



enabling older people to get up, stay up and live their best lives

This letter has been sent to you because you are a hospital or community-based Therapist or Therapy Team, and therefore an appropriate referrer for community-based exercise. In line with best practice referral guidelines, AGILE and Later Life Training have developed a Referral Form and Guidance to support effective transition of your patient to community-based exercise provision led by appropriately trained exercise professionals.

The CSP are supportive of this pathway; **“The CSP acknowledges the strong evidence base for this exercise programme and that there are a range of options for patients. The CSP are supportive of physiotherapists working in partnership with suitably qualified specialist exercise professionals in setting up referral pathways”**.

FaME, Falls Management Exercise, has **substantial patient benefits** that not only include a reduction in falls and falls risk factors, reduced fear of falling, improved physical function, balance confidence and quality of life, but also an increase in habitual physical activity that approaches the Chief Medical Officers recommendations for physical activity and health, ensuring benefits wider than falls prevention.¹⁻¹⁴ These benefits have been seen both in **robust randomised controlled trials** but also in peer-reviewed published **‘real-life’ delivery** in a number of regions across the UK.¹⁵⁻²¹

FaME is delivered by **Postural Stability Instructors (PSIs)** and is cited as **a best practice, cost effective, falls prevention exercise programme** by the Department of Health, Public Health England, Public Health Wales, the Scottish Government, the Royal College of Physicians, the Royal Osteoporosis Society, the Chartered Society of Physiotherapy, the Centre for Ageing Better, the Royal Society for the Prevention of Accidents and Age UK.²²⁻³² The FaME Implementation Toolkit is a NICE endorsed resource.³³ Outside of the UK, FaME is embedded in the Norwegian Health Ministry programme *Sterk Og Stødig*, a case study in the World Health Organisation’s *Steady Steps* Report, an effective intervention endorsed by the Centre for Disease Prevention in the UK and is recommended as an evidence implemented programme in the upcoming *World Falls Guidelines*.³⁴⁻³⁷

As you are aware, there have been a number of systematic reviews and meta-analyses of exercise interventions to reduce falls,³⁸⁻³⁹ and these have shown some key principals (50-hour dose, 2-3x p/w, increasingly progressed balance challenge and strength progression) which PSIs can provide beyond the normal shorter and less intensive rehabilitation programmes. **Transition onto community-based strength and balance programmes** is vital for effective outcomes for patients, allowing them to meet the necessary **dose**, but more importantly, to help them to change habits and embed strength and balance into their daily lives to prevent deconditioning on ‘discharge’ from exercise services. N-FIT, the National FaME Implementation Team, provide advice, mentorship, a community of practice and quality improvement advice and support to PSIs and Therapy Teams who aim to improve the lives of older people through delivery of tailored and individualised effective exercise programming and behaviour change techniques.

With the huge increase in rehabilitation workload expected post Covid-19⁴⁰ there is, more than ever, a need for rehabilitation services⁴¹ that offer the right programme, at the right time, for the best outcomes for patients. Community exercise provision within an effective falls exercise pathway, can be crucial for this aim.



Members of the N-FIT Steering Committee

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