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BEAUTY & WELLNESS
SECTOR SKILL COUNCIL

Participant Handbook

Sector
Beauty & Wellness

Sub-Sector
Alternate Therapy & Rejuvenation

Occupation
Wellness

Reference ID: **BWS/Q0308, Version 1.0**
NSQF Level: 4

Wellness Therapist (Elderly)

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5B, Upper Ground Floor

23, Himalaya House, Kasturba Gandhi Marg,

Connaught Place, New Delhi-110001

Office: 011–40342940, 42, 44 & 45

Email: info@bwssc.in

Website: www.bwssc.in

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Shri Narendra Modi
Prime Minister of India

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Certificate

CURRICULUM COMPLIANCE TO
QUALIFICATION PACK – NATIONAL OCCUPATIONAL STANDARDS

is hereby issued by the

BEAUTY & WELLNESS SECTOR SKILL COUNCIL

for the

PARTICIPANT HANDBOOK

Complying to National Occupational Standards of
Job Role/ Qualification Pack: Wellness Therapist (Elderly) QP No. BWS/Q0308, V1.0, NSQF Level: 4

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** Valid up to the next review date of the Qualification Pack*

Blossom Kochhar
Chairperson
(Beauty & Wellness Sector Skill Council)

About this Book

A Wellness Therapist (Elderly) is a responsible and rewarding role that involves working with older adults to enhance their overall well-being and quality of life. Individuals at this job need to provide guidance, care and support to elderly at various work settings such as Hospitals, Institutional & Home Care set up. These professionals act as a companion to older adults and helps in achieving and maintaining holistic well-being.

As per the Skill Gap Study Report for Beauty and Wellness sector of India 2023-2030, there is a huge demand for skilled professionals in Wellness sector. According to the World Health Organization, India's elderly population will rise from its current 60 million to over 227 million by 2050. Accordingly, the old-age dependency ratio will rise from 9.8 to 20.3. The elder care market in India is worth **$1.5 billion** and has seen an over **40 per cent surge** due to the coronavirus pandemic. The requirement for Wellness Therapist for Elderly in the Indian market is expected to grow substantially in the coming years due to various demographic, social, and economic factors.

This Participant Handbook is designed to enable theoretical and practical training to become a Wellness Therapist (Elderly).

This Qualification Pack includes the following National Occupational Standards which have all been covered in this Trainee Manual:

1. BWS/N3201: Introduction to Elderly Holistic Well-being
2. BWS/N0508: Carry out Wellness Assessments and Nutritional Modifications
3. BWS/N0616: Provide Basic Skin Care, Hair Care and Alternative Therapy
4. BWS/N0233: Provide Yoga and Meditation Services for Elderly
5. BWS/N9002: Maintain health and safety at the workplace
6. BWS/N9003: Create a positive impression at the workplace
7. BWS/N9001: Prepare and maintain work area
8. DGT/VSQ/N0102: Employability skills

B&WSSC Management would also like to acknowledge the efforts put in by the B&WSSC team and our Industry Partners for their valuable inputs in creating this Participant Handbook.

Symbols Used


Key Learning Outcomes


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It is recommended that all trainings include the appropriate Employability skills Module. Content for the same can be accessed https://www.skillindiadigital.gov.in/content/list

1. Introduction to Elderly Holistic Well-being

Unit 1.1 - Introduction to Elderly Holistic Well-Being

Unit 1.2 - Physiological and Psychological changes in Elderly

BWS/N3201

Key Learning Objectives

At the end of this module, the participant will be able to:

1. Discuss the scope of wellness therapist for elderly
2. Identify the theories of ageing
3. Evaluate the Physiological and psychological changes in elderly

Unit 1.1 Introduction to Elderly Holistic Well-Being

Unit Objectives

At the end of the unit, the participant will be able to:

1. Describe the role of wellness therapist in elderly.
2. Identify the effects of ageing
3. Describe Human Anatomy

1.1.1 Wellness Therapist (Elderly)

A wellness therapist (elderly) role would be to provide guidance and support to older adults in achieving and maintaining holistic well-being. Holistic wellness considers the whole person—physical, mental, emotional, and spiritual aspects—rather than focusing on specific symptoms or conditions. Their responsibilities are diverse and tailored to meet the unique needs and challenges that elderly individuals may face.

