

# FALLS LINKS

Volume 7, Issue 1, 2012

Newsletter of the NSW Falls Prevention Network

## Welcome

### The NSW Falls Prevention Network Welcomes You to 2012

This first issue includes:

- A Tribute to Pam Albany
- April Falls Day 2012- information, ideas and resources.
- Agency for Clinical Innovation News
- New resources and Conferences
- Abstracts - the latest abstracts from the research literature

The NSW Falls Prevention Network Forum will be held on Friday 1st June 2012 please go to our [Falls Network Website](http://fallsnetwork.neura.edu.au) for further information.

The 5th Biennial Australian and New Zealand Falls Prevention Society (ANZFPS) Conference will be held in Adelaide at the Convention Centre from the 28-30th October 2012, further information is available at [www.anzfpsconference.com.au/](http://www.anzfpsconference.com.au/)

[fallsnetwork.neura.edu.au](http://fallsnetwork.neura.edu.au)

### Pam Albany 1951- 2011



Pam and Lorraine



Pam with NSW Falls Coordinators at ANZFPS Conference 2006



Pam at the Falls Coordinators Workshop at the CEC 2007

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***"Pam was a wonderful advocate for falls prevention. We have much to thank her for."***

***- Professor Stephen Lord***



# Tribute to Pam Albany

26th January 1951 – 28th December 2011

## In Memory of Pam Albany

**Notes from the eulogy given by Chris Albany at Pam's Thanksgiving Service held on the 3rd of January 2012.**

Pam was passionate about addressing injustice, discrimination, and oppression in whatever guise; especially where the vulnerable and disadvantaged were concerned. Hence her passion for accident and injury prevention especially when it came to children, indigenous communities and developing countries of the Western Pacific region where she spent time in Mongolia, Lao PDR, Cambodia and Vietnam for WHO.

Following 12 years of experience in teaching, broken by becoming a mother Pam worked for the National Safety Council in WA and then joined the Western Australian Health Department to work on health promotion and safety. She was the driving force behind work that brought substantial changes to child drowning rates in WA. (Swimming pool fences and bicycle helmets – not popular issue, threatening phone calls – undeterred determined to protect the vulnerable)

Following this Pam worked for the National Injury Surveillance Unit (AIHW) in Adelaide. She later took over responsibility for the Injury Prevention and Health Promotion function of the NSW Health Department. In this job Pam established the NSW Falls policy, undertook National Injury Prevention development work, undertook four studies into trauma in Aboriginal communities, and was responsible for the establishment of the Injury Risk Management Research Centre at the University of NSW. Pam also undertook the WHO consultancies and was also a consultant for the WHO Child Injury Report.

### Jan Shield

Pam was a wonderful colleague who gave many of us a 'kick-start' in our injury prevention careers, in particular through the scholarships she organised to enable as many Aussies as possible to attend the 2nd World Conference on Injury Prevention and Control in Atlanta in 1993. It was in Atlanta that it dawned on the Australian contingent that we had as much to teach as we had to learn, after all, we had achieved the world's lowest per capita road toll at that time. The group that was forged in Atlanta went on to organise the very successful 3rd International Conference on Injury Prevention and Control in Melbourne in 1996. This effort signaled a further step in our progress, and many of us have since been recognised as leaders in our various fields of endeavour - injury prevention, safety promotion and community safety - whether we be researchers, policymakers or implementers.

### James Harrison & Renate Kreisfeld

Pam was a stimulating and energetic colleague and friend. She worked with us in Adelaide at the National Injury Surveillance Unit for about half of the 1990s. Amongst other achievements in that period, Pam led planning and organisation for the very successful 3rd International Conference on Injury Prevention and Control, held in 1996. Pam always focused on what should be, and was tenacious in striving to bring that about. How? Her reflex was for collaboration, and her power to prompt people to work together was strong and successful. Pam's terrible decline and untimely death have denied us and her profession the benefit of her wise council, reliable moral compass and cheerful stirring. We will miss her dearly and remember her often.

***"Pam's legacy speaks for itself and the work continues"***

**- Deb Radvan**

## Reflections on Pam from NSW Colleagues

### Margaret Armstrong

Pam was passionate about reducing injury and the prevention of falls, and she took those she worked with along that journey as well. We in NSW have much to be grateful for in regard to her tenaciousness in progressing the academic and practical means of reducing injury for all age groups, and falls prevention for older people. The memory of her achievements will live on.

At a personal level, Pam was a great mentor for those working in this field – full of encouragement and suggestions of opportunities, as well as being genuinely concerned about the person themselves. Much appreciated quick emails and catch up phone calls were her hallmarks in letting people know she was thinking of them. She will be missed.

### Deb Radvan

Pam Albany was a big thinker, and those everyday challenges did not stop her from pushing forward with her vision for falls injury prevention. She had the capacity and determination to think beyond the here and now, beyond one-off projects, and even beyond the structure within which she worked. She was going to find a way through to that big picture, and if the path wasn't clear, she was going to build a new one.

We needed a State-wide policy. So we got one. We needed a dedicated research centre, and the engagement of the top researchers in the field. We got that too. We needed a well-funded, well-organised professional network. Got it. We needed funding that extended beyond a single financial year, so that we could actually make some serious plans for serious action. We needed specialist positions to coordinate and champion the work. We needed large, well-funded projects that would bring people together and build both momentum and capacity. We needed a pathway to the big picture, and Pam delivered one.

Pam's legacy speaks for itself, and the work continues. As it does, perhaps the best way that we can all remember her is to follow her example. Don't limit yourself. Don't let the everyday challenges that we all face get in your way. Think big – and go for it.

### Stephen Lord

From a researcher's perspective it was a delight to work with Pam on many initiatives. Pam embraced evidence based research and was always interested to hear the findings of the latest research studies. She went to great pains to make sure the initial NSW Falls policy was evidenced-based by holding several consensus meetings of researchers prior to the plan

being adopted. Pam was also devoted to having fall prevention research translated into practice and was a great supporter of the NSW Fall Prevention Network. She was instrumental in finding funding for several research studies, building networks among injury researchers, and providing wise advice for a NSW and Queensland Health Partnership Research Grant. Pam always saw the big picture and we can thank her for suggesting regular Australian Falls Prevention Conferences. In summary, Pam was a wonderful advocate for fall prevention. We have much to thank her for.

### Patsy Bourke

Pam's energy and knowledge wowed at first encounter at the 3rd International Conference on Injury Prevention and Control in Melbourne in 1996. Despite being one of the organisers she had time for someone in the early days of injury prevention work, which as many have expressed was a common experience. When Pam moved to NSW Health she always made time to discuss ideas with those who sought advice. Her enthusiasm generated a statewide injury meeting which saw quite different groups come together for robust sessions. Pam's vision saw the establishment of the NSW Falls Policy - it took almost a decade of persistence and the crunch was the economic evidence of failing to act.

At a personal level Pam's loyalty and support was unwavering. She could be fierce and determined but also patient in achieving goals. There was a gentleness in providing leadership and mentoring to those in a bit of strife or who needed a boost. Pam you will be greatly missed by many with the legacy of your work continuing by those fortunate enough to have been friend and colleague.

### Lorraine Lovitt

Pam will be remembered for her passion and commitment to not only the cause, but to the people that she worked with. She had compassion and understanding and supported people to take opportunities and to face the challenges. We have a lot to be thankful for and have been blessed by having been part of her circle of influence. We give thanks for her life and her influence on many people.

Thank-you Pam.

# April Falls Day®

## Coming up on the 2nd of April, 2012

### What is April Falls Day® and Month?

A day/month for your Health Service to promote Falls Prevention messages to:

- Staff and Patients,
- Families and Carers,
- Community Services
- General Community

April Falls Day® was initiated in Northern Sydney Central Coast Area Health Service (NSCCAHS) to promote falls prevention with staff, community service providers and the general community.

The Clinical Excellence Commission (CEC) has supported April Falls Day® since 1st April 2008 and has arranged for it to be gazetted in the NSW Health Calendar and now includes all of April.

April Falls Day® in NSW is to promote falls prevention best practice in hospital, community and residential aged care.

### More Information

#### Activities

Falls Prevention display and distribution of falls prevention information in:

- The front foyer of a hospital or ward displays
- Local shopping centres and areas
- Community Health Centres

Involve local Allied Health Workers:

- Optometrist/orthoptist to offer simple vision tests and to promote clean glasses
- Physiotherapists to conduct balance and gait tests
- Podiatrist to offer foot exams and talk about well fitting shoes

Physical Activity Demonstrations and distribution of information:

- Tai Chi
- Strength and Balance exercises
- Information on where to participate in exercise grams that incorporate strength and balance exercise's locally.

### April Falls Day® 2012

Our focus in 2012 is to promote:

- Falls and Bone Health to increase awareness of the importance of Vitamin D, Calcium and Physical activity to ensure healthy bones and decrease the incidence of falls and falls related injuries. Further information on bone health and osteoporosis can be obtained at [Osteoporosis Australia](#) and [Musculoskeletal Network](#), Agency for Clinical Innovation.
- The Australian Commission on Safety Quality and Health Care (ACSQHC) 2009 falls prevention best-practice guidelines: Preventing Falls and Harm from Falls in Australian hospitals, Community Care and Residential Aged Care.
- [Staying active and on your feet](#), a Community Falls Prevention resource booklet - which provides key messages on:
  - Simple Home Based Exercises essential to staying active
  - A Health and Lifestyle Checklist
  - A Home Safety Checklist
  - Tips for staying active and healthy

### Conduct Community Forums

Invite local community service providers to a forum/session on falls prevention and distribute information.

April Falls Day® is generally extended to April Falls Month with activities over the month including Community Forums and activities in Residential Aged Care Facilities.

