



When Should You Push For a Geriatric Assessment?

Taking a team approach can net the best results for your parents

Navigating the maze of eldercare options can be challenging. A geriatric assessment can help you figure out the level of care your loved one needs.

“The phrase geriatric assessment is a bit confusing,” says [Norbert “Bert” Rahl](#), director of mental health services at the Benjamin Rose Institute on Aging.

Sometimes an assessment looks at just one issue that’s causing problems for a loved one. For instance:

- If you are concerned about your mother’s physical status, the medications she is taking or how she is (or isn’t) managing a chronic condition, a physical assessment may be in order.
- If your father has mobility issues and you’re worried about how well he is (or isn’t) getting around on his own, he may need a functional assessment.
- If you are worried about the psychological and emotional well-being of your loved one, a mental health assessment could be helpful.
- If your aging relative is displaying issues with memory, decision making and [financial management skills](#), a cognitive assessment should be scheduled.

Or, to get the whole-person “picture” of what’s going on, Rahl suggests a comprehensive assessment, which looks at all those things and how they are interacting and overlapping in your older loved one’s life.

A comprehensive assessment could be coordinated by your loved one's primary care physician. However, since these assessments require the skills and expertise of a team of specialists, they are best coordinated by a geriatrician: a physician who has trained and specialized in the care and treatment of older adults. Ask for a referral from the primary care physician or click [here](#) to find a geriatrician in your area.

Who's On Your Team?

The composition of the team will vary depending on need, location and budget or health insurance. In addition to the physician who is doing the physical exam and coordinating the assessment, the team might include these professionals:

- nurse practitioner
- physical therapist
- psychologist or psychiatrist
- neurologist
- occupational therapist
- speech therapist
- dietitian
- audiologist
- optometrist
- dentist
- podiatrist
- artificial limb specialist (i.e. orthotist or prosthetist)
- social worker
- spiritual care advisor

"The setting for an assessment depends on what triggers the decision to get one in the first place," notes Rahl.

Avoid Crisis Management

When the trigger is a crisis — for instance a fall, stroke or car crash — the assessment is usually done in the [hospital](#).

“In a crisis situation, the patient is often disoriented, exhausted and in pain,” says Rahl. “The assessment might be rushed and not as thorough as it could be. Making things worse, the patient may be in denial that they even need an assessment.”

The better alternative is to schedule an assessment when you and your loved one decide it's needed because of physical or behavioral changes.

There are many benefits to an office-based assessment.

For one, it's not done in a crisis situation, so the lab work, physical exam, mobility tests, mental and cognitive screens and other evaluations can be spread out over days, or even weeks. Your loved one has chosen to get it, not had the decision made for him or her. The assessment may also evaluate your needs as a caregiver.

For another, because the office-based assessment is done proactively, rather than reactively, it will provide results, insights, options and suggestions that can be used to plan for future needs and care.

Dealing with the growing list of caregiving concerns can be overwhelming. Next month, we'll look at when to involve family members or other caregiving helpers.

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