

BALANCE & FALLS SIG NEWSLETTER

APTA Neurology Section



Fall 2013: Recipe for Success

- Fall Screening Toolkit
- Fall Prevention in the Community
- Continuing Education for Balance and Falls

“The qualities of an exceptional cook are akin to those of a successful tightrope walker: an abiding passion for the task, courage to go out on a limb, and an impeccable sense of balance.” Bryan Miller, NY Times Food Critic



Balance and Falls SIG Officers

CHAIR

Melissa S. Doyle, PT,DPT, NCS

E-mail: msd.dpt@gmail.com

VICE CHAIR

Mike Studer, PT, NCS, CEEAA

E-mail: mike@northwestrehab.com

SECRETARY

Debbie Espy, PT, PhD

E-mail: d.espy@csuohio.edu

NOMINATING COMMITTEE

Beth Crowner, PT, DPT, NCS (Chair)

E-mail: crownerb@wustl.edu

Louis DeMark, PT, DPT, NCS

E-mail: loudeMark@gmail.com

Elizabeth Scott, PT, DPT, NCS, MSCS

E-mail: elizabeth.c.scott12@gmail.com

WEBSITE COORDINATOR

Rene' Crumley, PT, DPT, NCS

E-mail: rene5650@gmail.com



Table of Contents

Message from the Chair	4
SIG Business	5
Improving Screening for Fall Risk	6
The <i>Stepping On</i> Fall Prevention Program	8
Combined Sections Meetings	10
Continuing Education Courses and Reviews	11



MESSAGE FROM THE CHAIR

What is your recipe for success?

It's true that there is no single recipe for success, but I think we would all agree that there is one essential ingredient: passion. To be successful, you must love what you do. How else would you be able to give it the time, energy, and hard work it requires? I believe it's safe to say that we are members of the Neurology Section Balance and Falls SIG because we share a passion for our patients and for the promotion of health, wellness, optimal function, and quality of life for persons with balance disorders or who are at risk for falls.

I commend your commitment, and I am excited for this time of year as we celebrate YOU and YOUR PASSION during Physical Therapy Month in October. Hopefully, the information in this newsletter will also help you continue to succeed in efforts to serve individuals with balance deficits or fall risk—perhaps by identifying which patients of yours are at risk for falls with the STEADI, taking a step toward advancing your career as a SIG officer, learning about CE courses or community programs near you, or sharing your own recipe or tips for success with other members via email submissions.

The Balance and Falls SIG is here to serve you. We are open to all of your questions, comments, or inquiries at our SIG email NeuroSectionBFSIG@gmail.com, or feel free to contact me directly at MSD.DPT@gmail.com.

Sincerely,

Melissa S. Doyle, PT, DPT, NCS
Chair, Neurology Section Balance and Falls SIG



BF SIG Business Updates



**Looking to get involved in the Neurology Section??
Do you treat patients with balance disorders??**

SIG officers facilitate the collection, dissemination, and discussion of information related to the prevention and effective treatment of balance disorders. The Balance and Falls SIG is looking for interested individuals to run for SIG Chair and Nominating Committee in the 2014 elections!

The **SIG Chair** serves a 3 year term and is responsible for supervising the assignment and performance of the SIG officers and facilitating all SIG meetings. **Nominating Committee** members also serve a 3 year term and are responsible for preparing a slate of 2 or more candidates for each open SIG office. The Nominating Committee members also attend the SIG meeting at CSM.

For additional information about these positions or to complete a nomination form, please contact: crownerb@wustl.edu



Now that the Neuro Section website has been updated, it's time for our own BF SIG website to undergo a transformation. We have already begun adding new items and features, and we need YOUR HELP to continue! What else would you like to see on our site? Are you interested in free training on updating the webpage? Please submit ideas and inquiries to: NeuroSectionBFSIG@gmail.com and check us out at:

<http://www.neuropt.org/special-interest-groups/balance-falls>



IMPROVING SCREENING FOR FALL RISK: KEEPING YOUR PATIENTS STEADI


Between 30 to 40 percent of community-dwelling people aged 65 and older fall at least once per year. Falls represent the leading cause of fatal and nonfatal injuries among older adults.¹ Estimated costs for fatal and non-fatal fall-related injuries in the community dwelling elderly could reach \$55 billion by 2020.²

Many falls in the elderly are preventable, and **evidence-based practice guidelines recommend that at-risk older adults receive a multifactorial fall-risk assessment** and individualized, targeted interventions to address the risks and deficiencies identified in the assessment.³ Chou et al. cite physician factors (awareness, competing risks, appropriateness of referrals, training, and tie-in to familiar activities) in addition to logistical and patient factors that are barriers to physician identification of fall risk in their elderly patients.⁴

The Centers for Disease Control and Prevention recently created a toolkit for healthcare providers for screening and prevention of falls: the Stopping Elderly Accidents, Deaths, and Injury (STEADI). The STEADI is designed to be utilized by physicians, nurses, or other healthcare providers to identify fall risk in elderly patients.

