Flinders University | Research Centre for Palliative Care, Death & Dying

Drawing on Gerontological Approaches to Inform Allied Health Best Practices in Palliative Aged Care

A white paper published by the Flinders Research Centre for Palliative Care, Death and Dying

www.flinders.edu.au/repadd

Research Centre for Palliative Care, Death, and Dying
+61 8 7221 8237 | repadd@flinders.edu.au | flinders.edu.au/repadd
Flinders University, Health Sciences Building (3.30) GPO Box 2100, Adelaide 5001, South Australia

How to Cite This Paper

Yeo, Z. W. E., Tieman, J., George, S., Farrer, O. Drawing on Gerontological Approaches to Inform Allied Health Best Practices in Palliative Aged Care. RePaDD White Paper. Adelaide, South Australia: Flinders University Research Centre for Palliative Care, Death and Dying: 2025. Available at: flinders.edu.au. DOI: 10.25957/de5e-4t83

Authors

Zhi Wen Ewee Yeo

Bachelor of Nutrition and Dietetics (Hons) at Flinders University, College of Nursing and Health Sciences (CNHS), Adelaide.

Professor Jennifer Tieman

Director of the Research Centre in Palliative Care, Death and Dying at Flinders University, College of Nursing and Health Science (CNHS), Adelaide.

Professor Stacey George

Professor in Healthy Ageing Support and Care, Adelaide Primary Health Network (PHN). Caring Futures Institute, College of Nursing and Health Science, Flinders University, Adelaide.

Dr Olivia Farrer

PhD - Research Fellow, ELDAC Allied Health Toolkit - project lead/Senior Lecturer at Flinders University, College of Nursing and Health Science (CNHS), Adelaide.

About this White Paper

This publication is a RePaDD White Paper and Research Report.

The RePaDD White Paper and Research Report Series provides researchers and policy makers with evidence-based data and recommendations. By organising, summarising, and disseminating previous and current studies, the series aims to inform ongoing and future research in palliative care, death, and dying.

Contact

Enquiries regarding this White Paper and Research Report should be directed Professor Jennifer Tieman, Director, Research Centre for Palliative Care, Death & Dying.

Phone: +61 8 7221 8237
Email: jennifer.tieman@flinders.edu.au

Copyright

Acknowledgement of Country

Flinders University was established on the lands of the Kaurna nation, with the first University campus, Bedford Park, located on the ancestral body of Ngannu near Warriparinga.

Warriparinga is a significant site in the complex and multi-layered Dreaming of the Kaurna ancestor, Tjilbruke. For the Kaurna nation, Tjilbruke was a keeper of the fire and a peace maker/law maker. Tjilbruke is part of the living culture and traditions of the Kaurna people. His spirit lives in the Land and Waters, in the Kaurna people and in the glossy ibis (known as Tjilbruke for the Kaurna). Through Tjilbruke, the Kaurna people continue their creative relationship with their Country, its spirituality, and its stories.

Flinders University acknowledges the Traditional Owners and Custodians, both past and present, of the various locations the University operates on, and recognises their continued relationship and responsibility to these Lands and waters.

About the RePaDD

Death and dying will affect all of us. The Research Centre for Palliative Care, Death, & Dying or RePaDD works to make a difference to the care of persons at the end of life.

We examine the universal experience of dying and create innovative solutions for people living with a life-limiting illness, their carers, and the clinicians caring for them. Our members lead major national palliative care projects in Australia. Our team of multidisciplinary researchers and experts work collaboratively with various organisations and funding agencies to deliver impact. We also strengthen research capacity by offering evidence-based resources, researcher education, training and scholarships.

Our research

We focus on the following research areas:

Palliative care across the health system: We conduct clinical and service studies and develop online palliative care resources and applications. Our work in this area contributes towards ensuring that quality palliative care can be delivered in all healthcare settings - whether in hospitals, aged care, homes, hospices, clinics, or the community.

Death and dying across the community: We examine and respond to community and consumer attitudes, views, and needs with respect to death and dying and palliative care. Our research in this area empowers the wider community to make informed decisions by raising awareness and building death literacy.

Online evidence and practice translation: We build, synthesise, and disseminate the evidence for palliative care. We also create innovative digital solutions to improve evidence translation and use. Our research in this area builds palliative care capacity of the health and aged care workforce, access and use of information by health consumers and the community.

