

# Best Practice Exercise Guidance for Older People at risk of a Fall

## Purpose

This guidance is intended for anyone who works with older people

It can help you to:

- identify physical activity/exercise opportunities for older people
- understand **who** may be at risk of a fall
- understand **why** physical activity remains important even amongst people at risk of falling
- understand **which** research based exercise programmes are appropriate for fall prevention

## Why is general physical activity and exercise important for older age?

Being active can play an important part in both positive ageing and reducing frailty, helping to reduce the risk of falls.

It can help older people maintain their health, well-being, independence and social participation (see Physical Activity Guidelines for Adults 19-64, and Older Adults 65+ [Department of Health, 2011]).

When people get older, their muscles deteriorate as a natural part of ageing. Weakened muscles are not as strong to cope with everyday tasks such as getting up from a chair or walking, and people's balance can be affected.

Being active throughout life and especially in older age can help to slow down the rate that muscles deteriorate. This can help older people remain active and independent as long as possible and also reduce the risk of falls in later life.

Not all older people have the same needs. For older people who are reasonably healthy and active or whose function has only slightly declined, lots of different activities can help them to remain strong, for as long as possible.

Appropriate activities for these older people could include walking, nordic walking, Age Cymru LIFT programmes, bowling, zumba, yoga, pilates, tai chi and other generic exercise sessions for seniors/50+.



**These are physical activity programmes which can support healthy ageing.**

**They are not research based Falls Prevention programmes that demonstrate reduced falls risk, in those identified at high risk of a fall.**



**GIG**  
CYMRU  
**NHS**  
WALES

Iechyd Cyhoeddus  
Cymru  
Public Health  
Wales



## Before running an exercise or physical activity programme consider whether the older person (patient/client/service user) is at a high risk of a fall



All older people may be **at risk** of a fall but especially if they have **one** or **more** of the following:

- Have had an unexplained trip or fall in the last 12 months
- Have poor balance – or need to use a stick or to hold onto things to keep their balance
- Have difficulty with walking or getting up from a knee high chair
- Are taking 4 or more prescribed medications regularly
- Are affected by Stroke, Parkinson's Disease or Dementia
- Have dizzy spells, light headedness, palpitations or low blood pressure
- Are becoming unsteady on their feet, or unable to do as much for themselves as they used to
- Have visual impairment

Older people may also be at **higher risk** of a fall if they:

- Attend day centres and community groups (including luncheon clubs)
- Live in Care homes
- Live in sheltered housing
- Live in their own homes and receive informal or formal care to support independence

Older people at risk of a fall can benefit from exercise.



It is recommended that before an older person participates in any form of physical activity or exercise, that an assessment is undertaken by a health or exercise professional such as a GP, Physiotherapist, District Nurse or qualified PSI instructor.

## Exercise programmes that are research based for Falls Prevention:

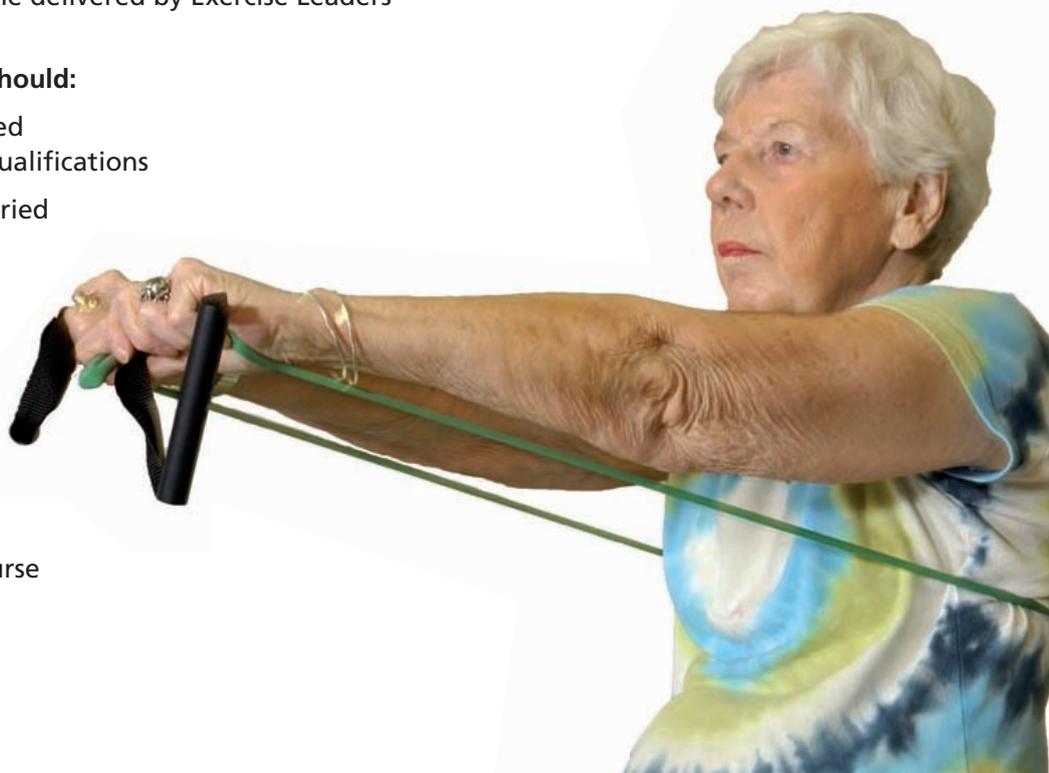
Physical activity that reduces the risk of falls for an older person has to be through structured and targeted strength and balance exercise programmes.

