WELCOME

This issue features an article by Dr Cathie Sherrington on Exercise to prevent falls an update on the evidence (page 2).

Professor Stephen Lord comments on a recent article by Hendricks et al which reported a lack of effectiveness of a multifactorial falls prevention program in elderly people at risk (page 3).

Early bird registration to attend the 3rd Australian and New Zealand Falls Prevention Conference closes on September 15th go to: http://www.anzfpconference.com/default.asp
For further information and a registration brochure.


A group exercise class demonstration at April Falls day held earlier in the year
Exercise to prevent falls: an update on the evidence

Dr Cathie Sherrington
Senior Research Fellow, The George Institute for International Health and Senior Research Associate, Prince of Wales Medical Research Institute.

Exercise in older people has the potential to enhance balance and strength which are important risk factors for falls. In a recent systematic review we identified 44 randomised controlled trials evaluating the effect of exercise on falls. Overall, exercise reduced the rate of falls by around 17% (rate ratio = 0.83, 95%CI 0.75 to 0.91). There were bigger effects from programs which included more challenging balance training, a higher dose of exercise (more than 2 hours per week over a 6-month period) and did not include a walking program. Programs with all of these features reduced falls by 42% (rate ratio = 0.58, 95%CI 0.48 to 0.69).

Therefore our review concludes that exercise to prevent falls should challenge balance (ie should not just involve seated exercise or exercise holding on to a support), be ongoing and only include walking if the individual is clearly safe to walk and if the walking does not take time away from balance training. Of course there are lots of other health benefits of increased physical activity – it just seems that a walking program is not the best intervention for preventing falls.

Examples of successful programs include the home based Otago exercise program, group based Tai Chi and some other forms of group exercise (such as the program developed by Barnett et al).

Smaller relative effects were seen in populations at a higher risk of falls but the absolute number of falls prevented is likely to be greater in these populations. Thus there is a role for exercise in preventing falls in the general community as well as in those at increased risk. People attending exercise programs could be screened and referred for other falls prevention interventions.

Most exercise trials have been conducted in community settings but three included trials found exercise to prevent falls in residential care settings. No trials of the effect of exercise alone on falls have been conducted in hospital settings, but our recent trial which did not find an effect of a multi-faceted intervention on falls in hospitals had a high emphasis on physical training. People are at an increased risk of falls after hospital stays so could be referred to falls prevention programs on discharge from hospital.

Most studies of falls prevention interventions are not large enough to detect an effect on injuries but the meta-analysis of trials of the Otago Exercise Programme found effects on injuries to be of a comparable size to effects on falls.

In conclusion, it is clear that well-designed exercise as a single intervention can prevent falls.

Key messages

- There have been 44 randomised controlled trials of exercise for falls prevention
- Overall, exercise reduced the rate of falls by around 17%
- Bigger effects were seen from exercise programs which challenge balance and involved more frequent exercise.
- Effective programs have been conducted at home (e.g. the Otago program) and in group settings (e.g. Tai Chi, some other group exercise).
References


Abstract for Comment

Lack of Effectiveness of a Multidisciplinary Fall-Prevention Program in Elderly People at Risk: A Randomized, Controlled Trial.


Affiliation: Department of Social Medicine, Maastricht University, Maastricht, The Netherlands.

ABSTRACT

OBJECTIVES: To assess whether a pragmatic multidisciplinary fall-prevention program was more effective than usual care in preventing new falls and functional decline in elderly people.

DESIGN: A two-group, randomized, controlled trial with 12 months of follow-up.

SETTING: University hospital and home-based intervention, the Netherlands.

PARTICIPANTS: Three hundred thirty-three community-dwelling Dutch people aged 65 and over who were seen in an emergency department after a fall.

INTERVENTION: Participants in the intervention group underwent a detailed medical and occupational therapy assessment to evaluate and address risk factors for recurrent falls, followed by recommendations and referral if indicated. People in the control group received usual care.

