

A MATTER OF BALANCE: Managing Concerns about Falls VOLUNTEER LAY LEADER MODEL



Coach Handbook

Revised 2022

A Matter of Balance Volunteer Lay Leader Model
MaineHealth
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A Matter of Balance: Managing Concerns About Falls

Lay Leader Model

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Managing Concerns about Falls
VOLUNTEER LAY LEADER MODEL**



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A Matter of Balance Volunteer Lay Leader Model
MaineHealth's Partnership for Healthy Aging
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A MATTER OF BALANCE: MANAGING CONCERNS ABOUT FALLS

A Matter of Balance: Managing Concerns about Falls

A Matter of Balance: Managing Concerns About Falls

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Inquiries regarding the original program may be directed to Boston University, Health & Disability Research Institute, 53 Bay State Road, Boston, Massachusetts, 02215. A Matter of Balance was created with support from the National Institute on Aging.

A Matter of Balance Lay Leader Model was developed by a grant from the Administration on Aging (#90AM2780) for Southern Maine Agency on Aging, MaineHealth's Partnership for Healthy Aging, Maine Medical Center Division of Geriatrics and the University of Southern Maine, School of Social Work. All rights reserved, MaineHealth's Partnership for Healthy Aging.

A Matter of Balance Volunteer Lay Leader Model

Recognized for Innovation and Quality in Healthcare and Aging, 2006, American Society on Aging.

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The Coach Handbook was adapted from the original Matter of Balance Manual for use by volunteer lay leaders. It contains all the activities, references and handouts necessary to coach the class.

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Your primary responsibilities as a *Matter of Balance* coach are:

Preparation

To prepare yourself for an effective class:

- Carefully review each session and all support materials.
- Use the “Notes” space to personalize the program to your own coaching style.
- Prepare all necessary materials, such as flip charts in advance of the session.

Physical exercises are an important part of this program. You can help participants prepare for the program by suggesting they obtain physician clearance to participate in the exercises, as indicated. Individuals are encouraged to exercise according to their own ability.

Use of *A Matter of Balance* Materials

Conduct all session activities according to the directions and support materials provided, so that a consistent training experience is provided to all participants. *A Matter of Balance* is an evidence-based program. It has been proven to work.

Facilitation of learning discussions

Promote active discussion of the concepts and skills presented in the program. Redirect discussion if it strays too far from the key points being taught.

Facilitation of exercises

Demonstrate all exercises. Provide verbal cueing to group participants as they learn exercise techniques. Encourage participants to exercise according to their own abilities.

Clarification

Clarify any misunderstandings and answer questions raised by participants. Seek guidance from the *Matter of Balance* supervisor when necessary.

Notes

Notes**Promoting reflection**

Invite participants to examine their own experiences in light of the concepts and exercises presented in the program.

Consideration for participants

Reinforce participant responses; encourage each participant to contribute to discussions.

Monitoring and coaching

Observe participants as they learn; evaluate learning performance and coach as needed.

Promoting socialization

During break times, before and after session, encourage conversation among participants to help them get to know one another.

Please note:

Effective coaches are highly flexible and attentive to the group's needs. Each session provides numerous activities. The coach can decide which areas can be expanded or shortened. In many cases, the coach will be presented with options for structuring a given activity. These options typically present highly structured activities and less structured activities that allow for more independent work among participants. It is the coach's responsibility to decide which of the options would be best for the group.

To use a lay leader model, it is important that volunteers be trained prior to coaching. Further, a program coordinator and/or master trainer should be available for support and as a resource to the coach throughout the program. The master trainer should be familiar with 1) special needs of older adults, 2) the Matter of Balance curriculum, and 3) group process.

Workbooks, Videos, Equipment, Supplies, Refreshments

Notes

Coach Handbook

The Coach Handbook was adapted from the *Matter of Balance* Manual for volunteer lay leaders. It contains all the activities, references and handouts necessary to coach the class. The approximate time to complete each activity is included and may be adjusted to meet the needs of the group. There are many activities to pick from based upon the group's interest.

The following icons were created to help identify different session activities:



Overview of the session.



What to bring to the session.



The target(s) for the activity. What participants will learn to help meet the goals of the day.



A teaching/learning activity.



Group discussion.

Notes**FLIP CHART**

Indicates an activity where using a flip chart or an overhead projector is helpful.

**SNACKS**

Snack time.

**EXERCISES**

A Matter of Balance exercises.

Participant Workbook

The participant workbook contains the class schedule, the handouts, homework and exercises that participants will use during the class. Participants can keep the workbook and continue the exercises at home after the class has ended.

Videos

A Matter of Balance uses two videotapes:

Fear of Falling: A Matter of Balance

This video empowers older adults to enhance or restore their quality of life by:

- 1) overcoming the fear of falling
- 2) taking active steps to reduce the risks of falls

Exercise: It's Never Too Late

This video presents some of the common fears and misconceptions older adults have about exercising.

Equipment and Supplies



Name tags
Markers and tape
Flip chart and stand
TV/DVD
Attendance sheet
Pencils
Participant workbooks

Notes

Refreshments



A snack is provided during each session. As an example, refreshments could include fruit, crackers and low-fat cheese, carrot or celery sticks, light popcorn, soy nuts and water. Paper goods include napkins, small plates and cups.

The Learning Model

A Matter of Balance Activities uses a combination of techniques and media to support the learning of key concepts.

Videos

- *Fear of Falling: A Matter of Balance*: used in session 1 to introduce important program concepts and learning points.
- *Exercise- It's Never too Late*: used to introduce the discussion on the benefits of exercise that is held during session 3.

Notes**Coach Presentation**

The coach provides information and examples and briefly explains the basic concepts being covered in the activity. The coach can use a flip chart or overheads and ask the participants to follow along in their workbooks to help promote group discussion.

Learning Discussions

Group discussions provide the opportunity for participants to exchange ideas and to learn from each other. Whether in large or small groups, participants can do problem-solving, seek clarification, and increase skills and self-awareness.

Learning Exercises

Group and individual exercises illustrate, expand, reinforce, and provide practice with key concepts and skills. Role-play helps to develop insights about a topic and provides practice in a skill discussed in class. The coaches may present the role-play if the participants are uncomfortable with this activity.

Physical Exercises

Group exercises are conducted in Sessions 3 to 8 to improve participants' strength, flexibility, and endurance.

Notes**Healthcare Connection**

A healthcare professional (such as a physical therapist, occupational therapist, or registered nurse), is invited to attend a MOB session for one hour to provide information and answer questions for participants. The visit can take place during session 4 through 7, based on the group's interest and the visitor's availability.

The Guest Healthcare Professional Handbook provides information about *A Matter of Balance* and a sample of questions frequently asked by participants.

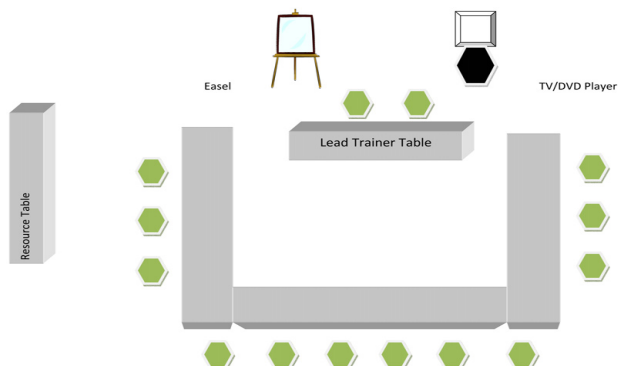
Balance testing can be added as supplemental activity with the test being administered by a healthcare professional who is familiar with the procedures.

Meeting Room Set-up

The class requires space for group discussion at all sessions and space for exercising during sessions 3-8.

The discussion space can be set up in a "U" shape with the coach at the front of the room. A table is needed at the front of the room for the supplies and the audio-visual equipment. Or, participants can be grouped around smaller tables with the coach at the front.

The exercise area should be an open space that allows each participant enough room to stand, arms spread apart, without touching another group member. Smaller groups can exercise in a circle. Larger groups may form rows. Space must be allowed for chairs and assistive devices, as needed.



Notes**To prepare yourself for each session:**

- Make sure you have all the necessary materials.
- Read the entire session in the Coach Handbook and be familiar with the references, the participant handouts and materials.
- Prepare name tags.
- Make sure the room is set up for the class.
- Check to see that the TV/DVD is available and working for sessions 1 and 3.
- Prepare examples and personal anecdotes to show how concepts taught in the session may have been reflected in your own experiences. Make a note of them in your handbook.
- Prepare your flip chart or overheads and arrange them in the proper order.
- Prepare a simple snack for participants.

Please note:

If you are working with another coach, make time to review what happened at the last class and plan today's session together.

OVERVIEW**INTRODUCTION TO THE PROGRAM**

OVERVIEW

Goals

- To share *A Matter of Balance* (MOB) goals and how the class will work.
- To welcome group members, introduce them to each other and help them to feel comfortable.
- To introduce group members to the concept of helpful and unhelpful beliefs about falls and concerns about falling.



BRING

Materials

Name tags
 Markers and tape
 Flip chart
 Attendance sheet
 Pencils, paper
 Snacks, water, cups, napkins, plates
 Participant workbooks
 TV/DVD Player
Fear of Falling video
 Forms (Participant Agreement, PAR-Q, Consent Form, First Session Survey)

References for the Coach

Reference 1.2—Fear of Falling Fact Sheet

Reference 1.3—Fall Fact Sheet

Handouts

Handout 1.1—Group Meeting Schedule

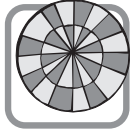
Handout 1.2—Fall-Related Attitudes Survey

Notes

"I found the balance program to be very helpful, especially in improving my mental attitude toward the matter of falling."

AGENDA**INTRODUCTION TO THE PROGRAM****Activity 1.1 Welcome**

5 minutes

**TARGET**

Welcome group members, introduce them to each other and help them to feel comfortable.

Materials

Participant Workbook

Name Tags

Attendance Sheet

**LEARN**

- Introduce yourself & welcome group members.
- Take attendance.
- Provide Participant Workbooks and name tags.
- Complete Participant Agreement, PAR-Q, First Session Survey, and Consent Form if required.

**TARGET****Activity 1.2 Presentation**

20 minutes

Share *A Matter of Balance* (MOB) goals and how the class will work.

Materials

Participant Workbooks

Handout 1.1—Group Meeting Schedule

Reference 1.1—Presentation Outline (provided directly below)

Reference 1.1 Presentation Outline**LEARN**

The coach will:

Describe the program's purpose, which is to help older adults reduce their fear of falling thereby enhancing activity levels.

Notes

NotesEmphasize:

- The first step toward a healthier attitude toward falls and fear of falling is to understand one's own beliefs or biases.
- During this class, participants learn to recognize their positive and negative beliefs about falls and how to shift from self-defeating and limiting thinking patterns to positive thinking patterns. This can lead to success in efforts to prevent falls & fear of falling.
- The skill of learning how to shift from negative to positive thinking patterns is called "cognitive restructuring." It is thinking about something in a different way.

Define the program as offering a way to:

- Help older adults to learn more about fall prevention strategies.
- Follow personal plans to carry out fall prevention strategies.
- Make or maintain changes in their daily lives which help reduce fear of falling.

Share sponsor and class schedule:

- Name the sponsor of the program.
- Review the class schedule provided in the participant workbook.
- Note contact information - name/phone number.
- Point out resource table.
- Plan for inclement weather or inability to attend session.

Describe format:

- Explain that the group format provides an opportunity for people with a common problem to learn from each other and to help each other deal with the shared problem of fear of falling.
- Stress that people in the group will have varying degrees of concerns about falling. Shared experiences and problem-solving as a group is important, therefore everyone's input is valuable.

Describe the structure of each meeting including:

- Presentations, group discussion and/or activities and skill training to reduce fear of falling and risks of falling.
- A 10-minute refreshment break will be provided halfway through each session.
- Exercises will begin at the 3rd session.
- Inform the group that others will not be joining the group after the second session. The size of the group is limited so that all members will have time to talk and participate actively.



FLIP CHART

Share expectations for group membership:

Be on time: Everyone's time is valuable. We will begin on time and end on time.

Be responsible: Let the coach know if you are not able to come to the next class.

Be dependable: Since each session builds on the content of the prior session, it is important to attend each meeting.

Notes

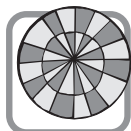
Notes

Be confidential: Group members should agree to respect the privacy of others. What is shared in the group should not be repeated outside the group.

Note: Ask the group if they agree with these expectations.

Activity 1.3 Exchanging information/ pairs

20 minutes



TARGET

Participants will get to know each other and share experiences related to fear of falling in a supportive climate.

Participants will identify ways in which the group can be helpful to them.



FLIP CHART

Materials

“Learning Goals of the Day”

List of topics covered in *A Matter of Balance* from the class schedule.



LEARN

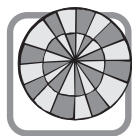
Ask participants to:

- Form a pair with some one they do not know well.
- Introduce themselves.
- Share feelings about being in the group.
- Share how concerns about falling affects their lives or could affect a person’s life.
- Ask pairs to agree on 2 ways that the group could be helpful to them.

Notes

**Activity 1.4 Exchanging information/
group**

20 minutes



TARGET

Emphasis should be placed on the ways members can help and learn from each other.

Ask the group to reassemble:

Participants will introduce themselves and (if comfortable) briefly describe what it feels like to be involved in the program.



LEARN

Pairs will report on the impact of fear of falling on their lifestyles and how they anticipate the program will help them.



FLIP CHART

The coach will record the information on the flip chart for use in reviewing members' progress at the last meeting.

Option:

Activity 1.3 & 1.4 can be conducted as a group.

Note: Emphasis should be placed on the ways that participants can help/learn from each other. The coach will save this list to review the group's progress at the last session.

