

**A MATTER OF BALANCE:
Managing Concerns about Falls
VOLUNTEER LAY LEADER MODEL**



Coach Handbook

A Matter of Balance Volunteer Lay Leader Model
MaineHealth's Partnership for Healthy Aging
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A MATTER OF BALANCE: MANAGING CONCERNS ABOUT FALLS

A Matter of Balance: Managing Concerns about Falls

A Matter of Balance: Managing Concerns About Falls

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Inquiries regarding the original program may be directed to Boston University, Health & Disability Research Institute, 53 Bay State Road, Boston, Massachusetts, 02215. A Matter of Balance was created with support from the National Institute on Aging.

A Matter of Balance Lay Leader Model was developed by a grant from the Administration on Aging (#90AM2780) for Southern Maine Agency on Aging, MaineHealth's Partnership for Healthy Aging, Maine Medical Center Division of Geriatrics and the University of Southern Maine, School of Social Work. All rights reserved, MaineHealth's Partnership for Healthy Aging.

A Matter of Balance Volunteer Lay Leader Model

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The Coach Handbook was adapted from the original Matter of Balance Manual for use by volunteer lay leaders. It contains all the activities, references and handouts necessary to coach the class.

For further information, please contact:

MaineHealth's Partnership for Healthy Aging
465 Congress Street, Suite 701
Portland, ME 04101
(207) 775-1095
Email: PFHA@mainehealth.org

Master Trainer sites shall at all times during the use of this handbook, and thereafter, defend and hold MaineHealth's Partnership for Healthy Aging, its trustees, officers, employees, agents and affiliates (together, "indemnitees") harmless from and against all claims, suits, demands, liability and expenses, including legal expenses and reasonable attorneys' fees, arising out of any negligent act or omission of the Master Trainer site pursuant to the use of this material.



Core Elements to Maintain Fidelity A Matter of Balance/Evidence-Based Program

- **Master Trainers = 2 day training to become certified**
- **Master Trainers provide an 8 hour training for coaches**
- **Master Trainers observe trained coaches**
 - Should take place during first four sessions
 - Arrange prior with coach
- **Two coaches lead the sessions**
 - Follow curriculum
 - Lead exercises as outlined
- **Guest HealthCare Professional Visit**
 - Any session (4 or 7 is the best fit)
- **MOB Class = Eight 2-hour sessions**
- **Class size = 8-12 participants**
- **Class Completion = 5 or more sessions**

***Highly recommended: Outcome Monitoring**



MANAGING CONCERNS ABOUT FALLS

Lead Trainers

TRAIN

Master Trainers

TWO DAY TRAINING

TRAIN

Coaches

AT MASTER TRAINER SITES

TWO 4-HOUR CLASSES

LEAD

A Matter of Balance Class

TO 8-12 PARTICIPANTS

EIGHT 2-HOUR SESSIONS

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Your primary responsibilities as a *Matter of Balance* coach are:

Preparation

To prepare yourself for an effective class:

- Carefully review each session and all support materials.
- Use the “Notes” space to personalize the program to your own coaching style.
- Prepare all necessary materials, such as flip charts in advance of the session.

Physical exercises are an important part of this program. You can help participants prepare for the program by suggesting they obtain physician clearance to participate in the exercises, as indicated. Individuals are encouraged to exercise according to their own ability.

Use of A Matter of Balance Materials

Conduct all session activities according to the directions and support materials provided, so that a consistent training experience is provided to all participants. *A Matter of Balance* is an evidence-based program. It has been proven to work.

Facilitation of learning discussions

Promote active discussion of the concepts and skills presented in the program. Redirect discussion if it strays too far from the key points being taught.

Facilitation of exercises

Demonstrate all exercises. Provide verbal cueing to group participants as they learn exercise techniques. Encourage participants to exercise according to their own abilities.

Clarification

Clarify any misunderstandings and answer questions raised by participants. Seek guidance from the *Matter of Balance* supervisor when necessary.

Notes

Notes**Promoting reflection**

Invite participants to examine their own experiences in light of the concepts and exercises presented in the program.

Consideration for participants

Reinforce participant responses; encourage each participant to contribute to discussions.

Monitoring and coaching

Observe participants as they learn; evaluate learning performance and coach as needed.

Promoting socialization

During break times, before and after session, encourage conversation among participants to help them get to know one another.

Please note:

Effective coaches are highly flexible and attentive to the group's needs. Each session provides numerous activities. The coach can decide which areas can be expanded or shortened. In many cases, the coach will be presented with options for structuring a given activity. These options typically present highly structured activities and less structured activities that allow for more independent work among participants. It is the coach's responsibility to decide which of the options would be best for the group.

To use a lay leader model, it is important that volunteers be trained prior to coaching. Further, a program coordinator and/or master trainer should be available for support and as a resource to the coach throughout the program. The master trainer should be familiar with 1) special needs of older adults, 2) the Matter of Balance curriculum, and 3) group process.

Workbooks, Videos, Equipment, Supplies, Refreshments

Notes

Coach Handbook

The Coach Handbook was adapted from the *Matter of Balance* Manual for volunteer lay leaders. It contains all the activities, references and handouts necessary to coach the class. The approximate time to complete each activity is included and may be adjusted to meet the needs of the group. There are many activities to pick from based upon the group's interest.

The following icons were created to help identify different session activities:



Overview of the session.



What to bring to the session.



The target(s) for the activity. What participants will learn to help meet the goals of the day.



A teaching/learning activity.



Group discussion.

Notes

**FLIP CHART**

Indicates an activity where using a flip chart or an overhead projector is helpful.

**SNACKS**

Snack time.

**EXERCISES**

A Matter of Balance exercises.

Participant Workbook

The participant workbook contains the class schedule, the handouts, homework and exercises that participants will use during the class. Participants can keep the workbook and continue the exercises at home after the class has ended.

Videos

A Matter of Balance uses two videotapes:

Fear of Falling: A Matter of Balance

This video empowers older adults to enhance or restore their quality of life by:

- 1) overcoming the fear of falling
- 2) taking active steps to reduce the risks of falls

Exercise: It's Never Too Late

This video presents some of the common fears and misconceptions older adults have about exercising.

Equipment and Supplies



Name tags
 Markers and tape
 Flip chart and stand
 TV/VCR
 Attendance sheet
 Pencils
 Participant workbooks

* If available, an overhead projector and transparencies can also be used.

Refreshments



A snack is provided during each session. As an example, refreshments could include fruit, crackers and low-fat cheese, carrot or celery sticks, light popcorn, soy nuts and water. Paper goods include napkins, small plates and cups.

The Learning Model

A Matter of Balance Activities uses a combination of techniques and media to support the learning of key concepts.

Videos

- *Fear of Falling: A Matter of Balance*: used in session 1 to introduce important program concepts and learning points.
- *Exercise- It's Never too Late*: used to introduce the discussion on the benefits of exercise that is held during session 3.

Notes

Notes**Coach Presentation**

The coach provides information and examples and briefly explains the basic concepts being covered in the activity. The coach can use a flip chart or overheads and ask the participants to follow along in their workbooks to help promote group discussion.

Learning Discussions

Group discussions provide the opportunity for participants to exchange ideas and to learn from each other. Whether in large or small groups, participants can do problem-solving, seek clarification, and increase skills and self-awareness.

Learning Exercises

Group and individual exercises illustrate, expand, reinforce, and provide practice with key concepts and skills. Role-play helps to develop insights about a topic and provides practice in a skill discussed in class. The coaches may present the role-play if the participants are uncomfortable with this activity.

Physical Exercises

Group exercises are conducted in Sessions 3 to 8 to improve participants' strength, flexibility, and endurance.

Notes**Healthcare Connection**

A healthcare professional (such as a physical therapist, occupational therapist, or registered nurse), is invited to attend a MOB session to provide information and answer questions for participants. The visit can take place during session 4 through 7, based on the group's interest and the visitor's availability.

The Guest Healthcare Professional Handbook provides information about *A Matter of Balance* and a sample of questions frequently asked by participants.

Balance testing can be added as supplemental activity with the test being administered by a healthcare professional who is familiar with the procedures.

Meeting Room Set-up

The class requires space for group discussion at all sessions and space for exercising during sessions 3-8.

The discussion space can be set up in a "U" shape with the coach at the front of the room. A table is needed at the front of the room for the supplies and the audio-visual equipment. Or, participants can be grouped around smaller tables with the coach at the front.

The exercise area should be an open space that allows each participant enough room to stand, arms spread apart, without touching another group member. Smaller groups can exercise in a circle. Larger groups may form rows. Space must be allowed for chairs and assistive devices, as needed.

Notes

To prepare yourself for each session:

- Make sure you have all the necessary materials.
- Read the entire session in the Coach Handbook and be familiar with the references, the participant handouts and materials.
- Prepare name tags.
- Make sure the room is set up for the class.
- Check to see that the TV/VCR is available and working for sessions 1 and 3.
- Prepare examples and personal anecdotes to show how concepts taught in the session may have been reflected in your own experiences. Make a note of them in your handbook.
- Prepare your flip chart or overheads and arrange them in the proper order.
- Prepare a simple snack for participants.

Please note:

If you are working with another coach, make time to review what happened at the last class and plan today's session together.

SECTION

PAGINATION

BREAK



OVERVIEW

Goals

- To share *A Matter of Balance* (MOB) goals and how the class will work.
- To welcome group members, introduce them to each other and help them to feel comfortable.
- To introduce group members to the concept of helpful and unhelpful beliefs about falls and concerns about falling.



BRING

Materials

Name tags
 Markers and tape
 Flip chart
 Attendance sheet
 Pencils, paper
 Snacks, water, cups, napkins, plates
 Participant workbooks
 TV/VCR
Fear of Falling video
 Forms (Participant Agreement, PAR-Q, Consent Form, First Session Survey)

References for the Coach

Reference 1.2—Fear of Falling Fact Sheet

Reference 1.3—Fall Fact Sheet

Handouts

Handout 1.1—Group Meeting Schedule

Handout 1.2—Fall-Related Attitudes Survey

Notes

"I found the balance program to be very helpful, especially in improving my mental attitude toward the matter of falling."

Activity 1.1 Welcome

5 minutes



Welcome group members, introduce them to each other and help them to feel comfortable.

Materials

Participant Workbook

Name Tags

Attendance Sheet



- Introduce yourself & welcome group members.
- Take attendance.
- Provide Participant Workbooks and name tags.
- Complete Participant Agreement, PAR-Q, Consent Form, First Session Survey

Activity 1.2 Presentation

20 minutes



Share *A Matter of Balance* (MOB) goals and how the class will work.

Materials

Participant Workbooks

*Handout 1.1—Group Meeting Schedule**Reference 1.1—Presentation Outline (provided directly below)***Reference 1.1 Presentation Outline**The coach will:

Describe the program's purpose, which is to help older adults reduce their fear of falling thereby enhancing activity levels.

Notes

NotesEmphasize:

- The first step toward a healthier attitude toward falls and fear of falling is to understand one's own beliefs or biases.
- During this class, participants learn to recognize their positive and negative beliefs about falls and how to shift from self-defeating and limiting thinking patterns to positive thinking patterns. This can lead to success in efforts to prevent falls & fear of falling.
- The skill of learning how to shift from negative to positive thinking patterns is called "cognitive restructuring." It is thinking about something in a different way.

Define the program as offering a way to:

- Help older adults to learn more about fall prevention strategies.
- Follow personal plans to carry out fall prevention strategies.
- Make or maintain changes in their daily lives which help reduce fear of falling.

Share sponsor and class schedule:

- Name the sponsor of the program.
- Review the class schedule provided in the participant workbook.
- Note contact information- name/phone number.
- Plan for inclement weather or inability to attend session.

Describe format:

- Explain that the group format provides an opportunity for people with a common problem to learn from each other and to help each other deal with the shared problem of fear of falling.
- Stress that people in the group will have varying degrees of concerns about falling. Shared experiences and problem-solving as a group is important, therefore everyone's input is valuable.

Describe the structure of each meeting including:

- Presentations, group discussion and/or activities and skill training to reduce fear of falling and risks of falling.
- A 10-minute refreshment break will be provided halfway through each session.
- Exercises will begin at the 3rd session.
- Inform the group that others will not be joining the group after the second session. The size of the group is limited so that all members will have time to talk and participate actively.

Share expectations for group membership:

Be on time: Everyone's time is valuable. We will begin on time and end on time.

Be responsible: Let the coach know if you are not able to come to the next class.

Be dependable: Since each session builds on the content of the prior session, it is important to attend each meeting.

Notes

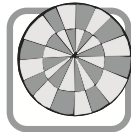
Notes

Be confidential: Group members should agree to respect the privacy of others. What is shared in the group should not be repeated outside the group.

Note: Ask the group if they agree with these expectations.

Activity 1.3 Exchanging information/ pairs

20 minutes



TARGET

Participants will get to know each other and share experiences related to fear of falling in a supportive climate.

Participants will identify ways in which the group can be helpful to them.



FLIP CHART

Materials

“Learning Goals of the Day”
List of topics covered in *A Matter of Balance* from the class schedule.



LEARN

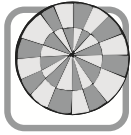
Ask participants to:

- Form a pair with some one they do not know well.
- Introduce themselves.
- Share feelings about being in the group.
- Share how concerns about falling affects their lives or could affect a person’s life.
- Ask pairs to agree on 2 ways that the group could be helpful to them.

Notes

**Activity 1.4 Exchanging information/
group**

20 minutes



TARGET

Emphasis should be placed on the ways members can help and learn from each other.

Ask the group to reassemble:



LEARN

Participants will introduce themselves and (if comfortable) briefly describe what it feels like to be involved in the program.

Pairs will report on the impact of fear of falling on their lifestyles and how they anticipate the program will help them.



FLIP CHART

The coach will record the information on the flip chart for use in reviewing members' progress at the last meeting.

Option:

Activity 1.3 & 1.4 can be conducted as a group.

Note: Emphasis should be placed on the ways that participants can help/learn from each other. The coach will save this list to review the group's progress at the last session.

Activity 1.5 Break

10 minutes



SNACKS

Provide an opportunity for members to get to know each other and socialize.

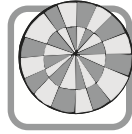
Activity 1.6 Introduction of Fear

Notes

of

5 minutes

Falling video



TARGET

Introduce important themes to look for in the video.

Materials

TV/VCR

Fear of Falling video



LEARN

Introduce the video:

Ask the participants to look for the following themes. Write the words in bold on the flip chart and read the information written after each “cueing word” to emphasize what to look for in the video:



FLIP CHART

Shared- Notice how fear of falling is a shared concern among the older adults in the video, even though they represent a range of physical abilities.

Falls: A Real Problem- Notice how fear of falling is presented as an appropriate response to a problem (falls) that affects many older adults.

Staying Active- Staying active in whatever way is feasible to you is an important way to prevent falls. “Exercising” ranges from dancing to walking up and down a hall with a walker, depending on the individual.

Practical/Personal Solutions- Notice how many of the strategies to reduce fear of falling involve common sense; each person knows best what solutions will work for him or her.

Assertiveness- Assertiveness and making your needs known are linked to fall prevention.

Responsibility- While your doctor, family, and friends can support you in your effort to prevent falls, ultimately the responsibility to take action lies with you.

Activity 1.7 Video presentation: Fear of Falling

15 minutes

Activity 1.8 Discussion of Fear of Falling video

20 minutes



Participants will:

- Acknowledge that concerns about falling are worthy of consideration.
- Recognize how concerns about falling operate in/can affect daily activities and can unnecessarily lead to restriction in activities that result in increased fall risk.
- Recognize successful problem-solving around concerns about falling as modeled in the video.
- Recognize and verbalize misconceptions they may have about falling.

Materials

Flip chart

Reference 1.2—Fear of Falling Fact Sheet

Reference 1.3—Fall Fact Sheet

Notes

Notes



Ask participants to identify the video's important points.

Stress the following if not mentioned in the group discussion.

Concerns about falling:

- Are common and sometimes intense.
- May be quite independent of the actual risk for falling.
- Can result in reduced activity and socialization.
- Can become a self-fulfilling prophecy. When older individuals reduce activity levels out of fear, they not only experience diminished quality of life, but their risk of falling can increase because of loss of physical skills.
- The best solutions to concerns about falling are your own!

Note: Other points from the *Reference 1.2- Fear of Falling Fact Sheet* and *Reference 1.3-Fall Fact Sheet* can be included here.



Lead a discussion that addresses misconceptions about falling:

- It is more common to fall and break your hip than to break your hip and then fall. This is good news because we can prevent most falls!

And some facts:

- Increasing lower body strength and improving balance through regular physical activity has been shown to be very effective in preventing falls.

Materials

Handout 1.2—Fall-Related Attitudes Survey

The coach will:

Show the participants *Handout 1.2—Fall-Related Attitudes Survey* in the Participant Workbook and ask them to complete it prior to the next session; or, ask the participants to look it over and let them know it will be completed at the next session.

Note: The coach should be prepared to complete the attitude survey as a group in the next session.

Activity 1.9 Conclusion

5 minutes

**The coach will:**

- Review what was learned today.
- Remind the group about the next meeting and share the topic.
- Encourage participants to continue with *A Matter of Balance*.
- Let participants know that you will be available after the session finishes and remind the group of the contact information.

Notes

Fear of falling is an important problem that has only recently been the focus of research. Previously, fear of falling was studied as a sequela of experiencing a serious fall. In recent years, however, a number of epidemiological studies have been conducted on fear of falling among the general elderly population (Howland & Peterson, manuscript submitted for publication).

The prevalence of elderly persons acknowledging fear of falling ranges from 40% to 73% among recent fallers compared to 20% to 46% among those not reporting recent falls (Tinetti, Speechley, & Ginter, 1988; Nevitt, Cummings, Kidd, & Black, 1989; Walker & Howland, 1991; Maki, Holiday, & Topper, 1991).

There is relative consistency and it appears as though somewhere between one-third and one-half of the community-dwelling elderly acknowledge fear of falling (Howland & Peterson, manuscript submitted for publication).

In addition to being prevalent, fear of falling can be intense. In their 1993 study undertaken to assess the prevalence, intensity, and covariates of fear of falling among the community-dwelling elderly (196 subjects ages ≥ 58 years of age interviewed), Howland, Peterson, Levin, Fried, Pardon, & Bak (1993) asked respondents about fears that are not uncommon among older adults. In contrast to the 47% who were afraid of falling, 17% were afraid of being robbed in the street; 8% were afraid of forgetting an important appointment; 12% feared financial problems; and, 5% feared losing a cherished item.

In a study of 890 community-dwelling elderly, the prevalence of fear of falling increased with age and was greater in women. After adjustment for age and gender, being moderately fearful of falling was associated with decreased satisfaction with life, increased frailty, depressed mood, and recent experience of falls. Being very fearful of falling was associated with all of the above plus decreased mobility and social activities. In that study, 2.9% expressed a fear of falling; 9% of the total sample reported that they were very fearful of falling (Arfken, Lach, Birge, & Miller, 1994).

Fear of falling has been observed in seniors who have not experienced any fall episodes or fall-related injuries. (Tinetti, Mendes de Leon, Doucette, & Baker, 1994; Walker & Howland, 1991).

While it could be argued that fear of falling is a rational response to the incidence of falls and that caution about falling is an initial and important component of preventing falls, there are several reasons for concern about this fear. First, if the fear of falling is intense enough, it can limit mobility (Howland & Peterson, manuscript submitted for publication).

Tinetti and associates (1988) found that 26% of fallers acknowledged avoiding activities, as did 13% of non-fallers.

Ten percent of recurrent fallers in a prospective study by Nevitt and Associates (1989) reported avoiding activity because of fear of falling.

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Vellas and associates (Vellas, Cayla, Bocquet, Depemille, & Albarde, 1987) noted that 41% of fallers and 23% of non-fallers experienced activity restriction over a 6-month period.

One consequence of reduced physical conditioning could be increased risk for falls (Nevitt et al., 1989).

Fear of falling can lead to a debilitating spiral marked by loss of confidence and reduced activity, resulting ultimately in a loss of independence. (Vellas et al., 1987).

Fear of falling may compromise quality of life by limiting social interaction. (Howland et al., 1993).

Fear of falling impacts negatively on the mental health and overall well-being of older adults. The impact of falls self-efficacy on well-being has been documented by Howland and associates (manuscript submitted for publication) in a study that demonstrated the impact of falls self-efficacy on mental health (mood), emotional functioning (extent to which emotional problems interfered with desired activities), social functioning (extent to which health problems interfered with normal social activities), life satisfaction, and leisure activities. Those findings, which show a consistent relationship between falls self-efficacy and well-being *independent* of risk factors for falls, underscore the importance of falls self-efficacy as a vital characteristic for healthy aging.

Evidence of the reciprocal relationship between fear of falling and quality of life was also shown by Lachman, Howland,

Tennstedt, Jette, Assmann, & Peterson (1998). In that study, subjects who had greater fear of falling also had lower quality of life, as determined by both health and social indicators.

Fear of falling can become a self-fulfilling prophecy. When older individuals reduce activity levels out of fear, they not only experience diminished quality of life, but their risk of falling can increase because of loss of physical skills (Peterson, 1998, March).

While it could be argued that limiting activity due to fear of falling limits opportunities for falling, it might also increase the risk for falling when activity, by necessity, occurs. There is increasing evidence of the role of physical activity in maintaining health status. Fear of falling may therefore have implications for the primary prevention of some chronic conditions. With respect to secondary prevention, fear of falling may reduce compliance with rehabilitation (Howland & Peterson, manuscript submitted for publication).

Fear of falling may not be irrational given the incidence and possible consequences of falls among the elderly population (Howland et al., 1993).

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Tinetti and colleagues have argued that fear of falling may represent a remediable independent contributor to functional decline (Tinetti et al., 1994).

A multidisciplinary, multifaceted approach may be most effective in remediating fear of falling. The medical component of intervention for fear of falling should target those physical factors that constitute the relevant skills for safe transfers and ambulation. Family members and other influential individuals in an elderly person's life should be included in any assessment or treatment plan for functional decline. Exploring previous fall and related history should be an integral part of the treatment strategy. Because the experience of others as well as one's own experience may influence confidence in avoiding falls, exploring the exposure of an elderly person to others who have fallen or been injured is probably important as well. A step-by-step approach with multiple small goals resulting in progressive gains works well (Tinetti & Powell, 1993).

Tennstedt, Howland, Lachman, Peterson, Kasten, & Jette (1998) developed and evaluated an intervention specifically aimed at reducing fear of falling. The study population consisted of 434 residents of senior housing, aged 60 or older, who had restricted activities because they were concerned they might fall. The intervention consisted of 8 two-hour group sessions that met twice a week for one month. The intervention featured a strong cognitive restructuring component, and many opportunities to build fall prevention skills were provided. At one-year follow-up,

intervention participants, relative to controls, were significantly less afraid of falling (as measured by the Falls Self-Efficacy Scale), had a greater sense of control over falls, had better over all scores on the Sickness Impact Profile (SIP), the SIP Physical score, the SIP Mobility Range score, and the SIP Social Behavior score. There were no significant differences between groups in either the number of participants who fell or in the number of falls during the follow-up period.

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Centers for Disease Control and Prevention National Center for Injury Prevention and Control

Falls and Hip Fractures Among Older Adults

How serious is the problem?

More than one-third of adults ages 65 years and older fall each year (Hornbrook 1994; Hausdorff 2001).

Among older adults, falls are the leading cause of injury deaths (Murphy 2000) and the most common cause of nonfatal injuries and hospital admissions for trauma (Alexander 1992).

In 2001, more than 1.6 million seniors were treated in emergency departments for fall-related injuries and nearly 388,000 were hospitalized (CDC 2003).

What outcomes are linked to falls?

- In 2001, more than 11,600 people ages 65 and older died from fall-related injuries (CDC 2003).
- More than 60% of people who die from falls are 75 and older (Murphy 2000).
- Of those who fall, 20% to 30% suffer moderate to severe injuries such as hip fractures or head traumas that reduce mobility and independence, and increase the risk of premature death (Sterling 2001).
- Among people ages 75 years and older, those who fall are four to five times more likely to be admitted to a long-term care facility for a year or longer (Donald 1999).
- Falls are a leading cause of traumatic brain injuries (Jager 2000).
- Among older adults, the majority of fractures are caused by falls (Bell 2000).
- Approximately 3% to 5% of older adult falls cause fractures (Cooper 1992; Wilkins 1999). Based on the 2000 census, this translates to 360,000 to 480,000 fall-related fractures each year.
- The most common fractures are of the vertebrae, hip, forearm, leg, ankle, pelvis, upper arm, and hand (Scott 1990).