MEASUREMENTS: Number of people sustaining a fall (fall calendar) and daily functioning (Frenchay Activity Index).

RESULTS: Results showed no statistically significantly favorable effects on falls (odds ratio = 0.86, 95% confidence interval (CI) = 0.50-1.49) or daily functioning (regression coefficient = 0.37, CI = -0.90 to 1.63) after 12 months of follow-up.

CONCLUSION: The multidisciplinary fall-prevention program was not effective in preventing falls and functional decline in this Dutch healthcare setting. Implementing the program in its present form in the Netherlands is not recommended. This trial shows that there can be considerable discrepancy between the "ideal" (experimental) version of a program and the implemented version of the same program. The importance of implementation research in assessing feasibility and effectiveness of such a program in a specific healthcare setting is therefore stressed.

Comment by Professor Stephen Lord

This study attempted to replicate the PROFET study by Close et al. The initial study, undertaken in the UK, found that a multidisciplinary intervention involving a detailed medical and occupational therapy intervention reduced the rate of falls by 60% in older people who attended the emergency department because of a fall. In contrast, the current study, undertaken in the Netherlands, found that the intervention was not effective in preventing falls or functional decline in a similar group. The authors conclude that caution must be made in transferring the findings
from one setting to another. Replications of studies are rare in medical research and fall prevention research in particular. The study was carried out in a sound manner, particularly in relation to the randomisation and blinding. There are three major reasons, however, why this study produced different findings to those found in the PROFET study.

The largest single difference between the trial designs was the incorporation of GPs in the study design in the Netherlands study (as opposed to a hospital-based geriatrician performing the medical assessment and making the recommendations directly in PFOFET). This produced marked differences in the number of participants receiving interventions. In PROFET the reported proportion receiving the medical recommendations and referrals was 83%. In the Netherlands study, 72% were medically assessed, but of these only 50% asked their GP about the recommendations and a quarter of these received none of the recommended interventions – thus only \(0.72 \times 0.5 \times 0.75\) or 27% received a medical intervention. This is such a big difference to the original study that it makes comparison difficult. This study is therefore more of an adaptation than a replication. In essence, it has shown that incorporating GPs in the manner attempted did not work well.

A second difference is the length of time between study entry and the provision of the interventions. The average time between baseline measurement and the recommendations sent to GPs in the current study was 3.5 months, which compares with just 3 weeks for the PROFET study. Finally, another reason for the study not showing an effect is that usual care in the Netherlands in 2006-7 is likely to have been better than it was in London a decade before – a factor that makes intervention effects harder to detect.

Taken together these findings are consistent with the recent meta-analysis by Gates et al\(^2\) that found that multifactorial interventions that actually provide the interventions are effective in preventing falls whereas those that rely on referral are not.

References


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Early Registrations close on 15th September go to [http://www.anzfpconference.com/default.asp](http://www.anzfpconference.com/default.asp)
For further information and a registration brochure.
Epidemiology and Risk Factors for Falls

Older fallers with poor working memory overestimate their postural limits.


Affiliation: Centre for Hip Health, Vancouver Coastal Health Research Institute, University of British Columbia, Vancouver, BC, Canada. dtambrose@shaw.ca (Copyright © 2008, Elsevier Publishing)

ABSTRACT

OBJECTIVE: To compare the accuracy of perceived postural limits between older fallers with good working memory and those with poor working memory.

DESIGN: Cross-sectional study.

SETTING: Research laboratory.

PARTICIPANTS: Thirty-three community-dwelling older adults with a history of falls.

MAIN OUTCOME MEASURES: We measured the accuracy of perceived postural limits by using the perceived reach test in 33 fallers. The difference between the verbal digits forward test score and the verbal digits backward test score was used to provide an index of the central executive component of working memory. Participants were then allocated into 2 groups: (1) good working memory or (2) poor working memory. Comparisons of group characteristics and scores were undertaken by using Student independent-sample t tests for differences in means between those with good working memory and those with poor memory. One hierarchical linear regression model was constructed to determine the independent association of the central executive component of working memory with the accuracy of older fallers' perceived reach capacity.

