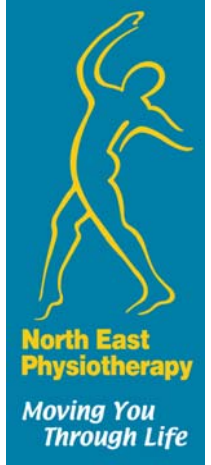


EXERCISE FOR FALLS PREVENTION

with North East Physiotherapy



It used to be thought that falls were an inevitable part of ageing. Luckily, it is now clear that falls can be prevented with well-designed exercise programs.

How common are falls?

Just about everyone will know an older person who has had a fall. One in three people aged 65 and over fall at least once each year. What's worse, falls are not just for 'frail' older people. More vigorous older people fall too – but they tend to be doing more adventurous activities when they fall.

Can falls be predicted?

An assessment from a health professional such as an APA physiotherapist can predict how likely it is that an individual will fall. A history of falls, balance and mobility problems, and use of sleeping tablets have all been associated with an increased risk of falls.

Why do falls happen?

To stay upright and prevent a fall we need to have:

- good balance (which involves being able to stand, reach, and step safely)
- good vision to be able to see hazards in our path (e.g., uneven pavement)
- good reaction time to respond quickly to such hazards
- awareness to know if we are starting to fall, and then
- enough strength to stay upright and keep us on our feet.

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Sadly, falls are more common with ageing as performance in each of these areas deteriorates with age. However, exercise has the potential to improve performance in several of these areas and thus reduce the risk of falls. This approach is rather like reducing the chances of having of a heart attack by addressing risk factors such as smoking and being overweight. As with heart attacks, we may not be able to prevent all falls but something can be done to reduce the risk.

How can falls be prevented?

There has now been a great deal of research looking at the value of falls prevention programs. These studies have found that falls can be prevented by strategies that include a mix of exercise, medication reviews, and environmental modification. This approach can prevent falls for people living in residential aged care facilities and in the general community.

What about exercise?

Many studies have also found that a well-designed exercise program on its own can prevent falls. In a recent review of the research we found that the programs with the biggest effect on falls included exercises which aim to improve balance and which were ongoing. Such programs could reduce the number of falls by up to 40%. However, short term programs which did not target balance sufficiently did not prevent falls. Studies also showed an increased effect when the exercises were performed more frequently (e.g., three times a week as opposed to once a week).

What is the best sort of exercise?

Some people like to exercise in a group and others prefer to exercise alone. As long as the exercise aims (safely) to improve your balance and you can keep going with the exercises it does not matter where you choose to exercise. Tai Chi in a group has been found to prevent falls and is a good option, as is a group program run by a physiotherapist or fitness leader. A home program of balance and strength exercise has also been shown to prevent falls and could be designed by your physiotherapist.

What else helps?

Research has also found that a home assessment with advice from an Occupational Therapist can prevent falls, as can the removal of cataracts and the cessation of sleeping tablets. Your GP could refer you to appropriate people.

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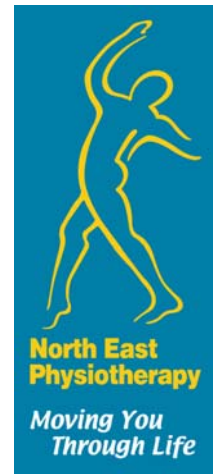
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What should I do?

For a small number of people there may be a medical reason for their falls (e.g., a problem with the heart's rhythm) and this needs investigation by your doctor. If you are new to exercise or have a major health condition you should consult your doctor before starting a program.

Once the way is cleared medically, we suggest that all older people should undertake an exercise program designed to safely improve their balance. The exact form of this program will depend on your preferences and individual situation. Older people who have already had a fall should also consider a home assessment.

Need more information?

Here are some links to falls prevention information:

<http://www.powmri.edu.au/fallsnetwork/links.htm>

<http://www.fallssa.com.au/>

http://www.health.nsw.gov.au/pubs/2003/pdf/makeamove_falls.pdf

Risk factors for falls

- Poor balance and mobility
- Muscle weakness
- Poor eyesight
- Use of sleeping tablets
- A history of falls

If you have more than one of these risk factors you should talk to your GP or APA physiotherapist about how to obtain access to the services and programs that will help protect you from falls.

How to find an exercise class



Falls Prevention & Bone Health Exercise Programs

Speak to your nearest North East Physiotherapy clinic as our physiotherapists run regular group exercise programs and/or will be able to develop an individualised program for you.

