Enablement : Empowering Physically and Mentally
(for Participation & Engagement in Falls Prevention)

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# A Different Angle on Falls Prevention

## Enablement & Falls Prevention

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<th><strong>IDENTIFY</strong></th>
<th><strong>EMPOWER</strong></th>
<th><strong>ENABLE</strong></th>
<th><strong>ENGAGE</strong></th>
<th><strong>PARTICIPATE</strong></th>
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<tr>
<td>IDENTIFY - goals &amp; risks</td>
<td>EMPOWERMENT.</td>
<td>ENABLING activity, mobility &amp; independence - PSYCHOLOGICAL ‘TOOLS’</td>
<td>ENGAGE the client with challenging, achievable activities</td>
<td>Encourage on-going PARTICIPATION with support and variety</td>
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*NSW Health*  
*Hunter New England Local Health District*  
*hacc*

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Definitions:

- **ENABLE**: to provide the means or opportunity to make possible
- **EMPOWER**: to give somebody a greater sense of confidence or self-esteem.
- **BELIEFS**: acceptance by the mind that something is true or real
- **TRUST**: confidence that somebody or something is good, is achievable and will be effective
Definitions:

• **AGEISM:** "Ageism is defined as negative (or positive) stereotypes, prejudice and/or discrimination in regards to elderly people on the basis of their chronological age or on the basis of a perception of them as being ‘old’ or ‘elderly’

• Common comments include: “the pain…..stiffness….. …loss of memory is just old age” OR “what do you expect at your age?”
Falls Injury - Psychological

- One of the significant outcomes of a fall is loss of confidence
- AND a fear of falling
- Frequent Fallers - increased anxiety and depression, reliance, dependence, decreased activity and mobility, and reduced social contacts.
- Falls - negative connotations for older people
- Falls - symbol of ageing and increasing frailty
## Identify - Falls Risk Factors

<table>
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<tr>
<th>PHYSICAL</th>
<th>PSYCHOLOGICAL</th>
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<tbody>
<tr>
<td>1. Health co-morbidities</td>
<td>1. Client motivation</td>
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<tr>
<td>2. Medication</td>
<td>2. Attitude of ‘others’ (carers, health professionals, families, GPs, friends and peers) … AGEISM</td>
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<td>3. Diet</td>
<td>3. Expectations of ‘others’ and society (what older people SHOULD do, versus WANT to do) for a meaningful life</td>
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<td>4. Incontinence</td>
<td>4. Depression and anxiety</td>
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<td>5. Vision</td>
<td>5. Fear of falling</td>
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<tr>
<td>7. Environmental issues</td>
<td>7. Individual barriers e.g. lack of time; perceived state of “unwellness”</td>
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<td>8. Feet and foot wear</td>
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Empower to Enable/Reable – not Disable

• Ageism associated with negative self-talk and/or feedback from others adds the ‘dis’ to ability
• Start falls prevention interventions with achievable physical goals increased self esteem and confidence. Gaining trust.
• Add the means for increased mobility and maintaining independence. Gaining respect
What “Psychological” Tools?

• Frame falls prevention measures in positive terms (build into health assessments, lifestyle programs, and chronic disease strategies)
• Focus on healthy ageing, well-being, maintaining independence
• Identify client goals, and provide a holistic person-centred approach
• **Exercise**: promote as medicine for muscles.
• Determine the client’s attitude to ‘exercise’?
• Does exercise need a different “sell”?
• Have concerns regarding confidence been addressed?
• **Self-efficacy** is belief in ability to successfully perform a specific behaviour (activity / exercise)
• Self-efficacy is the essence of motivation and behaviour changes… “Can I do it?”
• Gait re-training with focus on heel strike
• Re-educate on how to stand up from the chair
• Target one physical falls risk, modify it as needed (to ‘nearly achieve’) and get client to practice.
• Postural re-education
• Provide a specifically targeted program – address individual client needs, goals, capabilities

Remember to K.I.S.S.
Posture & Sitting

- How do many elderly people sit - shoulders hunched over, and partially shrugging under the ears). This can cause tightness in the shoulders, neck and chest.
- And the poke neck? Ever notice that many have their chin poked forward? That’s tight front neck muscles, and weak deep neck muscles.

IMPROVED POSTURE ASSISTS WITH BETTER BALANCE

IMPROVE POSTURE BY STANDING OR SITTING WITH YOUR CHEST UP
What causes poor posture in older people?

Functionally muscles can be classified into two different groups: tonic and phasic.

- **Tonic muscles** often tighten as we age, *Hips / chest / front neck*

- **Phasic muscles** become weak, or inhibited. *Buttocks (glutes) / spine / posterior shoulders / upper back*

TRY THIS: consciously try to flex your buttocks (glutes). Don’t be afraid to touch your butt to see if the muscle is tightening. Having some trouble? We call it gluteal amnesia. This is very common.
WALKING or SHUFFLING.... WHY?

Strong safe walking requires:
- Good dynamic balance
- Good movement in toes, feet and ankles
- Good muscles strength
- No pain
- Confidence / NO FEAR OF FALLING
## How to Stand from Sitting correctly

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<th>DESCRIPTION</th>
<th>REPETITIONS</th>
<th>OPTIONS</th>
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<td>From sitting in a chair without arms practice standing fully upright and sitting down. Do the exercise slowly.</td>
<td>• 5 repetitions</td>
<td>• Place hands on seat to assist</td>
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<td>• 3-5 times each day</td>
<td>• Increase challenge with arms crossed on chest in front</td>
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<td>• Breakfast / Lunch / Dinner)</td>
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### SIT TO STAND PRACTICE

1. **Move forward on chair**
2. **Bend at waist and lean forward until your bottom lifts off chair**
3. **Continue to move forward and then upwards until you are standing upright**
Enabling Physical Activity in Older Persons

- Identify and discuss fear of falling
- Identify and address barriers e.g. lack of time, pain
- Identify and address reasons why the client can’t exercise or be more active e.g. pain
- Focus on functional ability: sit to stand, turning around safely, reaching, etc
- Identify client goals
Enabling Physical Activity in Older Persons

AND…

- Remember older adults are not all the same
- Promote positive side of healthy ageing
- Be aware of communication difficulties
- Be positive, supportive, and non-judgemental
- Provide clear instructions, demonstrate and then supervise all exercises and activities provided
Summary - Enablement for Participation & Engagement in Falls Prevention

IDENTIFY
EMPOWER
ENABLE
ENGAGE
PARTICIPATE

QUESTIONS?