NSW FALLS PREVENTION NETWORK
FORUM PROGRAM
Friday 27th May 2011
Wesley Conference Centre

SPECIAL FOCUS
Translating Research into Practice

PLENARY SESSIONS
Wesley Theatre

CONCURRENT SESSIONS
Session A: Exercise programs and falls prevention - The Lyceum
Session B: Falls risk factors, assessment and interventions - Smith Room
Purpose
The purpose of the NSW Falls Prevention Network is to:

- support a network of clinical and non-clinical people who have a role in falls prevention (eg health professionals, community and residential aged care providers, families and carers) by promotion of falls prevention as a key health issue
- provide falls prevention forums (at a minimum twice a year) to highlight latest research evidence and falls prevention initiatives relevant to NSW Health facilities, other healthcare facilities and the wider community
- encouragement of collaborative projects and research and undertake specific literature reviews that support translation of research into practice
- support the development of falls prevention best-practice models of care
- provide information on current State/Commonwealth issues in relation to falls prevention
- support activities that help increase public awareness about the risk factors and consequences of falls.

Goals
- contribute towards falls prevention and reduction in the incidence of preventable falls injuries among older people across New South Wales
- support consultation, cooperation and liaison between services, facilities and all key stakeholders
- support key falls prevention priorities for NSW and provide information and resources to support strategies for implementation
- promote and support research activities in relation to falls injury prevention.

Presentations at this forum will be filmed and a CD produced. This will be distributed following the forum, and you will be notified by the NSW Falls Prevention Network website and listserv.

