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## **Nutrition: Implications on Therapy and Functional Outcomes**

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### **ABOUT THE COURSE AUTHOR**

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Neely Tolbert Sullivan MPT, CLT-LANA, CDT, has worked with diverse client populations ranging from pediatric to geriatric in a variety of clinical settings. These experiences have allowed her to treat and develop effective client care programs. She has served in multiple levels of regional and corporate management positions. In these positions, Neely has developed policies and worked closely with interdisciplinary teams to ensure that all clients have the opportunity to attain their highest level of function and quality of life. She has most recently been responsible for the identification, implementation and evaluation of clinical programs in long-term care settings.

Neely currently provides educational support to 16,000+ therapists nationwide as the Director of Wellness and Education Specialist for Select Rehabilitation. Neely has lectured nationally and at the state level on a variety of clinical and regulatory topics. She has authored publications focusing on evidence-based practice and clinical care. Neely conducts audits, quality improvement planning, and clinical training to Select Rehabilitation employees and customers monthly. She is a member of the APTA including the Clinical Electrophysiology and Wound Management section and Geriatric section.

### **POST-TEST**

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1. Which factor best explains why older adults may require more protein during rehabilitation?
  - a) Older adults conserve muscle better
  - b) Illness and healing increase protein needs
  - c) Protein causes dehydration
  - d) They need fewer calories overall

2. What functional measure is strongly associated with mobility and hospitalization risk?
  - a) Watching TV
  - b) Water intake
  - c) Grip strength
  - d) Height
3. What is a functional consequence of dehydration during therapy?
  - a) Fatigue, dizziness, and poor participation
  - b) Improved balance
  - c) More muscle strength
  - d) Increased appetite
4. Which fall-related risk increases when sarcopenia is present?
  - a) Better endurance
  - b) Lower care needs
  - c) Improved bone density
  - d) Higher fall and fracture risk
5. Which validated nutrition screening tools can be used in long-term care to identify residents at risk?
  - a) Berg Balance Scale and TUG
  - b) Clock Drawing Test and SLUMS
  - c) MNA and MUST
  - d) FIM and DASH

The post-test and corresponding course evaluation can be accessed at:

[https://www.surveymonkey.com/r/Nutrition\\_On\\_Demand](https://www.surveymonkey.com/r/Nutrition_On_Demand)

Or by using the following QR Code:



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Any questions or issues related to this course should be directed to Dr. Kathleen Weissberg, National Director of Education for Select Rehabilitation at [kweissberg@selectrehab.com](mailto:kweissberg@selectrehab.com)

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## Nutrition: Implications on Therapy and Functional Outcomes

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## Course Objectives

- Identify nutrition-related risks affecting therapy and functional outcomes.
- Apply interdisciplinary strategies to support intake, hydration, and mealtime performance.
- Address nutrition challenges associated with medications, including GLP-1 agonists.
- Implement leadership, policy, and documentation practices that sustain outcomes.



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## Why Nutrition Matters



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## Misconceptions About Nutrition in Older Adults

- Stable weight means adequate nutrition
- Older adults need less protein than younger adults
- Small appetite is normal, no intervention needed
- Supplements are optional, not essential



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## How Nutrition Drives Function

- Strength, endurance, balance
- Therapy tolerance
- Healing and independence



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## The Interdisciplinary Team (IDT)

- Physical Therapy (PT)
- Occupational Therapy (OT)
- Speech Language Pathologists (SLPs)
- Nurses
- Certified Nurse's Assistants (CNAs)
- Dietitians
- Social Work
- Activities
- Pharmacists
- Administrators



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## Key Definitions

- Malnutrition: insufficient intake of energy, protein, or micronutrients impacting function
- Sarcopenia: age-related loss of muscle mass and strength
- Frailty: decreased physiologic reserve increasing vulnerability
- Functional outcomes: ability to perform ADLs, mobility, and participate in therapy

