in functioning, rehabilitation)	Major weakness in muscles and unsteady on feet, had a fall and is limited in ability to be independent for the time being
Reason for referral to RT (Reason for referral will vary by setting/program, please be sure to talk with your supervisor to find out the specific reason for RT treatment/services;	To enhance her quality of life

what is hoped to be accomplished through Rec Therapy services at this facility/program?)

Functional Skills Assessment

Using the facility RT assessment tool, secondary sources (e.g. chart, family, staff, etc.), and/or a standardized RT assessment tool, conduct a functional skills assessment of your client and list your assessment findings in the chart below. This section should be reflective of skills of a 2nd year RT Student.

Assessment Methods	Assessment Domains	Assessment Findings	Interpretation of Findings
Instructions: <u>What</u> assessment tool/source/method did you utilize (e.g., medical chart review, observation within activity, discussion with a specific team member/team/physician, client or family interview, standardized assessment tool, etc)? <u>What</u> specifically did you look for/do? <u>Why</u> did you do this (how does it relate to the client's diagnoses)?	Do not write anything in this column. Note: While all domains are important, since this course focuses on clients with physical disabilities, be certain you have comprehensively assessed physical functioning.	Instructions: Report measureable assessment findings. After each finding, indicate the source where you obtained the information using the below codes: (e.g. Hard of Hearing –O,MC; Loneliness – SR; R Hemiparesis – O, MC, P)	Instructions: After reviewing your assessment findings, what preliminary conclusions can you draw from the assessment data? How do you foresee the client's strengths/weaknesses impacting his/her recreation/leisure engagement, health, and quality of life (RT scope of practice)? *Pay careful attention to when it is appropriate to use absolute (e.g., will) verses flexible (e.g., could, might, may) terms.
		O Observation	
		MC Medical Chart	
		T Standardized Assessment Tool (administered by you)	
		P Pt hx (anything told you to by the family, other team members, etc.)	
		SR Self Report (items told you to you by the client)	
	Physical functioning	Mobility is very limited, walks with walker, needs help to get to walker. Her strength and endurance are weak as she needs help lifting things more than 10 lbs and has to take breaks to rest when she walks. Fine motor skills are strong, gross motor skills are	Client will be able to participate in activities and/or perform leisure with minimal help. If the chosen activity requires walking or exercising, Moderate assistance with balance and movement should be provided. Patient may be able to do activities

		weaker because she doesn't move around a lot. (O, MC, P, SR)	that require mainly fine motor skills independently with no risks. Client should participate in walking groups and/or activities that require the use of gross motor skills in order to improve balance and strength.
	Cognitive functioning	x3 (aware of self, place, and time); able to hold a full conversation about any subject; can recall long term memories and most short- term ones. (O, MC, P)	Client is fully aware and can perform cognitive functions with no problem. Therefore, client is able to participate in leisure/activities without needing modifications or help. This provides the highest level of freedom in client choosing what leisure to do with no restrictions.
	Speech/language/communication functioning	Independent (O, MC, P)	Client is able to communicate well with others with no adaptations nor restrictions. This makes participating in group activities and/or choosing others to do a leisure activity with simple for client.
	Psychological/emotional functioning	Stable: shows no decline or memory loss; is always aware. (MC, P)	Client is classified as stable in psychological functioning and is able to handle her own emotions. There are no limits on her choice of leisure

			as it pertains to her emotional wellbeing.
	Sensory functioning	Poor eyesight, has glasses; hearing is good along with taste and smell. (MC, P, SR)	Client does have poor eyesight and should wear her glasses for every activity in order to be able to see. RT can and should take this into account when an activity requires reading and make sure all text is clear and big enough to easily read.
	Social functioning	Independent (O, MC, P, SR)	Client is able to interact with others with no difficulty. Group settings and activities do not need modifications for client as client can be social with no help. She tends to shy away from group activities as she likes to be by herself so her attendance to group functions should be encouraged and supported.
	Self-care functioning	Limited assistance: needs some help dressing as far as standing, balancing; can brush hair and teeth independently. (O, MC, P)	Client is able to care for herself with some assistance when necessary. When client wants to go out for an activity or some form of leisure, this should be taken into account and any help she needs to get ready (transitioning from sitting to standing

