



## THE HAYWARD UNIT FALLS REHABILITATION PROGRAMME PROTOCOL

The programme caters for people over the age of 65 years who have fallen or are at risk of falling, because of poor mobility and or strength, lack confidence and have balance problems.

The programme is a joint venture between the Adult Community Physiotherapy Service and Hayward Day Unit and is managed by a team of Physiotherapists, Occupational Therapists, Rehabilitation Technicians and Hayward Day Unit staff.

Participants need to be motivated and have a good cognitive ability to take part in the programme.

The group setting caters for 6-8 patients comfortably. Groups larger than 8 would not be safe or effective. Patients who have difficulties coping within a group setting will be offered individual falls based exercises.

### PROGRAMMME AIMS

- Reduce the incidence of falls and fractures for the participants
- Increase participant's knowledge of falls prevention and what to do in the event of a fall
- Improve quality of life by reducing the fear of falling, increasing activity levels and reducing isolation
- Deliver a multidisciplinary approach to falls prevention and rehabilitation
- Link in with other services within the South Buckinghamshire area
- Link in with and liaise with the community and A&E based falls programmes

### LOCATION

The Hayward Unit Day Hospital, Wycombe General Hospital  
Occupational Therapy Room and Physiotherapy Gymnasium

- **TRANSPORT:**  
Hayward Unit Day Hospital organizes transport, (patients must live within the geographical boundary set down by Ambulance control) or patients can provide their own transport

## TIME OF PROGRAMME

Time /Days: Monday, Tuesday, Thursday and Friday

11am to 12 pm Exercise session

1 pm to 2 pm Educational workshop

11am to 12 pm Exercise session

1 pm to 2 pm Educational workshop

## LENGTH OF PROGRAMME

- The programme is a rolling programme
- Each programme runs actively for 8 weeks, followed by 3, 6 and 12 month monitoring checks
- Patients can enter any week of each exercise programme after being assessed and cleared fit by multidisciplinary team to carry out exercise component of the programme.
- All Day Hospital patients benefit from Educational component of Falls programme, to help reduce the risk of falling.
- Pre and post programme assessments are conducted the week prior and the week after the 6 week exercise sessions and educational workshops

## REFERAL CRITERIA

Patients must have a certain level of physical function in order to attend the programme safely.

The minimal level of function is therefore:

- Mobile (indoors) - with or without a walking aid but not needing another persons assistance
- Able to get out of a chair without another persons assistants
- Patients must be over 65 years of age
- Undertake a medical examination by the Hayward Unit doctor prior to entering the programme to rule out medical reasons for falling
- Multi disciplinary assessment is carried out, with continual monitoring throughout the programme
- Patients mental state should be assessed to be at a level whereby they can actively participate in the falls programme.

## EXCLUSION CRITERIA (FOR THE EXERCISE SESSIONS)

The following medical conditions may be considered a contraindication for the exercise component of the programme:

- Parkinson's Disease
- Cerebro Vascular Accident
- Limited Cognitive Ability (Abbreviated Mental Test Score - below 8)

Prior to further investigation the following medical conditions would also be considered as contraindications:

- Vasovagal Syncope
- Carotid Sinus Syndrome
- Vertebro-Basilar Insufficiency
- Postural Hypotension
- Cardiac Arrhythmias

Once treated and stabilized these clients can be included

## WHO CAN REFER

- Patients GP
- Direct referrals can be received from the A&E Falls programme
- Direct referrals can be received from Hospital wards (Consultants) and clinics.
- All medical and health care professionals can refer to the programme.

Note: All patients will continue to be screened by the multidisciplinary team before entering the exercise component of the Falls Programme.

## REFERRAL PROCEDURE

Patient fulfilling the referral criteria:

- Patient is referred to The Hayward Unit Day Hospital
- Multidisciplinary medical, cognitive and physical assessment is carried out (Doctor, Occupational Therapy, Physiotherapy and Nursing)
- The patient undertakes a medical examination and tests are carried out by the Hayward Unit doctor prior to entering the exercise component of the programme to rule out any medical and/or drug related reasons for falling
- If Medically , Physically and Cognitively suitable for the exercise component of the Falls programme, the patient is informed and requested to sign before participation.
- If any patient is unable to keep up in the group, either physically or cognitively the programme is either adopted and/or the patient has individual treatment.