(Cruz-Jentoft et al., 2019)



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## Scope of the Concern

- Malnutrition affects 30–50% of LTC residents
- Often undiagnosed
- Hidden in obesity
- Impacts strength, cognition, healing



Photo credit: Quan Phan  
<https://unsplash.com/photos/an-elderly-person-peels-an-apple-XfK-qW5gWw>



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## Financial and System Implications

- Increased hospitalizations and readmissions
- Increased wound care and complications
- Increased staffing and resource needs
- Increased overall costs
- Higher risk of falls
- Longer therapy sessions and slower functional progress



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## Early Signs of Malnutrition

- Unintended weight loss or low BMI
- Reduced appetite or selective eating
- Fatigue or low therapy participation
- Slow wound healing or recurrent infections

(Cruz-Jentoft, et al, 2019).



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## Malnutrition Screening Importance

- Early identification prevents functional decline
- Supports therapy participation and strength gains
- Guides dietary interventions and supplementation
- Monitored by all disciplines



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## Case Study: Meet Mr. J

- 78-year-old male resident
- Mild unintentional weight loss (5 lbs in 3 months)
- Reports fatigue during therapy
- Skipping breakfast & low protein intake



Photo credit: Jacob Wackerhausen Nurse Elderly Man And Tablet For Telehealth Daily Schedule And Wellness In Senior Care Woman Person With A Disability And Tech For Patient As Medic For Support Advice Or Checkup In Nursing Home Stock Photo - Download Image Now - iStock



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## IDT Observations

- PT: Reduced endurance, difficulty completing standard therapy tasks
- OT: Fatigue affecting dressing and self-care activities
- SLP: Mild cognitive deficits
- Nursing: Weight loss trends and low appetite
- Dietary: Protein intake below recommended 1.2–1.3 g/kg/day



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## Coordinated Nutrition and Therapy Plan

- Increased protein intake via fortified meals & snacks
- Pre-therapy protein snack to boost energy
- PT, OT & SLP sessions timed post-snack
- Monitoring intake, hydration, and functional performance



Photo credit: Jacob Wackerhausen Woman Nurse And Hands With Tablet For Elderly Care Prescription Or Medical History At Retirement Home Closeup Healthcare Employee Or Caregiver With Senior Patient On Technology For Health Tips Stock Photo - Download Image Now - iStock



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## Outcomes

- Weight stabilized; modest gain of 1 lb
- Grip strength improved from 16 kg to 19 kg
- 5xSTS improved from 20 sec to 16 sec
- Increased therapy engagement and endurance
- Enhanced mood and ADL participation



Photo credit: Jacob Wackerhausen Elderly Man Caregiver And Holding Hands For Comfort With Wheelchair Rehabilitation Support And Empathy Volunteer Help And Patient With Disability For Healthcare Service Medical Advice And House Stock Photo - Download Image Now - iStock



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## What the Body Needs to Function and Recover



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## The Rehab Nutrition Connection

- Nutrition fuels therapy progress
- Rehab drives nutrient demand
- Under nutrition produces slower outcomes
- Success = therapy/nutrition partnership

(Bauer et al., 2019)



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## Daily Energy Requirements

- Aging decreases appetite, not needs
- Higher needs during illness and rehab
- Individualized plans required



Photo credit: Jaddy Liu  
<https://unsplash.com/photos/man-and-woman-standing-surrounded-by-yellow-flowers-nk-xUzW5JR4>

(Dent et al., 2018)



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## Protein and Aging Adults

- Older adults generally need 1.0–1.2 g/kg/day of protein
- Higher needs (1.2–1.5 g/kg/day) during illness, wounds, or rehab
- Distribute protein evenly across meals (20–30g each)
- Include high-quality protein sources daily

(Bauer et al., 2019; Deutz et al., 2014)



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## Hydration

- Adequate hydration supports strength, cognition, and endurance
- Impacts cognition, strength, balance
- Dehydration can cause fatigue, dizziness, and poor participation
- Integrate fluid monitoring into activity planning
- Encourage fluid intake before and after activities