Who is at risk?

- White men have the highest fall-related death rates, followed by white women, black men, and black women (CDC 2003).
- Women sustain about 80% of all hip fractures (Stevens 2000).
- Among both sexes, hip fracture rates increase exponentially with age (Samelson 2002). People ages 85 years and older are 10 to times more likely to sustain hip fractures than are people ages 60 to 65. (Scott 1990).

What is the effect of hip fractures?

- Of all fall-related fractures, hip fractures cause the greatest number of deaths and lead to the most severe health problems and reduced quality of life (Wolinsky 1997; Hall 2000).
- In 1999 in the United States, hip fractures resulted in approximately 338,000 hospital admissions (Popovic 2001).
- Most patients with hip fractures are hospitalized for about one week (Popovic 2001). Up to 25% of community-dwelling older adults who sustain hip fractures remain institutionalized for at least a year (Magaziner 2000).
- In 1991, Medicare costs for hip fractures were estimated to be \$2.9 billion (CDC 1996).
- From 2000 to 2040, the number of people age 65 or older is projected to increase from 34.8 million to 77.2 million. For people over 85, the relative growth rate is even faster (U.S. Bureau of the Census 1998). Given our aging population, by the year 2040, the number of hip fractures is expected to exceed 500,000 (Cummings 1990).

How can seniors reduce their risk of falling?

Through careful scientific studies, researchers have identified a number of modifiable risk factors:

- Lower body weakness (Graafmans 1996).
- Problems with walking and balance (Graafmans 1996; AGS 2001).
- Taking four or more medications or any psychoactive medications (Tinetti 1989; Ray 1990; Lord 1993; Cumming 1998).

Seniors can modify these risk factors by:

- Increasing lower body strength and improving balance through regular physical activity (Judge 1993; Lord 1993; Campbell 1999). Tai Chi is one type of exercise program that has been shown to be very effective (Wolf 1996).
- Asking their doctor or pharmacist to review all their medicines (both prescription and over-the-counter) to reduce side effects and interactions. It may be possible to reduce the number of medications used, particularly tranquilizers, sleeping pills, and anti-anxiety drugs (Ray 1990).

Strong studies have shown that some other important fall risk factors are Parkinson's Disease, history of stroke, arthritis (Dolinis 1997), cognitive impairment (Tromp 2001), and visual impairments (Dolinis 1997; Ivers 1998; Lord 2001). To reduce these risks, seniors should see a health care provider regularly for chronic conditions and have an eye doctor check their vision at least once a year.

What other things may help reduce fall risk?

Because seniors spend most of their time at home, one-half to two-thirds of all falls occur in or around the home (Nevitt 1989; Wilkins 1999). Most fall injuries are caused by falls on the same level (not from falling down stairs) and from a standing height (for example, by tripping while walking) (Ellis 2001). Therefore, it makes sense to reduce home hazards and make living areas safer.

- Researchers have found that simply modifying the home does not reduce falls. However, environmental risk factors may contribute to about half of all home falls (Nevitt 1989).
- Common environmental fall hazards include tripping hazards, lack of stair railings or grab bars, slippery surfaces, unstable furniture, and poor lighting (Northridge 1995; Connell 1996; Gill 1999).

To make living areas safer, seniors should:

- Remove tripping hazards such as throw rugs and clutter in walkways;
- Use non-slip mats in the bathtub and on shower floors;
- Have grab bars put in next to the toilet and in the tub or shower;
- Have handrails put in on both sides of stairways;
- Improve lighting throughout the home.

Etiology of Falls

Although falls are common among the elderly, some individuals are at greater risk than others. Falls are typically multi-factorial in nature. In fact, the risk of falling increases with the number of risk factors present (Tinetti, Speechly, & Ginter, 1988).

Both intrinsic and extrinsic risk factors contribute to fall risk. Intrinsic factors include both physiological and behavioral risks. Loss of function associated with aging such as decreased visual acuity, impaired balance and gait, and slowed reaction times have been identified as risks for falling, as have chronic diseases that compromise sensory, cognitive, neurologic, or musculoskeletal functioning (Tinetti, Doucette, Claus, & Marottoli, 1995).

Certain classes of drugs, especially sedatives and hypnotics also increase fall risk (Ray, Griffin, Schaffner, Baugh, & Melton, 1987).

Behavioral risk factors include failing to exercise regularly, failing to use prescribed assistive devices (such as walkers) as recommended, climbing on objects to reach items on high shelves, hurrying to answer phones or door bells, and attempting to carry heavy objects or too many objects at one time. Older adults who hesitate to bring concerns about falls (or about their health in general) to the attention of their health care providers or family members place themselves at risk for a fall, as do those who are reluctant to request assistance with ADLs or IADLs. Therefore, it is important for older adults to learn to use assertive communication skills effectively (Peterson, 1998, March).

Extrinsic risks are environmental in nature and include household and community hazards. Among community- dwelling older adults, the majority of falls occur in the home; namely in stairways (Lucht, 1971), bedrooms (Wild, Nayak, & Issacs, 1981), and living rooms (Wild et al., 1981)

Common environmental hazards include highly polished or wet ground surfaces, poor lighting, lack of handrails on stairs, cluttered spaces (often the result of moving from larger to smaller dwelling spaces), loose or thick pile rugs, irregular ground surfaces, exposed phone cords, poorly planned storage shelves (in kitchens and elsewhere), absence of grab bars near the toilet and in the shower, and improper shoes. Transferring in and out of beds and chairs has been identified as an activity commonly associated with falls (Naylor & Rosin, 1970).

Unstable (rolling), low and overly soft beds and chairs are especially problematic. Finally, among institutionalized older adults, the use of physical restraints has been associated with increased falls (Hart & Sliefert, 1983).

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National Center for Injury Prevention and Control

Mail stop K65

4770 Buford Highway NE

Atlanta, GA 30341-3724

Phone: **770.488.1506**

Fax: **770.488.1667** Email: OHCINFO@cdc.gov

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	<u>Session Title</u>	<u>Meeting Date</u>
Session 1	Introduction to the Program	_____
Session 2	Exploring Thoughts and Concerns About Falling	_____
Session 3	Exercise and Fall Prevention	_____
Session 4	Assertiveness and Fall Prevention	_____
Session 5	Managing Concerns About Falling	_____
Session 6	Recognizing Fall-ty Habits	_____
Session 7	Recognizing Fall Hazards in the Home and Community	_____
Session 8	Practicing No Fall-ty Habits/ Fall Prevention: Putting it All Together	_____

Directions

Below are 12 statements that describe attitudes associated in some way with falls. Read each statement then check whether you “Agree” or “Disagree” in the box found to the right of the statement.

Fall-Related Attitudes Survey	Agree	Disagree
1. Falling should be accepted as a natural part of growing old.		
2. Most falls cannot be prevented.		
3. Reporting a fall to a doctor could lead to a restriction of my independence.		
4. If I report a fall to a doctor, s/he may think that I can't take care of myself.		
5. If I report a fall to a relative, s/he may think that I can't take care of myself.		
6. My doctor is a very busy person and shouldn't be bothered with my concerns about falls (if I should have any).		
7. My nurse is a very busy person and shouldn't be bothered with my concerns about falls (if I should have any).		
8. Falling is humiliating.		

Stop! Did you answer “Agree” to any of those questions? Answering “Agree” to questions 1-8 could be a reason for not reporting a fall to your health care provider. By not seeking help, or discussing the fact that you fell with a physician or nurse, you are denying yourself the chance to find out what really caused the fall. Knowing why a fall occurred is the first step in preventing future falls. Falls are preventable! Most health care providers will go to great lengths to provide you with a service that will allow you to stay safely in your home.

Fall-Related Attitudes Survey	Agree	Disagree
9. Even when it is not wet or slippery outside, I avoid leaving my home sometimes to avoid a possible fall.		
10. Almost every day I think about the fact that I could fall and hurt myself.		
11. I am generally nervous when I walk.		
12. There are things that I would like to do but don't do because I am afraid that I might fall.		

Stop! Did you answer "Agree" to questions 9- 12? This could mean that you are fearful of falling. Stress is your body's response to anything that leaves you feeling pressured or threatened. It is a demand on your body causing you to adapt, adjust, or respond to a particular stressor. Stress is not always bad. It often motivates us or pushes us to try a new way of doing things. Being concerned about falling could lead to a safer lifestyle. However, if your fear of falling is keeping you from doing the things you like to do, you need to talk about it with your healthcare provider.

Directions

For each statement to which you answered "Agree", go back and write a positive sentence that shows that you have control over fear of falling.

Example:

11. I am generally nervous when I walk.

"I am confident when I walk because I've taken steps to prevent a fall, such as exercising, wearing sensible shoes, etc."

SECTION

PAGINATION

BREAK



OVERVIEW

Goals

- To learn that there are different ways to think about falls and concerns about falls.
- To realize the importance of recognizing our core beliefs about falls before we are able to change them.



BRING

Materials

Name tags
 Flip chart or blackboard
 Markers or chalk
 Attendance sheet
 Pencils, paper
 Snacks, plates, cups, napkins

References for the Coach

Reference 2.1—*Cognitive Restructuring: Concerns About Falling* (pg. 42)

Handouts

Handout 2.1—Evaluating Thoughts About Falling
Handout 2.2—Challenge Your Concerns About Falling
Handout 1.2—Fall-Related Attitude Survey
 (Optional) *Handout 2.3—Concerns About Falling Log*

Notes

"A Matter of Balance program made me realize that I'm responsible for me. It raised my self-esteem."

Activity 2.1 Welcome and review

5 minutes

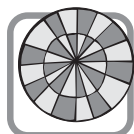
Materials

FLIP CHART

“Learning Goals of the Day”

The coach will:

Begin with a review of major points learned at the last session and answer any questions.



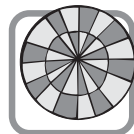
TARGET

Discuss “Learning Goals of the Day” to:

- Learn that there are different ways to think about falls and concerns about falls.
- Realize the importance of recognizing our core beliefs about falls before we are able to change them.

Activity 2.2 Discussion of fall-related attitudes

50 minutes



TARGET

Learn that there are different ways to think about falls and concerns about falls.

Materials

Flip chart

Handout 1.2—Fall-Related Attitudes Survey



LEARN

Group discussion:

If participants have already completed the Fall-Related Attitudes Survey begin with a discussion of general findings and beliefs identified by the attitude survey.

Notes

Notes

Complete the survey as a group:



Group together questions 1 & 2 to explore perceptions about fall prevention. Ask participants to answer individually and then discuss as a group.

Handout 1.2– Fall-Related Attitudes Survey		
	Agree	Disagree
1. Falling should be accepted as a natural part of growing old.		
2. Most falls can't be prevented.		

Gently counter faulty assumptions underlying fear or negative beliefs by stating facts such as:

- 1 out of 3 people over 65 fall each year.
- Most falls do not result in serious injury.
- Falls are not a part of the normal aging process.
- Research has shown that this intervention effectively reduces fear of falling and improves activity levels among older adults who express a fear of falling.

Reference 1.2—The Fear of Falling Fact Sheet can be used as a resource here as well.

Ask participants to answer Items 3-8 individually and then discuss as a group.

Fall-Related Attitudes Survey	Agree	Disagree
3. Reporting a fall to a doctor could lead to a restriction of my independence.		
4. If I report a fall to my doctor, s/he may think that I can't take care of myself.		

Notes

Fall-Related Attitudes Survey	Agree	Disagree
5. If I report a fall to a relative, s/he may think that I can't take care of myself.		
6. My doctor is a very busy person and shouldn't be bothered with my concerns about falls (if I should have any).		
7. My nurse is a very busy person and shouldn't be bother with my concerns about falls (if I should have any).		
8. Falling is humiliating.		

Stop! Did you answer "Agree" to any of those questions? Answering "Agree" to questions 1-8 could be a reason for not reporting a fall to your health care provider. By not seeking help, or discussing the fact that you fell with a physician or nurse, you are denying yourself the chance to find out what really caused the fall. Knowing why a fall occurred is the first step in preventing future falls.

Falls are preventable! Most health care providers will go to great lengths to provide you with a service that will allow you to stay safely in your home.

Notes

Ask participants to answer Items 9-12 individually and then discuss as a group.

Fall-Related Attitudes Survey	Agree	Disagree
9. Even when it's not wet or slippery outside, I avoid leaving home sometimes to avoid a possible fall.		
10. Almost every day I think about the fact that I could fall and hurt myself.		
11. I am generally nervous when I walk.		
12. There are things that I would like to do but don't do because I'm afraid that I might fall.		

Stop! Did you answer "Agree" to questions 9- 12? This could mean that you are fearful of falling. Stress is your body's response to anything that leaves you feeling pressured or threatened. It is a demand on your body causing you to adapt, adjust, or respond to a particular stressor.

Stress is not always bad. It often motivates us or pushes us to try a new way of doing things. Being concerned about falling could lead to a safer lifestyle. However, if your fear of falling is keeping you from doing the things you like to do, you need to talk about it with your healthcare provider.



The final portion of the *Fall-Related Attitudes Survey*, which asks participants to write a positive sentence after each survey statement they agreed with, is best handled as a group discussion.

Directions:

For each statement to which you answered “Agree”, go back and write a positive sentence that shows that you have control over fear of falling.

Notes

Fall-Related Attitudes Survey	Agree	Disagree
11. I am generally nervous when I walk.		

“I am confident when I walk because I’ve taken steps to prevent a fall, such as exercising, wearing sensible shoes, etc.”



Participants will describe adaptive responses to counter misconceptions about falls.

Group Discussion



The coach can present one or two anecdotes (time permitting) that illustrate an ability to overcome physical limitations or self-doubt. The stories do not necessarily have to involve fear of falling. The coach can tell a story about someone, such as Lance Armstrong, who made assumptions about their limitations and then challenged them. The goal is to demonstrate that real disabilities or limitations can be overcome.

Notes

The participants should be asked to share their own ideas about such stories. Do they know anyone who has done this or have they heard a similar story? Then the analogy can be made to fear of falling, i.e. this is something you can overcome.

Activity 2.3 Break

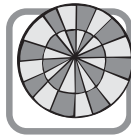
10 Minutes



SNACKS

Activity 2.4 Cognitive restructuring discussion

50 minutes



TARGET

Recognize unhelpful thoughts, and the effects they have on feelings and actions.

Learn how to shift from self-defeating to motivating thoughts.

Materials

Flip chart or blackboard

Handout 2.1—Evaluating Thoughts About Falling

Handout 2.2—Challenge Your Concerns About Falling

Reference 2.1—Cognitive Restructuring: Concerns About Falling (provided directly below)



LEARN

Emphasize the following information: (Participants can follow along— Handout 2.1-pg 1)

Your thoughts about falling affect your actions.

- To overcome your concerns about falling you need mental as well as physical skills. These concerns enter your life as the idea that something terrible can and probably will happen to you if you are not careful.

Notes

- When it is powerful, it cautions you against taking any risks. It can imprison you. When this happens it is joined by ideas of helplessness, like, “I can’t protect myself from falling. I better not try to do much of anything”; ideas of dependence, like “other people will have to take care of me” also come into the picture. You need to learn to recognize and challenge these ideas, or you can become a slave to them.
- Concerns about falling can enter your life slowly and gradually—they can start creeping into your thoughts and get stronger as time goes on—or they can come on suddenly. This is especially likely if you have a bad and unexpected fall, or someone you know does. Fear directs your feelings and actions.
- Once it takes over, it can convince you to restrict your life in many ways. This can result in significant losses. You might stop visiting friends, taking walks, doing things that have brought you pleasure. It can interfere with the most basic activities, such as cooking, cleaning, taking showers. It can take away your independence and lead you to become isolated and depressed. It blocks your attempts at problem- solving, and takes away the power you have to control your life. Worst of all, it can lead you to be so inactive that your muscles and bones become very weak. The tragedy of this is that you then are more likely to fall if you try to do something active.



Coach provides an example:

Tell a story about an older person who became debilitated and depressed by giving in to his/ her fear of falling. Identify specific thoughts that were problematic, pointing out those that led to anxiety and inactivity.

Notes

Emphasize the following:



FLIP CHART

Draw a traffic light on the flip chart.

- In order to manage your concerns about falling, the first step is to recognize them and the effects they have on your feelings and actions. You then need to evaluate how realistic your fears are, and whether they are preventing you from taking constructive action. Our fears are like warning signals that protect us from danger.
- Sometimes they flash red, telling us not to go any farther when they ought to be yellow, telling us to proceed with caution. With some practice you can turn a red light into a yellow one, or even into a green one, by talking back to the ideas of danger that pop into your head.



DISCUSS

Group discussion

Invite participants to start listing some of the common ideas that people have when they **worry** about falling, and how these ideas make them **feel** and **behave**.

Note: If group members are reluctant to participate, you can ask them to write down one thought related to fear of falling that they or someone they know has had.



FLIP CHART

List the thoughts on the flipchart. Keep a running list of negative and positive thoughts to use in Session 5.

Notes

Example

Worries About Falling

“My balance is so bad I can’t do things on my own.”

Feelings:

Anxiety about moving without assistance. Insecure about being left alone.

Behavior:

Restricted activity; demanding of family.

Ask participants to list some worries they have about falling, and how these worries make them feel and behave using the chart in *Handout 2.1—Evaluating Thoughts About Falling, page 2*.

Replacing fears with constructive ideas



Emphasize the following:

As you can see, ideas can handicap you. They get in the way of staying active and of doing what you can to prevent falls and cope with them if they do occur. One way of challenging your concerns is to replace them with more constructive, confidence-building ideas. People have come up with many creative ways to do this and thereby keep their fears in check.

Materials

Handout 2.1—Evaluating Thoughts About Falling, page 3.

Notes

Lead a discussion using an example:

Example



Bob has been invited to the neighbor's home for dinner. He has to climb some steps to get into their house.

Unhelpful thoughts

"I can't go. I'll never make it up those steps without losing my balance. I could fall and break my hip."

Helpful thoughts

Questions Bob can ask himself:

- *How likely is it that my concern will come true?
How dangerous is this situation?*

Although there is usually a possibility that our feared outcome could occur, there are often other more positive outcomes that could occur as well. It is important to keep these in mind so you are not thinking solely of the worst possible thing.

In answering these questions, Bob might make the following statement :

"I'm nervous about those steps, but I've never fallen down steps before and I've climbed a lot of them in my life. It's possible I could do it."

- *What positive results might occur if I try the feared activity?*

Bob might make a statement like:

"I'd like to see my neighbors. I get bored and cooped up inside. I'd feel good about getting there if I could."

- ***What will happen if I give into my worries?***

Bob might make a statement like:

“If I don’t go, I’ll get more lonely and unhappy, and I’ll feel ashamed because I won’t tell them the real reason I can’t come. I’ll make something up and they’ll think I’m not interested.”

- ***What can I do to enable myself to try this?***

Bob might make a statement like:

“I could ask one of my neighbors to give me a hand with the steps. Even though I’m a little embarrassed it would be worse to stay home.”

By restructuring his thinking in this way, Bob can keep his fear from calling the shots and form a plan to overcome it. There is no one right way to come up with confidence-building ideas, and you may have your own useful possibilities.

Brainstorming confidence-building thoughts

Depending on the time available and group interest, the coach can present the following situations, one at a time. The group members may also have situations of their own that they would rather discuss.



Participants will:

- Discuss the threatening situation and associated “fear of falling” thoughts.
- Work together to come up with confidence building thoughts to challenge those fears.

Note: These fears and responses to them can be printed on a handout that participants can take with them, to serve as examples to challenge their fears.

Notes**Materials**

Handout 2.1—Evaluating Thoughts About Falling, page 5



DISCUSS

Brainstorming confidence-building thoughts

- A. A relative gives you tickets to a show and you know you will have to climb stairs to get to your seat.
- B. You want to take your daily walk but it has rained and the sidewalk is wet and might be slippery.
- C. A celebrity you want to see is speaking locally but you know you will have to battle a crowd to get in.
- D. You want to take the subway downtown but one of your children has warned you not to do it because you might fall.
- E. You want to clean out and organize some shelves that are a little beyond your reach.
- F. Your friend invites you to go to see a movie at night but you have to walk in the dark both outside and inside the theater.

Challenge Your Concerns About Falling**Materials**

Handout 2.2—Challenge Your Concerns About Falling



LEARN

If time allows the group can also work together on *Handout 2.2—Challenge Your Concerns About Falling*

Note to group members:

In this introductory exercise, this work sheet is being completed as a group. Once you get familiar with the process, you are encouraged to use the worksheet independently.

Directions for using:

Handout 2.2—Challenge Your Concerns About Falling

- To challenge your fear of falling, let's first identify an activity that is meaningful to most of us that causes us to worry about falling. Next, a vote will be taken for the one activity that will be the subject of the next exercise. (Majority wins).
- Complete questions 1 through 5 as a group.

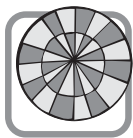
OPTIONAL

Activity 2.5 Concerns About Falling Log

50 minutes

Materials

Handout 2.3—Concerns About Falling Log



TARGET

This activity can be used with groups able to do individual work and self-reflection to help identify positive and negative thinking about falls/fear of falling. Time has not been allotted in Session 2 to introduce the log because the primary cognitive restructuring intervention involves the *Challenge Your Concerns About Falling* activity.



LEARN

The coach will:

Ask participants if they were aware of their attitudes toward fall prevention prior to completing the Falls-Related Attitudes Survey.

Notes

- Note that it is important to recognize core beliefs about falls before trying to change behaviors. The *Concerns About Falling Log* can help them to do this.
- Ask the participants to use the log to write down thoughts, positive and negative, during the course of each day.

Time can be set aside during future sessions to discuss these thoughts as a group.

Activity 2.6 Conclusion

5 minutes

The coach will:

- Review what was learned today .
- Remind the group about the next meeting and share the topic.

Evaluating Thoughts About Falling

Your thoughts about falling affect your actions

To overcome your concerns about falling you need mental as well as physical skills. These concerns enter your life as the idea that something terrible can and probably will happen to you if you are not careful. When it is powerful, it cautions you against taking any risks. It can imprison you. When this happens it is joined by ideas of helplessness, like, “I can’t protect myself from falling. I better not try to do much of anything.” Ideas of dependence, like “other people will have to take care of me” also come into the picture. You need to learn to recognize and challenge these ideas, or you can become a slave to them.

Concerns about falling can enter your life slowly and gradually—they can start creeping into your thoughts and get stronger as time goes on—or they can come on suddenly. This is especially likely if you have a bad and unexpected fall, or someone you know has. Fear directs your feelings and actions. Once it takes over, it can convince you to restrict your life in many ways. This can result in significant losses. You might stop visiting friends, taking walks, doing things that have brought you pleasure. It can interfere with the most basic

activities, such as cooking, cleaning, taking showers. It can take away your independence and lead you to become isolated and depressed. It blocks your attempts at problem-solving, and takes away the power you have to control your life. Worst of all, it can lead you to be so inactive that your muscles and bones become very weak. The tragedy of this is that you then are more likely to fall if you try to do something active.

Evaluating your fears

In order to manage your concerns about falling, the first step is to recognize them and the effects they have on your feelings and actions. You then need to evaluate how realistic your fears are, and whether they are preventing you from taking constructive action. Our fears are like warning signals that protect us from danger. Sometimes they flash red, telling us not to go any farther when they ought to be yellow, telling us to proceed with caution. With some practice you can turn a red light into a yellow one, or even into a green one, by talking back to the ideas of danger that pop into your head.

Example

Worries About Falling

“My balance is so bad I can’t do things on my own.”

Feelings:

Anxiety about moving without assistance. Insecure about being left alone.

Behavior:

Restricted activity; demanding of family.

List some worries you have about falling, and how these worries make you feel and behave.