Further information can be found at flinders.edu.au/repadd

Table of Contents

Tables

Appendices

Executive Summary

Australia's ageing population is increasing rapidly[1], with growing demands on aged care services and end-of-life care. Palliative care and gerontology intersect significantly in the management of older adults experiencing frailty, multimorbidity, and functional decline. Allied Health Professionals (AHPs), including dietitians, occupational therapists, physiotherapists, and speech pathologists are uniquely positioned to support older adults through a palliative and person-centred care approach in managing health deterioration through to end-of-life. However, there is limited guidance and evidence specifically addressing allied health roles in palliative aged care.

This white paper presents findings from a narrative systematic review examining allied health interventions in gerontological settings to identify their relevance and applicability to palliative and end-of-life care. A total of 26 studies were reviewed, encompassing dietetic, physiotherapy, and occupational therapy interventions aimed at maintaining or improving nutrition, function, quality of life (QoL), and independence in activities of daily living (ADLs) among frail and/or comorbid older adults. No literature meeting inclusion criteria for speech pathology was found.

Key findings show that tailored allied health interventions improve nutritional outcomes, functional capacity, and QoL, with sustained benefits observed when interventions are delivered consistently and individually. The review highlights a strong alignment between reablement practices in gerontology and the goals of palliative care, suggesting significant scope for AHP involvement in aged care models that extend beyond traditional end-of-life services. The evidence supports calls for multidisciplinary models and integrated approaches in palliative care that include allied health as core contributors to care.

Introduction

The intersection of gerontology and a palliative care approach provides a critical opportunity to improve quality of life for older Australians. As people age, they are more likely to experience multimorbidity, frailty, and functional decline[2]. In addition, effective care must address these complex needs with a focus on dignity, autonomy, and comfort.

Palliative care is broadly defined as the active, person-centred support for individuals with life-limiting conditions, aiming to optimise quality of life for both the person and their families[3]. This includes management of physical symptoms, emotional and psychological support, and assistance with social and spiritual challenges. To support older adults in maintaining independence, staying in their own homes and achieving quality of life, there is an increased need for targeted care to adapt to health changes and deterioration. Reablement is a strengths-based approach that supports individuals to maintain or regain function and independence while adjusting to health decline within a palliative philosophy to care[4].

Allied Health Professionals (AHPs) are central to delivering this model of care. Yet despite policy frameworks supporting the intent for multidisciplinary care in aged care and palliative settings, the unique contributions of AHPs remain underdefined and underutilised. A recent scoping review found a paucity of literature describing the value of allied health input for older adults in aged care towards end-of-life[5]. Currently, less than 7% of the current allied health workforce is employed in aged care, and many practitioners report low confidence in providing palliative care[6], despite the projected demographic shifts and demand for reablement and end-of-life support.

This white paper explores the question:

What comparisons can be drawn from gerontological contexts to inform best practice in palliative aged care by allied health professionals?

The review synthesises evidence from interventions in frail and comorbid older adults aged 65 years and over, delivered in community and residential aged care settings. It identifies core practices, outcomes, and implications for multidisciplinary and interprofessional models of care that could embed allied health services as part of routine aged care.

Context and Rationale

Australia's demographic profile is shifting, with projections indicating that by 2066, up to 23% of the population will be aged 65 years or older[1]. As life expectancy increases, so too does the incidence of frailty, cognitive decline, and complex multimorbidity, all of which require nuanced, coordinated care approaches. Notably, 68% of deaths among Australians aged 75 years and older are attributed to chronic diseases such as coronary heart disease and dementia[7]. These conditions frequently coexist and contribute to functional deterioration and loss of independence.

Palliative care, traditionally aligned with cancer trajectories or terminal diagnoses, is now increasingly recognised as critical to aged care more broadly[3]. The National Palliative Care Standards emphasise dignity, choice, and person-centred care, values which closely parallel the principles of reablement in gerontological practice[8]. However, current aged care systems often struggle to integrate allied health expertise into palliative care pathways in a consistent or evidence-based way.

Reablement supports individuals to adapt to changing health conditions and retain independence for as long as possible[4]. This model is particularly relevant for the management of frailty through to end-of-life and could offer a structure for AHPs to deliver meaningful support across nutrition, physical function, communication, and activities of daily living[9,10].

Despite this opportunity, there is limited consolidated evidence identifying what specific allied health interventions work best for older adults in aged or palliative care[5]. Most existing guidance focuses on acute care settings or individual disciplines and often lacks detail on outcomes relevant to late-life function and wellbeing. This white paper addresses that gap by reviewing allied health practice through a gerontological lens.

