Queensland Stay On Your Feet®



Facilitator Manual













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Enquiries can be directed to:

Team Leader, CHARM Program HACC Services PO Box 429, Miami QLD 4220

Phone: 1300 780 128

This resource was developed and compiled by Elizabeth Aire (BSc.App. Phty) for the CHARM Program, with contributions and assistance from past and present team members including: Laura Banks, Debbie Casey, Kerry Clancey, Wendy Davies, Lynelle Hale, Trish Halliday, Angela Hawkes, Karen Hillsdon, Sue McQuire and Gayle Pollard.

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Finding Your Feet Program Overview

In older adults, falls and unstable balance are a cause of substantial mortality and morbidity, as well as major contributors to residential care placement (Beard et al. 2006; Blyth et al. 2006; Rubenstein 2006). In 2001, 18.2% of Gold Coast residents were aged 60 and over compared to 16.8% in Australia. Falls and their physical and psychological sequelae represent a considerable risk to this community.

The Finding Your Feet program (FYF), was developed and is facilitated by the Community Health Assessment Relearning and Maintenance (CHARM) program, Home and Community Care (HACC) Services, Gold Coast Health Service District. FYF is a group-based mobility, balance and falls prevention program combining structured physical activity (a balance station circuit) and education sessions, and is designed for people who have had a fall, are afraid of falling, or report loss of confidence in their daily activities.

FYF was developed in response to community need and has, over a number of years, evolved into the existing structure which is designed to be as effective as possible while being time efficient. FYF is a multi-disciplinary program (physiotherapist, occupational therapist and social worker/ welfare worker).

FYF addresses the physical, environmental and medical issues that are identified risk factors for falls in community dwelling older people. Also, as a result of the increasing awareness that psychological difficulties related to falls may affect older people, FYF incorporates psycho-social components such as self-efficacy, anxiety reduction, confidence building, coping strategies and capacity building.

FYF emphasises strength and stability training and general activity, as well as promoting confidence and self awareness in activities of daily living, reengagement with the community and improvement of quality of life.







Aim

☐ Finding Your Feet aims to improve mobility, mobility confidence, balance and falls efficacy in older adults with a history of and/or fear of falling.

Rationale

Falls:

- In older adults, falls and unstable balance are a cause of substantial mortality and morbidity (Beard et al. 2006: Blythe et al. 2006; Rubenstein 2006).
- ☐ One in five community dwelling adults over 60 years have a falls history.
- ☐ One in three community dwelling adults over 65 years fall (at least) annually.
- In 2001, 18.2% of Gold Coast residents were aged 60 years and over compared to 16.8% in the rest of Australia. These data suggest that the frequency of falls incidents will be high in the Gold Coast Health Service District.

Activity:

- ☐ Increasing physical activity is one of the strategies known to reduce the incidence of falls (Barnett et al. 2003; Beard et al. 2003).
- → Fear of falling may lead to a reduction in falls self-efficacy, resulting in an avoidance of exercise, leading to physical deconditioning and a greater risk of falls (Cumming et al. 2000).

Self Efficacy:

- ☐ Increasing a person's self-efficacy has shown to be a powerful tool to initiate and change health behaviour (Bandura 1995; Stretcher, McEvoy DeVellis, Becker and Rosenstock 1986).
- ➢ Bandura (1986) found that enactive mastery, vicarious experiences, verbal persuasion and physiological and emotional states influence self-efficacy. Presented as "learning, doing, achieving", "observing how other people do things", "positive verbal support" (including positive self-talk) and "self awareness", these attributes are part of the FYF philosophy.



References:

Bandura, A. (1986). Social Foundations of thought and action: A cognitive theory. Prentice-Hall: Englewood Cliffs, NJ.

Bandura, A. (1995). Self -efficacy in a changing society. Cambridge University Press: Cambridge.

Barnett, A., Smith, B., Lord, S. R., Williams, M. & Baumand, A. (2003). *Community-based group exercise improves balance and reduces falls in at-risk older people: a randomised controlled trial.* Age Ageing, 32, 4, pp. 407-414.

Beard, J., Rowell, D., Scott, D., van Beurden, E., Barnett, L., Hughes, K., et al. (2006). *Economic analysis of a community-based falls prevention program*. Public Health, 120, 8, pp. 742-751.

Cumming, R. G., Salkeld, G., Thomas, M. & Szonyi, G. (2000). *Prospective study of the impact of fear of falling on activities of daily living, SF-36 scores, and nursing home admission*. J Gerontol A Biol Sci Med Sci, 55, 5, pp. M299-305.

Rubenstein, L. Z. & Josephson, K. R. (2002). *Risk factors for falls: a central role in prevention*. Generations, 26, 4, pp. 15-21.

Stretcher, V., McEvoy De Vellis, B., Becker, M. & Rosenstock I. (1986) *The role of self-efficacy in achieving health behaviour change*. Health Education Quarterly, 13, 1, pp. 73-91.







Introduction

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Evaluation of Finding Your Feet

The Finding your Feet program is a six-week intervention that aims to improve mobility, mobility confidence, balance and falls self-efficacy in older adults with a history of falling. FYF addresses physical, environmental and medical issues, however, in addition, it incorporates specific psychological components such as anxiety reduction, confidence building and coping strategies.

This evaluation study, incorporating a "before and after" design, recruited 152 people who attended the FYF program in 2006. Data were collected at the beginning of the program and at six and 12 weeks after the program began. Outcome measures included functional assessment (the timed-up-and-go (TUG) test, 180° turn test and 3-minute walk test), falls history, quality of life, mobility confidence, visual analogue scale (VAS), Falls Efficacy Scale (FES) and a satisfaction survey. Demographic and clinical data were also collected by medical chart audit.

The participants of the FYF program all had a history of falling and required at least two community-based services to be able to remain living in their own home. They were on average 80.6 years old, with 74.3% being women, and the majority had two or more co-morbid medical conditions. The results of the data analysis indicated that FYF program participants benefited from attending the program, with statistically significant improvements in all outcome measures (except health related Quality of Life) after 12 weeks. On average their functional abilities, falls efficacy and confidence improved significantly. In addition, the participants were very satisfied with the FYF program.

The FYF program is highly successful in not only increasing the mobility functioning of the target group, but also in increasing confidence and interest in engaging in the community. While the results of this before and after evaluation need to be treated with some caution, it appears that attendance at the FYF program is beneficial for this 'at risk' population.

