Life-Space Mobility in Older Adults: A Descriptive Pilot Study from an Outpatient Rehab Clinic

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The University of Alabama at Birmingham (UAB) Study of Aging Life-Space Assessment (LSA) is an outcome measure used to measure a person’s usual pattern of mobility during the month preceding the assessment. The LSA measures a person’s ability to navigate, with or without assistance from a device and/or a person, through six spaces: bedroom, within the home, outside the home, into the neighborhood, into town, and outside of town. Scores on the LSA range from 0 (confined to bedroom) to 120 (able to travel independently out of town).

The purpose of our project was to describe the mobility of a population of elders from an outpatient rehab clinic in terms of their life-space. The LSA tool was administered to a convenience sample of 20 patients aged ≥ 65 years old to determine 1) baseline life-space, before the event that led them to needing therapy, and 2) current life-space. The results were analyzed for Maximum Life-Space (M-LS) defined as the highest life-space achieved with or without any assistance, and Independent Life-Space (I-LS) defined as the highest life-space achieved without any assistance. Of the 20 patients screened with the LSA tool, 60% were male, and 50% were African American with a mean age for the group at 76 ± 6 years. Mean baseline LSA score was 61 ± 24. Mean baseline LSA score was lower for females compared to males (50 ± 24 vs 68 ± 23; p=.133) and significantly lower for blacks vs whites (49 ± 20 vs 75 ± 22), p=.015). At baseline, M-LS for 12 patients was outside of town and for 8 patients was into town. However, I-LS was limited to the bedroom for 9 of the 20 patients, in home for 1, outside home for 1, into town for 3, and outside town for 6. Current LSA scores correlated with baseline LSA but not age. Based on the results of this study, we concluded that the LSA provides a more complete description of patient mobility, varies with gender and race, and allows for earlier and more complete interventions to maintain patients’ mobility.

With the information from this study, future studies using the LSA could be directed towards looking closer at the differences between different demographic groups (gender and race) to explore potential trends that might be present. In addition this information can be utilized to determine best practices within the geriatric population in an outpatient physical therapy clinic to help those with limited life-space be able to expand their boundaries and achieve more independent and safer mobility.
References