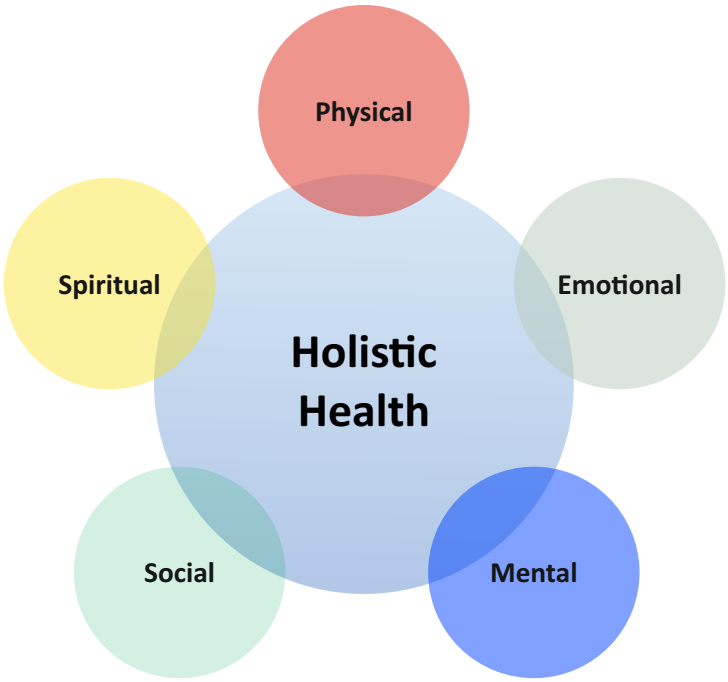

Fig 1.1 Wellness wheel

1.1.2 Scope of Wellness Therapist (Elderly)

As per the Skill Gap Study Report for Beauty and Wellness sector of India 2023-2030, there is a huge demand for skilled professionals in Wellness sector. According to the World Health Organization, India's elderly population will rise from its current 60 million to over 227 million by 2050. Accordingly, the old-age dependency ratio will rise from 9.8 to 20.3. The elder care market in India is worth **$1.5 billion** and has seen an over **40 per cent** surge due to the coronavirus pandemic. The requirement for Wellness Therapist for Elderly in the Indian market is expected to grow substantially in the coming years due to various demographic, social, and economic factors

The scope of a wellness therapist for the elderly is extensive, encompassing diverse dimensions of physical, mental, and emotional well-being. These professionals play a crucial role in enhancing the overall quality of life for elderly individuals by tailoring their services to address specific needs associated with aging. Physical wellness involves designing personalized exercise regimens and providing nutritional guidance to promote mobility and health. Mental and emotional well-being is addressed through counseling, coping strategies, and the introduction of mindfulness techniques. Social wellness is fostered by encouraging social engagement and connecting seniors with community resources. Cognitive wellness is supported through stimulating activities and memory-enhancing exercises. Health education involves educating elderly individuals on chronic disease management and proper medication adherence. Holistic approaches, such as complementary therapies, are integrated for a comprehensive approach. Additionally, wellness therapists provide caregiver support, offer preventive health measures, incorporate adaptive technologies, and extend end-of-life support through palliative care. Their dynamic role involves collaboration with various healthcare professionals, such as doctors, nurses, and social workers, to ensure a holistic and personalized approach to elderly care.

The wellness therapist for elderly would be required by Hospitals, various senior living setups, urban clap, etc.

1.1.3 Ageing

Aging, also known as senescence, is a natural, irreversible and inevitable complex biological process that occurs in living organisms over time. It involves a gradual decline in the body's ability to repair and maintain itself, leading to a decrease in functional capacity and an increased vulnerability to disease.

Aging affects different aspects of an organism's physiology, including cellular processes, tissue structure, and organ function. At the cellular level, aging is characterized by a variety of changes, such as the accumulation of DNA damage, the shortening of telomeres (protective caps at the ends of chromosomes).

Theories Of Ageing

Gerontology is the study of late adulthood or ageing. *Gerontologists*, scientists who study ageing, have developed various theories to explain ageing. Today, two broad types of theories on the cause of ageing exist. One group of theories describes aging as a result of random events, and the other group views aging as a result of programmed events.

1. Cross-link theory: This theory states that it is the chemical conversion of the soluble forms of collagen in to insoluble collagen via cross- linkages that causes a decrease in elasticity and cell permeability. The protein elastin also experiences cross-link damage and becomes more soluble.
2. Wear-and-tear theory: This suggests that years of damage to cells, tissues, and organs eventually destroys them.
3. Free radical theory: States that normal metabolic processes, or exposure to free radicals, will damage cells and eventually cause aging.
4. Rate of living theory: Suggests that we have finite amount of vital substance that when depleted results in aging and death.
5. Somatic mutation theory: Spontaneous changes in the structure of the genes- changes that cannot be corrected or eliminated- will accumulate and cause cells to malfunction and die.

Aging is associated with an increased risk of age-related diseases such as cardiovascular diseases, metabolic disorders, neurodegenerative disorders (e.g., Alzheimer's and Parkinson's), cancer, and others. However, it's important to note that aging itself is not a disease but a natural process.

Scientists and researchers continue to study aging to gain a better understanding of its underlying mechanisms and potential interventions. While there is currently no known way to halt or reverse the aging process entirely, healthy lifestyle choices (such as diet, exercise, and stress management) and environmental factors (such as exposure to sun& toxins) can help promote healthy aging. Additionally, ongoing research is exploring various strategies and interventions to potentially slow down aspects of aging and extend healthy lifespan

Effects of Ageing

Aging can have various effects on individuals, impacting different aspects of their physical, cognitive, and emotional well-being. Here are some common effects of aging:

1. Physical Changes: Aging often leads to noticeable physical changes in the body. These may include:
    - Wrinkles, sagging skin, age spots and hair loss.
    - Loss of muscle mass and strength (sarcopenia)