April Falls Day® activities conducted in 2011 across NSW were highlighted in Falls Links Volume 6 Issue 2, 2011. This can be accessed in the [Falls Links Newsletter Archives](#).

***"This years special focus for April Falls Day®/Month is on falls prevention and bone health."***



## April Falls Day®/Month Resources

### Australian Commission on Safety Quality and Health Care (ACSQHC) 2009 falls prevention best-practice guidelines: Preventing Falls and Harm from Falls in Hospitals, Community Care and Residential Aged Care Facilities.

Information about these guidelines can be obtained from Clinical Excellence Commission (CEC) website: <http://www.cec.health.nsw.gov.au/programs/falls-prevention>

These guidelines are also available on CD. Please contact: Maree Connolly, Falls Prevention Project Officer, CEC by phone: (02) 9269 5516 or email: [maree.connolly@cec.health.nsw.gov.au](mailto:maree.connolly@cec.health.nsw.gov.au)

### ACSQHC 2009 Falls Prevention Best Practice Guidelines for Australian Hospital, Residential Aged Care and Community Care.

The CEC still has a limited numbers of the free copies (for NSW Health Staff only) of the ACSQHC Falls Prevention Guidelines remaining.

These are available in hard copies and CD including a Guideline, Guidebook and CD (which has the complete set of the guidelines, guidebooks, implementation guide and fact sheets).

Free copies of the Community Care Guideline have all been distributed. These will now have to be purchased.

### Ordering Copies of the ACSQHC 2009 Falls Prevention Guidelines, Guidebooks and CD

NSW Health Staff: If you would like to receive a copy of the guideline, guidebook and CD and you are employed by NSW Health please use the Order Form on the CEC website at:

[www.cec.health.nsw.gov.au/programs/falls-prevention](http://www.cec.health.nsw.gov.au/programs/falls-prevention)

If you have any queries please do not hesitate to contact: Maree Connolly, by phone: (02) 9269 5516 or email: [maree.connolly@cec.health.nsw.gov.au](mailto:maree.connolly@cec.health.nsw.gov.au)

All other persons interested in obtaining a copy of the guideline, guidebook and CD (private providers, non-government agencies, community care and residential aged care) you can purchase copies from the Queensland Government Bookshop.

Website: [www.bookshop.qld.gov.au/ProductBrowse.aspx?Category=SXXF257501](http://www.bookshop.qld.gov.au/ProductBrowse.aspx?Category=SXXF257501)

Phone: 13 13 04

Email: [service@sds.qld.gov.au](mailto:service@sds.qld.gov.au)

### Summary of Best Practice Guidelines 2009 Hospital

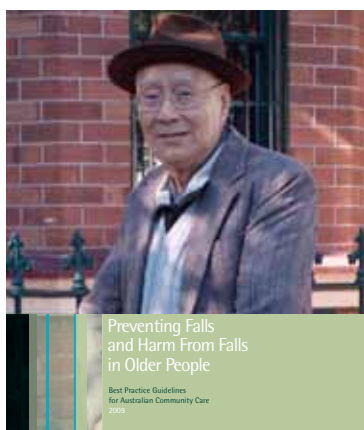
- Summary of Hospital Falls Prevention Strategies
- Falls Prevention in Hospitals for older persons aged 65 years and over
- Post Fall Assessment and Management

### Community Care

- Summary of Community Care Falls Prevention Strategies

These summaries can be down loaded from the CEC website:

[www.cec.health.nsw.gov.au/programs/falls-prevention](http://www.cec.health.nsw.gov.au/programs/falls-prevention)



# April Falls Day®

Coming up on the 2nd of April, 2012

## Other Resources Available:

### Staying Active and on Your Feet

This resource includes:

- Simple strength and balance home based exercises essential to staying active
- A Health and Lifestyle checklist
- Pictures and description of how to get up from a fall
- A home safety checklist

This resource can be ordered on the [Active and Healthy website](http://www.activeandhealthy.nsw.gov.au) or by contacting Esther Vance by phone on (02) 9399 1063 or email to [e.vance@neura.edu.au](mailto:e.vance@neura.edu.au)

### Active and Healthy website

[www.activeandhealthy.nsw.gov.au](http://www.activeandhealthy.nsw.gov.au)

This website allows you to:

- Find a Falls Prevention Exercise Program in your local area by suburb
- New community resource Staying Active and On Your Feet
- Simple Home Based Exercises essential to staying active
- A Health and Lifestyle Checklist
- A Home Safety Checklist
- Tips for staying active and health

### Poster - Falls Look Out Please (FLOP)

This can be downloaded from the CEC website:

<http://www.cec.health.nsw.gov.au/programs/falls-prevention>

Falls remain the most common incident reported in the Incident Information Management System (IIMS) and occur particularly in: Medicine-General, Aged Care-Geriatrics, Rehabilitation, Surgical- Orthopedics and Surgical- General wards.

### Education CDs

#### Falls Prevention Experts

To support the distribution of the ACSQHC 2009 Falls Prevention Best Practice Guidelines: Preventing Falls and Harm from Falls in Australian Hospitals, Community Care and Residential Aged Care a number of KEY presentations by falls prevention experts and falls champions were filmed and will be made available via the NSW Falls Prevention Network. Presentations include:

- Professor Stephen Lord, Neuroscience Research, Australia - Falls Prevention Guidelines, Falls Risk Assessment and Vision Interventions in Older People
- Dr Cathie Sherrington, The George Institute: Exercise prescriptions for Hospital, Community and Residential Aged Care
- Ms Margaret Armstrong, Falls Prevention Co-ordinator: Implementing best practice falls



prevention in the community

- Mr John Senior, Clinical Nurse Consultant: The role of Vitamin D and calcium in preventing falls in the older population.
- Ms Mandy Harden, Clinical Nurse Consultant : ACSQHC National Falls Prevention Guidelines for Residential Care
- Ms Colleen McKinnon, Clinical Nurse Consultant: Confusion and Falls in Older People

### NSW Falls Prevention Network Forum 2011

The 2011 Falls Prevention Network forum was held on 27th May and all presentations were filmed and are available on CD ROM including the concurrent sessions on Falls Risk Factors and Exercise and Falls Prevention.

Copies of the above resources can be obtained by contacting Esther Vance by phone on (02) 9399 1063 or by email at [e.vance@neura.edu.au](mailto:e.vance@neura.edu.au)

### Staff Education

April Falls Day®/Month provides a great opportunity to run staff education sessions around falls prevention. The CEC has developed a DVD/CD education resource: Preventing Falls in NSW Hospital. It includes an education manual and Power Point presentations for education sessions and is presents 4 video case scenarios based on falls hospital incidents.

These have been distributed across the state but you can obtain a copy by contacting: Maree Connolly, ph (02) 9269 5516 or email: [maree.connolly@cec.health.nsw.gov.au](mailto:maree.connolly@cec.health.nsw.gov.au)

## Resources available to purchase:

### Fridge Magnets

Many of you would be aware of the Balance and Strength for Seniors fridge magnets developed by Sydney West Area Health Service (SWAHS).

They have information on four simple exercises that can be done at home.

These can be purchased (cardboard version with magnet on the back) at a cost of \$30 for 100 (including postage).

A limited quantity of these are still available. They do have the old SWAHS logo on them.

To purchase these, contact Yvonne Herrero:

Email: [Yvonne.Herrero@wsahs.nsw.gov.au](mailto:Yvonne.Herrero@wsahs.nsw.gov.au)

Phone: (02) 4734 2689

A larger (278mm x 121mm) more durable vinyl, fully magnetised version of these are now available. These have a generic NSW Health logo on them. These are more expensive - \$1.20 per magnet. Postage is extra, contact Yvonne Herrero as above.

In conjunction with the SWAHS Aboriginal Health Unit, Health Promotion have

developed a version of the magnet for older aboriginal people/elders. This has a generic NSW Health logo.

This version is more expensive as it is larger (278mm x 121mm) and is fully magnetised, so is much more durable.

[For a box of 200, the cost will be \$225 inc GST plus postage]

Contact: Dave Hill, Customer Service,  
Penrith Art Printing Works  
Telephone: (02) 4731 5242  
Facsimile: (02) 4731 2572  
Email: [Dave@papw.com.au](mailto:Dave@papw.com.au)

For smaller quantities of these, cost is \$1.20 each.  
Contact Yvonne Herrero as per above details.




### Balance and Strength Exercises for Elders

as recommended by falls prevention specialists

For safety, hold onto a bench or stable furniture with both hands. As you progress, hold on with one hand. Once you can manage this safely, try without holding on. Aim for slow, controlled movements. Repeat each exercise 8 times, increasing to 15 times as you get stronger. Do these exercises as often as you can throughout the day.

**Talk to your doctor if you are unsure about doing any of these exercises.**



**1. HEEL RAISES**

Stand facing the bench and hold onto the edge. Place your feet apart (shoulder width). Slowly rise up onto your toes, hold for one second, then lower down onto your heels.



**2. HALF SQUATS**

Stand with feet apart (shoulder width). Lean slightly forward, keeping back straight. Slowly bend both legs, knees pointing forward. Return to upright position, squeezing your buttocks together.



**3. KNEE LIFT**

Face bench. Lift left leg to hip height, lower leg to floor, then lift right leg to hip height and lower to floor. Progress to slow marching on the spot (spend up to 10 seconds on each leg).



**4. WALKING SIDEWAYS**

First, make sure the floor area is free of obstacles – no mats or objects in the way. Take 4 steps to the left, stop, take 4 steps to the right.

Developed by Sydney West Area Health Service ©

SWP-232 10/10



# April Falls Day®

Coming up on the 2nd of April, 2012

## More Resources available to purchase:

### T-Shirts, Pens and Mugs

T-shirts, pens and mugs can be purchased from Good Gear.

