FALLS EXERCISE SERVICE
REFERRAL COMPREHENSIVE RESOURCE

An integral part of the

CAMDEN & ISLINGTON FALLS CARE PATHWAY

DISCUSSION DOCUMENT NO 4
THOROUGHLY AMENDED JANUARY 2004
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The Falls EXERCISE Service (FES) Programmes
A Continuum of Provision

FALLS ASSESSMENT
PRIMARY OR SECONDARY CARE

REHABILITATION EXERCISE
‘Phase III’
Hospital Based: Physiotherapy Led

<table>
<thead>
<tr>
<th>Level 1 Group</th>
<th>Level 2 Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frailer Clients</td>
<td>Less Frailer Clients</td>
</tr>
<tr>
<td>8 week course</td>
<td>8 week course</td>
</tr>
<tr>
<td>Ratio 6 clients: 2 staff</td>
<td>Ratio 8 clients: 2 staff</td>
</tr>
</tbody>
</table>

PRE-EXERCISE ASSESSMENT & SCREENING
PREVENTATIVE EXERCISE
‘Phase IV’
Community Based:
Postural Stability Led Group
Graduates from Rehab Level 2 and/or
Referral via Falls Advisory System
Ratio 12 clients: 2 staff
12 week courses
PHYSIO LED PRE-EXERCISE ASSESSMENT & SCREENING

CHAIR BASED EXERCISE
Community based:
Postural Stability
Instructor Led Group
Clients currently unable to participate
in dynamic balance work
Ratio 18 clients: 1 staff
Weeks: habitual/rolling programmes

PREVENTATIVE EXERCISE
‘Phase V’ Community based:
Postural Stability Led Group
Graduates from ‘Phase IV’
Ratio 15/16 clients: 1 staff
Weeks: habitual/rolling programmes

SENIORS EXERCISE
Seniors Exercise Instructor Ratio 20 clients: 1 staff
Weeks: habitual/rolling programmes

Key
Established
Being Developed
The Falls EXERCISE Service Referral
Pathways & Development Stages: 2003-2004

**Sources of Referral**

- Ortho Geriatrics & Primary Care Stage 2
- Primary Care Pilot & Physio OPD Stage 1
- REACH Teams Royal Free Hospital Stage 1
- REACH Teams St Pancras Hospital (Bloomsbury Building)
- Whittington Hospital Dorothy Warren Day Hospital
- University College Hospital Stage 2

**Falls Evaluation Referral for Exercise**

- *Rehabilitation “Phase III”*
- Preventative “Phase IV”
- Senior’s Exercise
- Chair

**Key**

<table>
<thead>
<tr>
<th>Stage</th>
<th>Referral Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pilot</td>
<td>July 03-Oct 03</td>
</tr>
<tr>
<td>Stage 1</td>
<td>Nov 03-Mar 04</td>
</tr>
<tr>
<td>Stage 2</td>
<td>Apr 04-Mar 05</td>
</tr>
</tbody>
</table>

N.B. See ALGORITHM. All referrals made either to Falls Evaluation/Reach Team or other “Phase III” Exercise Programme or direct to CAHT for “Phase IV”. Referrals are made according to FES standardised criteria with all referral activity being communicated to GP. NB ‘Phases 1 & 2’ are Medical Assessments and Intervention Phases: Hospital/Home Based.

*Access to “Phase III” Rehabilitation Exercise is via referral to the REACH Teams, Royal Free and Dorothy Warren Day Hospitals.*
## Referral for Falls Exercise Service

### Patient Details

<table>
<thead>
<tr>
<th>Title</th>
<th>Forename</th>
<th>Surname</th>
<th>Referred by</th>
<th>Profession</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Patient No.</th>
<th>Date of Birth</th>
<th>Referral Address</th>
<th>Tel. No.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Tel. No.</th>
<th>Next of kin</th>
<th>Exercise Group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Camden, Islington</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tel. No.</th>
<th>Referral Address</th>
<th>Address</th>
<th>Tel. No.</th>
<th>Fax No.</th>
<th>Next of kin</th>
<th>Tel. No.</th>
<th>GP aware of referral</th>
<th>Relationship</th>
<th>Patient Consented to referral</th>
<th>Patient Consented to transfer info</th>
<th>GP Name</th>
<th>Referrer’s Signature</th>
<th>Next of kin</th>
<th>Tel. No.</th>
<th>GP Tel. &amp; Fax No.</th>
<th>Referral Date</th>
</tr>
</thead>
</table>

### Details of Source of Referral

**Current Relevant Medical & Falls History**

- **No of Falls in last 12 months?**
  - Yes [ ]
  - No [ ]

- **Fear of Falling?**
  - Yes [ ]
  - No [ ]

- **Most Recent BP**
  - Supine
  - HR
  - Standing
  - HR

- **Personal or Family History of Osteoporosis**
  - Yes [ ]
  - No [ ]

- **Previous Fractures**
  - Wrist [ ]
  - Hip [ ]
  - Spine [ ]
  - Other [ ]

- **Mobility/Independently:**
  - Walks Outdoors [ ]
  - Stairs [ ]
  - Walking Aid [ ]

- **N.B. In Addition Attach Printout if Relevant**

### Current Medication

- **N.B. Attach Medication/Prescription Printout if Preferred**

#### Physical/Occupational Therapists/Exercise Instructors Only

Specific exercises/approaches to be included (if known)