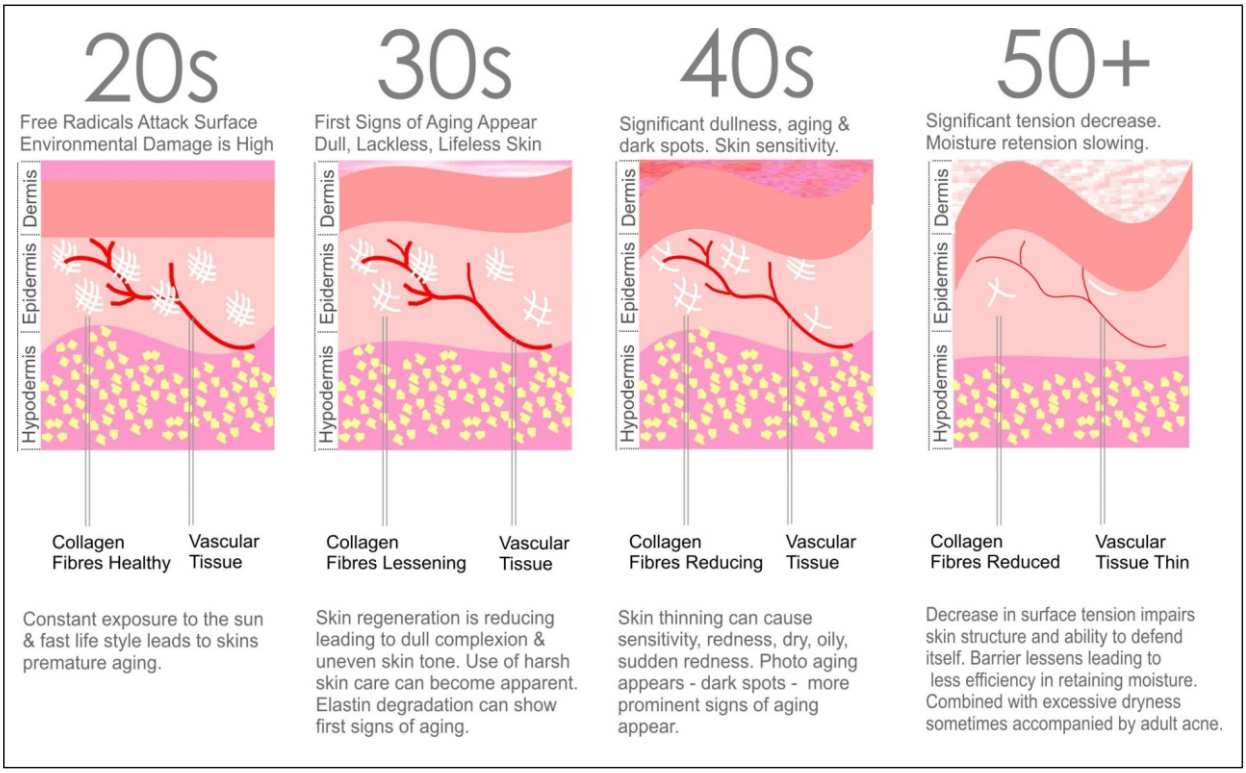

Fig 1.2 Effects of aging

- Reduced flexibility and joint stiffness
- Decreased bone density (osteoporosis) and increased risk of fractures
- Changes in vision, such as presbyopia (difficulty focusing on close objects) and increased risk of eye diseases like cataracts and glaucoma
- Changes in hearing, including high-frequency hearing loss

2. Decline in Sensory Functions: Aging can result in a decline in sensory functions, leading to:
   - Reduced taste and smell sensitivity
   - Changes in vision, including decreased visual acuity, depth perception, and color perception
   - Age-related hearing loss (presbycusis)
3. Cognitive Changes: While aging does not necessarily lead to significant cognitive decline, some changes may occur, such as:
   - Slower processing speed and reaction time
   - Mild memory difficulties, particularly in episodic memory (remembering specific events)
   - Challenges with multitasking and divided attention
   - Decreased ability to learn and retain new information
   - Increased susceptibility to age-related cognitive disorders like mild cognitive impairment (MCI) and dementia

4. Increased Risk of Chronic Health Conditions: Aging is associated with a higher likelihood of developing chronic health conditions, including:
    - Cardiovascular diseases (e.g., hypertension, heart disease, stroke)
    - Diabetes
    - Arthritis and joint problems
    - Digestive problems
    - Respiratory diseases (e.g., chronic obstructive pulmonary disease, asthma)
    - Neurodegenerative diseases (e.g., Alzheimer's disease, Parkinson's disease)
    - Cancer
5. Changes in Sleep Patterns: Older adults may experience alterations in sleep patterns, such as difficulty falling asleep, waking up frequently during the night, or waking up early in the morning. These changes can lead to insomnia or insufficient sleep, affecting overall well-being and daytime functioning.
6. Emotional and Psychological Changes: Aging can bring about emotional and psychological changes, including:
    - Increased risk of depression and anxiety, especially when faced with significant life changes, loss of loved ones, or health concerns
    - Adjusting to retirement and changes in social roles
    - Increased wisdom and emotional maturity, with greater self-awareness and acceptance
7. Social Changes: Older adults may experience changes in their social networks and social interactions. This can include:
    - Loss of friends and family members, leading to increased social isolation and loneliness
    - Adjusting to changes in family dynamics, such as becoming a grandparent or caregiving for aging parents
    - Retirement and changes in social activities and engagement

It's important to note that while aging brings certain challenges, individuals can still lead fulfilling and active lives. Engaging in a healthy lifestyle, maintaining social connections, pursuing mentally stimulating activities, and seeking regular medical care can help mitigate some of the effects of aging and promote overall well-being.

1.1.4 Human Anatomy

Human Body is a very complex machine where all of its components work in tandem. The human body can be divided into the following systems-

1. Skeletal System
2. Cardiovascular system
3. Muscular System
4. Digestive System
5. Nervous system
6. Endocrine System
7. Respiratory system
8. Immune and Lymphatic System
9. Urinary System
10. Male Reproductive System
11. Female Reproductive system

Skeletal System: An adult human skeletal system consists of 206 bones. This skeletal system could be divided into- axial skeleton and appendicular skeleton. The axial skeleton runs along the body's midline.It consists of around 80 bones spread through the Skull, Hyoid, Auditory ossicles, Ribs, Sternum and Vertebral column. The appendicular skeleton is made up of 126 bones which are spread through theUpper limbs, Lower limbs, Pelvic girdle and Pectoral (shoulder) girdle

