The physiotherapist attended Mrs S's home for review following a course of exercise therapy. Mrs S was asleep on arrival and the physiotherapist took some time to talk to her husband and daily carer to give her time to wake up naturally.

Mr. S and the carer noted that Mrs S is sleeping more now and it's much slower to accept food. There has been some weight loss. She has not had any incidences of falling over, but she is still closely supervised and they believe her posture is more flexed. Her left leg still has skin sores and these can be uncomfortable when Mr S is helping her to lift her legs into bed, but otherwise they do not believe she has any pain problems she continues to walk with her wheeled walker.

Mrs S's family remain very much engaged and she has the following weekly program: On Monday, her daughter takes her to the forget me not café. on Tuesday the carers take her either for coffee in a café or to do some shopping. This is in the wheelchair. every other Wednesday her and her husband go to the Hardy club. On Thursday they go to the Dementia choir group. On Friday there is a singing group. The carer is using protein shakes with a scoop of ice cream to try and encourage Mrs S to take more calories.

Mr. S and Mr S have a reminder on the Alexa at 11 o'clock to do their exercises together and they do these more often than not he reports. He has noted that Mrs S is not able to retain focus as well during her exercises.

The physiotherapist spoke with Mrs S and observed her walking. She stands from the rise and recliner with an oblique behind support of one. She walks slowly in a flex position using her walker and needed verbal prompts to turn to align with the chair. Her knees have become more contracted since last visit. There were no signs of pain and she denied pain.

On reflection, Mrs S is experiencing more cognitive impairment and reduced calorie intake. She has remained mobile and no falls. She has family that offer her close supervision and stimulating activities.

At this point, a formal physiotherapy program poses the risk of confusing her and she is less able to follow an extended formal program. The physiotherapist considered that she will respond better to something that involves music and rhythm and rhythmical motor pattern movements. The physiotherapist informed Mr. S and the carer that she would go away and rewrite her program so that it would be more simple and more dependent on rhythm. Also mindful of not burning calories so we're not in involve resistive work.

The physiotherapist consulted with Dr Irons at Derby University for advice about a song that would be a good rate and rhythm and appropriate for her era and physical health goals.

Contact after visit:

Telephone call to Daughter informed of plan to have one song that will comprise extension work arrhythmical activity as the system most inappropriate way to maintain her current physical mobility. There was a discussion about how the

daughter and her family were trying to best promote well-being for Mrs S and they are very keen to learn skills. There was education shared from the physiotherapist about sensory levels and that as cognitive and processing became less acute, activities such as massage/touch /music become more important and powerful. Physiotherapist offered to teach the chosen song and movement routine to the family once it was established and also offered to teach hand massage. Mrs S daughter was very grateful for this.