RESULTS: There was a significant difference in the mean percentage error in perceived reach between older fallers with good working memory and those with poor working memory (P=.01). The verbal digit span difference score was independently associated with the percentage error in perceived reach. The verbal digit span difference score resulted in an R(2) change of 18.2% and significantly improved the regression model (F(1,26) change, 7.45; P=.01).

CONCLUSIONS: Our novel results suggest that impaired executive functioning may increase falls risk by impairing older adults’ judgment in motor planning for daily activities. However, future studies with larger sample sizes are needed to confirm our current results.

Falls, depression and antidepressants in later life: a large primary care appraisal.

Kerse N, Flicker L, Pfaff JJ, Draper B, Lautenschlager NT, Sim M, Snowdon J, Almeida OP.

Affiliation: Department of General Practice and Primary Health Care, Faculty of Medical and Health Sciences, University of Auckland, Auckland, New Zealand. n.kerse@auckland.ac.nz (Copyright © 2008, Public Library of Science)

ABSTRACT

BACKGROUND: Depression and falls are common and co-exist for older people. Safe management of each of these conditions is important to quality of life.

METHODS: A cross-sectional survey was used to examine medication use associated with injurious and non-injurious falls in 21,900 community-dwelling adults, aged 60 years or over from 383 Australian general practices recruited for the DEPS-GP Project. Falls and injury from falls, medication use, depressive symptoms (Primary Health Questionnaire (PHQ-9)), clinical morbidity, suicidal ideation and intent, health status (SF-12 Health Survey), demographic and lifestyle information was reported in a standardised survey.

FINDINGS: Respondents were 71.8 years (sd 7.7) of age and 58.4% were women. 24% 11% and 8% reported falls, fall related injury, and sought medical attention respectively. Antidepressant use (odds ratio, OR: 1.46; 95% confidence interval, 95%CI: 1.25, 1.70), questionable depression (5-14 on PHQ OR: 1.32, 95%CI: 1.13, 1.53) and clinically significant symptoms of depression (15 or more on PHQ OR: 1.70, 95%CI: 1.14, 1.50) were independently associated with multiple falls. SSRI use was associated with the highest risk of multiple falls (OR: 1.66, 95%CI: 1.36, 2.02) amongst all psychotropic medications. Similar associations were observed for injurious falls. Over 60% of those with four accumulated risk factors had multiple falls in the previous year (OR: 3.40, 95%CI: 1.79, 6.45); adjusted for other demographic and health factors.

INTERPRETATION: Antidepressant use (particularly SSRIs) was strongly associated with falls regardless of presence of depressive symptoms. Strategies to prevent falls should become a routine part of the management of older people with depression.
Physical function, physical activity and recent falls. Results from the "Invecchiamento e Longevita nel Sirente (ilSIRENTE)" Study.
Affiliation: Department of Critical Care Medicine and Surgery, Unit of Geriatric Medicine, University of Florence, Florence, Italy. (Copyright © 2008, Editrice Kurtis)

ABSTRACT:
BACKGROUND AND AIMS: A fall is a common and traumatic event in the life of older persons. This study aims: 1) to explore the relationship between recent falls and measures of physical function in elders, and 2) to examine the role played by habitual physical activity in the relationship between recent falls and physical function.

METHODS: We used baseline data from 361 community-dwelling persons aged >/=80 years (mean age 85.9 yrs) enrolled in the "Invecchiamento e Longevita nel Sirente (ilSIRENTE)" study. Physical performance was assessed using the Short Physical Performance Battery (SPPB) and usual gait speed. Muscle strength was measured by hand grip strength. Functional status was assessed by the Basic (ADL) and Instrumental Activities of Daily Living (IADL) scales. Self reported recent falls over the previous three months were recorded. Analyses of covariance were performed to evaluate the relationship between recent fall events and physical function measures.