Methodology

This white paper is based on a narrative systematic review conducted in line with PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines[11]. The review aimed to identify and synthesise evidence on the role and outcomes of allied health interventions targeting frailty and functional decline in older adults.

Review Protocol

The review was registered with PROSPERO (CRD42024591050) and followed a systematic protocol to ensure methodological rigour. The review was conducted as part of an undergraduate nutrition and dietetics honours project, led by the first author. Studies were appraised using the The National Health and Medical Research Council (NHMRC) evidence hierarchy[12] (Appendix 1).

Search Strategy

A comprehensive search was undertaken in July 2024 across four major databases: Medline, PubMed, Scopus, and CINAHL. The search strategy focused on four key concepts: gerontology, allied health professionals, intervention, and older adults. Studies were limited to English-language articles published from 2014 onward.

Inclusion Criteria

Studies were included if they:

- Described an allied health intervention targeting frail and/or comorbid older adults (aged ≥65 years or mean sample age ≥65).
- Were conducted in community or residential aged care settings.
- Involved interventions from one or more disciplines, limited to dietitians, physiotherapists, occupational therapists, or speech pathologists.
- Measured outcomes related to nutrition, physical function, ADLs, or quality of life.

Studies conducted in acute hospital settings or specialised research centres were excluded, as were those not involving direct allied health delivery. Physiotherapy studies were further restricted to those using the Short Physical Performance Battery (SPPB), to ensure comparability across outcomes.

Findings

A total of 26 studies[13-38] were included in the review, spanning interventions from dietetics, occupational therapy, and physiotherapy. No eligible studies were identified for speech pathology in non-acute settings. Interventions were delivered across both community[13,14-16,18-20,22,23,26,27,29-31,35,37,38] and residential aged care settings[17,21,24,25,28,32,33,34,36], primarily targeting older adults with frailty, cognitive decline, or multiple comorbidities. The sample size in studies ranged from 21 – 299 participants, and the mean age range of the participants across all 26 studies was 72.5 – 87.3 years. The length of interventions ranged from 10 weeks to 2 years. Appendix 1 has full descriptions of the studies and measured outcomes.

The studies demonstrated significant improvements in four key outcome domains: nutritional status, activities of daily living (ADLs), physical function, and quality of life (QoL). A narrative synthesis approach was used to identify thematic patterns across studies. Table 1 offers a summary of the interventions, and Table 2 offers a summary of outcomes for multidisciplinary interventions with older adults.

Table 1 - Summary of Allied Health Intervention by Discipline

Dietetics (DT)

- Eleven studies[15,17,18,22-27,35,38] evaluated dietary interventions, most of which combined nutrition counselling with oral nutrition supplements (ONS).
- Outcomes included improved nutritional status, body weight, muscle strength, and functional mobility.
- Tailored counselling interventions in home-based settings were particularly effective.
- Supplementation was less effective in already high-risk malnourished groups, suggesting the importance of early, proactive intervention.

Occupational Therapy (OT)

- Nine studies[14,16,19,20,28,31,33,34,37] explored OT interventions, focusing on maintaining or improving functional independence.
- ADLs such as dressing, bathing, and mobility showed marked improvement.
- Group sessions were proposed to also support emotional wellbeing and self-efficacy.
- OT interventions were successful in both home-based and residential settings, with the most benefit seen from tailored, goal-oriented programs.

Physiotherapy (PT)

- Six* studies[13,21,29,30,32,36] examined physical therapy interventions, mostly exercise-based programs aimed at strength, balance, and mobility.
- Programs ranged from high-intensity supervised sessions to home-based regimens.
- Improvements were observed in gait speed, balance, and physical performance (measured by SPPB and related tools).
- Consistent session delivery over time was key to sustained outcomes.

**before limiting by outcome measure tool, n=38 papers were identified.*

Speech Pathology (SP)

No studies met the inclusion criteria for speech pathology in aged care or community settings. Relevant literature was confined to acute care or short-term rehabilitation, representing a clear gap in current evidence.