Activity 1.5 Break

10 minutes



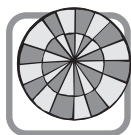
SNACKS

Provide an opportunity for members to get to know each other and socialize.

Notes

Activity 1.6 Introduction of Fear of Falling video

5 minutes



TARGET

Introduce important themes to look for in the video.

Materials

TV/DVD Player

Fear of Falling video

LEARN

Introduce the video:

Ask the participants to look for the following themes. Write the words in bold on the flip chart and read the information written after each “cueing word” to emphasize what to look for in the video:



FLIP CHART

Shared- Notice how fear of falling is a shared concern among the older adults in the video, even though they represent a range of physical abilities.

Falls: A Real Problem- Notice how fear of falling is presented as an appropriate response to a problem (falls) that affects many older adults.

Staying Active- Staying active in whatever way is feasible to you is an important way to prevent falls. “Exercising” ranges from dancing to walking up and down a hall with a walker, depending on the individual.

Practical/Personal Solutions- Notice how many of the strategies to reduce fear of falling involve common sense; each person knows best what solutions will work for him or her.

Assertiveness- Assertiveness and making your needs known are linked to fall prevention.

Responsibility- While your doctor, family, and friends can support you in your effort to prevent falls, ultimately the responsibility to take action lies with you.

Activity 1.7 Video presentation: Fear of Falling

15 minutes

Activity 1.8 Discussion of Fear of Falling video

20 minutes



Participants will:

- Acknowledge that concerns about falling are worthy of consideration.
- Recognize how concerns about falling operate in/can affect daily activities and can unnecessarily lead to restriction in activities that result in increased fall risk.
- Recognize successful problem-solving around concerns about falling as modeled in the video.
- Recognize and verbalize misconceptions they may have about falling.

Materials

Flip chart

Reference 1.2—Fear of Falling Fact Sheet

Reference 1.3—Fall Fact Sheet

Notes

Notes

Ask participants to identify the video's important points.

Stress the following if not mentioned in the group discussion.

Concerns about falling:

- Are common and sometimes intense.
- May be quite independent of the actual risk for falling.
- Can result in reduced activity and socialization.
- Can become a self-fulfilling prophecy. When older individuals reduce activity levels out of fear, they not only experience diminished quality of life, but their risk of falling can increase because of loss of physical skills.
- The best solutions to concerns about falling are your own!

Note: Other points from the *Reference 1.2- Fear of Falling Fact Sheet* and *Reference 1.3-Fall Fact Sheet* can be included here.



Lead a discussion that addresses misconceptions about falling:

- It is more common to fall and break your hip than to break your hip and then fall. This is good news because we can prevent most falls!

And some facts:

- Increasing lower body strength and improving balance through regular physical activity has been shown to be very effective in preventing falls.

Materials

Handout 1.2—Fall-Related Attitudes Survey

The coach will:

Show the participants *Handout 1.2—Fall-Related Attitudes Survey* in the Participant Workbook and ask them to complete it prior to the next session; or, ask the participants to look it over and let them know it will be completed at the next session.

Note: The coach should be prepared to complete the attitude survey as a group in the next session.

Activity 1.9 Conclusion

5 minutes

**The coach will:**

- Review what was learned today.
- Remind the group about the next meeting and share the topic.
- Encourage participants to continue with *A Matter of Balance*.
- Let participants know that you will be available after the session finishes and remind the group of the contact information.

Notes

A study noted 41% of fallers and 23% of non-fallers experienced activity restriction over a 6-month period. Fear of falling can lead to a debilitating spiral marked by loss of confidence and reduced activity, resulting ultimately in a loss of independence. (Vellas, Cayla, Bocquet, Depemille, & Albarde, 1987).

A 1988 study found that 26% of fallers acknowledged avoiding activities, as did 13% of non-fallers. (Tinetti & Associates, 1988).

Ten percent of recurrent fallers in a prospective study reported avoiding activity because of fear of falling. One consequence of reduced physical conditioning could be increased risk for falls (Nevitt & Associates, 1989).

The prevalence of elderly persons acknowledging fear of falling ranges from 40% to 73% among recent fallers compared to 20% to 46% among those not reporting recent falls. (Tinetti, Speechley, & Ginter, 1988; Nevitt, Cummings, Kidd, & Black, 1989; Walker & Howland, 1991; Maki, Holiday, & Topper, 1991).

Fear of falling has been observed in seniors who have not experienced any fall episodes or fall-related injuries. (Tinetti, Mendes de Leon, Doucette, & Baker, 1994; Walker & Howland, 1991).

Fear of Falling (FOF) is an important problem contributing to falls. There is relative consistency in research demonstrating that between one-third and one-half of the community-dwelling elderly acknowledge FOF. It could be argued that limiting activity due to FOF limits opportunities for falling, it might also increase the risk for falling when activity, by

necessity, occurs. There is increasing evidence of the role of physical activity in maintaining health status. FOF may therefore have implications for the primary prevention of some chronic conditions. With respect to secondary prevention, fear of falling may reduce compliance with rehabilitation. A 1993 study undertaken to assess the prevalence, intensity, and covariates of FOF among the community-dwelling elderly (196 subjects ages ≥ 58 years of age interviewed) respondents were asked about fears that are not uncommon among older adults. In contrast to the 47% who were afraid of falling, 17% were afraid of being robbed in the street; 8% were afraid of forgetting an important appointment; 12% feared financial problems; and, 5% feared losing a cherished item. Fear of falling may not be irrational given the incidence and possible consequences of falls among the elderly population. (Howland, Peterson, Levin, Fried, Pardon, & Bak, 1993).

A multidisciplinary, multifaceted approach may be most effective in remediating fear of falling. The medical component of intervention for fear of falling should target those physical factors that constitute the relevant skills for safe transfers and ambulation. Family members and other influential individuals in an elderly person's life should be included in any assessment or treatment plan for functional decline. Exploring previous fall and related history should be an integral part of the treatment strategy. Because the experience of others as well as one's own experience may influence confidence in avoiding falls, exploring the exposure of an elderly person to others who have fallen or been injured is probably important as well. A step-by-step approach with multiple small goals resulting in progressive gains works well (Tinetti & Powell, 1993).

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In a study of 890 community-dwelling elderly, the prevalence of fear of falling increased with age and was greater in women. After adjustment for age and gender, being moderately fearful of falling was associated with decreased satisfaction with life, increased frailty, depressed mood, and recent experience of falls. Being very fearful of falling was associated with all of the above plus decreased mobility and social activities. In that study, 2.9% expressed a fear of falling; 9% of the total sample reported that they were very fearful of falling (Arfken, Lach, Birge, & Miller, 1994).

Tinetti and colleagues have argued that fear of falling may represent a remediable independent contributor to functional decline (Tinetti, Mendes de Leon, Doucette & Baker, 1994).

Evidence of the reciprocal relationship between fear of falling and quality of life was shown in a study. Subjects who had greater fear of falling also had lower quality of life, as determined by both health and social indicators. (Lachman, Howland, Tennstedt, Jette, Assmann & Peterson, 1998).

An intervention specifically aimed at reducing fear of falling was developed and evaluated. The study population consisted of 434 residents of senior housing, aged 60 or older, who had restricted activities because they were concerned they might fall. The intervention consisted of 8 two-hour group sessions that met twice a week for one month. The intervention featured a strong cognitive restructuring component, and many opportunities to build fall prevention skills were provided. At one-year follow-up, intervention participants, relative to controls, were significantly less afraid of falling (as measured by the Falls Self-Efficacy Scale), had a greater sense of control over falls, had better overall scores

on the Sickness Impact Profile (SIP), the SIP Physical score, the SIP Mobility Range score, and the SIP Social Behavior score. There were no significant differences between groups in either the number of participants who fell or in the number of falls during the follow-up period. (Tennstedt, Howland, Lachman, Peterson, Kasten & Jette, 1998).

Fear of falling can become a self-fulfilling prophecy. When older individuals reduce activity levels out of fear, they not only experience diminished quality of life, but their risk of falling can increase because of loss of physical skills (Peterson, 1998).

This study examines whether *A Matter of Balance* could be translated into a community-based volunteer lay leader model and achieve outcomes comparable to those found in a randomized clinical trial (RCT). The results showed participants experienced significant increases in Falls Efficacy, Falls Management and Falls Control at 6 weeks, 6 months, and 12 months, thus achieving comparable outcomes with those of participants in the RCT. The translation of a professionally led health promotion program into a volunteer lay leader model enables embedding the program in community-based organizations and making it more broadly available to the target audience. Steps were taken to ensure that the core elements of the tested intervention were maintained in the translation. (Healy, Peng, Haynes, McMahon, Botler & Gross, 2008).

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Falls are a serious problem facing older adults. Many adults 65 years or older will fall or have multiple falls. Falls can be from slips or trips over obstacles in the environment, balance or vision problems, illness, etc. Psychological factors are also related to falling. Balance confidence and Fear of Falling (FOF) can lead to avoidance of activity leading to physical decline. Study participants completed a fall history within the previous year. A fall is an unexpected fall to the ground or lower level during upright standing or a movement during a daily task, not from an external force or a medical condition. Psychological factors may have more value as predictors of future falls. What people think they can do, rather than their actual physical performance, may be most important in identifying who is at risk for falling. Less confidence can lead to less activity and may cause falls because they think a fall is unavoidable. FOF should be an important interventional target. The study should help develop better fall prevention strategies. (Landers, 2016)

Fear of falling and other fall concerns, such as balance confidence, are very common among older adults who live in a community setting. Anxiety about falling and fall-related psychological concerns have been found to be associated. A review of the available literature and ongoing research was conducted to evaluate this association.

This study was one of the first to analyze the relationship between anxiety and fall-related Psychological concerns (FRPCs) among community dwelling older adults. It demonstrates how important it is to consider anxiety when treating older adults with fall-related psychological concerns. (Payette, 2016).

Fear of falling (FOF) is associated with restricted activities, increased risk of fall-

ing, and decreased quality of life. A Matter of Balance (AMOB) is an evidence-based program designed to decrease FOF. This study had 63 participate in and complete an AMOB programme. Avoidance behavior caused by FOF, and concerns about falling decreased in community-dwelling older adults who participated in AMOB. Findings support the efficacy of the AMOB for reducing both avoidance behavior caused by FOF and concerns about falling through an approach that combines education and exercise. (Sartor-Glittenberg, Bordenave, Bay Bordenave, & Alexander, 2018)

Falls are the most common cause of injury-related morbidity and mortality among older adults in the US. This study included 62 randomized control trials examining 7 fall prevention intervention types. They studied multifactorial (based on individualized fall-risk assessment), Vitamin D supplementation & exercise. Multifactorial and exercise interventions were associated with fall-related benefit, exercise was the most consistent. Vitamin D had mixed results, with a high dose being associated with higher rates of fall-related outcomes. (Guirguis-Blake, Michael, Perdue, Coppola & Beil, 2018)

Fear of Falling (FOF) is common, even in the absence of falls. FOF is reported in 20% - 85% of people > 65. This study looked at associations between both fear of falling and falls on development of disability in older people. The study reinforces the high prevalence of fear of falling in older people and the association with the development of

a disability. Health professionals should assess older people who present with falls, near falls or unsteady gait for the presence of FOF. (Hill, 2019)

References

- Arfken, C.L., Lach, H.W., Birge, S.J., & Miller, J.P. (1994). The prevalence and correlates of fear of falling in elderly persons living in the community. *American Journal of Public Health*, 84, 565-570.
- Guirguis-Blake, J.M., Michael, Y.L., Perdue, L.A., Coppola, E.L. & Beil, T.L. (2018). Interventions to Prevent Falls in Older Adults: Updated Evidence Report and Systematic Review for the US Preventive Services Task Force. *JAMA*, 319 (16), 1705-1716. <http://dx.doi.org/10.1001/jama.2017.21962>
- Healy, T. C., Peng, C., Haynes, P., McMahon, E., Botler, J. & Gross, L. (2008). The Feasibility and Effectiveness of Translating A Matter of Balance into a Volunteer Lay Leader Model. *Journal of Applied Gerontology*, 27 (1), 34-51.
- Hill, K.D., (2018) Fear of falling: A hidden burden with or without a history of falls. *Evidence-Based Nursing*, 2019, 22(1). <http://dx.doi.org/ebn.bmj>.
- Howland, J., Peterson, E.W., Levin, W., Fried, L., Pordon, D., & Bak, S. (1993). Fear of falling among the community-dwelling elderly. *Journal of Aging and Health*, 5, 229-243.
- Lachman, M.E., Howland, J., Tennstedt, S., Jette, A., Assmann, S., & Peterson, E.W. (1998). Fear of failing and activity restriction: The Survey of Activities and Fear of Falling. *Journals of Gerontology. Psychological Sciences*, 53B, P43-PSO.
- Landers M.R., Oscar S., Sasaoka, J., Vaughn, K., Balance confidence and fear of falling avoidance behavior are most predictive of falling in older adults: prospective analysis. (2016) *Phys. Ther.*, 96:433-442.
- Maki, B.E., Holiday, P.J., & Topper, A.J. (1991). Fear of falling and postural performance in the elderly. *Journal of Gerontology. Medical Science*, 46, 123-131.
- Nevitt, M.C., Cummings, S.R., Kidd, S., Black, D. (1989). Risk factors for recurrent nonsynocopal falls: A prospective study. *Journal of the American Medical Association*, 261, 2663-2668.
- Payette M-C., Bélanger C., Léveillé V., Grenier S. (2016) Fall-Related Psychological Concerns and Anxiety among Community-Dwelling Older Adults: Systematic Review and Meta-Analysis, *PLoS ONE* 11(4): e0152848. <http://dx.doi.org/10.1371/journal.pone.0152848>
- Peterson, E.W. (1998, March). The fear of falling program: "A Matter of Balance." Seminar presented at the meeting of the Boston University Roybal Center for Research on Applied Gerontology, Boston, MA.