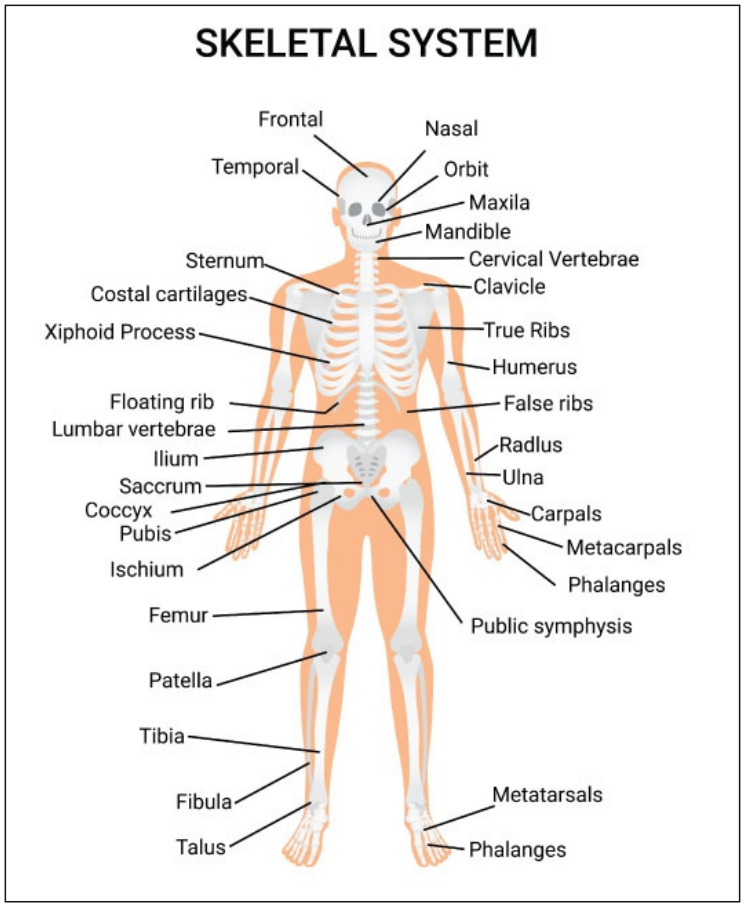

Fig 1.3 Skeletal System

Skull: The skull is composed of 22 bones which are fused together except in the mandible region. These 21 bones are separate in children, which allow the brain to grow. However, they are fused in adult to give added protection. The mandible forms the only movable joint in the skull with the temporal bone. The bones at the superior portion of the skull form the cranium, which protects the brain from damage. The bones of the inferior and anterior portion of the skull are known as facial bones and support the eyes, nose, and mouth.

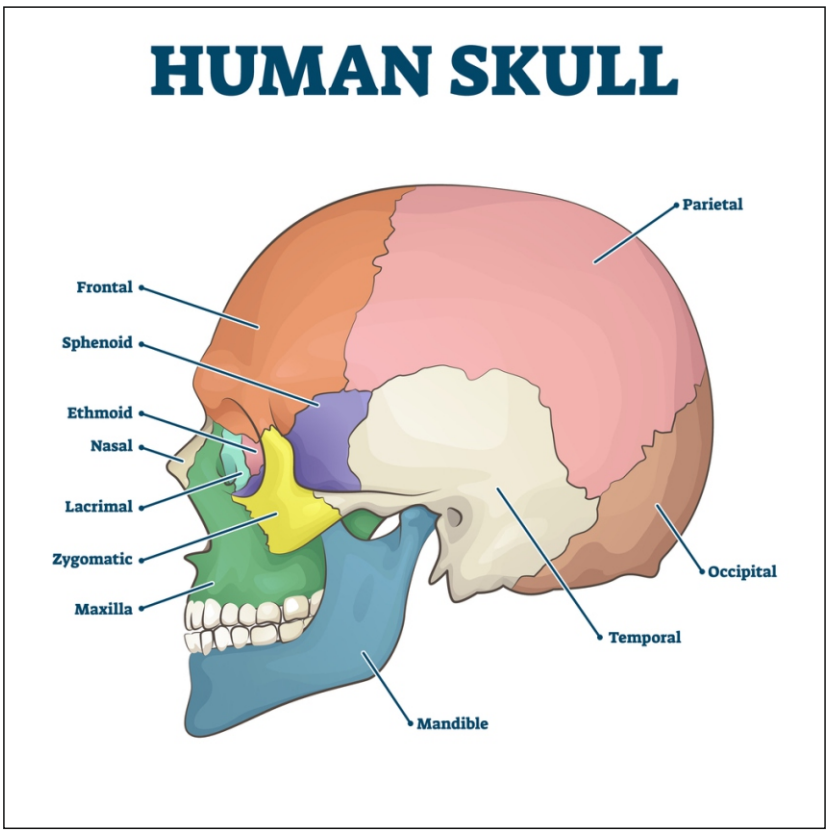

Fig 1.4 Skull

Hyoid and Auditory Ossicles: The hyoid is a small, U-shaped bone found inferior to the mandible. The hyoid does not form a joint with any other bone and hence called a floating bone. The hyoid's function is to hold the trachea open and to form a bony connection for the tongue muscles.

The malleus, incus and stapes are the smallest bones in the body and are collectively known as the auditory ear ossicles. They are found in a small cavity inside the temporal bone and transmit and amplify sound from the eardrum to the inner ear.

