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Physical therapy for elderly patients in home care: evidence of effectiveness and challenges for clinical practice.

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Flávia Bitencourt Pires

Parents: Aparecida Izaura Bitencourt / Francisco Antônio Pires

Email: flavia_bitencourt@hotmail.com

Aletheia Araujo da Silva Schmoller

Parents: Florides Pedro and Candido Araújo da Silva

Email: fisio_ale2011@hotmail.com

Angélica Antunes Lucas Filgueira de Sá Rodrigues

Email: angelicantunes.doc@gmail.com

Parents: Aldenira Lucas Filgueira / Délio Antunes de Sá

Paulo Vitor Castilho Soares

Email: pv_castilho@hotmail.com

Parents: Olga Castilho da Costa and Vitorino Ferreira Soares

Juliana de Souza Silva Velloso

Julssv@yahoo.com

Parents: Edna de Souza Silva and Amilton Luiz da Silva

Summary

Population aging, coupled with increased multimorbidity and frailty, has broadened the demand for home-centered, continuous care models. In this context, home-based physiotherapy emerges as a fundamental strategy for preserving functionality, preventing disabilities, and improving the quality of life of elderly individuals receiving home care. This article presents a narrative literature review, focusing on studies that discuss the challenges of physiotherapy practice in home care within the Family Health Strategy (SANTOS et al., 2024), the impact of home-based physiotherapy on the quality of life of elderly individuals receiving home care (LANGOWSKI et al., 2025), as well as a classic study on home-based physiotherapy applied to the elderly (GÓIS; VERAS, 2006) and Marcial's dissertation (2013) on geriatric home-based physiotherapy and its interactions with leisure. In dialogue with international guidelines and studies on aging and exercise in older adults (FRIED et al., 2001; CLEGG et al., 2013; WORLD HEALTH ORGANIZATION, 2015; CAMPBELL et al., 1997; SHERRINGTON et al., 2011; GILLESPIE et al., 2012), this paper discusses how home-based physiotherapy can align with recommendations for care focused on functionality and community. Taken together, the studies indicate that home-based physiotherapy programs, generally multicomponent (strength, balance, functional training) and individualized, contribute to reducing bed rest, improving mobility, autonomy in activities of daily living, and quality of life indicators, as well as fostering stronger bonds with family and caregivers. However, significant challenges remain: underutilization of home-based physiotherapy in primary care, lack of standardized protocols, logistical barriers, gaps in training for home-based care, and the still timid incorporation of dimensions such as leisure and social participation. It is concluded that physiotherapy for elderly people in home care is an essential component of integrated care models, provided it is articulated with multidisciplinary teams and supported by specific professional qualifications and public policies that recognize its strategic role.

Keywords: Home-based physiotherapy; Elderly; Homecare; Quality of life; Frailty; Aging.

Abstract

Population aging, combined with increasing multimorbidity and frailty, has intensified the demand



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for continuous, home-centered care models. In this context, home-based physiotherapy emerges as a key strategy to preserve functional capacity, prevent disability, and promote quality of life among older adults receiving home care. This article presents a narrative review of the literature, drawing on studies that discuss the challenges of physiotherapy practice in Home Care within Brazil's Family Health Strategy (SANTOS et al., 2024), the impact of home-based physiotherapy on the quality of life of older adults in home care (LANGOWSKI et al., 2025), as well as a classic study on home-based physiotherapy for older adults (GÓIS; VERAS, 2006) and Marcial's (2013) dissertation on geriatric home physiotherapy and its interactions with leisure. Taken together, these works indicate that home-based physiotherapy programs, generally multicomponent (strength, balance, functional training) and individualized, contribute to reducing bed restriction, improving mobility, autonomy in activities of daily living, and quality-of-life indicators, in addition to strengthening the bond with family members and caregivers. Important challenges, however, persist: underuse of home-based physiotherapy in primary care, lack of standardized protocols, logistical barriers, training gaps for home practice, and still limited incorporation of dimensions such as leisure and social participation.