#### Medical/Nursing/Therapy Staff Only

- Please Review Inclusion/Exclusion & Risk Stratification Criteria

#### Possible Effects of Medication/Diagnoses on Patient’s Safety/Comfort for Everyday/Exercise Activity

- Heart rate not an indicator of exercise intensity e.g. Betablockers [ ]
- Suppression of pain e.g. Analgesics [ ]

<table>
<thead>
<tr>
<th>Patients’ condition controlled/stable but susceptible to</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrhythmia [ ] Angina [ ] Postural Hypotension [ ] Hypoglycaemia [ ]</td>
</tr>
<tr>
<td>Impaired postural stability [ ] Abnormal muscle tone [ ] Joint pain [ ] Impaired cognition [ ]</td>
</tr>
<tr>
<td>Urinary incontinence [ ] Osteoporosis [ ] Impaired alertness [ ] Asthma [ ]</td>
</tr>
<tr>
<td>Infection (↑falls risk e.g. MRS) [ ] Visual Impairment [ ] Hearing Impairment [ ] Skin irritation/rashes/infection [ ]</td>
</tr>
<tr>
<td>Other [ ] Please specify [ ]</td>
</tr>
</tbody>
</table>

- Other precautions or special considerations to be observed or what patient has been told

### Risk Stratification

This puts the patient at High [ ] Medium [ ] Low [ ] risk of ongoing falls

High [ ] Medium [ ] Low [ ] risk during exercise

#### Please send the referral to

Robbie Benardout: Sports and Physical Activity, Leisure & Community Services, London Borough of Camden Crowndale Centre, 218 Eversholt Street, London NW1 1BD  Phone: 020 7974 4398  Fax: 020 7974 1590

Referral Received by:
**The Falls EXERCISE Service**

**‘PHASE IV’ REFERRAL ENTRY CRITERIA**

### Inclusion Criteria

<table>
<thead>
<tr>
<th>N.B.</th>
<th>Reasons for Falls must have been Investigated Medically to be Eligible for Referral for Exercise</th>
</tr>
</thead>
</table>

_**To be referred** Patients/ Clients with a history of falls must_ ☐ YES ☐ NO

1. Have had a Primary ☐ or Secondary care ☐ assessment

and meet **two or more** of the remaining criteria in order to be referred

2. History of Falls (injurious and non-injurious)
3. Low bone density/ family history of osteoporotic fracture
4. Fear of falling
5. Feeling unstable

### In addition they must

6. Be MOTIVATED* and have CONSENTED to participate
7. Living in the Borough of ………………………………………
8. Aged 65 or Over
9. Independent in transfers
10. MEDICALLY STABLE
11. STAGE OF HEALTH BEHAVIOUR CHANGE

<table>
<thead>
<tr>
<th>Considering ☐ Preparing ☐</th>
<th>Currently Active &lt;6 Months ☐</th>
<th>Regularly Active &gt;6 Months ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relapse ☐ Unknown ☐</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NB Not in pre-contemplation stage/non consideration of Health Behaviour Change

### Exclusion Criteria

People with the following uncontrolled/unstable health symptoms or conditions should not be accepted on the programme until such time as their medical adviser acknowledges that they are sufficiently medically stable to permit safe participation. *(This is set out in Section 1.31 and again repeated here for emphasis)*

- Multiple falls or single syncopal fall with no identified cause
- Symptomatic Postural Hypotension associated with Pre Syncope type symptoms
- Uncontrolled Hypertension (e.g. Systolic BP >170mmHg and/or Diastolic BP > 100mmHg)
- Stroke, Transient Ischaemic Attacks (TIA), Myocardial Infarction or Unstable Angina within the past 6 months
- Uncontrolled Arrhythmia (Tachycardia >100bpm, Bradycardia <60bpm)
- Cardiomyopathy
- Critical Aortic Stenosis
- Unexplained Collapse with loss of Consciousness
- Recent injurious fall without a medical examination
- Severe Asthma or COPD
- Acute Systemic Illness which is progressive (e.g. cancer) or will affect ability to exercise (e.g. pneumonia) as renders them unwell at the time of the exercise
- Hip or knee replacement surgery in previous 3 months
- Unable to maintain upright seated posture
- Very severe Vestibular Disturbances
- Cognitive Impairment sufficiently severe to prevent individuals from being able to follow simple movement instructions safely (e.g. been in Phase III Rehab programme and deemed to be inappropriate)*
- People who place themselves and others at risk (e.g. participants who are unable to monitor or adapt their performance or whose level of assistance endangers others or themselves; finally participants whose behaviour contravenes safety standards. These participants should be counselled individually and not permitted to participate until they can conduct themselves safely).

*An individually tailored mobility and gentle walking and/or seated exercise programme with carer assistance may well be a possible alternative for these individuals.*
The following guidance is given to inform the process of exercise prescription for older patients presenting with falls or a high risk of falls who are considered appropriate to be referred for exercise. Establishing the level of risk (high, moderate or low) will assist the selection of the appropriate exercise session and setting and will also help to plan the degree of care and supervision appropriate to individuals entering exercise programmes (N.B. for inclusion/exclusion criteria see previous page). Each patient’s exercise risk stratification must be viewed in relation to the overall medical and therapy history and must be reviewed regularly.