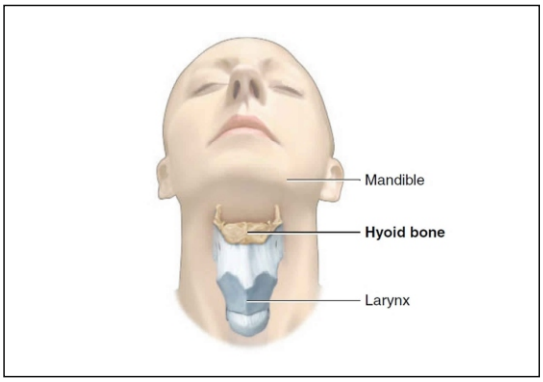

Fig 1.5 Hyoid Bone

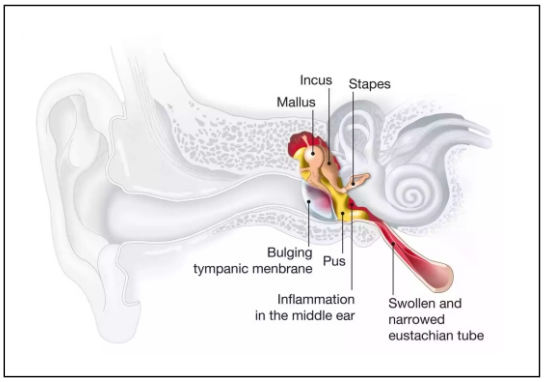

Fig 1.6 Onashi sicles

Vertebrae: Twenty-six vertebrae form the vertebral column of the human body. They are named by region:

Cervical (neck)- 7 vertebrae

Thoracic (chest)- 12 vertebrae

Lumbar (lower back)- 5 vertebrae

Sacrum- 1 vertebra

Coccyx (tailbone) -1 vertebra

With the exception of Sacrum and coccyx, each vertebra is named by the first letter of its region and its position along the superior-inferior axis. For Example, the most superior thoracic vertebrae are called T1, and the most inferior is called T12.

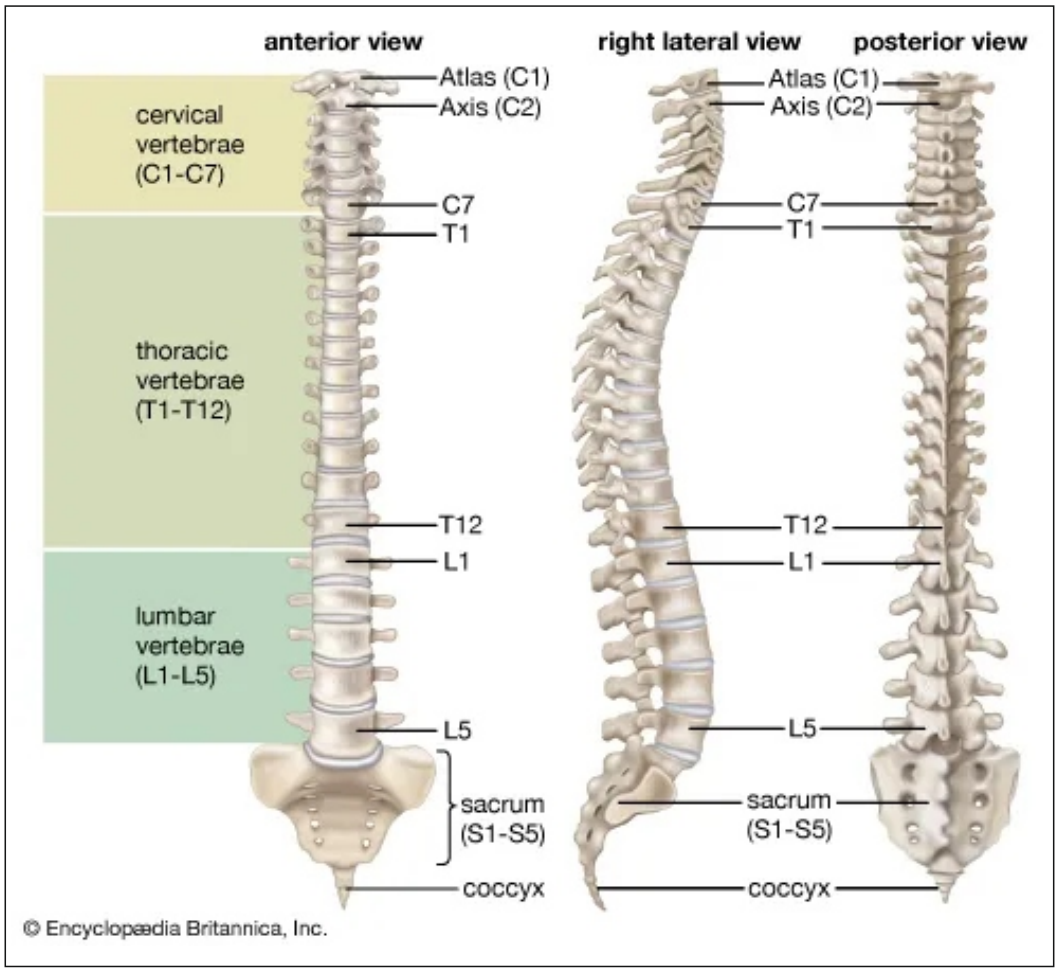

Fig 1.7 Vertebrae

Ribs and Sternum: The sternum, or breastbone, is a thin, knife-shaped bone located along the midline of the anterior side of the thoracic region of the skeleton. The sternum connects to the ribs by thin bands of cartilage called the costal cartilage. There are 12 pairs of ribs that together with the sternum form the ribcage. The first seven ribs are known as “true ribs” because they directly connect the thoracic vertebrae to the sternum through costal cartilage. Ribs 8, 9 and 10 all connect to the sternum through the cartilage that is connected to the cartilage of the seventh rib, so they are considered to be “false ribs”. Ribs 11 and 12 are also false ribs but are considered to be floating ribs, as they do not have any cartilage attachment to the sternum.