Extract from the Final Evaluation Report, Finding Your Feet Program; Prof. Marianne Wallis, email: M.Wallis@griffith.edu.au Chair, Clinical Nursing Research, Griffith University Research Centre for Clinical Practice Innovation







Finding Your Feet Session Outline

| Session 1 | ✓ Welcome and introduction✓ Physical assessments✓ Questionnaires | BALANCE STATIONS |
|-----------|--|--|
| Session 2 | ➢ Home Safety video➢ Discussion: "Falls Prevention and Home Safety" | BALANCE STATIONS |
| Session 3 | □ Discussion: "The Balance Jigsaw" □ Balance and stability exercises □ Home exercise program (HEP) part 1 | BALANCE STATIONS |
| Session 4 | □ Check HEP □ Discussion: "Improving Your Quality of Life" | BALANCE STATIONS |
| Session 5 | Discussion: "Home exercises and activity: staying motivated"→ Home Exercise Program (HEP) part 2 | BALANCE STATIONS |
| Session 6 | ☐ Check HEP ☐ Discussion: "Keeping Up the Good Work" – (setting realistic goals) ☐ Physical re-assessments | BALANCE STATIONS |
| 7 | week break for home exercise program (HEI | P) and activity |
| Session 7 | Check HEP and discuss "Keeping On Keeping On" Physical re-assessments Questionnaires Graduation Party | BALANCE ACTIVITIES OR FUNCTIONAL MOBILITY OR GAMES |



Facilitating a Finding Your Feet program

Staff:

Due to the high falls risk factor of the client group suitable for the Finding Your Feet (FYF) program, it is important to have a high staff to client ratio.

Optimally, health professionals required for FYF are a physiotherapist (PT), an occupational therapist (OT) and a social worker or welfare worker (SW/WW). Experience with the original program showed it to be extremely beneficial to have a nurse included in the team. Staff numbers can be made up with the help of therapy aides or assistants. It may be necessary for manual handling education to be given to staff members who do not usually participate in treatment forms requiring client physical activity.

Equipment and infrastructure:

- □ Gym area (or other suitable room) large enough to accommodate clients, staff
 and equipment
- ☐ Equipment for balance stations (see p. 10 & 11)
- ☐ Coloured tape (for marking out exercise and test parameters on the floor)
- ☐ Timers
- → White board and markers
- Availability of tea/coffee making facilities and access to tap water
- ☐ Crackers/biscuits & cheese (optional), however clients often need to eat
 something after the physical part of the session especially if they are diabetic.
 Clients can be asked to contribute an occasional packet of biscuits, or "healthy
 choice' foods (eg. sandwiches) which helps build the "sharing" concept. The
 "graduation party" is an opportunity for clients to contribute if they wish
- → Photocopied resource material

- → Printed resource material (see p. 65)
- → Pens or pencils for clients







Finding Your Feet Format and Delivery

Finding Your Feet is structured into weekly sessions, each of two hours duration. Clients participate in **40 – 45 minutes of physical activity** (the balance station circuit), a break for tea/coffee/toilet and **50 – 60 minutes of education and discussion**. Whether the physical activity is scheduled first or last will depend on your own timetable and environment. Week 1 and 6 physical evaluations should be completed before the balance station circuit is started, as fatigue can impact on results.

The Balance Station Circuit provides an opportunity for the therapists to give **ongoing feedback** to the clients about how they are doing each particular activity and any changes that can be made to improve safety or effectiveness of the task. **Consistent reiteration and reinforcement helps the client learn the task correctly.** This can also provide time for the social worker/welfare worker to make individual contact with clients, as they can stay with a client as they progress around the circuit.

The discussion groups are intended as interactive forums which utilise the principles of adult learning (sharing knowledge and experiences, exploring and evaluating experiences). They are opportunities to enhance and reinforce the principles of self awareness, self efficacy and self responsibility.

This FYF facilitators' manual is based on the evaluated format of the Finding Your Feet program, as delivered by the CHARM Program, HACC Service and Gold Coast Health Service District.

Other agencies or services facilitating the program may wish to add information to the program in the form of altered or additional sessions. Variations could include increasing the depth of information about nutrition, podiatry, medication or vision by having "stand alone" presentations by appropriate professionals.



The Balance Station Circuit and Activities

The balance station circuit is intended to improve **balance**, **coordination**, **lower limb strength and endurance**. Each "station" consists of an activity designed to simulate a situation clients may have to deal with in the community.

Activities are designed to be challenging and can be progressed to remain challenging as clients improve. It is important that the client understands why the activities need to be challenging, and has confidence that he/she will be doing the activity in a safe environment.

Feedback is given as the client does each activity to help clients learn self awareness and safe techniques.

Clients work at each "station", or activity, repetitively for three minutes, and then at the sound of the timer, move on to the next activity. Always set the direction of movement (clockwise or anti-clockwise) before starting.

If a client becomes fatigued, breathless, or is in pain, he/she may need to "sit out" of the circuit occasionally. When he/she is able, encourage them to continue maximising endurance gain.

| Balance Stations | Progressions |
|--|--------------------------------|
| Dynamic balance square (tape on floor) | Single step |
| | Bigger square, single step |
| | Carry something |
| Wobble board | Hold on both hands |
| | Hold on one hand |
| | No hands |
| Squat | Shallow squat |
| | Lunge |
| Therapy ball | Support with both hands |
| | Support with one hand |
| | No support |
| | Roll bottom forwards/backwards |







| Roll bottom side to side | Roll bottom in circle |
|--------------------------------|------------------------------------|
| | Reach to either side |
| | One foot off floor |
| Sit to Stand | High seat, use hands |
| | High seat, no hands |
| | Low seat, use hands |
| | Low seat, no hands |
| Straight line (tape on floor) | Feet to either side |
| | Closer together |
| | Heel /toe |
| | Carry something |
| Random height steps | Low step > high step |
| | Both hands |
| | One hand |
| | No hands |
| Trampoline | Standing (both hands) |
| | Standing(one hand) |
| | Standing (no hands) |
| | Walking on the spot (progress a/a) |
| | Squats (progress a/a) |
| Ramp and step | Hands on assistance |
| | Minimal assistance |
| | Stand-by assistance |
| Step out lines (tape on floor) | Normal stepping out |
| | Carry something |
| Basket ball hoop (child size) | Easy distance |
| | Further away |
| | Soft surface |
| Random wall numbers (reaching) | Hard floor surface |
| | Soft floor surface |
| | |



Evaluations and Assessments

Self Evaluations:

The Falls Efficacy Scale (FES)

The FES was developed by Tinetti et al. (1990) and is designed to be self assessed. The FES measures clients' confidence in completing ten specific tasks without falling. The range of possible scores is 10 - 100, with the higher scores showing more confidence (see p. 19).

The Quality of Life Scale (QoL)

Four QoL items are rated on a visual analogue scale from o - 10 (no quality to high quality respectively). These items are derived from those described in the Measuring Health text (McDowell & Newell 1996) (see p. 20).

Functional Assessments:

The Timed Up and Go (TUG)

TUG is a basic test which demonstrates clients' balance, functional ability and gait speed.

METHOD: Client begins seated in a standard height arm chair, with their back against the backrest and their arms on the armrests.

Subject should be wearing their normal footwear and using their walking aid (if required). A line is marked on the floor three metres from the chair. The test is timed from the instruction "GO" until the client is seated again.

STANDARD INSTRUCTION: "On the word 'GO' I want you to walk at a comfortable and safe pace to the line on the floor, turn, walk back to the chair and sit down again".

Clients may have a practice walk to become familiar with the test.

The 180° Turn Test

Staggering on turning is predictive of recurrent falls (Tinetti 1986). Five steps or less to achieve the 180° is the goal.

