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FaME and OTAGO as Dance OR Structured Exercise Formats?

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Why this statement?

This brief statement is designed to support all PSI's and OEP Leaders in disseminating correct information in workplace conversations. LLT have recently trained Dance To Health (DTH) dance artists in our PSI (FaME) qualification because we wanted to create greater choices as exit routes from structured exercise strength and balance programmes. There are some important differences to consider in understanding the scope of practice for both exercise and dance disciplines and its impact on implementation. Dance artists are not aligned with the exercise-training framework and associated insurance for leading structured exercise so usual pre-requisites for training were not applicable. Exercise instructors are required to undertake L2, L3 courses prior to undertaking a L4 course. It is important to note that 'L4' status is only valid for REPs members who have undertaken their required pre-requisite training. The DTH project sets out to incorporate FaME and OEP into dance-based sessions. LLT have not been involved in this translation of format/delivery. As part of our commitment for dissemination of correct, evidence based messages please see our Statement on Consistent and Accurate Messaging for Commissioners and Stakeholders in Frailty and Falls Services.

At LLT we are passionate about supporting people to improve and enhance the lives of older people. We are equally passionate and committed to supporting clear messages and providing correct information in order to support informed decisions (for commissioners, health care professionals, specialist exercise instructors, and participants). We acknowledge and agree that evidence is not the only consideration but as professionals we believe it should be high up on our list of priorities and should inform our practice. As equally important is acknowledging different scopes of practice across professions and what that means to the older people we work with (the actives, those in transition, the frail). LLT directors and team are involved in and are supporting services and projects all over the UK to follow evidence-based practice. Evidence based practice requires evidence based implementation and as an organisation a big focus of our/LLT work is to promote and strive for greater standards of delivery in exercise services. This guidance sets out what this means in context of FaME/OTAGO delivered as dance, as opposed to a structured exercise format (the delivery format of the original research). This guidance does not set out to suggest dance is not beneficial, does not set out to suggest dance shouldn't be an option for older people and does not set out to suggest that all falls prevention structured exercise is as effective as it could be (due to implementation variances).

This guidance DOES set out to provide correct messages based on the current evidence;

- FAME delivered in a structured exercise format (> 50 hrs) by trained instructors, is evidenced to reduce falls in both those with a history of 3 or more falls in the previous year (FaME study) and also in those at lower risk (ProAct65+ study).
- OEP supervised at home in a structured exercise format (> 50 hrs) by trained instructors, is evidenced to reduce falls in older people with a high falls risk. Group delivered OEP improves balance more quickly than a home based programme.
- The primary aim of FaME/OEP programmes were to elicit gains in specific components of fitness and set out to prove that progressive strength and balance training in this way could reduce falls. They did!
- Changing the format of delivery changes/compromises the fidelity to the original evidence based programmes. FaME/OEP delivered as dance is currently not evidenced to reduce falls.

We are not in a position to say that FaME/OEP, when delivered as dance, can make the same claims on fall reduction. *LLT recommend that DTH could be offered as an exit route from a structured, progressive exercise and balance programme, which has prepared frailer older people to be able to dance safely.* Much in the same way that Tai Chi is not an appropriate start point for balance training for frailer older people (and modified Tai Chi, seated for example, does not reduce falls) we believe that dance is not an appropriate start point for frail older people with poor balance. A recent systematic review on dance and falls showed only 1 out of 4 studies achieved any reduction in falls.

For the actives and those in transition, a dance format of PSI/OEP may be appropriate, depending on baseline function, but as yet, we don't know if the dance format works to reduce falls. As a reminder, OEP works as a part supervised home based programme over one year in older people with poor strength and balance and high fall risk, but once delivered as a part-supervised 6 month home based programme in those with lower risk of falls, it did not reduce falls (ProAct65+ study). It is vital that all programmes are evaluated for effectiveness in falls prevention, in the specific population and for the specific timescales they work with.

All PSI's working with frailer older people who have fallen should be working in partnership for appropriate incoming referrals (from a physiotherapist) detailing falls history, functional limitation etc. in order to be able to tailor the programme to suit the medical and functional needs of the participants. Baseline assessment for balance challenges and strength progression should be undertaken by all PSIs (regardless of format delivery) to determine supervision and progression needs, and to signpost back to clinical setting if required. We feel this advice is pertinent to whichever format they deliver the programme. In other words, we believe this is also appropriate for DTH trained PSIs in preparation to deliver a properly tailored session to meet the needs of the individual in front of them.

In considering the commissioning of ANY physical activity programme for older people at risk of falls:

- Is the primary aim to improve strength and balance and reduce falls, or is the primary aim to increase physical activity, reduce isolation, increase social interaction? If it is the former, then PSI/OEP delivered as a structured exercise programme is most appropriate. If it is the latter, then any programme, including a dance format based on PSI/OEP principles, that may help maintain strength and balance and improve socialization and potentially physical activity, is appropriate.
- Is the commissioned programme aiming to reduce falls, or is it aiming at primary prevention (aimed at the risk factors for falls but may not actually impact on falls themselves)? If the former, then PSI/OEP delivered as a structured exercise programme is evidence based. If it is the latter, then PSI/OEP delivered as dance is appropriate.
- We acknowledge, respect and support all forms of training and opportunities for older people. We know some PSI/OEP instructors are being asked "what's the difference between DTH and your sessions?" Our main points are; PSI/OEP structured exercise sessions are evidenced to reduce falls, DTH will probably help maintain balance in those who are in transition or active. DTH sessions may well be an appropriate place for people to be referred onto after their structured exercise programme in order to achieve an effective dose of balance challenge over time.
- People living with Dementia (PLWD) will require additional considerations for successful participation across any physical activity programme. PLWD have specific needs. Additional training for staff will be required to achieve this.

We are aware that DTH dance programmes based on the principles of PSI and OEP are undergoing some evaluation on their outcomes and this will aid our understanding of whether these dance initiatives improve strength and balance. What is needed is a robust, unbiased, randomised controlled trial with large numbers of people to show they are actually effective at reducing falls. *Until this time LLT cannot recommend, nor endorse, DTH programmes or say they reduce falls.*