

Y-I. CHEN, Y-F. CHEN. **An exploration of rehabilitation medical access behaviour in elderly group.** *Gerontechnology* 2014; 13(2):186; doi:10.4017/gt.2014.13.02.352.00 **Purpose** Aging or disease often causes physical and cognitive deterioration<sup>1</sup> as well as unstable gait, a risk factor for falling. According to a survey by the Taiwan Ministry of Health and Welfare, one of the top two causes of accidental death amongst the elderly was falling down. Regular exercise or rehabilitation helps to increase muscle strength, and reduce or postpone unstable gait. However, the elderly often resist approaching rehabilitation medical services. An inactive lifestyle worsens gait problem. This research adopts the factors of Anderson's behavioral model<sup>2</sup> of medical care to explore predisposing characteristics affect the elders' intention of using rehabilitation medical service to improve current or future gait problems. **Method** We interviewed eight elders between ages 65 to 81, all of whom were potential customers of rehabilitation services. Open questions were designed in accordance with the Anderson behavioral model and included questions about demographics, social structure, health beliefs, personal/family/community resources, and the perceived versus professionally evaluated need for preventing unstable gait. Interviews of the informants in their 70s or 80s took more time and effort in communication to clarify question meanings in order to dispel any misunderstanding. This is because some elder people spoke dialect or deteriorated in listening sometimes caused the communication problem during interview. **Results & Discussion** The elders all recognized that maintaining a stable gait was important for the elderly, while falling down often causes serious injury. Some believed in more exercises as an aggressive strategy to prevent unstable gait. Others believed that taking glucosamine pills or wearing good shoes or knee pads were a solution. These consumer insights indicate that the elderly may lack the knowledge needed in order to take action on potential gait problem. Almost no informants were aware of rehabilitation as one way to help prevent or cure unstable gait. In contrast, some claimed the professional opinions from familiar doctors were more acceptable than going to rehabilitation services, as most elder people interviewed were concerned that going to the hospital for rehabilitation was time consuming and waste of medical resources. This underscores how the professional advice from doctors is an important promotion channel for preventive medical service in assisting the unstable gait problem. Accordingly, preventive health care should be promoted to postpone aging gait problems. In addition, two informants evaluated by the professional using Berg Balance Scale were in need of supporting walking tools and still hesitated to try rehabilitation and questioned the effects of rehabilitation. Instead, they searched for other solutions, like Chinese medicine treatment or at home exercise. This indicates the gap between perceived need and professional assessment in unstable gait problem in the elder group. Based on the above findings, this study demonstrates a need for governmental or medical field to educate the elderly on preventive health care in rehabilitation. They may provide home exercises, which may also help reduce cognitive biases to the effective solution of unstable gait. Finally, policy makers can best use the resources of medical habilitation centers to design more attractive service packages for the elderly. Exercise and at home coaching by tele-rehabilitation from the professionals are also feasible solutions for the elders who need preventive health care or have time/mobility concerns for rehabilitation service.

### References

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