METHOD: Subject is standing with chair or table available to hold if needed (or walking aid if required). Number of steps to turn 180° is counted. A "step" is any attempt of the client to shift weight.

STANDARD INSTRUCTION: "Put your hands by your sides and step around on the spot until you are standing with your back to me."







The Three Minute Walk

Due to the frail nature of many FYF clients (and their co-morbidities), many were unable to walk far. The three minute walk is simply a short version of the standard six minute walk. It gives an indication of endurance and gait speed. METHOD: A flat, straight, obstacle free walkway is needed. This can be simply a passageway (multiple laps will be necessary). As long as the later 3 minute tests are completed in the same environment, this is appropriate. STANDARD INSTRUCTION: "Walk at your normal comfortable pace until you hear

Falls History:

the timer go off."

The client's three month recall of falls, i.e. the three months prior to program commencement, and throughout the three months duration of program.

Data collection timing:

| | Session 1 | Session 6 | Session 7 |
|------------------------|-----------|-----------|-----------|
| Functional assessments | $\sqrt{}$ | $\sqrt{}$ | $\sqrt{}$ |
| QoL | $\sqrt{}$ | | |
| FES | $\sqrt{}$ | | |
| Falls History | V | | |



Session 1

- **⊘** Overview
- **对 Self Assessments**
- *¬* Physical evaluations
- **→ Familiarisation with Balance Station Circuit**

Objectives:

- 1. To explain to the clients how the program works and how we expect it will benefit them, and to start the process of them "taking ownership" for their progress and maintenance of that progress.
- 2. To establish an open and friendly environment where clients will feel comfortable.
- 3. To encourage the development of the "group dynamic" where ideas, experiences and knowledge are shared with each other and the facilitators.
- 4. To establish baseline measures of clients' falls self efficacy, self perceived Quality of Life and functional, balance and endurance abilities.
- 5. To familiarise clients with the concept of the balance station circuit.

Resources for Session 1:

| Name badges | White board and marker(s) |
|--|----------------------------|
| Start Up folders (see p. 17) | Balance station equipment |
| Pens or pencils | Physical assessment sheets |
| Client questionnaires | Water/tea/coffee |
| Timers | |
| Pre-measured test zones for TUG, 180° turn, 3 minute walk | |



Session 1 Plan

| Introduction | Welcome clients and introduce |
|-------------------------------|--|
| Introduction | |
| | facilitators. Housekeeping. |
| Summary of program | Explain the "start up folder" and |
| | timetable, including that the final |
| | session (after 7 week break) is |
| | IMPORTANT. Remind the clients to |
| | bring their folder every week. Explain |
| | what clients will be doing each week. |
| | Emphasise continued self responsibility |
| | and self management. |
| Self Assessments | Explain self assessments. Ask clients to |
| | fill in the "FES" and "QoL" evaluation |
| | sheets & name each sheet. Some clients |
| | will require assistance. |
| Functional Assessments | Explain why the physical tests are useful |
| | and what each tells you. Have each |
| | client complete the three tests. Use |
| | standard procedures. |
| MORNING/AFTERNOON TEA | Use this time to start to get to know the |
| | clients and for them to start to get to |
| | know each other. |
| Balance Station Circuit (BSC) | Explain that the balance station circuit |
| | improves balance by building strength, |
| | endurance and coordination. Emphasise |
| | the supportive and safe environment |
| | and that clients will be "talked through" |
| | each activity as they move around the |
| | circuit. Demonstrate and explain each |
| | activity as you go, using functional/ |
| | practical applications if possible. Have |
| | clients participate in circuit as able. |
| Wrap Up | "The first session is always a bit |
| | challenging" |
| | "You may find you are a bit stiff or sore" |
| | "See you all next week!!" |
| | |







Start Up Folders

To make it easy for clients to keep their handouts together, give each client a folder at the first session. This should contain:

- ☐ The FYF "Timetable"
- ☐ "Before" self assessment Quality of Life
- → Falls self efficacy evaluation
- → Pertinent brochures eg. nutrition information, community support, activity groups
- → Name badge

Encourage clients to bring the folder each week to keep all their handouts contained!



HANDOUT

Finding Your Feet Timetable

| Session | Date | Topic |
|---------|------|---|
| 1 | | Introduction, Assessments, Questionnaires BALANCE STATIONS |
| 2 | | Home Safety video and discussion: "Falls prevention and home safety" BALANCE STATIONS |
| 3 | | Discussion: "The Balance Jigsaw" Stability and body awareness home exercises BALANCE STATIONS |
| 4 | | Discussion: "Improving your Quality of Life" (Bring a photo and something of interest for group discussion) BALANCE STATIONS |
| 5 | | Discussion: "Home exercises and activity" Home exercise program BALANCE STATIONS |
| 6 | | Discussion: "Keeping up the Good Work" (setting realistic goals); assessments re-done BALANCE STATIONS |
| | | SEVEN WEEK BREAK |
| 7 | | Discussion: "Keeping on keeping on" Questions, final assessments, questionnaires, balance activities and challenges |
| | | Graduation Party! (please bring a small plate of food to share) |



HANDOUT

Falls Efficacy Scale (Before)

| | 1 = N | lo co | nfid | ence | 10 | $= E_{i}$ | xtren | ne co | onfic | lence |
|--|-------|-------|--------|-------|------|-----------|-------|-------|-------|-------|
| How concerned are you about the possibility of falling when you take a bath or shower? | 1 | 2 | .3. | .4 | .5. | 6 | .7. | . 8 | .9. | 10 |
| How concerned are you about the possibility of falling when you reach into cabinets or closets? | 1 | 2 | . 3 . | .4 | .5. | 6 | .7. | | 9 | 10 |
| How concerned are you about the possibility of falling when you prepare meals not requiring carrying heavy or hot objects? | 1 | 2 | .3. | .4 | .5. | 6 | .7. | | .9 | 10 |
| How concerned are you about the possibility of falling when you walk around the house? | 1 | 2 | .3 | .4 | .5 | . 6 | .7. | | .9. | 10 |
| How concerned are you about the possibility of falling when you get in and out of bed? | 1 | 2 | .3 | .4 | .5 | . 6 | .7. | | .9. | 10 |
| How concerned are you about falling when you answer the door or telephone? | 1 | 2 | .3 | .4 | .5 | 6 | .7. | | .9 | 10 |
| How concerned are you about the possibility of falling when you get in and out of a chair? | 1 | 2 | .3. | .4 | .5. | 6 | .7. | | .9. | 10 |
| How concerned are you about the possibility of falling when you get dressed and undressed? | 1 | 2 | .3. | .4 | .5. | 6 | .7. | | 9 | 10 |
| How concerned are you about the possibility of falling when you do light housekeeping? | 1 | 2 | .3 | .4 | .5. | 6 | .7. | | .9 | 10 |
| How concerned are you about the possibility of falling when you do simple shopping? | 1 | 2 | .3 | .4 | .5 | 6 | .7. | | .9. | 10 |
| Name: | | | | | | To | tal: | | | /100 |
| Date: / / | F | alls | Effica | acv S | cale | (Ве | efore | ····· | ••••• | ••••• |



HANDOUT

Quality of Life: Self Assessment (Before)