<u>Worries</u>	<u>Feelings</u>	<u>Behaviors</u>

Replacing fears with constructive ideas

As you can see, ideas can handicap you. They get in the way of staying active and of doing what you can to prevent falls and cope with them if they do occur. One way of challenging your concerns is to replace them with more constructive, confidence-building ideas. People have come up with many creative ways to do this and thereby keep their fears in check.

Example

Bob has been invited to the neighbor's home for dinner. He has to climb some steps to get into their house.

- **Unhelpful thoughts**

"I can't go. I'll never make it up those steps without losing my balance. I could fall and break my hip."

- **Helpful thoughts**

Questions Bob can ask himself:

How likely is it that my concern will come true? How dangerous is this situation?

Although there is usually a possibility that our feared outcome could occur, there are often other more positive outcomes that could occur as well. It is important to keep these in mind so you are not thinking solely of the worst possible thing.

In answering these questions, Bob might make the following statement :

"I'm nervous about those steps, but I've never fallen down steps before and I've climbed a lot of them in my life. It's possible I could do it."

What positive results might occur if I try the feared activity?

Bob might make a statement like:

"I'd like to see my neighbors. I get bored and cooped-up inside. I'd feel good about getting there if I could."

What will happen if I give into my worries?

Bob might make a statement like:

"If I don't go, I'll get more lonely and unhappy, and I'll feel ashamed because I won't tell them the real reason I can't come. I'll make something up and they'll think I'm not interested."

What can I do to enable myself to try this?

Bob might make a statement like :

“I could ask one of my neighbors to give me a hand with the steps. Even though I’m a little embarrassed, it would be worse to stay home.”

By restructuring his thinking in this way, Bob can keep his fear from calling the shots and form a plan to overcome it. There is no one right way to come up with confidence-building ideas, and you may have your own useful possibilities.

Brainstorming confidence-building thoughts

- A. A relative gives you tickets to a show and you know you will have to climb stairs to get to your seat.
- B. You want to take your daily walk but it has rained and the sidewalk is wet and might be slippery.
- C. A celebrity you want to see is speaking locally but you know you will have to battle a crowd to get in.
- D. You want to take the subway downtown but one of your children has warned you not to do it because you might fall.
- E. You want to clean out and organize some shelves that are a little beyond your reach.
- F. Your friend invites you to go to see a movie at night but you have to walk in the dark both outside and inside the theater.

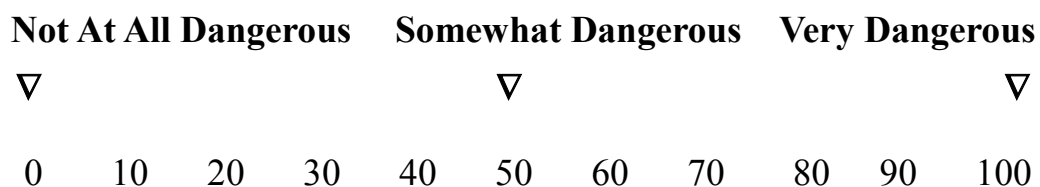
Directions

To challenge your fear of falling, let's first identify an activity that is meaningful to most of us that causes us to worry about falling. Next, a vote will be taken for the one activity that will be the subject of the next exercise. (Majority wins).

Note to group members: In this introductory exercise, this work sheet is being completed as a group. Once you get familiar with the process, you are encouraged to use the worksheet independently.

1. What am I afraid of doing because I might fall?

2. How realistic is my fear? Based on my experience, how dangerous is this situation? Circle your fear level on the scale below:



3. Is there any action I can take to make this safer and enable myself to try it?
If so, what is it?

4. What positive results might happen if I try to do this?

5. What will happen if I give in to my fear and don't try?

HANDOUT 2.3**Directions**

The log should be used to record what happens and what you think when faced with a situation where you are afraid you might fall.

Situation _____

Write a brief description of the situation or event that aroused some concern about falling. For example, your neighbor asks you to walk to the store a few blocks away with her. However, it has been raining, and the sidewalk is covered with leaves.

Fears or Worries About Falling _____

Write what you are worried about. For example, “I will slip on the wet leaves and fall down.”

Confidence Building Thoughts _____

Write a more positive—and realistic—thought. For example, “If I am careful, walk slowly, and use my cane, I can walk to the store safely.”

Outcome _____

Write what happened or what you did. For example, “Walked to the store and didn’t fall even though the leaves were slippery.”

SECTION

PAGINATION

BREAK

**Goals**

- To understand the importance of exercise in preventing falls.
- To identify the barriers to exercise for older adults.
- To identify which exercises are best suited for fall prevention.
- To experience the *Matter of Balance* exercises as an example of activity well-suited for fall prevention.

**Materials**

Name tags
 Flip chart or blackboard,
 Markers or chalk
 Attendance sheet
 Pencils, paper
 Snacks- plates, cups, napkins
 Video: *Exercise - It's Never Too Late*
 TV/VCR

Handouts

Handout 3.1—Age Page: Exercise: Getting Fit for Life

Handout 3.2—A Matter of Balance Exercises

Notes

"I loved the Balance Class. It showed me that you must exercise everyday to keep living a healthy life and I plan on making it to a least 100! I never say I can't. I always try. Thank you for A Matter of Balance."

Activity 3.1 Welcome and review

5 minutes

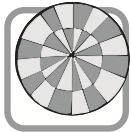
Materials**FLIP CHART**

“Learning Goals of the Day”

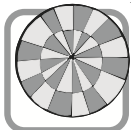
The coach will:

Begin with a review of major points learned at the last session and answer any questions. Make sure Participant Agreements are signed.

Discuss the “Learning Goals of the Day”:

**TARGET**

- Learn the effect that physical activity can have on health (in general) and fall prevention.
- Participate in the *Matter of Balance* Exercises.
- *(Optional)* Inquire about members’ entries on Handout 2.3-Concerns About Falling Log.

Activity 3.2 Video presentation*Exercise – It’s Never Too Late* 17 minutes**TARGET**

Participants will recognize common barriers to exercising for older adults.

**LEARN****Materials**

Video: *Exercise- It’s Never Too Late*

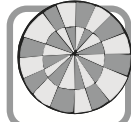
Participants watch the video.

Notes

Notes

Activity 3.3 Group discusses reaction to video

25 minutes

**TARGET**

Participants will:

- recognize the “costs” of inactivity in terms of wellness and well-being.
- recognize the benefits of moderate levels of exercise.

Group discussion**DISCUSS**

Participants will discuss their reaction to the video.

The coach will include the following points in the discussion.

Barriers to exercise for older adults include:

**LEARN**

- Beliefs that inactivity is a natural part of aging.
- Beliefs that we cannot slow the weakening of bones and muscles through exercise.
- Beliefs that all exercise is harmful for older people.
- Feeling embarrassed to exercise “at my age”.
- Time constraints.
- Overprotective relatives & friends.

The coach will add the following points about exercise:

- Exercise makes a profound difference in both physical and emotional well-being.
- Inactivity is especially dangerous to older people because the problems associated with inactivity (loss of muscle strength, balance, coordination, etc.) can present more serious consequences for older people, compared to younger people.
- Decisions to exercise and take control of one's health are closely related to issues of control and "taking charge" of one's life.
- Playing it safe to avoid falls by staying home and limiting activity levels is counterproductive.
- Medical research shows that everyone can grow stronger through increased activity.

Notes

Activity 3.4 Group discusses benefits of exercising

10 minutes



Participants will recognize the benefits of moderate levels of exercise.

Materials

Handout 3.1—Age Page: Exercise: Getting Fit For Life

Notes

The coach will add the following points:



Exercises that are especially helpful in fall prevention include those that provide opportunities to:

1. Improve balance skills and flexibility.
2. Strengthen quadriceps muscles (thigh) and hip extensors (example: repeated sitting and standing.)
3. Improve coordination (example: dancing.)
4. Improve overall conditioning (example: walking.)

Exercises should be interesting or challenging, so that participants have to think about what they are doing (such as learning a new dance step) to increase alertness.

Exercise helps prevent falls by improving blood pressure regulation, strength, flexibility and sensory input. Through regular exercise, our brain is better able to quickly process information on the location of our body parts.



Participants will be able to discuss the 3 to 4 key steps in exercising.

The coach outlines the guidelines for an exercise program:



- Start slowly, based upon your own ability.
- Work up to 30 minutes of activity on most days of the week. Ten minutes of activity at a time is fine.

- Make sure to breathe! Pay attention to your body. Rest when necessary and stop when fatigued.
- Wear loose comfortable clothing and shoes with good support.
- Include balance, stretching, strengthening and aerobic exercises to have the right mixture of physical activities.
- Establish a routine and keep a record of your progress.
- Exercise indoors when temperatures are too hot or too cold.
- Chose activities you enjoy; join with others and have fun.

Note: Ask participants to add their ideas.

Activity 3.5 Break

10 minutes

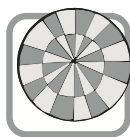


SNACKS

Activity 3.6 Exercise Demonstration

45 minutes

Introduce *A Matter of Balance* exercises



TARGET

Participants will recognize the benefits of regular physical activity.

Materials

Handout 3.2—A Matter of Balance Exercises

Notes

Notes

The coach will:



- Demonstrate and lead participants in *A Matter of Balance* exercises.
- Provide feedback on the exercise techniques.
- Encourage participants to exercise at their own pace.
- Emphasize safety while exercising.

Activity 3.7 Explore reactions to exercise

5 minutes



Participants will share reactions to the *Matter of Balance* exercises.



Lead a discussion

Ask participants to share how comfortable they felt doing the exercises.

Activity 3.8 Conclusion

3 minutes

The coach will:

- Review what was learned today.
- Remind the group about the next meeting and share the topic.
- **(Optional)** Remind participants to continue to write in their *Concerns About Falling Log* and to bring the log to the next session.

National Institute on Aging

AgePageHealth Information 

* National Institute on Aging

U. S. Department of Health and Human Services, National Institutes of Health, October 2006

Exercise and Physical Activity: Getting Fit For Life

“After walking on a treadmill at the local community center, I knew I’d be happier outside. So, I got a step counter and started walking in my neighborhood. Since then, I’ve seen yellow tulips bloom in the spring and red dogwood leaves drop in fall. I always come home with energy and happy to go on with the rest of the day.” - Marian (age 77)

“Both my wife and I have heart problems. About 2 years ago, we joined our local health club, where we do both endurance and strength training exercises. On the off days, we walk near the house. It’s been life-saving for us.” - Bob (age 78)

These older adults are living proof that exercise and physical activity are good for you, no matter how old you are. In fact, staying active can help you:

- Keep and improve your strength so you can stay independent.

- Have more energy to do the things you want to do.
- Improve your balance.
- Prevent or delay some diseases like heart disease, diabetes and cancer.
- Perk up your mood and reduce depression.

You don’t need to buy special clothes or belong to a gym to become more active. Physical activity can and should be part of your everyday life. Find things you like to do. Go for brisk walks. Ride a bike. Dance. Work around the house. Garden. Climb stairs. Swim. Rake leaves. Try different kinds of activities that keep you moving. Look for new ways to build activity into your daily routine.

Four Ways to Be Active

To get all of the benefits of physical activity, try all four types of exercise—1) endurance, 2) strength, 3)balance, and 4) flexibility.

1. Be sure to get at least 30 minutes of activity that makes you breathe hard on most or all days of the week. That's called an **endurance** activity because it builds your energy or "staying power." You don't have to be active for 30 minutes all at once. Ten minutes at a time is fine. Just make sure you are active for a total of 30 minutes most days.

How hard do you need to push yourself? If you can talk without any trouble at all, you are not working hard enough. If you can't talk at all, you are working too hard.

2. Keep using your muscles. **Strength** exercises build muscles. When you have strong muscles, you can get up from a chair by yourself, you can lift your grandchildren, and you can walk through the park.

Keeping your muscles in shape helps prevent falls that cause problems like broken hips. You are less likely to fall when your leg and hip muscles are strong.

3. Do things to help your **balance**. Try standing on one foot, then the other. If you can, don't hold on to anything for support. Get up from a chair without using your hands or arms. Every now and then walk

heel-to-toe. When you walk this way, the toes of the foot in back should almost touch the heel of the foot in front.

4. **Stretch**. Stretching can help you be more flexible. Moving more freely will make it easier for you to reach down to tie your shoes or look over your shoulder when you back the car out of your driveway. Stretch when your muscles are warmed up. Don't stretch so far that it hurts.

Who Should Exercise?

Almost anyone, at any age, can do some type of physical activity. You can still exercise even if you have a long-term condition like heart disease or diabetes. In fact, physical activity may help. For most older adults, brisk walking, riding a bike, swimming, weight lifting, and gardening, are safe, especially if you build up slowly. But, check with your doctor if you are over 50 and you aren't used to energetic activity. You also should check with your doctor if you have:

- a chronic disease, such as diabetes or heart disease
- any new symptom you haven't discussed with your doctor
- dizziness or shortness of breath

- chest pain or the feeling that your heart is skipping, racing, or fluttering
- blood clots
- an infection or fever
- unplanned weight loss
- foot or ankle sores that won't heal
- joint swelling
- a bleeding or detached retina, eye surgery, or laser treatment
- a hernia
- had hip surgery
- Use safety equipment. For example, wear a helmet for bike riding or the right shoes for walking or jogging.
- Unless your doctor has asked you to limit fluids, be sure to drink plenty when you are doing activities. Many older adults don't feel thirsty even if their body needs fluids.
- Always bend forward from the hips, not the waist. If you keep your back straight, you're probably bending the right way. If it "humps," that's probably wrong.
- Warm up your muscles before you stretch. Try walking and light arm pumping first.

Safety Tips

Here are some things you can do to make sure you are exercising safely:

- Start slowly, especially if you haven't been active for a long time. Little by little build up your activities and how hard you work at them.
- Don't hold your breath during strength exercise. That could cause changes in your blood pressure. It may seem strange at first, but the rule is to breathe out as you lift something; breathe in as you relax.

Exercise should not hurt or make you feel really tired. You might feel some soreness, a little discomfort, or a bit weary, but you should not feel pain. In fact, in many ways, being active will probably make you feel better.

How to Find Out More

Local fitness centers or hospitals might be able to help you find a physical activity program that works for you. You can also check with nearby religious groups, senior and civic centers, parks, recreation associations, YMCAs, YWCAs, or even area shopping malls for exercise, wellness, or walking programs.

Looking for a safe exercise program? *Exercise: A Guide from the National Institute on Aging* has strength, balance, and stretching exercise you can do at home. You can order the free *Guide* in English from the NIA Information Center. A Spanish version is available online at www.nia.nih.gov/HealthInformation. NIA also has a 48-minute exercise video/DVD for \$7.

Many groups have information about physical activity and exercise for older adults. The following list of Federal and non-Federal resources will help you get started:

American College of Sports Medicine

P.O. Box 1440
Indianapolis, IN 46206-1440
317-637-9200
www.acsm.org

Centers for Disease Control and Prevention

1600 Clifton Road
Atlanta, GA 30333
800-311-3435
www.cdc.gov
www.cdc.gov/nccdphp/dnpa/physical/growing_stronger

MedlinePlus

“Exercise for Seniors”
“Exercise and Physical Fitness”
www.medlineplus.gov

President's Council on Physical Fitness and Sports

Room 738-H
Department W
200 Independence Avenue, SW
Washington, DC 20201-0004
www.fitness.gov

Small Steps

www.smallstep.gov

For more information on health and aging, contact:

National Institute on Aging Information Center

P.O. Box 8057
Gaithersburg, MD 20898-8057
800-222-2225 (toll-free)
800-222-4225 (TTY / toll-free)
www.nia.nih.gov

To order publications (in English or Spanish) or sign up for regular email alerts, go to www.nia.nih.gov/HealthInformation

Visit NIHSeniorHealth.gov (www.nihseniorhealth.gov), a senior-friendly website from the National Institute on Aging and the National Library of Medicine. This website has health information for older adults, including information about exercise and physical activity. There are also special features that make it simple to use. For example, you can click on a button to have the text read out loud or to make the type larger.

National Institute on Aging

U.S Department of Health and Human
Services
Public Health service
National Institutes of Health

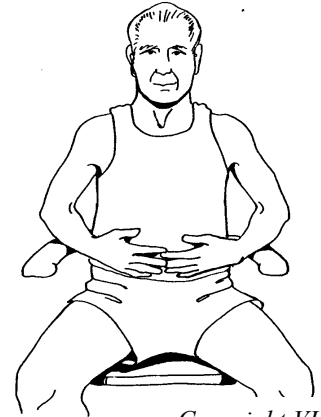
October 2006

This exercise prepares the mind and body for exercise.

WARM-UP EXERCISES

Deep Breathing

Place your hands on stomach and take a deep breath in, filling your diaphragm. Feel your hands move out as you fully breath. Exhale and feel hands your hands return.



Copyright VHI 1993

Coaching Tip: Sit in a sturdy, comfortable chair. Breathe evenly. Encourage participant to breathe normally throughout the exercise.

Start with 3 to 5 repetitions for each of the warm-up exercises. Increase to 8 to 12 repetitions, as appropriate.

Good Morning Stretch

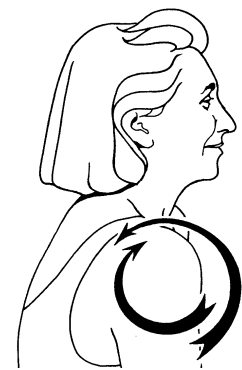
Stretch your arms wide. Take a deep breath and exhale, stretch some more, add a gentle turn to the left and then to the right. Move slowly and breathe deeply.

The Good Morning Stretch and Shoulder Rolls improve the range of motion of the shoulders and upper back and they are an excellent way to relieve muscle tension.

Shoulder Rolls

Roll your shoulders forward, making small circles for a count of 5. Then roll your shoulders to the back for a count of 5.

One set is 10 counts



Copyright VHI 1993

Diagonal Arm Press Across the Body

Starting with your left arm, press to the right, away from and across your body. Alternate your right and left arm. Repeat 5 to 10 times.

Pause, take 2 or 3 deep breaths.

Coaching Tip: This is a good time to check-in with each participant with eye contact and conversation.

Foot Circles

Sit with both feet on floor. Raise one foot and gently circle (rotate) your foot in a clockwise direction 5 times. Change direction and repeat.

Switch to the other foot and repeat.

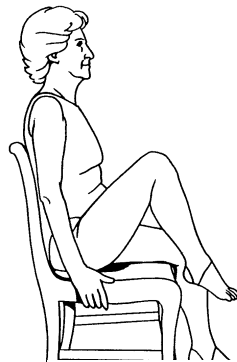


Copyright VHI

Seated Knee Raises (Seated Marching)

Lift your left knee and then lower it. Lift your right knee and lower it, as if you were marching.

Repeat 5 to 10 times.



Copyright VHI 1993

This exercise warms the body and can improve your upper body range of motion, overall balance and physical endurance.

The ankle is one of the most important "balance" joints. The ankle joint "responds" to changes in terrain and "reports" to the brain and other muscles information necessary for adjustment and safety. Ankle rolls may improve range of motion and balance.

Seated Knee Raises improves hip stability and range of motion. May help physical endurance.

Coaching Tip: Encourage a comfortable range of motion. More motion is not always better. For individuals with joint replacement or experiencing hip/back pain, encourage them to follow their physician/healthcare professional's recommendations.

Pause, take 2 or 3 deep breaths.

STRENGTH AND BALANCE EXERCISES

This exercise improves the range of motion in the shoulders and back. It may also improve physical endurance.

Diagonal Arm Press Across the Body and Toward the Floor

Starting with your left arm, press to the right, toward the floor and across your body. Alternate your right and left arm.

Repeat 5 to 10 times. Add a set as participants get stronger.

This exercise improves the range of motion in the shoulders and back. It may also improve physical endurance.

Diagonal Arm Press Across the Body and Slightly Overhead

Starting with your left arm, press to the right, toward the ceiling and across your body. Alternate your right and left arm.

Repeat 5 to 10 times. Add a set as participants get stronger.

Coaching Tip: Strength and balance exercises are diverse and are sometimes paced and rhythmic or very slow and controlled. Coaches should demonstrate each exercise according to the plan. All movements should be controlled and in a full range of motion. Suggestions regarding pace, range of motion and repetitions should be made according to an individual's ability.

Rowing Exercise

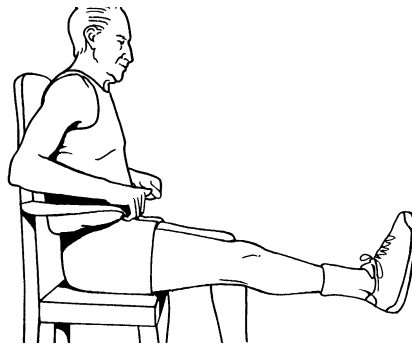
With both arms straight out in front of your body, pull arms in, as if you are rowing a boat. Try to pinch your shoulder blades together as you row.

Repeat cycle 5 to 10 times. Add a set as appropriate.

Seated Leg Extensions

Slowly straighten your left leg and then return your left leg to the floor.

Slowly straighten your right leg and then return your right leg to the floor.



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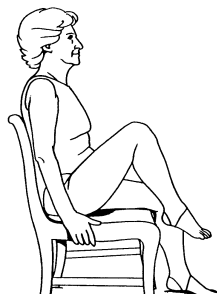
Alternate and repeat 5 to 10 times.
Add a set as participants get stronger.

Coaching Tip: Participants can do this exercise with the toe pointed or fixed toward the ceiling. The stretch felt in the calf muscle will vary depending on the position of the foot.

Seated Knee Raises
(Not Alternating)

First, lift your left knee and then lower it. Repeat 5 to 10 times.

Second, lift your right knee and then lower it. Repeat 5-10 times.



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This exercise improves torso, hip and upper leg strength.

Take a deep breath and stand up.

Coaching Tip: When transitioning from seated to standing or standing to seated encourage a slow and controlled movement to avoid dizziness. Always have a chair or sturdy table available for support.

Encourage the following:

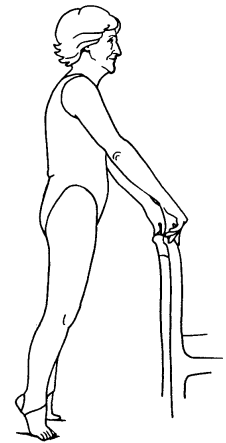
- *Keep your head up and eyes open.*
- *Maintain an upright posture.*
- *Breathe normally and do each exercise to your own ability.*

This exercise improves balance and leg strength.

Toe Stands (Heel Raises)

Stand behind your chair. Use the chair for support. Place your feet about shoulder width apart and lift up your heels, rising up on to your toes. Pause, then return your heels to the floor.

Repeat 5-10 times. Add a set or practice on one foot, if appropriate.



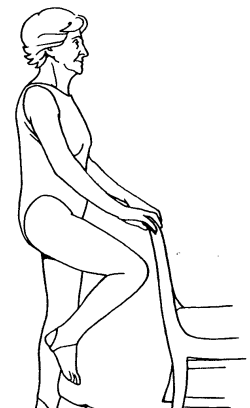
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This exercise improves balance and physical endurance.

Alternating Steps (Marching In Place)

Start marching, alternating steps at a slow to moderate pace. Continue for 15 to 30 seconds.

Increase duration or add a set as appropriate.



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Side Stepping

Step your left foot to the left, then step your right foot to match your left foot.

Step your right foot back to the right, then step your left foot to match your right foot. Continue for 15 to 30 seconds.

(Left together, right together, left together, right together...).

Increase duration or add a set as appropriate.

The Box Step (Waltz)

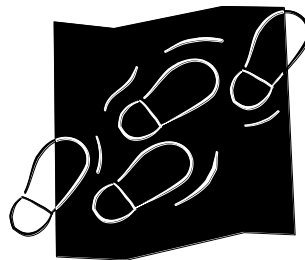
Right foot forward, then feet together.

Left foot to side, then feet together.

Left foot back, then feet together.

Right foot right, then feet together

Repeat cycle 3 to 5 times, increase as appropriate.



This exercise improves balance, coordination and physical endurance.

Pause. Take 2 or 3 deep breaths.

Coaching Tip: Check-in. Participants may be experiencing fatigue at this point. Continue if appropriate or sit down and continue with the seated exercises. Always encourage participants to exercise according to their own ability.

