

Introduction

A young individual with a spinal cord injury may age more quickly and experience a variety of functional abnormalities and limits. With younger persons, different mechanisms and patterns of trauma exist.

The neurological and functional recovery of patients who are able to recover from spinal cord injuries at a later age may be significant, demanding continued active therapy and minimizing age-related SCI problems. Any predicted SCI-related changes must be communicated to the patient, their caretakers, and the medical staff when they materialize.

Physical therapists are involved in all phases of care, from rehabilitation through community reintegration and acute hospitalization. Standardized outcome measures should be used by physical therapists during the assessment and evaluation process.

The POC should be written with the patient's unique presentation, challenges, and goals in mind. Depending on the patient's condition, rehabilitation therapy may be recovery- or compensatory-focused. Education is crucial in enabling patients who are unable to do specific tasks to manage their own care. The importance of rehabilitation in the healing process cannot be overstated. People with SCI can lead active, healthy lives with excellent standards of living, regardless of their level of disability.

23% of people over the age of 85 require some kind of assistance with activities of daily living (ADLs) [5]. IADL (instrumental activities of daily living) assistance may be required by up to 60% of people over 85. Maturing with SCI: When they are injured, the majority of people with SCI are still young, and as a result, they have diminished functional capacities and reserves. This can accelerate and prematurely age a number of physiological systems (cardiovascular, musculoskeletal, and respiratory) in the body. The consequences necessitate assistance with ADL for Individual [6]. Risks for health include: Diabetes mellitus, high cholesterol, obesity, infections, particularly pneumonia caused by pressure sores, and bladder cancer are all risk factors for high blood pressure. Overweight and obesity are more common in SCI patients as they age. His study included 162 SCI patients. As can be seen, 27.5 percent of the patients are overweight, and 5 percent are obese. However, this percentage rises to 75% in the general SCI population. These things become more obvious as people get older [7-10]. Population statistics and ethnogenesis: In the US, 11,000 new SCI cases are reported annually. Between 225,000 and 228,000 Americans are affected by SCI [8]. His age at the time of the accident has risen steadily over the past few years. The average age of the injury was 28.7 years old in the 1970s. From 2005 to 2008, this amounted to 37.1 years. This has risen to 42.4 years in recent years. This might be due to an ageing population (healthy persons are living longer) as well as an increase in fall-related injuries. Patients with SCI tend to be men 78.3% of the time and women 21.7% of the time.

Age-Related Issues: It is one of the major causes of illness and mortality in the US. Sedentary lifestyle, being overweight or obese, having abnormal lipid profiles, having coronary artery disease (CAD), and having diabetes or glucose intolerance are a few risk factors. Sedentary behaviour and physical inactivity are significant CVD risk factors. Coronary artery disease (CAD) is to blame for 22.4% of fatalities in SCI.

A person with spinal cord injury and cardiovascular disease has a twofold increased risk of dying.

Cardiovascular: When issues with the cardiovascular system start to become more obvious, a primary care physician should be contacted. Weight, blood pressure, food, exercise, stopping smoking, and alcohol use must all be regularly tracked.

Breathing issues brought on by smoking, pneumonia, ineffective secretion control, or atelectasis might make it challenging to take deep breaths. SCI patients are more likely than the general population to experience sleep apnea. Promotion of cough support, breathing exercises, quitting smoking, and routine assessments of lung vital capacity and respiratory function are all required, especially in individuals with bigger lesions.

Urinary and Bladder: The urine bladder has a finite amount of storage space. Urinary incontinence, a higher risk of bladder cancer, urinary infections, and more frequent urination are all symptoms of "urethral incompetence" in women. Kidney function

declines as people age, especially in their 40s and 50s. Men with SCI have a lower incidence of prostate cancer than males in the general population because of decreased testosterone levels, which are made worse by renal impairment.

Urinary Tract: For the first two years, degeneration of the urinary tract needs to be checked once a year, then every two years.

Outer muscle framework confusions: Different joint physical loads throughout life are associated to overuse syndrome (OS), bone fractures (shoulder, arm, and wrist), osteoporosis, and degenerative indications in the articular cartilage. Moreover, bones become osteoporotic, muscle mass and strength decline, along with flexibility and endurance. Suggestions include physical treatment, occupational therapy, and a workout regimen in addition to continued instruction, regular and ongoing equipment assessments, and improvements. Negative effects on the neurological system include nerve entrapment, which affects 63% of paraplegics and is a prevalent problem. Compressive neuropathies in the upper extremities affect around two-thirds of SCI patients, whereas median neuropathies affect about half of SCI patients. Neuropathy in both of their upper extremities affects about 25% of persons.

References

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