Instruction: Rate your quality of life for each heading using a scale of 1 to 10

| | 1 | = N | o qu | ality | 10 | = Hi | gh le | evel | of qu | uality |
|---|-------|---------|---------|---------|---------|---------|---------|---------|---------|--------|
| DAILY LIVING: | | | | | | | | | | |
| How do you rate your ability to | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| look after yourself? | • • | • • • • | • • • • | • • • • | • • • • | • • • • | • • • • | • • • • | • • • • | |
| HEALTH: | | | | | | | | | | |
| How do you rate your state | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| of health? | ••• | • • • • | • • • • | • • • | • • • • | • • • • | • • • • | • • • • | • • • • | |
| SUPPORT: | | | | | | | | | | |
| How do you rate your level | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| of support from others? | • • • | • • • • | • • • • | • • • | • • • • | • • • • | • • • | • • • • | • • • • | ••• |
| OUTLOOK: | | | | | | | | | | |
| How do you rate your | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| quality of life? | • • • | • • • • | • • • • | • • • • | • • • • | • • • • | • • • • | • • • • | • • • • | |
| | | | | | | | | | | |
| 1 = | = No | cor | ıfide | nce | 10 = | = Coı | mple | te co | onfid | lence |
| LEVEL OF CONFIDENCE | | | | | | | | | | |
| Instruction: Rate your general level of | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| confidence using a scale of 1 – 10 | | • • • • | •••• | • • • • | • • • • | •••• | • • • • | • • • • | •••• | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Name: | | | | | | | | | | |
| Date: / / | | | | | | | | | | |



Testers' Names in full:

Physical Assessment Data She

| | 1 | | 2 | | |
|---|---|---|---|--|--|
| • | | • | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Comments | Numbe (last 3 | 3 Minute Wal Test (metres) | 180° Tu (steps) | Timed Up and Go (seconds) | TEST |
|----------|---------------------------------|-------------------------------|---------------------------|---------------------------|-----------------------------------|
| ents | Number of falls (last 3 months) | 3 Minute Walk Test (metres) | 180° Turn Test (steps) | Up and conds) | |
| | | | | | Session 1 Date: |
| | | | | | Mobility aid used |
| | | | | | Tester initial |
| | | | | | Session 6 Date: |
| | | | | | Mobility aid used |
| | | | | | Tester initial |
| | | | | | Session 7 Mobility Date: aid used |
| | | | | | |
| | | | | | Tester initial |



Session 2

- → Welcome back (facilitators: OT, PT)
- **对 Balance Station Circuit**
- ∀ Video: "Staying On Living Safely at home" (or similar)
- **→ Discussion using "Don't fall for it: Falls can be prevented " booklet (or similar)**

Objectives

- 1. To understand that falls happen to a variety of people and there are many different causes of falls.
- 2. To increase clients' awareness of fall hazards in and around the home.
- 3. To help clients learn to recognise hazards in their own home.
- 4. To suggest things clients can do at home to minimise the chance of falling and having accidents at home, concentrating on simple, commonsense, inexpensive ideas.
- 5. To develop the idea of a "falls plan" with the clients, emphasising the importance of not panicking.
- 6. To discuss/demonstrate/practice ways of getting up from the floor after a fall.

Resources for Session 2:

| TV and video/DVD player | Balance station equipment |
|---|---------------------------|
| Home safety video | Floor mat(s) |
| Falls Prevention booklet | Timer |
| Home safety checklist | |
| Water/tea/coffee | |
| Handout material eg. Vital Call and Home Medicine Review brochures | |
| Information relevant to area re. Home Modification Services etc. | |



Session 2 Plan

| Welcome back | Welcome clients and give brief outline of session. Check how they felt after last week's session, and answer any questions. |
|--|---|
| Balance Station Circuit | Encourage clients to participate in circuit as able. Aim to have full circuit set up this session. Reiterate safety rules ++. Give ongoing feedback to improve safety and efficacy of clients' actions. |
| MORNING/AFTERNOON TEA | |
| Home Safety Video | The video and discussion take about 60 minutes, so it is a good idea to start the video while the clients are having their break. |
| Discussion (occupational therapist) | Provide "Don't fall for it" booklet, discuss general material in booklet. Discuss relevant specific components of booklet as required (see discussion outline). Hand out home check-list. |
| Falls plan and getting up from the floor | Encourage clients to identify a plan of action that might work if they fall. Discuss and demonstrate how to get up from the floor after a fall. |
| Homework | Encourage clients to read the booklet in detail at home, and then fill in their checklist for hazards in their home and garden. Encourage them to think of how to change these and discuss at next session. Explain that you can do a home visit assessment for anyone who thinks they may need home modifications such as rails. |







Session 2 Discussion Outline "Falls Prevention and Home Safety"

Falls

- - → Poor footwear
 - → Effects of medication
 - → Decreased balance and strength

- Aging does not mean loss of independence

Environment and home safety

- → Preventing slips
- → Falls plan

Homework

□ Clients to complete a hazard identification in their home and environment.
 Encourage them to follow up with OT at next session.



HANDOUT

Home Safety Checklist Session 2

Please circle Yes or No to the following questions:

| Do you have adequate lighting in frequently used areas (i.e. living areas and hallways)? | Yes / No |
|---|----------|
| Do you turn a light on when you get up during the night to go to the toilet? | Yes / No |
| Do you use a non-slip mat in wet areas (i.e. in shower or in bathroom)? | Yes / No |
| Do you have a rail in the toilet or shower? | Yes / No |
| Are your mats and rugs secured with double sided tape or do they have a non-slip backing? | Yes / No |
| Are your hallways clear of clutter, electrical cords and other hazards? | Yes / No |
| Are your outside pathways clear of moss, slime or fallen leaves? | Yes / No |
| Do you store frequently used items in your kitchen at waist level? | Yes / No |
| Do you use a cordless phone or carry a mobile phone when walking around the house? | Yes / No |
| Do you keep a spare key somewhere in case of an emergency? | Yes / No |
| Overall, do you feel safe in your environment? | Yes / No |
| (If you answered NO to this question, please speak to your occupational therapist to organise a home visit) | Yes / No |

| Occupational Therapist: |
|-------------------------|
| Phone: |



Session 3

- → Welcome back (facilitators: PT,OT)
- **对 Balance Station Circuit**
- **对 Discussion: The Balance Jigsaw**
- **对 Balance and stability exercises**

Objectives:

- 1. To educate clients about the complexity of the "Balance Jigsaw" and to demonstrate to clients that balance is affected by many different things.
- 2. To help clients be proactive about correcting the risk factors they can change and being more aware of the consequences of those they can't change.
- 3. To encourage clients to think about body awareness and posture.
- 4. To empower them to become "self-managers".
- 5. To understand why they are doing the Home Exercise Program.
- 6. To be able to do all the exercises.