It is concluded that physiotherapy for older adults in home care is an essential component of integrated care models, provided it is closely articulated with multidisciplinary teams and supported by specific professional training and public policies that recognize its strategic role.

Keywords: Home-based physiotherapy; Older adults; Home care; Quality of life; frailty; Aging.

Introduction

Population aging is today one of the most significant demographic phenomena in global scale, with direct repercussions on the organization of health systems and social protection. and informal care networks. International projections indicate that the proportion of people with The population aged 60 and over is expected to grow rapidly in the coming decades, particularly in countries... middle-income countries, such as Brazil (WORLD HEALTH ORGANIZATION, 2015). This process... This is associated with increased multimorbidity, frailty, and functional dependence, configuring a a scenario in which a simple increase in life expectancy does not necessarily translate into years. lived with quality (FRIED et al., 2001; CLEGG et al., 2013).

The combination of aging, multiple chronic diseases, and conditions Unequal socioeconomic backgrounds contribute to increasing the burden of disabilities and the need for support. continuous. FRIED et al. (2001) describe frailty as a clinical syndrome characterized by Decreased physiological reserves and increased vulnerability to stressors, associated with a higher risk of Falls, hospitalizations, and death. CLEGG et al. (2013) reinforce that frailty is not limited to a It is not simply a sum of illnesses, but it expresses a systemic condition of vulnerability that demands... Integrated and functionality-centered approaches. In this context, the way care is... Organized care becomes as important as the therapeutic arsenal available.

Care models focused exclusively on hospitals and outpatient clinics tend to Poorly responding to the needs of frail elderly people with reduced mobility and those using multiple medications. and a strong dependence on others for transportation. The need for frequent travel, the lack Adequate transportation and architectural barriers act as concrete obstacles to continued treatment, favoring clinical decompensation and progressive loss of



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functionality (GÓIS; VERAS, 2006; SANTOS et al., 2024). International reports have advocated for a reorientation of health systems towards models that prioritize primary care. community care and staying at home whenever possible (WORLD HEALTH ORGANIZATION, 2015; BEARD; BLOOM, 2015).

It is in this context that home care gains strategic relevance. In terms Conceptually, it refers to the provision of healthcare at home, at different levels of Complexity, seeking to articulate actions of promotion, prevention, treatment and rehabilitation in a model centered on the person and the family. Within the scope of the Unified Health System (SUS), the Strategy Family Health Strategy (ESF) teams and specific Home Care services constitute the main institutional arrangements to enable this care, with the potential to reduce avoidable hospitalizations, to promote safe discharge from the hospital and strengthen ties with the community (SANTOS et al., 2024).

Physiotherapy, as an area focused on promoting, maintaining, and restoring capacity Functional, it occupies a central place in this arrangement. Beyond the application of techniques and physical resources, the The home-based physiotherapist is called upon to act as a manager of functionality, identifying risks, coordinating interventions, adapting the environment, and guiding formal and informal caregivers (GÓIS; (VERAS, 2006; SANTOS et al., 2024). Clinical trials and systematic reviews demonstrate that Structured physical exercise programs, performed at home, are capable of improving Mobility, reducing falls and increasing independence in activities of daily living in different elderly profiles (CAMPBELL et al., 1997; SHERRINGTON et al., 2011; GILLESPIE et al., 2012).

In the Brazilian context, recent integrative reviews examine the impact of physiotherapy. Home care has a positive impact on the quality of life of elderly people receiving home care, indicating consistent gains in outcomes. physical and subjective (LANGOWSKI et al., 2025; COSTA; SOUZA; LIMA, n.d.). These findings They engage with international evidence that multicomponent interventions — combining Strength, balance, functional training, and health education are the most effective in preventing falls. and in preserving autonomy (GILLESPIE et al., 2012; WIEDENMANN et al., 2023).