The STEADI toolkit contains:

- a self-assessment patients can complete to help identify fall risk. Scores >4 indicate for further assessment of gait/strength/balance. http://www.cdc.gov/HomeandRecreationalSafety/pdf/steady/stay_independent.pdf
- a flow chart/algorithm for a healthcare provider to triage patients for fall risk http://www.cdc.gov/HomeandRecreationalSafety/pdf/steady/stay_independent.pdf
- Back ground information on falls and case studies

- 
- Validated tests to assess fall risk factors
 - TUG (with instructional video)

http://www.cdc.gov/homeandrecreationalafety/pdf/steady/timed_up_and_go_test.pdf

- 30 second chair stand test

http://www.cdc.gov/homeandrecreationalafety/pdf/steady/30_second_chair_stand_test.pdf

- 4 stage balance test

http://www.cdc.gov/homeandrecreationalafety/pdf/steady/4_stage_balance_test.pdf

- instructions for assessing orthostatic blood pressure

http://www.cdc.gov/homeandrecreationalafety/pdf/steady/measuring_orthostatic_bp.pdf

- A sample referral form that a nurse or physician could complete to other disciplines (including PT)

http://www.cdc.gov/homeandrecreationalafety/pdf/steady/patient_referral_form.pdf

The STEADI toolkit also contains general educational pamphlets that a provider can provide to patients about falls and fall prevention. Because **physicians/nurses/PAs often do not routinely screen patients for fall risk**, PTs can educate them in the use of the STEADI toolkit, which could improve the identification of “fallers” and help to prevent future falls and injuries.

1. Englander F, Hodson TJ, Terregrossa RA. Economic dimensions of slip and fall injuries. *Journal of Forensic Science*. 1996;41(5):733-746.

2. Bischoff-Ferrari HA, Orav EJ, Dawson-Hughes B. Effect of cholecalciferol plus calcium on falling in ambulatory older men and women: a 3-year randomized controlled trial. *Archives of Internal Medicine*. 2006;166:424-430.

3. Michael YL, Lin JS, Whitlock EP, Gold R, Fu R, O'Connor EA, et al. Interventions to prevent falls in older adults: an updated systematic review. Evidence Synthesis No. 80. AHRQ Publication No. 11-05150-EF1. Rockville, MD: Agency for Healthcare Research and Quality; December 2010.

4. Chou WC, Tinetti ME, King MB, Irwin K, Fortinsky RH. Perceptions of physicians on the barriers and facilitators to integrating fall risk evaluation and management into practice. *J Gen Intern Med*. 2006;21117-21122.



INTRODUCING THE *STEPPING ON FALL PREVENTION PROGRAM* TO THE STATE OF FLORIDA

Falls are the leading cause of injury related deaths in adults 65 and older. In 2004, an older adult died every 35 minutes from a fall; and every hour, 211 older adults were treated in the ER for fall related injuries. Nationally, the population of adults 65 and older is on the rise and as 1/3 older adults fall annually; there is an urgent need for the implementation of evidence based fall prevention programs.¹ ***Stepping On² is a program that empowers older adults to carry out healthy behaviors that reduce the risks of falls.*** It is a community based workshop offered once a week for seven weeks using adult education and self efficacy principles. In a small group setting (10-14 participants), older adults learn strength and balance exercises and develop specific knowledge and skills to prevent falls. Older adults who attend are those at risk of falling, have a fear of falling, or have fallen one or more times. Workshops are facilitated by two trained leaders, one who is a health care worker who works with older adults, and one older adult who meets criteria for the class. This older adult is someone who has completed the *Stepping On Fall Prevention* workshop series, with or without a history of falls. The purpose is to serve as a peer to the new participants, demonstrating that the behavior change is attainable and beneficial.