Resources for Session 3:

| Whiteboard and markers | Timer |
|--|------------------|
| Session plan "The Balance Jigsaw" discussion | Water/tea/coffee |
| Exercise tips handout | _ |
| Exercise handouts Session 3 balance and body awareness/stability | _ |
| Balance station equipment | _ |
| Plinth and suitable chair(s) for demonstrating exercises | |



Session 3 Plan

| Welcome back | Welcome clients and give brief outline of session. |
|--|---|
| Check homework | Briefly discuss with group what they found when they checked their own environment for falls risk. Organise any necessary home visits, answer any questions. |
| Balance Station Circuit | Encourage clients to participate as able. Progress as indicated. Continue to give feedback and reinforce changes needed for safety or efficacy. Give positive feedback whenever possible. |
| MORNING/AFTERNOON TEA | |
| Discussion (physiotherapist) | Discuss balance and what affects it (the "balance jigsaw"), using the discussion outline to cover all topics. Encourage questions and comments. |
| Demonstration (balance exercise/ body awareness and stability exercise handouts) | Explain the reasons for doing the balance and stability exercises. Emphasise SAFETY++++. |
| Homework | Encourage clients to try all of the exercises during the week. Aim for minimum three times during the week, if possible every day. |
| | Encourage clients to bring a photo" and "something of interest" to session 4. |







Session 3 Discussion Outline

"The Balance Jigsaw"

Balance is the sum of many variables, some of which we can control, some of which we can't control. However, we can be more aware of the effects of the factors we can't control, and thus keep ourselves safer.

What is Balance?

- ☐ Centre of balance and base of support
- → Posture/symmetry
- ∧ Mobility aids

Factors Influencing Balance

- Age
- → Fitness
- ☐ General Health

- → Pain
- → Footwear

- → Vestibular system
- → Nutrition/hydration
- → Sensation



HANDOUT

Home Exercises Session 3

Balance exercises:

Put on some good music and some comfortable clothes and begin! Each exercise should be performed for three minutes, the task being repeated as often as is comfortable but still challenging. Important – rest if you need to before the three minutes is completed!

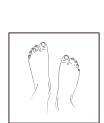
Remember SAFETY, SAFETY!!!

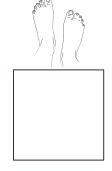
1] Balance awareness:

Stand comfortably with your feet shoulder width apart and concentrate on the feeling of the pressure of the floor under your feet. Have the table in front of you and a chair behind you. Feel the changes as you sway your body – back and forward, side to side. If this is easy for you to do, hold the table with your fingertips and do the exercise with your eyes closed.

2] The Square:

Step into a square to begin this exercise (the square could be a tile, a carpet square, masking tape on the floor or even an imaginary square). Step out of and back into the square in each direction – forwards, backwards, to the left and to the right.







3] The Straight Line:

Choose a straight line (eg. a join in the carpet, a line of tiles, a join in the concrete, the hallway). Walk to the end of the line, putting your (L) foot on the line. Turn carefully and walk back again, putting your (R) foot on the line.





HANDOUT

4] The Chair:

Sit on a chair (this can be a firm dining chair, or to make this exercise harder, choose a lower, softer chair). Move toward the front of the chair, bring your "nose over toes", push down on the arms of the chair and straighten up to standing. Don't forget to look ahead NOT down at the floor! Repeat.

5] Steps:

Practice on steps where you feel safe. Remember, "good" (or strong) leg up first. If you are using a stick, the stick helps the weaker leg and is held in the OPPOSITE hand.

6] Reaching:

Here you are learning where your SAFE limits of reaching are. This means how far you can safely reach for something without losing your balance. Place numbered dots randomly on a wall and reach for them in sequence, first with one hand, then the other. Only touch the dot if you feel you have COMPLETE CONTROL of your balance! If needed, you can take a small step toward the dot.

7] Knee bends:

Stand with your back against the wall and a small cushion or rolled up towel between your knees (optional). Keeping your upper back in contact with the wall, bend your knees so that you slide down the wall a short way. Your thigh muscles should be working hard. If you are using the cushion, make sure you press your knees together to keep it in place! Hold the squat position for 3 seconds and then slide back up the wall. Repeat 10 times or as able.



Start position



Halfway position



End position



HANDOUT

Home Exercises Session 3

SAFETY, SAFETY!!!

Always be safe when you are doing exercises, and hold on to something solid. The bench top or kitchen sink are good options. If you hold on to furniture, use something VERY HEAVY.

Body awareness and stability exercises:

- 1] Body awareness/weight transfer:
- ¬ Stand with your legs apart and feet parallel.
- ¬ Transfer your weight from one leg to the other.
- ¬ Concentrate on the feeling of your weight going through your leg.



Left transfer



Start position



Right transfer



HANDOUT

2] Strengthening stabilizing muscles:

- ¬ Stand straight holding on to the kitchen sink for support.
- □ Lift your leg sideways and bring it back to the middle, keeping your trunk straight throughout the exercise.
- ¬ Repeat ____ times with EACH leg.



Left leg lift



Start position



Right leg lift

3] Strengthening stabilizing muscles:

- ¬ Bring your leg backwards keeping your knee straight.
- ¬ Do not lean forwards. Repeat _____ times with EACH leg.



Start position



Halfway position



End position



HANDOUT

4] Strengthening stabilizing muscles:

- ¬ Stand using the wall or kitchen sink to support you.
- □ Lift one leg as if you are going to take a step.
- ¬ Repeat ____ times with each leg.



Start position



Halfway position



End position

| Physiotherapist: | |
|------------------|--|
| Phone: | |

Reminder for Session 4

For next week's discussion, please bring:

- ¬ A photo of someone or something meaningful to you.
- Something of interest to you (eg. a photo of a holiday moment or pet, a jumper you have knitted, something from childhood or work years...)



Session 4

- *⊼* Check HEP
- **对 Balance Station Circuit**
- **对 Discussion: Improving Your Quality of Life**

Objectives:

- 1. To introduce clients to the psychological difficulties with regard to falling.
- 2. To encourage participants to understand that incorporating specific psychological components into their lives will improve confidence mobility.
- 3. To encourage clients to consider their quality of life and initiatives to improve it.
- 4. To teach clients some coping strategies.

Resources for Session 4:

| Yellow post-it notes | | |
|---|--|--|
| Whiteboard and markers | | |
| Relevant brochures | | |
| Pens | | |
| Handout | | |
| Themes — quality of life, responsibility and confidence | | |
| Photo and article of interest brought in by each client | | |
| Water/tea/coffee | | |



Session 4 Plan

| Welcome back | Welcome clients back and discuss how |
|--|---|
| Welcome back | their week has been |
| Check homework (HEP) | Encourage questions and comments about the HEP |
| Balance station circuit | Encourage clients to participate as able. Progress as indicated. Continue to give |
| | feedback and reinforce changes needed for safety or efficacy. Give positive feedback whenever possible. |
| MORNING/AFTERNOON TEA | |
| Discussion (social worker/welfare worker) | Encourage clients to reflect on their Quality of Life and what this term |
| | means to each individual. Encourage clients to show and discuss the photo each has brought in to the session, explain the importance of the person/pet/object. Encourage clients to present their "articles of interest" to the group and discuss. Promote fitness and good nutrition, discuss benefits of exercise and good sleep patterns. Discuss risk and protective behaviours of social isolation. Discuss strategies to cope with changes which result in losses (eg. independence, mobility, hobbies, interests, social support, self esteem and privacy) and may generate strong emotions. |
| Homework | Ask clients to reflect on the learning from today and their QoL. Remind the |
| | clients that in Session 6 we will be discussing setting realistic goals. |







Session 4 Discussion Outline "Improving Your Quality of Life"

Mobility confidence

Quality of Life (collect a "problem word" from each client prior to group)

Under which QoL heading do the words fit – daily living, health, level of support and outlook on life?