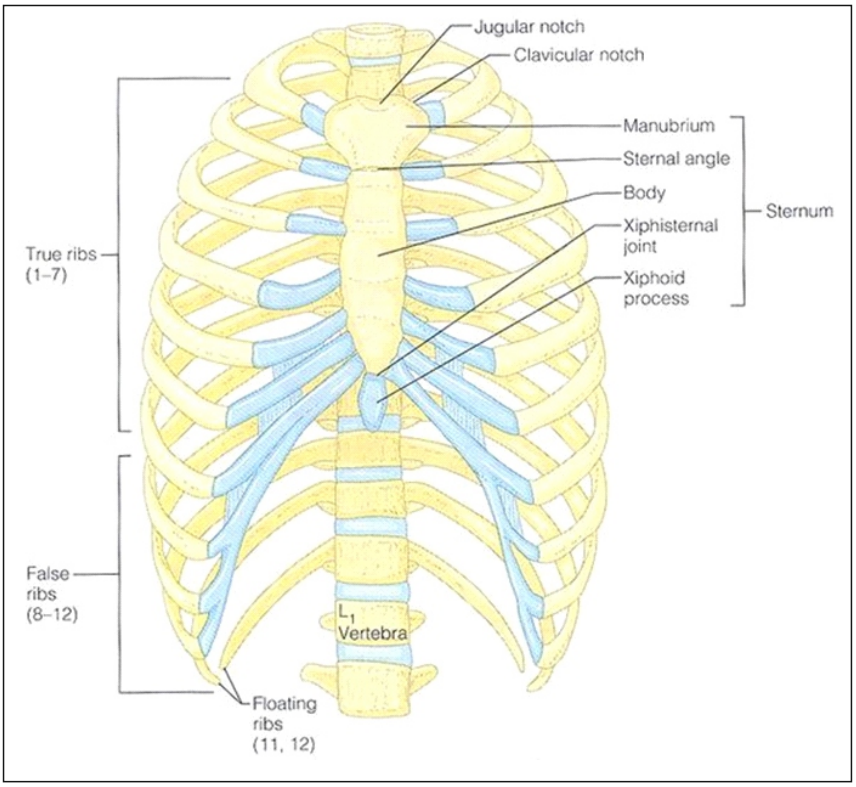

Fig 1.8 Ribs and Sternum

Pectoral Girdle and Upper Limb: The pectoral girdle connects the bones of the upper limb (arm) to the axial skeleton and consists of the left and right clavicles and left and right scapulae. The humerus is the bone of the upper arm. It forms the ball and socket joint of the shoulder with the scapula and forms the elbow joint with the lower arm bones. The radius and ulna are the two bones of the forearm. The ulna is on the medial side of the forearm and forms a hinge joint with the humerus at the elbow. The radius allows the forearm and hand to turn over at the wrist joint. The lower arm bones and the carpels (a group of eight small bones) form the wrist joint that gives added flexibility to the wrist. The carpals are further connected with five metacarpals, which form the bones of the hand. Each finger has three bones known as phalanges. However, the thumb has only two phalanges.

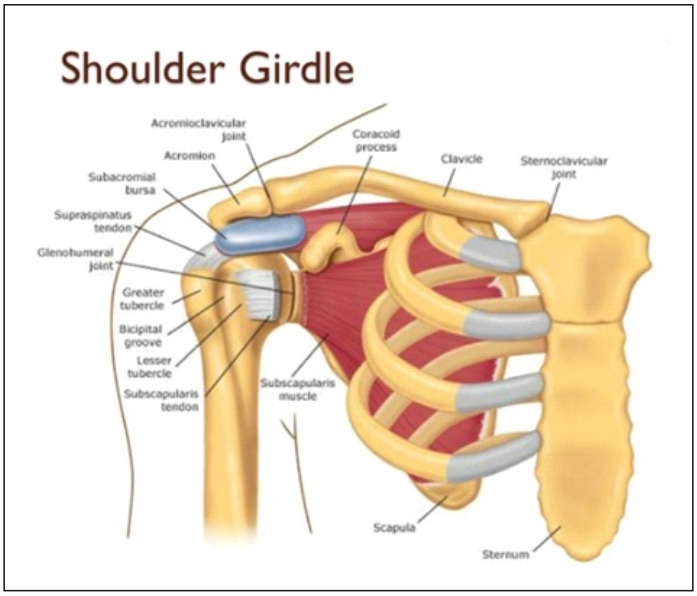

Fig 1.9 Pectoral Girdle and upper limb

Pelvic Girdle and Lower Limb: The Pelvic Girdle formed by the left and right hip bones connects the lower limb (leg) bones to the axial skeleton. The femur is the largest bone in the body and the only bone of the thigh (femoral) region. The femur forms the ball and socket hip joint with the hip bone and forms the knee joint with the tibia and patella. Patella is one of the few bones which is not present at birth and is commonly called the **knee cap.** The patella forms in early childhood to support the Knee for walking and crawling.

The lower leg consists of two main bones which are the Tibia and Fibula. The tibia is much larger than the fibula and bears all of the body's weight. The muscles are attached to the fibulae and help in maintaining balance. The tibia and fibula along with the talus forms the ankle joint.

The tarsals are a group of seven small bones that form the posterior end of the heel and foot.

Tarsals form joints with the five long metatarsals of the foot. Then each of the metatarsals forms a joint with each set of phalanges in the toes. Each toe has three phalanges, excepting the big toe, which only has two phalanges.

