



Session 7

- **Welcome back and catch up (facilitators: PT,OT,SW/WW)**
- **Discuss “Keeping On Keeping On” (barriers and facilitators)**
- **Self Assessments / Physical Evaluations**
- **Satisfaction Survey**
- **Balance activities and challenges**
- **Celebrate!**
- **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



Finding Your Feet Facilitator Manual

Session 7 Plan

Welcome back!	Welcome the clients back and find out how they are.
Discussion: “Keeping On Keeping On” (physiotherapist, occupational therapist, social worker)	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 see 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.
- Staying connected.

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.



Finding Your Feet Facilitator Manual

Use the opportunity to reinforce clients' knowledge of balance and safety by holding a "Balance Bingo" competition. Each client has an A4 sheet with 8 feet printed on it. Each client has 8 cut-out feet. Ask questions relating to each of the discussion sessions and generate discussion from the answers to reinforce information given during the program. Whoever has the correct answer first, gets to put a foot on his/her page, until...BINGO! This game initiates a lot of discussion, idea and comment from clients.

Introduce balance activities such as:

- **Quoits**
- **Basketball (indoor, child size hoop)**
- **Tenpin Bowls (indoor set)**

Clients can be split into teams and contest these "games", which reinforce that they have learnt new skills, are more self-aware, are safer and can do things they have not done before or done for a long time.



Quality of Life: Self Assessment (After)

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

1 = No quality 10 = High level of quality

DAILY LIVING:

How do you rate your ability to look after yourself?

1 2 3 4 5 6 7 8 9 10
.....

HEALTH:

How do you rate your state of health?

1 2 3 4 5 6 7 8 9 10
.....

SUPPORT:

How do you rate your level of support from others?

1 2 3 4 5 6 7 8 9 10
.....

OUTLOOK:

How do you rate your quality of life?

1 2 3 4 5 6 7 8 9 10
.....

1 = No confidence 10 = Complete confidence

LEVEL OF CONFIDENCE

Instruction: Rate your general level of confidence using a scale of 1 – 10

1 2 3 4 5 6 7 8 9 10
.....

Name:

Date: / /



Falls Efficacy Scale (After)

1 = No confidence 10 = Extreme confidence

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 8 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 8 9 10

How concerned are you about the possibility of falling when you walk around the house? 1 2 3 4 5 6 7 8 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 8 9 10

How concerned are you about falling when you answer the door or telephone? 1 2 3 4 5 6 7 8 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 8 9 10

How concerned are you about the possibility of falling when you get dressed and undressed? 1 2 3 4 5 6 7 8 9 10

How concerned are you about the possibility of falling when you do light housekeeping? 1 2 3 4 5 6 7 8 9 10

How concerned are you about the possibility of falling when you do simple shopping? 1 2 3 4 5 6 7 8 9 10

Total: /100

Name:

Date: / / Falls Efficacy Scale (Before)



Finding Your Feet

SATISFACTION SURVEY

1. What did you achieve as a result of the program? (tick as many as are appropriate for you)

- Walk better
- Sit to stand more easily
- More aware of my body and how it moves
- Get out of bed more easily
- Reach more easily
- More aware of my limits
- Going shopping is easier
- Showering is easier
- Other _____

2. What improved for you as a result of the program? (tick as many as are appropriate for you)

- I have more confidence
- I am able to do more
- I can go out more
- I am more independent
- I have less pain
- I feel better about myself
- Other _____

3. What did you like about the program? (tick as many as are appropriate for you)

- The good atmosphere
- The exercise
- The company
- Choosing what I was to do
- Feeling in control of my therapy
- The transport
- The approachability of the staff
- Other _____



4. Overall, are you satisfied with the service you received? (tick the most appropriate answer)

- Very satisfied
- Satisfied
- Dissatisfied
- 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)

- Very definitely
- To a satisfactory extent
- To some extent
- Not at all

6. Was the service provided at a suitable time for you? (tick the most appropriate answer)

- Yes
 - Sometimes
 - No
 - Comments _____
-

7. From which session/s did you gain most? (tick the most appropriate answer)

- [1] - Introduction and assessments
- [2] - Home safety/falls plan
- [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



8. From which session/s did you gain least? (tick the most appropriate answer)

- [1] - Introduction and assessments
- [2] - Home safety/falls plan
- [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

9. Did you do your home exercise program? (tick the most appropriate answer)

- Yes
- No
- 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.



Finding Your Feet

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: 07 3350 8653
- *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
- *Food for Health: Dietary Guidelines for Australian Adults*
Australian Government, Department of Health and Ageing
Ph: 1800 020 103
- *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 Safely*
HACC Resource Unit, Chermside, Brisbane
Ph: 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
- Local 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