## WHAT WILL THE FALLS REHABILITATION TEAM/SERVICE PROVIDE

- Explain the programme to each patient e.g. what to expect from the programme, what to wear to each class
- Pre physical and functional assessment within The Hayward Unit department
- Initial evaluation of drugs by doctor.
- A falls Rehabilitation Programme booklet will be provided to each patient containing information covered throughout the six weeks educational presentations and a home based exercise programme is also included

- Provision of hip protectors to those who meet the criteria and instructions for patients
- Over a period of 6 weeks exercise sessions will be carried out to improve static and dynamic balance, mobility and confidence within a group setting.
- Patients who have difficulties coping within a group setting will be offered individual sessions to help reduce the risks of falls.
- Falls prevention educational sessions over the period of six weeks, including group activities, demonstrations, quizzes and handout
- Backward chaining (getting up from the floor, useful techniques are demonstrated and practiced)
- Training in how to cope with "a long lie" (frequent consequence of a fall)
- Environmental assessment if required
- Provision of appropriate equipment and environmental adaptation e.g. walking aids, grab rails, chair/bed raises and key safes
- Post medical, physical and functional assessment
- Liaise and, or refer to other agencies as required
- Discharge letter to patients GP, referrer and other appropriate services

## PRE -PROGRAMME

Explain the programme to patient  
 Obtain patients permission  
 Request the wearing of appropriate footwear and clothing  
 Carry out physical and functional assessment

## ASSESSMENT TOOLS

The assessment and recording tools used are:

- Register (recording patient's full name, date of birth, diagnosis, referred by and to, pre and post assessment dates, weekly attendance, hip protector acceptance and home visit checks)
- Patient evaluation form (recording patient's name, personal details, medical history, and medication, blood pressure (postural drop), weight, predisposing factors and history of falls and out come measures.)
- Out come measures include: CONFBAL Questionnaire, Hamstring Flexibility, External Shoulder Rotation, Internal Shoulder Rotation, Timed Up and Go, Functional Reach, 180° Turn, TUSS, Bartel and EMS , Lying and Standing Blood pressure.
- The environment should be as quiet and non distracting as possible. The room should be well lit and at a comfortable temperature.
- The facilitator is an additional person who helps patients to safely carry out procedure when showing signs of difficulty during group exercises.

## EXERCISE SESSIONS

Each session caters for a diverse range, by ensuring that as appropriate for the individual there is a seated and standing option for all exercises.

Each session also provides gentle graded progressions of each exercise for different functional levels. Aiming to improve balance and co-ordination, increase functional capacity, increase bone and muscle mass and to increase confidence.

Starting with chair based exercises using therabands, beanbags, balls etc, progressing to standing static and dynamic balance routines as well as balance and strengthening circuits

All sessions begin with a warm up to loosen joints, warm and stretch muscles, rehearse skills and gradually increase the demand on the heart and lungs.

The cool down consists of slow rhythmic exercise, reducing joint stiffness

The group is seated on straight-backed sturdy chairs (preferably without armrests) in a circle. The instructor demonstrates and explains each exercise, observes and gives feedback to the patients.

### **Week 1 of Exercise Programme**

- Welcome patients and introduce everyone
- Explain aims
- Demonstrate good posture
- Warm up including pulse raising, stretches, and joint mobility ⇒ seated
- Sit to Stand practice
- Chair based resistance exercises using therabands
- Targeted bone loading
- Functional reach seated with a ball
- Pelvic floor exercises
- Cool down including stretches
- Ti chi seated
- Revitalize

### **Week 2 of Exercise Programme**

- Welcome patients and introduce everyone (wear name tags)
- Explain aims
- Demonstrate good posture
- Warm up including pulse raising, stretches, and joint mobility ⇒ seated
- Sit to stand practice
- Chair based resistance exercises using therabands
- Targeted bone loading
- Dynamic sitting balance incorporating trunk exercise using ball actives/games ⇒ parachute sheet
- Dynamic standing balance and co-ordination activities (e.g. Marching, sidestepping, weight transferring,) ⇒ standing with support. Chair based options throughout
- Pelvic floor exercises

