

use of unstable surfaces, as well as resistance training bands alongside oral information to stimulates the “neuromotorcognition” control. The exercises will be done individually, in pairs and as a group. The stimulation of postural control using anteroposterior and mediolateral oscillations, with open eyes and closed eyes, will be take part of this workshop. Factors such as coordination, body awareness, special orientation and velocity of reaction will be taken in account as important psychomotor stimulation. The workshop session will be divided into two parts: Oral introduction with the scientific fundamentals of the method, followed by warm up, specific exercises, cool down. **Keywords:** Balance; Cognition; Sensory-Motor Function; Fall Prevention.

### **ADVANCING WHOLE-PERSON WELLNESS FOR OPTIMAL AGING: EXAMPLES OF SUCCESSFUL INITIATIVES IN SENIOR LIVING AND COMMUNITY SETTINGS**

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To implement a whole-person wellness approach for optimal aging requires knowledge, understanding, a radical shift in thinking, operational planning and evaluation. During this workshop, we will define the whole-person wellness approach, describe the evolution of the whole-person wellness model’s intentional emphasis on proactive living, present research evidence that provides support for a whole-person wellness approach, and discuss behavior-specific attitudes, language, and techniques that support and enhance whole-person wellness. Participants will learn how to build a culture of wellness as it relates to the people, practices, and environments of different organizations. Finally, examples of whole-person wellness initiatives that have been successfully implemented in senior living and community settings will be described. Particular emphasis will be placed on providing workshop participants with strategies for marketing, developing appropriate program content, and tracking whole person wellness outcomes (i.e., individual and organizational) in both types of settings. **Keywords:** Wellbeing; Quality of Life; Optimal Ageing; Natural and Built Environment.

### **CHARACTERISATION AND STANDARDISATION OF EXERCISE INTERVENTIONS IN AN OLDER ADULT EXERCISE TRIAL (PROACT65+)**

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**Background:** The ProAct65+ trial is a multicentre cluster RCT comparing 2 exercise interventions, the Otago Home Exercise Programme (OEP) and Falls Management Exercise (FaME), with usual care, in patients aged 65 and over. The study has recruited over 1200 participants through GP practices in London and Nottingham, 400 of whom are in each of the exercise arms. Both exercise interventions have a robust research background in falls rate reduction, reducing falls by 35% (OEP) and 65% (FaME) respectively. Trained staff are required for intervention delivery; Postural Stability Instructors (PSIs) for FaME and, in ProAct65+, Peer Mentors (PMs) for OEP. The use of PMs to support OEP participants is novel. **Aims:** To characterise the difference between the original interventions and those used in ProAct65+, as well as describing fluctuations in the standardisation of interventions in ProAct65+. This will be followed by a workshop allowing delegates to experience the specific ProAct65+ FaME progressions. **Methods:** A descriptive comparison of the intervention design and content was carried out between the original OEP and FaME trials and those used in ProAct65+. Additionally, an analysis of ProAct65+ OEP and FaME intervention

characteristics was carried out, including season, PSI/PM demographics such as gender and age, PSI/PM 'quality', exercise dose, dose of PM support (telephone calls and home visits) and exercise progression. **Results:** The differences in intervention length, progression, patient contact time and adherence support strategies between ProAct65+ OEP and FaME and original OEP and FaME are substantial. The specific ProAct65+ progressions will be experienced practically in the workshop. **Discussion:** Exercise interventions designed to reduce falls have been adapted to be used as interventions to increase activity in older people who are not necessarily fallers. Independently of this, exercise interventions are not easily amenable to standardisation. The potential implications of exercise standardisation challenges in both research and falls exercise services will be discussed as well as effective use of evidence-based progressions.

## Posters

### **BASIC STEPS: A TRAINING AND RESOURCE FOR STAFF WORKING IN RESIDENTIAL CARE**

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'Basic Steps'© is a falls prevention and physical activity training program for staff who provide activity programs for less active and frailer older people living in residential care facilities. It was developed by the Northern Sydney Health Promotion unit. The training program provides the underlying knowledge and skills to assist staff apply the appropriate strength and balance 'exercise prescription' within their classes and to assist with any new classes being developed. **Method:** 'Basic Steps' was presented as a 3 hour, face to face training session for residential care staff such as Diversional Therapists, Activity and Recreation Officers. 21 residential care settings received the training with 255 staff attending. It comprises of a theoretical base with accompanying practical exercise application to maintain the functional abilities required to reduce the risk of falls and related injuries. The training includes some falls prevention concepts from the 'Fall Proof'© training program and uses the NSCCH 'Staying Active - Staying Safe'© exercise resource format as the base for the exercises. **Results:** Evaluations were conducted at the initial training and after 3 months. 82.4% found that the training was excellent to good, with 78% reporting they could apply the information in their work situation. The training program was well accepted by the organisations involved. It was found to be informative and easy to implement and an increased uptake of appropriate exercise programs in the facilities was reported. Other facilities requested the training for their staff to upgrade their knowledge and skills. A CD/DVD resource and training manual has been developed as a result of these requests to enable this program to continue without the need for face-to-face training and to extend the program to more areas. **Keywords:** Residential Care; Health Promotion; Fall Risk; Training of Professionals.

### **IMPROVED INPATIENT FALL RISK ASSESSMENT IN ELDERLY ACUTE PSYCHIATRIC WARDS IN INSTITUTE OF MENTAL HEALTH, SINGAPORE**

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**Introduction:** Falls are a common problem among older adults with higher prevalence in healthcare settings due to factors such as health conditions, medications and ward environ-