RESULTS: Fifty participants (13.9%) reported at least one recent fall. Physically active participants had fewer falls and significantly higher physical function compared with sedentary subjects, regardless of recent falls. Significant interactions for physical activity were found in the relationships of usual gait speed and SPPB with recent fall history (p for interaction terms <0.01). A difference in usual gait speed and SPPB according to history of recent falls was found only in physically active subjects.

CONCLUSIONS: Physical performance measures are negatively associated with recent falls in physically active, but not sedentary, participants. Physical activity is associated with better physical function, independently of recent fall history.

The reliability and predictive accuracy of the falls risk for older people in the community assessment (FROP-Com) tool.
Russell MA, Hill KD, Blackberry I, Day LM, Dharmage SC.
Affiliation: National Ageing Research Institute, Parkville, Victoria, 3052 Australia. (Copyright © 2008, Oxford University Press)

ABSTRACT:
BACKGROUND: The Falls Risk for Older People in the Community assessment (FROP-Com) tool was designed for use in targeted multi-factorial falls prevention programmes. It fills the gap between the short screening tools and the longer assessment tools, e.g. the physiological profile assessment (PPA). The aim of this study was to determine the reliability and predictive accuracy of the FROP-Com.

METHODS: The intra-rater and inter-rater reliability studies were performed with 20 participants each. The prospective study was performed with 344 community-dwelling older people presenting to an emergency department after a fall and being discharged directly home. Following a home-based assessment, including the FROP-Com, Timed Up and Go (TUG) and functional Reach (FR), participants were monitored for falls for 12 months.

RESULTS: The intra-class correlation coefficient (ICC) for intra-rater reliability and inter-rater reliability for the FROP-Com was 0.93 (95% CI 0.84-0.97) and 0.81 (95% CI 0.59-0.92) respectively. The AUC for the FROP-Com was 0.68 (95% CI 0.63-0.74). At the cut-off 18/19, sensitivity was 71.3% (95% CI 64.4-78.3) and specificity was 56.1% (95% CI 48.9-63.4). The AUC for the TUG was 0.63 (95% CI 0.57-0.69) and for the FR was 0.60 (95% CI 0.54-0.66).

CONCLUSION: The FROP-Com demonstrated good reliability and a moderate capacity to predict falls.

Risk factors for falling among community-dwelling seniors using home-care services: An extended hazards model with time-dependent covariates and multiple events.
Leclerc BS, Bégé C, Cadieux E, Goulet L, Leduc N, Kergoat MJ, Lebel P.
Affiliation: Agence de la santé et des services sociaux de Lanaudiere, Joliette, Quebec. (Copyright © 2008, Health and Welfare Canada)

ABSTRACT:
The identification of risk factors for falls in longitudinal studies becomes difficult because of exposures that change...
during the follow-up and also because individual subjects may experience an event more than once. These issues have been neglected and improper statistical techniques have been used. The typical approaches have been to report the proportion of fallers or the time to first fall. Both avoid the underlying assumption of independence between events and discard pertinent data. We review the existing methods and propose a Cox hazards extension. We exemplify it in the study of potential risk factors associated with all falls in 959 seniors. Finally, we compare the results of the proposed Wei, Lin,&Weissfeld (WLW) method with those of several other techniques. Stable exposure variables measured at baseline and updated time-varying exposures include socio-demographic characteristics, BMI, nutritional risk, alcohol consumption, home hazards, gait and balance, and medications. Results demonstrate that the usual methods of analyzing risk factors for falling are inappropriate, as they produce considerable biases relative to the WLW model using time-dependent covariates. Results also show that modeling for first events may be inefficient, given that the risk of occurrence varies between falls.

