We report the improvement study of Life Activity Evaluation (1), which had been developed through our previous study (2) by the grant. We emphasized the statistic processing for analyzing it in the future and the consumption activity that was important for living at home with a little care for that improvement.

[Purpose] Thinking of the increase of an elderly hereafter, we consider that the life style of the disabled elderly cannot avoid changing into home living style from an institutional style. In such terms, even if re-acquire walking through rehabilitation, personal care reliance will be needed if proper consumption can't be done. As for this evaluation chart using "Living Activity Evaluation named" as a base, we emphasized not including arbitrariness in the statistical report of its score by separating from the perfect point as 100. Also, we have a newly designed social life term with considering in conventional IADL and intended to evaluate the consumption activity whether it is done suitably or not.

[Method] In comparison with last year's evaluation chart, we have made the evaluation point to ‘1: independent, 2: taking longer time, 3: need personal assistance partly 4: care reliance whole living. Also, we newly made and added the subject ‘social life’, which were composed with terms such as ‘going outside by the public transport on one’s own’, ‘shopping of daily necessities’, ‘paying bills’ and ‘using the bank deposit’. For the evaluation of this subject, ‘1.Possible, 2.Taking longer time, 3.Impossible’ is set. This evaluation chart was brought into the clinical scene, and we evaluated two examples who are served home visiting rehabilitation once a week by PT presently.

[Object] Case 1. 83 years old Male, his diagnosis is Parkinson’s disease, Parkinson’s disease, His gait disturbance began in 2000, and he couldn’t walk in 2002, directions in visiting rehabilitation on September 27, a case in which home program for both lower extremities contracture with focus on usage of PataKoro (both an ankle dorsiflexion device and a knee extension device) was written in a prescription and operated. Evaluations for meals show “independent” in the first evaluation at home, and turned to “independent” in the progress evaluation of March, but it has turned to “independent” in the progress evaluation of May. All ADL is generally “care reliance whole living” in first evaluation, and turned out to be generally “independent” in progress evaluation.

[Conclusion] In the former living activity evaluation chart, there was a problem that if the examiner doesn't know the evaluation method fully, subjectivity was within evaluation and it was not constant. This time, a gauge is exemplified in the evaluation chart and there is an advantage that because an evaluation is done objectively, evaluation is hard to fluctuate. However, there was a problem that the exemplified alternatives were institutional and there weren't any exemplifications in case of living at home. But in either case, improvement is not seen in social life evaluation. There are fears on whether the ability of consumption evaluation terms for living and independence is suitably measured. Because there are only small numbers of two cases evaluated at this time, examination of statistical evaluation is impossible. Therefore we actually use this evaluation chart, and mention the comparison with the previous living activity evaluation method. Because the comparison of examples for the cases with the same degree of nursery care need be put in facilities or able to stay home, we will likely have it as our further subject. In consumption activity, it would be necessary to divide terms such as decisions of intention, which is possible to decide by either oneself or with a care giver’s help. We've already had so many ADL evaluation charts now. But the most appropriate one for each user now is one according to the needs for them. We try to decide an evaluation chart that can be used with a viewpoint of what should we do in accordance with the evaluation for acquiring an independent life of the disabled elderly in every area of the medical and care field usage and the home and facilities usage. We will study the evaluation chart from now on in order to use widely. Thereafter we will name it “Biophilia Chart”.


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