Each of the hip/leg exercise improves strength, range of motion and balance.

Standing Hip Extension

Stand behind a chair or sturdy table, slide your foot back, sliding from heel to toe, finishing with leg back and toe pointed, touching the ground.

Coaching Tip: Encourage participants to keep their toe on the floor, their head up, eyes forward and body upright.

Repeat 5 to 10 times with each leg.

Leg Lift to the Side

Lift left leg out to the side, pause, bring it back to mid-line. Touch your left heel to your right toe.

Repeat 5 to 10 times.

Lift right leg out to the side, pause, bring it back to mid-line. Touch your right heel to your left toe.

Repeat 5 to 10 times.

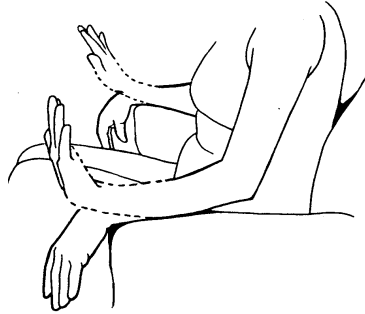
Coaching Tip: Encourage participants to keep their toe on the floor, their head up, eyes forward and body upright.

Coaching Tip: Encourage a comfortable range of motion. More motion is not always better. Encourage individuals with joint replacement or experiencing hip/back pain to follow their physician/healthcare professional's recommendations.

Take 2 or 3 deep breaths. Transition slowly to your seat.

Wrist Rise & Fall

Place your arms on the armrest of the chair. Gently let your hand hang off the edge of the armrest. (Use tabletop if armrests are not available).



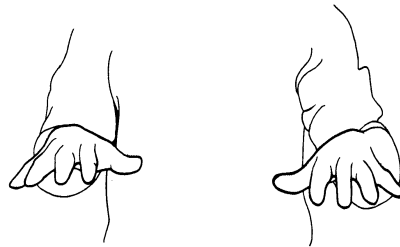
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Slowly bend the back of your hand, lift your fingers up toward the ceiling. Then gently lower your hand.

Repeat 5 times, increase as appropriate.

Finger Spread

Spread fingers of both hands far apart, keeping fingers straight. Then relax hands and fingers into a gentle fist.



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Repeat 5 times, increase as appropriate.

This exercise may improve dexterity, coordination and range of motion.

Wrist Rotation

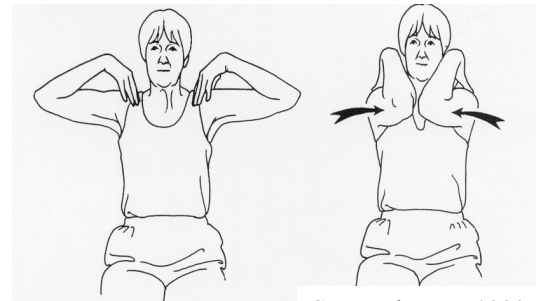
Spread fingers of both hands far apart (like the finger spread.) Then, rotate your hand, palm up, palm down.

Repeat 5 times, increase as appropriate.

Touch Elbows Stretch (front and back)

This exercise helps chest/ back flexibility and torso range of motion. It is very good for posture.

Stretch Front: Place your fingertips on your shoulder. Raise elbows to shoulder level. Gently move your elbows together (toward your body's mid-line). Try to get them as close as possible, while still remaining comfortable. Hold for 3-5 seconds.

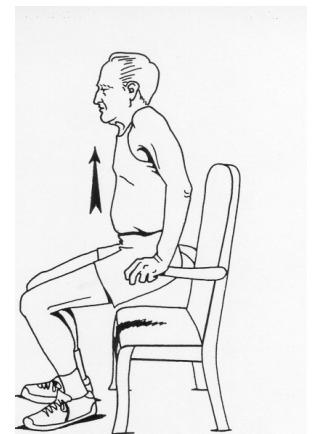


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Arm Chair Push

Put hands on arms of chair and push body up out of chair, partially standing.

Repeat 3-5 times.



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**Before returning to a standing position,
take two or three deep breaths.**

STAND UP

Hip Circles

With your hands on hips, make circles with hips without moving shoulders. Pretend that you are doing the hula dance or playing with a hula-hoop toy.

Do this each direction for 10-15 seconds.

Repeat the cycle 2 times.

Coaching Tip: This is a good exercise to provide verbal cues to insure effective technique. Encourage participants to circle their hips without moving their shoulders. If the shoulders move, it is a sign of limited hip flexibility.



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Standing Foot Circles

Using the chair for support, stand with both feet on the floor, gently raise one heel slightly off the floor, maintaining contact with the floor and your toe.

Circle your heel clockwise.

Repeat 5 times.

Circle foot counter clockwise.

Repeat 5 times.

The ankle joint is very important for balance. Ankle rolls improve range of motion and may improve the ability to adjust to changes in terrain.

Heel cord flexibility is a strong indicator of overall balance ability and range of motion.

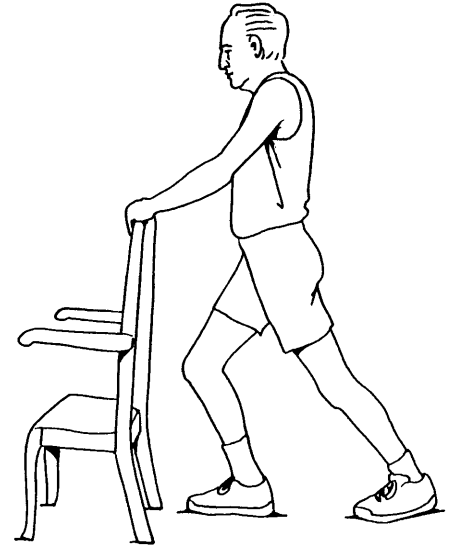
Heel Cord Stretch

Stand about an arm's length away from the chair. With right foot in front of left, lean forward keeping left heel flat on the floor.

Hold 10 to 15 seconds.
Counting out loud.

Repeat with opposite foot in front.

Repeat cycle 2 times.



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**Before returning to your seat,
take two or three deep breaths.**

COOL-DOWN

Ear to Shoulder

Bring left ear to left shoulder and hold for 10 seconds.

Repeat to the right.

Repeat cycle 3 times.

Coaching Tip: This is an exercise that can be done anywhere, at anytime. It is a good exercise for the range of motion in the neck and releasing tension.

Look Left, Look Right

Look to the left, look to the right.
Move slowly.

Repeat 5 times.



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This exercise can also be done anywhere, and anytime. It improves neck range of motion. It is helpful in maintaining your ability to look left and right when driving.

Good Morning Stretch

Stretch arms open wide and yawn, if you like.

Take a deep breath, stretch some more, add a gentle turn to the left and then to the right.

Move slowly and breathe deeply.

Repeat cycle 2 to 3 times.



A relaxing stretch for the entire body.

Giant Bear Hug Stretch

Wrap your arms around your body. Try to reach your hand behind your back (like a big bear hug) Squeeze and stretch and relax.

You did it- Congratulations!



**Take two or three deep breaths.
Relax! Good job!**

SECTION

PAGINATION

BREAK

**OVERVIEW****Goals**

- To recognize three important physical risk factors for falls: low blood pressure, leg weakness, and poor flexibility and balance.
- To understand exercises that can be used to prevent falls due to low blood pressure, leg weakness, and poor flexibility/balance.
- To recognize the relationship between assertive behavior and fall prevention.

**BRING****Materials**

Name tags
 Flip chart or blackboard
 Markers or chalk
 Attendance sheet
 Pencils, paper
 Snacks- plates, cups, napkins

Handouts

Handout 3.2—A Matter of Balance Exercises

Handout 4.0—Age Page: Preventing Falls and Fractures

Handout 4.1—Prevention of Falls: Some Practical Suggestions

Handout 4.2—Resources for Fall Prevention

Notes

"I am more careful about barriers in my home and when walking outside. I take more time before rising from bed or chair."

Activity 4.1 Welcome and review

5 minutes

**Materials**

“Learning Goals of the Day”

The coach will:

Begin with a review of major points learned at the last session and answer any questions.

Discuss the “Learning Goals of the Day”:



- Identify physical risk factors for falls.
- Practice exercises and activities that can be used to reduce falls due to low blood pressure, improve leg strength, and improve flexibility.
- Discuss how assertiveness is relevant to fall prevention.

(Optional) Inquire about members’ entries on the *Handout 2.3—Concerns About Falling Logs*.

Activity 4.2 Matter of Balance Exercises

25 minutes



Practice exercises as a group.

Materials*Handout 3.2—A Matter of Balance Exercises***Notes**

Notes**Activity 4.3 Risk factors for falls**

25 minutes



Participants will:

- Be able to describe procedures to reduce dizziness associated with postural changes.
- Be introduced to the concept of orthostatic hypotension (a drop in blood pressure as the result of a sudden change in position).
- Understand that dizziness associated with position changes is the primary symptom of orthostatic hypotension.
- Learn how to screen themselves for symptoms of orthostatic hypotension.

Materials*Handout 4.0—Age Page: Preventing Falls and Fractures**Handout 4.1—Prevention of Falls: Some Practical Suggestions*The coach will:

Begin the discussion of risk factors for falls sharing three important risk factors for falls:

- Low blood pressure
- Leg weakness
- Poor flexibility

Notes

The coach will make the following comments pertaining to blood pressure regulation:



- People who are inactive might experience dizziness when they change position.
- Sometimes the heart is unable to get blood to the brain as quickly as needed. To check if this is a problem, tonight, with someone watching, lie down and sit up quickly.
- If you feel light-headed or dizzy, this is a sign that you may have some difficulty in this area. If the problem is severe, consult your physician.
- As a precautionary measure, we should get into the habit of sitting or standing still for one or two minutes after changing positions, before getting up, or walking to allow blood to get to the brain.
- This is especially important when getting out of bed. Once awake, move slowly from lying down to sitting at the side of the bed. Dangle your legs over the edge of the bed and do some ankle pumps (demonstrate) for a minute or two. This can help prevent dizziness associated with postural change. Regular exercise can also help the body adapt more quickly to changes in position.

Activity 4.4 Break

10 minutes



Notes

Activity 4.5 Weakness and balance problems

45 minutes



Participants will:

- Identify leg weakness as a factor that predisposes one to falls.
- Identify poor flexibility and balance as a risk factor for falls.
- Understand that balance is used in most physical activities.
- Identify heel cord tightness as a risk factor for falls.
- Identify poor hip flexibility as a risk factor for falls.

Materials

Flip chart

Next, the coach will discuss the relationship between leg weakness and balance problems.



Tell the group:

- Weakness in your legs can be a very important factor which contributes to falls. If you are very weak in your hips or thighs (for example, if you have difficulty climbing stairs) you should see a physical therapist to help you design an exercise program to improve your muscle strength. The foot and lower leg strength is often the key culprit and can easily be assessed and treated.
- Flexibility, like strength, is very important for good balance. If an older

Notes

adult experiences a fall, chances are that the fall will occur in the home. Many older adults fall during routine activities that challenge their balance skills.



FLIP CHART

At this point, the coach can ask the group to name tasks that involve a balance component. Answers can be written on the board or flip chart.

Note: physical activities, including walking and self-care skills require some balance skills. This point can be emphasized to the group after the group provides their list of tasks involving a balance component.

The coach will continue by telling the group:

- Balance is needed in order to perform all activities, from simple self-care skills to exercising.
- Poor balance places an individual at risk for a fall.
- If you are very stiff and have limited flexibility, regular exercise or working with a physical therapist, if needed, can help.
- It is not uncommon for people to experience stiffness in their heel cords and hips.

The coach will:



LEARN

- Demonstrate heel cord flexibility by standing with one leg in front of the other, leaning forward toward his or her chair, and attempt to keep heels flat.
- Inform group that tightness through the heel cord exists if the back heel does not touch the floor. At this point, participants can stand up, hold on to a chair in front of them, and practice heel cord stretches.

Notes

Next, the coach will:

- Demonstrate good hip flexibility by standing up and making a circle with his/her hips, without moving his/her shoulders. Tell the group that if the shoulders move, it is a sign of limited hip flexibility.
- Again, participants can stand up and attempt hip circles. The coach can comment on members' ability to perform hip circles without moving shoulders.

Activity 4.6 Introduction to Assertiveness

25 minutes

Participants will:



- Describe the relevance of assertive behavior to fall prevention.
- Identify barriers to effective communication.
- Draw from personal experience to describe the consequences of failing to utilize assertive communication skills.
- Define assertive behavior.

Materials

Flip chart

Handout 4.2—Resources for Fall Prevention

Ask the group:

What does being assertive have to do with fall prevention?

Response:

- Often, to implement solutions or to create an alternative to a risk-taking behavior, we have to ask for help.
- However, many people have difficulty, are unwilling or unable to ask for help (or to say 'no' when necessary).

Ask the group:

Has anyone ever needed help to prevent a fall but didn't speak up?

What are the reasons we fail to express our feelings or needs?

Note: You can use findings from the discussion pertaining to the *Fall-Related Attitudes Survey* [here](#).

Tell the group:

Some reasons include:

- Fear of rejection or disapproval by others (concern about how they will respond to our request for help).
- Fear of appearing too demanding.
- Confusing assertiveness with aggressiveness.
- Our own concern about losing independence.
- Expecting others to read our minds and offer help without being asked.

Notes

Notes

- Don't believe in the right to speak up and ask for help because "it's my responsibility."
- Denial of limitations and functional problems.

Ask group:

What difference does it make if you are assertive or not? (Await response).

What are the consequences of not being assertive?

Coach response:

- Giving up things you like to do (outings, opportunities for socialization).
- Feeling less independent because you will not attempt to shop, knowing you will need help with bags, etc.
- Avoiding travel because you are too embarrassed to use a cane.
- Strained family relations (do you resent that family members are not more available?)
- If too aggressive: alienation.

Ask group:

What does it mean to be assertive?

Coach Response:

- An assertive person does not insist on having things his/her own way but also does not negate his/her own rights by always going along with the other person.
- Positions and/or needs are presented directly in a non-manipulative fashion. An assertive person uses "I messages." (Give example.)

Notes

- Let's imagine that you would like to make some changes in your apartment to prevent falls. For example, you would like to remove some items that you have been storing for your relatives to make the apartment less cluttered and easier to walk in. You would also like to have mixing bowls and small appliances moved from high shelves in your kitchen (where you cannot reach them) to lower shelves. What assertive action could be taken?

The coach will:

- Seek feedback from group.
- Write suggestions on board.
- Comment on behaviors suggested.
- Conclude with a summary of assertive actions which could be taken.

Tell the group:

Assertive behavior can help us when:

- It builds self-esteem and self-confidence.
- It increases our sense of control and reduces feelings of helplessness.
- It helps us ask for, accept, and receive help or to negotiate compromises.
- It improves decision-making abilities by thoroughly discussing situations with involved parties.

Review *Handout 4.2—Resources for Fall Prevention*

Activity 4.7 Conclusion

5 minutes

The coach will:

- Review what was learned today.

Notes

- Encourage participants to practice exercises at home if they are comfortable doing the exercises unsupervised.
- Remind the group about the next meeting and share the topic.
- Point out that additional information on fall prevention is included in *Handout 4.1—Prevention of Falls: Some Practical Suggestions* (review if there is time).

National Institute on Aging

AgePageHealth Information 

Preventing Falls and Fractures

A simple fall can change your life. Just ask any of the thousands of older men and women who fall each year and break (sometimes called fracture) a bone.

Getting older can bring lots of changes. Sight, hearing, muscle strength, coordination and reflexes aren't what they once were. Balance can be affected by diabetes and heart disease, or by problems with your circulation, thyroid or nervous system. Some medicines can cause dizziness. Any of these things can make a fall more likely.

Then there's osteoporosis—a disease that makes bones thin and likely to break easily. Osteoporosis is a major reason for broken bones in women past menopause. It also affects older men. When your bones are fragile even a minor fall can cause one or more bones to break. Although people with osteoporosis must be very careful to avoid falls, all of us need to take extra care as we get older.

A broken bone may not sound so terrible. After all, it will heal, right? But as we get older a break can be the start of more serious problems. The good news is that there are simple things you can do to help prevent most falls.

Take the Right Steps

Falls and accidents seldom "just happen." The more you take care of your overall health and well-being, the more likely you'll be, to lower your chances of falling. Here are a few hints:

- Ask your doctor about a special test—called a bone mineral density test—that tells how strong your bones are. If need be, your doctor can prescribe new medications that will help make your bones stronger and harder to break.

- Talk with your doctor and plan an exercise program that is right for you. Regular exercise helps keep you strong and improves muscle tone. It also helps keep your joints, tendons, and ligaments flexible. Mild weight-bearing exercise—such as walking, climbing stairs—may even slow bone loss from osteoporosis.
- Have your vision and hearing tested often. Even small changes in sight and hearing can make you less stable. So, for example, if your doctor orders new eyeglasses, take time to get used to them, and always wear them when you should. If you need a hearing aid, be sure it fits well.
- Find out about the possible side effects of medicines you take. Some medicines might affect your coordination or balance. If so, ask your doctor or pharmacist what you can do to lessen your chance of falling.
- Limit the amount of alcohol you drink. Even a small amount can affect your balance and reflexes.
- Always stand up slowly after eating, lying down, or resting. Getting up too quickly can cause your blood pressure to drop, which can make you feel faint.
- Don't let your home get too cold or too hot...it can make you dizzy. In the summer—if your home is not air-conditioned—keep cool with an electric fan, drink lots of liquids, and limit exercise. In the winter, keep the nighttime temperature at 65° or warmer.
- Use a cane, walking stick, or walker to help you feel steadier when you walk. This is very important when you're walking in areas you don't know well or in places where the walkways are uneven. And be very careful when walking on wet or icy surfaces. They can be very slippery! Try to have sand or salt spread on icy areas.
- Wear rubber-soled, low-heeled shoes that fully support your feet. Wearing only socks or shoes with smooth soles on stairs or waxed floors can be unsafe.

- Hold the handrails when you use the stairs. If you must carry something while you're going up or down, hold it in one hand and use the handrail with the other.
- Don't take chances. Stay away from a freshly washed floor. And don't stand on a chair or table to reach something that's too high—use a "reach stick" instead. Reach sticks are special grabbing tools that you can buy at many hardware or most medical supply stores.
- Find out about buying a home monitoring system service. Usually, you wear a button on a chain around your neck. If you fall or need emergency help, you just push the button to alert the service. Emergency staff is then sent to your home. You can find local "medical alarm" services in your yellow pages.

Most medical insurance companies and Medicare do not cover items like home monitoring systems and reach sticks. So be sure to ask about cost. You will probably have to pay for them yourself.

Make Your Home Safe

You can help prevent falls by making changes to unsafe areas in your home.

In stairways, hallways, and pathways:

- Make sure there is good lighting with light switches at the top and bottom of the stairs.
- Keep areas where you walk tidy.
- Check that all carpets are fixed firmly to the floor so they won't slip. Put no-slip strips on tile and wooden floors. You can buy these strips at the hardware store.
- Have handrails on both sides of all stairs—from top to bottom—and be sure they're tightly fastened.
- Keep night lights on.

In bathrooms and powder rooms:

- Mount grab bars near toilets and on both the inside and outside of your tub and shower.
- Place non-skid mats, strips, or carpet on all surfaces that may get wet.
- Keep night lights on.

In your bedroom:

- Put night lights and light switches close to your bed.
- Keep your telephone near your bed.

In other living areas:

- Keep electric cords and telephone wires near walls and away from walking paths.
- Tack down all carpets and area rugs firmly to the floor.
- Arrange your furniture (especially low coffee tables) and other objects so they are not in your way when you walk.
- Make sure your sofas and chairs are a good height for you, so that you can get into and out of them easily.

For More Information

Many States and local areas have education and/or home modification programs to help older people prevent falls. Check with your local government's health department or division of elder affairs to see if there is a program in your area.

For more complete information on simple, inexpensive repairs and changes that would make you home safer, contact the U.S. Consumer Product Safety Commission at the address below. Ask for a free copy of the booklet, *Home Safety Checklist for Older Consumers*.

Consumer Product Safety Commission

Washington, DC 20207

1-800-638-2772 ; 1-800-638-8270 (TTY)

www.cpsc.gov

National Center for Injury Prevention and Control

Centers for Disease Control and Prevention

Mail stop K65

4770 Buford Highway NE

Atlanta, GA 30341-3724

1-800-311-3435

www.cdc.gov/ncipc

The National Institute on Aging offers information on health and aging including an Age Page on osteoporosis. Contact:

National Institute on Aging Information Center

P.O. Box 8057

Gaithersburg, MD 20898-8057

1-800-222-2225; 1-800-222-4225 (TTY)

E-mail: niaic@jbs1.com

To order publications online: www.niapublications.org

Visit NIHSeniorHealth.gov (www.nihseniorhealth.gov), a senior-friendly Web site from the National Institute on Aging and the National Library of Medicine. The site, which features popular health topics for older adults, has large type and a "talking" function that reads the text aloud.

Prevention of Falls: Some Practical Suggestions*

**Prevention of Falls: Some Practical Suggestions* is a publication of the Department of Rehabilitation, Physical Therapy, The Medical Centers at University of California, San Francisco.

Getting Out of Bed _____

Lie on your back with both knees bent and feet flat.

Roll onto your side towards the direction you will get out of bed.

Bring your legs forward over the edge of the bed and lower them as you push your body up with your arms.

Getting from Sitting to Standing _____

Scoot to the edge of the bed/chair.

Place the stronger leg slightly in back of the weaker leg.

Place hands on armrests or on the edge of the bed.

Lean trunk forward and press down on arms to stand up.

If it is a very deep chair, slide to the edge of the chair before attempting to stand.

If sitting in a recliner, bring chair to fully upright position.

If your chairs are low, add pillows to raise the seat level.

Stairs _____

Always turn on the stairwell light.

Going up:

Go up with the stronger leg first, then bring the weaker leg up onto the same step, then cane (if you use one).

Going down:

Go down with the weaker leg first, then lower the strong leg onto the same step. If you use a cane, it should go down first.

Use a handrail when available.

Follow these guidelines when getting on or off a bus or streetcar as well.

Hills _____**Going up:**

Lead with the stronger leg.

Going down:

Lead with the weaker leg.

Attempt going sideways if the hill is steep.

Walk down hill in a diagonal manner, similar to switchbacks.

Getting up from the Floor _____

Get into a kneeling position. Bring one foot in front to a half-kneeling position; then rise to a standing position. You may need to push down on a sturdy object, e.g. a chair, beside you to stand up.

Assistive Devices _____**Cane**

With cane tip four inches in front and four inches to the side, the cane should come up to your hip joint. The cane may need to be shorter for your elbow to be bent about twenty degrees.

When using a cane, always hold it in the opposite hand than your weaker side.

Walker

Adjust height as with cane (see above).

Place walker firmly on ground with all four legs in contact with the floor.

Keep walker within comfortable arms distance with elbows slightly bent. Stand tall and avoid walking bent over.

Use a “walker bag” to carry your objects.

Resources for Fall Prevention

Organizations

AARP

Source for information on health and wellness.

Physical Activities Workbook

The *Physical Activities Workbook* shows how you can add physical activity into your daily routine based on your unique needs and lifestyle. It also teaches you how to start safely, set goals, develop a support network, find motivation, and overcome barriers. The first copy is free.

Call 1-888-OUR-AARP (1-888-687-2277) to request a copy.

601 E. Street NW

Washington, DC 20049

www.aarp.org

Administration on Aging (www.aoa.gov)

Eldercare Locator

The Eldercare Locator is a public service of the U.S. Administration on Aging that connects older Americans and their caregivers with sources of information on senior services. The service links those who need assistance to state and local area agencies on aging and community-based organizations that serve older adults and their caregivers.

Call: 1-800-677-1116

www.eldercare.gov

Arthritis Foundation

A free pamphlet provides guidelines on how to protect joints during exercise along with range of motion exercises for joint mobility.

Arthritis Foundation

P.O. Box 7669

Atlanta, GA 30357

1-800-568-4045 or 404-965-7888

www.arthritis.org

National Council on the Aging

Senior Corner: Health Tips

Find advice to help you stay healthy longer.