Causes and risk factors of falls in patients with Parkinson’s disease.
Rudzińska M, Bukowczan S, Banaszkiewicz K, Stożek J, Zajdel K, Szczudlik A.
Affiliation: Klinika Neurologii CM UJ, ul. Botaniczna 3, 31-503 Kraków, phone: +48 12 424 86 00, fax +48 12 424 86 26, e-mail: krzysban@cm-uj.krakow.pl. (Copyright © 2008, Termedia Publishing House)
ABSTRACT
Background and purpose: Falls are a common and serious problem among Parkinson’s disease (PD) patients. However, knowledge about the causes and risk factors of falls is limited. There have been a few attempts to classify the causes of falls. The classification suggested by Olanow seems to be the most comprehensive one. The aim of this study was to analyze retrospectively the causes of falls and risk factors of falls in PD patients.
Material and methods: One hundred and four patients with moderately advanced PD were included in the study. The patients were asked to describe the circumstances and consequences of falls which occurred during 12 months preceding the examination. The falls were classified according to the Olanow classification of causes of falls.
Results: Fifty-two patients (50%) reported at least one fall during the previous year with a mean number of 1.5 falls per year. The most common causes of falls were environmental factors, sudden falls and postural instability. There were no falls caused by severe dyskinesia, drugs or cardiovascular disorders. The only independent risk factors of the recurrent falls identified in this study were UPDRS part II score (OR 1.17, 95% CI: 1.02-1.37) and Mini Mental State Examination score (OR 0.85, 95% CI: 0.72-0.99). Conclusions: Considering these results we may be able to prevent most falls by means of the education of patients about environmental factors and using adequate rehabilitation techniques concentrating on postural stability and gait.

Development and validation of fall risk screening tools for use in residential aged care facilities
Kim Delbaere, Jacqueline C T Close, Hylton B Menz, Robert G Cumming, Ian D Cameron, Philip N Sambrook, Lyn M March and Stephen R Lord,
MJA 2008; 189 (4): 193-196
ABSTRACT
Objective: To develop screening tools for predicting falls in nursing home and intermediate-care hostel residents who can and cannot stand unaided.
Participants: 2005 people aged 65–104 years (mean ± SD, 85.7 ± 7.1 years).
Main outcome measures: Demographic, health, and physical function assessment measures; number of falls over a 6-month period; validity of the screening models.
Results: Ability to stand unaided was identified as a significant event modifier for falls. In people who could stand unaided, having either poor balance or two of three other risk factors (previous falls, nursing home residence, and urinary incontinence) increased the risk of falling in the next 6 months threefold (sensitivity, 73%; specificity, 55%). In people who could not stand unaided, having any one of three risk factors (previous falls, hostel residence, and using
nine or more medications) increased the risk of falling twofold (sensitivity, 87%; specificity, 29%).

Conclusions:
These two screening models are useful for identifying older people living in residential aged care facilities who are at increased risk of falls. The screens are easy to administer and contain items that are routinely collected in residential aged care facilities in Australia.

INTERVENTION STUDIES
Development, Implementation, and Evaluation of an Interprofessional Falls Prevention Program for Older Adults.
Banez C, Tully S, Amaral L, Kwan D, Kung A, Mak K, Moghabghab R, Alibhai SM.
Affiliation: University Health Network, Toronto, Canada. (Copyright © 2008, Blackwell Publishing)

ABSTRACT
This article describes the development and implementation of an Interprofessional Falls Prevention Program (IFPP) designed for community-dwelling seniors. The program was a collaborative pilot research study conducted in a retirement home and an outpatient hospital setting. The pilot was successful and was positioned into a permanent falls prevention program. The IFPP aimed at improving physical function and balance and reducing the fear of falling in seniors with a history of falls. The pilot study included an interprofessional falls assessment followed by a 12-week program of once-weekly group education and exercise sessions, 3- and 6-month follow-up visits, and individual counseling. To measure program effectiveness, the Berg Balance Scale, the Timed Up and Go Test, the Falls Efficacy Scale, and the Morse Fall Risk Scale were used at baseline, upon program completion, and at 3- and 6-month follow-up. Process measures were also collected, including patient satisfaction. Persistent improvements were found in participants' balance, strength, functional mobility, and fear of falling. Patient satisfaction with the program was high. Challenges faced in program implementation are also highlighted.