### FALLS EXERCISE RISK STRATIFICATION

#### High Risk

- Ischaemic Heart Disease (Angina)
- Complex Heart Rhythm Disturbance (Arrhythmia)
- Severe Heart Failure
- Moderate to severe Peripheral Vascular Disease
- Symptomatic Postural Hypotension (>20mmHg fall Systolic and/or >10mmHg fall diastolic)
- Recent Stroke or TIA (more than three months ago)
- Advanced Parkinson’s Disease (Inherent postural instability)
- Advanced complicated Diabetes (Peripheral sensory neuropathy)
- Severe Sensory Impairment (Sight/Hearing/Vestibular etc.)
- Severe Cognitive Impairment (Abbreviated Mental Test Score <5)*

* An individually tailored mobility and gentle walking and/or seated exercise programme with carer assistance may well be a possible alternative for these individuals.

#### Moderate Risk

- History of 6 or more Falls in the past year
- Significant Fear of Falling (e.g. use of abnormal movement strategies)
- Established Osteoporosis with Prevalent Fracture
- Parkinson’s Disease without Inherent Postural Instability
- Mild to moderate Peripheral Vascular Disease
- Moderate to severe Peripheral Vascular Disease

#### Low Risk

- Lower Limb Joint Replacement
- Lower Limb Muscle Wasting/Disuse Atrophy related to Sedentary Life Style
- Unable or Unused to getting down to the floor
- New to Exercise
- No History of Falls

### Remember:

- If in any doubt as to the risk of exercise in relation to specific conditions, secure consent to contact their physician (GP) for further advice.
- Check on prescribed medications and pay attention to their potential impact on exercise prescription and individual exercise capacity.
- Monitor and/or refer any deterioration in existing symptoms or the development of any new symptoms.
FALLS EVALUATION

REFERRAL FORMS

- Camden Reach
- Islington Reach
- Hampstead Day Hospital for Elderly People (Royal Free)
- Dorothy Warren Day Hospital
# Islington REACH Team Referral Form

For official use only

<table>
<thead>
<tr>
<th>Date Received:</th>
<th>Time Received:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Screened:</td>
<td>First Contact:</td>
</tr>
</tbody>
</table>

Single assessment date:

<table>
<thead>
<tr>
<th>Client / Patient details</th>
<th>Referrers Details</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Name</td>
</tr>
<tr>
<td>Title Mr/ Mrs/Miss/Ms/Dr/Other</td>
<td>Relationship to client</td>
</tr>
<tr>
<td>Surname:</td>
<td>Address</td>
</tr>
<tr>
<td>First Name:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Postcode:</td>
<td></td>
</tr>
<tr>
<td>Tel:</td>
<td></td>
</tr>
<tr>
<td>DOB:</td>
<td></td>
</tr>
<tr>
<td>Male / Female</td>
<td></td>
</tr>
<tr>
<td>Aware of referral</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>G.P. details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Postcode</td>
</tr>
<tr>
<td>Fax</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Next of Kin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Postcode</td>
</tr>
<tr>
<td>Relationship with client</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Access arrangements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lives alone? yes / no</td>
</tr>
<tr>
<td>If no please give details</td>
</tr>
<tr>
<td>Give details for access e.g. spare key</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Postcode</td>
</tr>
<tr>
<td>Relationship with client</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Details of any risk factors for staff visiting?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Other Services / Professionals involved including contact details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Worker / Care manager</td>
</tr>
<tr>
<td>Occupational therapist</td>
</tr>
<tr>
<td>Physiotherapist</td>
</tr>
<tr>
<td>Speech &amp; Language Therapist</td>
</tr>
<tr>
<td>Dietician</td>
</tr>
<tr>
<td>Day centres</td>
</tr>
<tr>
<td>District Nurses</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>
**Reason for referral** (including desired goals) assessment of risk / urgency
*Please attach any relevant reports (e.g. discharge summary)*

**Swallowing or dietetic assessment? Medical signature required:** Signature____________________________________
Printed Name____________________________________

**Medical history (including medication, diagnosis and most recent admission to hospital)**

<table>
<thead>
<tr>
<th>Last Admission to Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adm / Disch dates</td>
</tr>
<tr>
<td>Consultant</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does the client experience problems with behaviour, anxiety, mood or cognition, visual, hearing loss</th>
<th>Outline previous / current functional ability</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Screened by:** Name____________________ Date _________ Role ____________________

Referral outcome: Open / Transferred to another team or area / no further action

Risk factors / urgency:

Medical Nursing Psychology Physio OT SLT Dietitian Social Work
Hampstead Day Hospital
Referral Form
THE FALLS EXERCISE SERVICE

PRIMARY CARE ASSESSMENT
The Falls EXERCISE Service
Primary Care Referral Process: January-March 2004

Primary Care Pilot
9 GP Practices

YES

PRIMARY CARE
ASSESSMENT

Referral to
CAHT for allocation to FES
“Phase IV” Sessions

PRE EXERCISE ASSESSMENT
& SCREENING

Preventative “PHASE IV”
Community Based

Preventative “PHASE IV”
Community Based

Rehabilitation
“PHASE III”
Hospital Based

Chair Based
Hospital/Community

SENIORS Exercise
Community Based

NO

Referral to
for
Full Falls Evaluation

NB Use Reach Team Referral Form

NB Use FES Phase Referral Form
Primary Care Assessment FOR FALLS EXERCISE SERVICE REFERRAL

