




Stepping Forth with OTAGO

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Introduction

- Falls Prevention and Bone Health Strategy 2008-13
- Introduce falls prevention programme which is sustainable
- Self management component; no special equipment, practical
- Evidence based; OTAGO



Introduction

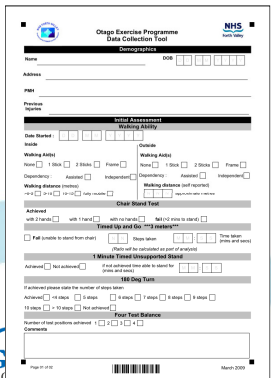
- Build on existing collaborative Falls management work with partner agencies
3 councils; Falkirk, Stirling and Clacks
- Utilise existing resources
- Deliver within local model of service provision, taking a population approach
- Evaluate the programme where patient engagement in the programme can be variable and not always in accordance with strict OTAGO prescription

Methodology

- The 3 Community Health Partnerships supported a 4 day training programme for 20 staff from health and social care.
- This allowed the roll out of the programme through the Day hospital, Rehabilitation wards, Care homes, Day care, Resource centres and housing with care.
- An evaluation tool was developed to ensure the outcomes and impact of the programme for patients was measured.



OTAGO Exercise Programme Data Collection Sheet

Personal Details: Name, DOB, Address, Postcode, Phone, Mailing Address, Mailing Distance (miles).

Programme Details: Discharge Date, Full Programme, Part Programme, Programme Status (prescribed/not prescribed).

Willingness to Participate: Home, 1 block, 2 blocks, 3 blocks, 4 blocks, 5 blocks, 6 blocks, 7 blocks, 8 blocks, 9 blocks, 10 blocks, 11 blocks, 12 blocks, 13 blocks, 14 blocks, 15 blocks, 16 blocks, 17 blocks, 18 blocks, 19 blocks, 20 blocks, 21 blocks, 22 blocks, 23 blocks, 24 blocks, 25 blocks, 26 blocks, 27 blocks, 28 blocks, 29 blocks, 30 blocks.

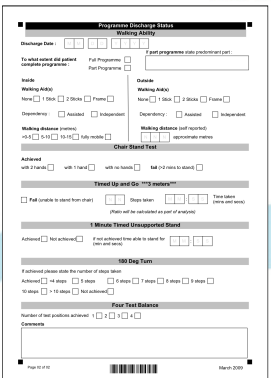
Willingness to Participate (Self-reported): Home, 1 block, 2 blocks, 3 blocks, 4 blocks, 5 blocks, 6 blocks, 7 blocks, 8 blocks, 9 blocks, 10 blocks, 11 blocks, 12 blocks, 13 blocks, 14 blocks, 15 blocks, 16 blocks, 17 blocks, 18 blocks, 19 blocks, 20 blocks, 21 blocks, 22 blocks, 23 blocks, 24 blocks, 25 blocks, 26 blocks, 27 blocks, 28 blocks, 29 blocks, 30 blocks.

Chair Stand Test: Assisted, Not Assisted.

1 Minute Timed Unsupported Stand: Assisted, Not Assisted.

10 Second Timed Unsupported Stand: Assisted, Not Assisted.

Four Test Balance: Number of test positions achieved.



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Delivering in Forth Valley

Generally once weekly attendances over varying durations according to sites


- encouraged to repeat at home
- opportunity to attend 3 classes/week in sheltered housing units

Weights used on sites

- self purchase encouraged as no provision
- increased weights and repetitions as able






You need to put something about duration (weeks) and frequency (times per week) and support (phone, visit, progression)

Results

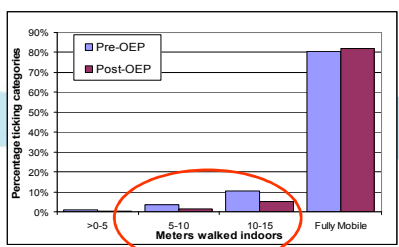


- 485 consecutive patients, 292 F, 193 M
- Mean age = 80.5 (± 7.7) yrs, Max=99.3 yrs
- Adherence – 79% completed full programme