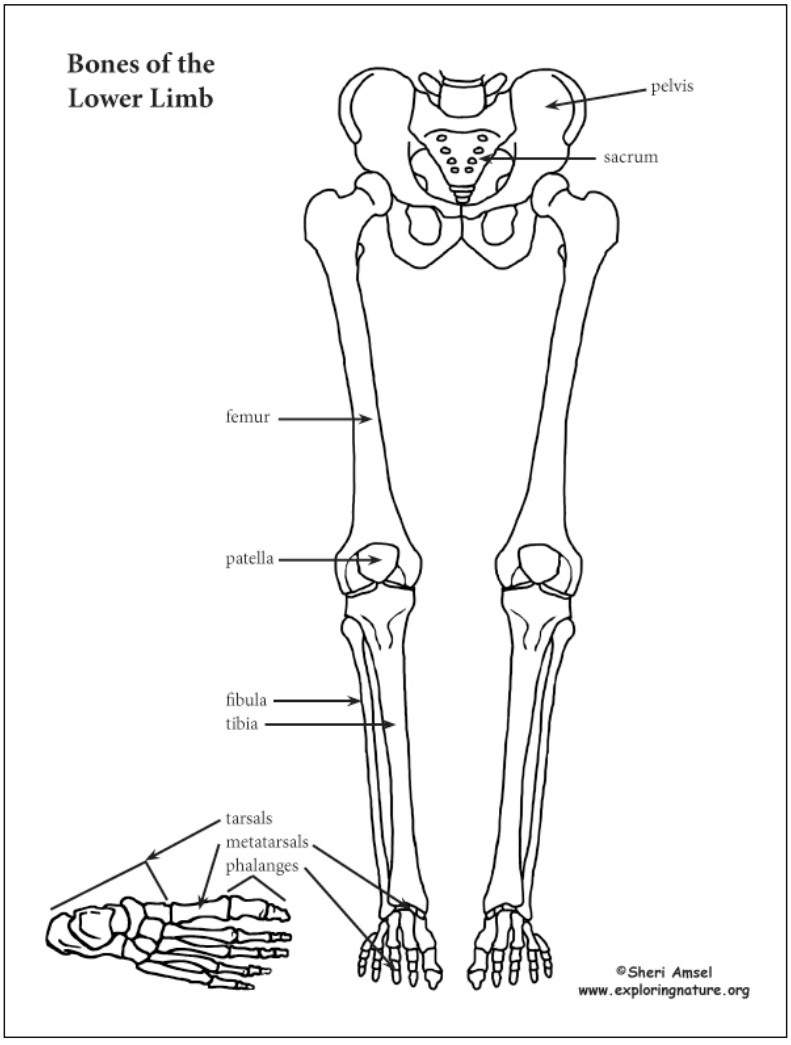

Fig 1.9 Pelvic Girdle and lower limb

Cardiovascular System: The cardiovascular system consists of the heart and blood vessels. The

Cardiovascular system is responsible for transporting nutrients, oxygen, hormones, and cellular waste products throughout the body. The cardiovascular system consists of the heart along with arteries and veins. The heart is the size of the fist and pumps over 5 litres of blood every minute.

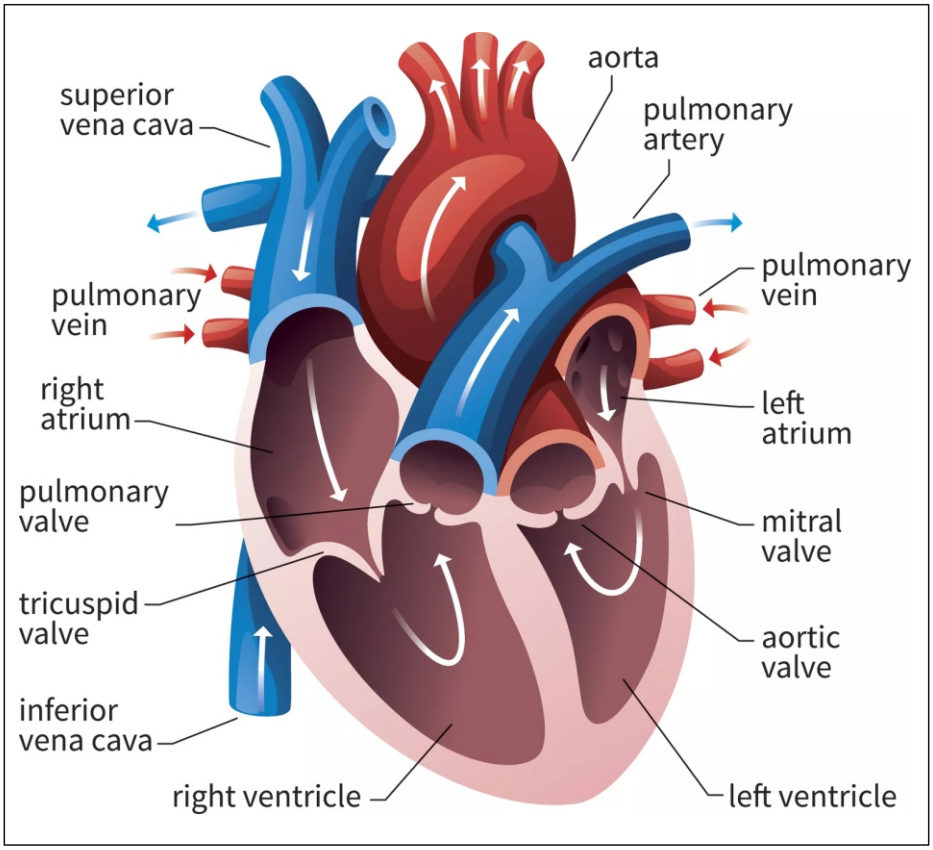

Fig 1.10 Cardiovascular System

The Heart: The Heart is a muscular structure located medial to the lungs within the thoracic cavity. The bottom tip of the heart, known as the apex, is turned to the left so that about 2/3 of the heart is left aligned with the other 1/3 aligned to the right. The base of the heart connects to the great blood vessels of the body such as the aorta, vena cava, pulmonary trunk and pulmonary veins.