Has the patient
1. Had a single fall or recurrent falls and had the appropriate medical assessment i.e.
   - Recurrent = refer for Falls Evaluation i.e. assessment – history, medications, vision, gait & balance, lower limb joints, neurological cardiovascular, therapy needs
   - Single = check gait/balance with Up & Go; Problem = refer for Falls Evaluation
   Adapted from AGS/BGS 2002; RCP Edinburgh 2003

Has the patient
2. Met the other FES criteria (see Inclusion & Exclusion criteria)

Yes
Refer for FES Phase IV using Phase IV Referral Form or as appropriate – Recommend seniors exercise and monitor

No
Refer for Full Falls Evaluation using Reach Team Referral Form - record & reassess for exercise in 6 months

No
Take appropriate ACTION + record and reassess for exercise in 6 months

Yes
Complete FES Phase IV Referral Form and send to CAHT
CAHT will allocate to (geographically & functionally) appropriate session. Session 1 of each FES Cycle involves a Pre Exercise Assessment/Induction/Screening Session with REACH Team/Physiotherapist, PSI Instructor and Rehab Assistant in which appropriateness of referral is confirmed for ‘Phase IV’ or referred to ‘Phase III’

The four A’s
ASK all older patients about falls in the past year. If recurrent = Falls Evaluation; if single = check gait and balance; Problem = Falls Evaluation; No Problem = ‘Phase IV’ FES or as appropriate recommend Seniors Exercise and monitor.

If no falls ASK about current activity status and past activity history and willingness to undertake structured exercise and recommend appropriate senior exercise and monitor.

ADVISE about benefits of the FES specialised falls exercise service. Give clear, definite/strong personalised advice to get started. Link physical inactivity with its effect on falls risk and current health and independence. Inform about the specialist physiotherapists, postural stability instructors, the continuum, the falls prevention specific home exercise programme and importantly, the social opportunities of group exercise with like-minded people with challenges like themselves.

ASSIST the patient in taking up the specialist Falls Exercise Service community exercise programme by helping them to set a date to get started and provide them with the self-help falls exercise card and patient exercise information sheet.

ARRANGE a follow up visit to assess progress and need for further support through specialist services.

ROBBIE BENARDOUT:- SPORTS AND PHYSICAL ACTIVITY, LEISURE & COMMUNITY SERVICES, LONDON BOROUGH OF CAMDEN, CROWDALE CENTRE, 218 EVERSHOLT STREET, LONDON NW1 1BD PHONE: 020 7974 4398 FAX: 020 7974 1590

09/01/2006
THE FALLS EXERCISE SERVICE

THERAPY

ASSESSMENT
Therapy Assessment for Falls **EXERCISE** Service  
(Camden and Islington Patients Only)

**Therapy Falls Assessment/Evaluation**

- Patients who are functionally able who appear to have an unclear cause for their fall(s)/medical issues
  - Liase with GP for further information/investigation and discuss referral to REACH Team or Day Hospital for detailed medical falls assessment.

- Patients with functional/more complex difficulties requiring home assessment/intervention, +/- unclear cause of fall(s)/medical issues

- Patients who would benefit from group exercise, are functionally able, do not require home assessment and where cause of fall(s) is known
  - Inform GP of referral

**Referral to REACH Teams for home assessment +/- medical Assessment**

- REACH Team (or Day Hospital Assessment)
  - Rehabilitation Exercise (“Phase III”) Multidisciplinary Falls Discussion and Exercise Groups

**PREVENTATIVE EXERCISE (“Phase IV”)**
- Cause of Falls Known
- Medically stable
- Able to exercise safely in ratio of 12:2
- Taxi transport/make own way

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Phase IV Referrals
All Camden and Islington Residents – Camden Leisure Department
**Further Falls Evaluation and Assess to Hospital Based Rehabilitative Falls Groups (“phase III”)**
North Camden Residents – North Camden Reach or Royal Free Day Hospital
South Camden Residents – South Camden REACH Team
Islington Residents – Islington REACH Team or Dorothy Warren Day Hospital (Whittington Hospital)
FES: CONTACTS LIST

Robbie Benardout – Falls Exercise Service Group Co-ordinator
Sports and Physical Activity, Leisure & Community Services
London Borough of Camden
Crowndale Centre
218 Eversholt Street
London NW1 1BD
Tel: 020 7974 4398 Fax: 020 7974 1590

Stephanie Kitchener Therapy Co-ordinator for Falls
Camden REACH
The Bloomsbury Building
St Pancras Hospital,
4 St Pancras Way,
London NW1 0PE
Tel: 020 7530 3433 Fax 020 7530 5408

Camden REACH
The Bloomsbury Building
St Pancras Hospital,
4 St Pancras Way,
London NW1 0PE
Tel: 020 7530 3351 Fax 020 7530 5408

Islington REACH
The Bloomsbury Building,
4 St. Pancras Way
London NW1 0PE
Tel: 020 7530 3350; Fax: 020 7530 5409

Hampstead Day Hospital for the Elderly
4th Floor Royal Free Day Hospital
Pond Street
London NW3 2QG
Tel: 020 7830 2744 (Nursing Office)
020 7830 2054 (Therapy Office)

