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Editorial

Integrating the geriatric 5Ms framework into physiotherapy practice in Sri Lanka

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The World Health Organization (WHO) developed an initiative called Rehabilitation 2030: A Call to Action, in response to changing global demographics (1). Sri Lanka mirrors global demographic ageing trends, with the proportion of adults aged 64 years or older increasing from 4.43% in 1980 to 11.74% in 2023 (2). Sri Lanka has made great improvements in its health care system during the 78 years of its postcolonial period. According to the Lancet, Sri Lanka has a tremendous tax-funded health care system offering many free health services to its citizens, social advancement programs like free education, health care, and women's autonomy, which have contributed to the nation's increase in life expectancy, which is now 77 years and expected to continue to increase over time (3). Even as a low to moderate-income country, the 77-year life expectancy rivals that of high-income peer countries like the United States and Great Britain.

Along with the demographic shifts in Sri Lanka, there has been a drastic increase in the development of non-communicable diseases (NCDs) like cancer, cardiovascular diseases, chronic obstructive pulmonary disease, and diabetes. According to the United Nations, seven of the top 10 causes of death in Sri Lanka are related to NCDs (2). Due to the advancing population age in Sri Lanka, the increase in chronic diseases, and the impact of NCDs on morbidity and mortality, physiotherapists as instrumental members of the health care system must evolve by developing expertise in meeting the needs of older adults and subsequently, society.

To help meet the health care needs of older adults, improve access to quality services, and promote improved interdisciplinary communication, the Geriatric 5Ms (5Ms) were developed (4). In addition to improving communication, physiotherapists can use the 5Ms to structure examinations and all other phases of the episode of care. The Geriatric 5Ms framework has gained increasing global recognition and prevalence in the years since their publication (5,6).

The Geriatric 5Ms were developed in response to the shrinking number of physicians knowledgeable of the unique aspects of the care of older adults. The framework serves as an easy to remember mnemonic to assist all healthcare professionals in their approach to the care of older adults. The Geriatric 5Ms are Matters Most, Medications, Mobility, Mind, and Multicomplexity (4). The Geriatric 5Ms are not meant to be standalone facets of older adults, but rather, physiotherapists must think in terms of how each component of the 5Ms interact(s) with one another and impacts the individual in a holistic

manner.

In 2025, the American Physical Therapy Association (APTA) Geriatrics published revisions to the entry-level essential competencies in the care of older adults (ECs) (7). The updated competencies linked each competency statement to one of the Geriatric 5Ms. This linkage of physiotherapy geriatric competencies to the 5Ms demonstrated the unique role each component of the 5Ms has in the management of older adults. The adoption of the 5Ms framework by APTA Geriatrics reflects the changing landscape of geriatric physiotherapist practice, and the importance for all physiotherapists to be competent in each facet of the 5Ms.

The 5M framework and the revised ECs relate to the care of older adults worldwide and are important for stakeholders in Sri Lanka to consider as public policies are developed. Recent data from Sri Lanka highlights the interaction of the 5Ms as the population is ageing with more disease burden, violence, nutritional concerns, disability, and reduced independence (8). Physiotherapists must appreciate that the older adults under their care for a single problem may also be experiencing changes to their social determinants of health, including financial, housing, and social contexts. This holistic view of the older adult may interfere with the rehabilitation process, thus demonstrating the multicomplexity this population faces.

Perera and Samarakoon discussed several weaknesses of Sri Lankan health policies, including gaps in service to frail older adults; lack of adequate community outreach programs; decreased incorporation of primary, secondary, and tertiary prevention; lack of knowledge of available resources; lack of promotion of healthy ageing; and lack of a multi-sector approach to care of older adults (8). These concepts parallel the revised ECs, which introduce the role of physiotherapists in the holistic care of older adults. Now is the perfect time for the Sri Lankan health community to adopt the 5Ms framework and the revised ECs and use these documents as an opportunity to increase knowledge for practicing and aspiring clinicians alike. Physiotherapists have a unique opportunity to lead Sri Lanka in the application of the 5Ms in clinical practice, entry-level, and advanced-practice education.