NCOA Headquarters

300 D Street, SW

Suite 801

Washington, D.C. 20024

Phone: 202-479-1200 ; TDD: 202-479-6674

www.ncoa.org

National Institute on Aging

The National Institute on Aging publishes a collection of fact sheets that offer practical advice on health related topics (including falls) for older adults. The fact sheets are called “Age Pages”. Another available resource is called *Talking with Your Doctor: A Guide for Older People*.

Write to:

NIA Information Center

P.O. Box 8057

Gaithersburg, MD 20898-8057

To order publications call: 1-800-222-2225 ; 1-800-222-4225 (TDD)

www.nihseniorhealth.gov

National Safety Council

Offers a variety of pamphlets on many aspects of health and safety.

National Safety Council

1121 Spring Lake Drive

Itasca, IL 60143-3201

(630) 285-1121

www.nsc.org

Videos

Be Bone Wise Exercise

National Osteoporosis Foundation Exercise Video

1-202-223-2226

www.nof.org

Exercise: A Video From the National Institute on Aging

1-800-222-2225

www.nih.gov/nia

Strong for Life

Boston University School of Public Health

Health and Disability Research Institute

617-638-1999

www.bu.edu/hdr/products/stronglife/index.html

Personal Emergency Response Systems

A Personal Emergency Response System (PERS) is an electronic device designed to let you summon help in an emergency.

For more information contact:

Federal Trade Commission for the Consumer.

1-877-FTC-HELP (1-877-382-4357) ; TTY: 1-866-653-4261

www.ftc.gov/bcp/edu/pubs/consumer/products/pro24.shtm

Exercise programs

To explore exercise programs suitable for older adults, call your local YWCA, YMCA or JCC. Some communities may have an Agency on Aging, senior center, university or hospital that may also be able to offer additional resources.

SECTION

PAGINATION

BREAK



OVERVIEW

Goals

- To learn how to use *Personal Action Planners* to start an exercise program.
- To learn about balance exercises that can be used as part of an individualized exercise program.
- To recognize misconception and unhelpful thoughts about falling and the effect those thoughts have on feelings and actions.
- To learn how to shift from self-defeating to self-motivating thoughts.



BRING

Materials

Name tags
 Flip chart or blackboard
 Markers or chalk
 Attendance sheet
 Pencils, paper
 Snacks, plates, cups, napkins

Handouts

Handout 3.2—A Matter of Balance Exercises
Handout 5.1—Personal Action Planner for Exercise
Handout 2.2—Challenge Your Concerns About Falling
Handout 5.2—Improving Your Balance
Handout 5.3—Fear of Falling Role-Plays
Handout 5.4—No Fall-ty Habits

Notes

"I have begun to exercise and I'm looking forward to a walking program. I have also increased my assertiveness!"

Activity 5.1 Welcome and review

5 minutes

**Materials**

“Learning Goals of the Day”

The coach will:

Begin with a review of major points learned at the last session and answer any questions.



Discuss the “Learning Goals of the Day”:

- To learn how to use *Personal Action Planners* to implement an exercise program.
- To learn about the *Matter of Balance* exercises that can be used as part of an individualized exercise program.
- To recognize misconceptions or unhelpful thoughts about falling and the effect those thoughts have on feelings and actions.
- To learn how to shift from self-defeating to self-motivating thoughts.

Activity 5.2 Matter of Balance Exercises

25 minutes



Practice exercises as a group.

Note: Participants can volunteer to lead their favorite exercise once they are comfortable with them.

Materials*Handout 3.2—A Matter of Balance Exercises*

Notes

Notes

Activity 5.3 Developing an exercise plan

40 minutes



Participants will:

- Learn how to use the *personal action planner* in order to develop and implement an individualized exercise program.
- Understand how obstacles to exercising are unique to each individual.
- Learn new balance exercises that can help with fall prevention.
- Identify ways that participants can support each other in their exercise efforts.

Materials*Handout 5.1—Personal Action Planner for Exercise**Handout 5.2—Improving Your Balance*

Pens

Flip chart



For the first use of the *Personal Action Planner*, the group will work on developing an exercise plan.

The coach will walk participants through the *Personal Action Planner* as a group, using *Handout 5.1- Personal Action Planner for Exercise* and information volunteered by one participant as an example.

The volunteer participant can discuss an exercise program that s/he currently practices and can describe the obstacles s/he had to overcome to exercise consistently.



FLIP CHART

Additional obstacles can be gathered from the group and listed on the flip chart.

Notes

The coach will:

- Mention that not knowing specifically which exercises are important for fall prevention can be a barrier to exercising (if fall prevention is the goal).
- Remind the group that exercises best suited for fall prevention are those that provide opportunities to improve balance, flexibility, strength, coordination, and overall conditioning.
- Remark that the *Matter of Balance* exercises can help to meet these goals.
- Review *Handout 5.2—Improving Your Balance*.

In the discussion, emphasis will be placed on ways participants can support each other in their efforts. These efforts will be listed under “Solutions” on the *Personal Action Planner*.

Activity 5.4 Break

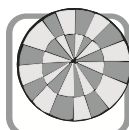
10 minutes



SNACKS

Activity 5.5 Developing self-motivating thoughts

35 minutes



TARGET

Participants will:

- learn how to shift from self-defeating to self-motivating thoughts.

Notes

Materials

(Optional) *Handout 5.3—Fear of Falling Role-plays*
 (Optional) *Handout 2.3—Concerns About Falling Log*
 (Optional) *Handout 2.2—Challenge Your Concerns About Falling*



For the next activity, the coach has several options to pick from. All will lead to meeting the objectives.

Option 1 Use the list of fear-evoking activities discussed in Session 2 to create the content for a role-playing exercise. One participant will then role-play thoughts about a given situation while another participant counters with an adaptive response.

Note: Participants will have *Handout 5.3- Fear of Falling Role-plays*, describing possible fear of falling scenarios that can be used in this role-play exercise. These scenarios can be used to explain the role-playing exercise.



A discussion will be held to identify the negative and adaptive responses to each role-play exercise. Further discussion may be drawn from *Handout 2.2—Challenge Your Concerns About Falling*.

Option 2 Refer to the list of *fear-evoking activities* discussed in Session 2. Instead of conducting a role play activity, substitute a group discussion of negative and adaptive responses. Further discussion can be drawn from *Handout 2.2—Challenge Your Concerns About Falling*.

Option 3 Use the three scenarios provided on *Handout 5.3—Fear of Falling Role-plays* to develop the plot for the role-play activity described in Option 1. After each scenario, a group discussion will be held as in Option 1.

Notes

- Option 4** Substitute a group discussion for the role-playing exercise described in Option 3. That is, use the three scenarios as the content of the discussion. That discussion will include:
- a) identification of positive and negative thoughts associated with the scenarios, and
 - b) additional content drawn from *Handout 2.2—Challenge Your Concerns About Falling*.
- Option 5** If members are keeping a *Concerns About Falling Log*, information from those logs could be shared to develop content for the role-playing scenarios. Follow up with a discussion based on *Handout 2.2—Challenge Your Concerns About Falling*.
- Option 6** Use content from the *Concerns About Falling Log* as the subject for a discussion of positive and negative thoughts that could be associated with the scenarios members describe.

Follow up with a discussion based on *Handout 2.2—Challenge Your Concerns About Falling*.

Activity 5.6 Summary of role-playing exercises

10 minutes

Once you have completed an activity option, the group will discuss the scenarios presented by asking:

1. *What negative thoughts were presented?*
2. *Are these thoughts supported by personal experience or by something that happened to someone else?*
3. *What positive thoughts were substituted for the negative thoughts?*

Notes

4. *Does anything get in the way of believing in these positive or helpful thoughts?*

Activity 5.7 Conclusion

5 minutes

Materials

Handout 5.4—No Fall-ty Habits



The coach will:

- Review what was learned today.
- Remind the group about the next meeting and share the topic.
- Ask participants to fill out *Handout 5.4—No Fall-ty Habits* and bring to the next meeting.

Note: The coach can decide whether or not to give “homework”. Even if an individual assignment is given, the coach should be prepared to walk the participants through the activity, if needed , during the next session.

(Optional)

Contents of logs may be reviewed next session (if logs are being used). Participants can be reminded to use the log to explore positive and negative thoughts about falls and fear of falling.

Goal

To develop and carry out a plan for regular exercise.

Action

Exercise regularly.

Materials/Physical Assistance Needs

Possible Problems

Solutions

Improving Your Balance*

**Improving Your Balance* is a publication of Health Promotion and Exercise for Older Adults, ©1990 Aspen Publishers, Inc.

Do

1. Stretch and move as often as possible. When watching television, stand up, and move your hips during commercials (this will keep you more flexible).
 2. Make sure your house is well-lit (poor lighting can cause you not to see a potential hazard).
 3. Focus on a far object when you walk (this will help your visual balance).
 4. Lean into forces. For example, if the wind is blowing, lean into it (this will give you balance advantage).
 5. Do the exercises daily, and be patient (you may not see results for at least three months).
-

Don't

1. Do not get up too quickly (getting up quickly can cause dizziness).
2. Do not go out into bright sunlight from a dark area without sunglasses (glare can affect your balance). Take sunglasses off when entering a building.
3. Do not push yourself if you feel tired (pushing yourself when you are tired can overexert your system and cause you to fall).

Role-play 1	Negative Response	Role-play 1	Positive Response
	I'll slip, so I can't go.		You don't know for sure that you're going to slip.
	There's no guarantee I won't.		That's true but there are things you can do to make it less likely.
	I'd rather not try. I don't want to take a risk.		Would you rather sit at home? If you do, you'll run the risk of falling because your muscles will become weak.
	I don't want to sit at home and get weaker. What can I do?		You can use your walker. Or you can ask someone to go with you.
	I guess I could try.		You'll feel a lot better if you do.
Role-play 2	Negative Response	Role-play 2	Positive Response
	These crowds make me nervous.		People typically give other pedestrians space. They won't bump you.
	Those kids really move fast.		You keep your path straight. It is their responsibility to make way for you. They can change their direction more quickly than we can.
	We're probably both going to get knocked over.		Here, take my arm. We'll form a "block" and people will move around us. Besides, we're friends, it would be nice to hold your arm.
	I don't want to feel like a weakling.		It's not your legs that are weak. It's your confidence. I think we would both feel better if we dealt with this crowd together.
	Okay give me your arm. I feel better already.		

Role-play 3 Negative Response	Role-play 3 Positive Response
I can't believe there are no seats left on this bus. I guess I should get off.	You know it is your right to ask for a seat. Here is a seat reserved for a senior citizen.
I can't ask that young lady to move.	Think about the consequences if you don't. We'll both either have to get off the bus or we'll be worried sick.
What if that lady says she won't move?	Then it is time to talk to the bus driver; but she'll move if we ask her.
I don't want to be pushy.	There is a difference between being pushy and being assertive.
Actor #1 speaks to a third person and asks her to move.	
Role-play 4 Negative Response	Role-play 4 Positive Response
I can't believe it! I'm going to have to take sponge baths! I almost slipped getting into the bathtub last night.	All you need is a grab bar.
My landlord will never go for that.	He doesn't have to. It's your right as a tenant to make your home accessible. It's the law.
If I push the book at him, he'll make my life miserable.	Tell him you need to make the apartment safer, and that you understand that if he wants to move the bars out when you leave, you'll be responsible for the cost of removing them. Your relationship with the landlord has always been fine. He will understand.
I never knew laws like that existed. I never know where to find out anything like that.	You have lots of resources available: the library, the senior center, the Area Agency on Aging. Once you have some information, you'll feel more confident and you will be able to make a straightforward request.
Well, my landlord has never been unreasonable before. Will you help get a copy of some information to explain tenants' rights?	I'd be glad to help, and I bet your landlord will be glad to help, too.

Directions

Following is a list of things a person can do to prevent falls. Read each statement and then check your response (“Always,” “Sometimes,” “Never”) in the box found to the left of these statements.

No Fall-ty Habits	Always	Sometimes	Never
I wipe up any spills quickly.			
I avoid walking around in floppy slippers or “flip-flops.”			
When carrying things, I leave one arm free to hold on to railings or stable furniture for support (even though this may mean twice the number of trips).			
I pick up anything I have dropped on the floor.			
I take my time getting to the phone when I hear the phone ring.			
I take my time going to the door when I hear the doorbell or a knock.			
I use my cane, walker, or other pieces of adaptive equipment as prescribed by my doctor or therapist.			
I use my grab bar when I get in and out of the tub or shower.			

HANDOUT 5.4**NO FALL-TY HABITS****(PG 2 OF 3)**

No Fall-ty Habits	Always	Sometimes	Never
I take time out to exercise.			
I have a friend, relative, or neighbor who checks on me daily (in person or by phone).			
I take my time when moving from a sitting to a standing position.			
I take my time getting out of bed.			
I pay close attention to whatever I am doing.			
I take it easy on those days when I don't feel "like myself."			
I use an elevator (instead of the stairs) if an elevator is available.			
I avoid walking on wet or slippery surfaces and take other paths if necessary.			
I turn on a light when I enter a dark room.			
When I leave a doctor's office, I understand instructions clearly.			
I know whether or not the medicines I am taking increase my risk of falling.			

No Fall-ty Habits	Always	Sometimes	Never
I take my medicine as prescribed, on the right day, at the right time, and in the right amounts.			
I feel comfortable talking about falls with my family.			
I feel comfortable talking about falls with my doctor.			
I talk with my doctor about how drinking alcohol could increase the risk of falling.			
I feel comfortable asking for help when I need it.			

Review your answers. The items to which you answered “Always” are “no fall-ty” habits, or habits which, if practiced regularly, will help prevent a fall. Carefully consider the statements to which you answered “Sometimes” or “Never.” Are there ways you could change your behavior to make your days safer? For example, if you find that you are always running to the phone, could you ask family and friends to let the phone ring at least ten times? Would being checked on regularly make you feel safer? Perhaps you could discuss this with a neighbor and develop a “buddy system” whereby you check on each other daily, in person or by phone.

Please list habits not mentioned on the survey that you feel increase your chances of falling. We will discuss ways to change these habits later in the session.

SECTION

PAGINATION

BREAK

**OVERVIEW****Goals**

- To review goals for MOB class and plan topics for next few classes.
- To determine which activities are and are not fall risk-taking behaviors.
- To prioritize risk-taking behaviors to be addressed and changed.
- To identify thoughts that help to change behavior.
- To learn ways to shift from negative to positive or helpful thinking.

**BRING****Materials**

Name tags
 Flip chart or blackboard
 Markers or chalk
 Attendance sheet
 Pencils, paper
 Snacks, plates, cups, napkins

Handouts

Handout 3.2—A Matter of Balance Exercises

Handout 5.4—No Fall-ty Habits

Handout 6.1—Recognizing & Changing Fall-ty Habits

Handout 6.2—Home Safety Checklist

Notes

" Moved groceries to different shelves. Make more trips carrying smaller amounts from car to kitchen."

Activity 6.1 Welcome and review

5 minutes

**FLIP CHART****Materials**

“Learning Goals of the Day”

**LEARN**The coach will:

Begin with a review of major points learned at the last session and answer any questions.

Discuss the “Learning Goals of the Day”:

Recognize the benefits of a positive attitude towards fall prevention.

Activity 6.2 Matter of Balance Exercises

25 minutes

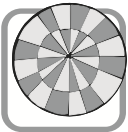
Practice exercises as a group.

Materials

Handout 3.2—A Matter of Balance Exercises

Activity 6.3 Midcourse review

10 minutes

**TARGET**

Identify priority concerns to be discussed further in future discussions.

The coach briefly reviews the main objectives from this session and previous sessions and asks participants for feedback.

Notes

Notes

The coach may choose to write the following questions on the flip chart:



- What is going well?
- What are the favorite/least favorite activities?
- What would participants like to spend more time talking about and practicing?

Activity 6.4 Self-test review

10 minutes

Materials

Handout 5.4—No Fall-ty Habits

Pencils



Handout 5.4—No Fall-ty Habits self-test will be reviewed and completed if not done prior to the meeting. The coach may choose to read each item from the self-test aloud, giving the group members time to respond before moving on to the next item.

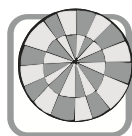
Activity 6.5 Break

10 minutes



Activity 6.6 Discussion of risky behaviors

15 minutes



TARGET

Participants will:

- Recognize personal behavior patterns that place them at risk for a fall.
- Support each other in recognizing habits/ behaviors that are and are not fall risk-taking behaviors.



DISCUSS

The coach will:

- Lead a group discussion with the goal of identifying up to 5 behaviors from the *Handout 5.4—No Fall-ty Habits* questionnaire to which participants most frequently responded "sometimes" or "never."

Identifying responses by a show of hands might make some of the participants feel "singled out." Instead, by watching the group's reaction to the different items (number of individuals responding during conversation about that item, noise level), the coach can identify which items "strike a cord."

Efforts should be made not to accuse participants of impulsive or potentially dangerous behaviors. Instead, emphasis should be placed on how routine behaviors can place us at risk for a fall. People have different physical abilities, so an activity that is safe for one person may be dangerous for another. The coach can emphasize that with a little thought and creative thinking, simple solutions to avoid potentially dangerous situations can be developed.

After the coach has identified up to 5 items to which participants respond "sometimes" or "never," the coach will select 2 or 3 items to be used as an example for the *Handout 6.1—Recognizing and Changing Fall-ty Habits*.

Notes

Notes

Note: Groups may experience difficulty selecting items for use with the *Handout 6.1—Recognizing and Changing Fall-ty Habits*. The coach selects an item to save time.

Activity 6.7 Identifying priority behaviors

15 minutes



Participants will identify behaviors which are most problematic. (To be used in future sessions to target skills training efforts.)

Materials

Handout 6.1—Recognizing and Changing Fall-ty Habits

Flip chart

The coach will:



- Review the instructions located on the form for completing *Handout 6.1—Recognizing and Changing Fall-ty Habits*. The group will be led through an exercise that will allow them to recognize how *Recognizing and Changing Fall-ty Habits* can be used to identify priority behaviors.



- Optimally, two or three participants will take turns volunteering to describe those behaviors that the coach selected. The volunteering participant can describe why the behavior concerns him or her and the locations where the behavior takes place.
- The group can then provide suggestions on how to change the fall-ty habits.
- The coach can engage the group in a brainstorming activity to generate ideas for each problem described by the

Notes

volunteering participant. Participants can offer suggestions as they come to mind. The ideas will not be evaluated at this stage.



- Instead, after a list of suggestions is written on the board or on an overhead transparency, the group can work (with the coach's assistance and the assistance of the individual who volunteered the problem) to identify the best solution for the specific person who originally volunteered the problem.
- The coach can emphasize that although two people may share a problem, the reasons for the behavior being a problem might be different. Therefore, the best solutions are the ones that are individualized; that is, appropriate given an individual's physical abilities, living situation, etc.
- Therefore participants will know which solution is best for them. Input from others, however, can help generate ideas. In other words, we can learn from others' experience.

Activity 6.8 Changing behaviors

10 minutes

Materials

Flip chart



If the coach senses a resistance to changing behaviors, the coach can open up a conversation on the subject of how hard it is to change behaviors.

Notes

Points to discuss include:

- Every time we are in the process of making a decision, we go through a "cost/ benefit analysis." (Use the example the group worked on to identify the behavior change plan.)
- It is important to understand the barriers to change.
- When we eliminate or at least address barriers, the chance of following through with a "new and improved" behavior increases.
- On the other hand, the issue holding up behavior change may be that a person doesn't know where to start. To prioritize, it is sometimes best to start with the easiest behavior to change. Once a person gets the taste of success, that can be a motivator to continue with fall prevention efforts.


FLIP CHART

The coach will write any comments about the "problematic behaviors" described by the volunteering participant on the board.

The coach will then describe which of the two or three behaviors discussed is the "priority behavior."

Priority behaviors are those behaviors that are:

- easily changeable,
- occur frequently, and/or
- very dangerous regardless of frequency with which they occur.

It may be that all behaviors require immediate attention. In that case, the coach will describe why this is true.

Participants will be encouraged to go through this process at home to identify their own "priority behaviors" requiring immediate attention.

Alternative Activity 6.9

Options for Activities 6.6 – 6.8

10 minutes

The following are alternatives to group discussion of fall-ty habits prioritization and use of *Handout 6.1—Recognizing and Changing Fall-ty Habits*.



1. Divide into two groups. Groups 1 and 2 will select behaviors from *Handout 5.4—No Fall-ty Habits* questionnaire (or develop their own) to use with *Handout 6.1—Recognizing and Changing Fall-ty Habits*. (Note- Groups 1 and 2 can select two different behaviors or the same behavior.) The whole group will come back together to discuss findings.
2. Participants can work independently during the session to identify a priority behavior that warrants change and apply that selected problem to *Handout 6.1—Recognizing and Changing Fall-ty Habits*. The whole group will come back together to discuss findings.
(Note: Personal Action Planners can be used to plan behavior change strategies.)
3. Participants could work independently at home (after working in a large group, small group, or independently) using a *Personal Action Planner* to plan behavior change strategy.

Notes

Notes

Optional Activity 6.10 Setting goals for outside activities

25 minutes



Participants will set goals for activities they want to do outside of the group. They will discuss potential negative thoughts associated with the goal and identify positive, adaptive responses to these thoughts.

Materials

Flip chart



If logs are being used, the coach can ask participants to share information from *Handout 2.3—Concerns About Falling Log*.

The coach will write on the board a list of fall reduction strategies that have been discussed during the program (e.g. exercising, becoming assertive, reducing “risky” behaviors, or any goal involving increased activity or socialization).



Negative and positive thoughts associated with the strategies that have been verbalized by the group members can be written on the flip chart. The list will be used to generate discussion.

The coach will ask the group:

1. Do you agree with how we have categorized the positive and negative thoughts?
2. Do you want to expand the list?



The coach will:

- Ask participants to set a goal(s), e.g., visit a friend, go to the store/church, use a cane or walker. The goals are things they want to do or work toward.
- Ask each participant to state his/her goal to the group. Then, others will state possible negative thoughts and positive responses for the stated goal.

Handout 2.2—Challenge Your Concerns About Falling from Session 2 can be used to generate negative thoughts and to identify positive, confidence-building thoughts.

Activity 6.11 Conclusion and Home Safety Checklist

5 minutes

The coach will:

- Review what was learned today.
- Remind the group about the next meeting and share the topic.
- Ask participants to complete *Handout 6.2—Home Safety Checklist* before the next session.

Note: Depending on the location of the class, the coach can ask for volunteers to offer their residences (both indoor and outdoor spaces) to be used for completing *Handout 6.2—Home Safety Checklist* in the next session.

Notes

Directions

Review items from *Handout 5.4 No Fall-ty Habits*. On this form, write down any behaviors or habits that you think increase your chances of falling, noting where they happen. Then write down how you could change this behavior. Check-off how easy or hard it would be for you to change this behavior.

Fall-ty Habit #1

Description and location of fall-ty habit/behavior:

How would you change this habit/behavior?

How easy or hard would it be for you to change the habit/behavior described?

Easy to Do

Medium

Hard to do

Fall-ty Habit # 2

Description and location of fall-ty habit/behavior:

How would you change this habit/behavior?

How easy or hard would it be for you to change the habit/behavior described?

Easy to Do

Medium

Hard to do

Fall-ty Habit #3

Description and location of fall-ty habit/behavior:

How would you change this habit/behavior?

How easy or hard would it be for you to change the habit/behavior described?

Easy to Do

Medium

Hard to do

Home Safety Checklist*

***Home Safety Checklist** is adapted from Safety for Older Consumers—Home Safety Checklist that is a publication of the U.S. Consumer Product Safety Commission.

It's Time to Mention Fall Prevention...Checking for Fall Hazards in the Home

This checklist can be used to spot environmental hazards in your home that could cause you to fall. Check “Yes” or “No” to answer each question. Then go back over the list and take action to correct those items that may need attention.

This checklist is organized by area of the home. However, there are some potential hazards that need to be checked in more than one area of your home. These hazards are reviewed at the beginning of the checklist.

Keep the checklist as a reminder of safe practice and use it periodically to re-check your home.

All Areas

- Yes No **1. Are lamp extension and telephone cords placed out of the flow of traffic?**

Cords stretched across walkways may cause someone to trip.