Table 2 - Multidisciplinary Input and Impact on Older Adult Outcomes

Nutrition

- 10 studies[15,17,22-27,35,38] showed significant improvements in nutrition-related metrics such as BMI, intake, and malnutrition risk when combined with a physical activity and/or occupational therapy component
- Multimodal approaches, including social support and follow-up, showed additional benefit in maintaining positive change in outcomes[23]

Activities of Daily Living (ADLs)

- Improvements in ADLs and functional independence were reported in 7 studies[14,19,20,28,31,33,37] particularly in association with therapeutic interventions in the home.
- One study suggested group therapy was successful in fostering social skills and self-efficacy, improving functional independence[33]

Physical Function

- 19 studies[13,15-18,20,21,23,24,26-30,32,34,35,36,38] (9 DT, 6 PT and 4 OT) evaluated physical function through walking speed, handgrip strength, and balance, to demonstrate broad positive health outcomes.
- Positive changes were evident across 9 studies[13,18,20,21,28,30-32,36] that included exercise sessions 1-5 times per week

Quality of Life (QoL)

- 14 studies[15-17,19,20,23,26,27,32,33,35-38] measured QoL directly, with most reporting improvements across physical, emotional, and social domains.
- Of the 14 studies, 6 used group-based programs[17,20,23,32,33,36] with one study[33] noting the group environment increased positive feelings and subsequently QoL.
- Functional independence correlated strongly with broader gains in QoL.

Implications for Practice and Recommendations

The findings of this review suggest that allied health interventions, particularly when tailored and sustained, can significantly improve health and wellbeing outcomes for frail and comorbid older adults. Importantly, these outcomes align with the core goals of reablement care, and by association principles of palliative care: preserving function, and supporting quality of life.

(i) Integration of Reablement into Palliative Care
The evidence suggests that reablement and palliative care share overlapping goals for person centred care that enhances quality of life and preserving function. Allied health input that focuses on nutrition, mobility, and maintaining ADLs can delay deterioration, support autonomy, and improve life satisfaction, even as health declines.

Implication: Quality of life and physical function could decline more rapidly, leading to higher care needs without timely and ongoing allied health intervention.

Recommendation: Position AHPs as key contributors to anticipatory care planning from the early stages of decline, and measure outcome measures to capture nonclinical outcomes such as quality of life.

(ii) Multidisciplinary and Interprofessional Practice
Single-discipline interventions yield positive outcomes, but combining the expertise of multiple AHPs (e.g. DT + OT or PT) likely offers greater benefit. This supports calls for stronger interprofessional practice frameworks in aged care.

Implication: Identifying and managing symptoms or health deterioration with a single care lens can limit clinical outcomes and impact on quality of life.

Recommendation: Multidisciplinary allied health teams should be engaged in care planning and delivery across residential and community aged care services, particularly for older adults with frailty or multimorbidity.

(i) Frequency and Mode of Delivery

Programs with higher contact frequency and individual tailoring were more effective in improving health outcomes. Group programs also showed benefit for social and psychological wellbeing, particularly in residential settings.

Implication: Care models that are reactive and only support interventions to manage symptom flare up or acute loss of function, will lead to reduced health and wellbeing outcomes for the older person.

Recommendation: A mix of delivery modes should be considered depending on context and resident preference. For physical function and ADL outcomes, sustained engagement (over 12+ weeks) is preferable.

(ii) Addressing Gaps in Evidence for Aged and Palliative Care Allied Health Best Practice

The review found limited gerontological evidence to address a paucity of literature in a palliative care and ageing context. Only fourteen[15-17,19,20,23,26,27,32,33,35-38] of the included studies included quality of life as an outcome measure. In a context where age related health and functional decline is expected, it may be important to deliberately include and report on quality of life and successful maintenance of function (where improvement may not be expected) as outcomes.

Implication: Evidence of outcomes and value within a person centred paradigm would support better recognition of the role of allied health in aged and palliative care. Without this data, it will be difficult to ensure allied health contribution is sufficiently recognised in service delivery and funding models for aged care.

Recommendation: There is a critical need to define and research the role and outcomes for allied health practice in palliative aged care, particularly in residential and home-based settings.

Conclusion

The intersection of gerontological practice and palliative aged care represents a valuable opportunity to improve outcomes for older Australians living with frailty, multimorbidity, or progressive functional decline. This review affirms that Allied Health Professionals, when supported by evidence-informed frameworks and integrated care models, play a vital role in delivering holistic, person-centred care that aligns with the core values of palliative care.

Reablement practices led by AHPs are effective in enhancing nutrition, mobility, independence, and quality of life outcomes that are central to ageing with dignity and comfort. However, greater investment in allied health workforce, interprofessional collaboration, and discipline-specific evidence is needed to realize this potential fully.

With the aged care sector under reform and an ageing population on the rise, now is the time to align gerontological insights with palliative and person centred intent, to enhance quality care and quality death. Allied health must be recognised as a core component of this future.