Contact: Michelle Davidson, Executive Assistant Unit  
6/16 Jusfrute Drive, West Gosford NSW 2250  
Ph: (02) 4323 4884, Fax: (02) 4323 4910

Email: [michelle@goodgear.com](mailto:michelle@goodgear.com)

[www.goodgear.com.au](http://www.goodgear.com.au)

Northern Sydney Central Coast Health (NSCCH) have developed a number of April Falls Day Resources including a Choose the Right Shoes brochure, Preventing a Fall in Hospital brochures, Don't Fall for It bookmark, and Prevent a Fall at Home Fridge Magnet, information on purchasing these resources can be obtained from:

Chris Lawrenson at Healthy Lifestyle, NSCCH Health Promotion Service by phone:  
(02) 8877 5327 (W, Th, Fr)  
(02) 8877 5300 or  
Email: [Clawrens@nscchs.health.nsw.gov.au](mailto:Clawrens@nscchs.health.nsw.gov.au)



### Choose the Right Shoes

**Don't go head over heels!**



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### Preventing a Fall in Hospital

**A guide for Parents and Family**



Falls in hospital can be serious and can lead to injuries and a longer hospital stay. With your help we will make this a safer place for your child.



### Preventing a Fall in Hospital

**A guide for Patients and Carers.**



Falls in hospital can be serious as they can lead to injuries and a longer hospital stay.

With your help we hope to make this a safer visit.

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### Don't fall for it! (at Home)

- Keep physically active
- Have regular health checks eg. eyesight, hearing and feet
- Review your medications with your doctor & pharmacist
- Wear well fitting shoes and slippers with non-slip soles
- Keep your home free from hazards
- Use the correct walking aid for your needs
- Be aware of falls hazards when out and about

CATALOGUE No. 104808

LIVE LIFE WELL | NSW HEALTH  
NORTHERN SYDNEY  
CENTRAL COAST  
AREA HEALTH SERVICES

### Prevent a Fall at Home

- Make your home safer by removing clutter and checking for hazards
- Have bright lighting – use maximum recommended wattage in all lights
- Install a nightlight in your bedroom or hallway
- Have hand rails installed on your stairs
- Consider installation of hand rails and shower aids in your bathroom
- Wear well fitting shoes or slippers, with a non-slip sole
- Use the correct walking aid for your needs
- Review your medications with your Doctor & Pharmacist
- Have regular health checks eg. eyesight, hearing and feet
- Manage chronic health conditions to reduce risk of a fall
- Do regular exercise to maintain balance and muscle strength

CATALOGUE No. 09482

LIVE LIFE WELL | NSW HEALTH  
NORTHERN SYDNEY  
CENTRAL COAST  
AREA HEALTH SERVICES





# Agency for Clinical Innovation (ACI) News

Latest news from the ACI

## Aged Health Network

### Care of the Confused Hospitalised Older Person Study (CHOPS)

The Agency for Clinical Innovation (ACI) Aged Health Network is leading the Care of the Confused Hospitalised Older Person Study (CHOPS) to improve care and reduce harm for confused hospitalised older adults. It is a joint venture between the Clinical Excellence Commission (CEC), GP NSW and the ACI and is funded through DVA (Department of Veteran Affairs)

This pilot project has begun to develop a training, education, and support program to enhance care and minimise harm for the confused older person. This approach will target prevention, assessment and management across wards within the 5 pilot hospitals. It is hoped that resources can be secured to implement and systematise the model of care across NSW Hospitals and move towards to concept of the "Brain Friendly" hospital where the culture, attitudes and behaviour of staff reflect the desire to provide high quality care for this population.

The anticipated results of this approach will be safer, more effective and efficient care, reduced length of stay for older people, decreased incidence of aggression towards staff and ultimately improved staff satisfaction. The 5 pilot hospitals are Armidale, Batemans Bay, Campbelltown, Pambula and Ryde.

For further information please contact:

Anthea Temple 0467 711 274 or

email: [anthea.temple@aci.health.nsw.gov.au](mailto:anthea.temple@aci.health.nsw.gov.au)

## ACI Musculoskeletal Network Forum 2012

**Date:** Friday 4 May 2012

**Venue:** Kerry Packer Auditorium, Royal Prince Alfred Hospital, Camperdown, NSW

Registration is open now at [www.health.nsw.gov.au/gmct/musculoskeletal/index.asp](http://www.health.nsw.gov.au/gmct/musculoskeletal/index.asp)



### Draft Program

### 2<sup>nd</sup> Annual Musculoskeletal Network Forum

**Friday 4 May 2012**

Kerry Packer Auditorium  
Kerry Packer Education Centre  
Royal Prince Alfred Hospital  
Camperdown

## New Resources

### NSW Ministry of Health

[http://www.health.nsw.gov.au/pubs/2011/ee\\_of\\_comm\\_res\\_falls\\_prvn.html](http://www.health.nsw.gov.au/pubs/2011/ee_of_comm_res_falls_prvn.html)

*'An economic evaluation of community and residential aged care falls prevention strategies in NSW'.*

This project was funded by the NSW Ministry of Health and conducted by the Centre for Health Economics Research and Evaluation as part of the Costing for Health Economic Evaluation Program.

The report describes the most cost effective falls prevention interventions in both the community and the residential aged care settings. It is the first to convert falls avoided and hospitalisations avoided into QALYs gained, the most commonly used outcome measure in economic evaluation.

## Conferences/Meetings

### NSW Falls Prevention Network Forum, Friday June 1st, Wesley Conference Centre

This forum will focus on health prevention strategies in special populations such as Culturally and Linguistically Diverse (CALD) and Aboriginal and Torres St Islander populations. There will also be an update on the research and report on current research in the area. The afternoon session will focus on how to motivate and encourage the older population to participate in exercise and other falls prevention activities and active lifestyles as well as motivating health professionals around falls prevention. Projects to highlight some examples will be presented. A flyer will be available shortly and registrations will open in early March.

### 5th Biennial Australian and New Zealand Falls Prevention Society Conference, 28th - 30th October, Adelaide Convention Centre

The main theme for this years conference is Translating Research into practice. Call for Abstracts is now open and will be until April 9th. We would like to encourage a range of abstracts and the website lists the conference themes. Go to [www.anzfpsconference.com.au/](http://www.anzfpsconference.com.au/)

This conference will be of interest and relevance to health professionals and others who provide care and support to older people, and who are interested in reducing the rate of falls and harm from falls. The conference showcases Australasian and international research.

Registration and program details will be released shortly.



New  
Website

[www.activeandhealthy.nsw.gov.au](http://www.activeandhealthy.nsw.gov.au)

Find a falls prevention exercise program in your local community.



## Designed for

- General Practitioners
- Health & Community Services staff
- Community members (older people, family, friends and carers)

### Search by suburb

To find a falls prevention exercise program in your local area.

### Exercise programs

Have been approved for registration on this website.

**Programs include:** Tai Chi, Stepping On, Gentle Exercise and more.

### Other highlights

- The *Staying Active and On Your Feet* booklet with exercises to do at home, and lifestyle and home safety checklists.
- Information for health professionals - falls prevention best-practice.



View the website at: [www.activeandhealthy.nsw.gov.au](http://www.activeandhealthy.nsw.gov.au)

Please promote this website and provide feedback at:  
[www.activeandhealthy.nsw.gov.au/feedback](http://www.activeandhealthy.nsw.gov.au/feedback)



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# Abstracts

## Recent abstracts from the research literature

### Reviews

#### Usefulness of the Berg balance scale to predict falls in the elderly.

Neuls PD, Clark TL, Van Heuklon NC, Proctor JE, Kilker BJ, Bieber ME, Donlan AV, Carr-Jules SA, Neidel WH, Newton RA.

*J. Geriatr. Phys. Ther.* 2011; 34(1): 3-10. Affiliation: 1HealthSouth Rehabilitation Hospital, Toms River, New Jersey. 2Nash Community College, Rocky Mount, North Carolina. 3UW Hospital and Clinics, Madison, Wisconsin. 4Susquehanna Health Neuroscience Center, Williamsport, Pennsylvania. 5Temple University, Philadelphia, Pennsylvania. 6The Reading Hospital and Medical Center, Reading, Pennsylvania. 7Phoebe Services, Allentown, Pennsylvania. 8Odenton, Maryland. 9Gaylord Hospital, Wallingford, Connecticut. DOI: 10.1097/JPT.0b013e3181ff2b0e PMID: 21937886 (Copyright © 2011, American Physical Therapy Association).

#### Abstract

**Objective:** The purpose of this systematic review was to complete a comprehensive search and review of the literature to determine the ability of the Berg Balance Scale (BBS) to predict falls in the elderly with and without pathology. Specifically, the cutoff score that is most predictive of falls in the older adults and the sensitivity and specificity of the BBS in predicting falls.

**Methods:** A search of English-language-based literature with relevant search terms using the OVID, CINAHL, PubMed, and MEDLINE search engines from 1985 to March 2009.

**Results:** Nine studies warranted inclusion in this systematic review after evaluation for article objectives, inclusion criteria, and scoring 5 or more out of 10 on the Physiotherapy Evidence Database scale. Five studies addressed the elderly population ( = 65 years) without pathology. The remaining 4 studies addressed elderly participants with neurological disorders. All 9 studies reported sensitivity and specificity of the BBS in predicting falls. Sensitivity and specificity results varied greatly depending on the cutoff score and the author's objectives. Eight of the 9 studies recommended specific cutoff scores.

**Discussion and Conclusion:** The BBS alone is not useful for predicting falls in the older adults with and without pathological conditions. Given the varied recommended cutoff scores and psychometric values, clinicians should use the BBS in conjunction with other tests/measures considering unique patient factors to quantify the chances of falls in the older adults. This study recommends research to formulate a scoring algorithm that can further enhance the clinician's ability to predict falls in the older adults.

#### Psychotropic drug-induced falls in older people: a review of interventions aimed at reducing the problem.

Hill KD, Wee R.