fallsnetwork.neura.edu.au

Falls prevention is everyone’s business

Exhibitors
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<td>8.15 am</td>
<td>REGISTRATION/ARRIVAL TEA/COFFEE</td>
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<td>9.00 am</td>
<td><strong>OPENING SESSION</strong>&lt;br&gt;Chairperson: Professor Clifford Hughes AO, Chief Executive Officer, Clinical Excellence Commission&lt;br&gt;<strong>WELCOME TO COUNTRY</strong>&lt;br&gt;Donna Ingram, Representative, Metropolitan Local Aboriginal Land Council</td>
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<td>9.20 am</td>
<td><strong>OPENING</strong>&lt;br&gt;The Hon. Jillian Skinner, MP, Minister for Health, and Minister for Medical Research</td>
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<td>9.30 am</td>
<td><strong>PLENARY SESSION 1</strong>&lt;br&gt;Wesley Theatre&lt;br&gt;Chairperson: Liz King, A/Manager, Strategic Research and Development Branch, Centre for Health Advancement, NSW Department of Health</td>
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<tr>
<td>9.30 am</td>
<td>Risk factors for falls in cognitively impaired older people&lt;br&gt;Associate Professor Jacqueline Close, Geriatrician, Prince of Wales Hospital and Neuroscience Research Australia</td>
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<td>9.50 am</td>
<td>Update of recent research evidence (2010-2011)&lt;br&gt;Professor Stephen Lord, NHMRC Senior Principal Research Fellow, Neuroscience Research Australia</td>
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<td>10.10 am</td>
<td>Costing and evaluation of falls prevention&lt;br&gt;Dr Wendy Watson, Senior Research Fellow, NSW Injury Risk Management Research Centre, UNSW</td>
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<td>10.30 am</td>
<td>MORNING TEA AND TRADE EXHIBITS</td>
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<td>11.00 am</td>
<td><strong>PLENARY SESSION 2</strong>&lt;br&gt;Wesley Theatre&lt;br&gt;Chairperson: Lorraine Lovitt, Leader, NSW Falls Prevention Program, Clinical Excellence Commission</td>
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<td>11.00 am</td>
<td>NSW Health Falls Prevention Plan 2011-2015&lt;br&gt;Joanne Smith, Director, Centre for Health Advancement, NSW Department of Health</td>
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<td>11.20 am</td>
<td>Falls - a consumer perspective&lt;br&gt;Facilitated by Dr Karen Luxford, Director, Patient Based Care, Clinical Excellence Commission</td>
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<td>12.05 pm</td>
<td>Report on TRIP (Translating Research into Practice) workshop and facilitated discussion:&lt;br&gt;NHMRC partnership grant&lt;br&gt;Professor Stephen Lord&lt;br&gt;Dr Roslyn Poulos, Senior Lecturer, School of Public Health and Community Medicine, UNSW</td>
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<td>12.45 pm</td>
<td>LUNCH AND TRADE EXHIBITS</td>
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<tr>
<td>Time</td>
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| 1.30 pm - 3.30 pm | **Exercise programs and falls prevention**  
The Lyceum  
Chairperson: Chris Tzarimas, Director, Lifestyle Clinic, UNSW | **Falls risk factors, assessment and interventions**  
Smith Room  
Chairperson: Associate Professor Vasi Naganathan, Consultant Geriatrician, Concord Hospital and Sydney University |
| 1.30 pm      | **Exercise as a component of treatment for frailty**  
Professor Ian Cameron, Rehabilitation Medicine, Rehabilitation Studies Unit, University of Sydney  
Colleen Langron, Physiotherapist, Hornsby Hospital, Northern Sydney Local Health District | **A screening tool to predict fallers in hospital emergency departments**  
Dr Anne Tiedemann, Research Fellow, Musculoskeletal Division, The George Institute for Global Health |
| 1.55 pm      | **Post-hospital exercise programs**  
Associate Professor Catherine Sherrington, NHMRC Senior Research Fellow, Musculoskeletal Division, The George Institute for Global Health  
Betty Ramsay, Research Physiotherapist, Neuroscience Research Australia | **Fear of falling in older persons: does it protect or does it hurt?**  
Dr Kim Delbaere, Research Officer, Falls and Balance Research Group, Neuroscience Research Australia |
| 2.20 pm      | **Exercise after stroke to prevent falls, enhance mobility and increase physical activity: the stroke club trial**  
Associate Professor Catherine Dean, Director and Head of Physiotherapy Program, Macquarie University | **Sarcopenia: is it the most important risk factor for falls?**  
Associate Professor John Ward, Clinical Lead, Greater Newcastle Cluster, Hunter New England Health |
| 2.45 pm      | **Exercise programs for Parkinson's disease**  
Dr Colleen Canning, Senior Lecturer, Physiotherapy, Faculty of Health Sciences, University of Sydney | **Osteoporotic refracture prevention in NSW**  
Robyn Speerin, Network Manager, Musculoskeletal Network, Agency for Clinical Innovation (ACI) |
| 3.05 - 3.25 pm | Discussion                                                                 | Discussion                                                                 |
| 3.30 pm - 4.00 pm | **SUMMARY AND FEEDBACK SESSION**  
Wesley Theatre  
Chairperson: Lorraine Lovitt |                                                                 |
| 4.00 pm      | **CLOSE OF FORUM**                                                        |                                                                 |
PLENARY SESSION ABSTRACTS

Associate Professor Jacqueline Close, Geriatrician, Prince of Wales Hospital and Neuroscience Research Australia

Risk factors for falls in cognitively impaired older people

Despite evidence of cognitive impairment being a strong predictor of falls in older people, effective strategies to prevent falls in older people with dementia are lacking. More information is required on the relative contribution of physical and cognitive factors in this population to help develop effective approaches to prevention.

The presentation will report the results of a prospective risk factor study which has looked at 177 cognitively impaired older people (60+ yrs). All participants underwent a detailed physiological and neuropsychological assessment battery including measures of vision, strength, balance, reaction time and additional composite measures of performance. Participants were then followed up with monthly falls calendar for a 1yr period. Overall performance was also compared to an age and gender matched cognitively intact population.

The results presented will demonstrate that the cognitively impaired group performed significantly poorer on physical measures of function and that both physical and cognitive measures were associated with an increased risk of falls. The rate of falls in the cognitively impaired group was double that of the cognitively intact group.

People with cognitive impairment are at a high risk of falls. The data presented will highlight a number of physiological risk factors which are potentially amenable to intervention are present in this population.