Dorothy Warren Day Hospital
Whittington Hospital
Highgate Hill
London N19 5NF
Tel: 020 7288 5081 (main office)
FES: VENUES FOR ‘PHASE IV’ EXERCISE SESSIONS
THE FALLS EXERCISE SERVICE

ADDITIONAL EVALUATION/
QUALITY ASSURANCE
DOCUMENTATION

FOR INTEREST &
INFORMATION ONLY
FALL EXERCISE SERVICE
INSTRUCTOR SUMMARY SHEET

For Patients Progressing to ‘Phase IV’ or ‘Phase V’ and/or Other Community Exercise/Physical Activity Programmes

SUMMARY OF HOSPITAL BASED REHABILITATION PROGRAMME PROGRESS:

PATIENTS DETAILS

<table>
<thead>
<tr>
<th>Name</th>
<th>Duration of Rehab</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOB</td>
<td>Attendance Record</td>
</tr>
<tr>
<td>Date of Entry</td>
<td>Date of Transfer to Community</td>
</tr>
<tr>
<td>Setting</td>
<td>RFH BDH WH UCH</td>
</tr>
</tbody>
</table>

Current Bone Health And Falls Risk Status (Post Rehab Programme):

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Falls in last 10 weeks (number)</td>
<td>Date of last fall</td>
</tr>
<tr>
<td>Need assistance to rise from floor after fall (Y/N)</td>
<td>Date of last long lie</td>
</tr>
</tbody>
</table>

Fall Risk (Tick) High Med Low Fracture Risk (Tick) High Med Low

Functional/Anatomical (tick as appropriate)

<table>
<thead>
<tr>
<th>Kyphosis</th>
<th>Gait difficulties</th>
<th>Prone/Supine: Floor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lordosis</td>
<td>Walking aid</td>
<td>Plinth only</td>
</tr>
<tr>
<td>Scoliosis</td>
<td>Upright seated posture</td>
<td>Chair work Adaptation</td>
</tr>
<tr>
<td>Hearing/visual problems</td>
<td>Change of direction difficulties</td>
<td>Backward Chaining practiced</td>
</tr>
<tr>
<td>Vestibular balance problems</td>
<td>Change of level difficulties</td>
<td>Other</td>
</tr>
</tbody>
</table>

Unable to maintain position: without support/cushion

Additional Comments (medications/behaviour/fear/progress etc):

SPECIAL CAUTIONS/ CONSIDERATIONS/ ADAPTATIONS/ EQUIPMENT

Floor Resistance/Flexibility:

Rolled Towel/Cushion: Prone Side Lying Supine Floor Sitting
Where?
Wrist weight bearing: Fist Fingers Transitions Crawling
Seated Resistance Bands:
Upper Body Level/Colour
Lower Body Level/Colour

Adaptations
PHASE III FALLS EXERCISE

SUMMARY OF ASSESSMENT RESULTS

Recommended assessments for 12 week Phase IV programme

<table>
<thead>
<tr>
<th>Date</th>
<th>1&lt;sup&gt;st&lt;/sup&gt;</th>
<th>2&lt;sup&gt;nd&lt;/sup&gt;</th>
<th>1&lt;sup&gt;st&lt;/sup&gt;</th>
<th>2&lt;sup&gt;nd&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>TUAG*</td>
<td>Seconds to Seconds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FUNCTIONAL REACH* (Arm with best range of shoulder motion)</td>
<td>R cm to R cm</td>
<td>L cm to L cm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>180° TURN</td>
<td>Steps to Steps</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CONFBAL</td>
<td>/30 to /30</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Recommended Minimum Assessments for week 1 & 2 of ‘Phase III’ and for ‘Phase IV’ Preventative Community Group
N.B. ‘Phase III’ Additional discretionary use of TUSS, TUSS TAN, SINGLE LEG STAND, BERG OR TINNETTI.

Additional Comments:

| | | | | |
| | | | | |
| | | | | |

TO ASSIST APPROACH TO MOTIVATING/MANAGING CLIENT

<table>
<thead>
<tr>
<th>Compliance with ‘FITTA’ Principles of Training</th>
<th>very poor</th>
<th>very well</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did client demonstrate ability to exercise safely and effectively independently</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>Has clients everyday activity level improved since beginning the Rehab Programme</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
</tbody>
</table>

ATTENDED FALLS CLINIC DATE EDUCATION PROGRAMME DATE

02/02/04 24
The Camden & Islington Falls Exercise Service

QUALITY ASSURANCE REVIEW

FOR

POSTURAL STABILITY & TAI CHI INSTRUCTORS

Name: Postural Stability Instructor
QA Reviewer
Phase ‘III’ / ‘IV’
Venue
Date
1. **VENUE APPRAISAL**

<table>
<thead>
<tr>
<th>Health &amp; Safety</th>
<th>Meets requirements</th>
<th>Does not meet requirements</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Fire exits accessible</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>• Heating</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>• Hazards</td>
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<td></td>
<td></td>
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<tr>
<td>• First aid emergency kit phone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Floor surface</td>
<td></td>
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</tbody>
</table>

**Falls Group Specifics**

| | | | |
| --- | --- | --- | |
| • Safety of Transport set down point | | | |
| • Sit down/reception area? | | | |
| • Tea facilities? | | | |
| • Specialist equipment? | | | |
| • Resident staff | | | |
| - ‘senior friendly’ & aware | | | |
| - session aware | | | |
| - practical help | | | |