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## Micronutrients

- Vitamin D- muscle strength, bone health, fall prevention
- B vitamins- energy metabolism, cognition, nerve function
- Calcium- bone density & fracture prevention
- Zinc & Vitamin C- wound healing and immunity
- Monitor for deficiencies in LTC populations



Photo credit: Ricardolmagen  
<https://www.iStockphoto.com/photo/latin-man-eats-delicious-healthy-plate-of-protein-and-vegetables-for-lunch-gm1338094618-418802934>

(Poggiogalle, E., et al., 2022)



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## Cognitive Function

- Adequate nutrition supports memory, attention, and executive function
- Malnutrition can worsen cognitive decline
- Blood sugar fluctuations impact alertness and participation
- Interdisciplinary monitoring is key

(Nowson et al., 2018)



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## Falls and Fracture Risks

- Malnutrition and sarcopenia increase fall risk
- Vitamin D and calcium deficiencies impact bone strength
- Dehydration and low energy can impair balance
- Interdisciplinary interventions reduce incidence

(Beaudart et al., 2022)



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## Wound Healing and Immunity

- Adequate protein, vitamins, and minerals support tissue repair
- Malnutrition slows wound healing and increases infection risk
- Hydration and glycemic control are critical
- Interdisciplinary monitoring improves outcomes

## Weight Loss Red Flags

- Unintentional weight loss  $>5\%$  in 6 months
- Loss of muscle mass or strength
- Declining functional performance
- Reduced appetite or food intake
- Increased fatigue or lethargy

(American Diabetes Association, 2023)

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# Nutrition Screening

- MNA (Mini Nutritional Assessment)
- MUST (Malnutrition Universal Screening Tool)
- Intake/hydration logs
- Track changes over time

(Bauer, J. et al., 2019)

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(Bauer, J. et al., 2019)

# Grip Strength Test

- Strong predictor of mobility, falls, and hospitalization
- Tracks sarcopenia and frailty over time
- Easy to test
- Lower grip = poorer health outcomes



Photo credit: gpc33 [https://www.iStockphoto.com/photos/close-up-of-a-senior-man-holding-a-hand-grip-at-home-gmrf6e8g379-54479756?utm\\_source=unplash&utm\\_medium=affiliate&utm\\_campaign=sr\\_photos\\_top&utm\\_content=adrtf%3A%2F%3AFunSplash.com%2FA%2Fphotos%2Ffolder-adults-grip-strength&utm\\_term=older+adults+grip+strength%3A%3A&utm\\_befold=olds&utm\\_experiment](https://www.iStockphoto.com/photos/close-up-of-a-senior-man-holding-a-hand-grip-at-home-gmrf6e8g379-54479756?utm_source=unplash&utm_medium=affiliate&utm_campaign=sr_photos_top&utm_content=adrtf%3A%2F%3AFunSplash.com%2FA%2Fphotos%2Ffolder-adults-grip-strength&utm_term=older+adults+grip+strength%3A%3A&utm_befold=olds&utm_experiment)

(Bohannon, 2019; McGrath et al., 2020)

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Photo credit: gee33 [https://www.istockphoto.com/photo/close-up-of-a-senior-man-holding-a-hand-grip-at-home-gmr760889379-54479756?utm\\_source=unplash&utm\\_medium=affiliate&utm\\_campaign=srp\\_photos\\_tout&utm\\_content=https%3A%2F%2Funsplash.com%2F%2Fphotos%2Ffolder-adults-grip-strength%3Futm\\_term=older+adults+grip+strength%3A%3Alayout-below-fold-units-2%3Aexperiment](https://www.istockphoto.com/photo/close-up-of-a-senior-man-holding-a-hand-grip-at-home-gmr760889379-54479756?utm_source=unplash&utm_medium=affiliate&utm_campaign=srp_photos_tout&utm_content=https%3A%2F%2Funsplash.com%2F%2Fphotos%2Ffolder-adults-grip-strength%3Futm_term=older+adults+grip+strength%3A%3Alayout-below-fold-units-2%3Aexperiment)