Level of support

- ☐ Identification of social support and its context in clients' lives
- ¬ Risk and protective behaviours of social isolation (who and what)
- ☐ Strategies for further support options (brainstorm)

Assessing Daily Living (encourage clients to present their photo and "article of interest" to the group)

- □ Connectedness, friendship and companionship, support networks and community participation

Healthy Aging

- → Fitness and nutrition
- → Benefits of exercise



Outlook on Life

- ⊿ Anxiety

- → Grief and loss
- → Transitions
- □ Coping strategies (distraction, activity, talking to others, expressing emotions, exercise, relaxation techniques, seeking information, advice and help, diet, sufficient sleep, spiritual/religious beliefs, positive thinking, problem solving)

Close







HANDOUT

Handout Session 4 Risks:

- The likelihood of having a fall increases with age and women are more predisposed to falling than men.
- In the community based population of Australia approximately one
 in three people aged 65 years or older fall annually.
- \supset Between 20 30% of these falls require medical attention.
- The majority of fall related injuries occur in independently living people, often as they move around their own homes!



Session 5

- → Welcome back (facilitators: PT,OT)
- **对 Balance Station Circuit**
- **对 Discussion: Home exercises and activity staying motivated**
- **对 Balance and strengthening exercises**

Objectives:

- 1. To discuss the positive benefits of daily exercise and activity.
- 2. To encourage clients to be able to find ways of maintaining daily activity and exercise.
- 3. To help clients find ways of overcoming any obstacles to daily exercise and activity.
- 4. To present daily exercise and activity as "part of life' NOT an imposition.
- 5. To encourage exploring community options for ongoing activity.
- 6. To demonstrate and discuss strengthening exercises for the lower limb.
- 7. To promote and encourage self responsibility and management.

Resources for Session 5:

| White board and markers |
|--|
| Discussion outline "Home exercises and activity" |
| Exercise handouts Session 5: Lower limb strengthening |
| Balance station equipment |
| Suitable plinth and chair(s) for demonstrating exercises |
| Timer |
| Water/tea/coffee |







Session 5 Plan

| Welcome back | Welcome clients back and check how their week has been. |
|--------------------------------------|---|
| Check homework | |
| Balance station circuit | Encourage clients to participate as able. Progress as indicated. Continue to give feedback and reinforce changes needed for safety or efficacy. Give positive feedback whenever possible. |
| MORNING/AFTERNOON TEA | |
| Discussion (physiotherapist) | Discuss (using the discussion outline) the idea of a daily exercise and/or activity regime – the positives and the negatives. Explain the balance between specific exercises and general activity. Give examples of how to increase activity within daily life. |
| Demonstration (stability and lower | Demonstrate and explain lower limb |
| limb strengthening exercise handout) | strengthening exercises. Emphasise safety ++. Handouts given. |
| Homework | Encourage clients to do the HEP daily for the next seven weeks. Discuss the reality of "good and bad days" and how to work around this. |







Session 5 Discussion Outline "Home exercises and activity - staying motivated"

Discuss with, and emphasise to clients:

- ☐ The need for daily activity, for the rest of their lives.
- ☐ How they can increase activity within their everyday lives.
- ☐ The positive aspects of daily exercise/activity (eg. feeling better, having some control, sleeping better, improving fitness, lifting mood, staying healthier)
- Any negative aspects of daily exercise/activity (eg. causing pain, finding motivation, finding time...), and how to 're-frame' or turn these around.
- ☐ Using variation (routine, environment, music, exercises etc.) to keep motivated.
- ¬ Self responsibility and empowerment.

- Present lower limb strengthening exercises tas 'sink, 'bed' and 'chair' exercises
 − this way, they are easily made a part of clients' daily life, as these are
 frequently used places in our homes.

HANDOUT

Home exercises Session 5

SAFETY, SAFETY, SAFETY!!!

Always be safe when you are doing exercises, and hold on to something solid. The bench top, or kitchen sink are good options. If you hold on to furniture, use something VERY HEAVY.

Stability and lower limb strengthening exercises:

1a] Knee straightening:

- □ Lift your heel off the bed until your knee is straight. Hold for three seconds, lower back to the bed.
- ¬ Repeat five times. If this is easy add five more.



Start position



Halfway position

1b] Knee straightening:

- □ Lift your foot off the floor and straighten your knee.
- → Hold knee straight for three seconds then lower your foot to the ground.
- ¬ Repeat five times with EACH leg. Be careful NOT to lift your thigh off the seat.



Start position



Halfway position



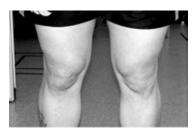
End position



HANDOUT

1c] Knee straightening:

- Stand with both feet flat on the floor.
- ¬ Squeeze the muscle above the knee as tightly as you can for at least five seconds.
- ¬ Rest. Repeat ten times.
- □ Do often throughout the day!



Relaxed position



'Squeeze' position

2a] Knee bending:

- → Pull your heel backwards so you are pulling into the leg or base of the chair.

 → Pull hard for three seconds then relax.
- Repeat _____ times with each leg.





HANDOUT

2b] Knee bending:

- ¬ Stand with your hands on a bench top or the kitchen sink for support. Stand tall.
- → Bend your leg up behind you as far as you can, bending your knee first. DO NOT LEAN FORWARD.
- → Hold your leg bent for three seconds and slowly lower to floor. Repeat five times in a row on EACH leg.







Halfway position



End position

3] Heel raises:

- ¬ Stand up tall holding on to the bench or sink for safety.
- ¬ Place feet about six inches apart.
- ¬ Come up onto your toes then lower heels to the ground.
- ¬ Repeat ten times.



Start position



Halfway position



End position



Session 6

- → Welcome back (facilitators: PT,OT,SW/WW)
- **⊘** Check HEP
- **对 Functional assessments**
- **对 Balance Station Circuit**
- **→ Discussion: Keeping Up the Good Work (setting realistic goals)**

Objectives:

- 1. To establish a mid-program measurement of the clients balance, function and endurance.
- 2. To encourage clients to make exercise and activity a daily lifelong habit.
- 3. To encourage clients to understand and accept that they are responsible for their own commitment to this lifelong habit.
- 4. To explore options for activity in community based groups.
- 5. If the clients show interest, to encourage the group to remain in contact with each other to help stay motivated.