Sartor-Glittenberg, C., Bordenave, E., Bay, C., Bordenave, L., Alexander, J, (2018). Effect of A Matter of Balance programme on avoidance behavior due to fear of falling in older adults. *Psychogeriatrics – Official Journal of the Japanese Psychogeriatric Society*, 1;3, 153-240.

Tennstedt, S., Howland, J., Lachman, M., Peterson, E., Kasten, L., & Jette, A. (1998). A randomized controlled trial of a group intervention to reduce fear of falling and associated activity restriction in older adults. *Journal of Gerontology - Psychological Sciences*, 53B (6).

Tinetti, M.E. & Powell, L. (1993). Fear of falling and low self-efficacy: A cause of dependence in elderly persons. *The Journal of Gerontology*, 48, 35-38.

Tinetti, M.E., Mendes de Leon, C.E, Doucette, J.T., & Baker, D.I. (1994). Fear of falling and falls-related efficacy in relationship to functioning among community-living elders. *Journal of Gerontology: Medical Sciences*, 49, M140-M147.

Tinetti, M.E., Speechley, M., & Ginter, S.E. (1988). Risk factors for falls among elderly persons living in the community. *New England Journal of Medicine*, 319, 1701-1707.

Vellas, B., Cayla, F., Bocquet, H., Depemille, E, & Albarde, J.L. (1987). Prospective study of restriction of activity in old people after falls. *Age and Ageing*, 16, 189-193.

Walker, J.E. & Howland, J. (1991). Falls and fear of falling among elderly persons living in the community: Occupational therapy interventions. *American Journal of Occupational Therapy*, 45, 119-122.

Centers for Disease Control and Prevention Injury Prevention and Control

Important Facts about Falls

Each year, millions of older people—those 65 and older—fall. In fact, more than one out of four older people falls each year,¹ but less than half tell their doctor.² Falling once doubles your chances of falling again.³

One out of five falls causes serious injury such as broken bones or a head injury.^{4,5}

- Each year, 3 million older people are treated in emergency departments for fall injuries.⁶
- Over 800,000 patients a year are hospitalized because of a fall injury, most often because of a head or hip fracture.⁶
- Each year at least 300,000 older people are hospitalized for hip fractures.⁷
- More than 95% of hip fractures are caused by falling,⁸ usually by falling sideways.⁹
- Falls are the most common cause of traumatic brain injuries (TBI).¹⁰
- In 2015, the total medical costs for falls totaled more than \$50 billion.¹¹ Medicare and Medicaid shouldered 75% of these costs.

What Can Happen After a Fall?

Many falls do not cause injuries. But one out of five falls does cause a serious injury such as a broken bone or a head injury.^{4,5} These injuries can make it hard for a person to get around, do everyday activities, or live on their own.

- Falls can cause broken bones, like wrists, arm, ankle, and hip fractures.
- Falls can cause head injuries. These can be very serious, especially if the person is taking certain medications (like blood thinners). An older person who falls and hits their head should see their doctor right away to make sure they didn't have a brain injury.
- Many people who fall, even if they are not injured, become afraid of falling. This fear may cause a person to cut down on their everyday activities. When a person is less active, they become weaker and this increases their chances of falling.¹²

What Conditions Make You More Likely to Fall?

Research has identified many conditions that contribute to falling. These are called risk factors. Many risk factors can be changed or modified to help prevent falls. They include:

- Lower body weakness.
- Vitamin D deficiency (that is, not enough vitamin D in your system)
- Difficulty with walking and balance
- Use of medicines, such as tranquilizers, sedatives, or antidepressants. Even some over-the-counter medicines can affect balance and how steady you are on your feet.
- Vision problems

- Foot pain or poor footwear
- Home hazards or dangers such as
broken or uneven steps,
throw rugs or clutter that can be tripped over,

Most falls are caused by a combination of risk factors. The more risk factors a person has, the greater their chances of falling. Healthcare providers can help cut down a person's risk by reducing the fall risk factors listed above.

What Can You Do to Prevent Falls

Falls can be prevented. These are some simple things you can do to keep yourself from falling.

Talk to Your Doctor

- Ask your doctor or healthcare provider to **evaluate your risk** for falling and talk with them about specific things you can do.
- Ask your doctor or pharmacist to **review your medicines** to see if any might make you dizzy or sleepy. This should include prescription medicines and over-the-counter medicines.
- Ask your doctor or healthcare provider about taking **vitamin D** supplements.

Do Strength and Balance Exercises

Do exercises that make your legs stronger and improve your balance. Tai Chi is a good example of this kind of exercise.

Have Your Eyes Checked

Have your eyes checked by an eye doctor at least once a year, and be sure to update your eyeglasses if needed. If you have bifocal or progressive lenses, you may want to get a pair of glasses with only your distance prescription for outdoor activities, such as walking. Sometimes these types of lenses can make things seem closer or further away than they really are.

Make Your Home Safer

- Get rid of things you could trip over.
- Add grab bars inside and outside your tub or shower and next to the toilet.
- Put railings on both side of the stairs.
- Make sure your home has lots of light by adding more or brighter light bulbs.

References

1. Bergen G, Stevens MR, Burns ER. [Falls and Fall Injuries Among Adults Aged ≥65 Years — United States, 2014](https://doi.org/10.15585/mmwr.mm6537a2). MMWR Morb Mortal Wkly Rep 2016;65:993–998. DOI: <http://dx.doi.org/10.15585/mmwr.mm6537a2>
2. Stevens JA, Ballesteros MF, Mack KA, Rudd RA, DeCaro E, Adler G. Gender differences in seeking care for falls in the aged Medicare Population. Am J Prev Med 2012;43:59–62
3. O'Loughlin J et al. Incidence of and risk factors for falls and injurious falls among the community-dwelling elderly. American journal of epidemiology, 1993, 137:342–54.
4. Alexander BH, Rivara FP, Wolf ME. The cost and frequency of hospitalization for fall-related injuries in older adults. American Journal of Public Health 1992;82(7):1020–3.

5. Sterling DA, O'Connor JA, Bonadies J. Geriatric falls: injury severity is high and disproportionate to mechanism. *Journal of Trauma-Injury, Infection and Critical Care* 2001;50(1):116–9
6. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. [Web-based Injury Statistics Query and Reporting System \(WISQARS\)](#) [online]. Accessed August 5, 2016.
7. Healthcare Cost and Utilization Project (HCUP). 2012. Agency for Healthcare Research and Quality, Rockville, MD. <http://hcupnet.ahrq.gov>. Accessed 5 August 2016..
8. Hayes WC, Myers ER, Morris JN, Gerhart TN, Yett HS, Lipsitz LA. Impact near the hip dominates fracture risk in elderly nursing home residents who fall. *Calcif Tissue Int* 1993;52:192-198.
9. Parkkari J, Kannus P, Palvanen M, Natri A, Vainio J, Aho H, Vuori I, Järvinen M. Majority of hip fractures occur as a result of a fall and impact on the greater trochanter of the femur: a prospective controlled hip fracture study with 206 consecutive patients. *Calcif Tissue Int*, 1999;65:183–7.
10. Jager TE, Weiss HB, Coben JH, Pepe PE. Traumatic brain injuries evaluated in U.S. emergency departments, 1992–1994. *Academic Emergency Medicine* 2000;7(2):134–40.
11. Florence CS, Bergen G, Atherly A, Burns ER, Stevens JA, Drake C. Medical Costs of Fatal and Nonfatal Falls in Older Adults. *Journal of the American Geriatrics Society*, 2018 March, DOI:10.1111/jgs.15304
12. Vellas BJ, Wayne SJ, Romero LJ, Baumgartner RN, Garry PJ. Fear of falling and restriction of mobility in elderly fallers. *Age and Ageing* 1997;26:189–193.

Costs of Falls Among Older Adults

Treating fall injuries is very costly. In 2015, total medical costs for falls totaled more than \$50 billion.¹ Because the U.S. population is aging, both the number of falls and the costs to treat fall injuries are likely to rise.

- Each year, millions of people 65 and older are treated in emergency departments because of falls.²
- Over 800,000 patients a year are hospitalized because of a fall injury, most often because of a broken hip or head injury.²
- Fall injuries are among the 20 most expensive medical conditions.³
- The average hospital cost for a fall injury is over \$30,000.⁴

The costs of treating fall injuries goes up with age.⁴

How Are Costs Calculated?

Direct medical costs include fees for hospital and nursing home care, doctors and other professional services, rehabilitation, community-based services, use of medical equipment, prescription drugs, and insurance processing.

Direct costs do not account for the long-term effects of these injuries such as disability, dependence on others, lost time from work and household duties, and reduced quality of life.

References

1. Florence CS, Bergen G, Atherly A, Burns ER, Stevens JA, Drake C. Medical Costs of Fatal and Nonfatal Falls in Older Adults. *Journal of the American Geriatrics Society*, 2018 March, DOI:10.1111/jgs.15304
2. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. [Web-based Injury Statistics Query and Reporting System \(WISQARS\)](#) [online]. Accessed August 5, 2016.
3. Carroll, N. V., Slatum, P. W., & Cox, F. M. (2005). The cost of falls among the community-dwelling elderly. *J Manag Care Pharm*, 11(4), 307-16.
4. Burns EB, Stevens JA, Lee RL. The direct costs of fatal and non-fatal falls among older adults—United States. *J Safety Res* 2016:58.

Hip Fractures Among Older Adults

One of the most serious fall injuries is a broken hip. It is hard to recover from a hip fracture and afterward many people are not able to live on their own. As the U.S. population gets older, the number of hip fractures is likely to go up.

- Each year over 300,000 older people — those 65 and older are hospitalized for hip fractures.¹
- More than 95% of hip fractures are caused by falling², usually by falling sideways.³
- Women experience three-quarters of all hip fractures.¹
 - Women fall more often than men
 - Women more often have osteoporosis, a disease that weakens bones and makes them more likely to break.
- The chances of breaking your hip go up as you get older.

What You Can Do to Prevent Hip Fractures

- You can prevent hip fractures by taking steps to strengthen your bones and prevent falls.

Talk to Your Doctor

- Ask your doctor or healthcare provider to **evaluate your risk** for falling and talk with them about specific things you can do.
- Ask your doctor or pharmacist to **review your medicines** to see if any might make you dizzy or sleepy. This should include prescription medicines and over-the-counter medicines.
- Ask your doctor or healthcare provider about taking **vitamin D** supplements

Get Screened for Osteoporosis

- Get screened for osteoporosis and treated if needed

Do Strength and Balance Exercises

Do exercises that make your legs stronger and improve your balance. Tai Chi is a good example of this kind of exercise.

Have Your Eyes Checked

Have your eyes checked by an eye doctor at least once a year, and be sure to update your eyeglasses if needed.

If you have bifocal or progressive lenses, you may want to get a pair of glasses with only your distance prescription for outdoor activities, such as walking. Sometimes these types of lenses can make things seem closer or farther away than they really are.

Make Your Home Safer

- Get rid of things you could trip over.
- Add grab bars inside and outside your tub or shower and next to the toilet.

- Put railings on both side of the stairs.
- Make sure your home has lots of light by adding more or brighter light bulbs.

My Mobility Plan

Do you or your loved ones have a plan to stay safe, mobile and independent as you age? Many people make financial plans for retirement, but don't consider how to plan for potential mobility changes. The mobility planning tool (https://www.cdc.gov/motorvehiclesafety/pdf/older_adult_drivers/CDC-AdultMobilityTool-9.27.pdf) can guide you to take action today to help keep yourself– or your loved ones– safe, mobile, and independent tomorrow.

Work through the three sections of this mobility planning tool and create your own Mt Mobility Plan as you discover:

- **Myself:** How to stay independent– Tips to manage your health to maintain mobility.
- **MyHome:** How to stay safe at home– A home safety checklist to help prevent falls.
- **MyNeighborhood:** How to stay mobile in your community– A plan to get around in your community

Why Have a Mobility Plan?

- Falls and motor vehicle crashes, which are related to mobility, are the leading causes of injury and injury death in older adults.
- There are many negative outcomes for older adults if they stop driving or fall, including reductions in their health, social interaction, and the ability to get around.
- CDC developed this planning tool, using available scientific evidence, to help older adults plan for future mobility changes that might increase their risks of motor vehicle crashes and falls.
- Adult children or caregivers can also use this planning tool to help older parents, relatives, or friends.