*Drugs Aging* 2012; 29(1): 15-30. Affiliation: Musculoskeletal Research Centre, Faculty of Health Sciences, La Trobe University, Bundoora, VIC, Australia. PMID: 22191720 (Copyright © 2012, Adis International).

#### Abstract

Falls are a common health problem for older people, and psychotropic medications have been identified as an important independent fall risk factor. The objective of this paper was to review the literature relating to the effect of psychotropic medications on falls in older people, with a particular focus on evidence supporting minimization of their use to reduce risk of falls.

A literature search identified 18 randomized trials meeting the inclusion criteria for the review of effectiveness of psychotropic medication withdrawal studies, including four with falls outcomes. One of these, which targeted reduced psychotropic medication use in the community, reported a 66% reduction in falls, while the other studies demonstrated some success in reducing psychotropic medication use but with mixed effects on falls. Other randomized trials evaluated various approaches to reducing psychotropic medications generally or specific classes of psychotropic medications (e.g. benzodiazepines), but did not report fall-related outcomes.

Overall, these studies reported moderate success in reducing psychotropic medication use, and a number reported no or limited worsening of key outcomes such as sleep quality or behavioural difficulties associated with withdrawal of psychotropic medication use.

Reduced prescription of psychotropic medications (e.g. seeking non-pharmacological alternatives to their use in place of prescription in the first place or, for those patients for whom these medications are deemed necessary, regular monitoring and efforts to cease use or wean off use over time) needs to be a strong focus in clinical practice for three reasons. Firstly, psychotropic medications are commonly prescribed for older people, both in the community and especially in the residential care setting, and their effectiveness in a number of clinical groups has been questioned. Secondly, there is strong evidence of an association between substantially increased risk of falls and use of a number of psychotropic medications, including benzodiazepines (particularly, the long-acting agents), antidepressants and antipsychotic drugs. Finally, the largest effect of any randomized trial of falls prevention to date was achieved with a single intervention consisting of weaning psychotropic drug users off their medications.

### **Efficacy of whole body vibration exercise in older people: a systematic review.**

Sitja-Rabert M, Rigau D, Fort Vanmeerghaeghe A, Romero-Rodriguez D, Bonastre Subirana M, Bonfill X.

*Disabil. Rehabil.* 2012; ePub(ePub): ePub. Affiliation: Blanquerna School of Health Science, Universitat Ramon Llull, Barcelona, Spain. DOI: 10.3109/09638288.2011.626486 PMID: 22225483 (Copyright © 2012, Informa - Taylor and Francis Group).

#### **Abstract**

**Purpose:** The aim of this study was to perform a systematic review of the literature on whole body vibration programs in older population and a meta-analysis of randomized controlled clinical trials.

**Method:** A search was conducted in MEDLINE, EMBASE, CENTRAL, CINAHL and PsychINFO databases. We included randomized controlled trials evaluating the efficacy and safety of whole body vibration training in older populations compared to conventional exercise or control groups that assessed balance, muscle strength, falls, bone mineral density and adverse events.

**Results:** Sixteen trials met the inclusion criteria. Comparing the vibration and the control group, we found that vibration significantly improved knee muscle isometric strength (18.30 Nm, 95% CI 7.95-28.65), muscle power (10.44 W, 95% CI 2.85-18.03) and balance control (Tinetti test: 4.5 points, 95% CI 0.95-8.11). Comparison with a conventional exercise showed that the only significant difference was bone mineral density in the femoral neck (0.04 g/cm<sup>2</sup>, 95% CI 0.02-0.07). There were no serious complications in most of studies.

**Conclusion:** Whole body vibration training may improve strength, power and balance in comparison with a control group, although these effects are not apparent when compared with a group that does conventional exercise.

### **Review of tai chi as an effective exercise on falls prevention in elderly.**

Schleicher MM, Wedam L, Wu G.

*Res. Sports Med.* 2012; 20(1): 37-58. Affiliation: Department of Nutrition, The University of Vermont, Burlington, Vermont, USA. DOI: 10.1080/15438627.2012.634697 PMID: 22242736 (Copyright © 2012, Informa - Taylor and Francis Group).

#### **Abstract**

The risk of accidental falls and fall-related injuries increases with age. Regular physical exercises can delay the age-related changes affecting postural balance and reduce the risk of falls. Although Tai Chi (TC) has become a popular exercise among the elderly, does regular TC exercise lead to fewer falls and fall-related injuries? Who would receive the most benefit from TC exercise? What style of TC is best for fall risk reductions? What is the minimum amount of TC exercise needed before its positive effect is observed? How does the effect of TC exercise compare to other physical exercises? The goal of this study is to conduct a systematic review of recent literature on TC's effectiveness for reducing fall risks in elders. A summary and analysis is provided for the following variables: targeted subject population, TC curriculum, comparative effect, and outcome measures. bone mineral density and adverse events.

# Abstracts Continued

## Recent abstracts from the research literature

### Reviews

#### Evidence-based exercise prescription for balance and falls prevention: a current review of the literature.

Shubert TE.

*J. Geriatr. Phys. Ther.* 2011; 34(3): 100-108. Affiliation: UNC Division of Physical Therapy, UNC Chapel Hill, Chapel Hill, North Carolina. DOI: 10.1519/JPT.0b013e31822938ac PMID: 22267151 (Copyright © 2011, American Physical Therapy Association).

#### Abstract

Falls are the leading cause of emergency department visits, hospital admissions, and unintentional death for older adults. Balance and strength impairments are common falls risk factors for community-dwelling older adults. Though physical therapists commonly treat balance and strength, standardized falls screening has not been fully incorporated into physical therapy practice and there is much variation in the frequency, intensity, and duration of therapy prescribed to achieve optimal results. For community-dwelling older adults, a progressive exercise program that focuses on moderate to high-intensity balance exercises appears to be one of the most effective interventions to prevent falls. For more frail older adults in institutional settings, exercise programs in addition to multifactorial interventions appear to show promise as effective falls prevention interventions. The minimum dose of exercise to protect an older adult against falls is 50 hours. This article describes the current best practices for physical therapists to effectively improve balance and manage falls risk in patients. The unique challenges and opportunities for physical therapists to incorporate evidence-based fall-prevention strategies are discussed. Innovative practice models incorporating evidence-based fall-prevention programs and partnerships with public health and aging service providers to create a continuum of care and achieve the optimal dose of balance training are presented.

### Costing Studies

#### Health care and socioeconomic impact of falls in the elderly.

Siracuse JJ, Odell DD, Gondek SP, Odom SR, Kasper EM, Hauser CJ, Moorman DW.

*Am. J. Surg.* 2012; ePub(ePub): ePub. Affiliation: Division of Acute Care Surgery, Department of Surgery, Beth Israel Deaconess Medical Center and Harvard Medical School, Boston, MA 02215, USA. DOI: 10.1016/j.amjsurg.2011.09.018 PMID: 22257741 (Copyright © 2012, Elsevier Publishing).

#### Abstract

**Background:** Elderly falls are associated with long hospital stays, major morbidity, and mortality. We sought to examine the fate of patients  $\geq 75$  years of age admitted after falls.

**Methods:** We reviewed all fall admissions in 2008. Causes, comorbidities, injuries, procedures, mortality, readmission, and costs were analyzed.

**Results:** Seven hundred eight patients  $\geq 75$  years old were admitted after a fall, with 89% being simple falls. Short-term mortality was 6%. Male sex, atrial fibrillation, acute myocardial infarction, congestive heart failure (CHF), intracranial hemorrhage, hospital-acquired pneumonia, trigger events, *Clostridium difficile*, and intubation were predictors of death ( $P < .05$ ). Thirty-day readmission occurred in 14%; CHF, craniotomy, and acute renal failure were predictive. The median cost of hospitalization was \$11,000 with cardiac disease, anemia, major orthopedic and neurosurgical procedures, pneumonia, and intubation as predictive.

**Conclusions:** Simple falls in the elderly have high morbidity, mortality, and costs. Methodologies for prevention are warranted and should be studied intensively.



## Epidemiology and risk factors

### Relationship Between Obesity and Falls by Middle-Aged and Older Women.

Rosenblatt NJ, Grabiner MD.

*Arch. Phys. Med. Rehabil.* 2012; ePub(ePub): ePub. Affiliation: Department of Kinesiology and Nutrition, University of Illinois at Chicago, Chicago, IL. DOI: 10.1016/j.apmr.2011.08.038 PMID: 22218136 (Copyright © 2012, Elsevier Publishing).

#### Abstract

It has been suggested that obesity increases fall risk, based on diminished static balance and increased fall-related injury risk. However, these findings only indirectly relate obesity and falls. The purpose of this study was to use existing data to directly explore the relationship between obesity and falls by community-dwelling women aged 55 years and older.

Eighty-six subjects (42 obese) reported falls occurring during the previous year (retrospective falls), and over the following year responded to biweekly communications inquiring whether they fell or stumbled (prospective falls/stumbles). Because trips represent the largest fall cause by community-dwelling adults, we also analyzed outcomes and recovery strategies of 25 women (13 obese) after laboratory-induced trips. Obese and healthy weight women retrospectively reported similar fall rates (40.9% vs 40.5%;  $P=.97$ ). Similar percentages of healthy weight and obese women prospectively fell (64.7% vs 64.3%;  $P=.98$ ) and stumbled (38.9% vs 14.3%;  $P=.24$ ). After laboratory-induced trips, 46.2% of obese versus 25.0% of healthy weight women fell ( $P=.44$ ). Unlike healthy weight fallers, most obese fallers failed to initiate or complete the recovery step before full-body harness support.