Resources for Session 6:

| White board and markers | Pre-measured test zones TUG, 180° turn | | | | |
|--|--|--|--|--|--|
| Session plan "Keeping up the Good | and 3 minute walk | | | | |
| Work" | Water/tea/coffee | | | | |
| "Choose Health Be Active" booklet | | | | | |
| Handout information on available | | | | | |
| community activity groups | | | | | |
| Handout information on available transport options | | | | | |
| Balance station equipment | | | | | |
| Timer | | | | | |
| Physical assessment paperwork | | | | | |



Session 6 Plan

| Welcome back | Welcome clients back and check on the past week. |
|-------------------------------------|--|
| Check HEP | Check how clients went with trying the |
| | exercises. Encourage comments, discuss |
| | difficulties, applaud successes. |
| Balance station circuit | Encourage clients to participate as able. |
| | Progress as indicated. Continue to give |
| | feedback and reinforce changes needed |
| | for safety or efficacy. Give positive |
| | feedback whenever possible. |
| MORNING/AFTERNOON TEA | |
| Discussion (occupational therapist/ | Discuss: 'Keeping Up the Good Work'. |
| physiotherapist/social worker or | Encourage clients to set realistic goals |
| welfare worker) | which can be part of everyday life. Use |
| | the Exercise and Activity sheet (p. 52 & |
| | 53) to help clients. If desired, distribute |
| | the "Choose Health: Be Active" to the |
| | clients to help with this process. |
| Functional assessments | Remind the clients of the reasons for |
| | the physical tests. Have each client |
| | undertake the three tests. Give positive |
| | feedback when possible! |
| Homework | Keeping up the good work! |
| | Remind them of the importance of the |
| | review group. Ask them to bring a small |
| | plate to share. |
| | · |







Session 6 Discussion Outline "Keeping Up the Good Work"

Discuss with clients and emphasise:

- ☐ They are responsible for taking their new knowledge and skills into everyday life.
- ☐ The final session (after seven weeks break) is an important opportunity to share successes and barriers.

Participation in FYF

- ¬ What do they feel have they achieved by attending FYF?
- □ Understanding the importance of physical activity in daily life.
- ☐ Commonly faced barriers and excuses for not maintaining a healthy lifestyle
 and activity level and how to overcome these.

Goal Setting

- ✓ Use "Choose Health: Be active" booklet* to help clients identify individual activities, time of day and frequency across their week. (*if available, or similar booklet)
- ☐ Use Exercise and Activity Plan (p. 52 & 53) to set realistic goals.
- ☐ Emphasise "Keeping Up the Good Work".

Homework

☐ Clients to try to complete their chosen plan during the seven week break.



HANDOUT

Finding Your Feet – Week 6 Exercise and Activity Plan (example only)

| WHAT ACTIVITY WILL I DO? | HOW OFTEN? | FOR HOW LONG OR HOW MANY TIMES? |
|--------------------------|------------------------------|--|
| 1. Home Exercise Program | At least five times per week | □ 7 eg. 10 minutes exercise twice daily □ (incorporating five different exercises) |
| | A little and often | each time) 7 eg. Whilst watching TV, straighten and bend knee for 2 minutes! |
| | | ¬ eg. Whilst standing at the cash register, tighten and relax knee for 2 minutes! ¬ eg. Whilst standing at the sink waiting for jug on to hold do 5 leg exercises (5 each leg!) |
| 2. Walking | | 2 x 10 minute walks, at least 4 days each |
| | | week |



HANDOUT

| WHAT ACTIVITY WILL I DO? | HOW OFTEN? | FOR HOW LONG OR HOW MANY TIMES |
|--------------------------|------------|--------------------------------|
| | | |
| | | |

Finding Your Feet – Week 6 Exercise and Activity Plan



Session 7

- → Discuss "Keeping On Keeping On" (barriers and facilitators)
- **→** Self Assessments / Physical Evaluations
- *⊼* **Satisfaction Survey**
- **∠** Celebrate!
- **对 Graduation certificates**

Objectives:

- 1. To reinforce the need for the clients to continue with, and take responsibility for, their lifelong commitment to exercise and activity.
- 2. To reinforce the benefits gained from attending the program.
- 3. To answer any questions about balance, exercise and activity which the clients may have.
- 4. To establish "end of program" measurements for the clients, function, balance and endurance.
- 4. To validate and celebrate the clients' achievements.

Resources for Session 7:

| Self evaluation paperwork | Water/tea/coffee |
|--|------------------|
| Physical assessment paperwork | |
| Pre-measured test zones for TUG, 180° turn and 3 minute walk | |
| Equipment needed balance activities/ games | |
| Satisfaction survey paperwork | |
| Graduation certificates | |



Session 7 Plan

| Welcome back! | Welcome the clients back and find out |
|--|--|
| Discussion: "Keeping On Keeping On" (physiotherapist, occupational therapist, social worker) | how they are. Discuss the past seven weeks, how clients have managed their activity/ exercises, answer questions, discuss barriers, and overcoming those barriers. Encourage clients to talk about the |
| | achievements they can see from attending the program. |
| Self assessments | Explain why the self assessments are useful. Ask clients to fill in the FES and QoL scales, remembering to put their names on each. Help any clients who require assistance. |
| Functional assessments | Remind clients of the physical tests and get each of them to undertake the three tests. Give them positive feedback on the results when possible! |
| Satisfaction surveys | Explain the reason we ask clients to complete the satisfaction surveys. Reassure them that they can remain anonymous if desired. Help any clients who need assistance. |
| Balance activities/ functional mobility/ "Balance Bingo" | Challenge the clients with activities which involve their balance reactions and co-ordination, or knowledge of balance issues. Make it fun!! |
| PARTY TIME! | Time for the clients (and you) to enjoy each others' company and good food! |
| Graduation Certificates | Present each client with a graduation certificate and congratulate them on their achievements! Remind them they can contact you again in the future if they need to, however emphasise that the onus is on them to "Keep on Keeping on". |







Session 7 Discussion Outline "Keeping On Keeping On"

- ☐ How clients have been managing in the past weeks.
- ¬ What achievements can the clients seen from attending the program?
- ☐ General activity and how it can be fun as well as beneficial (see games below).
- → Home exercises and /or new activities.
- → Barriers and excuses/overcoming barriers.
- ⊼ Keeping motivated and positive about activity and exercise in daily life.

The mobility and confidence gained by clients is made more meaningful when it is relevant to their daily life. A way of integrating this into the Finding Your Feet program is to include "Functional Mobility" sessions if feasible and practical. Session 7 can be used in this manner.

In a functional mobility session, clients are taken to a community area and given the opportunity to put their new or enhanced skills into practice. Examples of this can be parks or beachfront pathways (grass, slopes, steps, rough paths, bench seats, gutters and children!) or shopping centres (longer distances, crowds, bench seats).

These sessions are limited by needing a high staff: client ratio, accessible transport and favourable weather, however if they are possible, make an extremely worthwhile contribution to the clients' progress and motivation for ongoing community engagement.