The 5Ms framework presents immediate clinical implications for physiotherapists. One example is to consider an older adult with type II diabetes mellitus (Type II DM). As an NCD, Type II DM can be addressed by physiotherapists in the realms of primary, secondary, and tertiary prevention. Type II DM contributes to the development of hypertension, vascular disease, and cardiac diseases, which can result in the need for multiple medications to be taken for chronic disease management. Type II DM also contributes to sensory and motor losses, which can impact mobility, gait, activities of daily living, and cognitive functioning. Taking these issues into account, together with many other age-related changes affecting older adults, the physiotherapist must consider the confluence of multicomplexity affecting the whole person, while identifying what truly matters most to the individual receiving services. Is the person's goal secondary prevention to reduce the risk of stroke due to their declining cardiovascular health? Is the person's goal to be able to walk to the bathroom, in the dark at night, because of their proprioceptive and visual declines as consequences of their Type II DM progression? Or does the patient have metabolic syndrome and is unaware of the benefits of aerobic and resistance exercise? Or do they need a referral to a physician for medication review due to the presence of potentially inappropriate medications or the risk of drug-drug interactions and side effects? See Figure 1 for further elaboration on the application of the 5Ms to the clinical case of an individual with Type II DM.

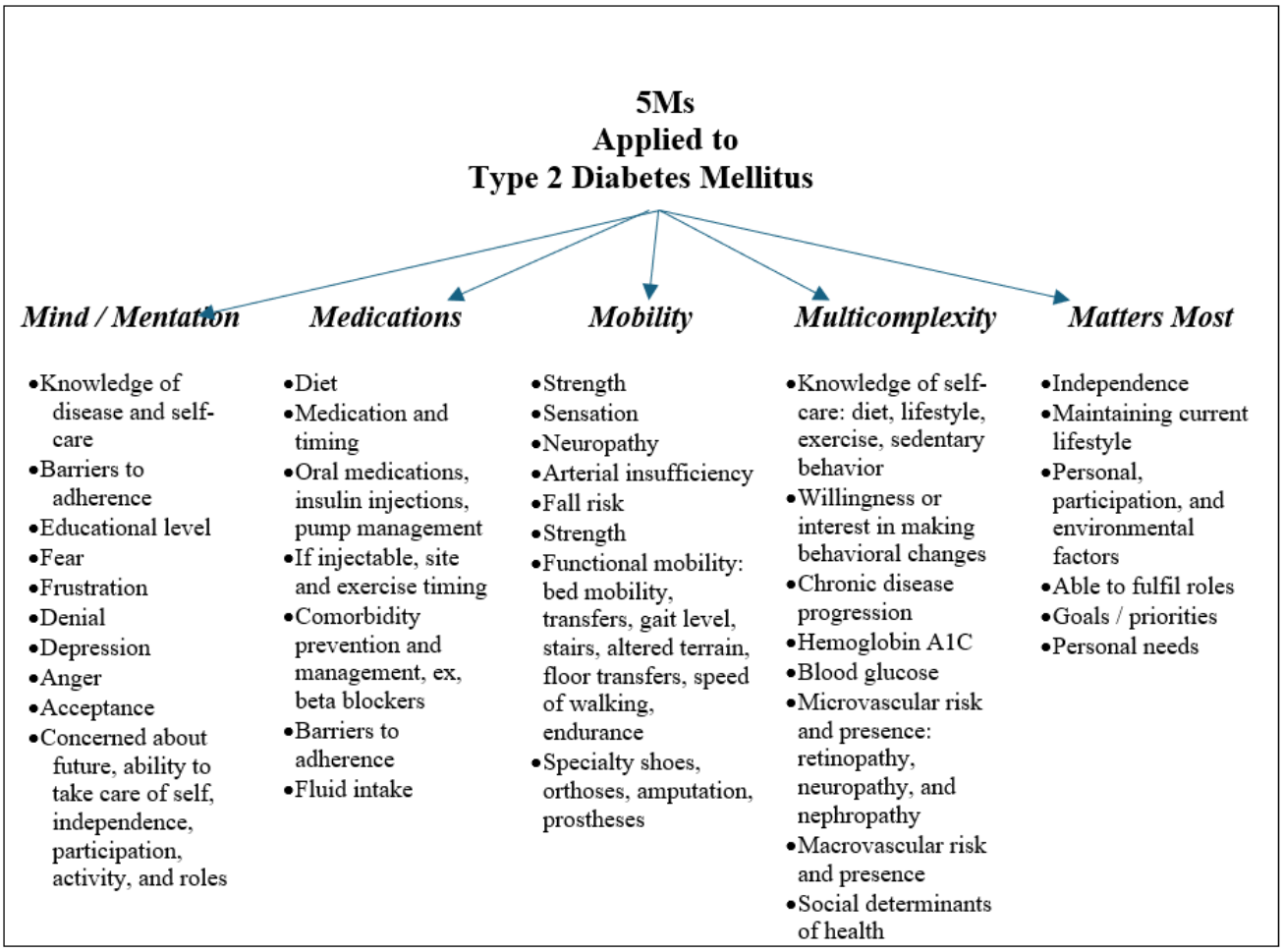

Figure 1. Application of the Geriatric 5M framework to individuals with Type II diabetes mellitus

Knowing what matters most to the individual guides all aspects of the physiotherapist's plan of care and other health care decisions while placing the older adult at the centre of the care continuum. The 5Ms also facilitate interdisciplinary communication, such as the physiotherapist recommending referral to another health service, like a neurologist. Using the 5Ms framework, physiotherapists can structure their handoff communications, thus ensuring that all elements of the 5Ms are incorporated into future medical discussions and planning.

