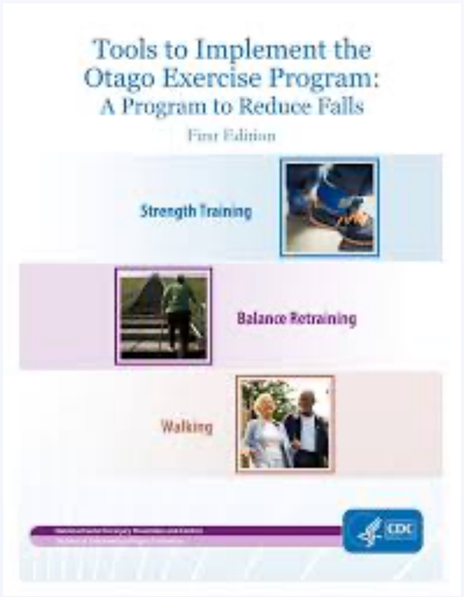
Building Academic-Community Partnerships: Reducing Falls with the Otago Exercise Program

Dr. Jade Bender-Burnett, PT DPT NCS
Department of Physical Therapy, Marymount University, Arlington Virginia

Purpose

This special interest project describes the facilitators, barriers, and mechanisms employed to equip frontline caregivers to identify and refer at-risk older adults to falls prevention programs and support older adults in participating in the Otago Exercise Program (OEP).



Background

Falls decrease quality of life, increase mortality, and are the leading cause of injury to older adults,[1,2] costing the U.S. more than 50 billion dollars annually.[3] OEP is an evidence-based program that reduces falls risk by 35% in persons age 65-97[4] and can be done in a variety of settings.[5]

Caregivers who have daily interactions with older adults can recognize falls risk factors early. Too often, referral for therapy or falls prevention programs occurs after a fall has occurred. It is imperative frontline care providers be able to identify older adults at risk of falling and know where and how to refer at-risk individuals to falls prevention programs.

Description

MU hosts the NVFPA, a group of 35 community agencies and senior serving organizations in Northern Virginia. Leadership in this organization identified the lack of awareness and access to fall prevention programs as well as identification of individuals best suited for each program as limitations in serving their community. Several partners sought help in identifying individuals at risk and supporting the organizations in implementing OEP.

As part of a federal grant to implement OEP for older adults, a pilot training program to aide caregivers in identifying older adults at risk for falls, understand methods for referral and support OEP in the home was developed. Table 1 lists fall risk indicators.

Fifteen nurses, caregivers, and administrative assistants completed the 90 minute in-person training program. In addition, resource lists of Otago trained therapists were provided.

Table 1: Target Population for OEP

Older adults (>/= 65) with signs of functional decline
Older adults (>/= 65) with muscle weakness or balance concerns
Older adults >/=80 years of age, with or without signs of functional decline
Older adults (>/=65) who have fallen in the past year
*Despite functional decline, the individual should be able to walk independently with or without an assistive device.

Observations

Home care agencies are committed to reducing falls and improving quality of life but lack guidance on available programs.

On collating the resource list for Otago trained therapists licensed in VA, only 4 of the 59 therapists were willing to be listed for OEP referral. Due to this lack of resources; additional training was developed for therapists. Twenty-four occupational and physical therapists completed a 2-hour online synchronous training session.

Training materials were developed and initially provided in person; however, due to COVID-19, training transitioned to on-line.

The pandemic slowed this project, but the resulting expansion of digital practice supports OEP use which can be successfully implemented using virtual evaluation and follow-up by a clinician, especially when supported by a trained caregiver at home.

In some cases, the number of therapy visits required for OEP progression may be reduced in the presence of a trained caregiver to assist at home.

OEP support from a caregiver provides accountability and increases the likelihood of the older adult completing the program.

Conclusions

Empowering caregivers to recognize and refer older adults at risk for falling can expedite services and reduce falls risk while improving quality of life.

This project provides valuable information for future areas of need including further education in falls risk identification and evidence-based falls prevention programing and the need for additional VA licensed therapists trained in and available for OEP evaluation and prescription.

Expansion of this pilot to collaborate with other community partners will aide OEP implementation and reduce falls risk in community dwelling older adults.

Future studies looking at Otago referral and implementation feasibility as well as falls risk reduction associated with caregiver supported Otago will be useful.

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References

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