Obesity does not appear to increase overall fall risk; although, fall rates after laboratory-induced trips were notably higher, potentially due to altered recovery responses. An incomplete recovery step could increase impact force with the ground, predisposing obese individuals to injury. The fact that there is concurrence between 4 independent outcomes strengthens the findings, suggesting that further, large-scale studies are warranted to inform future clinical practice regarding fall-risk assessment for obese older adults.

### Comparison of fallers and nonfallers at an inpatient rehabilitation facility: a retrospective review.

Kwan F, Kaplan S, Hudson-McKinney M, Redman-Bentley D, Rosario ER.

*Rehabil. Nurs.* 2012; 37(1): 30-36. DOI: 10.1002/RNJ.00004 What is this? PMID: 22271219 (Copyright © 2012, Association of Rehabilitation Nursing).

#### Abstract

Patients in an inpatient rehabilitation facility (IRF) are at increased fall risk. However, little IRF research has focused on fall risk.

**Purpose:** The purpose of this study was to retrospectively examine differences between 35 patients who fell and 35 who did not during their IRF stay .

**Method:** The following admission data were compared: age, gender, diagnosis, Morse Fall Scale score, and 18 Functional Independence Measure (FIM) scores. Independent t-tests were conducted for age and FIM scores, Mann-Whitney test was conducted for Morse scores, and chi-square tests were conducted for gender and diagnosis to examine differences between fallers and nonfallers.

**Findings:** There were no significant differences between groups for age, gender, diagnosis, or Morse scores. However, there were significant differences for 12 FIM items, and FIM Motor, Cognitive, and Total [scores](#). The results suggest that the Morse Scale may not be the most appropriate tool for assessing fall risk in an IRF.

**Conclusions and clinical relevance:** Decisions about fall risk should consider admission FIM scores.

# Abstracts Continued

## Recent abstracts from the research literature

### Unintentional falls mortality among elderly in the United States: Time for action.

Alamgir H, Muazzam S, Nasrullah M.

Injury 2012; ePub(ePub): ePub. Affiliation: University of Texas, School of Public Health, TX, USA. DOI: 10.1016/j.injury.2011.12.001 PMID: 22265137 (Copyright © 2012, Elsevier Publishing).

#### Abstract

Fall injury is a leading cause of death and disability among older adults. The objective of this study is to identify the groups among the  $\geq 65$  population by age, gender, race, ethnicity and state of residence which are most vulnerable to unintentional fall mortality and report the trends in falls mortality in the United States. Using mortality data from the Centers for Disease Control and Prevention, the age specific and age-adjusted fall mortality rates were calculated by gender, age, race, ethnicity and state of residence for a five year period (2003-2007). Annual percentage changes in rates were calculated and linear regression using natural logged rates were used for time-trend analysis. There were 79,386 fall fatalities (rate: 40.77 per 100,000 population) reported. The annual mortality rate varied from a low of 36.76 in 2003 to a high of 44.89 in 2007 with a 22.14% increase ( $p=0.002$  for time-related trend) during 2003-2007. The rates among whites were higher compared to blacks (43.04 vs. 18.83;  $p=0.01$ ). While comparing falls mortality rate for race by gender, white males had the highest mortality rate followed by white females. The rate was as low as 20.19 for Alabama and as high as 97.63 for New Mexico. The relative attribution of falls mortality among all unintentional injury mortality increased with age (23.19% for 65-69 years and 53.53% for 85+ years), and the proportion of falls mortality was significantly higher among females than males (46.9% vs. 40.7%:  $p<0.001$ ) and among whites than blacks (45.3% vs. 24.7%:  $p<0.001$ ). The burden of fall related mortality is very high and the rate is on the rise; however, the burden and trend varied by gender, age, race and ethnicity and also by state of residence. Strategies will be more effective in reducing fall-related mortality when high risk population groups are targeted.

### Reevaluating the Implications of Recurrent Falls in Older Adults: Location Changes the Inference.

Kelsey JL, Procter-Gray E, Berry SD, Hannan MT, Kiel DP, Lipsitz LA, Li W.

J. Am. Geriatr. Soc. 2012; ePub(ePub): ePub. Affiliation: Division of Preventive and Behavioral Medicine, University of Massachusetts Medical School, Worcester, Massachusetts. DOI: 10.1111/j.1532-5415.2011.03834.x PMID: 22283236 (Copyright © 2012, John Wiley and Sons).

#### Abstract

**Objectives:** To compare characteristics of indoor and outdoor recurrent fallers and explore some implications for clinical practice, in which a fall risk assessment for all recurrent fallers has been recommended.

**Design:** Prospective cohort study.

**Setting:** Maintenance of Balance, Independent Living, Intellect, and Zest in the Elderly of Boston Study, a study of falls etiology in community-dwelling older individuals from randomly sampled households in the Boston, Massachusetts, area.

**Participants:** Seven hundred thirteen women and men, mostly aged 70 and older, with at least 1 year of follow-up.

**Measurements:** Data at baseline and from an 18-month follow-up examination were collected by questionnaire and comprehensive clinic examination. During follow-up, participants recorded falls on daily calendars. A telephone interview queried location and circumstances of each fall.

**Results:** One hundred forty-five participants reported recurrent falls ( $\geq 2$ ) during the first year. Those who had fallen only outdoors had good health characteristics, whereas those who had fallen only indoors were generally in poor health. For instance, 25.5% of indoor-only recurrent fallers had gait speeds of slower than 0.6 m/s, compared with 2.9% of outdoor-only recurrent fallers; the respective percentages were 44.7% and 8.8% for Berg balance score less than 48. Recurrent indoor fallers generally had poor health characteristics regardless of their activity at the time of their falls, whereas recurrent outdoor fallers who fell during vigorous activity or walking were especially healthy. A report of any recurrent falls in the first year did not predict number of positive findings on a comprehensive or abbreviated fall risk assessment at the 18-month follow-up examination.

**Conclusion:** Characteristics of community-dwelling older people with recurrent indoor and outdoor falls are

different. If confirmed, these results suggest that different types of fall risk assessment are needed for specific categories of recurrent fallers.

## Fear of Falling

### Evaluation of a community-based falls prevention program in South Florida, 2008-2009.

Batra A, Melchior M, Seff L, Frederick N, Palmer RC.

*Prev. Chronic Dis.* 2012; 9(online): E13. Affiliation: Robert Stempel College of Public Health and Social Work, Florida International University, 11200 SW 8th St, Miami, FL 33199. E-mail: [abatr001@fiu.edu](mailto:abatr001@fiu.edu). DOI: unavailable PMID: 22172180 (Copyright © 2012, U.S. Centers for Disease Control and Prevention).

#### Abstract

**Introduction:** Many older adults experience fear of falling, which may reduce participation in routine activities. A Matter of Balance (MOB) and Un Asunto de Equilibrio (ADE) workshops were offered in South Florida to reduce fear of falling and increase activity levels in older adults. The objectives of this study were to evaluate the effectiveness of the lay leader model of the programs in the first year of their implementation and to further report on participant outcome measures.

**Methods:** We analyzed reach, adoption, and implementation data for participants who attended workshops between October 1, 2008, and December 31, 2009, who were aged 60 years or older, and who had both baseline and posttest outcome data. Workshops were in English and Spanish and consisted of 8 two-hour sessions. Participants completed a 7-item baseline and posttest questionnaire that consisted of a falls management scale, a social activity item, and modified version of Physician-Based Assessment and Counseling on Exercise. We analyzed outcome data on multiple characteristics using a general linear model. A class evaluation questionnaire measured participant satisfaction.

**Results:** Results for 562 participants who provided both baseline and posttest data showed significant improvement on 6 of 7 questions for MOB and all questions for ADE ( $P < .001$ ). The 391 participants who provided evaluation data indicated that the programs were effective, beneficial, and well organized.

**Conclusion:** Lay leaders successfully implemented the programs in community settings. The programs were effective in reducing fear of falling among older adults.

### Transient Versus Persistent Fear of Falling in Community Dwelling Older Adults: Incidence and Risk Factors

Oh Park M, Xue X, Holtzer R, Verghese J.

*J. Am. Geriatr. Soc.* 2011; 59(7): 1225-1231. DOI: 10.1111/j.1532-5415.2011.03475.x PMID: unavailable (Copyright © 2011, John Wiley and Sons).

#### Abstract

**Objectives:** To investigate the incidence of fear of falling (FOF) and the risk factors associated with transient versus persistent FOF in community dwelling older adults.

**Design:** Prospective cohort study.

**Setting:** Bronx County, New York.

**Participants:** Three hundred eighty participants without FOF at baseline in the Einstein Aging Study aged 70 and older.

**Measurements:** FOF was assessed at baseline and during follow up interviews at 2 to 3 month intervals for a minimum 2 years. Incident FOF was classified as transient or persistent FOF. Transient FOF was defined as newonset FOF reported at only one interview, and persistent FOF was FOF reported at two or more interviews over a 2 year period.

**Results:** Twentyfour month cumulative incidence of incident FOF was 45.4%, with 60.0% of FOF being persistent. Predictors of incident FOF included female sex (adjusted hazard ratio (aHR)=1.55, 95% confidence interval (CI)=1.08-2.23), depressive symptoms (aHR=1.16, 95% CI=1.07-1.26), falls (aHR=1.50, 95% CI=1.01-



# Abstracts Continued

## Recent abstracts from the research literature

2.21), and clinical gait abnormality (aHR=2.07, 95% CI=1.42-3.01). The proportion of participants with incident FOF increased linearly with increasing number of risk factors. Predictors for transient and persistent FOF were depressive symptoms and clinical gait abnormality. Female sex and previous falls were predictors of persistent but not transient FOF.

**Conclusion:** FOF status in older adults may change over time, with shared and distinct risk factors for persistent and transient FOF. Understanding the dynamic nature of FOF and these risk factors will help identify high risk groups and design future intervention studies.