HANDOUT

Quality of Life: Self Assessment (After)

Instruction: Rate your quality of life for each heading using a scale of 1 to 10

| | 1 | = N | o qu | ality | 10 | = Hi | gh le | evel | of qı | uality |
|---|------|---------|---------|---------|---------|---------------|---------|---------|---------|---------------------------------------|
| DAILY LIVING: | | | | | | | | | | |
| How do you rate your ability to | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| look after yourself? | | • • • • | ••• | • • • • | •••• | •••• | • • • • | •••• | •••• | |
| HEALTH: | | | | | | | | | | |
| How do you rate your state | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| of health? | •• | • • • • | • • • • | • • • • | • • • • | • • • • | • • • • | • • • • | •••• | |
| SUPPORT: | | | | | | | | | | |
| How do you rate your level | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| of support from others? | • • | • • • • | • • • • | • • • • | • • • • | • • • • | • • • | • • • • | • • • • | ••• |
| OUTLOOK: | | | | | | | | | | |
| How do you rate your | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| quality of life? | •• | • • • • | • • • • | • • • • | • • • • | • • • • | • • • • | • • • • | • • • • | |
| | | | | | | | | | | |
| 1 | = No | cor | ıfide | nce | 10 = | = Coı | mple | ete co | onfic | lence |
| LEVEL OF CONFIDENCE | | | | | | | | | | |
| Instruction: Rate your general level of | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| confidence using a scale of 1 – 10 | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Name: | | | | | | • • • • • • • | | | | · · · · · · · · · · · · · · · · · · · |
| Date: / / | | | | | | | | | | |



HANDOUT

Falls Efficacy Scale (After)

| possibility of falling when you take a bath or shower? How concerned are you about the possibility of falling when you reach into cabinets or closets? How concerned are you about the possibility of falling when you prepare meals not requiring carrying heavy or hot objects? How concerned are you about the possibility of falling when you walk around the house? How concerned are you about the possibility of falling when you get in and out of bed? How concerned are you about the possibility of falling when you get in and out of a chair? How concerned are you about the possibility of falling when you get in and out of a chair? How concerned are you about the possibility of falling when you get dressed and undressed? How concerned are you about the possibility of falling when you get dressed and undressed? How concerned are you about the possibility of falling when you do light housekeeping? How concerned are you about the possibility of falling when you do light housekeeping? | : / / Falls Effic | cacv S | Scale | (B | efore | . | | |
|---|--|--------|-------|-----|-------|--------------|-----|------|
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| How concerned are you about the | , | 4 | 5 | . 6 | | | .9 | 10 |



HANDOUT

Finding Your Feet

SATISFACTION SURVEY

| 1. | What did you achieve as a result of the program? (tick as many as are appropriate for you) |
|----|---|
| | O Walk better |
| | O Sit to stand more easily |
| | O More aware of my body and how it moves |
| | ○ Get out of bed more easily |
| | O Reach more easily |
| | O More aware of my limits |
| | O Going shopping is easier |
| | O Showering is easier |
| | O Other |
| | |
| 2. | What improved for you as a result of the program? (tick as many as are appropriate for you) |
| | O I have more confidence |
| | O I am able to do more |
| | O I can go out more |
| | O I am more independent |
| | O I have less pain |
| | O I feel better about myself |
| | O Other |
| _ | What did you like about the program? (tick as many as are appropriate for you) |
| 3. | O The good atmosphere |
| | O The exercise |
| | |
| | O The company O Chaosing what I was to do |
| | O Choosing what I was to do |
| | O Feeling in control of my therapy |
| | O The transport |
| | O The approachability of the staff |
| | O Other |



HANDOUT

| 4. | Overall, are you satisfied with the service you received? (tick the most |
|----|---|
| | appropriate answer) |
| | O Very satisfied |
| | O Satisfied |
| | O Dissatisfied |
| | O Very Dissatisfied |
| 5. | Considering the goals of your therapy, do you feel that your wishes and preferences were fully considered? (tick the most appropriate answer) |
| | O Very definitely |
| | O To a satisfactory extent |
| | O To some extent |
| | O Not at all |
| 6. | Was the service provided at a suitable time for you? (tick the most appropriate answer) |
| | O Yes |
| | O Sometimes |
| | O No |
| | O Comments |
| | |
| 7. | From which session/s did you gain most? (tick the most appropriate answer) |
| | O[1] - Introduction and assessments |
| | O [2] - Home safety/falls plan |
| | O [3] — Balance and stability |
| | ○[4] – Improving your quality of life |
| | ○[5] — Home exercise and activity |
| | ○ [6] – Keeping up the good work |
| | ○[7] — Graduation and final assessment |
| | |



HANDOUT

| 8. | From which session/s did you gain least? (tick the most appropriate answer) |
|-----|---|
| | O[1] - Introduction and assessments |
| | O[2] - Home safety/falls plan |
| | O[3] — Balance and stability |
| | O[4] – Improving your quality of life |
| | O[5] – Home exercise and activity |
| | ○ [6] – Keeping up the good work |
| | ○ [7] – Graduation and final assessment |
| 9. | Did you do your home exercise program? (tick the most appropriate answer) |
| | O Yes |
| | O No |
| | O If YES, how often? |
| 10. | Are there any improvements you feel could be made to the program? |
| | |
| | |
| | |
| | |
| | |

Thank you for completing this survey!
It will assist us to provide the best service possible.



Certificate of Achievement

Awarded to

Congratulations on your achievements at "Finding Your Feet"

May you continue to have

BALANCE

in your life!

DD MM YYYY



Resources & Information

Brochures:

- ¬ Don't fall for it. Falls can be prevented! A guide to preventing falls for older people Australian Government, Department of Health and Ageing www.health.gov.au | Ph: 1800 500 853
- Staying On: Stay active and independent in your home HACC Resource Unit, Chermside, Brisbane Ph: o7 3350 8653
- 7 Choose Health: Be Active. A physical activity guide for older Australians Australian Government, Department of Veterans' Affairs www.dva.gov.au | Ph: 1800 500 853
- National Physical Activity Guidelines for Australians Australian Government, Department of Health and Ageing www.health.gov.au | Ph. 1800 020 103
- 7 Food for Health: Dietary Guidelines for Australian Adults
 Australian Government, Department of Health and Ageing
 Ph: 1800 020 103
- 7 Confident, Safe & Secure Living in Queensland: A Handbook on Safety for Seniors Queensland Government, Queensland Police Service www.police.qld.gov.au | Ph: 07 3234 2111

DVD:

Staying On: Living at Home SafelyHACC Resource Unit, Chermside, BrisbanePh: 07 3350 8653

Additional resources and sources of information:

- ∠ Local community-based services such as self help groups (eg. arthritis, chronic disease management) Refer to your local community directory
- Zocal transport options Contact your local transport department, council or health clinic
- □ Local food services (eg. Meals on Wheels) Contact Nutrition Australia:
 www.nutritionaustralia.org or Meals on Wheels: www.mealsonwheels.org.au
- □ Information about relevant diseases/syndromes (eg. Stroke, Parkinson's Disease) Contact your local health clinic
- Flyers for local support groups as appropriate (eg. Stroke, Parkinson's' Disease) Contact your local health clinic or council
- Brochures/flyers for local activity and/or exercise groups such as Just Walk It, pool programs, tai chi, gentle exercise groups etc Contact your local council or refer to your local community directory
- Gold Coast Healthy Ageing Partnership Initiative Contact Gold Coast Population Health Unit, Ph: 07 5509 7222



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