Jacqueline Close is a Senior Staff Specialist in Geriatric Medicine at the Prince of Wales Hospital where she runs the Falls, Balance and Bone Health Service and has Chaired the local Falls Advisory Group for 5 years. She is the Chair of the NSW ACI Aged Health Network. Her academic areas of interest include falls and fracture prevention including understanding risk factors for falls and development of approaches to intervention in people with cognitive impairment.

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Professor Stephen Lord, NHMRC Senior Principal Research Fellow, Neuroscience Research Australia

Update of recent research evidence (2010-2011)

This presentation will review recent studies on fall and fracture risk assessment and falls prevention. Studies and reviews that will be discussed will include:

- vitamin D insufficiency and falls risk in community living older people – findings from the NeuRA Falls and Balance Research Group
- preventing falls in hospital – findings from new randomised controlled trials, implementation studies and systematic reviews
- an update on best-bet interventions for preventing falls, based on randomised controlled trial and systematic review evidence.

Stephen Lord is an NHMRC Senior Principal Research Fellow in the Falls and Balance Research Group at Neuroscience Research Australia. His research interests include the identification of risk factors for falls in older people and the evaluation of fall prevention strategies. He has published over 250 scientific papers, and co-written two editions of a research book “Falls in Older People – risk factors and prevention strategies”.

Contact email: s.lord@neura.edu.au

Dr Wendy Watson, Senior Research Fellow, NSW Injury Risk Management Research Centre, UNSW

Costing and evaluation of falls prevention

This presentation will provide an overview of recent research on the costing of falls-related injury and the evaluation and cost-effectiveness analyses of population-based interventions for the prevention of falls and fall-related injuries in older people. The implications of these findings for population health and health promotion will also be explored.

Wendy Watson is a Senior Research Fellow at the Injury Risk Management Research Centre at The University of New South Wales. She has almost 20 years experience in injury prevention research. Her current role involves the management of the evaluation of the NSW Falls Prevention policy and she was lead author on the 2010 NSW Health report on the incidence and cost of falls in NSW.

Contact email: w.watson@unsw.edu.au
Prevention of falls among older people is a priority within the NSW State Health Plan. This presentation will provide an overview of the NSW Health Plan for the Prevention of Falls and Harm from Falls among Older People, 2011-2015. Development of the plan has been led by the Population Health Division, NSW Department of Health, in conjunction with the Clinical Excellence Commission. The new plan builds on the supporting infrastructure established by the first statewide policy, while taking into account current evidence about effective approaches to preventing falls, updated national falls prevention best practice guidelines, recommendations from the evaluation of the first plan, and the current organisational context of NSW Health. Implementing effective strategies for prevention of falls and harm from falls among older people requires action across a range of clinical settings, in addition to population-focussed health promotion activities.

Joanne Smith is the Director of the Centre for Health Advancement at the NSW Department of Health. The Centre leads the development, implementation and evaluation of population health policy and strategy to address non-communicable causes of disease, and promotes the environmental and lifestyle changes required to raise the health status of the people of NSW. The key priorities of the Centre are tobacco control, obesity prevention, and falls prevention in the elderly.

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Falls - a consumer perspective, facilitated by Dr Karen Luxford, Director Patient-Based Care, Clinical Excellence Commission

This session will explore the consumer’s perspective on falls prevention by featuring 2 stories on falls from a family perspective. How these narratives can be used in falls prevention will be discussed.

Karen Luxford is the Director for Patient Based Care at the Clinical Excellence Commission.

Report on TRIP (Translating Research into Practice) workshop and facilitated discussion: NHMRC partnership grant

Professor Stephen Lord NHMRC Senior Principal Research Fellow, Neuroscience Research Australia and Dr Roslyn Poulos, Senior Lecturer, School of Public Health and Community Medicine, UNSW

This presentation will provide a report on the Translating Research into Practice workshop held in March 2011 and provide opportunities for discussion around issues of translating research into practice.