Recommendations:

- Arrange furniture so that outlets are available for lamps and appliances without the use of extension cords.
- If you must use an extension cord, place it on the floor against the wall where people cannot trip over it. Replace frayed or damaged cords.
- Move the phone so that telephone cords will not lie where people walk.

Yes No **2. Are small rugs and runners slip resistant?**

Recommendations:

- Remove rugs and runners that tend to slide.
- Apply double-faced adhesive carpet tape or rubber matting to backs of rugs and runners.
- Purchase rugs with slip-resistant backing.
- Check rugs and mats periodically to see if backing needs to be replaced.
- Place rubber matting under rugs. Rubber matting that can be cut to size is available

Note: Over time, adhesive on tape can wear away. Rugs with slip-resistant backing also become less effective as they are washed. Periodically, check rugs and mats to see if new tape or backing is needed.

Yes No **3. Are carpets and rugs in good repair?**

Recommendations:

- Torn rugs should be repaired or replaced.
- Rugs should be taped on edges or tacked down to prevent curling.

Yes No **4. Are all floors even, without abrupt elevation changes?**

Especially in older houses, unexpected rises on floors, decks, or walkways can throw a person off balance.

Recommendation:

- Install a slight ramp with a slip-resistant surface to “even out” floors.

- Yes No **5. Are rooms and passageways kept clear and uncluttered?**

Furniture, boxes, or other items could be an obstruction or tripping hazard.

Recommendations:

- Rearrange furniture to open passageways and walkways.
- Remove boxes and clutter.

- Yes No **6. Are floors unwaxed?**

Waxed floors are more slippery than unwaxed floors.

Recommendations:

- Do not wax floors.
- If you must wax floors, use non-slip wax. Buff paste wax thoroughly.

- Yes No **7. Are all rooms and hallways lit?**

Shadowed hallways can impair your ability to see the pathway clearly.

Recommendations:

- Use maximum recommended wattage bulbs in all light fixtures.
- Add lighting fixtures.

- Yes No **8. Are light switches accessible on entering the room?**

Having accessible light switches reduces the risk of falling when walking across a darkened room.

Recommendations:

- Install light switches close to entryways.
- Install floor lamps or night lights close to entryways if it is not possible to install light switches.

- Yes No **9. Are emergency numbers posted on or near the phone?**

In case of emergency, telephone numbers for the police and fire departments, along with a neighbor's number, should be readily available.

Recommendation:

- Write the numbers in large print and tape them to the phone, or place them near the phone where they can be seen easily.

- Yes No **10. Do you have access to a telephone if you fall (or experience some other emergency which prevents you from standing and reaching a wall phone)?**

Recommendation:

- Have at least one telephone located where it would be accessible in the event of an accident which leaves you unable to stand.

Kitchen

- Yes No **1. Do you have a rubber mat on the floor in the sink area?**

A rubber mat can prevent slipping on wet floors.

Recommendation:

- Place a rubber mat in sink area.

- Yes No **2. Are “on” and “off” positions clearly marked on gas range dials?**

Clearly marked dials may prevent falls due to gas asphyxiation especially if your sense of smell is impaired.

Recommendation:

- Clearly mark the “on” and “off” positions on your gas range dials.
-

- Yes No **3. Are frequently needed kitchen items out of reach (placed too high or too low)?**

Recommendations:

- Store frequently used items at convenient heights (waist level) so that climbing or stooping is not necessary.
 - Install shelves, cupboards at any easy-to reach level.
-

- Yes No **4. Do you have a step stool that is stable and in good repair?**

The use of step stools to reach high shelves is *not recommended*. However, if you must use a step stool, take the following precautions:

Recommendations:

- Chose a step stool with a handrail that you can hold onto while standing on the top step.
- Before climbing on any step stool, make sure it is fully opened and stable.
- Tighten screws and braces on the step stool.
- Discard step stools with broken parts.

Bedroom

- Yes No **1. Are lamps or light switches within reach of each bed?**

Lamps or switches located close to each bed will enable people getting up at night to see where they are going.

Recommendations:

- Rearrange furniture closer to switches or move lamps closer to beds.
- Install night lights and keep a flashlight nearby.

- Yes No **2. Is furniture arranged so that you can move around the room easily?**

Recommendation:

- Rearrange furniture so that you can move around - especially around the bed - without bumping furniture.

- Yes No **3. Is there something sturdy to hold on to next to the bed to help you get in and out of bed?**

Recommendations:

- Place a heavy piece of furniture next to the bed.
- Install a grab rail on the wall.
- Use a three-pronged cane or walker for support.

- Yes No **4. If you frequently need to use the toilet after you have gone to bed, is your bathroom close enough to your bed so you can avoid walking hurriedly to the toilet?**

Recommendations:

- Use a night light to provide a lighted path from bedroom to bathroom.
- Keep a telephone within reach of your bed, in case of an emergency.

Bathroom

- Yes No **1. Are bathrooms and showers equipped with nonskid mats, abrasive strips, or surfaces that are not slippery?**

Wet, soapy tile or porcelain surfaces are especially slippery and may contribute to falls.

Recommendations:

- Apply textured strips or appliqués on the floors of tubs and showers.
- Use non-skid mats in the tub or shower and on the bathroom floor.
- If you are unsteady on your feet, use a stool with nonskid tips as a seat while showering or bathing.

- Yes No **2. Do bathtubs and showers have at least one (preferably two) grab bars?**

Grab bars can help you get into and out of your tub or shower, and can help prevent falls.

Recommendations:

- Check existing bars for strength and stability, and repair if necessary.
- Attach grab bars, through the tile, to structural supports in the wall, or install bars specifically designed to attach to the sides of the bathtub. If you are not sure how it is done, get someone who is qualified to assist you.

Yes No **3. Is the water temperature 120 degrees or lower?**

Water temperature above 120 degrees could cause a bather to jump and fall. Water temperature above 120 degrees can also cause water scalds.

Recommendations:

- Lower the settings on your hot water heater to “low” or 120 degrees. If you are unfamiliar with the controls on your water heater, ask a qualified person to adjust it for you. If your hot water system is controlled by your landlord, ask him to consider lowering the setting.
- Note: If the water does not have a temperature setting, you can use a thermometer to check the temperature of the water at the tap.
- Always check water temperature by hand before entering bath or shower.

Yes No **4. Are showers equipped with temperature-regulating valves to keep the water in the bath a constant temperature?**

Without temperature-regulating valves, a sudden change in the water temperature, brought on by someone using water in another part of the house, could cause a bather to jump and fall.

Recommendations:

- Install temperature regulating valves.
- If your water is subject to temperature changes brought on by the use of water in other parts of the house, tell the other people in your house when you will be showering so they can plan not to use the water at that time.

Yes No **5. Does your bathroom floor have a nonskid surface, or at least rugs to soak up puddles?**

Recommendation:

- Install a nonskid bath mat by the tub or shower and sink.

- Yes No **6. Is your toilet seat too low? (Is it difficult to stand up from the toilet?)**

Recommendations:

- Install an elevated toilet seat.
- Fix grab rails into wall studs next to toilet.

- Yes No **7. Are bathroom door locks the type that can be opened from both sides of the door?**

Recommendations:

- Avoid locks on bathroom doors.
- Only use locks that can be opened from both sides of the doors to permit access by others if a fall occurs.

Medications

- Yes No **1. Are all medicines stored in the containers that they came in and are they clearly marked?**

Taking the wrong medicine or missing a dose of medicine you need, may result in physical problems that can cause falls.

Recommendations:

- Install brighter lighting in the area where you prepare your medicines.
- Keep a magnifying glass nearby, if needed.

- Store medicines beyond the reach of children.

Chairs and Tables

- Yes No **1. Are chairs and tables sturdy, without casters?**

Furniture must be stable enough to support the weight of a person leaning on it.

Recommendations:

- Avoid tripod or pedestal tables. Tables should have four sturdy legs of even length.
- Remove casters from chairs and tables. If casters are essential, place chairs/tables with casters against the wall.

-
- Yes No **2. Are frequently used chairs equipped with arm rests and high backs?**

Using arm rests makes it easier to sit down into or to stand up from a chair. High backs provide support for the neck and also provide support when transferring weight.

Recommendation:

- Frequently used chairs should be equipped with arm rests and high backs.

-
- Yes No **3. Are frequently used chairs high enough to ensure ease in standing.**

Getting up from a low chair can be difficult.

Recommendations:

- Frequently used chairs should have higher seats.
- Place pillows or firm cushions in chairs with low seats.

The Entry

- Yes No 1. **Are walkways to your home or building free from cracks or holes?**
- Yes No 2. **Is there adequate lighting at the doors to the building or house?**
- Yes No 3. **Are doors in good repair and easy to open/close?**
- Yes No 4. **If there is a door mat, is it in good repair and does it lie flat?**
- Yes No 5. **Is the building entrance protected from rain by a roof or awning, or are there non-skid strips/safety treads?**
- Yes No 6. **If there is an elevator, do the doors close slowly enough to allow you time to get in and out?**
- Yes No 7. **If there is an elevator, does the elevator stop so that it is level with the floor of the lobby or hallway?**

- Yes No **8. Do outdoor stairs have sturdy, easy-to-grip railings?**

Recommendation:

- For residents of apartment buildings, the building management is responsible for these things. Problems should be brought to their attention, with an explanation of their risk to residents' safety.

Porches

- Yes No **1. Are railings on porches and decks sturdy enough to bear the weight of several people leaning against them?**

Recommendation:

- Keep all railings on porches and decks in good repair.

Stairs

- Yes No **1. Are stairs well lighted?**

Stairs should be lighted so that each step, particularly the step edges, can be clearly seen while going up and down stairs. The lighting should not produce glare or shadows along the stairway.

Recommendations:

- Use the maximum wattage bulb allowed by the light fixture. (If you do not know the correct wattage, use a bulb no larger than 60 watts.)
- Reduce glare by using frosted bulbs, indirect lighting, shades or globes on light fixtures, or partially closing blinds and curtains.
- Have a qualified person add additional light fixtures. Make sure that the bulbs you use are the right type and wattage for the light fixture.

- Yes No **2. Are light switches located at both the top and bottom of inside stairs?**

Even if you are very familiar with the stairs, lighting is an important factor in preventing falls. You should be able to turn on the lights before you use the stairway from either end.

Recommendations:

- If no other light is available, keep an operating flashlight in a convenient location at the top and bottom of the stairs.
 - Install night lights at nearby outlets.
 - Consider installing switches at the top and bottom of the stairs.
-

- Yes No **3. Are sturdy handrails fastened securely on both sides of the stairway?**

The handrail should provide a comfortable grip and should always be used when climbing up or going down the steps.

Recommendations:

- Repair broken handrails.
 - Tighten fixtures that hold handrails to the wall.
 - If no handrails are present, install at least one handrail (on the right side as you face down the stairs).
-

- Yes No **4. Do the handrails run continuously from the top to the bottom of the entire flight of stairs?**

If the handrail doesn't extend continuously the full length of the stairs, people who are not aware of this might think they have come to the last step when the handrail stops. Misjudging the last step can cause a fall. A handgrip should be available for even one step.

Recommendations:

- While using the stairs, try to remember that if the handrail begins beyond the first step or ends before the last step, you must be especially careful.
- Replace a short handrail with a longer one.

Yes No **5. Do the steps allow secure footing?**

Worn treads or worn or loose carpeting can lead to insecure footings resulting in slips or falls.

Recommendations:

- Try to avoid wearing only socks or smooth-soled shoes or slippers when using stairs.
- Make certain the carpet is firmly attached to the steps all along the stairs
- Consider refinishing or replacing worn treads, or replacing worn carpeting.
- Paint outside steps with paint that has rough texture, or use abrasive strips.

Yes No **6. Are steps even and/or the same size and height?**

Even a small difference in steps' surfaces or riser heights can lead to falls.

Recommendation:

- Mark any steps that are especially narrow or have risers that are higher or lower than the others. Be especially careful of these steps when using the stairs.

 Yes No**7. Are coverings on the steps in good condition?**

Worn or torn coverings or nails sticking out from coverings could snag your foot or cause you to trip.

Recommendations:

- Repair torn coverings
- Remove coverings if repair is not possible.

 Yes No**8. Can you see the edges of the steps?**

Falls may occur if the edges of the steps are blurred or hard to see.

Recommendations:

- Paint edges of outdoor steps white to see them better at night.
- Add extra lighting.
- If you plan to carpet your stairs, avoid deep pile carpeting or patterned or dark colored carpeting that can make it difficult to see the edges of the steps clearly.

Smoke Detectors

 Yes No

1. Do you have properly located, working smoke detectors?

Smoke detectors provide an early warning and can wake you in case of a fire.

Recommendations:

- Make sure detectors are placed near bedrooms, either on the ceiling or 6-12 inches below the ceiling on the wall. Locate smoke detectors away from air vents.
- Check and replace batteries according to the manufacturer's instructions.
- Note : Some fire departments will provide assistance in acquiring or installing smoke detectors.

SECTION

PAGINATION

BREAK

**Goals**

Recognize potential fall hazards often present in the home and community.

Identify strategies to reduce physical hazards in the home and community.

Recognize the relationship between assertive behavior and fall prevention.

**Materials**

Name tags
 Flip chart or blackboard
 Markers or chalk
 Attendance sheet
 Pencils, paper
 Snacks, plates, cups, napkins

Handouts

Handout 3.2—A Matter of Balance Exercises

Handout 4.2—Resources for Fall Prevention

Handout 6.2—Home Safety Checklist

Handout 7.1—Personal Action Planner for an Environmental Hazard

Handout 7.2—Solutions to Fall Hazards in the Home

Handout 7.3—Getting Up and Down Safely

Notes

"I seem to be more aware of every situation for my safety. I now 'stop, look and listen' to my surroundings."

Activity 7.1 Welcome and review

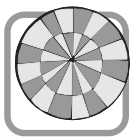
5 minutes

Notes**Materials****FLIP CHART**

“Learning Goals of the Day”

The coach will:

Begin with a review of major points learned at the last session and answer any questions.

**TARGET**

Discuss the “Learning Goals of the Day”:

- To recognize the benefits of a positive attitude towards fall prevention.
- To discuss common fall hazards in the home.
- To use a *Personal Action Planner* for one environmental hazard.

Activity 7.2 Matter of Balance Exercises

25 minutes

Materials*Handout 3.2—A Matter of Balance Exercises***EXERCISES**

Practice exercises as a group.

Note: Participants can lead their favorite exercises.

Notes

Activity 7.3 Use of Home Safety Checklist

5 minutes

Materials:*Handout 6.2—Home Safety Checklist*

The coach will introduce the *Handout 6.2—Home Safety Checklist* and describe the activity.

Participants will be asked to break into groups of 3 or 4 to survey different areas set up by the coach to identify potential fall hazards using the *Home Safety Checklist*.

Note: The area to be surveyed could be an apartment (volunteered by a participant) or the kitchen/bath and open area of the meeting place. Participants can also investigate the area surrounding the building. If the program group is small, or if the participants work best in highly structured activities, the whole group can be led through the survey by the coach.

Options:

If an area is not available to survey, participants can share their findings from conducting the *Home Safety Checklist* at home. Break into groups and discuss different areas of the home.

- Ask what are potential fall hazards?
- What are potential solutions?

Each group can be given home safety hazard pictures to discuss and then share with the whole group.

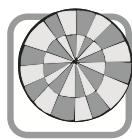
Activity 7.4 Individuals identify fall hazards

30 minutes



Participants will independently identify 5 to 9 fall hazards in the home and building grounds.

Notes

Activity 7.5 Group discusses fall hazards

TARGET

30 minutes

Participants will feel encouraged by the simplicity of many solutions identified.

Materials

Flip chart

Handout 7.1—Personal Action Planner for an Environmental Hazard

Handout 4.2—Resources for Fall Prevention



FLIP CHART

The coach will:

- Reassemble the large group.
- Ask for a spokesperson from each subgroup to describe one fall hazard identified.
- Record each subgroup's response on the flip chart.
- Ask if the other groups identified the stated hazard and whether or not they agree that it is in fact a hazard. (*This activity should generate discussion.*)
- The process will be repeated until the coach believes that all of the hazards present have been identified.



DISCUSS

The entire group will engage in a conversation to discuss solutions. The discussion will include solutions not mentioned by the participants in the subgroups and will emphasize/prioritize simple answers to problems raised.

Notes

Note: Solutions to problems should be primarily reached by participants in order for them to “own” the solutions.

The coach will:

- Write problems and solutions discussed during the session on the flip chart. Participants can use *Handout 7.2—Solutions to Fall Hazards in the Home* to record solutions that might be helpful to them.

Note: If the coach has the resources, a handout discussing solutions raised can be provided at the next session.

- Remind participants that they have *Handout 4.2—Resources for Fall Prevention* in their workbooks that can be used to implement solutions.

Participants will be encouraged to use *Personal Action Planners* to address physical fall hazards further in the future.

Activity 7.6 Break

10 minutes



Activity 7.7 Discussion of falls

30 minutes



Participants will:

- Discuss the action of falling and the steps to be taken after a fall.
- Recognize the importance of contacting their doctor immediately after a fall (if emergency medical services are not needed).

Materials*Handout 7.3—Getting Up and Down Safely***The coach will tell the group:**

- We've talked about ways to prevent falls, but what should we do if a fall happens despite our efforts? The consequences of falls can be minimized if we take the steps we are going to talk about today.
- When anyone falls forward, be it a baby, a teenager, or an older person, the first reaction is to place your hand out in front of you. This is a reflex called protective extension.
- Do not fight this reflex as it helps to prevent a blow to the head during a fall! Your arms might absorb most of the force from the fall (which might or might not result in a wrist sprain or fracture). However, better your arm absorb the force than your head!
- After the fall, take time to check how you are feeling and whether or not you are hurt.
- Do not try to jump up after a fall. Move slowly. If you have an emergency response system like Lifeline, use it and stay put (especially if you are experiencing hip pain, chest pains, sweating, nausea, dizziness).
- If you do not have an emergency response system, and are experiencing hip pain, slowly roll to the side that does not hurt, bend your knees up under you and use your hands to push up into an "all fours" position while trying to limit the weight placed on the injured leg.

Notes

Notes

- From this position you might be able to use your hands and reach for a stable object (like a toilet) you can push on to help you stand. If you are feeling dizzy, don't try to stand just yet. Whether you are walking or crawling, try to get to a phone.

The Guest Healthcare Professional will provide a demonstration on how to get up after a fall. If the Coach is able to provide a demonstration, he or she may do so.



Participants may try the techniques in Handout 7.3 the privacy of their own homes under supervision.

Tell the group:

The sooner you contact your doctor, the better you will be able to remember the circumstances surrounding your fall. These can be valuable clues that can speed up your recovery or help to prevent another fall.

Activity 7.8 Discussion of fall experiences

5 minutes



- Participants will be given the opportunity to comment on fall experiences, with emphasis on actions they took and what went well or not so well.

- This material may raise emotional issues with group members. Therefore, time to process the information is helpful. At the conclusion of the discussion, emphasize that participants now know what to do after a fall.

Notes**Activity 7.9 Conclusion**

3 minutes

The coach will:

- Review what was learned today.
- Comment on the skills gained in conducting environmental assessments, the importance of examining outside as well as inside spaces, and the creative solutions to the identified problems that were described by the groups.
- Participants will be encouraged to use their new skills to manage potential environmental risks in the future.
- Remind the group about the next meeting and share the topic.
- Make plans for a celebration at the final session.

Goal

To eliminate an environmental fall hazard in the home.

Hazard to be addressed:

Action

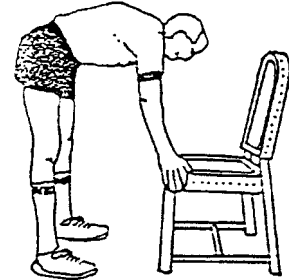
Materials/physical assistance needs

Possible problems

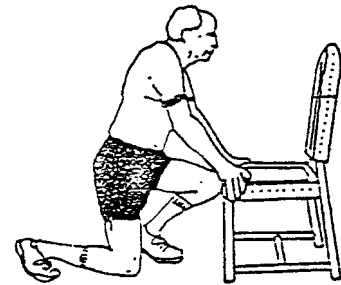
Solutions

Follow this procedure to help you get down to the floor and back up more easily.

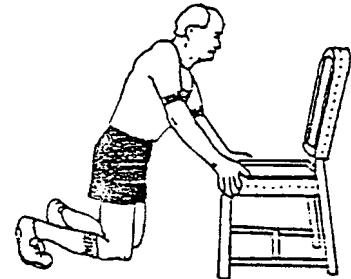
1. Stand in front of your chair, bend at the waist with knees bent slightly and grasp the edge of your chair, supporting yourself. (Make sure your chair is secure and won't slip, and is heavy enough to support you without tipping over.)



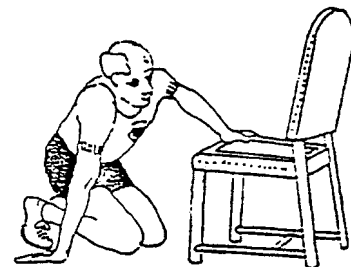
2. Use your arms and the chair to support your weight. Lower one knee slowly and gently to the floor. Do only one knee at a time.



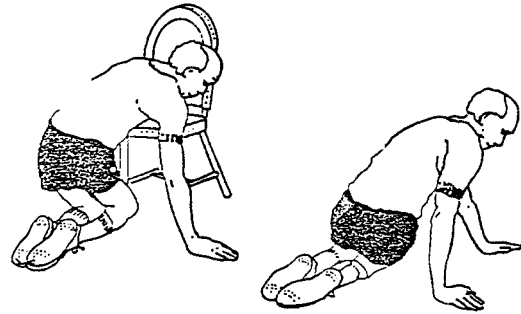
3. After one knee is firmly on the floor, you can then lower your other knee, but continue to hang onto the chair for support.



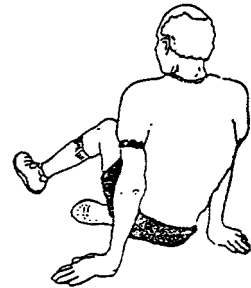
4. Hang onto the chair with one hand while you lift your other hand off the chair and place it onto the floor at your right side.



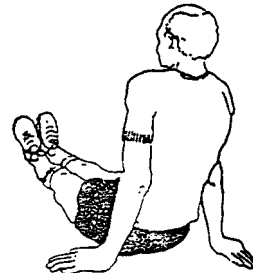
5. Support your weight with one arm.
Bring your other hand over near your body so that both hands and arms support you. Lower your hips gently down to the floor near your hand.



6. Support yourself with your arms and hands. Lean back slightly raising one leg straight out in front of you.



7. Then unfold your other leg and straighten it out alongside the first leg. You should be sitting on the floor with both legs in front leaning on your arms.



Getting up again

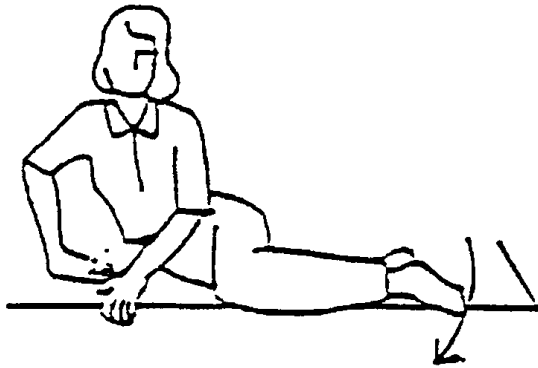
- In order to get up again, simply get on your hands and knees in front of the chair, position 3.
- Then raise your leg up to position 2.
- Push up with your arms and legs and slowly stand.

Practice

At first, practice steps 1, 2, and 3 several times, getting up and down. Then go on to steps 4,5,6, and 7. Practice the whole procedure several times in order to be familiar with it.

Getting out of bed more easily

- Lie on your back with both knees bent and feet flat on the bed.
- Roll onto your side towards the direction you will get out of bed.
- Push your body up with your arms. Bring your legs forward over the edge of the bed and lower your feet to the floor.



- Sit on the edge of the bed for a few minutes before standing up.

SECTION

PAGINATION

BREAK

**Goals**

- To practice assertiveness skills in locating and using resources for fall prevention and seeking help after a fall.
- To model and practice behaviors in order to eliminate risk-taking behaviors.
- To review material discussed during the class.
- To recognize physical and psychological changes that have resulted from participating in *A Matter of Balance* and how they have affected fear of falling.