2. **SPECIALIST/ADVANCED FALLS PREVENTION INSTRUCTOR**

**EDUCATION AND EXPERIENCE**

(i) Qualification and training

**EX.O.P**

- ETM
- FT
- CV
- Training Organisation……………………………
- Date……………………

**POSTURAL STABILITY**

Date……………………

**BACR**

Date……………………

**EXERCISE REFERRAL**

Organisation……………………
Date……………………

Experience of teaching older people

(ii) Experience of teaching falls prevention sessions
PREPARATION AND ADMINISTRATION

1. Register
   Up to date [ ] Not [ ] Comments
2. Functional Assessments
3. Evidence of follow up e.g. DNA
4. Re-referral documentation
5. Meetings with Re-referral setting Weekly [ ] Monthly [ ] Other [ ]
6. Interdisciplinary e.g. Backward chaining
7. Transport Contact Names and Tel. Nos.
   Senior friendly

TEACHING APPRAISAL

A. PERSONAL PERFORMANCE

<table>
<thead>
<tr>
<th>Warm Up</th>
<th>Dynamic Endurance</th>
<th>Dynamic Balance</th>
<th>Resistance Seated &amp; Standing</th>
<th>Floor Skills</th>
<th>Tai Chi</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

1. Posture
   - Alignment
2. Exercise Technique
   - Controlled, Positive, Full rom
3. Voice
   - Clear, Audible, Well paced & Modulated
4. Communication
   - Eye contact, Rapport with group and individuals

B. CONTENT

1. Choice of exercises appropriate to component
   - Choice of exercises comprehensive
     • Dynamic Endurance
       Standing [ ]
     • Dynamic Balance
       Standing [ ]
       Floor [ ]
   2. Resistance
     • Standing [ ]
     • Seated [ ]
     • Floor [ ]
     • Backward chaining [ ]
   3. Choice of exercise safe

02/02/04
<table>
<thead>
<tr>
<th></th>
<th>CRITERIA</th>
<th>COMMENTS</th>
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<tbody>
<tr>
<td>4.</td>
<td>Choice of exercise effective</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Speed of exercises appropriate</td>
<td></td>
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<tr>
<td>6.</td>
<td>Intensity of exercises appropriate</td>
<td></td>
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<tr>
<td>7.</td>
<td>Evidence of progression of exercise and groups functional ability</td>
<td></td>
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<tr>
<td>8.</td>
<td>Evidence of Alternatives offered</td>
<td></td>
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<tr>
<td>9.</td>
<td>Equipment utilised safely and effectively</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Equipment enables adaptations for individuals</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Music, if used, appropriate speed, volume and type</td>
<td></td>
</tr>
<tr>
<td>C.</td>
<td>TEACHING</td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>Effective visual and verbal cues</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Teaching points accurate and delivered effectively</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Teaching points reinforced throughout</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Demonstrated effectively</td>
<td></td>
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<tr>
<td>5.</td>
<td>Observed, corrected and encouraged individuals</td>
<td></td>
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<tr>
<td>6.</td>
<td>Provided appropriate adaptations/alternatives for individuals</td>
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**AGREED ACTION PLAN**

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</table>

**Review Date**  .................................................................

**Signatures:**

**QA Reviewer**  .................................................................

**Instructor**  .................................................................

**Date**  .................................................................
# CAMDEN & ISLINGTON FES
## 12-WEEK PROGRESSIVE PROGRAMME GUIDELINES