- Cool down including stretches
- Tia chi seated
- Revitalize

### **Week 3 of Exercise Programme**

- Welcome patients and introduce everyone (wear name tags)
- Explain aims
- Demonstrate good posture
- Warm up including pulse raising, stretches, and joint mobility  
Seated ⇒ standing with support ⇒ free standing
- Sit to stand practice
- Dynamic standing balance and co-ordination activities (e.g. Marching side stepping weight transferring) ⇒ standing with support ⇒ free standing  
Chair based options throughout
- Chair based resistance exercises using therabands
- Targeted bone loading
- Dynamic activities/games using handballs, large soft balls and beans bags
- Pelvic floor exercises
- Cool down including stretches
- Ti chi seated ⇒ standing
- Revitalize
- Backward chaining (Transition from standing to lying)  
Each patient is given a period of individual attention in a quieter area, away from the group exercise session, to practice backward chaining without the pressure of achieving in a group

### **Week 4 of Exercise Programme**

- Welcome patients and introduce everyone (wear name tags)
- Explain aims
- Demonstrate good posture
- Warm up including pulse raising, stretches, and joint mobility  
Seated ⇒ standing with support ⇒ free standing
- Circuit.  
Each patient is closely observed/coached. Stations are optional depending on individual capabilities

Stations include:

- Step ups ⇒ stair climbing
- Exercises on the balance mat
- Targeted bone loading
- Different walking surfaces e.g. walking over mats with walking sticks, beanbags etc underneath. Each patients starts with forward walking progressing to backwards and sideways walking
- Bottom walking on plinth and or bridging
- Sit to stand practice
- Upper limb pulleys
- Lower limb pedals
- Ball activities

- Stepping stones
- Seated and or standing weight transferring using a four foot lightweight pole
- Cool down including stretches

## **Week 5**

- Welcome patients and introduce everyone (wear name tags)
- Explain aims
- Demonstrate good posture
- Warm up including pulse raising, stretches, and joint mobility  
Seated ⇒ standing with support ⇒ free standing
- Sit to stand practice
- Dynamic standing balance and co-ordination activities (e.g. Marching side stepping weight transferring) ⇒ standing with support ⇒ free standing  
Chair options throughout
- Chair based resistance exercises using therabands
- Targeted bone loading
- Dynamic activities/games using handballs, large soft balls beans bags and parachute sheet ⇒ seated ⇒ standing with chair behind
- Pelvic floor exercises
- Cool down including stretches
- Tia chi seated ⇒ standing
- Revitalize

## **Week 6**

- Welcome patients and introduce everyone (wear name tags)
- Explain aims
- Demonstrate good posture
- Warm up including pulse raising, stretches, and joint mobility  
Seated ⇒ standing with support ⇒ free standing
- Circuit

Each patient is closely observed/coached. Stations are optional depending on individual capabilities

Stations include:

- Step ups ⇒ Stair climbing
- Exercises on the balance mat
- Targeted bone loading
- Different walking surfaces e.g. walking over mats with walking sticks, beanbags etc underneath. Each patients starts with forward walking progressing to backwards and sideways walking
- Bottom walking on plinth and or bridging
- Sit to stand practice
- Upper limb pulleys
- Lower limb pedals
- Ball activities
- Stepping stones
- Seated and or standing weight transferring using a four foot light weight pole
- Cool down including stretch

## General Points

- Active rests throughout each session
- Coaching and correction points throughout e.g. specific information on where the patient should be feeling a stretch and why they are doing the exercises
- Chair based options throughout

## EDUCATIONAL WORKSHOPS

After each exercise session The Falls Team will present an educational workshop for all patients participating in the Falls Programme, plus option open to all patients attending the Hayward Unit Day Hospital on that day.

Topics include:

<b>Educational Workshop</b>
Benefits of Exercise
Home Environmental Hazards and advice
How to Recover From a Fall
Healthy Eating - Dietetics
Foot Care - Podiatry
Community Services for the Elderly

Handouts and quizzes offered to patients produced by the falls team include:

- The Benefits of Exercise - Handout
- Home (Environmental) Hazards & Advice - Handout
- How many hazards can you see - Quiz
- If I have had a fall – Quiz
- If I have had a fall I can get up and I cant get up - Handout
- Falls quiz
- **Dietetics quiz- Handouts**

Community services: Information leaflets offered to patients include:

- Safehip “The Hip Protector” – Robinson Care
- Feel Good Keep Moving – Buckinghamshire NHS
- Avoiding Slips, trips and broken hips. How to avoid falls in the home – information for older people – dti
- FALLS How to avoid them and how to cope – Age Concern
- Safety In Your Home – Help the Aged
- So you think you’re safe at home? - dti
- Step up to safety – dti
- Handy Van Scheme High Wycombe – Help the Aged