Brooks Rehabilitation Hospital (Jacksonville, FL) has implemented the *Stepping On Fall Prevention* program in the community, headed by two physical therapists, Ann Leinenwever and Ola Iyewarun, whom are certified *Stepping On* Master trainers and leaders. The 2013 Florida Department of Health Falls in Older Adult Mini-Grant Project was awarded to the program in order to fund the project expansion. ***The goals for this program are to reduce the rate of falls by 30%*** and reduce the fall risk factors for older adults in Florida counties. Requirements for program implementation include: 1) sponsoring organization, 2) training – 3 day leader and peer leader certification, 3) guest



experts (i.e. Physical Therapist, Pharmacists, Community Safety Experts), and 4) licensure – 3 year license to the sponsoring organization that is issued by the Wisconsin Institute of Health Aging.

Three separate 7-week workshops have been performed within the northeast Florida region focusing on outcomes that include incidence of falls 6 months prior to session 1 and 6 months following session 1; as well as Timed Up and Go (TUG) tests results at session 1 and session 7. **Results of these 3 workshops indicate an improvement of 11%, 3.2% and 5% in TUG scores** for all 3 workshops, respectively. An increase in the number of falls was demonstrated after workshop 1 (11 participants; 1 more fall 6 months post), with an 81% decrease during workshop 2 (9 participants). The number of falls 6 months after the workshop has not yet been determined for workshop 3 (14 participants). The *Stepping On Fall Prevention Program* workshops have been effective in reducing the number of falls in the community dwelling older adults that participated in the 3 program workshops. The impact of reducing falls in the community will be greater with an increase in the number of workshops in the counties served by Brooks Rehabilitation.

Eleven new *Stepping On Fall Prevention* leaders are being trained, and the workshops will be conducted in Jacksonville, Ormond Beach, and Palm Coast, Florida. There are currently two more *Stepping On* workshops being conducted at the present time. The primary marketing strategy has been word of mouth advertizing and dispensing brochures by clinicians to appropriate patient/older adult groups. For more information please contact Ola Iyewarun or Ann Leinenwever at: Ola.iyewarun@brooksrehab.org or Ann.leinenwever@brooksrehab.org

1. Florida Injury Facts: Unintentional falls. 2001. 2011, Department of Health office of injury prevention, pp.1-6.
2. Clemson L et al. The effectiveness of a community based program for reducing the incidence of falls in the elderly: a randomized trial. *J Am Geriatr Soc.* 2004;52:1487-94.
3. Podsiadlo D, Richardson S. The timed up and go: a test of basic functional mobility for



Each year at CSM the various SIGs of the different sections (Neurology, Orthopedic, Federal, etc.) each arrange and put on an educational session. In San Diego in 2013, the Balance and Falls SIG of the Neurology Section presented a two session series, **“Dual-task and Context-dependent Learning to Modify Functional Motor Performance, Balance, and Fall Risk.”** This 2-part series examined, compared, and contrasted dual-task with context dependent learning. The first session examined the research surrounding dual-task paradigms and introduced new research investigating context-dependent learning. The second session explored the clinical implications and introduced ideas about interventions involving dual-task and context-dependent learning in relation to improving balance and reducing fall risk.

This coming February 2014 in Las Vegas, the Neurology Section Balance and Falls SIG will present a session entitled, **“Everyone Is Talking About Falls-- Screenings v. Assessments v. Outcome Measures.”** Sheila Espina, PT, DPT, NCS, Laurie A. King, PT, PhD, and Jacqueline Osborne, PT, DPT, GCS, CEEAA, will define and present examples of screening tools and assessment tools and outcome measures and explain the similarities and differences amongst the three. Time will be spent examining the BESTest and Mini-BESTest and how they may be used to assess balance and identify fall risk. The session will end with case discussions to illustrate the topics and concepts discussed.

We hope you'll to join us at these relevant and interactive courses at CSM 2014 in Las Vegas. We are also accepting suggestions for CSM 2015 programming. For more information or programming submissions,

contact:

mike@northwestrehab.com



The BF SIG does not specifically endorse or recommend any commercial products, classes, or services. However, we do provide for our members a list of upcoming Continuing Education courses related to balance and falls, as well as reviews of those courses.

The compilation of CE courses can be found on our website at:

<http://www.neuropt.org/special-interest-groups/balance-falls>

Continuing education opportunities come in many varieties from online courses to live seminars to home study programs. We would like your input regarding the good, the bad, and the ugly of continuing education courses related to balance and falls. If you would like to add to this list or submit a review on a course you have attended, please contact:

NeuroSectionBFSIG@gmail.com



How can you contribute to the BF SIG?

We welcome ideas, input, and
assistance with:

CSM planning
Community News
Journal Club
Newsletter
Officer Elections
Website

NeuroSectionBFSIG@gmail.com

<http://www.neuropt.org/special-interest-groups/balance-falls>

Neurology Section Balance and Falls SIG