<table>
<thead>
<tr>
<th>Week</th>
<th>Warm Up</th>
<th>Welcome</th>
<th>Aims of Programme</th>
<th>}</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Warm Up</td>
<td>Welcome</td>
<td>Aims of Programme</td>
<td>}</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Aim of Week 1 and 2</td>
<td>}</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Seated PR, Mobility, Stretch</td>
<td>}</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Assessments</td>
<td>}</td>
<td></td>
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<td></td>
<td></td>
<td>Tea and Social</td>
<td>}</td>
<td></td>
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<td></td>
<td></td>
<td>Debriefing with Physiotherapist</td>
<td>}</td>
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<td></td>
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<td>Confirmation of any re-referrals to</td>
<td>}</td>
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<td></td>
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<td>Phase III special considerations for</td>
<td>}</td>
<td></td>
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<td></td>
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<td>Individual patients and discussion</td>
<td>}</td>
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<td></td>
<td></td>
<td>and agreement about feedback to</td>
<td>}</td>
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<td></td>
<td></td>
<td>PSIs and PSI Rehab Assistant as</td>
<td>}</td>
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<td></td>
<td></td>
<td>Appropriate</td>
<td>}</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Warm Up (20 mins)</td>
<td>As for week 1 plus</td>
<td>Progress by adding Rewarmer PR1; Circulation 2 after stretches</td>
<td>}</td>
</tr>
<tr>
<td></td>
<td>Workout</td>
<td>● Standing dynamic endurance (Marches and Side Taps)</td>
<td>}</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Workout</td>
<td>● Standing Balance (heel lifts only)</td>
<td>}</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Workout</td>
<td>● Seated Resistance (upper back strengthener &amp; wrist squeeze)</td>
<td>}</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Workout</td>
<td>● Sit to Stand</td>
<td>}</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Warm Down</td>
<td>NB these diagonal rather than straight to side</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Warm Down</td>
<td>● Gentle Pulse Lowerer</td>
<td>}</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Warm Down</td>
<td>● Stretches</td>
<td>}</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Warm Down</td>
<td>● Seated Tai Chi</td>
<td>}</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Warm Down</td>
<td>● Tea &amp; Social</td>
<td>}</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Warm Up</td>
<td>As for week 1 &amp; 2 or</td>
<td>Add standing, shoulder side bends</td>
<td>}</td>
</tr>
<tr>
<td></td>
<td>Warm Up</td>
<td>Add standing, shoulder side bends</td>
<td>}</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Warm Up</td>
<td>Sit as before for remainder of mobility, stretches and PR2</td>
<td>}</td>
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</tr>
<tr>
<td></td>
<td>Workout</td>
<td>As for week 2 plus</td>
<td></td>
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<tr>
<td></td>
<td>Workout</td>
<td>● Endurance – add intensity to marches i.e. ‘Fartlek’ it. Work hard for 2, for 3, for 4, work easy for 2, for 3, for 4, and add 1 min. Keep side taps same. Add single side step if appropriate</td>
<td>}</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Workout</td>
<td>● Balance – add toe lifts &amp; do x2 sets of 5-6</td>
<td>}</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Workout</td>
<td>● Seated Resistance – add leg press and bicep curl and 2nd set of traps and wrists squeeze and twist</td>
<td>}</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Warm Down</td>
<td>As for week 2 plus</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Warm Down</td>
<td>Develop Tai Chi</td>
<td>}</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Warm Down</td>
<td>Tea &amp; Social</td>
<td>}</td>
<td></td>
</tr>
<tr>
<td>Week 4</td>
<td>Warm Up</td>
<td>As for weeks 3 plus</td>
<td>After seated pre class rest and welcome, progress to Standing PR/Circulation; Mobility &amp; 2 stretches (calf and lats). Then 2 seated (hamstrings and pecs)</td>
<td></td>
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<td>----------------------------------------------------------------------------------------------------------------------------------</td>
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</tr>
</tbody>
</table>
|       | Workout | As for week 3 plus   | • Sit to stand x1 set following warm up  
• Endurance – add single side steps if not previously added and add bicep curl arms and progress to side swing arms if appropriate  
• Balance – add toe and heel walks and tandem walk and lunges as preparation for backward chaining. Demonstrate and explain purpose of backward chaining where the lunge fits in  
• Seated resistance – add abductor and pec press |
|       | Warm Down| As for week 3 plus   | Seated/Circulation lowerer and add develop PL/mental hamstring stretch; standing Tai Chi – ‘heavenly horse riding position’ |

<table>
<thead>
<tr>
<th>Weeks 5 &amp; 6</th>
<th>Warm Up</th>
<th>As for week 4</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Workout</td>
<td>As for week 4 plus</td>
<td></td>
</tr>
</tbody>
</table>
|             |         | X 2 sets of sit to stand (one before endurance and second one after seated resistance)  
• Endurance – add double side step and then arms and then sway  
• Balance – add flamingo swings, stepping over an object and preparation for lunges  
• Seated Resistance – add tricep press; x2 sets of biceps; 2 sets of adductors. Add seated back extension. Finish with wrist squeeze and twist and pull  
• Progress lunges to free standing at side and then towards the front of chair (teach lunge on 1, arms on 2, weight over on 3 etc) |
|             | Warm Down| As for week 4 plus |  |
|             |         | Progress Tai Chi to lunge  
Tea & Social |
<table>
<thead>
<tr>
<th>Weeks</th>
<th>Warm Up</th>
<th>Workout</th>
<th>Warm Down</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 &amp; 8</td>
<td>As for week 4</td>
<td>As for weeks 5 &amp; 6 plus • Endurance – add arms to sway</td>
<td>As for weeks 5 &amp; 6 plus Progress lunge Tai Chi position to change sides without coming back to centre to change</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Balance – add toe and heel up, out, out in, in, down. Progress toe ‘walks to wall’</td>
<td>Tea &amp; Social</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Seated Resistance – add 2 sets leg press and seated abdominals</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Standing Resistance – teach standing hip extension</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Progress lunges and backward chaining to knee to touch and then to knees and walk back and hip to one side</td>
<td></td>
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<tr>
<td>8, 9, 10 &amp; 11</td>
<td>As for week 4</td>
<td>As for weeks 7 &amp; 8 plus • Add Floor Resistance – progress to transitions from side sitting to side lying, to prone lying</td>
<td>As for weeks 7 &amp; 8 Tea &amp; Social</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Add back and hip extension</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Progress on weeks 10 &amp; 11 to prone abdominals and crawling</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>As for week 4</td>
<td>As for weeks 10 &amp; 11</td>
<td>As for weeks 1 &amp; 2 plus Assessment; feedback &amp; future plans Tea &amp; Social</td>
</tr>
</tbody>
</table>
CAMDEN & ISLINGTON FES
PSI INSTRUCTORS CODE OF PRACTICE

It is expected that all tutors will conduct themselves in a professional manner in line with the FES Exercise Instruction Code of Ethics and in a way that enhances the reputation of the Camden & Islington FES. Client care and interaction with colleagues and other interested persons in the course of delivering the FES session should be exemplary.

1. GENERAL PROCEDURES & PROTOCOLS

Clothing
You must wear appropriate clothing and be smart and professional in appearance.