Beyond the strictly motor dimensions, there is growing recognition that quality Quality of life in old age also depends on psychosocial factors, such as social participation and leisure. and a sense of belonging. Marcial's dissertation (2013), in exploring geriatric physiotherapy Home-based care and interactions with leisure activities demonstrate that, in daily practice, physiotherapy intervention... It still focuses on restricted motor objectives, with low incorporation of goals related to meaningful activities for the elderly. This finding aligns with the perspective of "Active aging," advocated by the World Health Organization, which emphasizes participation continuous in social, economic, cultural, spiritual and civil aspects (WORLD HEALTH ORGANIZATION, 2002, 2015).

Therefore, a narrative review is justified, which, in addition to describing the



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Regarding the presence of physiotherapy in the home, critically analyze the evidence of effectiveness and the challenges. for its implementation in clinical practice, drawing on national and international experiences.

The objective of this article is, therefore, to discuss physiotherapy for elderly people in home care, focusing on... functionality and quality of life, identifying key components of home-based programs.

effective and structural, organizational, and educational barriers that still limit its full potential.

development.

Methods

This is a narrative review, descriptive and analytical in nature, that seeks to integrate results from national and international studies on home-based physiotherapy for the elderly, without the rigor from a systematic review, but with a focus on explicitly stating selection criteria and analytical axes.

The following works were considered as central themes: the integrative review of Santos et al. (2024), which discusses challenges of physiotherapy practice with elderly people in home care. by the ESF; the integrative review by Langowski et al. (2025), which analyzes the impact of physiotherapy Home care and its impact on the quality of life of elderly people receiving home care; a narrative review article on Home-based physiotherapy for frail elderly individuals (COSTA; SOUZA; LIMA, n.d.); the epidemiological study of Góis and Veras (2006), on home-based physiotherapy applied to the elderly; and Marcial's dissertation (2013), on home-based geriatric physiotherapy and leisure. These studies were complemented by International literature on aging, frailty, falls, and home exercise in older adults.

(FRIED et al., 2001; CLEGG et al., 2013; CAMPBELL et al., 1997; SHERRINGTON et al., 2011; GILLESPIE et al., 2012; DEMURTAS et al., 2020; MONTERO-ODASSO et al., 2022).

Texts that addressed older people (≥ 60 years old) were given preference; (b) described Physiotherapy or physical exercise interventions performed at home, with or without direct supervision; (c) presented outcomes related to functionality, quality of life, falls, hospitalizations or social participation; and (d) discussed, at least in part, organizational aspects or challenges of home-based practice. The analysis of the studies followed a thematic logic, seeking to identify convergences and divergences around three axes: (1) effectiveness of physiotherapy home-based care in physical and subjective outcomes; (2) key components of home-based programs; and (3) structural, organizational and training challenges for its implementation.



Home-based physiotherapy, aging, and functionality.

The study by Góis and Veras (2006) represents one of the first attempts to systematize the Profile of elderly people receiving home-based physiotherapy in a supplementary health service. The authors They describe a population marked by a high prevalence of chronic diseases, bed rest, and functional dependence, in which physiotherapy is primarily focused on motor rehabilitation. basic and prevention of complications arising from immobility. Although the outcomes analyzed Even though the results may be relatively simple (such as improved mobility in bed and at home), They indicate that early intervention contributes to reducing the length of stay in hospital beds and improving Performance in transfers and promoting the resumption of basic activities.

These findings are consistent with the international literature on frailty. Fried et al. (2001) Studies show that frail elderly individuals are more likely to develop disability. incident in ADL, recurrent hospitalizations and short-term mortality. Clegg et al. (2013) suggest that care strategies focused on functionality, including home-based rehabilitation and Community support is crucial to halting or slowing this downward trajectory. Home-based physiotherapy is therefore one of the central tools in a care model. geared towards maintaining functional capacity and preventing disabilities, in accordance with with the active aging agenda (WORLD HEALTH ORGANIZATION, 2015).

Home-based exercise programs, falls, and quality of life.

One of the main lines of evidence regarding the effectiveness of home-based physiotherapy refers to... Regarding fall prevention. Classic clinical trials, such as the home exercise program. proposed by Campbell et al. (1997), showed that series of strength and balance exercises, Home-based treatments with professional guidance significantly reduce the incidence of Falls in elderly women. Subsequent meta-analyses confirmed that interventions based on Physical exercise, especially those that challenge balance and are performed frequently. Proper use reduces the risk of falls by approximately 20% to 40% (SHERRINGTON et al., 2011; GILLESPIE et al., 2012; WIEDENMANN et al., 2023).