To what extent did patient complete programme	Count	%
Full Programme	383	79%
Part Programme	49	10%
Unanswered/Spoiled	53	11%
Total	485	100%

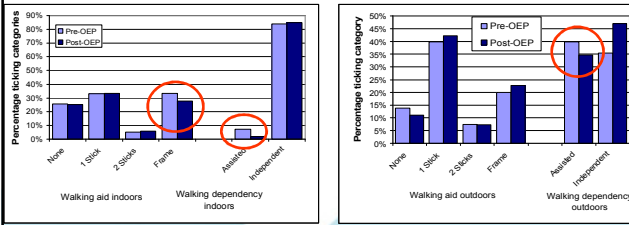



Results



- Indoor walking mobility (multiple choice)
Limited or fully mobile?

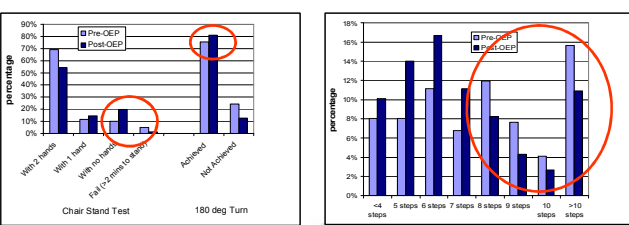
Results





- Indoor walking – 27 people stopped using frames, 26 no longer needed person assistance
- Outdoor walking – less using aids, independent walkers outdoors 35.4% pre-OEP and 47% post-OEP
- 56 (11.5%) regained ability to independently walk outdoors

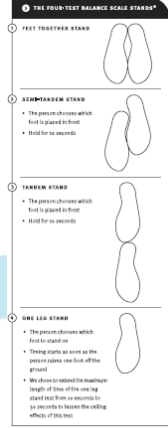
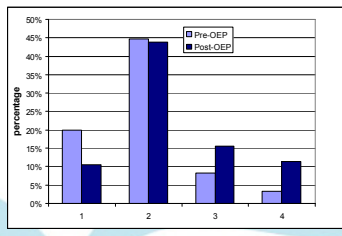
Results




- Improved achievement on chair stand test, 48 more people rose without use of arms
- 27 more people could achieve a 180 degree turn
- More people performing 180 degree turn in less than 4 steps and less people taking more than 8 steps

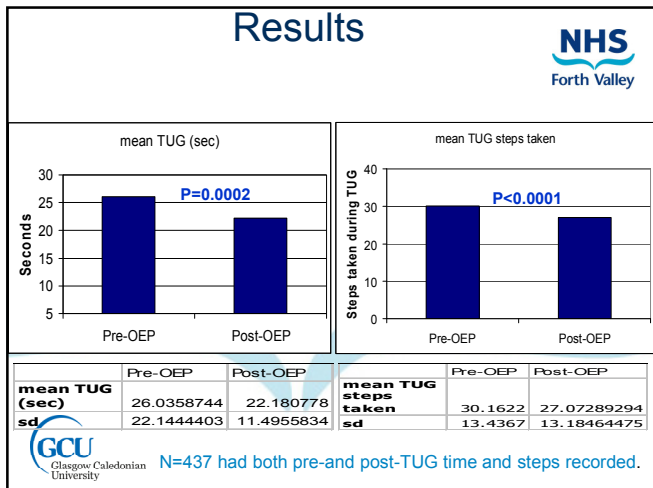



Results





Balance measured on 4-test balance scale improved. Number of people achieving **only** position 1 reduced (n=46), number achieving position 4 increased (n=39).





Conclusion



The Otago strength and balance programme may have a significant impact on the functional capabilities of Older People, even when the programme is performed less frequently and for a shorter time span than the evidence base would suggest is required.

The reality for the frailer older person is that they may not be able to perform the full programme, however, encouraging results would suggest that participating in part of the programme may still produce a positive outcome.