CONCURRENT SESSION ABSTRACTS

Session A: Exercise programs and falls prevention

Professor Ian Cameron, Rehabilitation Medicine, Rehabilitation Studies Unit, University of Sydney; Colleen Langron, Physiotherapist, Hornsby Hospital, Northern Sydney Local Health District

Exercise as a component of treatment for frailty

The Frailty Intervention Trial (FIT) is evaluating a multifactorial interdisciplinary treatment program for frailty. Exercise is a major component of this treatment program. This presentation describes the provision of the exercise program, and the effects of treatment of frailty. An individualised exercise program, based on guidelines providing resistance training and challenging balance, was implemented. It often required adaptation due to the participants’ health conditions, personal factors and for safety reasons. Close monitoring was provided to encourage adherence, to progress the training stimulus and to continue the exercise program for the duration of the intervention (12 months). For most participants body weight provided sufficient resistance. For many participants frailty resolved.

Ian Cameron works as a clinician and researcher with older people. He has the chair in Rehabilitation Medicine at the University of Sydney. Ian and colleagues are completing a major research project about the treatment of frailty.

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Colleen Langron is a Physiotherapist who has worked across the spectrum of Geriatric Physiotherapy from acute hospital, community and RACF. She has been involved with several research projects including Vision and Falls, CHAMP and FIT and is currently an APA NSW Gerontology Committee member.

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Post-hospital exercise programs

This presentation will overview the evidence about exercise to improve mobility and prevent falls in people who have been in hospital and draw implications for practice. The exercise program we are using in a current trial of exercise for people who have been in hospital will also be described.

Cathie Sherrington is an NHMRC-funded Senior Research Fellow at the George Institute of Global Health and The University of Sydney. Her research focuses on the prediction and prevention of falls and disability in older people. She has a clinical background as a physiotherapist.

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Betty Ramsay is a research physiotherapist in the Falls and Balance Research Group, Neuroscience Research Australia and a Research Associate at the George Institute for Global Health. She previously worked clinically as a physiotherapist in the UK and Australia and for 10 years specialised in community health and older people in Sydney's inner city.

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Exercise after stroke to prevent falls, enhance mobility and increase physical activity: the stroke club trial

Purpose: The purpose of the Stroke Club trial was to establish and evaluate a community-based sustainable exercise program to prevent falls, enhance mobility, and increase physical activity levels among people after stroke living in the community. This project was in partnership with the Stroke Recovery Association of New South Wales and funded by a NSW Health Promotion Research Demonstration Grant.

Participants: One hundred and fifty-one people able to walk independently, with a mean age of 67 (SD 12) years and 6 (SD 6) years after stroke were recruited.

Methods: A randomised controlled trial was undertaken. Participants were randomly allocated to the experimental (n=76) or control (n=75) group. Both groups participated in 40 weekly group-based exercise classes delivered at Stroke Clubs, a home program and advice over a 12-month period. The duration of the exercise classes and home programs were 45-60 minutes per session. The experimental group intervention aimed to prevent falls, enhance mobility and increase physical activity using the Weight-bearing Exercise for Better Balance (WEBB) program which involves lower limb weight bearing exercise which challenges balance and promotes strength. The control group intervention aimed to improve upper limb and cognitive function. The outcome measures were walking capacity, walking speed measured by a blinded assessor and falls and physical activity (pedometer steps) recorded by participants.

Analysis: Primary analyses were by intention to treat. The number of falls per person-year was compared between groups using incidence rate ratios from negative binomial regression. Between group comparisons for the post intervention evaluation for walking capacity, walking speed and physical activity were made using General Linear Models (ANCOVA) controlled for baseline values.

Results: Exercise classes were established in 11 Stroke clubs. There were no difference in risk of falling (p=0.19) or the rate of falls between groups (p=0.88). There was, however, a significant differential effect of the experimental intervention based on initial walking speed as evidenced by a significant interaction term (p=0.03). The experimental intervention prevented more falls in those with faster walking speeds. After 12 months, the experimental group walked an average of 34m further in 6 min (95% CI 19 to 50, p<0.001) and 0.07m/s faster over 10 m (95% CI 0.01 to 0.14, p = 0.03) than the control group after controlling for baseline performance. There was a trend toward increased physical activity with the experimental group taking an average of 622 more steps a day (9 5% CI -88 to 1332) than the control group.