In the Brazilian context, Langowski et al. (2025) synthesize studies that evaluated the Home-based physiotherapy for elderly people receiving *home care*, indicating improved mobility and pain reduction. Greater independence in ADLs and a more favorable perception of quality of life after the intervention. In frail elderly individuals, the article by Costa, Souza and Lima (2025) highlights that home-based programs...



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They benefit from the possibility of adjusting the intensity and complexity of tasks to the elderly person's pace, in a familiar environment, with active participation from caregivers. National clinical trials with home-based or semi-supervised exercise programs reinforce the idea that simple interventions, when well-structured, they can improve functional mobility, conditioning, and quality of life even in sedentary elderly people living in the community (BRANDÃO et al., 2021; CARTA et al., 2022).

Dementia, cognition, and home-based exercises

Another expanding field concerns the effects of physical exercise programs on elderly people with dementia or mild cognitive impairment. Teri et al. (2003) demonstrated that interventions that combine physical exercise and support for caregivers in patients with disease Alzheimer's results in improvement of depressive symptoms and maintenance of functional abilities by more time. Demurtas et al. (2020), in an *overview* of systematic reviews, concluded that the regular physical activity is associated with positive effects on cognitive function and non-cognitive outcomes. cognitive (such as behavior and functionality) in people with cognitive impairment, although the methodological heterogeneity of the studies limits firmer generalizations.

Although many of these programs are conducted in rehabilitation centers, there is a growing movement to adapt protocols for home care, whether with in-person visits from a physiotherapist can be used, either with educational materials or remote supervision. In the context of *home care*, the possibility of involving caregivers in the process of exercising and organizing the routine has been... identified as one of the elements that promote adherence and continuity, critical aspects in populations with cognitive decline (LANGOWSKI et al., 2025; COSTA; SOUZA; LIMA, n.d.).

Leisure, social participation and home-based physiotherapy.

Marcial's dissertation (2013) makes a unique contribution by addressing leisure in home-based geriatric physiotherapy. The author identifies that, despite the expanded discourse on quality of life, the practice tends to be restricted to immediate motor goals, such as increasing range of motion, strength, or balance, without necessarily connecting these improvements to concrete leisure and participation activities that are meaningful to the elderly person. When the physiotherapist begins to investigate interests, life stories, and significant activities, opening up space for... Therapeutic goals incorporate objectives such as returning to a park or resuming walks with friends or engage in cultural activities.

This perspective is consistent with the notion of active aging and with criticisms directed at...



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overly biomedical rehabilitation models, which prioritize physical indicators in to the detriment of subjective and social dimensions (BEARD; BLOOM, 2015; WORLD HEALTH (ORGANIZATION, 2015). Incorporating leisure and social participation into the therapeutic plan implies Redefining success not just as "improving scores on gait tests," but as expanding possibilities for living everyday life with more autonomy, pleasure, and meaning.

Discussion

The synthesis of the examined literature allows us to affirm that physiotherapy for elderly people in home care... It occupies a strategic position at the interface between aging, functionality, and quality of life. Brazilian and international studies converge in demonstrating that home-based interventions Multicomponent, individualized approaches integrated into the reality of the elderly produce clinical effects. relevant, especially in outcomes such as mobility, fall prevention, and performance in ADLs (Activities of Daily Living). (CAMPBELL et al., 1997; GÓIS; VERAS, 2006; LANGOWSKI et al., 2025; COSTA; SOUZA; LIMA, SD; SHERRINGTON et al., 2011).

