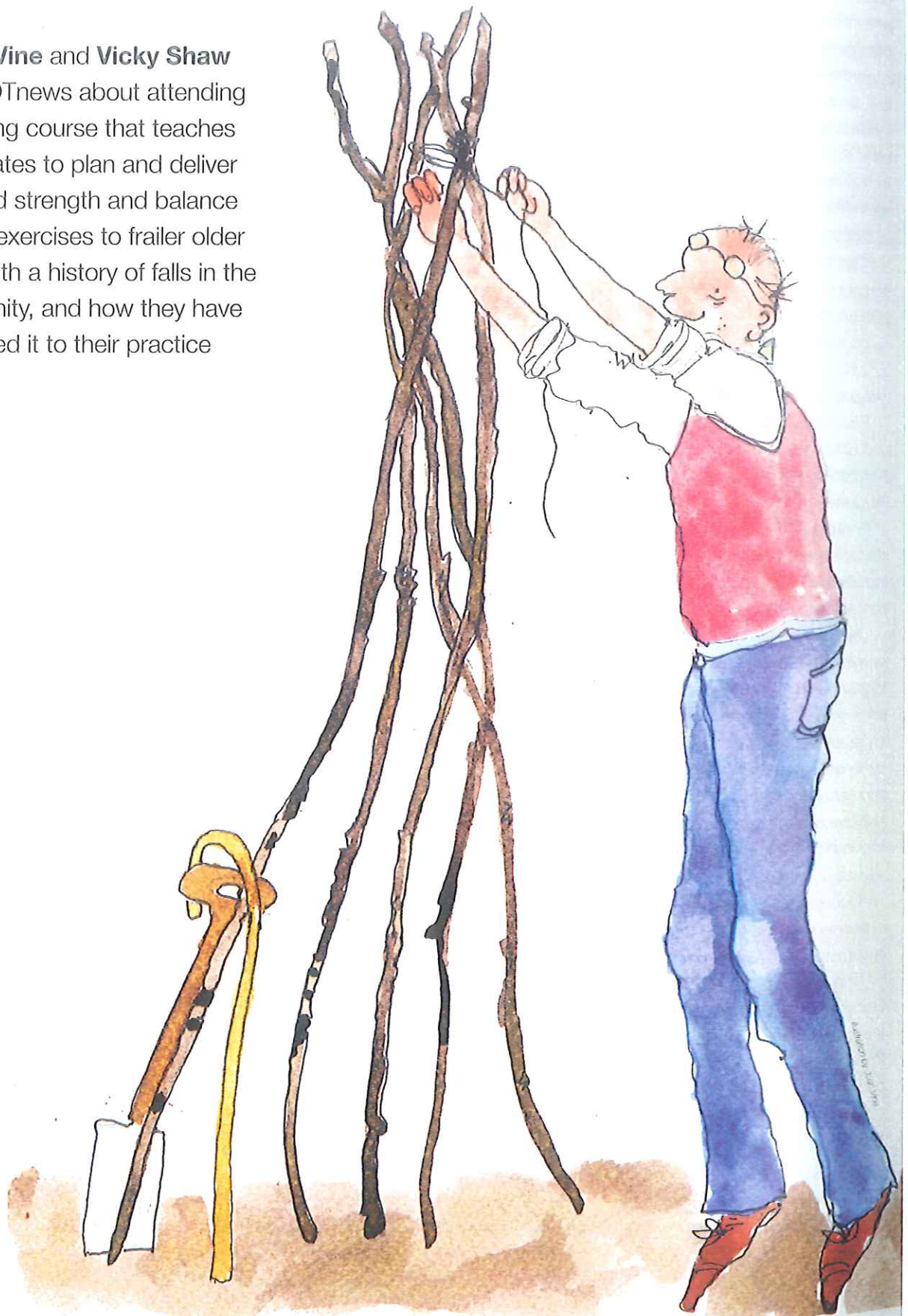


An added advantage

Joan Vine and Vicky Shaw talk to OTnews about attending a training course that teaches candidates to plan and deliver targeted strength and balance training exercises to frailer older people with a history of falls in the community, and how they have applied it to their practice



Stuart has been practising the upward reach balance exercise and is now able to put up his runner bean poles safely

Occupational therapists Joan Vine and Vicky Shaw say that historically the role of occupational therapy in falls management has been 'the assessment of home hazards, environmental modification, education to identify and reduce risk factors and psychological support to reduce fear of falling, build confidence and stay active', while 'the teaching of strength and balance exercises has traditionally been the domain of the physiotherapist'.

They point to RCOT's occupational therapy falls guidelines (COT 2015), which advise that 'activities to improve strength and balance should be incorporated into daily activities and occupations that are meaningful to the individual to improve and encourage longer term participation in falls prevention intervention'.

'From this stand point, occupational therapists are well placed to identify functional difficulties, to prescribe appropriate exercises and seek to embed these into daily routines,' they explain.

Joan says: 'When I was appointed as an occupational therapist for a newly-commissioned Falls and Fracture Prevention Service located in South-East London, a key element of the service was to provide strength and balance classes for frail elderly people living in the borough who have fallen, or are at risk of falling.'

'I was asked to set up the classes because I have experience in setting up and running occupational therapy groups and because the permanent physiotherapy post had yet to be filled.'

'My initial response was "Help, I know nothing about exercises", and in my experience this is the role of a physiotherapist.'

She adds: 'Initially we followed the traditional format, whereby the locum physiotherapist oversaw all the physical activity and I facilitated the educational element of the group. However, I soon felt participants were not making the link between the benefits of physical exercise and the consequential improvement in functional ability.'