					and vice versa) and prepared should be provided.
	Play/leisure/recreation/community functioning			Daily independent leisure; participates 2-5 times per week in group leisure (O, MC, P, SR)	Client is able to be active in her leisure lifestyle to the level of her choosing. All of her leisure is independent.
<p align="center">Leisure Lifestyle Review</p> <p align="center">Identify leisure interests and activity patterns for your client. Each activity should be coded as a current, past and/or future interest. Add additional rows if needed.</p>					
Current (C), Past (P), & Future (F) interests *List in this order	Activity	How often	With who	Where	<u>Other Notations (possible information to include):</u> 1) Provide other specific notations about the activity that does not fit in the previous columns. 2) Explain the barriers (or foreseeable barriers/challenges) to performing the activity. 3) Explain the facilitators that could enhance the client's ability to participate in the activity. 4) Explain any reasons to be concerned about the activity (e.g., unhealthy, could cause harm to self or others). 5) Explain reasons (if known) about why past activities are not being done any more. 6) Explain motivation for participating in this activity.
C	Reading	Daily	Self	Home/facility	1) Mystery and romance novels 2) As for poor eyesight, as long as she has glasses, she's able to read. 3) Client should wear her glasses to be able to see text clearly when reading. Texts within reading material should be clear and large. 4) Only concern would be how much client is alone, doing this activity. 5) N/A 6) Client likes to read to "escape into another world" and constantly be learning and/or intellectually engaged.
C	Doing puzzles	Weekly	Prefers by self, but is willing to do with others	Home/facility	1) Likes doing puzzles of landscapes.

			(ie as a group activity)		<ul style="list-style-type: none"> 2) Poor eyesight could be a concern for this activity as client may not be able to see detail in the pieces clearly. 3) Client should wear glasses for clear sight and puzzles with larger pieces would be helpful. 4) If client is repeatedly wanting to do puzzles alone, that could be a concern. 5) N/A 6) Client likes to do puzzles because of the relaxed nature yet cognitive stimulation.
C	Spending time with family	As often as possible, 2-3x a month	Family (kids/grandkids)	Kids' houses or in public places	<ul style="list-style-type: none"> 1) N/A 2) If client is going to be walking around, a fall could happen. Also, client could get tired quickly and easily. 3) Family should be aware of the falling risk. Client suffers from COPD so breathing could get harder with a high level of activity. Environments should be easy to navigate and have places to rest. 4) Client falling or overworking weak muscles is a concern. 5) Client does feel like she can't go to public places or on outings like she used to because of her physical condition. 6) Client loves to be around her kids and grandkids.
P	Drawing	2-3x a week	Self	Home	<ul style="list-style-type: none"> 1) N/A 2) Poor eyesight could limit client's ability to draw the way she wants. 3) If client wears her glasses, that should help. 4) No concern. 5) Client didn't give a reason for not drawing any more. Her eyesight could be what holds her back or it could be a loss of interest. 6) Client liked the creative outlet.
P	Cooking/baking	Almost daily	Self or with family	Home	<ul style="list-style-type: none"> 1) Client used to bake and decorate wedding cakes as a side job as well as cooking and baking for her family. 2) Client's weak muscles could limit her ability to perform the necessary movements for cooking/baking. It might be too much work for her with her physical condition. 3) Client could find a way to sit down while she does most of the work and use assistive devices.

					<p>4) Overworking muscles and falling in kitchen could be a concern.</p> <p>5) Client says having the problems she has and being away from home so often is why she doesn't cook/bake any more.</p> <p>6) Cooking/baking brought client joy, especially if shew was doing it with her family.</p>

Major Concerns	
Given your assessment findings, what are three priorities for treatment/service? List one overarching area in each box. Make sure at least one of these relates to <u>physical</u> functioning.	Why is this a priority? Explain how it relates to participation in healthy leisure activities (especially those that are meaningful to the client), as well as how it relates to health promotion, rehabilitation, and/or quality of life.
Work on balance	Client should be able to perform her choice of leisure activities without having to worry about falling so much. It is not safe for her to be at such a high risk of falling. If her balance improved, she could meet her goal of successfully and safely living alone and be more free within her leisure lifestyle.
Gain strength in muscles	Having weak muscles limits client's ability in the majority of daily life activities. It also reduces the number of things she feels like she is able to do. If she can regain strength, she can perform necessary and daily activities with more ease and confidence.
Participate in more group activities	Client is one who prefers to be alone, but likes interacting with others from time to time. She should go to more group activities to ensure that the amount of alone time she has doesn't increase and turn into a psychological/emotional/social issue.