Discussion: The Weight-bearing Exercise for Better Balance program delivered through stroke clubs enhanced mobility. While there was no overall effect on falls, the program prevented more falls in those with faster walking. To facilitate translation of evidence into practice insights from the implementation of this community-based project will be presented.

Catherine Dean is a researcher and educator in neurological physiotherapy. She has recently been appointed Director and Head of Physiotherapy at Macquarie University, previously she had worked as an academic with teaching, administrative and research responsibilities at the University of Sydney since 1991. A/Prof Dean was the recipient of prestigious scholarships to undertake Masters, Doctoral and Post-doctoral studies. Her research interests are developing and testing of rehabilitation strategies to increase activity and participation after stroke, translating evidence into practice and clinical education. She has over 40 publications, two with over 130 citations and over $1.7 million in research grants. Her research has been published in high impact international
A/Prof Dean's research publications have described important new findings and have effected change in physiotherapy practice in neurology. For example the sitting balance and circuit training interventions she developed have been implemented in stroke rehabilitation units throughout Australia and North America. Her research has been included in the National Stroke Foundation's Clinical Guidelines for the Management of Stroke.

Contact email: catherine.dean@mq.edu.au

Dr Colleen Canning, Senior Lecturer, Physiotherapy, Faculty of Health Sciences, University of Sydney

Exercise programs for Parkinson's disease

Falls and reduced mobility are significant causes of disability, lost independence and reduced quality of life in people with Parkinson's disease. A number of independent risk factors for falls in people with Parkinson's disease have the potential to be remediated by exercise, including muscle strength, poor balance and freezing of gait. To date, there are no adequately-powered published studies investigating exercise interventions aimed at reducing falls in people with Parkinson's disease. Our research team has undertaken a randomised controlled trial of the effects of an exercise program on fall risk factors in people with Parkinson's disease (Allen et al, Movement Disorders 2010; 25:1217-1225).

This trial with blinded assessment aimed to determine the effect of the exercise program on fall risk factors (not fall rates) in people with Parkinson's disease (PD). Participants with PD (n=48) who had fallen or were at risk of falling were randomised into exercise or control groups. The exercise group attended a monthly exercise class and exercised at home three times weekly. The intervention targeted leg muscle strength, balance and freezing. The primary outcome measure was a PD fall risk score using an algorithm consisting of weighted contributions from knee extensor muscle strength of the weaker leg, balance in standing and freezing of gait. The exercise group showed a greater improvement than the control group in the fall risk score, which was not statistically significant (between group mean difference = -7%, 95% CI -20 to 5, p = 0.26) and no major adverse events were reported. There were significant improvements in the exercise group compared to the control group for two secondary outcomes: Freezing of Gait Questionnaire (p = 0.03) and timed sit to stand (p = 0.03). It is critical to know whether the 7% reduction in fall risk translates into a reduction in actual falls prevented. Our large scale randomised controlled trial currently underway directly addresses this question (Canning et al, BMC Neurology 2009; 9:4). Factors to consider in implementing the exercise program in clinical practice will be discussed.

Colleen Canning holds a full-time academic position with teaching, research and administrative responsibilities. She is a leading researcher in the field of motor impairments and exercise in Parkinson's disease. Dr Canning's research output includes 33 full length papers in international peer-reviewed journals (with 9 of these focusing on motor impairment and exercise in PD), 1 edited book and 9 book chapters. She has attracted over $1.3 million in competitive research funding. Dr Canning has been successful in using pilot trial data collected with seed grant funding from Parkinson's NSW ($19,880, 2007) to attract NHMRC funding ($574,000, 2008-2011) for a large-scale randomised controlled trial of exercise therapy for prevention of falls in people with Parkinson's disease. Dr Canning is the only physiotherapist to be appointed a member of the Advisory Board of Parkinson's NSW, a non-profit, community-based organisation providing information, counselling and support to people living with Parkinson's disease. In this role, she is regularly invited to present her current research to community groups and to provide consultative advice on all matters relating to exercise in Parkinson's disease. She answers an average of 50 queries about Parkinson's disease, exercise and physiotherapy on an annual basis, including international requests for information from USA, Canada, Europe, the Middle East and the Asia-Pacific.