When comparing home-based physiotherapy with exclusively outpatient models or Regarding hospitals, two points deserve highlighting. Firstly, the home offers a "window" privileged to understand the real context in which the elderly person lives, allowing the physiotherapist Observe architectural barriers, family dynamics, routines, and available resources. This increases the potential for environmental guidelines and adaptations to be feasible and sustainable. In Secondly, home practice reduces the need for travel, which is particularly important. relevant for frail elderly people, those with limited mobility, or those living in areas with poor access to transport (SANTOS et al., 2024; MONTERO-ODASSO et al., 2022).

On the other hand, the literature also highlights important challenges. In primary care, Santos et al. (2024) describe home-based physiotherapy as a practice that is still in its early stages and, often, Episodic, strained by constraints in human, logistical, and institutional resources. The lack of standardized assessment and intervention protocols, the absence of systematic record keeping and monitoring and the lack of integration between physiotherapists, doctors and other professionals in the Family Health Strategy They hinder the consolidation of care pathways that incorporate rehabilitation as a structuring axis. In private homecare services, there is a heterogeneity of models, ranging from approaches Highly protocol-driven, fragmented, and poorly coordinated with the service network, these services range from fragmented to complex. (LANGOWSKI et al., 2025).

Another important challenge concerns the physiotherapist's own training. The practice Home-based therapy requires skills that go beyond the technical mastery of exercises and therapeutic resources. including communication skills, negotiating goals with family and caregivers, understanding



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of social determinants of health and ability to work in a multidisciplinary team. Marcial (2013) shows that the dimension of leisure, for example, is rarely incorporated in a systematic way. In practice, this points to training curricula that are still centered on biomedical models. traditional. Beard and Bloom (2015) argue that the transition to a perspective of "Healthy aging" requires professionals capable of combining physical interventions with concrete opportunities for social participation.

In this sense, the discussion about home-based physiotherapy for elderly people in home care cannot to be dissociated from broader debates about models of healthcare for the elderly. Strategies such as "hospital-at-home" and post-hospitalization home rehabilitation have shown equivalent results, in some outcomes, to conventional hospital care, with greater patient satisfaction and, in certain contexts, a lower risk of institutionalization (SHEPPERD et al., 2016; PARSONS et al., 2017). These experiences reinforce the idea that the home can be a legitimate and effective place of care, provided it is supported by well-structured teams and systems. efficient referral and counter-referral.

Finally, it is important to recognize that the effectiveness of home-based physiotherapy depends on Factors that extend beyond the individual performance of the professional. The availability of support networks. formal and informal access to assistive devices (canes, walkers, grab bars), Housing conditions and the existence of public policies that support home care are Determinants that directly influence the potential impact of interventions. In contexts In situations of greater social vulnerability, home-based physiotherapy can play an even more important role, as to offer technical and educational support to low-resource families to adapt their environment and organizing care (SANTOS et al., 2024; WORLD HEALTH ORGANIZATION, 2015).

Implications for clinical practice

From a clinical practice perspective, the findings of this review suggest some guidelines. operational. First, home-based physiotherapy assessment should be expanded beyond of isolated motor tests, incorporating instruments that allow mapping ADLs, IADLs and, when Possible, AAVD, as well as identifying environmental risks and barriers to participation. Tools Simple, systematically applied approaches can provide a more integrated view of functionality and guide the planning of more contextualized interventions (GÓIS; VERAS, 2006; MARCIAL, 2013).

Secondly, home-based programs should prioritize multicomponent approaches. combining strengthening exercises, balance training, gait training, and functional tasks that They simulate everyday activities, with a gradual progression of intensity and complexity. The literature

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shows that programs with a challenge appropriate to balance, carried out several times a week, are especially effective in preventing falls (CAMPBELL et al., 1997; SHERRINGTON et al., 2011; GILLESPIE et al., 2012).

Thirdly, education and caregiver involvement are key components. Essential. Guidance on safe transfer techniques, use of assistive devices, Organizing the environment and encouraging the regular practice of simple physical activities can to enhance and prolong the effects of physiotherapy sessions. In populations with dementia or With cognitive decline, the caregiver's role becomes even more critical in ensuring adherence and safety. (TERI et al., 2003; DEMURTAS et al., 2020; LANGOWSKI et al., 2025).