STEADI Stopping Elderly Accidents, Deaths & Injuries (<https://www.cdc.gov/steady/>)

Falls are not an inevitable part of aging. There are specific things that you, as their healthcare provider, can do to reduce their chances of falling. STEADI's tools and educational materials will help you to:

- Identify patients at low, moderate, and high risk for a fall;
- Identify modifiable risk factors; and
- Offer effective interventions

Additional Resources

For more information about how you can prevent falls, check out some of our online STEADI resources (<http://www.cdc.gov/steady/patient.html>) for older adults

- Family Caregivers: Protect your Loved Ones from Falling (<https://www.cdc.gov/steady/pdf/STEADI-CaregiverBrochure.pdf>)

- Check for Safety Brochure (<https://www.cdc.gov/steady/pdf/STEADI-Brochure-CheckForSafety-508.pdf>)
- Stay independent brochure (<https://www.cdc.gov/steady/pdf/STEADI-Brochure-StayIndependent-508.pdf>)
- What You Can Do to Prevent Falls brochure (<https://www.cdc.gov/steady/pdf/STEADI-Brochure-WhatYouCanDo-508.pdf>)
- Postural Hypotension brochure (<https://www.cdc.gov/steady/pdf/STEADI-Brochure-Postural-Hypotension-508.pdf>)
- Chair Rise Exercise (<https://www.cdc.gov/steady/pdf/STEADI-Brochure-ChairRiseEx-508.pdf>)

Related Pages

- Important Facts About Falls
(<http://www.cdc.gov/homeandrecreationalafety/falls/adultfalls.html>)
- Costs of Falls Among Older Adults
(<http://www.cdc.gov/homeandrecreationalafety/falls/fallcost.html>)
- My Mobility Plan
(https://www.cdc.gov/motorvehiclesafety/older_adult_drivers/mymobility/index.html)
- CDC Compendium of Effective Fall Interventions: What Works for the Community-Dwelling Older Adults, 3rd Edition
(<https://www.cdc.gov/homeandrecreationalafety/falls/compendium.html>)
- Older Adult Falls Programs
(<https://www.cdc.gov/homeandrecreationalafety/falls/programs.html>)
- Publications and Resources
(<http://www.cdc.gov/homeandrecreationalafety/falls/pubs.html>)
- Stopping Elderly Accidents, Deaths & Injuries (STEADI Initiative) <https://www.cdc.gov/steady/>

CDC website which was updated 2017

A MATTER OF BALANCE / SESSION 1 HANDOUT 1.1	<i>INTRODUCTION TO THE PROGRAM</i> GROUP MEETING SCHEDULE
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	<u>Session Title</u>	<u>Meeting Date</u>
Session 1	Introduction to the Program	_____
Session 2	Exploring Thoughts and Concerns About Falling	_____
Session 3	Exercise and Fall Prevention	_____
Session 4	Assertiveness and Fall Prevention	_____
Session 5	Managing Concerns About Falling	_____
Session 6	Recognizing Fall-ty Habits	_____
Session 7	Recognizing Fall Hazards in the Home and Community	_____
Session 8	Practicing No Fall-ty Habits/ Fall Prevention: Putting it All Together	_____

Directions

Below are 12 statements that describe attitudes associated in some way with falls. Read each statement then check whether you “Agree” or “Disagree” in the box found to the right of the statement.

Fall-Related Attitudes Survey	Agree	Disagree
1. Falling should be accepted as a natural part of growing old.		
2. Most falls cannot be prevented.		
3. Reporting a fall to a doctor could lead to a restriction of my independence.		
4. If I report a fall to a doctor, s/he may think that I can't take care of myself.		
5. If I report a fall to a relative, s/he may think that I can't take care of myself.		
6. My doctor is a very busy person and shouldn't be bothered with my concerns about falls (if I should have any).		
7. My nurse is a very busy person and shouldn't be bothered with my concerns about falls (if I should have any).		
8. Falling is humiliating.		

Stop! Did you answer “Agree” to any of those questions? Answering “Agree” to questions 1-8 could be a reason for not reporting a fall to your health care provider. By not seeking help, or discussing the fact that you fell with a physician or nurse, you are denying yourself the chance to find out what really caused the fall. Knowing why a fall occurred is the first step in preventing future falls. Falls are preventable! Most health care providers will go to great lengths to provide you with a service that will allow you to stay safely in your home.

HANDOUT 1.2**INTRODUCTION TO THE PROGRAM
FALL-RELATED ATTITUDES SURVEY
(PG 2 OF 2)**

Fall-Related Attitudes Survey	Agree	Disagree
9. Even when it is not wet or slippery outside, I avoid leaving my home sometimes to avoid a possible fall.		
10. Almost every day I think about the fact that I could fall and hurt myself.		
11. I am generally nervous when I walk.		
12. There are things that I would like to do but don't do because I am afraid that I might fall.		

Stop! Did you answer "Agree" to questions 9- 12? This could mean that you are fearful of falling. Stress is your body's response to anything that leaves you feeling pressured or threatened. It is a demand on your body causing you to adapt, adjust, or respond to a particular stressor. Stress is not always bad. It often motivates us or pushes us to try a new way of doing things. Being concerned about falling could lead to a safer lifestyle. However, if your fear of falling is keeping you from doing the things you like to do, you need to talk about it with your healthcare provider.

Directions

For each statement to which you answered "Agree", go back and write a positive sentence that shows that you have control over fear of falling.

Example:

11. I am generally nervous when I walk.

"I am confident when I walk because I've taken steps to prevent a fall, such as exercising, wearing sensible shoes, etc."



Goals

- To learn that there are different ways to think about falls and concerns about falls.
- To realize the importance of recognizing our core beliefs about falls before we are able to change them.



Materials

Name tags
Flip chart or blackboard
Markers or chalk
Attendance sheet
Pencils, paper
Snacks, plates, cups, napkins

References for the Coach

Reference 2.1—*Cognitive Restructuring: Concerns About Falling* (pg. 39)

Handouts

Handout 2.1—Evaluating Thoughts About Falling
Handout 2.2—Challenge Your Concerns About Falling
Handout 1.2—Fall-Related Attitude Survey
(Optional) Handout 2.3—Concerns About Falling Log

Notes

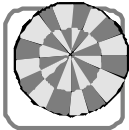
"A Matter of Balance program made me realize that I'm responsible for me. It raised my self-esteem."

Activity 2.1 Welcome and review

5 minutes

Notes**Materials****FLIP CHART****"Learning Goals of the Day"****The coach will:**

Begin with a review of major points learned at the last session and answer any questions.

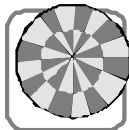
**TARGET**

Discuss "Learning Goals of the Day" to:

- Learn that there are different ways to think about falls and concerns about falls.
- Realize the importance of recognizing our core beliefs about falls before we are able to change them.

Activity 2.2 Discussion of fall-related attitudes

50 minutes

**TARGET**

Learn that there are different ways to think about falls and concerns about falls.

Materials

Flip chart

Handout 1.2—Fall-Related Attitudes Survey**LEARN****Group discussion:**

If participants have already completed the Fall-Related Attitudes Survey begin with a discussion of general findings and beliefs identified by the attitude survey.

NotesComplete the survey as a group:

Group together questions 1 & 2 to explore perceptions about fall prevention. Ask participants to answer individually and then discuss as a group.

Handout 1.2– Fall-Related Attitudes Survey		
	Agree	Disagree
1. Falling should be accepted as a natural part of growing old.		
2. Most falls can't be prevented.		

Gently counter faulty assumptions underlying fear or negative beliefs by stating facts such as:

- 1 out of 4 people over 65 fall each year.
- Most falls do not result in serious injury.
- Falls are not a part of the normal aging process.
- Research has shown that this intervention effectively reduces fear of falling and improves activity levels among older adults who express a fear of falling.

Reference 1.2—The Fear of Falling Fact Sheet can be used as a resource here as well.

Ask participants to answer Items 3-8 individually and then discuss as a group.

Fall-Related Attitudes Survey	Agree	Disagree
3. Reporting a fall to a doctor could lead to a restriction of my independence.		
4. If I report a fall to my doctor, s/he may think that I can't take care of myself.		

Notes

Fall-Related Attitudes Survey	Agree	Disagree
5. If I report a fall to a relative, s/he may think that I can't take care of myself.		
6. My doctor is a very busy person and shouldn't be bothered with my concerns about falls (if I should have any).		
7. My nurse is a very busy person and shouldn't be bother with my concerns about falls (if I should have any).		
8. Falling is humiliating.		

Stop! Did you answer "Agree" to any of those questions? Answering "Agree" to questions 1-8 could be a reason for not reporting a fall to your health care provider. By not seeking help, or discussing the fact that you fell with a physician or nurse, you are denying yourself the chance to find out what really caused the fall. Knowing why a fall occurred is the first step in preventing future falls.

Falls are preventable! Most health care providers will go to great lengths to provide you with a service that will allow you to stay safely in your home.

Notes

Ask participants to answer Items 9-12 individually and then discuss as a group.

Fall-Related Attitudes Survey	Agree	Disagree
9. Even when it's not wet or slippery outside, I avoid leaving home sometimes to avoid a possible fall.		
10. Almost every day I think about the fact that I could fall and hurt myself.		
11. I am generally nervous when I walk.		
12. There are things that I would like to do but don't do because I'm afraid that I might fall.		

Stop! Did you answer "Agree" to questions 9- 12? This could mean that you are fearful of falling. Stress is your body's response to anything that leaves you feeling pressured or threatened. It is a demand on your body causing you to adapt, adjust, or respond to a particular stressor.

Stress is not always bad. It often motivates us or pushes us to try a new way of doing things. Being concerned about falling could lead to a safer lifestyle. However, if your fear of falling is keeping you from doing the things you like to do, you need to talk about it with your healthcare provider.



The final portion of the *Fall-Related Attitudes Survey*, which asks participants to write a positive sentence after each survey statement they agreed with, is best handled as a group discussion.

Notes

Directions:

For each statement to which you answered “Agree”, go back and write a positive sentence that shows that you have control over fear of falling.

Fall-Related Attitudes Survey	Agree	Disagree
11. I am generally nervous when I walk.		

“I am confident when I walk because I’ve taken steps to prevent a fall, such as exercising, wearing sensible shoes, etc.”



Participants will describe adaptive responses to counter misconceptions about falls.

Group Discussion



The coach can present one or two anecdotes (time permitting) that illustrate an ability to overcome physical limitations or self-doubt. The stories do not necessarily have to involve fear of falling. The coach can tell a story about someone, such as Hellen Keller, who made assumptions about their limitations and then challenged them. The goal is to demonstrate that real disabilities or limitations can be overcome.

Notes

The participants should be asked to share their own ideas about such stories. Do they know anyone who has done this or have they heard a similar story? Then the analogy can be made to fear of falling, i.e. this is something you can overcome.

Activity 2.3 Break

10 Minutes



Activity 2.4 Cognitive restructuring discussion

50 minutes



Recognize unhelpful thoughts, and the effects they have on feelings and actions.

Learn how to shift from self-defeating to motivating thoughts.

Materials

Flip chart or blackboard

Handout 2.1—Evaluating Thoughts About Falling

Handout 2.2—Challenge Your Concerns About Falling

Reference 2.1—Cognitive Restructuring: Concerns About Falling (provided directly below)



Emphasize the following information: (Participants can follow along– Handout 2.1-pg 1)

Your thoughts about falling affect your actions.

- To overcome your concerns about falling you need mental as well as physical skills. These concerns enter your life as the idea that something terrible can and probably will happen to you if you are not careful.

Notes

- When it is powerful, it cautions you against taking any risks. It can limit you. When this happens it is joined by ideas of helplessness, like, “I can’t protect myself from falling. I better not try to do much of anything”; ideas of dependence, like “other people will have to take care of me” also come into the picture. You need to learn to recognize and challenge these ideas, or they can control you.
- Concerns about falling can enter your life slowly and gradually—they can start creeping into your thoughts and get stronger as time goes on—or they can come on suddenly. This is especially likely if you have a bad and unexpected fall, or someone you know does. Fear directs your feelings and actions.
- Once it takes over, it can convince you to restrict your life in many ways. This can result in significant losses. You might stop visiting friends, taking walks, doing things that have brought you pleasure. It can interfere with the most basic activities, such as cooking, cleaning, taking showers. It can take away your independence and lead you to become isolated and depressed. It blocks your attempts at problem- solving, and takes away the power you have to control your life. Worst of all, it can lead you to be so inactive that your muscles and bones become very weak. The tragedy of this is that you then are more likely to fall if you try to do something active.

Coach provides an example:

Tell a story about an older person who became debilitated and depressed by giving in to his/ her fear of falling. Identify specific thoughts that were problematic, pointing out those that led to anxiety and inactivity.



NotesEmphasize the following:**FLIP CHART**

Draw a traffic light on the flip chart.

- In order to manage your concerns about falling, the first step is to recognize them and the effects they have on your feelings and actions. You then need to evaluate how realistic your fears are, and whether they are preventing you from taking constructive action. Our fears are like warning signals that protect us from danger.
- Sometimes they flash red, telling us not to go any farther when they ought to be yellow, telling us to proceed with caution. With some practice you can turn a red light into a yellow one, or even into a green one, by talking back to the ideas of danger that pop into your head.

**DISCUSS****Group discussion**

Invite participants to start listing some of the common ideas that people have when they **worry** about falling, and how these ideas make them **feel** and **behave**.

Note: If group members are reluctant to participate, you can ask them to write down one thought related to fear of falling that they or someone they know has had.



List the thoughts on the flipchart. Keep a running list of negative and positive thoughts to use in Session 5.

Notes

Example

Worries About Falling

“My balance is so bad I can’t do things on my own.”

Feelings:

Anxiety about moving without assistance. Insecure about being left alone.

Behavior:

Restricted activity; demanding of family.

Ask participants to list some worries they have about falling, and how these worries make them feel and behave using the chart in *Handout 2.1—Evaluating Thoughts About Falling*, page 2.

Replacing fears with constructive ideas

Emphasize the following:



As you can see, fears can change your behavior. They get in the way of staying active and of doing what you can to prevent falls and cope with them if they do occur. One way of challenging your concerns is to replace them with more constructive, confidence-building ideas. People have come up with many creative ways to do this and thereby keep their fears in check.

Materials

Handout 2.1—Evaluating Thoughts About Falling, page 3.

Notes

Lead a discussion using an example:

Example



Bob has been invited to the neighbor's home for dinner. He has to climb some steps to get into their house.

Unhelpful thoughts

"I can't go. I'll never make it up those steps without losing my balance. I could fall and break my hip."

Helpful thoughts

Questions Bob can ask himself:

- ***How likely is it that my concern will come true?
How dangerous is this situation?***

Although there is usually a possibility that our feared outcome could occur, there are often other more positive outcomes that could occur as well. It is important to keep these in mind so you are not thinking solely of the worst possible thing.

In answering these questions, Bob might make the following statement :

"I'm nervous about those steps, but I've never fallen down steps before and I've climbed a lot of them in my life. It's possible I could do it."

- ***What positive results might occur if I try the feared activity?***

Bob might make a statement like:

"I'd like to see my neighbors. I get bored and cooped up inside. I'd feel good about getting there if I could."