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Evidence Based Recreational Therapy Treatment Plan

Instructions

- **Client Requirements:** This treatment plan must be developed for the individual you assessed in assessment portion of this assignment.
- **Select one of the major concerns** identified in the RT Assessment and write a treatment plan for your client with one goal (related to the identified concern), and one corresponding objective.
- **Connect your plan to evidence-based practice.** Evidence-based practice (EBP) refers to the integration of the best available research, the knowledge and experience of the practitioner, and the characteristics and preferences of the client. RT practitioners are encouraged to use evidence from research studies to plan their treatment and goals/ objectives for clients. This promotes consistency and accountability within the profession. As a relatively young research profession, we often need to rely on research generated by other disciplines about similar modalities and populations. This is acceptable as long as we are able to adapt the practice in a way that results in positive outcomes for our clients.
- **Search the literature to find an article from a professional journal** within the last ten years (2009 – 2019) to support your plan. The article must relate to your interventions/activities and treatment outcomes (e.g., the use of physical activity – intervention – to address endurance – treatment outcome), and recommended techniques related to implementing the intervention/activities (e.g. adaptive equipment, group based physical activity that offers peer support and motivation). The population and setting in the article should be either the same or similar to your setting and client served. The article selected must be an intervention study (not a review article). You will need to attach a copy of the complete article with your assignment submission.

- **Keep the content of your article in mind when writing your treatment plan.** It is important that your plan is informed by evidence in the planning process, as opposed to referencing an article conveniently afterwards. Therefore, you will most likely need to complete sections of the attached form in a different order than items are listed.
- **See the big picture.** Be sure to consider the client's diagnoses (abilities, challenges, course of the disease/illness), personal and structural facilitators and barriers that could impact your treatment plan.
- **Make it realistic.** The plan you are proposing should be realistic for the individual and the setting where they are currently accessing services. Complete this assignment as if you were a recreational therapist employed by the agency/program where you are completing your clinical experience.
- **Remove red text.** The text noted in red is intended to guide you in completing the form. It should be deleted, however, and all red text should be removed once you provide the specific information and details for your client.

RT Treatment Plan			
GOAL #1 (broad): To increase balance			
Objective for Goal #1	List an intervention/activity that you could use to address the objective. <u>Explain your clinical reasoning</u> for choosing each (provide a STRONG justification, possibly reference your EBP article).	List the treatment structure that would be best to address the objective and <u>explain</u> your clinical reasoning for choosing the specific treatment structure (1:1, 2:1, small group, large group). Remember, variation is good. Ideally not all interventions will be implemented in the same structure. Describe the technique/s you will use in your treatment sessions to address the objective	How will you evaluate/measure the client's progress toward the objective? Are there any other outcomes that could be addressed and measured within the proposed interventions? If yes,

		and <u>explain</u> HOW you are going to apply the technique/s to address the objective. What are YOU going to do (specifically) within the treatment sessions to help the client progress in meeting the objective (educate, prompt, cue, encourage, reinforce, etc.)?	explain. For example, does the client have needs or deficits in other areas that could also be addressed and measured within the proposed interventions? How? Explain.
<p>Condition: After three sessions of movement exercises</p> <p>Behavior: walk two times around the interior of the building with</p> <p>Criteria: with little to no support from the recreational therapist.</p> <p>Full objective:</p> <p>After three sessions of movement exercises, the client will walk two times around the interior of the building with minimal support from the recreational therapist.</p>	<p>Intervention/Activity:</p> <p>The activity would be a kind of “movement to music” session where music is played and the RT instructs on and models different movements the clients can imitate. This group of movements would contain stretches, little exercises, and movements that are part of walking and other daily movements. Balance of clients will be worked on as they perform the movements. Cho, An, and Yoo give good suggestions of movements that could be included in an intervention such as this one in their article “Effects of Recreational Exercises on the Strength, Flexibility, and Balance of Old-old Elderly Individuals” written in 2014. Some examples of these movements are walking in place, adapted lunges, touching toes (or as far as one can safely go”, and others.</p> <p>Clinical Reasoning:</p>	<p>Tx structure: Explain</p> <p>The intervention will be carried out within a small group setting with a safe staff to client ratio depending on the needs of clients, around 1: 5. The group should be able to classified as a small group. This way, the therapist will be able to pay sufficient attention to each client while clients can enjoy doing a physical activity in a group setting.</p> <p>Technique/s: Explain</p> <p>The movements absolutely need to address the client’s ability to move and balance. Movements should also simulate walking and the different movements that go into it. The group will be encouraged to work on endurance also as it pertains to walking. Therapist should offer verbal encouragement throughout the intervention.</p>	<p>Evaluation/Measurement:</p> <p>Explain</p> <p>Each client will practice walking around individually with the RT. RT should observe each client’s walking and if their movements and endurance are improving and if the client is safe while walking.</p> <p>Other Outcomes Addressed/Measured:</p> <p>Explain</p> <p>Therapist should also measure the client’s mood during the intervention to gauge how client feels while walking and if there’s any connection there.</p>