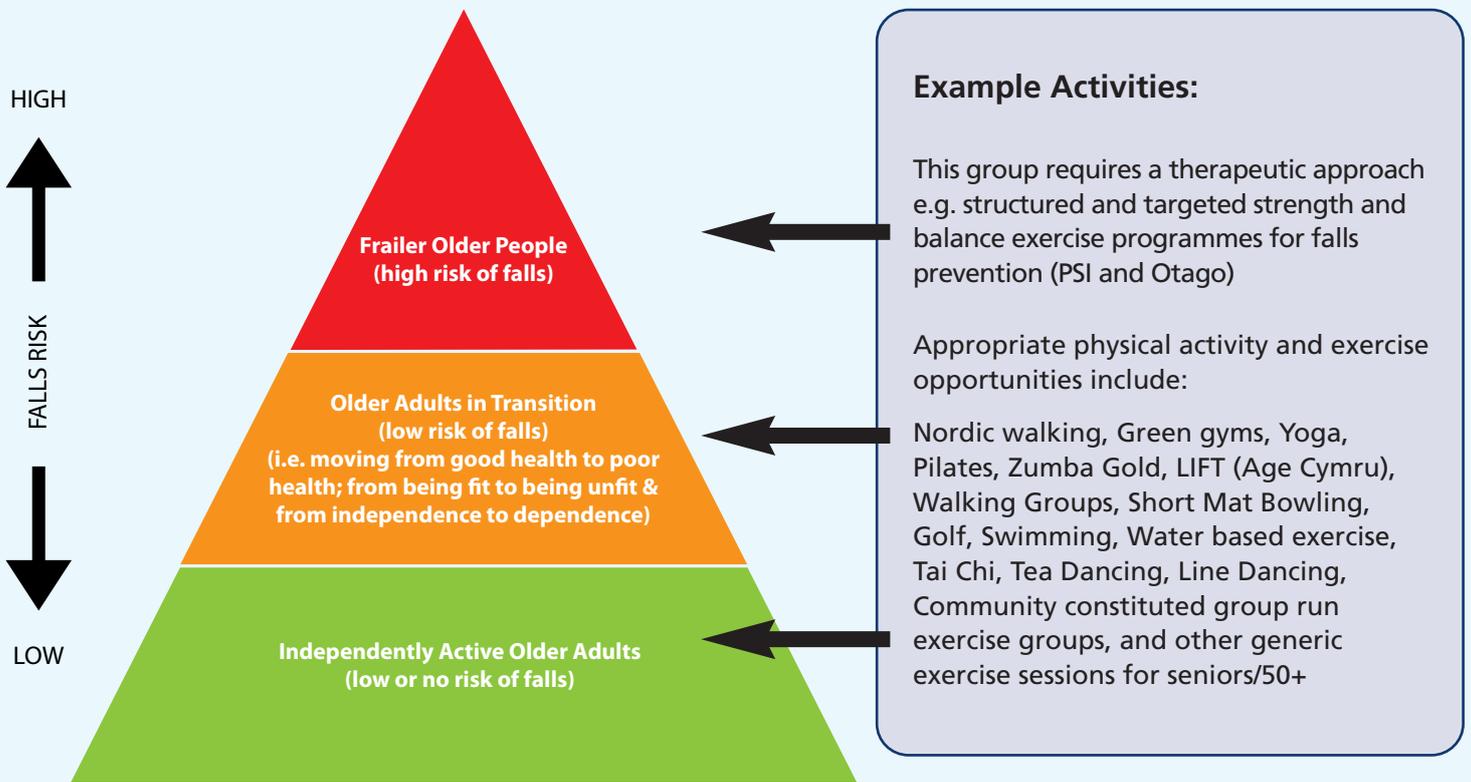
**The research based Falls Prevention programmes are:**

- Falls Management Exercise (Postural Stability Instruction (PSI) programme) delivered by Postural Stability Instructors
- And the Otago exercise programme delivered by Exercise Leaders

**These research based programmes should:**

- Be delivered by instructors qualified to Level 4 PSI and Level 2 Otago qualifications
- Include an assessment which is carried out by a qualified, experienced instructor/health professional before commencing activity
- Be delivered as part of a falls reduction care plan (Multi Factorial Falls Risk Reduction Plan) - which is overseen by specialist health professionals such as a GP, Physiotherapist and District Nurse





### Why is this important for my practice?

It is important that physical activity opportunities for older people are safe and appropriate for their needs. There are some important considerations for older people who may be at high risk of a fall.