Notes

- *What will happen if I give into my worries?*

Bob might make a statement like:

“If I don’t go, I’ll get more lonely and unhappy, and I’ll feel ashamed because I won’t tell them the real reason I can’t come. I’ll make something up and they’ll think I’m not interested.”

- *What can I do to enable myself to try this?*

Bob might make a statement like:

“I could ask one of my neighbors to give me a hand with the steps. Even though I’m a little embarrassed it would be worse to stay home.”

By restructuring his thinking in this way, Bob can keep his fear from calling the shots and form a plan to overcome it. There is no one right way to come up with confidence-building ideas, and you may have your own useful possibilities.

Brainstorming confidence-building thoughts

Depending on the time available and group interest, the coach can present the following situations, one at a time. The group members may also have situations of their own that they would rather discuss.



Participants will:

- Discuss the threatening situation and associated “fear of falling” thoughts.
- Work together to come up with confidence building thoughts to challenge those fears.

Note: These fears and responses to them can be printed on a handout that participants can take with them, to serve as examples to challenge their fears.

Notes**Materials**

Handout 2.1—Evaluating Thoughts About Falling, page 5

**Brainstorming confidence-building thoughts**

- A. A relative gives you tickets to a show and you know you will have to climb stairs to get to your seat.
- B. You want to take your daily walk but it has rained and the sidewalk is wet and might be slippery.
- C. A celebrity you want to see is speaking locally but you know you will have to battle a crowd to get in.
- D. You want to take the subway downtown but one of your children has warned you not to do it because you might fall.
- E. You want to clean out and organize some shelves that are a little beyond your reach.
- F. Your friend invites you to go to see a movie at night but you have to walk in the dark both outside and inside the theater.

You can use Handout 2.2 as a guide for the above activity

Challenge Your Concerns About Falling**Materials**

Handout 2.2—Challenge Your Concerns About Falling

If time allows the group can also work together on *Handout 2.2—Challenge Your Concerns About Falling*

Note to group members:

In this introductory exercise, this work sheet is being completed as a group. Once you get familiar with the process, you are encouraged to use the worksheet independently.

Directions for using:

Handout 2.2—Challenge Your Concerns About Falling

- To challenge your fear of falling, let's first identify an activity that is meaningful to most of us that causes us to worry about falling. Next, a vote will be taken for the one activity that will be the subject of the next exercise. (Majority wins).
- Complete questions 1 through 5 as a group.

OPTIONAL**Activity 2.5 Concerns About Falling Log**

5 minutes

Materials

Handout 2.3—Concerns About Falling Log



TARGET

This activity can be used with groups able to do individual work and self-reflection to help identify positive and negative thinking about falls/fear of falling. Time has not been allotted in Session 2 to introduce the log because the primary cognitive restructuring intervention involves the *Challenge Your Concerns About Falling* activity.

The coach will:

Ask participants if they were aware of their attitudes toward fall prevention prior to completing the Falls-Related Attitudes Survey.



LEARN

Notes

Notes

- Note that it is important to recognize core beliefs about falls before trying to change behaviors. The *Concerns About Falling Log* can help them to do this.
- Ask the participants to use the log to write down thoughts, positive and negative, during the course of each day.

Time can be set aside during future sessions to discuss these thoughts as a group.

Activity 2.6 Conclusion

5 minutes

The coach will:

- Review what was learned today.
- Remind the group about the next meeting and let them know that they will begin the exercises. Wear shoes for exercise if possible.
- Remind participants that their Participant Agreements must be completed to perform the exercises.

Evaluating Thoughts About Falling

Your thoughts about falling affect your actions

To overcome your concerns about falling you need mental as well as physical skills. These concerns enter your life as the idea that something terrible can and probably will happen to you if you are not careful. When it is powerful, it cautions you against taking any risks. It can limit you. When this happens it is joined by ideas of helplessness, like, “I can’t protect myself from falling. I better not try to do much of anything.” Ideas of dependence, like “other people will have to take care of me” also come into the picture. You need to learn to recognize and challenge these ideas, or they can control you.

Concerns about falling can enter your life slowly and gradually—they can start creeping into your thoughts and get stronger as time goes on—or they can come on suddenly. This is especially likely if you have a bad and unexpected fall, or someone you know has. Fear directs your feelings and actions. Once it takes over, it can convince you to restrict your life in many ways. This can result in significant losses. You might stop visiting friends, taking walks, doing things that have brought you pleasure. It can interfere with the most basic activities, such as cooking, cleaning, taking showers. It can take away your

independence and lead you to become isolated and depressed. It blocks your attempts at problem- solving, and takes away the power you have to control your life. Worst of all, it can lead you to be so inactive that your muscles and bones become very weak. The tragedy of this is that you then are more likely to fall if you try to do something active.

Evaluating your fears

In order to manage your concerns about falling, the first step is to recognize them and the effects they have on your feelings and actions. You then need to evaluate how realistic your fears are, and whether they are preventing you from taking constructive action. Our fears are like warning signals that protect us from danger. Sometimes they flash red, telling us not to go any farther when they ought to be yellow, telling us to proceed with caution. With some practice you can turn a red light into a yellow one, or even into a green one, by talking back to the ideas of danger that pop into your head.

Example

Worries About Falling

“My balance is so bad I can’t do things on my own.”

Feelings:

Anxiety about moving without assistance. Insecure about being left alone.

Behavior:

Restricted activity; demanding of family.

List some worries you have about falling, and how these worries make you feel and behave.

<u>Worries</u>	<u>Feelings</u>	<u>Behaviors</u>

Replacing fears with constructive ideas

As you can see, fears can change your behavior. They get in the way of staying active and of doing what you can to prevent falls and cope with them if they do occur. One way of challenging your concerns is to replace them with more constructive, confidence-building ideas. People have come up with many creative ways to do this and thereby keep their fears in check.

Example

Bob has been invited to the neighbor's home for dinner. He has to climb some steps to get into their house.

- **Unhelpful thoughts**

"I can't go. I'll never make it up those steps without losing my balance. I could fall and break my hip."

- **Helpful thoughts**

Questions Bob can ask himself:

How likely is it that my concern will come true? How dangerous is this situation?

Although there is usually a possibility that our feared outcome could occur, there are often other more positive outcomes that could occur as well. It

is important to keep these in mind so you are not thinking solely of the worst possible thing.

In answering these questions, Bob might make the following statement :

"I'm nervous about those steps, but I've never fallen down steps before and I've climbed a lot of them in my life. It's possible I could do it."

What positive results might occur if I try the feared activity?

Bob might make a statement like:

"I'd like to see my neighbors. I get bored and cooped-up inside. I'd feel good about getting there if I could."

What will happen if I give into my worries?

Bob might make a statement like:

"If I don't go, I'll get more lonely and unhappy, and I'll feel ashamed because I won't tell them the real reason I can't come. I'll make something up and they'll think I'm not interested."

What can I do to enable myself to try this?

Bob might make a statement like :

"I could ask one of my neighbors to give me a hand with the steps. Even

though I'm a little embarrassed, it would be worse to stay home."

By restructuring his thinking in this way, Bob can keep his fear from calling the shots and form a plan to overcome it. There is no one right way to come up with confidence-building ideas, and you may have your own useful possibilities.

Brainstorming confidence-building thoughts

- A. A relative gives you tickets to a show and you know you will have to climb stairs to get to your seat.
- B. You want to take your daily walk but it has rained and the sidewalk is wet and might be slippery.
- C. A celebrity you want to see is speaking locally but you know you will have to battle a crowd to get in.
- D. You want to take the subway downtown but one of your children has warned you not to do it because you might fall.
- E. You want to clean out and organize some shelves that are a little beyond your reach.
- F. Your friend invites you to go to see a movie at night but you have to walk in the dark both outside and inside the theater.

Directions

To challenge your fear of falling, let's first identify an activity that is meaningful to most of us that causes us to worry about falling. Next, a vote will be taken for the one activity that will be the subject of the next exercise. (Majority wins).

Note to group members: In this introductory exercise, this work sheet is being completed as a group. Once you get familiar with the process, you are encouraged to use the worksheet independently.

1. What am I afraid of doing because I might fall?

2. How realistic is my fear? Based on my experience, how dangerous is this situation? Circle your fear level on the scale below:

Not At All Dangerous				Somewhat Dangerous				Very Dangerous			
▽				▽				▽			
0	10	20	30	40	50	60	70	80	90	100	

3. Is there any action I can take to make this safer and enable myself to try it?
If so, what is it?

4. What positive results might happen if I try to do this?

5. What will happen if I give in to my fear and don't try?

Directions

The log should be used to record what happens and what you think when faced with a situation where you are afraid you might fall.

Situation _____

Write a brief description of the situation or event that aroused some concern about falling. For example, your neighbor asks you to walk to the store a few blocks away with her. However, it has been raining, and the sidewalk is covered with leaves.

Fears or Worries About Falling _____

Write what you are worried about. For example, “I will slip on the wet leaves and fall down.”

Confidence Building Thoughts _____

Write a more positive—and realistic—thought. For example, “If I am careful, walk slowly, and use my cane, I can walk to the store safely.”

Outcome _____

Write what happened or what you did. For example, “Walked to the store and didn’t fall even though the leaves were slippery.”

OVERVIEW**EXERCISE AND FALL PREVENTION****Goals**

- To understand the importance of exercise in preventing falls.
- To identify the barriers to exercise for older adults.
- To identify which exercises are best suited for fall prevention.
- To experience the *Matter of Balance* exercises as an example of activity well-suited for fall prevention.

**Materials**

Name tags
 Flip chart or blackboard,
 Markers or chalk
 Attendance sheet
 Pencils, paper
 Snacks- plates, cups, napkins
 Video: *Exercise - It's Never Too Late*
 TV/DVD Player

Handouts

*Handout 3.1—Age Page: Exercise and Physical Activity:
 Getting Fit for Life*

Handout 3.2—A Matter of Balance Exercises

Notes

"I loved the Balance Class. It showed me that you must exercise everyday to keep living a healthy life and I plan on making it to a least 100! I never say I can't. I always try. Thank you for A Matter of Balance."

Activity 3.1 Welcome and review

5 minutes

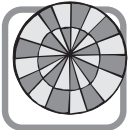
Notes**Materials****FLIP CHART**

“Learning Goals of the Day”

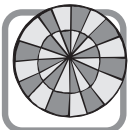
The coach will:

Begin with a review of major points learned at the last session and answer any questions. Make sure Participant Agreements are signed to do exercises.

Discuss the “Learning Goals of the Day”:

**TARGET**

- Learn the effect that physical activity can have on health (in general) and fall prevention.
- Participate in the *Matter of Balance* Exercises.
- *(Optional)* Inquire about members’ entries on Handout 2.3-Concerns About Falling Log.

Activity 3.2 Video presentation*Exercise – It’s Never Too Late* 17 minutes**TARGET**

Participants will recognize common barriers to exercising for older adults.

**LEARN****Materials**Video: *Exercise- It’s Never Too Late*

Participants watch the video.

Notes**Activity 3.3 Group discusses reaction to video**

25 minutes

**TARGET**

Participants will:

- recognize the “costs” of inactivity in terms of wellness and well-being.
- recognize the benefits of moderate levels of exercise.

Group discussion**DISCUSS**

Participants will discuss their reaction to the video.

The coach will include the following points in the discussion.

Barriers to exercise for older adults include:

**LEARN**

- Beliefs that inactivity is a natural part of aging.
- Beliefs that we cannot slow the weakening of bones and muscles through exercise.
- Beliefs that all exercise is harmful for older people.
- Feeling embarrassed to exercise “at my age”.
- Time constraints.
- Overprotective relatives & friends.

The coach will add the following points about exercise:

- Exercise makes a profound difference in both physical and emotional well-being.
- Inactivity is especially dangerous to older people because the problems associated with inactivity (loss of muscle strength, balance, coordination, etc.) can present more serious consequences for older people, compared to younger people.
- Decisions to exercise and take control of one's health are closely related to issues of control and "taking charge" of one's life.
- Playing it safe to avoid falls by staying home and limiting activity levels is counterproductive.
- Medical research shows that everyone can grow stronger through increased activity.

Notes**Activity 3.4 Group discusses benefits of exercising**

10 minutes



Participants will recognize the benefits of moderate levels of exercise.

Materials

Handout 3.1—Age Page: Exercise and Physical Activity: Getting Fit for Life

You may read Handout 3.1 out loud to the group.

NotesThe coach will add the following points:

Exercises that are especially helpful in fall prevention include those that provide opportunities to:

1. Improve balance skills and flexibility.
2. Strengthen quadriceps muscles (thigh) and hip extensors (example: repeated sitting and standing.)
3. Improve coordination (example: dancing.)
4. Improve overall conditioning (example: walking.)

Exercises should be interesting or challenging, so that participants have to think about what they are doing (such as learning a new dance step) to increase alertness.

Exercise helps prevent falls by improving blood pressure regulation, strength, flexibility and sensory input. Through regular exercise, our brain is better able to quickly process information on the location of our body parts.



Participants will be able to discuss the 3 to 4 key steps in exercising.

The coach outlines the guidelines for an exercise program:

- Start slowly, based upon your own ability.
- Work up to 30 minutes of activity on most days of the week. Ten minutes of activity at a time is fine.

Notes

- Make sure to breathe! Pay attention to your body. Rest when necessary and stop when fatigued.
- Wear loose comfortable clothing and shoes with good support.
- Include balance, stretching, strengthening and aerobic exercises to have the right mixture of physical activities.
- Establish a routine and keep a record of your progress.
- Exercise indoors when temperatures are too hot or too cold.
- Chose activities you enjoy; join with others and have fun.

Note: Ask participants to add their ideas.

Activity 3.5 Break

10 minutes

**Activity 3.6 Exercise Demonstration**

45 minutes

Introduce *A Matter of Balance* exercises



Participants will recognize the benefits of regular physical activity.