## Risk Assessment

### Validating an evidence-based, self-rated fall risk questionnaire (FRQ) for older adults.

Rubenstein LZ, Vivrette R, Harker JO, Stevens JA, Kramer BJ.

*J. Saf. Res.* 2011; 42(6): 493-499. Affiliation: Donald W. Reynolds Department of Geriatric Medicine University of Oklahoma College of Medicine, 921 NE 13th Street, VAMC (11 G), Oklahoma City, OK 73104, USA; Geriatric Research, Education & Clinical Center (GRECC), Greater Los Angeles VA Medical Center (11E), 16111 Plummer Street; Sepulveda, CA 91343, USA; UCLA School of Medicine and GRECC, Greater Los Angeles VA Medical Center, 16111 Plummer Street (11E); Sepulveda, CA 91343, USA. DOI: 10.1016/j.jsr.2011.08.006 PMID: 22152267 (Copyright © 2011, Elsevier Publishing).

#### Abstract

**Background:** Falls are a common, serious, and often unrecognized problem facing older adults. The objective of this study was to provide an initial clinical and statistical validation for a public health strategy of fall risk self-assessment by older adults using a Fall Risk Questionnaire (FRQ).

**Methods:** Adults age 65+ (n=40) were recruited at a Los Angeles Veterans Affairs (VA) medical facility and at a local assisted living facility. Participants completed the FRQ self-assessment and results were compared to a "gold standard" of a clinical evaluation of risks using the American/British Geriatrics Society guidelines to assess independent predictors of falls: history of previous falls, fear of falling, gait/balance, muscle weakness, incontinence, sensation and proprioception, depression, vision, and medications. For the comparison, we used an iterative statistical approach, weighing items based on relative risk.

**Results:** There was strong agreement between the FRQ and clinical evaluation (kappa=.875, p<.0001). Individual item kappa values ranged from .305-.832. After dropping one FRQ item (vision risk) because of inadequate agreement with the clinical evaluation (kappa=.139, p=.321), the final FRQ had good concurrent validity.

**Conclusions:** The FRQ goes beyond existing screening tools in that it is based on both evidence and clinical acceptability and has been initially validated with clinical examination data. A larger validation with longitudinal follow-up should determine the actual strength of the FRQ in predicting future falls.

### Comparison of real-life accidental falls in older people with experimental falls in middle-aged test subjects.

Kangas M, Vikman I, Nyberg L, Korpelainen R, Lindblom J, Jämsä T.

*Gait Posture* 2011; ePub(ePub): ePub. Affiliation: Department of Medical Technology, Institute of Biomedicine, University of Oulu, Oulu, Finland. DOI: 10.1016/j.gaitpost.2011.11.016 PMID: 22169389 (Copyright © 2011, Elsevier Publishing).

#### Abstract

Falling is a common accident among older people. Automatic fall detectors are one method of improving security. However, in most cases, fall detectors are designed and tested with data from experimental falls in younger people. This study is one of the first to provide fall-related acceleration data obtained from real-life falls. Wireless sensors were used to collect acceleration data during a six-month test period in older people. Data from five events representing forward falls, a sideways fall, a backwards fall, and a fall out of bed were collected and compared with experimental falls performed by middle-aged test subjects. The signals from real-life falls had similar features to those from intentional falls. Real-life forward, sideways and backward falls all showed a pre impact phase and an impact phase that were in keeping with the model that was based on experimental falls. In

addition, the fall out of bed had a similar acceleration profile as the experimental falls of the same type. However, there were differences in the parameters that were used for the detection of the fall phases. The beginning of the fall was detected in all of the real-life falls starting from a standing posture, whereas the high pre impact velocity was not. In some real-life falls, multiple impacts suggested protective actions.

In conclusion, this study demonstrated similarities between real-life falls of older people and experimental falls of middle-aged subjects. However, some fall characteristics detected from experimental falls were not detectable in acceleration signals from corresponding heterogeneous real-life falls.

### **Technology Innovation Enabling Falls Risk Assessment in a Community Setting.**

Ni Scanail C, Garattini C, Greene BR, McGrath MJ.

*Ageing Int.* 2011; 36(2): 217-231. DOI: 10.1007/s12126-010-9087-7 PMID: 21660088 (Copyright © 2011, Springer Science+Business Media).

#### **Abstract**

Approximately one in three people over the age of 65 will fall each year, resulting in significant financial, physical, and emotional cost on the individual, their family, and society. Currently, falls are managed using on-body sensors and alarm pendants to notify others when a falls event occurs. However these technologies do not prevent a fall from occurring. There is now a growing focus on falls risk assessment and preventative interventions. Falls risk is currently assessed in a clinical setting by expert physiotherapists, geriatricians, or occupational therapists following the occurrence of an injurious fall. As the population ages, this reactive model of care will become increasingly unsatisfactory, and a proactive community-based prevention strategy will be required. Recent advances in technology can support this new model of care by enabling community-based practitioners to perform tests that previously required expensive technology or expert interpretation. Gait and balance impairment is one of the most common risk factors for falls. This paper reviews the current technical and non-technical gait and balance assessments, discusses how low-cost technology can be applied to objectively administer and interpret these tests in the community, and reports on recent research where body-worn sensors have been utilized. It also discusses the barriers to adoption in the community and proposes ethnographic research as a method to investigate solutions to these barriers.

### **Assessment of dual tasking has no clinical value for fall prediction in Parkinson's disease.**

Smulders K, Esselink RA, Weiss A, Kessels RP, Geurts AC, Bloem BR.

*J. Neurol.* 2012; ePub(ePub): ePub. Affiliation: Department of Neurology, Radboud University Nijmegen Medical Centre, Donders Institute for Brain, Cognition and Behaviour, Internal code 935, P.O. Box 9101, 6500 HB, Nijmegen, The Netherlands. DOI: 10.1007/s00415-012-6419-4 PMID: 22294215 (Copyright © 2012, Springer Science+Business Media).

#### **Abstract**

The objective of this study is to investigate the value of dual-task performance for the prediction of falls in patients with Parkinson's disease (PD). Two hundred sixty-three patients with PD (H&Y 1-3, 65.2 ± 7.9 years) walked two times along a 10-m trajectory, both under single-task and dual-task (DT) conditions (combined with an auditory Stroop task). To control for a cueing effect, Stroop stimuli were presented at variable or fixed 1- or 2-s intervals. The auditory Stroop task was also performed alone. Dual-task costs were calculated for gait speed, stride length, stride time, stride time variability, step and stride regularity, step symmetry and Stroop composite scores (accuracy/reaction time). Subsequently, falls were registered prospectively for 1 year (monthly assessments).

Patients were categorized as non-recurrent fallers (no or 1 fall) or recurrent fallers (>1 falls). Recurrent fallers (35%) had a significantly higher disease severity, lower MMSE scores, and higher Timed "Up & Go" test scores than non-recurrent fallers. Under DT conditions, gait speed and stride lengths were significantly decreased. Stride time, stride time variability, step and stride regularity, and step symmetry did not change under DT conditions. Stroop dual-task costs were only significant for the 2-s Stroop interval trials. Importantly, recurrent fallers did not show different dual-task costs compared to non-recurrent fallers on any of the gait or Stroop parameters. These results did not change after correction for baseline group differences. Deterioration of gait or Stroop performance under dual-task conditions was not associated with prospective falls in this large sample of patients with PD.

# Abstracts Continued

## Recent abstracts from the research literature

### Intervention Studies

#### **Using the RE-AIM Framework to translate a research-based falls prevention intervention into a community-based program: Lessons Learned.**

Shubert TE, Altpeter M, Busby-Whitehead J.

*J. Saf. Res.* 2011; 42(6): 509-516. Affiliation: UNC Chapel Hill Institute on Aging, University of North Carolina at Chapel Hill, Chapel Hill, NC; Division of Physical Therapy, University of North Carolina at Chapel Hill, Chapel Hill, NC. DOI: 10.1016/j.jsr.2011.09.003 PMID: 22152269 (Copyright © 2011, Elsevier Publishing).

#### **Abstract**

**Problem:** Exercise-based research interventions demonstrate reduced risk and rates of falls for community dwelling older adults; however, little is known about effective mechanisms for the translation, implementation, and maintenance of these interventions in community settings.

**Method:** The RE-AIM framework was used to assess the translatability of an effective exercise-based research intervention in a community setting. Questions included: Reach - Would the target population attend? Effectiveness - What was the adherence and compliance to the program? Were there individual improvements in falls risk factors? Adoption: Would staff at the center adopt the program and offer it past the funding period? Implementation - What adaptations, including optimal frequency and duration, should be made to meet the community needs, still adhere to core elements and achieve similar outcomes? Maintenance - Would the program be sustained by our community partners?

**Discussion:** The process of translating a controlled research intervention targeting older adults at risk of falls into a community setting was challenging. Licensed professionals developed the infrastructure to safely and effectively deliver the program. The end product was highly appealing program to our target audience, resulted in improved outcomes and was successfully adopted and maintained by the community partner.

**Summary:** Partnerships between community and healthcare providers are key to successful implementation of falls prevention interventions. Lessons learned from this experience can be applied to the translation of future exercise-based falls prevention interventions.

#### **Mobility of Vulnerable Elders (MOVE): study protocol to evaluate the implementation and outcomes of a mobility intervention in long-term care facilities.**

Slaughter SE, Estabrooks CA, Jones CA, Wagg AS.

*BMC Geriatr.* 2011; 11(1): 84. DOI: 10.1186/1471-2318-11-84 PMID: 22176583 (Copyright © 2011, BioMed Central).

#### **Abstract**

**Background:** Almost 90% of residents living in long-term care facilities have limited mobility which is associated with a loss of ability in activities of daily living, falls, increased risk of serious medical problems such as pressure ulcers, incontinence and a significant decline in health-related quality of life. For health workers caring for residents it may also increase the risk of injury. The effectiveness of rehabilitation to facilitate mobility has been studied with dedicated research assistants or extensively trained staff caregivers; however, few investigators have examined the effectiveness of techniques to encourage mobility by usual caregivers in long-term care facilities.

