

safely manage frail seniors. Therefore, this project aimed to fill a gap by training ADP staff to deliver a specialized exercise program for frail seniors. Due to its falls prevention focus, education components, and safety, OSTEOFIT, a program of BC Women's Hospital & Health Centre was selected as a model to be adapted as a low level program for frail seniors. **Goal:** To educate staff to deliver a standardized, safe and effective physical activity program to clients attending Day Programs for Older Adults. **Implementation:** In order to be certified, staff had to complete an online theory fitness course and attend three days of in-classroom instructions. Subsequent to that, staff conducted a 10-week exercise program including pre and posttests (Timed Up and Go, 5X sit to stand, and 4-meter walk). **Results:** There were 12 staff trained from 11 ADP sites. Pre and post measurements were acquired from 129 participants. Results showed that 57% of participants improved and 26% remained the same on the TUG test, 52% improved and 24% remained the same on the 5X Sit to Stand test, and 70% improved and 14% remained the same on the 4 meters walk. All staff reported the program was useful to their job and recommended this program to other ADP sites. **Keywords:** Osteoporosis; Training of Professionals; Physical Activity; Measurement of Activity.

IMPLEMENTATION OF AN OTAGO EXERCISE PATHWAY FOR FALLS PREVENTION IN COMMUNITY/PRIMARY CARE

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Encouraging older adults to become more active and maintain that activity is critical to the promotion of their health and well-being. There is increasing evidence that exercise programmes including specific strength and balance exercises can significantly reduce the occurrence of falls (Sherrington et al., 2011). However, encouraging older adults who have experienced a major health issue to maintain exercise after rehabilitation is difficult. This workshop discusses the implementation and evaluation of a pathway from NHS delivered falls and fracture rehabilitation through to maintenance in community based exercise classes. It will also discuss a new initiative which places the pathway within GP practice. This evaluation aims to recruit all participants (N = 70) who will have attended NHS Rehabilitation and then Community Otago exercise programme over a 6 month period of time. Three programs in the community will run simultaneously for 3 months, followed by the second cohort of participants. Data collection: 1. Functional maintenance/improvement collected through validated assessment tools (Confbal, Timed Get up and Go) at baseline and 3 months (at the end of the intervention). 2. Long term adherence collated by asking older adults to keep home exercise diaries after the Otago program has been completed and by monitoring transition to the community Active Always program. Instructors delivering the Active Always program are those who deliver the Otago programme. 3. NHS records will be used to assess whether the programme has contributed to preventing patients re-accessing rehabilitation services and the patient journey after the Otago programme will be monitored (including hospital admission due to falls). 4. Focus groups/one to one interviews offered to assess satisfaction and experiences. The process of implementing the pathway and preliminary results and impact of results for commissioning and practice will be presented and discussed.

BALANCING YOUR BODY AND COGNITIVE FUNCTION

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This workshop will cover exercises that stimulate the sensorimotor function and also a superior level of cortical integration. These exercises could contribute to fall prevention. The