Notes

Materials*Handout 3.2—A Matter of Balance Exercises*The coach will:

- Demonstrate and lead participants in *A Matter of Balance* exercises.
- Provide feedback on the exercise techniques.
- Encourage participants to exercise at their own pace.
- Emphasize safety while exercising.

Activity 3.7 Explore reactions to exercise

5 minutes



Participants will share reactions to the *Matter of Balance* exercises.

Lead a discussion

Ask participants to share how comfortable they felt doing the exercises.

Activity 3.8 Conclusion

3 minutes

The coach will:

- Review what was learned today.
- Remind the group about the next meeting and share the topic.
- **(Optional)** Remind participants to continue to write in their *Concerns About Falling Log* and to bring the log to the next session.



* National Institute on Aging
U. S. Department of Health and Human Services, National Institutes of Health

Exercise and Physical Activity: Getting Fit For Life

“My wife, Miki, and I have heart problems. About 2 years ago, we joined our local health club, where we do both endurance and strength-training exercises. On the off days, we walk near our house, stretch, and do a few balance exercises. Being active helps us feel better—and it’s good for our hearts!”

Bob and Miki know that exercise and physical activity are good for you, no matter how old you are. In fact, staying active can help you:

- Keep and improve your strength so you can stay independent
- Have more energy to do the things you want to do
- Improve your balance and prevent falls
- Prevent or delay some diseases like heart disease, stroke, type 2 diabetes, osteoporosis, and certain types of cancer
- Perk up your mood and reduce feelings of depression
- Sleep better at night
- Reduce levels of stress and anxiety
- Reach or maintain a healthy weight

You don’t need to buy special clothes or belong to a gym to become more active. Physical activity can and should be part of your everyday life. Find things you like to do. Go for brisk walks. Ride a bike. Dance. Work around the house. Garden. Climb stairs. Swim. Rake leaves. Try different kinds of activities that keep you moving. Look for new ways to build physical activity into your daily routine .

Four Ways to Be Active

To get all of the benefits of physical activity, try all four types of exercise—1) endurance, 2) strength, 3) balance, and 4) flexibility.

1. Try to build up to at least 30 minutes of activity that makes you breathe hard on most or all days of the week. Every day is best. That's called an **endurance** activity because it builds your energy or "staying power." You don't have to be active for 30 minutes all at once. Try to be active throughout your day to reach this goal, and avoid sitting for long periods of time .

How hard do you need to push yourself? If you can talk without any trouble at all, you are not working hard enough. If you can't talk at all, you are working too hard.

2. Keep using your muscles. **Strength** exercises build muscles. When you have strong muscles, you can get up from a chair by yourself, you can lift your grandchildren, and you can walk through the park.

Keeping your muscles strong can help with your balance and prevent falls and fall-related injuries. You are less likely to fall when your leg and hip muscles are strong.

3. Do things to help your balance. Try standing on one foot, then the other. If at first you need support, hold on to something sturdy. Work your way up to doing the exercises without support. Get up from a chair without using your hands or arms. Try the heel-to-toe walk. As you walk, put the heel of one foot just in front of the toes of your other foot. Your heel and toes should touch or almost touch
4. Stretching can improve your **flexibility**. Moving more freely will make it easier for you to reach down to tie your shoes or look over your shoulder when you back the car out of your driveway. Stretch when your muscles are warmed up. Don't stretch so far that it hurts.

Who Should Exercise?

Almost anyone, at any age, can do some type of physical activity. You can still exercise even if you have a health condition like heart disease, arthritis, chronic pain, or diabetes. In fact, physical activity may help. For most older adults, brisk walking, riding a bike, swimming, weight lifting, and gardening are safe, especially if you build up slowly. If you have any symptoms that haven't been diagnosed, or if you have a chronic condition that is not being monitored by a doctor, check with your doctor before beginning an exercise routine. You can always talk to your doctor if it makes you more comfortable when starting to be active .

Safety Tips

Here are some things you can do to make sure you are exercising safely:

- Start slowly, especially if you haven't been active for a long time. Little by little build up your activities and how hard you work at them.
- Don't hold your breath during strength exercise. That could cause changes in your blood pressure. It may seem strange at first, but the rule is to breathe out as you lift something; breathe in as you relax.
- Use safety equipment. For example, wear a helmet for bike riding or the right shoes for walking or jogging.
- Unless your doctor has asked you to limit fluids, be sure to drink plenty when you are doing activities, even if you don't feel thirsty.
- Always bend forward from the hips, not the waist. If you keep your back straight, you're probably bending the right way.
- Warm up your muscles before you stretch. Try walking and light arm pumping first.

Exercise should not hurt or make you feel really tired. You might feel some soreness, a little discomfort, or a bit weary, but you should not feel pain. In fact, in many ways, being active will probably make you feel better.

For More Information on Exercise and Physical Activity

Local fitness centers or hospitals might be able to help you find a physical activity program that works for you. You also can check with nearby religious groups, senior and civic centers, parks, recreation associations, YMCAs, YWCAs, JCCs, or even area shopping malls for exercise, wellness, or walking programs. Looking for more information on how to begin an exercise plan and keep going?

Visit Go4Life® at <https://go4life.nia.nih.gov> . This exercise and physical activity website from the National Institute on Aging has exercise examples, tracking worksheets, workout videos, and tips to help you stay motivated.

The following resources have information about physical activity and exercise for older adults to help you get started .

American College of Sports Medicine

1-317-637-9200

publicinfo@acsm.org

www.acsm.org

American Council on Exercise

1-888-825-3636 (toll-free)

receptionist@acefitness.org

www.acefitness.org

American Physical Therapy Association

1-800-999-2782 (toll-free)

consumer@apta.org

www.moveforwardpt.com

Centers for Disease Control and Prevention (CDC)

1-800-232-4636 (toll-free)

1-888-232-6348 (TTY/toll-free)

cdcinfo@cdc.gov

www.cdc.gov

MedlinePlus**National Library of Medicine**

www.medlineplus.gov

<https://medlineplus.gov/exerciseandphysicalfitness.html>

<https://medlineplus.gov/exerciseforolderadults.html>

National Council on Aging

1-571-527-3900

www.benefitscheckup.org

President's Council on Sports, Fitness & Nutrition

1-240-276-9567

fitness@hhs.gov

www.fitness.gov

For more information on health and aging, contact:

National Institute on Aging Information Center

1-800-222-2225 (toll-free)

1-800-222-4225 (TTY/toll-free)

niaic@nia.nih.gov

www.nia.nih.gov

<https://go4life.nia.nih.gov>

Visit www.nia.nih.gov/health to find more health and aging information from NIA and subscribe to email alerts.

Visit <https://order.nia.nih.gov> to order free print publications.

National Institute on Aging NIH...

Turning Discovery Into Health®

May 2019

Go4Life is a registered trademark of the U.S. Department of Health and Human Service.

Do not play music during exercises so that everyone can hear the directions.

This exercise prepares the mind and body for exercise.

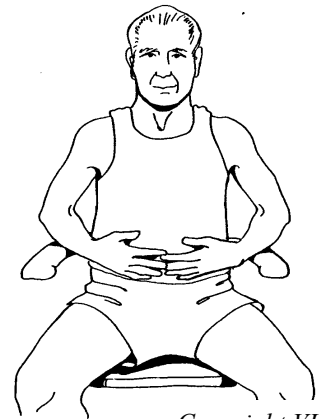
WARM-UP EXERCISES

Encourage safe footwear.

Deep Breathing

Place your hands on stomach and take a deep breath in, filling your diaphragm. Feel your hands move out as you fully breathe. Exhale and feel your hands return.

Coaching Tip: Sit in a sturdy, comfortable chair. Breathe evenly. Encourage participant to breathe normally throughout the exercise.



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Start with 3 to 5 repetitions for each of the warm-up exercises. Increase to 8 to 12 repetitions, as appropriate.

Good Morning Stretch

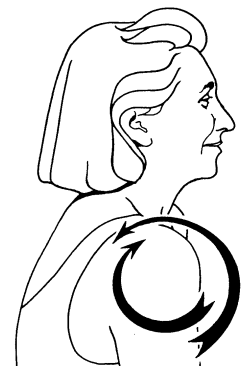
Stretch your arms wide. Take a deep breath and exhale, stretch some more, add a gentle turn to the left and then to the right. Move slowly and breathe deeply.

The Good Morning Stretch and Shoulder Rolls improve the range of motion of the shoulders and upper back and they are an excellent way to relieve muscle tension.

Shoulder Rolls

Roll your shoulders forward, making small circles for a count of 5. Then roll your shoulders to the back for a count of 5.

One set is 10 counts



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Diagonal Arm Press Across the Body

Starting with your left arm, press to the right, away from and across your body. Alternate your right and left arm. Repeat 5 to 10 times.

Pause, take 2 or 3 deep breaths.

Coaching Tip: This is a good time to check-in with each participant with eye contact and conversation.

Foot Circles

Sit with both feet on floor. Raise one foot and gently circle (rotate) your foot in a clockwise direction 5 times. Change direction and repeat.

Switch to the other foot and repeat.

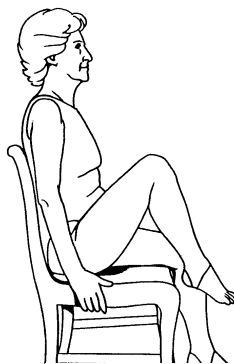


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Seated Knee Raises (Seated Marching)

Lift your left knee and then lower it. Lift your right knee and lower it, as if you were marching.

Repeat 5 to 10 times.



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This exercise warms the body and can improve your upper body range of motion, overall balance and physical endurance.

The ankle is one of the most important "balance" joints. The ankle joint "responds" to changes in terrain and "reports" to the brain and other muscles information necessary for adjustment and safety. Ankle rolls may improve range of motion and balance.

Seated Knee Raises improves hip stability and range of motion. May help physical endurance.

Coaching Tip: Encourage a comfortable range of motion. More motion is not always better. For individuals with joint replacement or experiencing hip/back pain, encourage them to follow their physician/healthcare professional's recommendations.

Pause, take 2 or 3 deep breaths.

STRENGTH AND BALANCE EXERCISES

This exercise improves the range of motion in the shoulders and back. It may also improve physical endurance.

Diagonal Arm Press Across the Body and Toward the Floor

Starting with your left arm, press to the right, toward the floor and across your body. Alternate your right and left arm.

Repeat 5 to 10 times. Add a set as you get stronger.

This exercise improves the range of motion in the shoulders and back. It may also improve physical endurance.

Diagonal Arm Press Across the Body and Slightly Overhead

Starting with your left arm, press to the right, toward the ceiling and across your body. Alternate your right and left arm.

Repeat 5 to 10 times. Add a set as you get stronger.

Coaching Tip: Strength and balance exercises are diverse and are sometimes paced and rhythmic or very slow and controlled. Coaches should demonstrate each exercise according to the plan. All movements should be controlled and in a full range of motion. Suggestions regarding pace, range of motion and repetitions should be made according to an individual's ability.

Rowing Exercise

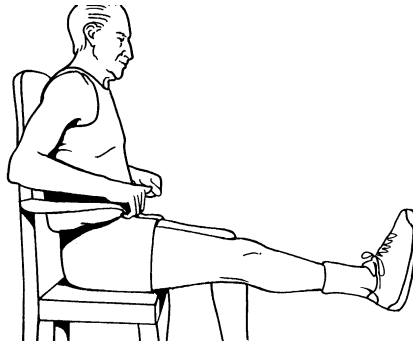
With both arms straight out in front of your body, pull arms in, as if you are rowing a boat. Try to pinch your shoulder blades together as you row.

Repeat cycle 5 to 10 times. Add a set as appropriate.

Seated Leg Extensions

Slowly straighten your left leg and then return your left leg to the floor.

Slowly straighten your right leg and then return your right leg to the floor.



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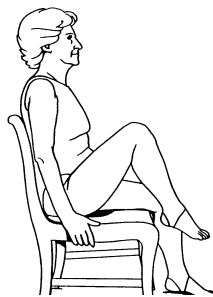
Alternate and repeat 5 to 10 times.
Add a set as you get stronger.

Coaching Tip: Participants can do this exercise with the toe pointed or fixed toward the ceiling. The stretch felt in the calf muscle will vary depending on the position of the foot.

Seated Knee Raises
(Not Alternating)

First, lift your left knee and then lower it. Repeat 5 to 10 times.

Second, lift your right knee and then lower it. Repeat 5-10 times.



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This exercise improves torso, hip and upper leg strength.

Take a deep breath and stand up.

Coaching Tip: When transitioning from seated to standing or standing to seated encourage a slow and controlled movement to avoid dizziness. Always have a chair or sturdy table available for support.

Encourage the following:

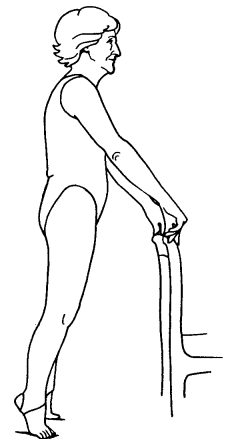
- *Keep your head up and eyes open.*
- *Maintain an upright posture.*
- *Breathe normally and do each exercise to your own ability.*

This exercise improves balance and leg strength.

Toe Stands (Heel Raises)

Stand behind your chair. Use the chair for support. Place your feet about shoulder width apart and lift up your heels, rising up on to your toes. Pause, then return your heels to the floor.

Repeat 5-10 times. Add a set or practice on one foot, if appropriate.



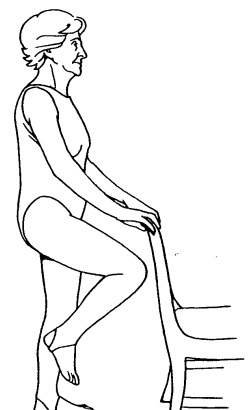
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This exercise improves balance and physical endurance.