References

1. Australian Institute of Health and Welfare. Older Australians 2 July 2024 Available from: https://www.aihw.gov.au/reports/older-people/older-australians/contents/demographic-profile.

2. Nicholson CJ, Combes S, Mold F et al. Addressing inequity in palliative care provision for older people living with multimorbidity. Perspectives of community-dwelling older people on their palliative care needs: A scoping review. Palliative medicine. 2023;37(4):475-97.

3. World Health Organization. Palliative Care. 2020 [12 August 2024]; Available from: https://www.who.int/news-room/fact-sheets/detail/palliative-care.

4. Tessier, A., et al., Effectiveness of Reablement: A Systematic Review. Healthcare Policy, 2016. 11(4): p. 49-59.

5. Farrer O, Tieman J. What Evidence Exists to Support Palliative Allied Health Practice in Aged Care: A Scoping Review. Healthcare (Basel). 2024 Oct 3;12(19):1973. doi: 10.3390/healthcare12191973.

6. Tieman, J., et al., Allied health professionals' contribution to care at end of life in aged care settings. Aust J Prim Health, 2023. 29(4): p. 341-348.

7. Australian Institute of Health and Welfare. Deaths in Australia 2024 (6 June 2024) Available from: https://www.aihw.gov.au/reports/life-expectancy-deaths/deaths-in-australia/contents/summary.

8. Palliative Care Australia, National Palliative Care Standards for All Health Professionals and Aged Care Services. 2022.

9. Frändin, K., et al., Long-Term Effects of Individually Tailored Physical Training and Activity on Physical Function, Well-Being and Cognition in Scandinavian Nursing Home Residents: A Randomized Controlled Trial. Gerontology, 2016. 62(6): p. 571-580.

10. Dietitians Association of Australia, Submission from the Dietitians Association of Australia to the Productivity Commission: Caring for Older Australians. 2010, Deakin: Australia

11. Moher, D., et al., Preferred reporting items for systematic reviews and meta-analyses: The PRISMA statement. International Journal of Surgery, 2010. 8(5): p. 336-341.

12. Shekelle PG et al., Global Health Evidence Evaluation Framework [Internet]. Rockville (MD): Agency for Healthcare Research and Quality (US); 2013 Jan. Table B.9, NHMRC Evidence Hierarchy: designations of 'levels of evidence' according to type of research question (including explanatory notes) Available from: https://www.ncbi.nlm.nih.gov/books/NBK121300/table/appb.t21/

13. Arnal, C., et al., Impact on physical function of the +AGIL Barcelona program in community-dwelling older adults with cognitive impairment: an interventional cohort study. BMC Geriatrics, 2023. 23(1): p. 736.

14. Ávila, A., et al., Promoting functional independence in people with Alzheimer's disease: Outcomes of a home-based occupational therapy intervention in Spain. Health & Social Care in the Community, 2018. 26(5): p. 734-743.

15. Beck, A., et al., Does adding a dietician to the liaison team after discharge of geriatric patients improve nutritional outcome: a randomised controlled trial. Clinical Rehabilitation, 2014. 29(11): p. 1117-1128.

16. Callahan, C.M., et al., Targeting Functional Decline in Alzheimer Disease. Annals of Internal Medicine, 2016. 166(3): p. 164-171.

17. Chen, Y.-H., et al. Beneficial Effects of Oral Nutrition Supplements on the Nutritional Status and Physical Performance of Older Nursing Home Residents at Risk of Malnutrition. Nutrients, 2023. 15,DOI: 10.3390/nu15194291.

18. De Carvalho Bastone, A., et al., Independent and combined effect of home-based progressive resistance training and nutritional supplementation on muscle strength, muscle mass and physical function in dynapenic older adults with low protein intake: A randomized controlled trial. Archives of Gerontology and Geriatrics, 2020. 89: p. 104098.

19. De Vriendt, P., et al., Improving health related quality of life and independence in community dwelling frail older adults through a client-centred and activity-oriented program. A pragmatic randomized controlled trial. The Journal of nutrition, health and aging, 2016. 20(1): p. 35-40.

20. Furuta, K., et al. A Pilot Study of a Group Program Focused on Enabling Life Performance for Older Adults Living in the Community. International Journal of Environmental Research and Public Health, 2022. 19,DOI: 10.3390/ijerph19073761.

21. García-Gollarte, F., et al., Effectiveness of a Supervised Group-Based Otago Exercise Program on Functional Performance in Frail Institutionalized Older Adults: A Multicenter Randomized Controlled Trial. Journal of Geriatric Physical Therapy, 2023. 46(1).