Contact email: colleen.canning@sydney.edu.au

Session B: Falls risk factors, assessment and interventions

Dr Anne Tiedemann, Research Fellow, Musculoskeletal Division, The George Institute for Global Health.

A screening tool to predict fallers in hospital emergency departments

People aged over 65 years represent a high proportion of hospital Emergency Department (ED) attendees in Australia and around 18% present to the ED as a direct consequence of a fall. Older ED attendees often have their fall-related injuries treated, followed by discharge from the ED without consideration of the probability of future falls or provision of prevention strategies. We have developed a falls prediction tool for use in the ED compared its predictive ability to a measure of previous falls.
Methods: This prospective cohort study included 178 people aged 70 years and older (mean = 80.7, SD = 6.2), attending and discharged from a Sydney hospital ED. Data were collected by ED staff and included medical, fall and fracture history, medications, usual level of function and balance/mobility. Participants were followed up for falls over 6 months using monthly falls diaries. We used a multivariate logistic regression model to determine the strongest predictors of fallers. We compared the multivariable model to a single question of falls experienced in the past year.

Results: Logistic regression analysis identified previous multiple falls (OR 4.26, 95%CI 2.11-8.61), taking 7 or more medications (OR 2.14, 95%CI 1.05-4.36) and walking aid use outdoors (OR 2.02, 95%CI 1.00-4.09) as independent predictors of falling. The area under the ROC curve (AUC) for this tool was 0.72 (95%CI 0.64 to 0.80). This represents significantly better predictive ability than the measure of previous multiple falls alone (AUC = 0.66 (95%CI 0.59 to 0.74), p=0.023.

Conclusion: A three-item screening tool discriminated between fallers and non-fallers with good accuracy. After external validation, this simple tool could be used to identify high risk individuals who may benefit from onward referral or intervention after discharge from a hospital ED. An external validation study is currently underway.

References:

Anne Tiedemann is an NHMRC Postdoctoral Research Fellow at The George Institute for Global Health. She has worked in the area of falls prevention research for over 12 years and has a particular interest in risk factors for falling, screening/assessment, adherence to falls prevention exercise interventions and translation of research into practice. Her PhD research, completed at UNSW in 2006, developed the QuickScreen clinical falls risk assessment. Anne’s current work involves the development of falls risk screening tools for use in hospital emergency departments and by the Ambulance Service of NSW. Anne is passionately committed to the translation of research into policy and clinical practice with the ultimate goal of improving the quality of life of older people and informing the allocation of limited health resources.

Contact email: atiedemann@georgeinstitute.org.au

Dr Kim Delbaere, Research Officer, Falls and Balance Research Group, Neuroscience Research Australia

Fear of falling in older persons: does it protect or does it hurt?

Falls can result in injuries that impose limitations upon daily activities and threaten autonomy. Older people are often aware of these potentially devastating consequences, and report to be afraid of falling. It can be argued that some insight is a normal adaptive response to challenged equilibrium.

There is a growing consensus, among both researchers and health care providers, that fear of falling may be dysfunctional and can lead to the avoidance of fall-related activities. The resulting reduction in activity of daily living and enjoyable pastimes leads to physical deconditioning, poor quality of life, and increased falls risk. High levels of fear of falling influence the probability of falling, regardless of the presence of any other (physiological) fall risk factors, mainly through psychological pathways such as depression. Low levels of fear of falling were protective for falling through a positive outlook on life, and maintained physical activity and community participation.