Alternating Steps (Marching In Place)

Start marching, alternating steps at a slow to moderate pace. Continue for 15 to 30 seconds.

Increase duration or add a set as appropriate.



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Side Stepping

Step your left foot to the left, then step your right foot to match your left foot.

Step your right foot back to the right, then step your left foot to match your right foot. Continue for 15 to 30 seconds.

(Left together, right together, left together, right together...).

Increase duration or add a set as appropriate.

The Box Step (Waltz)

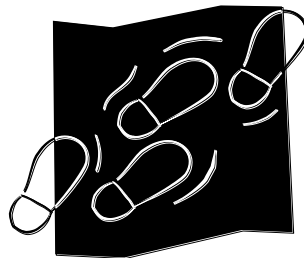
Right foot forward, then feet together.

Left foot to side, then feet together.

Left foot back, then feet together.

Right foot right, then feet together

Repeat cycle 3 to 5 times, increase as appropriate.



This exercise improves balance, coordination and physical endurance.

Pause. Take 2 or 3 deep breaths.

Coaching Tip: Check-in. Participants may be experiencing fatigue at this point. Continue if appropriate or sit down and continue with the seated exercises. Always encourage participants to exercise according to their own ability.

Each of the hip/leg exercises improves strength, range of motion and balance.

Standing Hip Extension

Stand behind a chair or sturdy table, slide your foot back, sliding from heel to toe, finishing with leg back and toe pointed, touching the ground.

Coaching Tip: Encourage participants to keep their toe on the floor, their head up, eyes forward and body upright.

Repeat 5 to 10 times with each leg.

Coaching Tip: Encourage a comfortable range of motion. More motion is not always better. Encourage individuals with joint replacement or experiencing hip/back pain to follow their physician/healthcare professional's recommendations.

Leg Slide to the Side

Coaching Tip: Encourage participants to keep their toe on the floor, their head up, eyes forward and body upright.

Slide left leg out to the side, pause, bring your left foot mid-line. Touch your left heel to your right toe. Return left foot to match your right foot.

Repeat 5 to 10 times.

Slide right leg out to the side, pause, bring it back to mid-line. Touch your right heel to your left toe. Return right foot to match your left foot.

Repeat 5 to 10 times.

Take 2 or 3 deep breaths. Transition slowly to your seat.

Wrist Rise & Fall

Place your arms on the armrest of the chair. Gently let your hand hang off the edge of the armrest. (Use tabletop if armrests are not available).

Slowly bend the back of your hand, lift your fingers up toward the ceiling. Then gently lower your hand.

Repeat 5 times, increase as appropriate.

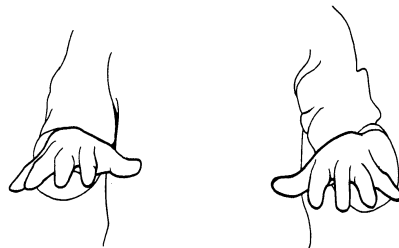


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This exercise may improve dexterity, coordination and range of motion.

Finger Spread

Spread fingers of both hands far apart, keeping fingers straight. Then relax hands and fingers into a gentle fist.



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Repeat 5 times, increase as appropriate.

This exercise helps chest/ back flexibility and torso range of motion. It is very good for posture.

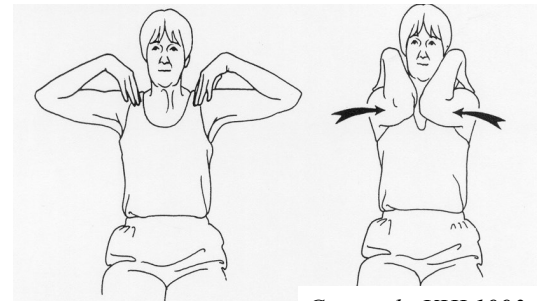
Wrist Rotation

Spread fingers of both hands far apart (like the finger spread.) Then, rotate your hand, palm up, palm down.

Repeat 5 times, increase as appropriate.

Touch Elbows Stretch (front and back)

Stretch Front: Place your fingertips on your shoulder. Raise elbows to shoulder level. Gently move your elbows together (toward your body's mid-line). Try to get them as close as possible, while still remaining comfortable. Hold for 3-5 seconds. Repeat 3-5 times.

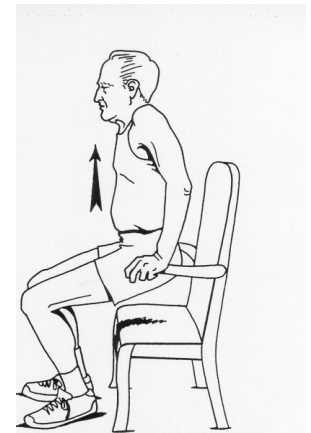


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Arm Chair Push

Put hands on arms of chair and push body up out of chair, partially standing.

Repeat 3-5 times.



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**Before returning to a standing position,
take two or three deep breaths.**

STAND UP

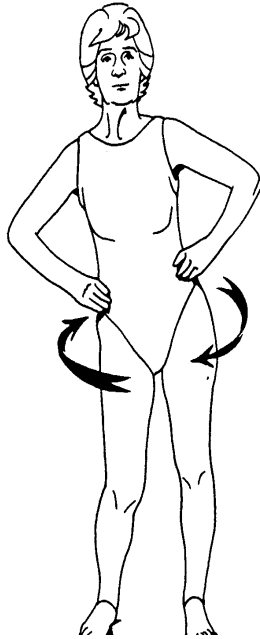
Hip Circles

With your hands on hips, make circles with hips without moving shoulders. Pretend that you are doing the hula dance or playing with a hula-hoop toy.

Do this each direction for 10-15 seconds.

Repeat the cycle 2 times.

Coaching Tip: This is a good exercise to provide verbal cues to insure effective technique. Encourage participants to circle their hips without moving their shoulders. If the shoulders move, it is a sign of limited hip flexibility.



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Standing Foot Circles

Using the chair for support, stand with both feet on the floor, gently raise one heel slightly off the floor, maintaining contact with the floor and your toe.

Circle your heel clockwise.

Repeat 5 times.

Circle foot counter clockwise.

Repeat 5 times.

Repeat above with the other foot.

The ankle joint is very important for balance. Ankle rolls improve range of motion and may improve the ability to adjust to changes in terrain.

Heel cord flexibility is a strong indicator of overall balance ability and range of motion.

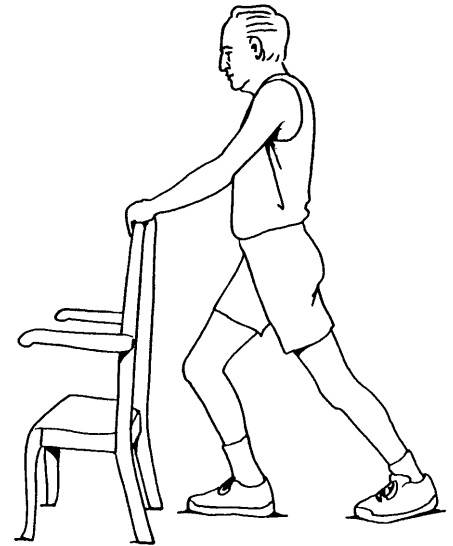
Heel Cord Stretch

Stand about an arm's length away from the chair. With right foot in front of left, lean forward keeping left heel flat on the floor.

Hold 10 to 15 seconds.
Counting out loud.

Repeat with opposite foot in front.

Repeat cycle 2 times.



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**Before returning to your seat,
take two or three deep breaths.**

COOL-DOWN

Ear to Shoulder

Bring left ear to left shoulder and hold for 10 seconds.

Repeat to the right.

Repeat cycle 3 times.

Coaching Tip: This is an exercise that can be done anywhere, at anytime. It is a good exercise for the range of motion in the neck and releasing tension.

Look Left, Look Right

Look to the left, look to the right.
Move slowly.

Repeat 5 times.



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This exercise can also be done anywhere, and anytime. It improves neck range of motion. It is helpful in maintaining your ability to look left and right when driving.

Good Morning Stretch

Stretch arms open wide and yawn, if you like.

Take a deep breath, stretch some more, add a gentle turn to the left and then to the right.

Move slowly and breathe deeply.

Repeat cycle 2 to 3 times.



A relaxing stretch for the entire body.

Giant Bear Hug Stretch

Wrap your arms around your body.
Try to reach your hand behind your back (like a big bear hug)
Squeeze and stretch and relax.

You did it- Congratulations!



Take two or three deep breaths.
Relax! Good job!

OVERVIEW**ASSERTIVENESS AND FALL PREVENTION****Goals**

- To recognize three important physical risk factors for falls: low blood pressure, leg weakness, and poor flexibility and balance.
- To understand exercises that can be used to prevent falls due to low blood pressure, leg weakness, and poor flexibility/balance.
- To recognize the relationship between assertive behavior and fall prevention.

**Materials**

Name tags
 Flip chart or blackboard
 Markers or chalk
 Attendance sheet
 Pencils, paper
 Snacks- plates, cups, napkins

Handouts

Handout 3.2—A Matter of Balance Exercises

Handout 4.0—Prevent Falls and Fractures

Handout 4.1—Prevention of Falls: Some Practical Suggestions

Handout 4.2—Resources for Fall Prevention

Notes

"I am more careful about barriers in my home and when walking outside. I take more time before rising from bed or chair."

Activity 4.1 Welcome and review

5 minutes

**FLIP CHART****Materials**

“Learning Goals of the Day”

The coach will:

Begin with a review of major points learned at the last session and answer any questions.

Discuss the “Learning Goals of the Day”:

- Identify physical risk factors for falls.
- Practice exercises and activities that can be used to reduce falls due to low blood pressure, improve leg strength, and improve flexibility.
- Discuss how assertiveness is relevant to fall prevention.

**TARGET**

(Optional) Inquire about members’ entries on the *Handout 2.3—Concerns About Falling Logs*.

Activity 4.2 Matter of Balance Exercises

25 minutes

**EXERCISES**

Practice exercises as a group.

Materials

Handout 3.2—A Matter of Balance Exercises

Notes

Notes**Activity 4.3 Risk factors for falls**

25 minutes



Participants will:

- Be able to describe procedures to reduce dizziness associated with postural changes.
- Be introduced to the concept of orthostatic hypotension (a drop in blood pressure as the result of a sudden change in position).
- Understand that dizziness associated with position changes is the primary symptom of orthostatic hypotension.
- Learn how to screen themselves for symptoms of orthostatic hypotension.

Materials*Handout 4.0—Prevent Falls and Fractures**Handout 4.1—Prevention of Falls: Some Practical Suggestions*

You may read Handout 4.0 out loud to the group.

The coach will:

Begin the discussion of risk factors for falls sharing three important risk factors for falls:

- Low blood pressure
- Leg weakness
- Poor flexibility

Notes

The coach will make the following comments pertaining to blood pressure regulation:



- People who are inactive might experience dizziness when they change position.
- Sometimes the heart is unable to get blood to the brain as quickly as needed. To check if this is a problem, tonight, with someone watching, lie down and sit up quickly.
- If you feel light-headed or dizzy, this is a sign that you may have some difficulty in this area. If the problem is severe, consult your physician.
- As a precautionary measure, we should get into the habit of sitting or standing still for one or two minutes after changing positions, before getting up, or walking to allow blood to get to the brain.
- This is especially important when getting out of bed. Once awake, move slowly from lying down to sitting at the side of the bed. Dangle your legs over the edge of the bed and do some ankle pumps (demonstrate) for a minute or two. This can help prevent dizziness associated with postural change. Regular exercise can also help the body adapt more quickly to changes in position.

**Activity 4.4 Break**

10 minutes

Notes**Activity 4.5 Weakness and balance problems**

25 minutes



Participants will:

- Identify leg weakness as a factor that predisposes one to falls.
- Identify poor flexibility and balance as a risk factor for falls.
- Understand that balance is used in most physical activities.
- Identify heel cord tightness as a risk factor for falls.
- Identify poor hip flexibility as a risk factor for falls.

Materials

Flip chart

Next, the coach will discuss the relationship between leg weakness and balance problems.

Tell the group:

- Weakness in your legs can be a very important factor which contributes to falls. If you are very weak in your hips or thighs (for example, if you have difficulty climbing stairs) you should see a physical therapist to help you design an exercise program to improve your muscle strength. The foot and lower leg strength is often the key culprit and can easily be assessed and treated.

Notes

- Flexibility, like strength, is very important for good balance. If an older adult experiences a fall, chances are that the fall will occur in the home. Many older adults fall during routine activities that challenge their balance skills.



FLIP CHART

At this point, the coach can ask the group to name tasks that involve a balance component. Answers can be written on the board or flip chart.

Note: physical activities, including walking and self-care skills require some balance skills. This point can be emphasized to the group after the group provides their list of tasks involving a balance component.

The coach will continue by telling the group:

- Balance is needed in order to perform all activities, from simple self-care skills to exercising.
- Poor balance places an individual at risk for a fall.
- If you are very stiff and have limited flexibility, regular exercise or working with a physical therapist, if needed, can help.
- It is not uncommon for people to experience stiffness in their heel cords and hips.

The coach will:



LEARN

- Demonstrate heel cord flexibility by standing with one leg in front of the other, leaning forward toward his or her chair, and attempt to keep heels flat.
- Inform group that tightness through the heel cord exists if the back heel does not touch the floor. At this point, participants can stand up, hold on to a chair in front of them, and practice heel cord stretches.

NotesNext, the coach will:

- Demonstrate good hip flexibility by standing up and making a circle with his/her hips, without moving his/her shoulders. Tell the group that if the shoulders move, it is a sign of limited hip flexibility.
- Again, participants can stand up and attempt hip circles. The coach can comment on members' ability to perform hip circles without moving shoulders.