**Methods:** This longitudinal, quasi-experimental study is designed to demonstrate the effect of the sit-to-stand activity carried out by residents in the context of daily care with health care aides. In three intervention facilities health care aides will prompt residents to repeat the sit-to-stand action on two separate occasions during each day and each evening shift as part of daily care routines. In three control facilities residents will receive usual care. Intervention and control facilities are matched on the ownership model (public, private for-profit, voluntary not-for-profit) and facility size. The dose of the mobility intervention is assessed through the use of daily documentation flowsheets in the health record. Resident outcome measures include: 1) the 30-second sit-to-stand test; 2) the Functional Independence Measure; 3) the Health Utilities Index Mark 2 and 3; and, 4) the Quality of Life - Alzheimer's Disease.

**Discussion:** There are several compelling reasons for this study: the widespread prevalence of limited mobility in this population; the rapid decline in mobility after admission to a long-term care facility; the importance of mobility to quality of life; the increased time (and therefore cost) required to care for residents with limited



mobility; and, the increased risk of injury for health workers caring for residents who are unable to stand. The importance of these issues is magnified when considering the increasing number of people living in long-term care facilities and an aging population. Trial Registration: This clinical trial is registered with [ClinicalTrials.gov](http://ClinicalTrials.gov) (trial registration number: NCT01474616).

### **Reducing fall risk by improving balance control: Development, evaluation and knowledge-translation of new approaches.**

Maki BE, Sibley KM, Jaglal SB, Bayley M, Brooks D, Fernie GR, Flint AJ, Gage W, Liu BA, McIlroy WE, Mihailidis A, Perry SD, Popovic MR, Pratt J, Zettel JL.

*J. Saf. Res.* 2011; 42(6): 473-485. Affiliation: Sunnybrook Health Sciences Centre (Toronto, Canada); University of Toronto (Toronto, Canada); Toronto Rehabilitation Institute (Toronto, Canada); University of Waterloo (Waterloo, Canada). DOI: 10.1016/j.jsr.2011.02.002 PMID: 22152265 (Copyright © 2011, Elsevier Publishing).

#### **Abstract**

**Problem:** Falling is a leading cause of serious injury, loss of independence, and nursing-home admission in older adults. Impaired balance control is a major contributing factor.

**Methods:** Results from our balance-control studies have been applied in the development of new and improved interventions and assessment tools. Initiatives to facilitate knowledge-translation of this work include setting up a new network of balance clinics, a research-user network and a research-user advisory board.

**Results:** Our findings support the efficacy of the developed balance-training methods, balance-enhancing footwear, neuro-prosthesis, walker design, handrail-cueing system, and handrail-design recommendations in improving specific aspects of balance control.

**Impact on Knowledge users:** A new balance-assessment tool has been implemented in the first new balance clinic, a new balance-enhancing insole is available through pharmacies and other commercial outlets, and handrail design recommendations have been incorporated into 10 Canadian and American building codes. Work in progress is expected to have further impact.

### **The effects of Tai Chi on the balance control of elderly persons with visual impairment: a randomised clinical trial.**

Chen EW, Fu AS, Chan KM, Tsang WW.

*Age Ageing* 2011; ePub(ePub): ePub. Affiliation: Department of Rehabilitation Sciences, The Hong Kong Polytechnic University, Hung Hom, Kowloon, Hong Kong, China. DOI: 10.1093/ageing/afr146 PMID: 22180415 (Copyright © 2011, Oxford University Press).

#### **Abstract**

**Background:** Balance control is a major problem for older individuals with poor vision. There are limitations, however, for visually impaired elderly persons wishing to participate in exercise programmes. The benefits of Tai Chi for balance control, muscle strength and preventing falls have been demonstrated with sighted elderly subjects. This study was designed to extend those findings to elderly persons with visual impairment.

**Objective:** To investigate the effects of Tai Chi on the balance control of elderly persons with visual impairment.

**Design:** Randomised clinical trial.

**Setting:** Residential care homes.

**Subjects:** Forty visually impaired persons aged 70 or over.

**Methods:** The participants were randomly divided into Tai Chi and control groups and assessed pre- and post-intervention using three tests: (i) passive knee joint repositioning to test knee proprioception; (ii) concentric isokinetic strength of the knee extensors and flexors and (iii) a sensory organisation test to quantify an individual's ability to maintain balance in a variety of complex sensory conditions.

**Results:** after intervention, the Tai Chi participants showed significant improvements in knee proprioception and their visual and vestibular ratios compared with the control group.

**Conclusion:** practicing Tai Chi can improve the balance control of visually impaired elderly persons.

# Abstracts Continued

## Recent abstracts from the research literature

### **Complex obstacle negotiation exercise can prevent falls in community-dwelling elderly Japanese aged 75 years and older.**

Yamada M, Aoyama T, Arai H, Nagai K, Tanaka B, Uemura K, Mori S, Ichihashi N.

*Geriatr. Gerontol. Int.* 2011; ePub(ePub): ePub. Affiliation: Human Health Sciences, Kyoto University Graduate School of Medicine, Kyoto, Japan. DOI: 10.1111/j.1447-0594.2011.00794.x PMID: 22212885 (Copyright © 2011, John Wiley and Sons).

#### **Abstract**

**Objectives:** The aim of the present study was to evaluate whether a complex course obstacle negotiation exercise (CC), a 24-week exercise program, can reduce falls and fractures in older adults, as compared with a simple course obstacle negotiation exercise (SC).

**Methods:** This trial was carried out on older adults, aged 75 years and above in Japan. In total, 157 participants were randomized into the CC group (n=78) and the SC group (n=79). Participants were enrolled in the exercise class using the CC program or the SC program for 24 weeks. The outcome measure was the number of falls and fracture rates in CC and SC groups for 12 months after the completion of the 24-week exercise class.

**Results:** Two participants (2.8%) in the CC group and 19 (26.0%) in the SC group experienced falls during 12 months. During the 12-month follow-up period after the intervention, the incidence rate ratio (IRR) of falls in the SC group against the CC group was 9.37 (95% CI=2.26-38.77). One participant (1.4%) in the CC group and eight (10.9%) in the SC group had experienced fractures during 12 months after the exercise class. The IRR of fractures in the SC group compared with the CC group was 7.89 (95% CI=1.01-61.49).

**Conclusions:** The results of the present trial show that the participants who received individualized obstacle avoidance training under complex tasks combined with a traditional intervention had a lower incidence rate of falls and fractures during the 12 months after the intervention.

### **Outcomes from the Implementation of a Facility-Specific Evidence-Based Falls Prevention Intervention Program in Residential Aged Care.**

Nitz J, Cyarto E, Andrews S, Fearn M, Fu S, Haines T, Haralambous B, Hill K, Hunt S, Lea E, Moore K, Renehan E, Robinson A.

*Geriatr. Nurs.* 2011; ePub(ePub): ePub. DOI: 10.1016/j.gerinurse.2011.11.002 PMID: 22209195 (Copyright © 2011, Elsevier Publishing).

#### **Abstract**

For residents in long-term care facilities, falling is a major concern requiring preventive intervention. A prospective cohort study measured the impact of falls reduction following the implementation of evidence-based fall prevention interventions in 9 Australian residential care facilities. An external project team provided a comprehensive audit of current practice. Facilitated by an action research approach, interventions were individualized to be facility- and patient-specific and included the following: environmental modifications such as low beds and height-adjustable chairs, movement alarms, hazard removal, and hip protectors. Participants included 670 residents and 650 staff from 9 facilities across 3 states. A significant reduction of falls were observed per site in the proportion of fallers ( $P = .044$ ) and single fallers ( $P = .04$ ). However, overall the number of falls was confounded by multiple falls in residents. Reduction in fallers was sustained in the 6-month follow-up phase. Positive outcomes from interventions varied between facilities. Further research is necessary to target frequent fallers.

### **Randomized controlled trial comparing tailoring methods of multimedia-based fall prevention education for community-dwelling older adults.**

Schepens SL, Panzer V, Goldberg A.

*Am. J. Occup. Ther.* 2011; 65(6): 702-709. Affiliation: Department of Physical Medicine and Rehabilitation, University of Michigan, Ann Arbor, MI, USA. schepens@umich.edu DOI: unavailable PMID: 22214115 (Copyright © 2011, American Occupational Therapy Association).

## Abstract

**Objective:** We attempted to determine whether multimedia fall prevention education using different instructional strategies increases older adults' knowledge of fall threats and their fall prevention behaviors.

**Method:** Fifty-three community-dwelling older adults were randomized to two educational groups or a control group. Multimedia-based educational interventions to increase fall threats knowledge and encourage fall prevention behaviors had two tailoring strategies: (1) improve content realism for individual learners (authenticity group) and (2) highlight program goals and benefits while using participants' content selections (motivation group). Knowledge was measured at baseline and 1-mo follow-up. Participants recorded prevention behaviors for 1 mo.

**Results:** Intervention group participants showed greater knowledge gains and posttest knowledge than did control group participants. The motivation group engaged in more prevention behaviors over 1 mo than did the other groups.

**Conclusion:** Tailoring fall prevention education by addressing authenticity and motivation successfully improved fall threats knowledge. Combining motivational strategies with multimedia education increased the effectiveness of the intervention in encouraging fall prevention behaviors.

## Vision and agility training in community dwelling older adults: Incorporating visual training into programs for fall prevention.

Reed-Jones RJ, Dorgo S, Hitchings MK, Bader JO.