- **Physical activity and exercise is not a 'one size fits all' approach** – not all exercise programmes and activities are appropriate for an older person
- Some activities may increase the risk of some older people falling
- To reduce falls risk, appropriate activities must be based on assessment of functional need and medical history
- Activities should be specifically designed to improve balance and strengthen specific muscle groups, not just to simply increase physical activity levels

### Exercises most effective in reducing falls are those:

- ✓ Which are tailored specifically to the older person
- ✓ That are assessed as appropriate for progressive strength and balance training
- ✓ Aimed at improving a person's postural stability through strength, balance, flexibility and co-ordination
- ✓ Delivered by an appropriately trained qualified specialist instructor, who can tailor specific exercise for people with medical conditions and/or on prescribed medications

## Checklist - Considerations for Practice

### Volunteers/ Practitioners /Service Providers

- ✓ If you are thinking of providing physical activity/exercise sessions for older people and they are at risk of a fall they will benefit from a specialist programme of strength and balance. General physical activity/exercise sessions e.g. walking groups, zumba style classes, or activities taken by non-qualified individuals and without exercise assessment/screening are not recommended
- ✓ Incorporate a pre-screen exercise session questionnaire (e.g. PARQ) into practice and have clear procedures/process for liaising with GP if medical conditions are noted
- ✓ Work with specialist practitioners (Older People Physical Activity Co-coordinators; National Exercise Referral Scheme co-ordinators; Physiotherapists) to ensure that physical activity/exercise sessions are appropriate for older person's needs/level of ability
- ✓ Check that anyone providing physical activity/exercise opportunities for older people at high risk of falls are appropriately trained and qualified (Level 4 PSI, Level 2 Otago qualifications) to deliver safe, effective and enjoyable sessions

### Commissioners/Funding Assessors or Providers

- ✓ Make sure that physical activity/exercise programmes are targeted to specific needs and functional abilities of older/frailer adults on an individual level
- ✓ Commission programmes that are evidence based for reducing the risk of falls and are targeted to the level of risk i.e. Falls Prevention programmes - PSI and/or Otago
- ✓ Ensure that the delivery of Falls Prevention programmes is part of an agreed referral pathway within the county across health, social care and leisure departments and organisations
- ✓ Ensure that Falls Prevention structured exercise programmes are delivered as part of a Multi Factorial Falls Risk Reduction Plan, overseen by specialist health professionals such as a GP, Physiotherapist and District Nurse

### Contacts/further information for Hywel Dda area

#### Evidence Based Falls Prevention Exercise Programmes

Rebecca Townley, Activity and Health Co-ordinator (Older Adults)  
RTownley@carmarthenshire.gov.uk  
Tel: 01269 830006  
Mobile: 07771371703

#### Training Providers for the PSI and Otago training courses

Later Life Training [www.laterlifetraining.co.uk](http://www.laterlifetraining.co.uk)

#### General enquiries

Hywel Dda Public Health Team 01267 225063

### This document has been developed and guided by the following evidence base/guidance:

American Geriatric Society, British Geriatrics Society (AGS/BGS) and American Academy of Orthopaedic Surgeons Panel on Falls Prevention (2001) Guideline for the prevention of falls in older persons. *Journal of the American Geriatric Society*, 49, 664-672.

American Geriatrics Society / British Geriatrics Society (AGS/BGS) (2011) Summary of the Updated American Geriatrics Society / British Geriatrics Society Clinical Practice Guideline for Prevention of Falls in Older Persons. *Journal of the American Geriatric Society*, 59, 148-157.

Campbell AJ, Robertson MC, Gardner MM, Norton RN, Tilyard MW, Buchner DM (1997) Randomised controlled trial of a general practice programme of home based exercise to prevent falls in elderly women. *British Medical Journal*, 315, 1065-9.

Department of Health DOH (2011) Start Active, Stay Active – a report on physical activity for health from the four home countries Chief Medical Officers. DOH: London.

Jones S (2011) Preventing falls in older people living in the community. Public Health Wales: Cardiff.

National Institute of Clinical Excellence (NICE) (2004) The Assessment and Treatment of Falls in Older People. Clinical Guideline 21. NICE:London.

National Institute of Clinical Excellence (NICE) (2013) Falls: assessment and prevention of falls in older people. Clinical Guideline 4. Draft Consultation. NICE:London.

Skelton DA, Dinan S, Campbell M, Rutherford O (2005) Tailored group exercise (Falls Management Exercise - FaME) reduces falls in community-dwelling older frequent fallers (an RCT). *Age Ageing*, 34, 6. 636-639.

Produced by Hywel Dda Public Health Team, Public Health Wales (March 2013)

### Acknowledgements

Hywel Dda Health Board and Carmarthenshire County Council