In the past decade, several interventions have been shown to reduce fear of falling with multifactorial interventions including both physical and cognitive components being most successful. The physical component usually comprises (group-based) exercise programs with a focus on high intensity balance training aimed at reducing falls. The cognitive and behavioural components comprise cognitive behavioural therapy aimed at reducing fear of falling by modifying patterns of thoughts (cognitions) and actions (behaviours) that contribute to fear of falling, reduce symptoms of depression and promote an active and healthy lifestyle. This presentation will discuss the importance of providing tailored intervention to individual abilities addressing both physical and psychological risk factors for falls, and how certain aspects of cognitive behavioural therapy can be incorporated in clinical practice.

Kim Delbaere is a Research Officer, Falls and Balance Research Group, Neuroscience Research Australia.

After completing a four-year PhD fellowship at the Ghent University (Belgium), Dr Delbaere worked in Sydney as a research fellow at Neuroscience Research Australia with Professor Stephen Lord for the past 5 years. Throughout her research activities, she has gained extensive knowledge of risk factors for falls and mobility impairments in older people and is well-known for her expertise in fear of falling. She has conducted several
large research projects and has also been involved in projects aimed specifically at implementing research findings into policy and practice. The quality of her research is evidenced by her research productivity to date and by the 250+ studies that have cited her work. Most recently, Dr Delbaere published her work in the British Medical Journal, which is a highly valued accomplishment and a clear demonstration of her increasing international profile.

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Associate Professor John Ward, Clinical Lead, Greater Newcastle Cluster, Hunter New England Health. Sarcopenia: is it the most important risk factor for falls?

Sarcopenia, or the loss of muscle mass and strength is associated with older age but accentuated in chronic disease and obesity. The presentation will describe the epidemiology and pathophysiology of sarcopenia and its relationship to falls injuries. A proposed public health approach to this important risk factor will be outlined.

John Ward is a geriatrician, based in Newcastle. He is Clinical Director of the Greater Newcastle Cluster of Hunter New England Health and an Associate Professor of the University of Newcastle. His major interests are in the organisation of services for older people and people with chronic disease in the community and in residential care. He is the convenor of the Sarcopenia Prevention Committee for the Hunter and has written a policy on the management of sarcopenic obese patients in hospitals for the Hunter New England Area.

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Robyn Speerin, Network Manager, Musculoskeletal Network, Agency for Clinical Innovation (ACI) Osteoporotic refracture prevention in NSW

The Agency for Clinical Innovation's Musculoskeletal Network embarked on a program of work in 2010 to develop and subsequently implement a model of care for minimal trauma refracture prevention across NSW. This work was commenced due to the high incidence in NSW of these fractures and the lack of targeted services to support those suffering minimal trauma fractures to prevent the next fracture. The published international and national literature provides much evidence to support the need for the model of care described in the NSW Model of Care for Osteoporotic Refracture Prevention (ACI, 2011). If implemented as described, the incidence of osteoporotic refracture can be averted in 50-80% of cases. Having officially launched this model of care in February 2011, the ACI Musculoskeletal Network is now embarking on implementation strategies. The aim is that the model of care becomes a system-wide method of the chronic care of people who present to our health services having had a minimal trauma fracture. The model of care is closely linked with Falls Prevention, orthogeriatric, chronic care and other community services as we seek the best possible outcomes for these residents of NSW.

References:

Robyn Speerin is the Network Manager for the Musculoskeletal Network, Agency for Clinical Innovation. Robyn in an authorised nurse practitioner with extensive clinical experience in chronic care, especially as it relates to cardiac and other vascular diseases. She has a course work Master of Nursing as well as a research Master of Nursing (Hons). In addition to her clinical expertise in chronic care Robyn has worked at NSW Department of Health developing policy for chronic care, especially concerning rehabilitation. The Musculoskeletal Network has a current focus on osteoporotic refracture prevention, conservative care for people with osteoarthritis, improving access to diagnosis and treatment for children with rheumatology conditions, and the development of a guideline for the pre-operative, in hospital and post discharge phases of elective joint replacement surgery. These have been identified as key needs for the people of NSW who have musculoskeletal conditions and to supplement this work the Network is also developing educational resources for clinicians to use in improving their clinical care no matter the site of intervention.

