

Queensland **Stay On Your Feet**<sup>®</sup>



# Finding Your Feet

## Facilitator Manual



## Finding Your Feet Facilitator Manual

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## Finding Your Feet Program Overview

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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, re-engagement with the community and improvement of quality of life.



## Finding Your Feet Facilitator Manual

### 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.



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## Finding Your Feet Facilitator Manual

### Introduction

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## Finding Your Feet Facilitator Manual

### 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;  
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## Finding Your Feet Facilitator Manual

### Finding Your Feet Session Outline

<b>Session 1</b>	<ul style="list-style-type: none"> <li>➤ Welcome and introduction</li> <li>➤ Physical assessments</li> <li>➤ Questionnaires</li> </ul>	BALANCE STATIONS
<b>Session 2</b>	<ul style="list-style-type: none"> <li>➤ Home Safety video</li> <li>➤ Discussion: “Falls Prevention and Home Safety”</li> </ul>	BALANCE STATIONS
<b>Session 3</b>	<ul style="list-style-type: none"> <li>➤ Discussion: “The Balance Jigsaw”</li> <li>➤ Balance and stability exercises</li> <li>➤ Home exercise program (HEP) part 1</li> </ul>	BALANCE STATIONS
<b>Session 4</b>	<ul style="list-style-type: none"> <li>➤ Check HEP</li> <li>➤ Discussion: “Improving Your Quality of Life”</li> </ul>	BALANCE STATIONS
<b>Session 5</b>	<ul style="list-style-type: none"> <li>➤ Discussion: “Home exercises and activity: staying motivated”</li> <li>➤ Home Exercise Program (HEP) part 2</li> </ul>	BALANCE STATIONS
<b>Session 6</b>	<ul style="list-style-type: none"> <li>➤ Check HEP</li> <li>➤ Discussion: “Keeping Up the Good Work” – (setting realistic goals)</li> <li>➤ Physical re-assessments</li> </ul>	BALANCE STATIONS
<b>7 week break for home exercise program (HEP) and activity</b>		
<b>Session 7</b>	<ul style="list-style-type: none"> <li>➤ Check HEP and discuss “Keeping On Keeping On”</li> <li>➤ Physical re-assessments</li> <li>➤ Questionnaires</li> <li>➤ Graduation Party</li> </ul>	BALANCE ACTIVITIES OR FUNCTIONAL MOBILITY OR GAMES



## Finding Your Feet Facilitator Manual

### 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
- First Aid kit
- 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
- Television
- Video/DVD player and resource material (see p. 65)
- Printed resource material ( see p. 65)
- Pens or pencils for clients
- Name tags



## Finding Your Feet Facilitator Manual

### 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.



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



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<b>Roll bottom side to side</b>	Roll bottom in circle
	Reach to either side
	One foot off floor
<b>Sit to Stand</b>	High seat, use hands
	High seat, no hands
	Low seat, use hands
	Low seat, no hands
<b>Straight line</b> (tape on floor)	Feet to either side
	Closer together
	Heel /toe
	Carry something
<b>Random height steps</b>	Low step > high step
	Both hands
	One hand
	No hands
<b>Trampoline</b>	Standing (both hands)
	Standing(one hand)
	Standing (no hands)
	Walking on the spot (progress a/a)
	Squats (progress a/a)
<b>Ramp and step</b>	Hands on assistance
	Minimal assistance
	Stand-by assistance
<b>Step out lines</b> (tape on floor)	Normal stepping out
	Carry something
<b>Basket ball hoop</b> (child size)	Easy distance
	Further away
	Soft surface
<b>Random wall numbers</b> (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 0 - 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."**



## Finding Your Feet Facilitator Manual

### 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 the timer go off.”

### Falls History:

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
<b>Functional assessments</b>	√	√	√
<b>QoL</b>	√		√
<b>FES</b>	√		√
<b>Falls History</b>	√		√