	This activity will provide opportunities for clients to have an enjoyable group experience while working on moving their bodies and doing little things to improve their balance. It is important that this be different than the physical therapy clients may participate in, hence creating a fun and laid back group atmosphere and adding a component of music, yet still work towards clients effectively working on their balance.		

Evidence Based Practice Related to RT Treatment Plan	
List article in APA format (http://apastyle.org/) *Remember to attach a copy of your full article.	Cho, S. I., An, D. H., & Yoo, W. G. (2014). Effects of recreational exercises on the strength, flexibility, and balance of old-old elderly individuals. <i>Journal of Physical Therapy Science</i> , 26(10), 1583–1584. doi:10.1589/jpts.26.1583
What is the connection between the article and your client's goal and/or objective?	The article discusses how older adults practicing specific movements can influence their balance. The objective is focused on walking safely and doing exercises that we are implementing with this client.
Describe how you would implement the intervention/activity in relation to how it is described in the article. If you are making changes, explain.	I would make some changes such as reviewing the movements that are suggested within the article and removing or adding some to gear the intervention more to walking ability. I would also add music and liven up the environment to add that fun and exciting element.

Describe the population referenced in the article (e.g., community-based adults with spinal cord injury, children with cerebral palsy, veterans with amputations). If it is not the same as your client's, explain your reasoning for thinking it is still appropriate.	The specific population referenced in the article is "old-old elderly". This includes those above the age of 90. I applied it to a more general category of all older adults because age doesn't specify how the balance of an older person is affected by getting older. The majority of older adults are at risk for falling and could use improvement to their balance. This intervention more than appropriately addresses the frequent needs of the population of older adults.
Describe the service environment referenced in the article (e.g., adapted sports camp, inpatient physical rehab hospital, skilled nursing facility, community wellness center). If it is not the same as your client's, explain your reasoning for thinking it is still appropriate.	The article discusses a skilled nursing facility due to the targeted population. This intervention would also be useful at a physical rehab center where older adults go to get into better shape than they were. This intervention addresses improving balance which would do good in the lives the majority of older adults that are in physical rehab in that it will decrease the risk of falling and getting hurt.
Describe the effectiveness (outcomes) the article reports related to the identified intervention/activity/technique specifically with the target population.	The article talks about how there is a significant effect in the balance of the old-old elderly. It reports the improvement of balance within participating clients who walk and do exercises and the reduction of reported falls.
How is the effectiveness that is reported in the article useful or relevant to your situation (your treatment of this specific client)?	The reported outcome of the intervention addresses the overall hopeful outcomes for my version of the intervention with the discussed changes perfectly.
In your own words, how would you answer if another professional, an insurance company, a client and/or a family member asked you to explain (justify) why you chose to address the needs of your client with this specific intervention/activity/technique? Be sure to reference the research article in your response, citing how the research article directs or supports your point of view.	This intervention consists of details (movements/exercises) that are geared to feed into the bigger picture and goal (walking safely). By practicing the movements that make up walking and other exercises that impact ability to walk, the act of walking will be more rehearsed by the client and will lead into more refined movements when walking. The article provides evidence that supports this idea, that by practicing movements and techniques in a positive and fun way, the action will turn out better and safer.

INTRODUCTION

Lamoureux et al.¹⁾ reported that people's strength decreases as they age, and that this occurs rapidly after the age of 75 years. The frequency of falls increases after the age of 75 years²⁾. However, old-old elderly people over the age of 75 years have little opportunity to participate in regular physical activities, making it more difficult for them to increase their physical activity and thus increase their strength^{1, 2)}. Many interventions aimed at reducing fall rates have been studied. Traditionally, fall prevention exercises for elderly people have involved lower-extremity resistance and balance training³⁾. Well-designed exercise programs can prevent falls among community-dwelling older adults⁴⁾. However, one weakness of conventional exercise is low levels of motivation⁵⁾. Standage et al.⁶⁾ described the importance of intrinsic motivation in exercise programs. Graves et al.⁷⁾ reported that exergaming focuses on the fun of video gaming while providing the health benefits of physical activity. Unfortunately, exergaming requires expensive equipment and an appropriate interior space. Older adults often refrain from participating in regular physical activity because of perceived barriers such as financial constraints and the lack of an environment conducive to physical activity and exercise programs⁸⁾. However, recreational exercises provide motivation for exercise without expensive equipment. Thus, the objective of this study was to examine the effect of recreational exercises on fitness strength, flexibility, and balance of old-old elderly individuals.