Contact email: Robyn.Speerin@aci.health.nsw.gov.au

We thank all our presenters and chairpersons of each session for their valuable input into this forum
RESOURCES

The Australian Commission on Safety and Quality in Health Care (ACSQHC): Preventing Falls and Harm from Falls in Older People: Best Practice Guidelines for Australian Hospitals, Residential Aged Care Facilities and Community Care, 2009

Best practice guidelines, guidebooks, implementation guide and fact sheets for each of the care settings can be downloaded at: http://www.safetyandquality.gov.au/internet/safety/publishing.nsf/Content/FallsGuidelines

Hard Copies have been distributed to NSW Health facilities, extra copies are available for NSW Health Staff. Contact Ingrid.Hutchinson@ccc.health.nsw.gov.au

Staying active and on your feet (2010)
New booklet produced by NSW Health for consumers.

This resource outlines:

- 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.

Copies can be ordered from the active & healthy website at: http://www.activeandhealthy.nsw.gov.au/your_active_and_healthy_guide

A new website which also provides information on:

- finding falls prevention exercise programs in your local area
- simple and essential home based exercises
- health and lifestyle tips and checklist.

www.activeandhealthy.nsw.gov.au
ACKNOWLEDGEMENTS

We would like to thank:

The Hon. Jillian Skinner, MP Minister for Health, and Minister for Medical Research for opening this forum
The Centre for Health Advancement, NSW Department of Health
NSW Falls Prevention Program
Clinical Excellence Commission
Staff from the Falls and Balance Research Group, Neuroscience Research Australia (NeuRA)

Photography: Anne Graham, Communications Manager, Neuroscience Research Australia

Exhibitors:
ACMA, Active Mobility Systems, Alzheimer's Australia NSW, Comfort & Fit, Invista-Beam International, Medical Industries Australia, Osteoporosis Australia (NSW), Prius Healthcare Solutions, Statina Healthcare Australia, Surgical Synergies, Tunstall Healthcare, Vision Australia

NSW Falls Prevention Network Advisory Group:
Lorraine Lovitt (chair), Leader, NSW Falls Prevention Program, Clinical Excellence Commission
Ingrid Hutchinson, Project Officer, NSW Falls Prevention Program, Clinical Excellence Commission
Anthony Best, Physiotherapist in Charge, Port Macquarie Base Hospital, Mid North Coast LHD
Kathy Bullen, DON/Service Manager Rankin Park Centre, Hunter New England LHD
Sharon Butler, Better Balance Coordinator, Anglican Retirement Villages
Sally Castell, Physical Activity Coordinator, Northern Sydney Health Promotion
Juli Thwaite, NUM Acute Geriatric Medicine, Westmead Hospital, Sydney West LHD
Dr Tai-Tak Wan, Medical Director, Ambulatory Care, Fairfield Hospital, Sydney South West LHD
Catherine Leys, NUM Narrabri Community Health, Hunter New England LHD
Shayda Marek, Manager, Sharewest Health & Fitness, Sydney West LHD
Merrin Moran, Physiotherapist, Aged Care Services, Wagga Wagga, Murrumbidgee LHD
Bharat Nepal, Health Promotion Officer, Falls Injury Prevention Team, Southern Clinical Support Division
Dr Anne Tiedemann, Research Fellow, Musculoskeletal Group, The George Institute for Global Health
Professor Stephen Lord, NHMRC Senior Principal Research Fellow, NeuRA
Dr Esther Vance, Project Officer, NSW Falls Prevention Network, NeuRA

Falls Prevention Co-ordinators:
Margaret Armstrong - Northern Clinical Support Division
Jenny Bawden - Western Clinical Support Division
Patsy Bourke - Hunter New England Local Health District
Niccola Follett - Southern Clinical Support Division
Mary-Clare Maloney - Northern Clinical Support Division
Kathy Richardson - Southern Clinical Support Division
Katica Siric - Sydney and Sydney South West Local Health Districts

fallsnetwork.neura.edu.au