FALLS PREVENTION
OUTSIDE THE BOX

Creative Interventions for People Living with Dementia

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Falls Prevention: Inside the Box

- Transfers (all the obvious)
- Access
- Self-care activities
- Exercises – stick figures or line drawings
- Equipment prescription
- Trip hazards
- Footwear
“It’s a familiar shoe, even if it is on the wrong foot...”
Falls Prevention and Dementia

Requires: iFOCIS project

= A different approach
   – Understanding of functional cognition
   – Knowledge of abilities and strengths
   – Very specific focus on the person at the centre
   – Team work – with everyone
• Functional cognition:
  – Allen’s CDM
• Identifying risks in personal routines:
  – Modified Falls Behavioural Scale
• Visuospatial risks:
  – Functional vision
• Tapping into carer knowledge:
  – Personal aspects of care that makes a difference
• Applying behaviour management strategies:
  – Activities/ occupation approach
Mr S

- 91 year old man, lives with (younger) wife
- 100+ falls in last 12 months – none injurious
- Receives community care package
- Few co-morbidities – physically well
- Strength average; balance poor
- Cognition – 51/100 ACE III
- Likes playing cards
- Home quite hazardous
Two demonstrations from therapist
Random stitches back to front

**WHIP STITCH**

Selected wrong lace initially
Did not identify errors – no matching skills
Unsure of goal

Enjoys repetitive actions

 Functional Cognition Assessment 1: Large Allen’s Cognitive Level Screen - 5
Did not complete any fringing (step 1)
Reduced fine motor skills

- Needed constant direct cues for every step
- Did not refer to sample
- Difficulty rotating shapes – moved body & almost fell off chair
- Does not cross midline
- Poor depth perception – could not see shapes under others
- Did not understand goal nor effects of actions

Identifies large brightly coloured shapes correctly

Unable to work with spatial properties of task – could not manage vertical and horizontal properties together to place shapes correctly

Stimulus bound placement of shapes
Mr S

Functional cognition – 3.4 (range 3.0 – 5.8)
– Manual Actions: Sustaining Actions on Objects
  (LIKES playing cards)

**What does this tell us?**

- Likes handling items, knows what they are for
- No goal-directed or cause/effect actions
- Does not correct errors – no matching
- Has ‘tunnel vision’: 12-14 inches in front
Intervention to Prevent Falls in Older Adults with Memory Problems

i-FOCUS RESEARCH STUDY

The following recommendations are based on the results of the home safety assessment completed by the occupational therapist.

Please ask your family to help you complete these recommendations. You may need help to work out how to make the changes, and to keep working through the list to get them done. You may need them to help remind you about the habits, and you may need them to help you go shopping.

1. Habits for you to Change: or Things for you & your family to do:

<table>
<thead>
<tr>
<th>What To Do</th>
<th>Why</th>
<th>Completed</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trial a night light in the powerpoint in the bathroom. The OT will</td>
<td>It will help to illuminate the area when you have to go to the bathroom in the</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>arrange a trial of nightlight for you at the next OT visit.</td>
<td>night</td>
<td>When?</td>
<td>Why Not?</td>
</tr>
<tr>
<td>Remove or secure the large floor mat in lounge room with double sided tape</td>
<td>The mat will not move &amp; the corners will not be scuffed/ tripped over if it is</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>secure</td>
<td>When?</td>
<td>Why Not?</td>
</tr>
<tr>
<td>Continue to use the non-slip, absorbent bathmat on the floor outside the</td>
<td>The mat will absorb the water as you get out of the shower but will not slip if it</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>shower recess - as set up by the occupational therapist. Please note: the</td>
<td>is secure</td>
<td>When?</td>
<td>Why Not?</td>
</tr>
<tr>
<td>mat will need to be replaced from time-to-time as the non-slip backing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>wears).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Keep/store all frequently</td>
<td>Although you are only</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
Mr R

- 79 years, lives alone
- 1 fall in past 12 months
- Few co-morbidities – physically very active
- Mental health – bipolar disorder
- Independent ADL & IADLs
- Cognition- 97/100 ACE III
- Few home hazards
- Strength average; balance good
Mr R
Mr R

Functional cognition – 4.2 (range 3.0 – 5.8)
– Goal Directed Actions: Differentiating Between Parts of an Activity
  (Likes doing exercises)

What does this tell us?
• Pays attention to visible cues
• Understands familiar tasks but cannot see errors
  – needs to match with sample
• Needs demonstrations for new actions
• Will not follow written instructions
STANDING UP and SITTING DOWN

WHERE:

HOLD ON:
Yes. Hold on to the armrests of the chair

WHAT TO DO:
Place your feet behind your knees
Stand up using your arms to help you.
Remember to lean forwards over your knees.
Then sit back down

HOW MANY:
Repeat times then rest
Repeat times again
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STUDY STAFF

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