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SUBJECTS AND METHODS

The subjects of this study were 43 community-dwelling old-old elderly individuals over the age of 75 years (78.7 ± 2.9 years, mean \pm SD) with an average height and weight of 150.13 ± 4.67 cm and 57.44 ± 7.50 kg,

respectively. Each subject provided informed consent before participating in this study. This study was approved by the Inje University Faculty of Health Sciences Human Ethics Committee. The exercise program used several pieces of equipment, manufactured by NewSport. Such as foam hemispheres and foam croquet equipment, Equipment made of foam is appropriate for old adults with a risk of falling because of its softness and safety. The participants performed recreational twice weekly programs over a period of 8 weeks, a total of 16 sessions. Each exercise session lasted for 60 minutes, with 10 minutes of warm-up, 40 minutes of the main exercise, and 10 minutes of cool-down. The exercise program comprised four types of exercise: badminton, foam croquet, foam hemisphere walking, and balance beam walking. The Senior Fitness Test (SFT) was developed as a safe and enjoyable test method for elderly people, whether inactive or very active, which meets scientific standards of reliability and validity⁹⁾. The individual fitness test items are common activities such as getting up from a chair, walking, lifting, bending, and stretching. They include: arm curl, back scratch, rising from a chair, chair sit and reach, 8-foot up and go, and 6-minute walk. Before the tests were started, a 5- to 10-minute warm-up and general stretching exercises were performed. Performance of each part of the test was preceded by a demonstration, then the subjects checked their ability to perform the test to become familiar with its proper course. The collected data were statistically analyzed using Windows SPSS version 18.0 (SPSS Inc., Chicago, IL, USA). The paired t-test was used to determine the significance of the difference between the pretest and post-test SFT results to evaluate the program's effectiveness. The significance level was chosen as $p < 0.05$.

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RESULTS

There were statistically significant improvements in all items (the 30-second chair stand, right arm curl, left arm curl, chair sit and reach, right back scratch, left back scratch, and 8-feet up and go) after the intervention ($p < 0.05$). The 30-second chair stand results were pre, 12.02 (± 4.62), and post, 17.16 (± 5.32). The right arm curl results were pre, 14.86 (± 9.15), and post, 18.40 (± 12.47). The left arm curl results were pre, 15.35 (± 8.96), and post, 18.91 (± 13.06). The chair sit-and-reach results were pre, 5.33 (± 7.37), and post, 8.86 (± 7.25). The right back scratch results were pre, -11.14 (± 15.11), and post, -6.37 (± 13.14). The left back scratch results were pre, -14.49 (± 14.17), and post, -9.62 (± 12.67). The 8-feet up & go results were pre, 8.98 (± 2.41), and post, 6.30 (± 1.80).

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DISCUSSION

Recreational exercises for this old-old elderly group resulted in statistically significant improvements in strength, flexibility, and balance during walking. Cahow et al.^{[10](#)} examined the effects of therapeutic recreation on the quality of life (QOL) of patients with spinal cord injury. Participation in therapeutic recreation and community activities during rehabilitation predicted a higher motor Functional Independence Measure score. Recreational exercises effectively improve physical abilities. Our study showed that such exercise is effective at improving the muscle strength, flexibility, and balance of old-old adults. The recreational exercises performed in this study utilized NewSport equipment, which is commonly used in schools and in research because of its flexibility and simplicity. These characteristics make NewSport equipment ideal for assessing the physical and cognitive characteristics of elderly individuals, such as muscle weakness, balance instability, and cognitive impairment. Recently, some studies showed aquatic exercise and hippotherapy were effective at arousing the motivation of the elderly^{[11](#), [12](#)}, but the old-old elderly refrain from participating in regular physical activities due to financial

constraints and physical ability. Recreational exercises not only arouse interest and motivation, but are also inexpensive.

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