22. Hamirudin, A.H., et al., Feasibility of home-based dietetic intervention to improve the nutritional status of older adults post-hospital discharge. Nutrition & Dietetics, 2017. 74(3): p. 217-223.

23. Kim, C.-O., et al., Reinforcement Effects of Social Network Intervention during Nutritional Supplementation in Frail Older Adults. Gerontology, 2021. 67: p. 620+.

24. Lee, L.-C., A.C. Tsai, and J.-Y. Wang, Need-based nutritional intervention is effective in improving handgrip strength and Barthel Index scores of older people living in a nursing home: A randomized controlled trial. International Journal of Nursing Studies, 2015. 52(5): p. 904-912.

25. Mountford, C.G., et al., Managing Malnutrition in Older Persons Residing in Care Homes: Nutritional and Clinical Outcomes Following a Screening and Intervention Program. Journal of Nutrition in Gerontology and Geriatrics, 2016. 35(1): p. 52-66.

26. Munk, T., et al., A multimodal nutritional intervention after discharge improves quality of life and physical function in older patients – a randomized controlled trial. Clinical Nutrition, 2021. 40(11): p. 5500-5510.

27. Pedersen, J.L., P.U. Pedersen, and E.M. Damsgaard, Early nutritional follow-up after discharge prevents deterioration of ADL functions in malnourished, independent, geriatric patients who live alone–A randomized clinical trial. The Journal of nutrition, health and aging, 2016. 20(8): p. 845-853.

28. Rodrigo-Claverol, M., et al. Animal-Assisted Therapy Improves Communication and Mobility among Institutionalized People with Cognitive Impairment. International Journal of Environmental Research and Public Health, 2020. 17, DOI: 10.3390/ijerph17165899.

29. Stevens-Lapsley, J.E., et al., High-intensity home health physical therapy among older adult Veterans: A randomized controlled trial. Journal of the American Geriatrics Society, 2023. 71(9): p. 2855-2864.

30. Suikkanen, S., et al., Effect of 12-Month Supervised, Home-Based Physical Exercise on Functioning Among Persons With Signs of Frailty: A Randomized Controlled Trial. Archives of Physical Medicine and Rehabilitation, 2021. 102(12): p. 2283-2290.

31. Szanton, S.L., et al., Preliminary Data from Community Aging in Place, Advancing Better Living for Elders, a Patient-Directed, Team-Based Intervention to Improve Physical Function and Decrease Nursing Home Utilization: The First 100 Individuals to Complete a Centers for Medicare and Medicaid Services Innovation Project. Journal of the American Geriatrics Society, 2015. 63(2): p. 371-374.

32. Tarazona-Santabalbina, F.J., et al., A Multicomponent Exercise Intervention that Reverses Frailty and Improves Cognition, Emotion, and Social Networking in the Community-Dwelling Frail Elderly: A Randomized Clinical Trial. Journal of the American Medical Directors Association, 2016. 17(5): p. 426-433.

33. Toledano-González, A., T. Labajos-Manzanares, and D. Romero-Ayuso, Well-Being, Self-Efficacy and Independence in older adults: A Randomized Trial of Occupational Therapy. Archives of Gerontology and Geriatrics, 2019. 83: p. 277-284.

34. Toots, A., et al., Effects of a High-Intensity Functional Exercise Program on Dependence in Activities of Daily Living and Balance in Older Adults with Dementia. Journal of the American Geriatrics Society, 2016. 64(1): p. 55-64.

35. Weng, V., et al., The effectiveness of a home-based dietetic intervention for community-dwelling older adults. Australasian Journal on Ageing, 2024. 43(2): p. 297-305.

36. Wiśniowska-Szurlej, A., et al. Effects of Physical Exercises and Verbal Stimulation on the Functional Efficiency and Use of Free Time in an Older Population under Institutional Care: A Randomized Controlled Trial. Journal of Clinical Medicine, 2020. 9, DOI: 10.3390/jcm9020477.

37. Whitehead, P.J., et al., Occupational Therapy in HomEcare Re-ablement Services (OTHERS): results of a feasibility randomised controlled trial. BMJ Open, 2016. 6(8): p. e011868.

38. Young, A.M., et al., Improving nutritional discharge planning and follow up in older medical inpatients: Hospital to Home Outreach for Malnourished Elders. Nutrition & Dietetics, 2018. 75(3): p. 283-290.