(Bohannon, 2019; McGrath et al., 2020)

## 5x Sit to Stand (STS)

- Functional measure of LE strength, power, and balance
- Slower times may indicate increased fall risk and decreased independence
- Valid, reliable, and free to administer
- Impacted by nutrition status

(Bohannon, 2011)

 Select

## 5x Sit to Stand (STS)

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(Bohannon, 2011)

# Dysphagia Prevalence

- Affects up to 56% of LTC residents
- Under-recognized and under-diagnosed
- Leads to inadequate intake and dehydration
- Increases risks: aspiration, pneumonia, weight loss





Photo credit: jeangill  
[https://www.istockphoto.com/photo/healthcare-worker-checking-mans-throat-gm8t3895927-75618000?utm\\_source=unplash&utm\\_medium=affiliate&utm\\_campaign=srp\\_photos\\_bottom&utm\\_content=https%3A%2F%2Funsplash.com%2F%2Fphotos%2Ffolder-adults-dysphagia&utm\\_term=older-adults%2Fdysphagia%2F%2Flayout-below-fold-units%2F%2Fexperiment](https://www.istockphoto.com/photo/healthcare-worker-checking-mans-throat-gm8t3895927-75618000?utm_source=unplash&utm_medium=affiliate&utm_campaign=srp_photos_bottom&utm_content=https%3A%2F%2Funsplash.com%2F%2Fphotos%2Ffolder-adults-dysphagia&utm_term=older-adults%2Fdysphagia%2F%2Flayout-below-fold-units%2F%2Fexperiment)



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## Dysphagia and Nutrition

- Texture modifications must maintain calorie & protein intake
- Swallow safety and independence increases therapy participation
- Interdisciplinary coordination prevents weight loss and dehydration
- Monitoring intake and functional outcomes is essential

(Clavé, P., & Shaker, R. 2019)



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## Inflammation and Recovery

- Chronic inflammation slows muscle repair, wound healing, and recovery
- Common in older adults with obesity, diabetes, or chronic disease
- Nutrition can modulate inflammation: Omega-3s, antioxidants, protein
- Therapy progress may lag if inflammation is uncontrolled

(Calder, P. C., et al., 2017)



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## Barriers to Adequate Intake

- Cognitive impairment or dementia
- Depression or social isolation
- Oral health or dental problems
- Medication side effects (e.g., GLP-1s, diuretics)



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## Case Study: Meet Mrs. L

- Age: 82
- Medical History: Mild cognitive impairment, osteoarthritis, recent hospitalization for a urinary tract infection, Stage 1 pressure injury on sacrum
- Medications: GLP-1 agonist for type 2 diabetes, multivitamin, low-dose diuretic



Photo credit- Vikram Raghuvanshi  
<https://www.istockphoto.com/photo/one-cheerful-senior-indian-woman-gm175598737-21007386>



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## Presenting Concerns

- Mrs. L demonstrates fatigue and low activity tolerance during therapy sessions
- Grip strength: 16 kg (below age- and gender-normative range 21–22 kg)
- 5x Sit-to-Stand: 20 seconds (above normative range 15–16 sec)
- Weight loss of 5 lbs over 3 months
- Reduced appetite and skipped breakfast several days per week
- Mild swallowing difficulty (thickened liquids recommended)



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## Observations

- **PT:** Client struggles with standing tolerance, stair negotiation, and endurance during ambulation
- **OT:** Difficulty with self-feeding, fatigue limiting meal completion, mild challenges with adaptive utensils
- **SLP:** Evaluated for dysphagia; thickened liquids needed, which contributed to reduced intake
- **Dietary:** Low protein intake ( $\approx 0.8$  g/kg/day) and inconsistent hydration
- **Nursing:** Monitors weight trends and vital signs; notes occasional dizziness during transfers