There are two primary circulatory loops in the body the pulmonary circulation loop and the systemic circulation loop. The pulmonary circulation transports deoxygenated blood from the right side of the heart to the lungs. The right atrium and right ventricle are the pumping chambers of the heart that support the pulmonary circulation. Systemic Circulation carries oxygenated blood from the left side of the heart to all tissues and organs. The Systemic circulation returns de-oxygenated blood to the right side of the heart. The left atrium and left ventricle form the pumping chambers for the systemic circulation loop.

Blood Vessels: The blood vessels can be divided into –arteries, veins and capillaries. The size of blood vessels corresponds to the amount of blood that passes through the vessel. The blood vessels contain a hollow lumen through which the blood is able to flow. The walls of the capillaries are thin whereas the wall of the arteries is thick, as they have to pump the blood for longer distances.

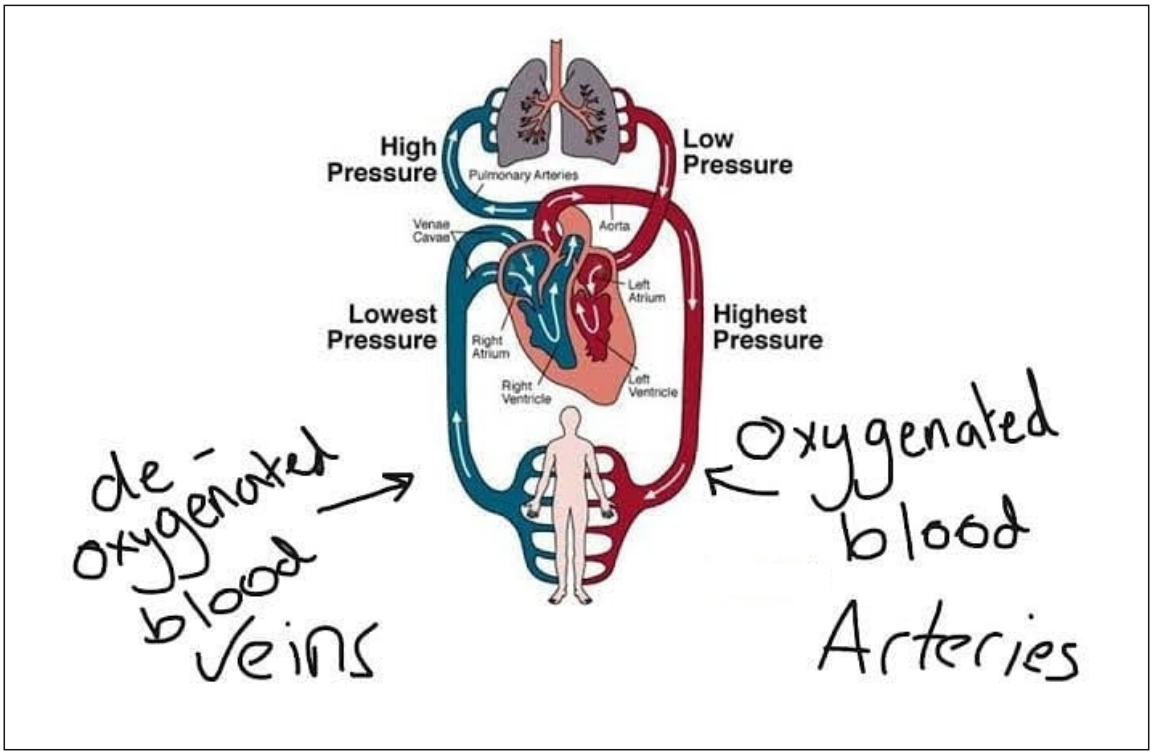

Fig 1.11 The Exchange of oxygenated and deoxygenated blood through the heart and lungs

700 muscles attached to the bones of the skeletal system and makeup roughly half of a person's body weight. The muscle tissues are of three different types based on their position and functions.

1. Cardiac muscles– The cardiac muscles are also known as heart muscles or **myocardium.** The Cardiac muscles are the involuntary striated muscle that constitutes the main tissues of the walls of the heart. Cardiac muscles are autorhythmic and are intrinsically controlled. The Cardiac muscles tend to have light and dark stripes when viewed under the microscope. The arrangement of protein fibres inside of the cells causes these light and dark bands. Striations indicate that a muscle cell is very strong, unlike visceral muscles. The cells of cardiac muscle are branched X or Y-shaped cells tightly connected together by special junctions called intercalated disks. Intercalated disks are made up of finger-like projections from neighbouring cells that interlock to provide a communication channel between the cells. The intercalated disks and branched structure allow muscle cells to resist high blood pressures.

2. Smooth muscles– The smooth muscles line some of the hollow internal organs such as stomach,intestine and bladder. The smooth muscles are an involuntary group of muscles and are also known as visceral muscles. The smooth muscles have a smooth uniform appearance when viewed under the microscope.

3. Skeletal muscles– The skeletal muscles are striated muscle tissues which are under the voluntary control of the somatic nervous system. The skeletal muscles are attached to bones across a joint.