- Keysafe -(remind patients to inform and check with insurance company before installing, so their insurance does not become invalid)
- Community Call Service – Wycombe District Council
- For Independence and Peace of Mind Aid Call – Age Concern
- Calcium Rich Foods and Bone Health – National Osteoporosis Society
- Eat Well Keep Well ‘5’ a day – Better Homes – Better Health
- Wiltshire Farm Foods the home meals service
- Dial-a-Shopper Home Delivered Meals with Shopping Service
- Cosyfeet
- Wycombe Dial-A-Ride
- Community Careline services
- Independent Living

## STANDARDS OF PRACTISE

## HEALTH AND SAFETY AWEARNESS

- Clean, clear well lit area
- Location of first aid equipment
- First aid or medical personnel
- Location of nearest phones
- Location of nearest toilets
- Location of Emergency call buttons
- Location of fire exits and meeting points
- Availability of fresh drinking water

## REFERAL

- All patients must fit into the referral criteria
- All referrals must be in writing on the falls rehabilitation programme referral forms
- If referrals are found inappropriate the therapist will liaise with the team at Hayward Unit and/or other agencies i.e. Community Fall Team

## MONITORING FALLS PATIENTS

- Each patient is monitored weekly whilst attending the programme
- On discharge each patient will be contacted 3, 6 and 12 months post programme

- Each patient has a named key therapy technician who takes responsibility for individual patients participation in the falls programme from assessment to discharge.

## ASSESSMENT

- Patients will have a full medical, Occupational Therapy and Physiotherapy assessment followed by a functional assessment by the Falls team.
- Medical and social history to be kept in the multidisciplinary notes.
- A home assessment will be conducted by a member of the falls team
- Equipment will be provided if appropriate to ensure safety. It will be assessed for and provided by a member of the falls team.

## FOLLOW ON/DISCHARGE

- Outcome summary of intervention will be sent to the GP and other appropriate services/referrer
- If patient does not complete the full eight week programme a summary letter will be sent to GP and referrer
- Certificate of achievement will be presented to patient
- Liaise and, or refer to other agencies
- 3 month follow up telephone check ( for further falls and hip protector compliance if issued), information put onto patient cardex system and acted upon if necessary i.e. If patient having further falls and patient has not let anyone know then, with patients consent inform GP.

## EVALUATION

- On completion of The Falls Rehabilitation intervention and post discharge assessment, an evaluation form will be completed for data input
- Feed back from patients using satisfaction questionnaire
- Meetings will be held by The Hayward Unit Falls Rehabilitation team to discuss the current service and development needs

## STAFF

- Two-four, falls team staff members are required per session to carry out/supervise the programme.
- The coordinator or rehabilitation technicians are to conduct the exercise session, and to either present or supervise the educational sessions
- All staff carrying out the chair based exercises are qualified through Leicester College in Leadership of Chair - based exercises to increase independence in frailer, older people
- Health professionals present a number of the educational sessions from Amersham and Wycombe General Hospital, these include staff from the Dietetics department and Podiatry department.

## The Hayward Unit Falls Team

Anne Howes	Day Unit Manager - overview of referral
Dr Andrew Silverman	Initial medical assessment
Elliott Chikwanda	Sen I Physiotherapist – Physiotherapy assessment
Rebecca Seaman	Occupational Therapist – Occupational Therapy assessment
Sandra Moorcroft	Physiotherapy Rehab Assistant – Day to day running of classes and evaluation
Beryl Pickett	Occupational therapy assistant - Day to day running of classes and evaluation
Alison Peters	Deputy Manager-overview of referral and day to day medical observations, monitoring and treating of patients
Cathy Ayres	Staff Nurse- Day to day medical observations, monitoring and treating patients
Linda Venn	HCA- Day to day observations, monitoring and assisting patients, acting as facilitators .
Bianca Pearce	HCA – Day to day observations, monitoring and assisting patients, acting as facilitators.

### EDUCATIONAL HEALTH PROFESSIONALS

Frances Taylor	Dietetics
Chris Finch	Podiatry( foot care and foot wear)

### Clinical Heads, Care of the Elderly

Tracey Flemming	Occupational Therapy Clinical Supervisor
Alison Ayles	Physiotherapist – Head of Falls Prevention and Management Programme for the community
Kate Cox	Head Physiotherapist – Research, county links, co-ordination of falls programme