Finally, it is recommended that physiotherapists intentionally incorporate goals. related to leisure and social participation in care plans. This implies asking the elderly person “what is important to do” and not just “what he can do”, adjusting interventions so that Motor gains translate into meaningful activities. Such an approach requires a change of paradigm shift towards person-centered care models, in line with the agenda of Active aging (World Health Organization, 2015; Marcial, 2013).

These results discussed point to several concrete implications for practice. Home-based physiotherapy for elderly people in *home care*:

Extended functional assessment at home

- Conduct systematic assessments of ADLs, IADLs, and, whenever possible, AAVDs, using Standardized instruments and clear records of functional progress.
- Include an analysis of the home environment, identifying architectural barriers, fall risks, and possibilities for reorganizing the space to promote mobility and safety (GÓIS; VERAS, 2006; SANTOS et al., 2024).

Planning multicomponent and individualized programs

- To structure therapeutic plans that combine lower limb strengthening exercises, Balance training and functional gait and transfer training, with gradual progression of difficulty (LANGOWSKI et al., 2025).
- Adjust goals and intensity to the elderly person's clinical conditions, preferences, and routine, paying attention to their needs. This is especially important for frail elderly people, who require closer monitoring.

Education and involvement of caregivers

• To guide formal and informal caregivers on safe transfers, use of assistive devices,

Strategies for preventing falls and encouraging the practice of simple physical activities in daily life.

• Recognize caregivers as central partners in maintaining the gains achieved with the

home-based physiotherapy (SANTOS et al., 2024).

Incorporating leisure and social participation as therapeutic goals.

Engage in dialogue with the elderly person about their interests, enjoyable activities, and social connections, seeking to integrate them.

Leisure and social reintegration goals are included in the care plan, in accordance with the proposals.

discussed by Marcial (2013).

Consider walking to meaningful places, participating in groups, and resuming symbolic activities.

(such as gardening, crafts, among others) can be functional goals that are just as relevant as, for

For example, improving a score on a gait test.

Interprofessional coordination and collaboration with the service network.

• To encourage dialogue with doctors, nurses, occupational therapists, social workers and

psychologists, in order to build shared therapeutic plans.

• To record and communicate important changes in the functional status of the elderly person, contributing to

clinical decisions and for the coordination of care at different levels of care.

Conclusion

Physical therapy for elderly people in home care is an essential component of models.

contemporary approaches to elderly care, especially in contexts marked by the advancement of

Frailty, multimorbidity, and functional dependence. Evidence from studies.

Observational studies, clinical trials, and integrative reviews indicate that well-structured home-based programs...

Structured devices can reduce falls, decrease bed rest, improve mobility and autonomy in ADLs, and promote

significant gains in quality of life (CAMPBELL et al., 1997; GÓIS; VERAS,

2006; LANGOWSKI et al., 2025; COAST; SOUZA; LIMA, n.d.).

At the same time, the analysis of the challenges reported by Santos et al. (2024) in the ESF and of

gaps in the approach to leisure and social participation discussed by Marcial (2013) show that still

There is a long way to go before home-based physiotherapy becomes systematically established as...



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Integrated, humanized practice fully articulated with care networks. Issues such as
Insufficient staff, logistical barriers, lack of standardized protocols, and limited focus.
Motor outcomes remain as concrete obstacles.

Therefore, consolidating the effectiveness of home-based physiotherapy for the elderly implies investing in:
(a) specific qualifications of physiotherapists for home-based work, including competencies in
expanded functional assessment, health education and biopsychosocial approach; (b) development
and validation of clear protocols with comparable functional outcomes; and (c) strengthening of
Integrated care models that recognize physiotherapy as a structuring axis in promotion.
autonomy, disability prevention, and the construction of more sustainable aging pathways.
active and meaningful.

Given the scenario of a rapidly aging population, the expansion and qualification of
Home-based physiotherapy for the elderly in home care is not just a technical alternative,
but as a requirement for health systems that intend to offer person-centered care, with
Focus on functionality, social participation, and quality of life throughout the aging process.

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