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## Nutrition Intervention

- Increased protein intake to 1.2–1.3 g/kg/day
- Spread protein evenly across meals/snacks (~25 g per meal)
- Added high-calorie snacks post-therapy
- Monitored hydration and encouraged small frequent fluid intake



Photo credit: Vikram Raghuvanshi  
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## Therapy Intervention

- PT adjusted session timing to after breakfast/snack to maximize energy
- OT focused on adaptive feeding tools and positioning to optimize intake
- Strength focused resistance exercises prescribed for lower extremities
- Functional mobility practice integrated into daily routines
- SLP adjusted texture and consistency of foods and liquids to support safe swallowing while maintaining calories
- Educated staff on optimal positioning during meals



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## Medical Monitoring

- Coordinated with physician to ensure diuretic dosing did not exacerbate appetite suppression
- Monitored blood glucose to prevent hypoglycemia during therapy



Photo credit: Vikram Raghuvanshi  
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## Outcomes (After 4 Weeks)

- Weight stabilized; modest gain of 1 lb
- Grip strength improved to 19 kg
- 5x Sit-to-Stand improved to 16 seconds
- Increased independence in chair-to-bed transfers and dressing tasks
- Therapy participation more consistent and less fatigue reported
- Mrs. L reports improved mood and meal enjoyment



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## Case Study Takeaways

- Nutrition directly impacts strength, endurance, cognition, and therapy engagement
- Interdisciplinary coordination (PT, OT, SLP, dietary, nursing) is essential
- Monitoring protein intake, hydration, and functional measures allows early intervention
- Small adjustments have measurable effects on functional outcomes



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Close this window and continue with the next lesson



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## GLP-1 Medications: Opportunities & Risks



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## GLP-1 Overview

- Used for Type 2 Diabetes and weight loss
- Mechanism: increased satiety, delayed gastric emptying, improved insulin response
- Rapid rise in LTC and rehab settings



Photo credit: zimmytwz Glnp Related Drugs Newspaper Headlines With Hand And Magnifying Glass Stock Photo - Download Image Now - iStock



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## Metabolic Benefits

- Improved glycemic control
- Weight reduction
- Reduced inflammation markers
- Decreased cardiovascular risk



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## GLP-1 Risk: Muscle Loss

- Up to 40% of weight loss can be lean mass
- Sarcopenia risk increase in older adults
- Weakness may lead to falls and hospitalization



Photo credit: aprott Two Dosing Pens Of A Fictitious Semaglutide Drug On A Scale Facing A Dumbbell Concept For Alternative Ways To Loose Weight Stock Photo - Download Image Now - iStock

(Liu et al., 2023)



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## Undernutrition and Appetite Suppression

- Smaller portions
- Skipped meals
- Early fullness may result in decreased nutrients
- Nausea may result in avoidance of meals

(Wilding et al., 2021)



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## Swallowing and Oral Intake Concerns

- Early satiety may result in delayed emptying
- Reduced meal drive for dysphagia patients
- Risk: inadequate intake despite safe diet



Photo credit: adamkax Senior African American Man Drinking Water Stock Photo - Download Image Now - Drinking Water, Drinking, Senior Adult - iStock



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## Functional Consequences

- Reduced activity tolerance
- Regression in ADL independence
- Transfer/gait decline
- Increased fall and fracture risk

(Beaudart, C., et al. 2022 & Liu, X., et al., 2023)



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## Screening for Red Flags

- Increased fatigue leading to decreased therapy tolerance
- Decreased grip strength
- 2% weight loss per week
- Slower STS or gait speed

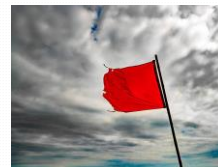


Photo credit: allou Torn Red Warning Flag Flying Under Grey Skies Stock Photo - Download Image Now - Warning Sign, Red, Danger - iStock



