



## Session 1

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- **Introduction (Facilitators: PT, OT, SW/WW)**
- **Overview**
- **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	



## Finding Your Feet Facilitator Manual

### Session 1 Plan

<b>Introduction</b>	Welcome clients and introduce facilitators. Housekeeping.
<b>Summary of program</b>	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.
<b>Self Assessments</b>	Explain self assessments. Ask clients to fill in the “FES” and “QoL” evaluation sheets & name each sheet. Some clients will require assistance.
<b>Functional Assessments</b>	Explain why the physical tests are useful and what each tells you. Have each client complete the three tests. Use standard procedures.
<b>MORNING/AFTERNOON TEA</b>	Use this time to start to get to know the clients and for them to start to get to know each other.
<b>Balance Station Circuit (BSC)</b>	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.
<b>Wrap Up</b>	“The first session is always a bit challenging...” “You may find you are a bit stiff or sore...” “See you all next week!!”



## Finding Your Feet Facilitator Manual

### 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
- List of useful phone numbers i.e. local community services
- Name badge

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



## Finding Your Feet Timetable

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



## Falls Efficacy Scale (Before)

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)



## Quality of Life: Self Assessment (Before)

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: / / .....



## Finding Your Feet Facilitator Manual

### Physical Assessment Data Sheet

Client Name: .....

TEST	Session 1	Mobility	Tester	Session 6	Mobility	Tester	Session 7	Mobility	Tester
	Date:	aid used	initial	Date:	aid used	initial	Date:	aid used	initial
<b>Timed Up and Go</b> (seconds)									
<b>180° Turn Test</b> (steps)									
<b>3 Minute Walk Test</b> (metres)									
<b>Number of falls</b> (last 3 months)									
<b>Comments</b>									

Testers' Names in full: .....

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## Session 2

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- **Welcome back (facilitators: OT, PT)**
- **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

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Home safety video

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Falls Prevention booklet

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Home safety checklist

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Water/tea/coffee

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Handout material eg. Vital Call and Home Medicine Review brochures

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Information relevant to area re. Home Modification Services etc.

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Balance station equipment

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Floor mat(s)

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Timer

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## Finding Your Feet Facilitator Manual

### Session 2 Plan

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<b>Welcome back</b>	Welcome clients and give brief outline of session. Check how they felt after last week's session, and answer any questions.
<b>Balance Station Circuit</b>	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.
<b>MORNING/AFTERNOON TEA</b>	
<b>Home Safety Video</b>	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.
<b>Discussion (occupational therapist)</b>	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.
<b>Falls plan and getting up from the floor</b>	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.
<b>Homework</b>	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.

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## Session 2 Discussion Outline

### “Falls Prevention and Home Safety”

#### Falls

- Increase with age
- More significant as injury increases
- Increased risk factors:
  - Reduced health
  - Poor footwear
  - Effects of medication
  - Decreased balance and strength
  - Hazards of environment
- Falls at home = 60% of total
- Falls can be prevented
- Injury can be minimised
- Aging does not mean loss of independence

#### Environment and home safety

- Lighting
- Preventing slips
- Community access
- Falls plan

#### Homework

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



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

Occupational Therapist: .....

Phone: .....