The number of older adults in Sri Lanka continues to grow and now is the time for all stakeholders to embrace the Geriatric 5M framework to promote healthy ageing. First, physiotherapy curricula in entry-level and advanced education programs should adopt the Geriatric 5M framework and the revised ECs to ensure that all physiotherapists are equipped with the requisite knowledge and skills to meet the uniquely complex needs of older adults. The Sri Lanka Society of Physiotherapy should work with educational partners to promote education on the 5Ms and ECs to registered physiotherapists to close the knowledge gap for those in clinical practice who were not previously exposed to the ECs and Geriatric 5Ms framework, thus elevating geriatric physiotherapy practice.

Changes to policy must occur outside of the classroom as well. All healthcare professionals, including medical providers, the rehabilitation team, and support staff, must stay abreast of current clinical guidelines and adopt an evidence-based practice that is firmly rooted in primary, secondary, and tertiary prevention, improved knowledge of NCDs, and

utilize a holistic approach to the management of older adults. Not only should these providers work within their individual sectors to improve knowledge, but there also needs to be a focus on interdisciplinary training, professional development, and interprofessional strategies to meet the complex needs of the older adult population. Continuing education modules should be created to highlight the Geriatric 5M framework, and the authors recommend interprofessional discussions to allow for dialogue so that all members of the healthcare team understand their own role and the role of others on the team, so that best practices are adopted by all.

The future of healthcare for older adults needs to be addressed in the present if they are going to have a future that includes a healthy mind, continued mobility, less reliance on medications, less complexity, and most importantly, the knowledge of what matters most to them. Physiotherapists must lead this transformation and leverage our expertise across the 5Ms to be agents of change to promote an age-inclusive healthcare system. Through education, coordination, and collaboration, we can ensure that every older adult in Sri Lanka and beyond ages with dignity, function, and purpose.

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