*Gait Posture* 2011; ePub(ePub): ePub. Affiliation: Department of Kinesiology, College of Health Sciences, The University of Texas at El Paso, United States; Physical Therapy Program, Department of Rehabilitation, College of Health Sciences, The University of Texas at El Paso, United States. DOI: 10.1016/j.gaitpost.2011.11.029 PMID: 22206782 (Copyright © 2011, Elsevier Publishing).

## Abstract

This study aimed to examine the effect of visual training on obstacle course performance of independent community dwelling older adults. Agility is the ability to rapidly alter ongoing motor patterns, an important aspect of mobility which is required in obstacle avoidance. However, visual information is also a critical factor in successful obstacle avoidance. We compared obstacle course performance of a group that trained in visually driven body movements and agility drills, to a group that trained only in agility drills. We also included a control group that followed the American College of Sports Medicine exercise recommendations for older adults. Significant gains in fitness, mobility and power were observed across all training groups. Obstacle course performance results revealed that visual training had the greatest improvement on obstacle course performance (22%) following a 12 week training program. These results suggest that visual training may be an important consideration for fall prevention programs.

## Clinical Decision Making in Exercise Prescription for Falls Prevention.

Haas R, Maloney S, Pausenberger E, Keating JL, Sims J, Molloy E, Jolly B, Morgan P, Haines T.

*Phys. Ther.* 2012; ePub(ePub): ePub. Affiliation: R. Haas, Allied Health Research Unit, Kingston Centre, Southern Health, Victoria, Australia. DOI: 10.2522/ptj.20110130 PMID: 22228609 (Copyright © 2012, American Physical Therapy Association).

## Abstract

**Background:** Physical therapists often prescribe exercises for falls prevention. Understanding the factors influencing the clinical decision-making process behind this employed by expert physical therapists working in specialist falls and balance clinics may assist other therapists to prescribe exercises for falls prevention with greater efficacy.

**Objective:** To describe the factors influencing the clinical decision-making process used by expert physical therapists to prescribe exercises for falls prevention

**Design :**Qualitative study from a phenomenological perspective.

# Abstracts Continued

## Recent abstracts from the research literature

**Methods:** Semi-structured telephone interviews were conducted with 24 expert physical therapists recruited primarily from the Victorian Falls Clinic Coalition. Interviews occurred across three exercise prescription contexts; face-to-face individual therapy, group exercise and home exercise programs. Interviews elicited therapist practices and therapist, patient and environmental factors influencing the clinical decision-making processes around selection of exercise setting, type, dosage (intensity, quantity, rest periods, duration, frequency) and progression. Strategies for promoting adherence and safety were also discussed. Data were analysed using a framework approach by three investigators.

**Results:** Participants described highly individualised exercise prescription approaches tailored to meet key findings from physical assessment. Dissonance was evident between prescribing a program that was theoretically correct according to physiological considerations and one that a client would adhere to. Safety considerations were also highly influential on prescription of exercise type and setting. Terminology for describing the intensity of balance exercises was vague relative to terminology for describing intensity of strength exercises.

**Conclusions:** Expert falls prevention physical therapists adopt an individualised approach to exercise prescription, imbedded in physical assessment findings in preference to using "off the shelf" exercise programs commonly used in falls prevention research. Training programs for those who prescribe exercises for older adults at risk of falling should encompass these findings.

### Characterizing and Identifying Risk for Falls in the LEAPS Study: A Randomized Clinical Trial of Interventions to Improve Walking Poststroke.

Tilson JK, Wu SS, Cen SY, Feng Q, Rose DR, Behrman AL, Azen SP, Duncan PW.

*Stroke* 2012; ePub(ePub): ePub. Affiliation: Division of Biokinesiology and Physical Therapy, University of Southern California, Los Angeles, CA; Department of Biostatistics, University of Florida, Gainesville, FL; Department of Biostatistics, Department of Sociology, National University of Singapore, Singapore; Department of Physical Therapy, University of Florida, Gainesville, FL; Malcom Randall VA Medical Center, Gainesville, FL; Department of Preventive Medicine, Keck School of Medicine, University of Southern California, Los Angeles, CA; and Wake Forest Baptist Medical Center, Winston-Salem, NC. DOI: [10.1161/STROKEAHA.111.636258](https://doi.org/10.1161/STROKEAHA.111.636258) PMID: 22246687 (Copyright © 2012, Lippincott Williams and Wilkins).

#### Abstract

**Background and Purpose:** Better understanding of fall risk poststroke is required for developing screening and prevention programs. This study characterizes falls in the Locomotor Experience Applied Post-Stroke (LEAPS) randomized clinical trial, describes the impact of 2 walking recovery interventions on falls, and examines the value of clinical assessments for predicting falls.

**Methods:** Community-dwelling ambulatory stroke survivors enrolled in LEAPS were assessed 2 months poststroke. Falls were monitored until 12 months poststroke and participants were characterized as multiple or injurious (M/I); single, noninjurious; or nonfallers. Incidence and time to M/I falls were compared across interventions (home exercise and locomotor training initiated 2 months [early-LTP] or 6 months [late-LTP] poststroke). Predictive value of 2-month clinical assessments for falls outcome was assessed.

**Results:** Among the 408 participants, 36.0% were M/I, 21.6% were single, noninjurious, and 42.4% were nonfallers. Most falls occurred at home in the first 3 months after assessment. Falls incidence was highest for those with severe walking impairment who received early-LTP ( $P=0.025$ ). Berg Balance Scale score  $\leq 42/56$  was the single best predictor of M/I falls.

**Conclusions:** As individuals with stroke improve in walking capacity, risk for M/I falls remains high. Individuals walking  $<0.4$  m/s are at higher risk for M/I falls if they receive early-LTP training. Berg Balance Scale score at 2 months poststroke is useful for informing falls risk, but it cannot account for the multifactorial nature of the problem. Falls prevention in stroke will require multifactorial risk assessment and management provided concomitantly with exercise interventions to improve mobility.

Clinical Trial Registration-URL: <http://www.clinicaltrials.gov>. Unique identifier: NCT00243919.



### **Factors influencing commencement and adherence to a home-based balance exercise program for reducing risk of falls: perceptions of people with Alzheimer's disease and their caregivers.**

Suttanon P, Hill KD, Said CM, Byrne KN, Dodd KJ.

*Int. Psychogeriatr.* 2012; ePub(ePub): ePub. Affiliation: School of Physiotherapy, La Trobe University, Bundoora, Victoria, Australia. DOI: 10.1017/S1041610211002729 PMID: 22265269 (Copyright © 2012, Cambridge University Press).

#### **Abstract**

**Background:** Balance exercise is an important component of falls-prevention interventions, with growing evidence that it can be beneficial for people with Alzheimer's disease (AD). However, to implement a balance exercise program successfully for people with AD it is important to consider factors that can affect commencement and adherence to the program. This qualitative study explored these factors.

**Methods:** Ten participants with AD, who had completed a six-month home-based balance exercise program, and their caregivers (n = 9) participated. A phenomenological theoretical framework with semi-structured interviews was used for data collection and analysis.

**Results:** Factors influencing the decision to commence the program were: possible benefits of the program, recommendations from health professionals, value of research, positive attitude towards exercise, and minimizing caregivers' burden. Factors influencing adherence to the program were grouped under 11 themes: six themes facilitated completion (program characteristics, physiotherapist, exercise recording sheet, caregivers' support, sense of commitment, and perceived benefit) and five themes were barriers (pre-existing conditions, dislike of structured exercise, absence from home, caregiver's health or commitment, and bad weather).

**Conclusions:** A home-based exercise program with regular support from a physiotherapist and caregiver are key elements facilitating continuing program adherence in people with AD.

### **Barriers to senior centre implementation of falls prevention programmes.**

Zachary C, Casteel C, Nocera M, Runyan CW.

*Inj. Prev.* 2012; ePub(ePub): ePub. Affiliation: Department of Health Behavior and Society, Johns Hopkins University, Baltimore, Maryland, USA. DOI: [10.1136/injuryprev-2011-040204](https://doi.org/10.1136/injuryprev-2011-040204) PMID: 22328631 (Copyright © 2012, BMJ Publishing Group).

#### **Abstract**

This study examined the prevalence of senior centres providing multi-component falls prevention education and the perceived barriers in implementing this education. A telephone interview was conducted in 2006 with 500 senior centres nationwide. Centre directors were asked about the types of multi-component falls prevention education offered (ie, balance exercise classes, medication management, home safety information) and barriers to offering this education. Seventy percent of senior centres offered balance exercise classes, 68% offered medication management and 53% provided home safety information. Thirty-two percent offered all three components. Lack of staff, time and staff not feeling they had sufficient knowledge to deliver falls prevention education were the leading barriers to providing multi-component education. Senior centres provide components of effective falls prevention education and, while some may not address all components of a multifaceted programme, many have existing resources that may be adapted for translation of evidence-based programmes.

#### **SafetyLit**

These abstracts have been downloaded from SafetyLit an online resource for current and past peer reviewed research on all aspects of injury prevention and safety promotion. This database of articles is updated weekly from 3,400 international journals and maintained as a searchable database.

Go to [SafetyLit](#)

# Falls Network Information

[fallsnetwork.neura.edu.au](http://fallsnetwork.neura.edu.au)

## Joining the Network

To join the NSW Falls Prevention Network listserv, send an email to:

[majordomo@lists.health.nsw.gov.au](mailto: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 type

*unsubscribe nsw-falls-network*

on the next line type *end*

If you have any problems, contact Esther Vance at [e.vance@neura.edu.au](mailto:e.vance@neura.edu.au).

## Share your news and information/ideas

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@neura.edu.au](mailto:e.vance@neura.edu.au)

## The Network Listserv

It is great to see the increased activity on the listserv and we 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](mailto: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, 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.

## NSW Falls Prevention Network Background

The NSW Falls Prevention Network was established in 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 Ministry of 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 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 Ministry of Health.

# "Falls Prevention is Everyone's Business"

