Best Practice Exercise Guidance for Older People at risk of a Fall

Purpose

This guidance is intended for anyone who works with older people. It can help you to:

- identify physical activity/exercise opportunities for older people
- understand who may be at risk of a fall
- understand why physical activity remains important even amongst people at risk of falling
- understand which research based exercise programmes are appropriate for fall prevention

Why is general physical activity and exercise important for older age?

Being active can play an important part in both positive ageing and reducing frailty, helping to reduce the risk of falls.

It can help older people maintain their health, well-being, independence and social participation (see Physical Activity Guidelines for Adults 19-64, and Older Adults 65+ [Department of Health, 2011]).

When people get older, their muscles deteriorate as a natural part of ageing. Weakened muscles are not as strong to cope with everyday tasks such as getting up from a chair or walking, and people's balance can be affected.

Being active throughout life and especially in older age can help to slow down the rate that muscles deteriorate. This can help older people remain active and independent as long as possible and also reduce the risk of falls in later life.

Not all older people have the same needs. For older people who are reasonably healthy and active or whose function has only slightly declined, lots of different activities can help them to remain strong, for as long as possible.

Appropriate activities for these older people could include walking, nordic walking, Age Cymru LIFT programmes, bowling, zumba, yoga, pilates, tai chi and other generic exercise sessions for seniors/50+.

These are physical activity programmes which can support healthy ageing.

They are not research based Falls Prevention programmes that demonstrate reduced falls risk, in those identified at high risk of a fall.
All older people may be at risk of a fall but especially if they have one or more of the following:

- Have had an unexplained trip or fall in the last 12 months
- Have poor balance – or need to use a stick or to hold onto things to keep their balance
- Have difficulty with walking or getting up from a knee high chair
- Are taking 4 or more prescribed medications regularly
- Are affected by Stroke, Parkinson’s Disease or Dementia
- Have dizzy spells, light headedness, palpitations or low blood pressure
- Are becoming unsteady on their feet, or unable to do as much for themselves as they used to
- Have visual impairment

Older people may also be at higher risk of a fall if they:

- Attend day centres and community groups (including luncheon clubs)
- Live in Care homes
- Live in sheltered housing
- Live in their own homes and receive informal or formal care to support independence

Older people at risk of a fall can benefit from exercise. It is recommended that before an older person participates in any form of physical activity or exercise, that an assessment is undertaken by a health or exercise professional such as a GP, Physiotherapist, District Nurse or qualified PSI instructor.

Exercise programmes that are research based for Falls Prevention:

Physical activity that reduces the risk of falls for an older person has to be through structured and targeted strength and balance exercise programmes.

The research based Falls Prevention programmes are:

- Falls Management Exercise (Postural Stability Instruction (PSI) programme) delivered by Postural Stability Instructors
- And the Otago exercise programme delivered by Exercise Leaders

These research based programmes should:

- Be delivered by instructors qualified to Level 4 PSI and Level 2 Otago qualifications
- Include an assessment which is carried out by a qualified, experienced instructor/health professional before commencing activity
- Be delivered as part of a falls reduction care plan (Multi Factorial Falls Risk Reduction Plan) - which is overseen by specialist health professionals such as a GP, Physiotherapist and District Nurse
Independently Active Older Adults (low or no risk of falls)

Older Adults in Transition (low risk of falls)
(i.e. moving from good health to poor health; from being fit to being unfit & from independence to dependence)

Frailer Older People (high risk of falls)

Example Activities:
This group requires a therapeutic approach e.g. structured and targeted strength and balance exercise programmes for falls prevention (PSI and Otago)

Appropriate physical activity and exercise opportunities include:
Nordic walking, Green gyms, Yoga, Pilates, Zumba Gold, LIFT (Age Cymru), Walking Groups, Short Mat Bowling, Golf, Swimming, Water based exercise, Tai Chi, Tea Dancing, Line Dancing, Community constituted group run exercise groups, and other generic exercise sessions for seniors/50+

Why is this important for my practice?

It is important that physical activity opportunities for older people are safe and appropriate for their needs. There are some important considerations for older people who may be at high risk of a fall.

- Physical activity and exercise is not a ‘one size fits all’ approach – not all exercise programmes and activities are appropriate for an older person
- Some activities may increase the risk of some older people falling
- To reduce falls risk, appropriate activities must be based on assessment of functional need and medical history
- Activities should be specifically designed to improve balance and strengthen specific muscle groups, not just to simply increase physical activity levels

Exercises most effective in reducing falls are those:

- Which are tailored specifically to the older person
- That are assessed as appropriate for progressive strength and balance training
- Aimed at improving a person’s postural stability through strength, balance, flexibility and co-ordination
- Delivered by an appropriately trained qualified specialist instructor, who can tailor specific exercise for people with medical conditions and/or on prescribed medications
If you are thinking of providing physical activity/exercise sessions for older people and they are at risk of a fall they will benefit from a specialist programme of strength and balance. General physical activity/exercise sessions e.g. walking groups, zumba style classes, or activities taken by non-qualified individuals and without exercise assessment/screening are not recommended.

Incorporate a pre-screen exercise session questionnaire (e.g. PARQ) into practice and have clear procedures/process for liaising with GP if medical conditions are noted.

Make sure that physical activity/exercise programmes are targeted to specific needs and functional abilities of older/frailer adults on an individual level.

Commission programmes that are evidence based for reducing the risk of falls and are targeted to the level of risk i.e. Falls Prevention programmes - PSI and/or Otago.

Ensure that the delivery of Falls Prevention programmes is part of an agreed referral pathway within the county across health, social care and leisure departments and organisations.

Ensure that Falls Prevention structured exercise programmes are delivered as part of a Multi Factorial Falls Risk Reduction Plan, overseen by specialist health professionals such as a GP, Physiotherapist and District Nurse.

This document has been developed and guided by the following evidence base/guidance:

- Department of Health DOH (2011) Start Active, Stay Active – a report on physical activity for health from the four home countries Chief Medical Officers. DOH: London.

Contacts/further information for Hywel Dda area

Evidence Based Falls Prevention Exercise Programmes
Rebecca Townley, Activity and Health Co-ordinator (Older Adults)
RTownley@carmarthenshire.gov.uk
Tel: 01269 830006
Mobile: 07771371703

Training Providers for the PSI and Otago training courses
Later Life Training www.laterlifetraining.co.uk

General enquiries
Hywel Dda Public Health Team 01267 225063

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