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## Therapy and Nutrition Workflow

- Weekly screen
- Adjust plan within 48 hrs
- Optimize protein + strengthening
- Test progress bi-weekly

(ASPEN Standards, 2023)



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## Collaboration Contributes to Best Outcomes

- IDT must communicate
- Protocols: supplements, timing, GI symptom tracking
- If appropriate, encourage "food first"



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Close this window and continue with the next lesson



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## Leadership and Program Sustainability



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## Importance of Leadership

- Shapes culture of care
- Influences staff engagement
- Drives resource allocation
- Supports IDT collaboration



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## IDT Integration

- Weekly huddles for high-risk residents
- Shared documentation of intake, function, and therapy outcomes
- Open communication channels

(Reeves et al., 1996)



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## Response Pathways

- Define who intervenes when risk is detected
- Outline steps for therapy, diet, and nursing
- Ensure timely follow-up and reassessment



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## Staff Education and Training

- Nutrition awareness for therapy staff
- Functional implications of malnutrition
- Medication effects (e.g., GLP-1)
- Ongoing competency assessments



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## Monitoring Outcomes

- Track functional measures: grip, 5×STS, gait speed
- Track nutritional measures: weight trends, MNA/MST scores
- Tie outcomes to program adjustments



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## Overcoming Time Constraints

- Establish nutrition checks into daily workflow
- Use brief, repeatable assessments
- Assign responsibilities clearly



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# Managing Competing Priorities

- Align nutrition initiatives with facility goals
- Prioritize high-risk residents
- Use team huddles to coordinate care

The photo shows a close-up of a whiteboard or similar grid surface covered with various colored pushpins (blue, green, red, black). The pins are placed at different intersections of the grid lines, which appear to have numbers like 10 through 28 written along them.

Photo credit - baona  
https://www.iStockphoto.com/photo/colored-pins-on-the-calendar-gmzj9r7qf6t-57y3muoz?utm\_source=sunsplash&utm\_medium=affiliate&utm\_campaign=srp\_photos\_bottom&utm\_content=https%3F%3FaPfo%3FuFnoplash.com%3FuaFe%3FuaPhnoto%3Frime-constrainKutrm\_term-time+constraint%3FuyAlayout-below-float-units-zl%3Axperiment

(Reeves et al., 1996)


Select

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# Continuous Quality Improvement

- Regular audits of nutrition and functional outcomes
- Feedback loops for staff
- Adjust protocols based on data

(ASPEN Standards, 2023)



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# Celebrating Success

- Recognize staff achievements
- Share positive outcomes with the team
- Encourage resident engagement





Photo credit- Jacob Wackerhausen  
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# Sustainability

- Establish nutrition in policies and job descriptions
- Include in accreditation standards
- Align with interdisciplinary workflows

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## Leadership Takeaways

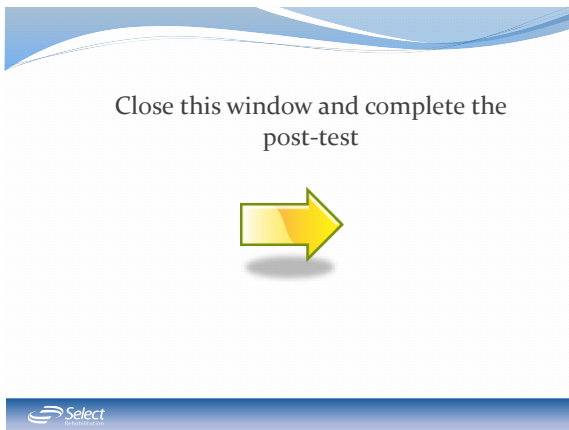
- Nutrition is a shared responsibility
- Strong leadership drives program success
- Interdisciplinary collaboration is essential
- Monitoring and feedback enable continuous improvement

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Thank You!

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