The efficacy of a multidisciplinary falls prevention clinic with an extended step-down community program.
Sze PC, Cheung WH, Lam PS, Lo HS, Leung KS, Chan T.
Arch Phys Med Rehabil 2008; 89(7): 1329-34.
Affiliation: Department of Orthopaedics and Traumatology, Chinese University of Hong Kong, Hong Kong, China. (Copyright © 2008, Elsevier Publishing).

ABSTRACT
OBJECTIVE: To investigate the efficacy of a falls prevention clinic and a community step-down program in reducing the number of falls among community-dwelling elderly at high risk of fall.
DESIGN: Prospective cohort.
SETTING: Community.
PARTICIPANTS: Community-dwelling elderly (N=200) were screened for risk of fall; 60 were identified as being at high risk and were referred to the intervention program.
INTERVENTION: Twelve sessions of a once-a-week falls prevention clinic, including fall evaluation, balance training, home hazard management program, and medical referrals, were provided in the first 3 months. The community step-down program, including falls prevention education, a weekly exercise class, and 2 home visitations, was provided in the following 9 months.
MAIN OUTCOME MEASURES: Fall rate, injurious fall, and its associated medical consultation were recorded during the intervention period and the year before intervention. Balance tests included the Berg Balance Scale (BBS), Sensory Organization Test, and limits of stability test; fear of falling, as evaluated using the Activities-specific Balance Confidence (ABC) scale, was measured at baseline and after the training in the falls prevention clinic.
RESULTS: Significant reductions in fall rate (74%), injurious falls (43%), and fall-associated medical consultation (47%) were noted. Significant improvement in balance scores (BBS, P<.001; endpoint excursion in limits of stability test, P=.004) and fear of falling (ABC scale, P=.001) was shown.
CONCLUSIONS: The programs in the falls prevention clinic were effective in reducing the number of falls and injurious falls. The community step-down programs were crucial in maintaining the intervention effects of the falls prevention clinic.
Prevention of falls in nursing homes: subgroup analyses of a randomized fall prevention trial.
Rapp K, Lamb SE, Büchele G, Lall R, Lindemann U, Becker C.
Department of Clinical Gerontology, Robert-Bosch Hospital, Stuttgart, Germany. kilian.rapp@rbk.de

ABSTRACT
OBJECTIVES: To evaluate the effectiveness of a multifactorial fall prevention program in pre-specified subgroups of nursing home residents.

DESIGN: Secondary analysis of a cluster-randomized, controlled trial.

SETTING: Six nursing homes in Germany.

PARTICIPANTS: Seven hundred twenty-five long-stay residents; median age 86; 80% female.

INTERVENTION: Staff and resident education on fall prevention, advice on environmental adaptations, recommendation to wear hip protectors, and progressive balance and resistance training.

MEASUREMENTS: Time to first fall and the number of falls. Falls were assessed during the 12-month intervention period. Univariate regression analyses were performed, including a confirmatory test of interaction.

RESULTS: The intervention was more effective in people with cognitive impairment (hazard ratio (HR)=0.49, 95% confidence interval (CI)=0.35-0.69) than in those who were cognitively intact (HR=0.91, 95% CI=0.68-1.22), in people with a prior history of falls (HR=0.47, 95% CI=0.33-0.67) than in those with no prior fall history (HR=0.77, 95% CI=0.58-1.11), in people with urinary incontinence (HR=0.59, 95% CI=0.45-0.77) than in those with no urinary incontinence (HR=0.98, 95% CI=0.68-1.42), and in people with no mood problems (incidence rate ratio (IRR)=0.41, 95% CI=0.27-0.61) than in those with mood problems (IRR=0.74, 95% CI=0.51-1.09).

CONCLUSION: The effectiveness of a multifactorial fall prevention program differed between subgroups of nursing home residents. Cognitive impairment, a history of falls, urinary incontinence, and depressed mood were important in determining response.

