



Health
Hunter New England
Local Health District



home and community care

Funded by the Australian Government
Department of Social Services

Enablement for Participation & Engagement in Falls Prevention

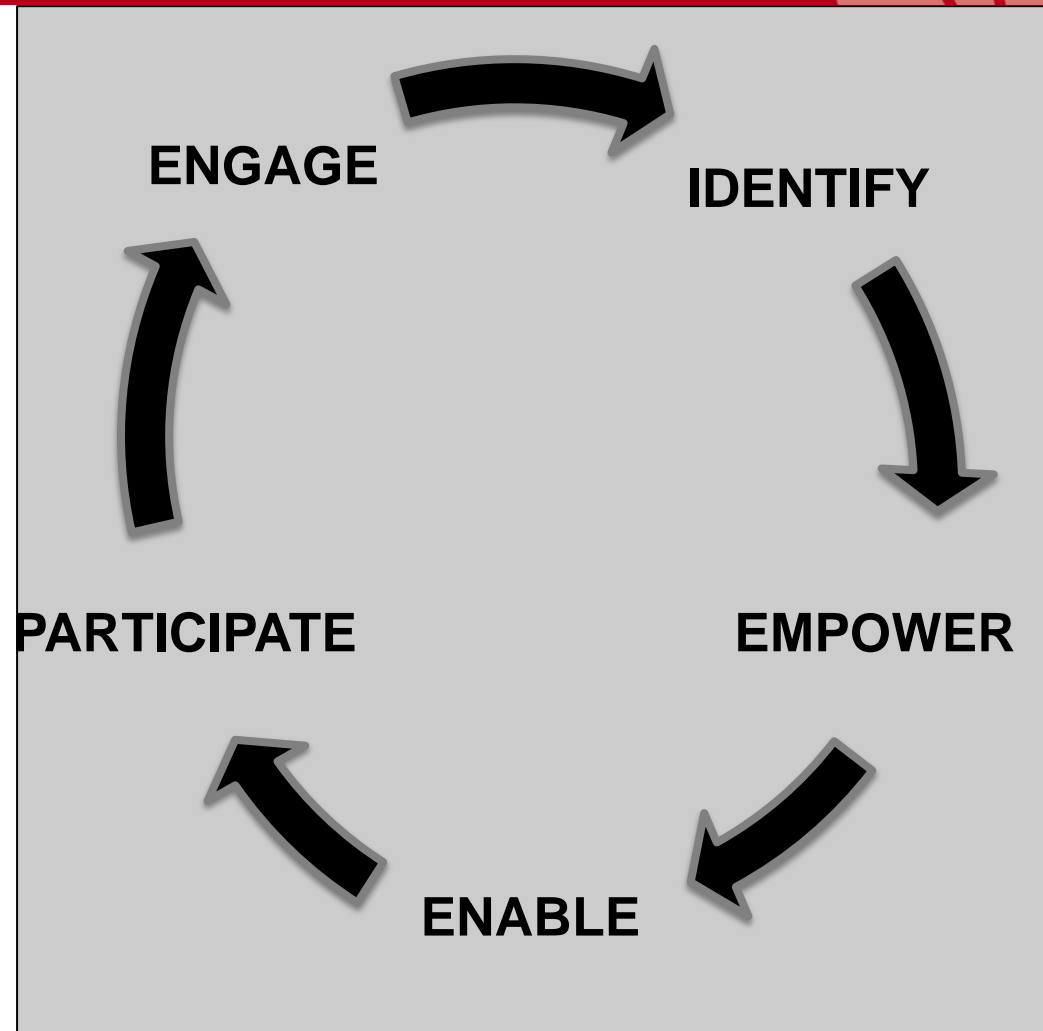
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A Different Angle on Falls Prevention

ENABLEMENT & FALLS PREVENTION

- IDENTIFY - goals & risks
- Through EMPOWERMENT.
What is it? How does it work?
- ENABLING activity, mobility & independence - PSYCHOLOGICAL 'TOOLS'
- What is the role of HEALTH PROFESSIONALS – encourage initial participation and on-going engagement



Definitions:

- **ENABLE:** to provide the means or opportunity to make possible
- **EMPOWER:** to give somebody a greater sense of confidence or self-esteem.
- **AGEISM:** "Ageism is defined as negative (or positive) stereotypes, prejudice and/or discrimination in regards to elderly people on the basis of their chronological age or on the basis of a perception of them as being 'old' or 'elderly'"



Falls Injury - Psychological

- One of the significant outcomes of a fall is loss of confidence
- AND a fear of falling
- Often associated with increased anxiety and depression, dependence, decreased activity and, mobility, and reduced social contacts.
- Falls have negative connotations for older people
- Symbol of ageing and increasing frailty




Identify - Falls Risk Factors



| PHYSICAL | PSYCHOLOGICAL |
|---|---|
| <ul style="list-style-type: none"> • Health & co-morbidities | <ul style="list-style-type: none"> • Client motivation |
| <ul style="list-style-type: none"> • Medication | <ul style="list-style-type: none"> • Attitude of ‘others’ (carers, health professionals, families, GPs, friends and peers) ... AGEISM |
| <ul style="list-style-type: none"> • Diet | <ul style="list-style-type: none"> • Expectations of ‘others’ and society (what older people SHOULD do, versus WANT to do) for a meaningful life |
| <ul style="list-style-type: none"> • Incontinence | <ul style="list-style-type: none"> • Depression and anxiety |
| <ul style="list-style-type: none"> • Vision | <ul style="list-style-type: none"> • Fear of falling |
| <ul style="list-style-type: none"> • Balance & strength | <ul style="list-style-type: none"> • Lack of insight and decreased perception of falls risk |
| <ul style="list-style-type: none"> • Environmental issues | <ul style="list-style-type: none"> • Individual barriers e.g. lack of time; perceived state of “unwellness” |
| <ul style="list-style-type: none"> • Feet and foot wear | |



Empower to Enable

- Ageism associated with constant negative self-talk and feedback from others adds the 'dis' to ability
- Start falls prevention with achievable physical goals  increased self esteem and confidence. "I can do that". Gaining trust.
- Then provide the means for increased mobility and maintaining independence. Gaining respect



What “Psychological” Tools?