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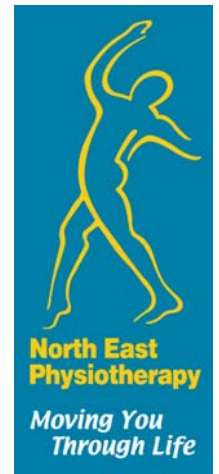
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Strength and Balance- Falls Prevention exercise groups, are based at our Clinical Pilates Studio 20 exercise facilities in:

-24 Belmore St, Yarrawonga,

-20 Chisholm St, Wangaratta

-39 Nunn St, Benalla (coming soon)

Improve your Strength and Balance

Falls Prevention & Bone Health specific exercise groups are offered on a twice weekly basis, using the Clinical Pilates specialized spring loaded resistance equipment.



- Speak to your GP who may be aware of local groups, and can refer you if you are a Veteran or Widow of a veteran with gold card entitlements
- Tai Chi and/or exercise classes for over the 55s and pensioners may be offered by your Community Health Centre, local council, community college, or local gyms
- State Government Departments of Sport and Recreation

Case study

Helping fallers

Mr C (aged 79) and Mrs C (71) were referred to a falls clinic for assessment after each had experienced a number of falls.

Mr C had six falls in the past year, all as a result of losing his balance on sloping ground in the garden and on the steep driveway. He was grazed but had suffered no major injury. Mr C had limited mobility as a result of angina and shortness of breath. He had previous knee replacements. He had also recently been in hospital and so was out of condition. Previously he had been walking 2 km daily with regular stops every 100 m to rest. His medical assessment showed some health

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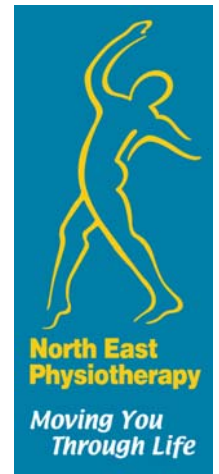
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problems which could contribute to falling, and some of his medications were changed.

His physiotherapy assessment showed that he had weakness of the hip muscles, and pain and muscle weakness of the right knee. He scored only 50% on the balance test, his walking was abnormally slow with small shuffling steps, and he limped due to knee pain. His confidence was low and he was afraid of falling again.

Mr C had home-based physiotherapy treatment to settle his knee pain and improve his strength and balance. He was prescribed a daily home exercise program. He improved his exercise capacity, his pain settled, and he was then able to participate in a falls prevention strength and balance exercise group, which he attended weekly for 6 weeks. He continued his daily home exercise program.

When reassessed three months later in the clinic, Mr C reported feeling much more confident, and was back to walking 2 km daily with less frequent need for rests. He had no further falls. He scored 100% on reassessment of his balance, his walking speed was normal, and he was no longer shuffling.

Mrs C had been falling for 15 years with the falls increasing in the past 2 years. Her falls occurred on slippery or uneven ground, and on wet steps/pathways. She also had some falls and blackouts associated with unsteadiness/dizziness when turning her head or standing up too quickly. Mrs C had a broken ankle after one fall and some facial bruising. She reported losing her balance on most of her falls. Mrs C also walked 2 km daily with her husband.

Her medical assessment showed she had health problems that were a likely cause for many of her falls. Her medications were changed and she was given advice on how to manage her dizziness and prevent further black outs.

Physiotherapy assessment showed that Mrs C was weak around her hip muscles, she scored 73% on the balance test, her feet were further apart than normal when walking, and she was slightly unsteady.

Mrs C attended a weekly physiotherapist-led strength and balance exercise group for 9 weeks and was also given a home exercise program to do 3 times a week.

When reassessed 3 months later in the clinic her muscle strength around the hips had improved, her balance score was 100%, and her walking was back to normal and steady. Her confidence had also improved and she had had no further falls.

Both Mr and Mrs C have reduced vision and undergo regular eye checks. Appropriate foot wear was also discussed and an Occupational

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Therapy home visit addressed home safety issues and made recommendations for home modifications. Mr and Mrs C are very pleased with their improvement and report that they enjoyed participating in the exercise group and are continuing the exercises at home.



Disclaimer

Physiotherapy and you articles are provided for general information only and should in no way be considered as a substitute for the advice and information your physiotherapist will supply about your particular condition.

While every effort has been made to ensure that the information is accurate, the Australian Physiotherapy Association and the authors and the editors of the articles in this magazine and on this web site accept no responsibility and cannot guarantee the consequences if patients choose to rely upon these contents as their sole source of information about a condition and its rehabilitation. Last Updated (Wednesday, 27 August 2008 12:24)

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