**Materials**

Name tags
 Flip chart or blackboard
 Markers or chalk
 Attendance sheet
 Pencils, paper
 Snacks, plates, cups, napkins
 Certificates
 Forms (Last Session Survey, Class Evaluation)

Reference for the Coach

Reference 8.1—List of Terms

Handouts

Handout 3.2—A Matter of Balance Exercises

Handout 8.1—Personal Action Planner for Behavior

Notes

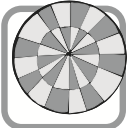
"I have more pep in not being afraid".

Activity 8.1 Welcome and review

5 minutes

Materials**FLIP CHART**

“Learning Goals of the Day”

**TARGET**The coach will:

- Begin with a review of major points learned at the last session and answer any questions.
- Discuss the “Learning Goals of the Day”: To recognize the benefits of a positive attitude towards fall prevention.

Activity 8.2 Matter of Balance Exercises

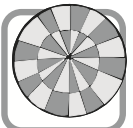
25 minutes

Materials*Handout 3.2—A Matter of Balance Exercises***EXERCISES**

Practice exercises as a group.

Activity 8.3 Personal Action Planner for Behavior

25 minutes

**TARGET**

Develop adaptive responses or behavior changes for actions that increase the risk of falls.

Notes

Notes

Materials

Handout 8.1—Personal Action Planner for Behavior



The group will review “problem behaviors” identified during Session 6.

Recall that in Session 6, *Handout 5.4—No Fall-ty Habits* was used to identify potentially risky behaviors and *Handout 6.1—Recognizing and Changing Fall-ty Habits* was used to select two or three priority behaviors that will be addressed during the session.

The group will divide into 3 smaller subgroups. Each subgroup will be given time to rehearse its "problematic behavior" and a revised version that demonstrates an adaptive response, and incorporate the use of the *Personal Action Planner*.

Note: If running short of time, focus on adaptive version.

Activity 8.4 Break

10 minutes



Activity 8.5 Mitigating “fall-ty” behaviors

20 minutes

Materials

Handout 8.1—Personal Action Planner for Behavior



Demonstrate problem-solving and assertiveness skills to lessen problematic behaviors (which could, if left unaddressed, lead to falls).

Materials

Handout 8.1—Personal Action Planner for Behavior
Flip chart



Subgroups will provide a demonstration of the old and “improved” behavior for the whole group.

Volunteers can role-play the behavior that could lead to a fall. The group will provide feedback regarding additional ways to address the problem, after the situation is re-enacted.



The flip chart can be used to list these additional solutions under the “solution” portion of the *Personal Action Planner*.

Information on what to do after a fall can be integrated into this discussion along with assertiveness skills.

Note: The goal is to develop and rehearse strategies for situations over which participants feel they have little control (low self-efficacy) . During the role-playing activity, participants will try to make these situations as real as possible. Props and imagery techniques can be used. Participants will rehearse and refine strategies until they feel they can use them effectively.

Alternative:

- A whole group discussion can be used instead of the role-playing activity. The problems can be written on the flip chart. Negative reactions and behaviors in response to the problem should be written on the left side of the flip chart. Positive responses and behaviors (i.e., adaptive reactions/behaviors) should be written on the right side of the flip chart.

Notes

Notes

- Brainstorming can be used to identify positive and negative responses. Be sure to integrate assertiveness into this discussion. Repeat the process for two more “problem behaviors” if time allows.

Activity 8.6 Review of entire program

15 minutes



Participants will :

- Recognize that fall prevention efforts are comprehensive and include our actions, thoughts and physical condition.
- Review what was learned in class.
- Recognize how their behaviors and thoughts have changed over the past few weeks.

Materials

Flip chart

Reference 8.1—List of TermsThe coach will:

Engage the group in a review of the course material.

Option 1— Draw a large pie chart on the flip chart. Divide the pie chart into the following sections:

1. Recognizing positive and negative thoughts about falls
2. *Fall-ty Habits*
3. Fall hazards in the home
4. Fall hazards in the environment
5. Assertiveness
6. Exercise
7. *Personal Action Planner*
8. Talking about falls and fear of falling
9. Confidence-building thoughts
10. Teamwork

Option 2— Use Reference 8.1 *List of Terms*



- The coach can choose different participants to comment on each of the different sections of the pie chart or List of Terms. (*The coach may choose participants who are known to have struggled with a specific issue to be discussed.*)
- The participants will be asked to comment on what a word or phrase from the pie chart or List of Terms means to them. The coach can use this as a lead to review information previously presented.

Note: If previous portions of the intervention were not covered, omit or shorten the review and use the time at the end of the session to discuss previously omitted material.

- Brainstorm ways the participants can continue to make progress.
- Ask participants to complete the class evaluation and Last Session Survey.

Activity 8.7 End of program party

30 minutes



Materials

Certificates of Completion

- Award Certificates of Completion to participants who completed 5 or more classes.

Celebrate!

Notes

Goal

To reduce activities/behaviors which place one at great risk for fall.

Behavior to be addressed:

Action

Materials/physical assistance needs

Possible problems

Solutions


List of Terms

Assertiveness	Flexibility	Medications
Positive thinking	Talking to your doctor	Drinking water
Confidence-building thoughts	Regular exercise	What to do after a fall
Sharing ideas	"Fall-ty Habits"	Safe footwear
Practical/personal solutions	Fall hazards in the home	Good lighting
Lower extremity strength	Getting up from a fall	Reducing fall risks
Low blood pressure	Responsibility	
Balance	Vision and hearing	

Handouts for Coach Training

A Matter of Balance Overview — PowerPoint	1
Coach Job Description	8
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Slide 1



A Matter of Balance

Managing Concerns About Falls

Volunteer Lay Leader Model


Slide 2



What do we know about falls?

- Up to 30% of community dwelling adults fall each year
- About 20% of falls cause physical injury
- Falls are a leading cause of injury and death for older adults
- Falls are the leading cause of injury hospitalization in Maine* *Healthy Maine 2010


Slide 3



What do we know about falls?

- 1/2 to 2/3 of falls occur around the home
- A majority of falls occur during routine activities
- Falls usually aren't caused by just one issue. It's a combination of things coming together.
- A large portion of falls are preventable!

Slide 4



What do we know about falls?

Falls are :

- Common
- Predictable
- Preventable

Falls are not a natural part of aging!


Slide 5



What do we know about fear of falling?

- It is reasonable to be concerned about falls - safety is important
- 1/3 to 1/2 of older adults acknowledge fear of falling
- Fear of falling is associated with:
 - *decreased satisfaction with life*
 - *increased frailty*
 - *depression*
 - *decreased mobility and social activity*
- Fear of falling is a risk factor for falls

Slide 6




What is A Matter of Balance?

A Matter of Balance is a program:

- based upon research conducted by the Roybal Center for Enhancement of Late-Life Function at Boston University
- designed to reduce the fear of falling and increase the activity levels of older adults who have concerns about falls

Slide 7




A Matter of Balance: Managing Concerns About Falls

During 8 two-hour classes, participants learn:

- To view falls and fear of falling as controllable
- To set realistic goals for increasing activity
- To change their environment to reduce fall risk factors
- To promote exercise to increase strength and balance

Slide 8




A Matter of Balance: Managing Concerns About Falls

What Happens During Classes?

- *Group discussion*
- *Problem-solving*
- *Skill building*
- *Assertiveness training*
- *Exercise training*
- *Videotapes*
- *Sharing practical solutions*

Slide 9



Who could benefit from A Matter of Balance?

Anyone who:

- is concerned about falls
- has sustained a fall in the past
- restricts activities because of concerns about falling
- is interested in improving flexibility, balance and strength
- is age 60 or older, ambulatory and able to problem-solve.

Slide 10




Administration on Aging Grant

In 2003, AoA launched a three year public/private partnership to increase older people's access to programs that have proven to be effective in reducing their risk of disease, disability and injury

Grant Partners:

- Southern Maine Agency on Aging
- MaineHealth's Partnership for Healthy Aging
- Maine Medical Center Division of Geriatrics
- University of Southern Maine School of Social Work

Slide 11




Administration on Aging Grant

Grant Goals:

- Develop a volunteer lay leader model and test whether it is successful when compared with original research
- Share our approach with others in Maine and around the country


Slide 12



A Matter of Balance Outcomes

<u>Participant Outcomes</u>	<u>Comments:</u>
<ul style="list-style-type: none"> • 97 % - more comfortable talking about fear of falling • 97 % - feel comfortable increasing activity • 99 % - plan to continue exercising • 98 % - would recommend A Matter of Balance 	<p>I am more aware of my surroundings. I take time to do things and don't hurry.</p> <p>I have begun to exercise and am looking forward to a walking program.</p>
<p>* % who agree to strongly agree</p>	<p>I have more pep in not being afraid.</p>


Slide 13



Participants Report:


- Increased confidence in taking a walk, climbing stairs, carry bundles without falling
- More confidence that they can increase their strength, find ways to reduce falls, and protect themselves if they do fall
- An increase in the amount they exercise on a regular basis
- Fewer falls after taking MOB

Slide 14




FIDELITY

So...when is a duck a duck?




Slide 15




FIDELITY

Have we modified to enhance and adapt?




Slide 16




FIDELITY

...or have we modified
to the point of
creating something
entirely different?



Slide 17



A Matter of Balance Coach

- Talks with the MOB Coordinator
- Completes an application
- Attends the eight hour training and earn MOB certification
- Agrees to coach two MOB classes within one year of certification

Recommended:

- Observe one MOB class prior to coaching
- Attend team meetings


Slide 18



Role of the coach

- Review the Matter of Balance session and select the activities for the day
- Arrive early to get organized
- Share the day's goals
- Encourage lots of discussion & problem-solving


Slide 19



Role of the Coach

- Lead the exercises
- Connect with each participant
- Review what has been learned and set the stage for the next session.
- Have fun !

Slide 20



How we will work together...

XXXXXX:

- Find sites and schedule classes
- Recruit participants
- Arrange for a guest healthcare professional
- Provide the supplies and refreshments
- Offer support and mentoring

Slide 21



Contact Information

A Matter of Balance: Managing Concerns About Falls Coach Job Description

Criteria for Leadership

- Good communication and interpersonal skills.
- Enthusiasm.
- Dependability.
- Willingness to lead a small group.
- Interest in working with older adults.
- Life experiences valued- with education or health care experience a plus.
- Ability to perform range of motion and low-level endurance exercises.
- Ability to carry up to 20 lbs.

Training Expectations

- Attend eight hours of coach training and earn A Matter of Balance Certification.
- Attend 2.5 hours of coach training update annually.
- Agree to coach two Matter of Balance classes within one year of certification.

Classroom Responsibilities

- **Two Coaches are required to teach the class to participants.**
- Prepare for each class by reviewing the Matter of Balance manual and materials.
- Organize the classroom with supplies and refreshments.
- Present the class according to the directions, training and materials provided.
- Encourage interactive discussion about the concepts and skills presented.
- Demonstrate and coach the exercises outlined in the Matter of Balance Program.
- Monitor and connect with each participant.
- Promote socialization and a solution-oriented environment among the participants.
- Have fun!

Confidentiality, Communication, & Record Keeping

- All participant information is confidential. Each coach will sign “A Pledge of Confidentiality”.
- The Master Trainer will provide support and mentoring to each coach.
- Class site and emergency contact information will be provided to each coach.
- Coaches are required to report any injury, illness or concerns.
- Coaches are encouraged to record “Lessons Learned” and share feedback and ideas.

Your logo here

A Matter of Balance Program
Pledge of Confidentiality

I understand, as a volunteer for A Matter of Balance with XXXXX, I must maintain strict confidentiality with participant information. I agree to abide by the organization's Release of Information Policy. I agree never to disclose or discuss participant information with anyone not involved in the program without appropriate permission unless required to do so by law. I understand that a breach of confidentiality will be interpreted as misconduct that may prevent my continuing relationship with XXXX.

I certify that I have read the above statement of confidentiality, that I understand its provisions, and that I will abide by it.

Volunteer Name: _____
(Print)

Volunteer Signature: _____

Date: _____

A Matter of Balance: Managing Concerns about Falls

A Matter of Balance is designed to reduce fear of falling and increase activity levels among older adults who manifest this concern. The program was developed and formally evaluated by The Roybal Center for Enhancement of Late-Life Function at Boston University with a grant from the National Institute on Aging. *A Matter of Balance* received the Archstone Foundation Award for Excellence in Program Innovation in 1998.

The Problem:

Studies indicate that up to half of community dwelling older adults experience fear of falling, and that many respond to this concern by curtailing activity. Being inactive results in loss of muscle strength and balance. It can also compromise social interaction and increase the risk for isolation, depression and anxiety. Fear of falling can actually contribute to falling.

The Program:

A Matter of Balance acknowledges the risk of falling but emphasizes practical coping strategies to reduce this concern. Trained facilitators conduct eight two-hour sessions designed for groups of 10 to 12 participants. During the class, participants learn to view falls and fear of falling as controllable and set realistic goals for increasing activity. They also find ways to change the environment to reduce fall risk factors and learn simple exercises to increase strength and balance.

The Grant:

In October 2003, the Administration on Aging awarded three-year evidence-based disease prevention grants. Southern Maine Agency on Aging, MaineHealth's Partnership for Healthy Aging, Maine Medical Center Division of Geriatrics, and the University of Southern Maine School of Social Work received funding to translate *A Matter of Balance* into a program that uses volunteer lay leaders as facilitators instead of health care professionals and to serve as an innovative national model for addressing fall prevention.

The Results:

Maine participants demonstrated significant improvements after completing *A Matter of Balance* in their level of falls management, falls control, level of exercise and social limitations with regard to concern about falling.

Program Recognition:

2002- The Aging States Project

2002- National Council on the Aging, Healthy Aging: A Good Investment, Exemplary Programs for Senior Centers and Other Facilities

2003- National Governors' Association

2003- Journal of Physical Activity and Aging

2004- National Council on the Aging, Partnering to Promote Healthy Aging

2004- AHRQ Workshop, Evidence-Based Prevention Programs for Elders: Translating Research to Community-Based Programs.

2006- American Society on Aging, Healthcare and Aging Award

DO YOU HAVE **concerns** about falling?



**A MATTER OF
BALANCE**

MANAGING CONCERNS ABOUT FALLS

Many older adults experience concerns about falling and restrict their activities. A MATTER OF BALANCE is an award-winning program designed to manage falls and increase activity levels.

This program emphasizes practical strategies to manage falls.

YOU WILL LEARN TO:

- view falls as controllable
- set goals for increasing activity
- make changes to reduce fall risks at home
- exercise to increase strength and balance

WHO SHOULD ATTEND?

- anyone concerned about falls
- anyone interested in improving balance, flexibility and strength
- anyone who has fallen in the past
- anyone who has restricted activities because of falling concerns

YOUR LOGO HERE

CLASS LOCATION
DATE, TIME

Classes are held twice a week for 4 weeks for 2 hours each.

Program fee is **XX**

For more information please call

YOUR PHONE NUMBER HERE

A Matter of Balance: Managing Concerns About Falls Volunteer Lay Leader Model ©2006
This program is based on Fear of Falling: A Matter of Balance. Copyright ©1995 Trustees of Boston University. All rights reserved. Used and adapted by permission of Boston University.

A Matter of Balance Lay Leader Model

Recognized for Innovation and Quality in Healthcare and Aging, 2006, American Society on Aging.

A Matter of Balance Lay Leader Model was developed by a grant from the Administration on Aging (#90AM2780).

Principles of Adult Learners

Treat Learners the Way We All Would Like to Be Treated

We all have years of experience and a wealth of information to share.

Focus on the strengths learners bring to the classroom, not just gaps in their knowledge. Provide opportunities for dialogue within the group. Tap their experience as a major source of enrichment to the class. Remember that you, the teacher, do not need to have all the answers, as long as you know where to go or who to call to get the answers. Students can be resources to you and to each other.

All of us form values, beliefs and opinions that we hold dear.

Demonstrate respect for differing beliefs, religions, value systems and lifestyles. Let your learners know that they are entitled to their values, beliefs and opinions, but that everyone in the room may not share their beliefs. Allow debate and challenge of ideas.

Our style and pace of learning has probably changed during our lives.

Use a variety of teaching strategies such as small group problem solving and discussion. Use auditory, visual, tactile and participatory teaching methods. Reaction time and speed of learning may be slower, but the ability to learn is not impaired by age. Most adults prefer teaching methods other than lecture.

We all relate new knowledge and information to previously learned information and experiences.

Assess the specific learning needs of your audience before your class or at the beginning of the class. Present single concepts and focus on application of concepts to relevant practical situations. Summarize frequently to increase retention and recall. Material outside of the context of participants' experiences and knowledge becomes meaningless.

Our bodies are influenced by gravity.

Plan frequent breaks, even if they are 2-minute "stretch" breaks. During a lecture, a short break every 45-60 minutes is sufficient. In more interactive teaching situations, breaks can be spaced 60-90 minutes apart.

We appreciate having our opinions respected.

Support the students as individuals. Self-esteem and ego are at risk in a classroom environment that is not perceived as safe or supportive. People will not ask questions or participate in learning if they are afraid of being put down or ridiculed. Allow people to admit confusion, ignorance, fears, biases and different opinions. Acknowledge or thank students for their responses and questions. Treat all questions and comments with respect. Avoid saying "I just covered that" when someone asks a repetitive question. Remember, the only foolish question is the unasked question.

We have a deep need to be self-directing.

Engage the students in a process of mutual inquiry. Avoid merely transmitting knowledge or expecting total agreement. Don't "spoon-feed" the participants.

As we grow older, our individual differences increase.

Take into account differences in style, time, types and pace of learning. Use auditory, visual, tactile and participatory teaching methods.

We tend to have a problem-centered orientation to learning.

Emphasize how learning can be applied in a practical setting. Use case studies, problem-solving groups, and participatory activities to enhance learning. Adults generally want to immediately apply new information or skills to current problems or situations.

Note: New information and skills must be relevant and meaningful to the concerns and desires of the students. Know what the needs are of individuals in your class. Students do not wish to learn what they will never use. The learning environment must be physically and psychologically comfortable.

Adapted from:

<http://www.hcc.hawaii.edu/intranet/committees/FacDevCom/guidebk/teachtip/adults-1.htm>

Tips for Working with Older Adults in Physical Activity Programs

by Chaya Gordon, MPH
Research Manager, American Society on Aging

1. Older adults are not a homogeneous group.

A room full of older adults may include a wide range of ages, encompassing several generations. There may be big differences in functional or cognitive capacity. There may also be big differences between individuals based on culture, race, religion, language, sexual orientation, income, education, gender, physical ability, size, or other factors. Age may be a commonality, but each elder is a unique individual.

2. Be aware of ageist attitudes.

Prejudice and discrimination based on age can take many forms, some more obvious than others. For example, “you don’t look 80” is intended as a compliment, but the underlying assumption is that 80 doesn’t look good. Another way we are socialized to be ageist is to expect less of someone based on their age rather than their ability. Watch out for ageist attitudes that you may be expressing inadvertently verbally or in written materials.

3. Older adult? Senior? Elderly? Little old lady? Geezer? Elder?

“Geezer” and “little old lady” are obviously offensive ways to refer to older adults, but what about “elderly” and “senior?” Many feel that these words, while commonly used, are stereotypical and offensive. Also, there are generational differences in the language we use. For example, some older adults are not comfortable being referred to as “you guys.” “Elder” and “older adult” seem fairly neutral and respectful, but remember that people of varying cultural backgrounds may respond to words differently, and everyone may not be comfortable with the same descriptors. Regardless of what words are used, an underlying respect for the elders you’re working with will speak volumes.

4. Focus on the strengths of the individual and group.

Society’s ageist attitudes negatively represent aging as a time characterized chiefly by loss (loss of physical and mental ability, loss of family, friends and social contacts, loss of identity, loss of independence, etc.). While it’s important to acknowledge loss, elders as individuals and as a group have many strengths and assets. Aging is full of negative messages: use this opportunity to tap into and promote the positive side.

5. Be inclusive and nonjudgmental.

Use eye contact and other techniques to engage and include everyone in a group or class. In a group setting some elders may need or want more of your attention than others, which can be very challenging. Try to acknowledge and validate the needs of an individual while immediately refocusing attention back on the whole group. Establish a positive, nonjudgmental tone that supports all participants.

6. Be aware of communication difficulties due to vision or hearing impairments or low literacy.

Many elders have vision and hearing impairments. Others may have low literacy in their primary language (whether it's English or another language), which makes it difficult for them to use written materials. It may be hard to determine if an older adult is having difficulty (or you are having difficulty communicating with them) due to hearing or vision impairment, low literacy, a cognitive problem, or some other problem entirely. Older adults may feel embarrassed or ashamed and may mask these problems. For example, an older man who doesn't know how to read may say he forgot his reading glasses. Make sure everyone in the group can see and hear you. Print materials for older adults should be in a font that's at least 14-point, no italics or script, with high contrast and a clear, simple layout. Lighthouse International has two excellent free pamphlets, "Making Text Legible: Designing for People with Partial Sight" and "Effective Color Contrast: Designing for People with Partial Sight and Color Deficiencies (call 800-829-0500 to request). The Harvard School of Public Health website is an excellent health literacy resource (www.hsph.harvard.edu/healthliteracy).

7. Be aware of fears and concerns that older adults may have.

Losing independence. Isolation. Falling. Getting injured. Not really wanting to participate in a class or program. Not being accustomed to doing physical activity. Not feeling that it's ok to do physical activity. These are just some of the things the elders in a class or program may be experiencing. Listen to their concerns, validate their reality, and appreciate that you are in a position to help them make positive changes in their lives.

8. Pay attention to learning and teaching style.

P.M. Fitts developed the theory that learning a motor skill involves three phases: (1) the cognitive phase (learning, especially by visual cues such as demonstration of the movement; beginning to understand how the task is performed); (2) the associative phase (trial and error learning; decreasing of initial cognitive planning; refinement of necessary motor movements); and (3) the autonomous phase (less conscious thought about the movement). There are many performance variables including the individual's characteristics, motivation, and prior experience; the movement's complexity; and the learning environment.

Older adults can certainly learn new complex motor skills, but may learn at a different rate or need different instructional techniques than younger adults. Be prepared for a wide range of abilities among participants. It is key for an instructor to break down components into small parts. Give participants a lot of positive reinforcement and positive feedback. Pay close attention to proper form and alignment, but encourage individual expression and variation wherever appropriate. And remember, every person can improve her/his level of physical fitness. Be sure to celebrate progress with the participants!

9. Encourage social interaction.

Part of the benefit of participating in physical activity in a group setting is the opportunity for social interaction. Develop techniques to incorporate social interaction in a way that does not conflict with the program's routine or structure. Some possibilities are: a 5 – 10 minute informal warm-up before an exercise class during which participants can talk with each other while walking or doing other warm-up activities, or partner exercises during a class. Create ways to encourage interaction among participants in class and outside of class.

10. Learn from elders — They're the experts!

Chaya Gordon, Research Manager , American Society on Aging,
Email: cgordon@asaging.org , Website: www.asaging.org

Dealing with Different Types of People

Adapted from The Chronic Disease Self- Management Workshop, Leaders Manual*

The following information has been adapted from The Chronic Disease Self-Management Workshop Leaders Manual. The Chronic Disease Self-Management Workshop is a six-week course lead by volunteer lay leaders, which focuses on problem-solving skills related to managing chronic health conditions.

Below you will find descriptions of different types of people and situations you may encounter while teaching *A Matter of Balance*. They are presented to help you to think about how you might handle the situation. Each situation is different, so you will use your best judgment to determine the best way to handle the situation. If a difficult situation persists discuss it with your co-coach and the program coordinator and/or master trainer. With this support, you can best decide how to handle the situation.

The People

The “Too-Talkative” person

This person tends to talk all the time and monopolizes the discussion.

The following suggestions may help:

- Remind the person that we want everyone to have the opportunity to participate equally.
- Refocus the discussion by summarizing the point and move on.
- Spend time listening to the person outside the group.
- Use body language. Don't look toward the person when you ask a question.
- Talk with the person privately. Thank him/her for contributions and ask for help in getting others more involved.
- Thank the person for the good comment, tell him/her that you want everyone to have a turn at answering the question.
- Say that you won't call on someone twice until everyone has had a chance to speak once first.