- Frame prevention measures in positive terms & build into health assessments & lifestyle programs, including chronic disease strategies
- Focus on healthy ageing, well-being, independence, remaining in own home
- Identify the client’s goals, and provide a holistic person-centred approach
- Exercise should consist of functional activities & be promoted as medicine for independence.



More “Psychological” Tools

- Intention to take on intervention? (AFRIS)
- Attitude to ‘exercise’ and intention to exercise. Does exercise need a different “sell”? Have concerns regarding confidence been addressed?
- Self-efficacy is belief in ability to successfully perform a specific behaviour
- Self-efficacy is the essence of motivation and behaviour changes



Tools - Physical Psychological Impact

- Gait re-training with focus on heel strike
- Re-educate on how to stand up from the chair
- Target one physical falls risk, modify it as needed (to 'nearly achieve') and get client to practice.
- Provide a specifically targeted program – address individual client needs, goals, capabilities

Remember to K.I.S.S.



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Enabling Physical Activity in Older Persons

- Identify client goals
- Remember older adults are not all the same
- Promote positive side of healthy ageing
- Be aware of communication difficulties
- Be positive, supportive, and non-judgemental
- Provide clear instructions, demonstrate and then supervise all exercises and activities provided

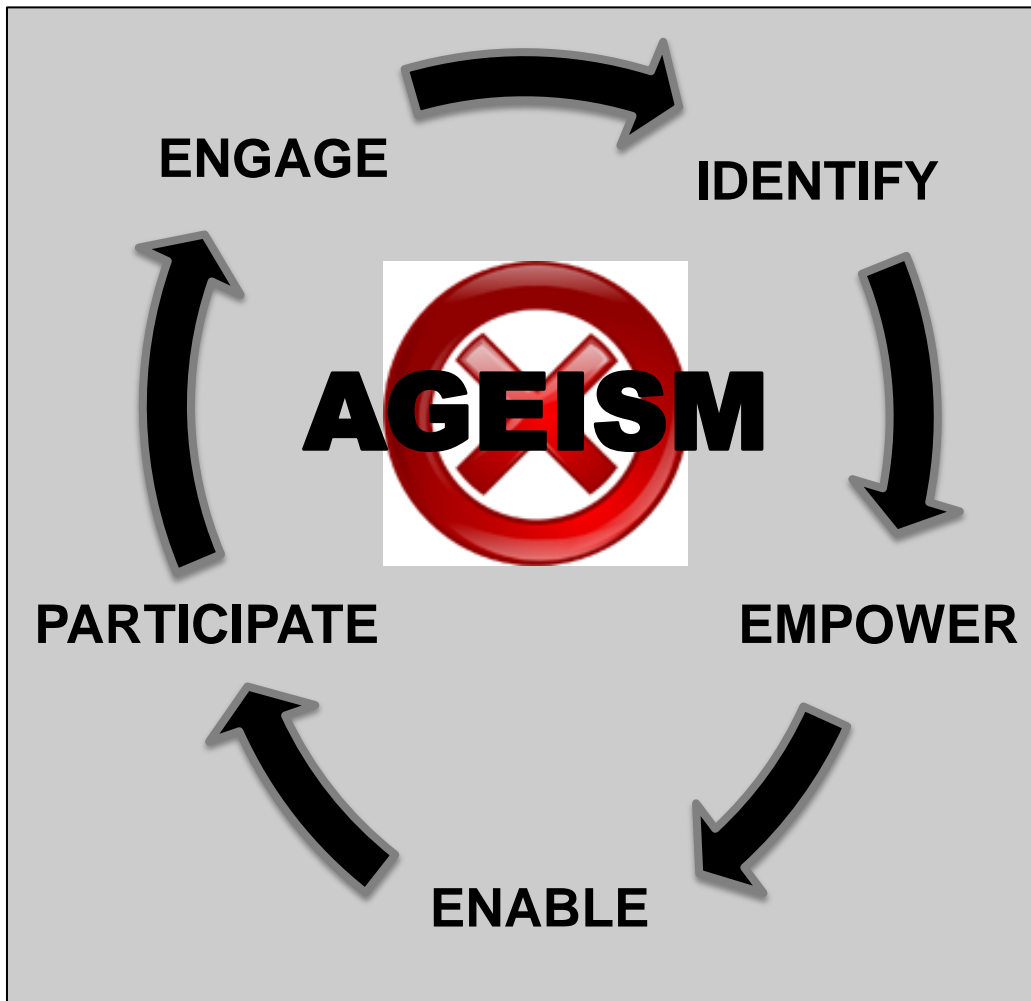


Enabling Physical Activity in Older Persons (2)

- Identify and discuss fear of falling
- Identify and address barriers e.g. lack of time
- Identify and address reasons why the client can't exercise or be more active e.g. pain
- Identify preferences for exercise: e.g. group or solo, and a range of activities if possible
- Focus on functional ability



Summary - Enablement for Participation & Engagement in Falls Prevention



QUESTIONS?



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