You will need to consider what the person’s general sensation and circulation is like, especially in conditions such as intermittent claudication, neuropathy, Raynaud’s phenomena, and ulceration.

Urinary tract infections are common infections seen in older people admitted to hospital with a fall or acute confusion. They are a cause of re-admission and can result in prolonged stays in hospital as an infections have a much more systemic (body-wide) affect on older people, e.g. fatigue and decreased mobility, with the patient reporting that they are simply ‘off their legs’.

Try and ascertain if they were caused by the person self-dehydrating for fear of wetting themselves. This is more common if they know they are going out, or to minimise a night time need for the toilet (nocturia).

You may find that people with incontinence may not always participate fully in the session, especially if they are to go to unfamiliar environments and there may also be added complications of acute confusion or pain if they are dehydrated or have an infection.

This has implications of consent to treatment.

If they have a catheter, check that it is empty and secured to their leg (though not too tightly) and not to the chair. Maintain dignity throughout treatment, although this is not always possible if the person has a visible night bag. You may have to deal with issues of their embarrassment, and even depression because of their incontinence. Discussion about continence is part of our role, but if you are not comfortable or competent to do this, refer the person to an individual with such skills.

From a health and safety point of view, watch how you handle body waste, and try to keep a spare pair of rubber gloves in your uniform pocket. Each Trust has an Infection Control Policy to be adhered to.