The “Silent” person

This person doesn't speak in discussions or does not become involved in activities.

The following suggestions may help:

- Watch carefully for any signs (e.g. body language) that the person wants to participate, especially during group activities like brainstorming and problem solving. Call on this person first, but only if he/she volunteers by raising a hand, nodding, etc.
- Be sure the person participates in the action planning and feedback activities.
- Talk to them at the break and find out how they feel about the class.
- Small group activities or working in pairs may help to make this person more comfortable in the class.
- Respect the wishes of the person who doesn't really want to talk; this doesn't mean that they are not getting something from the class.

The “Yes, but...” Person

This is the person who agrees with ideas in principle but goes on to point out, repeatedly, how it will not work for him/her.

The following suggestions may help:

- Acknowledge the participant’s concerns or situation.
- Open up to the group.
- After three “YES, buts” from the person, state the need to move on and offer to talk to the person later.
- It may be that the person’s problem is too complicated to deal with in the group, or the real problem has not been identified. Therefore offer to talk with the person after the session and move on with the activity.
- If the person is interrupting the discussion or problem-solving with “Yes, buts...” remind the person that right now we are only trying to generate ideas. Ask him/her to please listen and offer to discuss the idea later if there is time. If there is no time, again offer to talk to the person during the break or after the session.

The Questioner

This is the person who asks a lot of questions, some of which may be irrelevant and designed to stump the leader.

The following suggestions may help:

- Don’t bluff if you don’t know the answer. Say, “I don’t know but I will find out.”
- Redirect the group: “That is an interesting question. Who in the group would like to respond?”
- Offer to discuss further later.
- When you have repeated questions, suggest that the answers can be found in the book and ask the participant to report back at the next session.
- Deflect back to the topic.

The Know-it-all Person

This is the person who constantly interrupts to add an answer, comment or opinion. This person may know a lot about the topic or may just want to share their pet theories or experiences, eating up class time.

The following suggestions may help:

- Restate the problem.
- Limit contributions by not calling on the person.
- Establish guidelines at the start of the session for brainstorming/ problem-solving activities.
- If the problem persists, invoke the rules of debate: Each member has a right to speak twice on an issue but cannot make the second comment as long as any other member of the group has not spoken and desires to speak.

The Chatterbox

This is a person who carries on side conversations, argues point with the person next to him/her or just talks all the time about personal topics.

The following suggestions might help:

- Stop all proceedings silently waiting for the group to come to order.
- Stand beside the person while you go on with the workshop activities.

Dealing with Different Types of People

- Arrange the seating order so the leader is sitting on either side of the person.
- Restate the activity to bring the person back to the task at hand or say, “Let me repeat the question.”
- Ask the person to please be quiet.

The Class

Creating a welcoming atmosphere

How can you facilitate a warm, relaxed and friendly atmosphere that encourages sharing?

The following suggestions may help:

- Be prepared and greet people when they arrive.
- Arrange seating so that everyone can see each other, if possible.
- Smile or use humor.
- Address people by name, and use nametags so everyone can learn each other’s name.
- Be relaxed before the session starts. Be prepared to teach.
- Structure discussions by telling the group that each person will have a chance to respond. Ask open-ended questions. Give people time to answer before changing the subject, even if there are 30 seconds of silence.

Class Activities

How can you get everyone to participate in class activities?

The following suggestions might help:

- Make sure everyone understands the instructions.
- Review the benefits of activities.
- Set up the expectation that we will do this together.
- State that we want everyone to participate according to what they are able to do.
- If someone doesn’t participate on several occasions or activities, ask him/her about it during break and if there is any way you can help.
- Most people will participate if you set the expectation. Say, “We will now do_____.”
- If someone is uncomfortable about participating in an activity, do not push the person to conform.

Handling Questions

How do you handle questions when you don’t know the answer?

The following suggestions may help:

- If you do not know the answer, it is appropriate to say, “I don’t know.”
- You can ask your co-coach and the group if they know the answer, but only if it is reasonable to expect that they will know the answer. Do not do this for medical questions.
- You can tell the group that you will find out the answer by next week. Ask your program coordinator/Master Trainer to help you find the answer.
- No one is expected to know everything, and knowing everything would be impossible.

Meetings that run out of time

It is important to always end your class at the scheduled time out of respect for the participants. However, if you continually have to end meetings without finishing the activities, then examine how well you are managing your time.

The following suggestions might help:

- Show by example that you are aware of the time. Wear a watch; start and end on time.
- Review the agenda or post it. Inform the group about the time allotments and ask for their cooperation.
- Prepare all materials, flip charts and equipment ahead of time, rather than during the meeting.
- Ask someone else to write for you during the brainstorming sessions.
- Set a stopwatch or assign a timekeeper to tell when time is almost up for discussions or small group activities.
- Work with your co-coach and have him/her signal with a “T” sign when it is time to move on.
- You can use the “parking lot” concept. Keep track of ideas to be discussed or unanswered questions by writing them on a sticky note and placing them on a flip chart to be discussed later, if time allows.

Injury Control

What would you do if a participant sustains an injury during the class?

Tips:

- As a preventative measure, know where the telephone is and know the number to call (e.g. 911).
- The first priority would be to get the level of help needed to the person as fast as possible and to provide comfort to the injured while you are waiting for help to arrive.
- How you would react depends on the severity of the injury. If the injury is major, you most likely would not continue the session. If the injury is minor, the co-coach can continue with the session, once help was obtained.
- Once the co-coach sees that the injured person is being taken care of, he/she can refocus on the needs of the rest of the group.
- If an accident occurs, be sure to inform the program coordinator/master trainer after the immediate needs are handled.
- It is helpful to write a brief summary of what happened and provide it to the program the coordinator/master trainer.
- It is better to be proactive. Ensure that chairs, etc. are arranged for easy access and that access ways are clear (i.e. keep floors clear of cords, loose rugs and clutter).
- Follow the coaching tips for exercise; maintain safety precautions.

Source:

The Chronic Disease Self- Management Workshop, Leaders Manual
Developed by the Stanford Patient Education Research Center
Dr Kate Lorig, RN, DrPH, Virginia Gonzalez, MPH, Diana Laurent, MPH
1000 Welch Road, Suite 204
Palo Alto, CA 94304
www.patienteducation.stanford.edu

Dealing with Different Types of People

Adapted from The Chronic Disease Self- Management Workshop, Leaders Manual

Stages of Change**Prochaska, Norcross, DiClemente (1994)****Pre-contemplation: Not even thinking about change**

- Can't see the problem; denies having a problem
- Actively resists change; thinks it's hopeless, is demoralized
- Blames others for problems and consequences of problem; is defensive
- Feels safe in this stage; no chance of failure and guilt

Strategies: Let participant know you understand that they aren't ready and the decision to change is theirs; explain the potential risks; encourage re-evaluation of current behavior.

Contemplation: Thinking about the change

- Acknowledges problem and begins to think about it; gains insight into the problem
- Struggles to understand the problem, wants to know causes and possible solutions
- Wants reassurance that concerns are understood and can be overcome
- Fears failure and is highly ambivalent; this stage can last a long time

Strategies: Encourage evaluation of pros and cons of behavior change; identify and promote new, positive outcomes as a result of the change.

Preparation: Planning to change

- Still has some ambivalence; needs to convince her/himself that taking action is best
- Knows what s/he wants to do; gathers information on how to do it
- Commits to action; important not to move out of this stage until ready or may relapse

Strategies: Help to identify barriers and problem-solve; break behavior change into manageable steps; encourage self-efficacy, i.e. participants' belief that they can change behavior.

Action: Starts the new behavior

- Changes behavior and surroundings
- Needs greatest commitment of time and energy

Strategies: Encourage and celebrate steps towards change; help to identify support needed.

Maintenance: Continues new behavior

- Continues new habits and behaviors developed in action stage
- Struggles to prevent relapse; lasts from 6 months to forever (first 2 months usually hardest)
- Success is based on sustained, long-term effort and revised lifestyle

Strategies: Help brainstorm alternatives for problems and barriers to prevent relapse; identify local resources/support; continue to celebrate changes made.

Relapse: Resumes unhealthy behaviors

- Opportunity to review action plan and remove barriers for success

Strategies: Identify causes of relapse; develop a plan for getting "back on track"; remind that many successful people try more than once.

Adapted from Senior Services of Seattle/King County, Senior Wellness Project, Health Enhancement Program, Social Work Manual, 2001.



Brainstorming

Brainstorming helps a group to create as many ideas as possible in as short a time as possible - without judgment and discussion along the way. It helps to spark creative solutions to problems.

Brainstorming Approaches:

- a. Structured - everyone gives an idea when it is their turn
 - b. Unstructured –group members share ideas as they come to mind
- * We will use the unstructured approach

Three phases of brainstorming

1. Generation- gather ideas
2. Clarification- review making sure everyone's ideas are clear
3. Evaluation- which ideas/suggestions might work

Rules of the Road

- Quantity not quality- more the merrier
- Never criticize an idea – hold all discussion and judgment
- It's fine to piggyback or build on others' ideas
- Be brief- three word maximum if possible

Brainstorming Steps:

1. Generation
 - Review the “Rules of the Road”
 - Agree on the problem or the question- write it down
 - Write every idea on a flip chart using the contributor's words
 - Do it quickly - 5-15 minutes
2. Clarification - review to make sure everyone's ideas are clear
3. Evaluation - decide which ideas/ suggestions might work

Adapted from *The Memory Jogger, A Pocket Guide of Tools for Continuous Improvement*, Methuen, MA: Goal/QPC, 1988.

Fall Prevention Resources

Falls Free: Promoting a National Falls Prevention Action Plan

<http://www.healthyagingprograms.com/content.asp?sectionid=98>

This website contains the action plan developed during the Falls Free Summit, as well as background research and related information.

A Tool Kit to Prevent Senior Falls

<http://www.cdc.gov/ncipc/pub-res/toolkit/toolkit.htm>

This CDC toolkit contains fact sheets, informational graphics, and brochures about falls prevention for older adults.

Exercise: A Guide from the National Institute on Aging (free)

Exercise: A Video From the National Institute on Aging (\$7.00)

www.nih.gov/nia or 800-222-2225

Safe Steps! Falls Prevention for Seniors

A video from the Home Safety Council

<http://www.homesafetycouncil.org>

This website includes resources and research on home safety, a home assessment checklist, and the Safe Steps Program, a falls-prevention curriculum distributed to older adult activity centers.

Talking with Your Doctor: A Guide for Older People

National Institutes on Aging

www.nih.gov/nia

The Connecticut Collaboration for Fall Prevention

<http://www.fallprevention.org>

Fall Prevention Center of Excellence

<http://www.stopfalls.org>

This website contains extensive information and resources on falls prevention.

“Fallproof! A Comprehensive Balance and Mobility Training

Program” by Debra J. Rose (available from Human Kinetics)

<http://www.humankinetics.com/products/showproduct.cfm?isbn=0736040889>

This evidence-based, multidimensional, practical manual provides detailed research and instruction on mobility and balance.

*** National Resource Center on Supportive Housing and Home Modifications**

<http://homemods.org>

This website has information and training on home modifications, including links to home-safety checklists.

A Matter of Balance Class - Site Application

Date: _____ **Site Name:** _____

Contact Person: _____

Street Address: _____

Mailing Address: _____

Phone: _____ **E-mail:** _____

Contact information for emergencies (Ex: 911): _____

Site Information	Yes	Comments
Please provide directions		
Is the building accessible?		
Please provide instructions for non-residents to enter the building (if applicable)		
Telephone available?		
Parking available?		
Rest rooms available?		
Private room with table and chairs for 10-12?		
Television and DVD/VCR available?		
Space available to set up snacks?		
Would your site be able to provide snacks?		
Space available to store materials between sessions?		
Can you assist with recruiting and registering participants for the class?		

Additional information:



A MATTER OF BALANCE

MANAGING CONCERNS ABOUT FALLS

Attendance

Start Date: / /

End Date: / /

STANDARD FALL

Session

Participant Name:	1	2	3	4	5	6	7	8	Total
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A Matter of Balance: Managing Concerns About Falls

Did not Finish List
(Participants who attended less than 5 sessions)

Class:

Participant	Reason for not completing- if known	MOB Staff Call: Date/Reason	Comments

A MATTER OF BALANCE: MANAGING CONCERNS ABOUT FALLS SNACK SUGGESTIONS

FLUIDS

Water

FRUIT

Strawberries

Grapes

Cherries

Pineapple chunks (canned, use toothpicks)

Dried apricots, peaches, papaya (unsweetened)

Dates

Raisins

100% fruit juice

VEGETABLES

Mini carrots

Celery sticks

Cherry or grape tomatoes

Low-sodium tomato or V-8 juice

Jicama sticks

WHOLE GRAINS

Light popcorn

Crackers

Rice cakes

DAIRY

Low-fat cheese slices

Low-fat string cheese

Low-fat cottage cheese

Low-fat ricotta cheese

PROTEIN FOODS

Soy nuts

Unsalted nuts

Unsalted peanuts

Hummus

Peanut butter or other Nut butters

Developed by: Karen Chagnon, M.Ed., RD
Southern Maine Agency on Aging

A Matter of Balance: Managing Concerns About Falls Participant Agreement

I _____ agree to participate in *A Matter of Balance*.

I have been informed that the sessions will include light to moderate exercise including stretching, balance and range of motion exercises. I take full responsibility for my participation in these exercises. I agree to work within my own comfort zone and agree to stop exercising if I feel any pain or discomfort and will let one of the facilitators know.

I have reviewed the PAR-Q. If indicated, I agree to contact my physician regarding the exercises I will be doing as part of the A Matter of Balance Program.

Because I have answered “yes” on the PAR-Q, I sought the advice of my physician, _____, regarding the A Matter of Balance exercises.

_____ I received permission to engage in the exercises.

_____ I was advised to take the following precautions:

Signature of Participant

Date

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q AND YOU)

(This is a self-evaluation. Please keep for your records.)

Introduction: Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming more physically active. If you are planning to become much more physically active than you are now, start by answering the seven questions below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not accustomed to being very active, check with your doctor.

Directions: Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly, check YES or NO.

YES NO

- ___ ___ 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
- ___ ___ 2. Do you feel pain in your chest when you do physical activity?
- ___ ___ 3. In the past month, have you had chest pain when you were not doing physical activity?
- ___ ___ 4. Do you lose your balance because of dizziness or do you ever lose consciousness?
- ___ ___ 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
- ___ ___ 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
- ___ ___ 7. Do you know of any other reason why you should not do physical activity?

If you answered YES to one or more questions - Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want - as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those that are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

If you answered NO to all PAR-Q questions, you can be reasonably sure that you can:

- Start becoming much more physically active-begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness appraisal-this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

Delay becoming much more active:

- If you are not feeling well because of a temporary illness such as a cold or a fever-wait until you feel better.

Please note: If your health changes so that you then answer YES to any of the questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

A Matter of Balance: Managing Concerns about Falls Coaching Skills

Date:

Session attended:

Coach:

Master Trainer/ Mentor:

Please complete using “S” for satisfactory and “O” for opportunity for improvement and provide comments when indicated.

Coaching Skills	Coach	Mentor	Comments/Suggestions
Follows the curriculum as outlined in the Matter of Balance Manual			
Able to clearly explain topics and activities			
Uses time well and paces activities			
Comfortable leading the group			
Creates an environment that supports and encourages participants in sharing			
Encourages participation using a variety of strategies			
Leads group exercises appropriately and safely			
Maintains a safe environment for the class			
Works well with other coach(es)			

Additional suggestions and observations:

Coach: _____ **Date:** _____

Master Trainer/ Mentor: _____ **Date:** _____

A Matter of Balance Class-Coach Feedback

Coach:

Class Site:

Date	Session	Ideas for Improvement / Suggestions for Future Classes

A Matter of Balance: Managing Concerns about Falls Volunteer Lay Leader Model Coaching Tips

1. Read the entire session through before planning the day's activities.
2. Be flexible, choose activities based on the group's interest. You may not chose to cover every activity outlined in the session.
3. Realize that each session builds on the experience and learning from the prior sessions.
4. Encourage participants to lead their favorite exercise once they are comfortable.
5. Initially, coaches may perform role-plays suggested by participants if the participants are reluctant to try them. Hopefully, participants will join in.
6. Start each session with the learning goals for the day. Ask participants how they benefited from A Matter of Balance since the last class. This may start a lively discussion.
7. Allow time for discussion and the sharing of wisdom. Offer everyone the opportunity to speak. Be patient, sometimes it will take several sessions before individuals engage.

Key terms:

Cognitive restructuring- skill of learning how to shift from negative to positive thinking patterns; thinking about something in a different way.

Self-efficacy – Self-efficacy beliefs, according to Albert Bandura, reflect how people feel, think, motivate themselves and behave (1994). With positive self- efficacy, people believe that they can make and maintain the necessary behavior changes to achieve what they want.

A Matter of Balance: Managing Concerns about Falls Volunteer Lay Leader Model Coaching Tips for Exercise

Light activity should be done at the beginning and end of the exercise routine.

A **warm-up** will gently prepare the mind, body and spirit for exercise. The warm-up helps the body comfortably and safely go from a resting state to an active one by gradually increasing body temperature and heart rate, lubricating joints, stretching muscles, and focusing the mind.

A **cool-down** will gently prepare the mind, body and spirit as exercise is completed. The cool-down will help the body transition comfortably and safely from an active to less active state. Gradually, the body temperature and heart rate decreases, joints, muscles and the mind begin to relax and individuals may enjoy a sense of well-being.

Tips For Safe Leadership:

- Encourage good posture, sit/stand tall with the head up.
- Make eye contact, looking for alert and enthusiastic participation.
- Provide cues and feedback to maintain safe and effective exercise.
- Demonstrate controlled and organized movements.
- Encourage participants to breathe normally while exercising.
- Pause and use deep breathing when transitioning from a sitting to standing position (vice-versa) or when the pace of the exercise changes.
- For standing exercise, utilize a chair or firm surface for balance.
- Participants can review the Age Page and/or the Par-Q to determine exercise readiness.

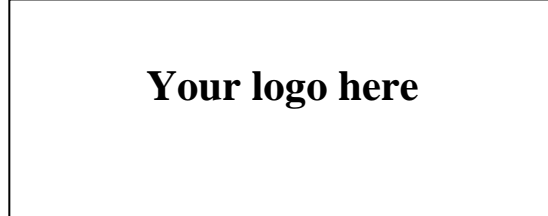
Gentle exercise adjustments:

- For less fit or near-frail individuals, exercises can be adjusted. Each exercise can be done seated, at a slower pace, with less range of motion or with fewer repetitions. Always encourage individuals to exercise according to their own ability.

Simple “Next Step” Suggestions:

- Increase repetitions or add a set to one or more exercises.
- Encourage individuals to practice MOB exercises at home.
- Increase the pace of exercises such as marching or side steps.
- Encourage individual to take a walk and/or stretch at home.
- Seek local resources- consider peer leadership, faith-based communities, senior centers, libraries, schools or YMCA’s for exercise opportunities.

Contact Information



Contact Information

A Matter of Balance: Managing Concerns About Falls Ideas for Creative Coaching

Ice-Breakers

Examples:

- Pictures: Cut out pictures from a magazine- place them on the table, one for each participant. Have each person select one and when the group convenes have participants introduce themselves and share "why" they selected their pictures. You can also use postcards.

Ask group members to:

- Share something that you have with you today that's important
- Share your favorite food as a child

You can build question around the season or holiday, e.g. June: What's your favorite flower? Who can share a most memorable Valentine's Day?

Penny Ante:

Ask a question or have someone pick the question from a "deck of questions". Give a penny or a point for every affirmative answer. The person(s) with the most pennies or points gets to do something "special" that day, e.g. lead/chose the exercises for the day.

Examples:

Who....

Was born in another country?

Has a pet?

Knows another language

Has grandchildren? Etc.....

Who loves.....

to hike, to bike, to walk, to house -clean, to cook, to sew, to knit, to swim, to talk on the phone, etc.?

dogs, cats, birds, fish, etc.?

chocolate, sardines, anchovies etc. ?

Seasonal suggestion: Valentine's Day

Who "Left their Heart in San Francisco?"

Who married their high school sweetheart?

Who has a real sweet tooth?

Ice-Breaker or Energizer

Make A Choice Activity

Use the attached list of choices. Let participants know what the choice is and what to do. For example, "stand up if you are more a country person than a city person".

"Stand if you are a bridge, sit if you are a dam."

You can also ask people to move to one side of the room or the other. You might want to build on this and use it as part of the exercises for the day.

You can also ask people just to raise their hands (this is more of an ice-breaker).

Reinforcement vs. Repetition

Concepts from A Matter of Balance:

Words/concepts from A Matter of Balance can be placed on the A Matter of Balance logo or on seasonal shapes such as hearts, pumpkins, shamrocks or fish. Each person chooses one and then describes how the word(s) relates to what they have learned at A Matter of Balance. This provides an opportunity to review and reinforce the material. There is a lot of wisdom in the group that can be shared during this discussion.

Examples:

Positive thinking	Balance
Confidence-building thoughts	Regular exercise
Assertiveness	Personal Action Planner
Medications	"Fall-ty Habits"
Vision & Hearing	Home safety
Drinking water	Flexibility
Low blood pressure	What to do after a fall

The Puzzle

Enlarge statements from A Matter of Balance such as "Good News: The more risks you eliminate, the lower your chances are of falling". Cut in puzzle pieces, provide to small groups to put together and then share.

Fall Risk Reduction

This is another review option that can be especially helpful in Session 6 - discussion of risky behaviors. Use index cards to list fall risks such as multiple medications, poor vision or hearing, lower extremity weakness, low blood pressure, problems with gait and balance, etc.. Participants pick an index card(s) and then talk about how they can help to minimize that risk. Participants can then deposit their "risks" in a box or basket, which is symbolic of addressing the issue- plus you are getting your cards back.

Teach Back

This approach can be used to cover the material in a different way.

1. Have participants break into pairs/ 3s.
2. Provide paper and good place for writing.
3. Provide the question for each person in a few words in large font (20) on a piece of paper. Be clear with the activity's directions and check for understanding. Ask for a recorder from each group to write down ideas and report back.
4. Write the question(s) on a flip chart, have the group come back together and record their feedback.

Examples:

Activity 4.6 What difference does it make if you are assertive or not?

Activity 6.3 What would you like to spend more time talking about & practicing?

Activities 7.5 & 7.6 Home Safety

- A. Have each small group discuss what they found within their own homes after doing their home safety checklist homework and then report back.
- B. Divide the Home Safety Checklist into categories (kitchen, bedroom, bath, inside, outside, etc.), have each group discuss important aspects and then share/highlight when large group reconvenes.

Additional Ideas for Creative Coaching

- Participants can lead their favorite exercise
- Show Fear of Falling video at first and last class and discuss different perspectives
- "Show and tell" around safety., i.e. walking sticks, ice walkers (YakTrax), swivel seat for the car, reaching devices, etc..

Special thanks to Master Trainers Patricia Keogh, Eastern Agency on Aging and Anne Murray, Southern Maine Agency on Aging for sharing their ideas.

Make a Choice Activity

(To appreciate our differences)

SIT

City

Car

Violet

Popcorn

Waterfall

Dog

Wave

Dam

Mountain

Jet

Sugar

Go

Moon

Evergreen

Eye

Head

Passenger

Rudder

Icing

STAND

Country

Bus

Sunflower

Brownie

Pond

Cat

Beach

Bridge

Valley

Hot Air Balloon

Salt

Stop

Sun

Maple

Ear

Heart

Driver

Sail

Cake

List of Terms

Assertiveness	Flexibility	Medications
Positive thinking	Talking to your doctor	Drinking water
Confidence-building thoughts	Regular exercise	What to do after a fall
Sharing ideas	"Fall-ty Habits"	Safe footwear
Practical/personal solutions	Fall hazards in the home	Good lighting
Lower extremity strength	Getting up from a fall	Reducing fall risks
Low blood pressure	Responsibility	
Balance	Vision and hearing	



Good News!

The more risks you eliminate, the lower your chances are of falling.