Tai Chi: moving for better balance -- development of a community-based falls prevention program.
Affiliation: Oregon Research Institute, Eugene, OR 97403, USA. ( © 2008, Human Kinetics Publishers)

ABSTRACT
BACKGROUND: This study was designed to develop an evidence- and community based falls prevention program -- Tai Chi: Moving for Better Balance.

METHODS: A mixed qualitative and quantitative approach was used to develop a package of materials for program implementation and evaluation. The developmental work was conducted in 2 communities in the Pacific Northwest. Participants included a panel of experts, senior service program managers or activity coordinators, and older adults. Outcome measures involved program feasibility and satisfaction.

RESULTS: Through an iterative process, a program package was developed. The package contained an implementation plan and class training materials (ie, instructor’s manual, videotape, and user’s guidebook). Pilot testing of program materials showed that the content was appropriate for the targeted users (community-living older adults) and providers (local senior service organizations). A feasibility survey indicated interest and support from users and providers for program implementation. A 2-week pilot evaluation showed that the program implementation was feasible and evidenced good class attendance, high participant satisfaction, and interest in continuing Tai Chi.

CONCLUSIONS: The package of materials developed in this study provides a solid foundation for larger scale implementation and evaluation of the program in community settings.

Balance, falls, and bone health: Role of exercise in reducing fracture risk after stroke.
Eng JJ, Pang MY, Ashe MC.
(Copyright © 2008, Rehabilitation Research and Development Service, U.S. Department of Veterans Affairs)

ABSTRACT
Fractures occur frequently in people living with stroke and have high personal, social, and economic costs for these individuals, their families, and the community. Exercise to reduce the risk of fragility fractures is a relatively new application in stroke rehabilitation but is a promising treatment with the potential to reduce the incidence of falls as well as maintain or improve bone health. In this article, we outline fracture risk factors and provide an overview of
exercise interventions aimed at reducing fracture risk post stroke. Although randomized controlled trials support the use of exercise to reduce fracture risk factors post stroke, the body of literature is small and further studies are required. Further, the optimal dose of exercise and the additive effects of pharmacology on fracture risk need to be determined. Given the many health benefits associated with exercise, it should be considered an important modality for the management of falls and maintenance of bone health following stroke.

WEBSITES and REPORTS:


The Queensland Stay on Your Feet® Community Good Practice Guidelines and toolkit can now be accessed at the above website address. This site includes a range of falls prevention resources including an image library with images (see below for some examples) that can be used in presentations and publications free of charge as long as the source is acknowledged. Images include falls in hospital and residential care facilities, falls at home and home hazards, healthy ageing, footwear and foot care.

http://www.fallscommunity.scot.hns.uk

This is the falls Community of practice website for Scotland and includes a number of useful resources on balance, strength and mobility, bone health and osteoporosis, exercise, continence and falls care pathways.

http://www.rehabilitationmkn.scot.nhs.uk/home.aspx

This is the self-management and rehabilitation website for practitioners and patients. This website is designed to enable service users, carers, health and social care practitioners to access information and evidence around adult rehabilitation and the management of chronic conditions.

www.researchreview.com.au

This website offers research reviews on a range of areas including Geriatrics, Diabetes and Obesity, asthma/COPD and others. The bimonthly Geriatrics Research Review features an independent selection of recently published research, with comments on the relevance to Australian practice from Associate Professor Peter Hunter. This publication is delivered by e-mail and subscription is free from the above website.
Working Together  
To 
Promote Health 
A NSW Health Promotion 
Symposium 

For Health Promotion and Population Health Practitioners in NSW 

Monday 3rd and Tuesday 4th November 2008 
Wesley Conference Centre, Pitt Street, Sydney 

Invitation 
All NSW Health Promotion Networks invite your participation in the Symposium. 
The focus will be to explore, promote and discuss the issues emanating from the theme of Working Together to Promote Health. A principal function of the Symposium is to build the capacity of health promotion practitioners in NSW by encouraging first time presenters to describe and showcase their work to professional peers. Abstracts from first time presenters are warmly encouraged. Support initiatives, such as an information package, have been developed and will be available to assist delegates in submitting an abstract and in developing a presentation. 