As an occupational therapist, Joan says she recognised that participants need to feel that the exercises are meaningful to them if they are to take ownership of them and fully commit to the group and the accompanying home exercise programme.

'Ballinger and Brooks (2013) advise that occupational therapists have an important role to play in promoting physical exercise as a means of assisting individuals carrying out meaningful activities,' she says.

'Not being competent or confident in prescribing or teaching appropriate exercises I recognised the need for specific training and so attended a suitable training course.'

The exercise component of the training course she participated in is a combination of falls management training (Skelton et al 2005) and the OTAGO exercise programme (Campbell et al 1997), 'both of

which have been shown to reduce falls in older adults'.

'The programme is designed to meet individual needs and includes a home exercise programme. Each of the evidenced based exercises is linked to specific activities of daily living,' she reflects.

Vicky Shaw, an occupational therapist with Lewisham Enablement Service found out about the falls management training through the service's therapy assistant practitioner, who had already completed the course.

'Lewisham Enablement Service is an integrated health and social care team consisting of occupational therapists, physiotherapists, social workers, a nurse and a therapy assistant practitioner who is also a qualified postural stability instructor,' she explains.

'Occupational therapists provide rehabilitation support to patients to regain independence following hospital discharge and intervention to reduce unnecessary hospital admissions. They also complete initial assessments for all new patients referred to social services for occupational therapy only.'

However, she felt that 'there was something missing in my practice'. She says: 'While I did not work in a specific falls services, many of the patients coming into our service were fallers, had become inactive, or had lost their confidence as the result of a fall.'

'I felt that as a team, occupational therapists were too quick to provide equipment or modify the task. While there were physiotherapists in the team, the exercise prescribed was not always tailored to individual difficulties, since the physiotherapist would not be aware of functional limitations, for example putting on socks or getting out of the bath.'

'The therapy manager could see the functional benefits of an occupational therapist being trained and so agreed to fund the training.'

On reflection after attending the course Joan says: 'The training has given me confidence in teaching exercises and monitoring their effectiveness. I now run two weekly falls prevention groups and my colleague, a physiotherapist who has also completed the training course, runs a third.'

'Our profession specific skills compliment one another and, I believe, have resulted in bringing added value to our service.'

'The outcomes show that by the end of the 12-week programme the vast majority of participants, the average age of whom is 81, have an improved balance and gait and are less likely to fall.'

'They have also met their functional goals. For example, a participant shared with the group that she had put her socks on that morning for the first time in years. For another person I was able to recommend a specific exercise to enable him to reach up and "tie in" his runner beans safely and independently.'

Joan adds that the falls management guidelines (COT 2015) stress the importance of occupational therapists assessing the ability of older people in performing their activities of daily living independently and safely.

The programme is designed to meet individual needs and includes a home exercise programme. Each of the evidenced based exercises is linked to specific activities of daily living.

'Our falls prevention group provides an ideal setting for me to use the occupational therapy skill of activity analysis, for example, making the link between a participant who is observed as struggling to stand from an armchair without using their arms and knowing the difficulty they are likely to experience using public transport or bathing.

'If they can't stand on one leg, then stair climbing will be difficult without a rail.'

She concludes: 'Cognitive skills, such as problem solving and safety awareness, are also apparent when participants are exercising. Any difficulties highlighted can be investigated further and relevant actions taken.

'Occupational therapists are trained how to motivate people – an essential skill needed to maximise participation in an exercise programme and to encourage participants to adopt a more active lifestyle.'

Vicky says of her experience: 'With regards to Lewisham Enablement Service, it has taken some time to incorporate strength and balance exercises into my clinical practice.

'This is in part due to a feeling that I may be "stepping on the toes" of the physiotherapists in the team who have already provided an exercise programme. Input has been in some ways piecemeal and may consist of a couple of "add on" exercises to help with ability to complete functional tasks.

'Interestingly, I have found that it is the occupational therapy-only cases where the training has been most helpful, particularly for those clients who have been referred to the service requesting equipment and adaptations.

'For example, one lady was referred to occupational therapy, requesting a level access shower. On assessment she was found to have difficulties with all transfers and had stopped going outdoors. It was established that her confidence and subsequent activity levels had plummeted following a fall several years ago.

'She spent most of her time on her bed and her young daughter had prematurely been trapped in a carer role. Although initially reluctant, a programme of strength and balance exercises prescribed by myself and then continued by our therapy assistant practitioner has improved her mobility function and

confidence and she is now independent in all transfers, able to shower independently using a bath board and has started to go outdoors with her daughter.'

She adds: 'In conjunction with our therapy assistant practitioner, I have also provided training to the enablement officers on falls prevention and practical teaching sessions on teaching strength and balance exercises to clients.'

In conclusion, both occupational therapists agree that training has added value to their practice and the services they work in.

'We believe that it would be beneficial for all occupational therapists working in a physical setting to undertake targeted strength and balance training, not only to reduce falls and fracture risks, but to enable frail older adults to remain active, continue to carry out their chosen roles and to remain independent for as long as possible – a philosophy at the core of her our profession,' they say.

'As professional roles merge and there is an increasing emphasis on the need for health professionals to demonstrate their effectiveness, and the ability to prescribe, teach, adapt and monitor the effectiveness of exercise will give occupational therapists an added advantage in all settings that work with frail older adults.'

'We believe that it would be beneficial for all occupational therapists working in a physical setting to undertake targeted strength and balance training, not only to reduce falls and fracture risks, but to enable frail older adults to remain active...

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Joan Vine, falls occupational therapist, email: joan.vine@nhs.net, and **Vicky Shaw**, clinical lead for Lewisham Community Falls Service, email: Victoria.shaw1@nhs.net