Equipment & Venue
You must ensure all rooms and equipment being used is in good repair and order e.g. equipment checked each day and stored accessibly and safely; rooms clean and comfortable temperature.

Procedure
You must arrive 30 minutes early and have everything set up to allow time to welcome each client.

All booking/Contracting
Confirmation of venue, transport (where appropriate) instructors/rehab assistants is the responsibility of CAHT in liaison with C&I Reach Teams (Camden & Islington Reach), the Whittington Hospital (WH) and Aquaterra Leisure (AL). However any problems with venue, staff, clients etc should, wherever possible, be resolved by the CAHT PSI, reported to and monitored, by CAHT/Reach/WH/AL.

Client absence must be followed up immediately after the session and reasons for DNA recorded in register (specimen enclosed) e.g. DAN – illness – mild temporary/fall long term. Client illness should be followed up each session to support and encourage return. Any client absence of more than 2 weeks must be reported to CAHT and AL; any cause for concern e.g. deterioration in health/accident must be reported immediately to Reach Team.

Register data must be returned to CAHT with Assessment Data within 5 days after week 12.

Accidents
Accidents should follow the standard health and safety procedures and be regularly rehearsed and reviewed. A specific FES drill should be in place i.e. PSI/PSI Rehab Instructor with specific roles etc and, in case of accident follow-up of patient daily and then weekly etc as appropriate to ensure support. Accidents must be reported to CAHT immediately and/or Reach Team. Instructor absence e.g. leave must be notified a minimum of 3 weeks in advance; illness, compassionate leave etc must be communicated directly to RB or cover. And process of identifying appropriate cover agreed.

Assessments at Phase IV at week 1 and week 12 are:

- TUAG
- Functional Reach
- 180° Turn
- CONFBAL

Assessments must follow the supplied protocols and data recorded on Instructor Summary Sheet (ISS).
Each client's data should be recorded on the ISS. The physiotherapist will check this for accuracy and completion on week 1. The PSI and Rehab Assistant together on week 12. **Data should be returned within 5 days** after week 12 to CAHT/AL and within 1 week thereafter to SD.

**Session Cancellation**
Any adverse environmental effects – no heating, lighting must consider cancellation of session.

**Progressing Programme**
Sessions must follow the FES 12 week Progressive Programme (attached) as closely as possible within the individual and group functional and health limitations.

### 2. ROLES & RESPONSIBILITIES

**The FES PSI and PSI Rehab Assistant.**
The PSI instructor must ‘head up’ the organisational aspects of each session; including the assessments on week 1-12. Discussion between the PSI and the PSI Rehab Instructor must agree responsibility for the following tasks.

#### Preparation
- Opening and warming of venue
- Set up: moving of chairs, tables, equipment, refreshments, register
- Welcome
- Register and notes as appropriate
- Pre exercise feedback - brief after welcome

**NB Preparation to be completed together.**

#### Delivery
- PSI to ‘lead’ majority of session; teach/instructing and coaching from the front with intermittent one to one work among group
- PSI Rehab Instructor to support discreetly e.g. with 1-1 posture/technique coaching form back/side of group using own observation or responding to signal from PSI. Try to do this with ‘mime’ or very near intimate/quiet, simple one word instructions so client doesn’t get confused/distracted about who to follow e.g. watch i.e. avoid bellowing over PSI’s voice or blocking view of them. Praise with thumbs up. This is a very important role as clients know they are being watched from all angles! Sometimes ‘join in’ i.e. at side not at back and inspire bigger moves.
- Avoid working at front together
- Negotiate a ‘role swap’ for one or two sections of class (i.e. not client confusing) e.g. PSI Rehab I to lead on a section each week e.g. seated resistance band exercises wherever possible for your clients.
- Plan and agree roles and responsibilities together, feedback and review as necessary.

#### Warm Down
- Tea and interactive chat/facilitate peer interaction
- Discuss outside session everyday activities and progress in group and individually
- Give group feedback of their progress
- See onto transport/on their way
- Tidy and clear
• Check paperwork completed
• Check next session content

The Reach Team Physiotherapist, the UCL Clinical Exercise Practitioner & CAHT FES Co-ordinator

The Physiotherapist will observe the Assessments in week 1 and will lead on all decisions about inappropriate re-feral and re-referral procedures and may visit and review the session and will discuss any feedback with PSI and PSI RI.

The Clinical Exercise Practitioner (CEP) will pay a minimum of one quality assurance visit to each group and ideally 2 between weeks 4-9 to ensure effectiveness of content and delivery. A written QA Review will be sent to and discussed with the PSI and PSI Rehab Assistant with copies to the Reach team physiotherapist and CAHT Co-ordinator. The quality assurance aspect of the role will be gradually handed over during 04-05 to the CAHT Co-ordinator with the CEP doing external verification visits x1 per instructor per year. Summary reports produced per cycle and per six months. All data will be analysed by CEP.

The Physiotherapist will provide clinical health/exercise support and the CEP will provide support on the adaptation/progression of the exercise programme.

The CAHT Co-ordinator is responsible for all aspects of coordination for Camden and Islington, e.g. set up, employment, data collection for CEP, budgeting for leisure lead elements, report writing with CEP (to be developed with CAHT), transport, liaison with CEP, and AL, meetings, training etc.