Important dates 
Closing date for abstracts: 4th July 2008 
Early Bird Registration : 12th Sept 2008 

Following the successful 2006 Health Promotion Symposium, initiated by the NSW Health Promotion Workforce Development Network and the NSW Health Promotion Research and Evaluation Network, the 2008 Symposium is collaboration of all NSW Health Promotion Networks: 
- The Tobacco Control Network 
- The NSW Nutrition and Physical Activity Networks 
- The Communication Network 
- The NSW Falls Prevention Network 
- The Workforce Development Network 
- The Research and Evaluation Network 

All Networks have identified “Working Together to Promote Health” as an important strategy in successfully implementing their core business. 
Supported by the NSW Health Promotion Director’s Forum, NSW Centre for Health Advancement and sponsored by NSW Institute of Rural Clinical Services and Teaching, the symposium is a valuable opportunity to update on the breadth of current initiatives taking place in our dynamic area of population health practice. 

Organising Committee 

Please note: early bird registration has been extended to September 12th. Further information can be obtained from Sabrina Brown@gsahs.health.nsw.gov.au or hpsymposium@confo.com.au
Program and Registration Brochure

3rd Australian and New Zealand
Falls Prevention (ANZFP) Conference

12 - 14 OCTOBER 2008
GRAND HYATT, MELBOURNE VICTORIA

Hosted by: Australian and New Zealand Falls Prevention Society
www.anzfallsprevention.org
www.anzfpconference.com

Please Note: Early registrations close on September 15th
NSW FALLS PREVENTION NETWORK BACKGROUND
The NSW Falls Prevention Network has existed since 1993. The role of this network has grown since its inception and now includes:

- Meetings for discussion of falls related issues;
- Dissemination of research findings both local and international;
- Sharing resources developed and exploration of opportunities to combine resources in joint initiatives;
- Encouragement of collaborative projects and research;
- To act as a group to influence policy;
- To liaise with NSW Health to provide information on current State/Commonwealth issues in relation to falls and
- Maintenance of resources pertinent to the field

The main purpose of the network is to share knowledge, expertise, and resources on falls injury prevention for older people.

The NSW Falls Prevention Network activities are part of the implementation of the NSW Falls Prevention Policy funded by the NSW Department of Health.

NETWORK INFORMATION

JOINING THE NETWORK
To join the NSW Falls Prevention Network listserv:

- Send an email to: majordomo@lists.health.nsw.gov.au
- In the body of the message type: subscribe nsw-falls-network on the next line type end
- Do not put anything in the subject line
- You will receive an e-mail to confirm you have been added to the listserv
- To unsubscribe send an e-mail to the above address and in the body of the message write: unsubscribe nsw-falls-network on the next line type end

If you have any problems contact Esther at e.vance@powmri.edu.au.

SHARE YOUR NEWS AND INFORMATION/IDEAS ON FALLS PREVENTION
Do you have any news on Falls Prevention you want to share with others on the network, or do you want to report on a project that is happening in your area?

Please email Esther with your information. We also welcome suggestions for articles and information you would like to see in this newsletter.

Send your information to e.vance@powmri.edu.au

THE NETWORK LISTSERV
It is great to see the increased activity on the listserv and want to continue to promote this. To send an item to the listserv where all members of the network can see it, send an email to:

nsw-falls-network@lists.health.nsw.gov.au

You need to be a subscriber to the listserv to send an email that will be distributed to all members of the on the listserv. Remember to put a short description in the subject line.

Recently some posts to the listserv have bounced due to email address changes in the area health services, you need to re-subscribe with your new e-mail address and unsubscribe from your old address following the Join the Network instructions as shown on this page.