Activity 4.6 Introduction to Assertiveness

25 minutes



Participants will:

- Define assertive behavior.
- Describe the relevance of assertive behavior to fall prevention.
- Identify barriers to effective communication.
- Draw from personal experience to describe the consequences of failing to utilize assertive communication skills.

Materials

Flip chart

Handout 4.2—Resources for Fall Prevention

Ask the group:

What does it mean to be assertive?

NotesCoach Response:

- An assertive person does not insist on having things his/her own way but also does not negate his/her own rights by always going along with the other person.
- Positions and/or needs are presented directly in a non-manipulative fashion. An assertive person uses "I messages." (Give example.)
- Let's imagine that you would like to make some changes in your apartment to prevent falls. For example, you would like to remove some items that you have been storing for your relatives to make the apartment less cluttered and easier to walk in. You would also like to have mixing bowls and small appliances moved from high shelves in your kitchen (where you cannot reach them) to lower shelves. What assertive action could be taken?

The coach will:

- Seek feedback from group.
- Write suggestions on board.
- Comment on behaviors suggested.
- Conclude with a summary of assertive actions which could be taken.

Tell the group:

Assertive behavior can help us when:

- It builds self-esteem and self-confidence.
- It increases our sense of control and reduces feelings of helplessness.

Notes

- It helps us ask for, accept, and receive help or to negotiate compromises.
- It improves decision-making abilities by thoroughly discussing situations with involved parties.

Ask the group:

What does being assertive have to do with fall prevention?

Response:

- Often, to implement solutions or to create an alternative to a risk-taking behavior, we have to ask for help.
- However, many people have difficulty, are unwilling or unable to ask for help (or to say 'no' when necessary).

Ask the group:

Has anyone ever needed help to prevent a fall but didn't speak up?

What are the reasons we fail to express our feelings or needs?

Note: You can use findings from the discussion pertaining to the *Fall-Related Attitudes Survey* here (Handout 1.2).

Tell the group:

Some reasons include:



- Fear of rejection or disapproval by others (concern about how they will respond to our request for help).

Notes

- Fear of appearing too demanding.
- Confusing assertiveness with aggressiveness.
- Our own concern about losing independence.
- Expecting others to read our minds and offer help without being asked.
- Don't believe in the right to speak up and ask for help because "it's my responsibility."
- Denial of limitations and functional problems.

Ask group:

What difference does it make if you are assertive or not? (Await response).

What are the consequences of not being assertive?

Coach response:

- Giving up things you like to do (outings, opportunities for socialization).
- Feeling less independent because you will not attempt to shop, knowing you will need help with bags, etc.
- Avoiding travel because you are too embarrassed to use a cane.
- Strained family relations (do you resent that family members are not more available?)
- If too aggressive: alienation.

Review *Handout 4.2—Resources for Fall Prevention*

Notes

Activity 4.7 Conclusion

5 minutes

The coach will:

- Review what was learned today.
- Encourage participants to practice exercises at home if they are comfortable doing the exercises unsupervised.
- Remind the group about the next meeting and share the topic.
- Point out that additional information on fall prevention is included in *Handout 4.1—Prevention of Falls: Some Practical Suggestions* (review if there is time).

Information from the National Institute on Aging/ National Institute of Health

www.nia.nih.gov/health/prevent-falls-and-fractures

Prevent Falls and Fractures

A simple thing can change your life—like tripping on a rug or slipping on a wet floor. If you fall, you could break a bone, like thousands of older men and women do each year. For older people, a break can be the start of more serious problems, such as a trip to the hospital, injury, or even disability.

If you or an older person you know has fallen, you're not alone. More than one in three people age 65 years or older falls each year. The risk of falling—and fall-related problems—rises with age.

Many Older Adults Fear Falling

The fear of falling becomes more common as people age, even among those who haven't fallen. It may lead older people to avoid activities such as walking, shopping, or taking part in social activities.

But don't let a fear of falling keep you from being active. Overcoming this fear can help you stay active, maintain your physical health, and prevent future falls. Doing things like getting together with friends, gardening, walking, or going to the local senior center helps you stay healthy. The good news is, there are simple ways to prevent most falls.



Causes and Risk Factors for Falls

Many things can cause a fall. Your eyesight, hearing, and reflexes might not be as sharp as they were when you were younger. Diabetes, heart disease, or problems with your thyroid, nerves, feet, or blood vessels can affect your balance. Some medicines can cause you to feel dizzy or sleepy, making you more likely to fall. Other causes include safety hazards in the home or community environment.

Scientists have linked several personal risk factors to falling, including muscle weakness, problems with balance and gait, and blood pressure that drops too much when you get up from lying down or sitting (called postural hypotension). Foot problems that cause pain and unsafe footwear, like backless shoes or high heels, can also increase your risk of falling.

Confusion can sometimes lead to falls. For example, if you wake up in an unfamiliar environment, you might feel unsure of where you are. If you feel confused, wait for your mind to clear or until someone comes to help you before trying to get up and walk around.

Some medications can increase a person's risk of falling because they cause side effects like dizziness or confusion. The more medications you take, the more likely you are to fall.

Take the Right Steps to Prevent Falls

If you take care of your overall health, you may be able to lower your chances of falling. Most of the time, falls and accidents don't "just happen." Here are a few tips to help you avoid falls and broken bones:

Stay physically active. Plan an [exercise program](http://www.nia.nih.gov/health/exercise-physical-activity) that is right for you; www.nia.nih.gov/health/exercise-physical-activity. Regular exercise improves muscles and makes you stronger. It also helps keep your joints, tendons, and ligaments flexible. Mild weight-bearing activities, such as walking or climbing stairs, may slow bone loss from [osteoporosis](http://www.nia.nih.gov/health/osteoporosis).

Have your eyes and hearing tested. Even small changes in sight www.nia.nih.gov/health/aging-and-your-eyes and hearing www.nia.nih.gov/health/hearing-loss-common-problem-older-adults may cause you to fall. When you get new eyeglasses or contact lenses, take time to get used to them. Always wear your glasses or contacts when you need them. If you have a hearing aid, be sure it fits well and wear it.

Find out about the side effects of any medicine you take; www.nia.nih.gov/health/safe-use-medicines-older-adults. If a drug makes you sleepy or dizzy, tell your

Get enough sleep; www.nia.nih.gov/health/good-nights-sleep . If you are sleepy, you are more likely to fall.

Limit the amount of alcohol you drink; www.nia.nih.gov/health/getting-help-alcohol-problems. Even a small amount of alcohol can affect your balance and reflexes. Studies show that the rate of hip fractures in older adults increases with alcohol use.

- **Stand up slowly.** Getting up too quickly can cause your blood pressure to drop. That can make you feel wobbly. Get your blood pressure checked when lying and standing.
 - **Use an assistive device if you need help feeling steady when you walk.** Appropriate use of canes and walkers can prevent falls. If your doctor tells you to use a cane or walker, make sure it is the right size for you and the wheels roll smoothly. This is important when you're walking in areas you don't know well or where the walkways are uneven. A physical or occupational therapist can help you decide which devices might be helpful and teach you how to use them safely.
 - **Be very careful when walking on wet or icy surfaces.** They can be very slippery! Try to have sand or salt spread on icy areas by your front or back door.
 - **Wear non-skid, rubber-soled, low-heeled shoes, or lace-up shoes with non-skid soles that fully support your feet.** It is important that the soles are not too thin or too thick. Don't walk on stairs or floors in socks or in shoes and slippers with smooth soles.
- Always tell your doctor if you have fallen since your last checkup, even if you aren't hurt when you fall;** www.nia.nih.gov/health/doctor-patient-communication/talking-with-your-doctor . A fall can alert your doctor to a new medical problem or problems with your medications or eyesight that can be corrected. Your doctor may suggest physical therapy, a walking aid, or other steps to help prevent future falls.

What to Do If You Fall

Whether you are at home or somewhere else, a sudden fall can be startling and upsetting. If you do fall, stay as calm as possible.

Take several deep breaths to try to relax. Remain still on the floor or ground for a few moments. This will help you get over the shock of falling.

Decide if you are hurt before getting up. Getting up too quickly or in the wrong way could make an injury worse.

If you think you can get up safely without help, roll over onto your side. Rest again while your body and blood pressure adjust. Slowly get up on your hands and knees, and crawl to a sturdy chair.

Put your hands on the chair seat and slide one foot forward so that it is flat on the floor. Keep the other leg bent so the knee is on the floor. From this kneeling position, slowly rise and turn your body to sit in the chair.

If you are hurt or cannot get up on your own, ask someone for help or call 911. If you are alone, try to get into a comfortable position and wait for help to arrive.

Carrying a mobile or portable phone with you as you move about your house could make it easier to call someone if you need assistance. An emergency response system, which lets you push a button on a special necklace or bracelet to call for help, is another option.

Keep Your Bones Strong to Prevent Falls

Falls are a common reason for trips to the emergency room and for hospital stays among older adults. Many of these hospital visits are for fall-related fractures. You can help prevent fractures by keeping your bones strong.

Having healthy bones won't prevent a fall, but if you fall, it might prevent breaking a hip or other bone, which may lead to a hospital or nursing home stay, disability, or even death. [Getting enough calcium and vitamin D](http://www.nia.nih.gov/health/vitamins-and-minerals) can help keep your bones strong; www.nia.nih.gov/health/vitamins-and-minerals. So can physical activity. Try to get at least 150 minutes per week of physical activity; www.nia.nih.gov/health/exercise-physical-activity.

Other ways to maintain bone health include [quitting smoking](http://www.nia.nih.gov/health/quitting-smoking-older-adults); www.nia.nih.gov/health/quitting-smoking-older-adults and limiting alcohol use; www.nia.nih.gov/health/getting-help-alcohol-problems, which can decrease bone mass and increase the chance of fractures. Also, try to [maintain a healthy weight](#). Being underweight increases the risk of bone loss and broken bones; www.nia.nih.gov/health/maintaining-healthy-weight

[Osteoporosis](http://www.nia.nih.gov/health/osteoporosis); www.nia.nih.gov/health/osteoporosis is a disease that makes bones weak and more likely to break. For people with osteoporosis, even a minor fall may be dangerous. Talk to your doctor about osteoporosis.

Learn how to fall-proof your home. <https://www.nia.nih.gov/health/fall-proofing-your-home>

Read about [this topic in Spanish](#). Lea sobre [este tema en español](#): www.nia.nih.gov/health/prevenca-caidas-fracturas

Institute on Aging has exercises, success stories, and free video and print materials.

For More Information About Falls and Falls Prevention

Centers for Disease Control and Prevention (CDC)

1-800-232-4636 (toll-free)

1-888-232-6348 (TTY/toll-free)

cdcinfo@cdc.gov

www.cdc.gov

National Resource Center on Supportive Housing and Home Modifications

1-213-740-1364

homemods@usc.edu

www.homemods.org

Rebuilding Together

1-800-473-4229 (toll-free)

info@rebuildingtogether.org

www.rebuildingtogether.org

National Falls Prevention Resource Center

1-571-527-3900

www.ncoa.org/center-for-healthy-aging/falls-resource-center/

Content reviewed: March 15, 2017

Prevention of Falls: Some Practical Suggestions*

**Prevention of Falls: Some Practical Suggestions* is a publication of the Department of Rehabilitation, Physical Therapy, The Medical Centers at University of California, San Francisco.

Getting Out of Bed _____

Lie on your back with both knees bent and feet flat.

Roll onto your side towards the direction you will get out of bed.

Bring your legs forward over the edge of the bed and lower them as you push your body up with your arms.

Getting from Sitting to Standing _____

Scoot to the edge of the bed/chair.

Place the stronger leg slightly in back of the weaker leg.

Place hands on armrests or on the edge of the bed.

Lean trunk forward and press down on arms to stand up.

If it is a very deep chair, slide to the edge of the chair before attempting to stand.

If sitting in a recliner, bring chair to fully upright position.

If your chairs are low, add pillows to raise the seat level.

Stairs _____

Always turn on the stairwell light.

Going up:

Go up with the stronger leg first, then bring the weaker leg up onto the same step, then cane (if you use one).

Going down:

Go down with the weaker leg first, then lower the strong leg onto the same step. If you use a cane, it should go down first.

Use a handrail when available.

Follow these guidelines when getting on or off a bus or streetcar as well.

Hills _____

Going up:

Lead with the stronger leg.

Going down:

Lead with the weaker leg.

Attempt going sideways if the hill is steep.

Walk down hill in a diagonal manner, similar to switchbacks.

Getting up from the Floor _____

Get into a kneeling position. Bring one foot in front to a half-kneeling position; then rise to a standing position. You may need to push down on a sturdy object, e.g. a chair, beside you to stand up.

Assistive Devices _____

Cane

With cane tip four inches in front and four inches to the side, the cane should come up to your hip joint. The cane may need to be shorter for your elbow to be bent about twenty degrees.

When using a cane, always hold it in the opposite hand than your weaker side.

Walker

Adjust height as with cane (see above).

Place walker firmly on ground with all four legs in contact with the floor.

Keep walker within comfortable arms distance with elbows slightly bent. Stand tall and avoid walking bent over.

Use a “walker bag” to carry your objects.

Resources for Fall Prevention

Organizations

Administration on Community Living

Eldercare Locator

The Eldercare Locator is a public service of the U.S. Administration for Community Living/Administration on Aging that connects older Americans and their caregivers with sources of information on senior services. The service links those who need assistance to state and local area agencies on aging and community-based organizations that serve older adults and their caregivers.

Call: 1-800-677-1116

www.eldercare.gov

Arthritis Foundation

Online guidelines on how to protect joints during exercise along with range of motion exercises for joint mobility.

Arthritis Foundation

1355 Peachtree St. NE suite 600

Atlanta GA 30309

404-872-7100

www.arthritis.org

www.arthritis.org/living-with-arthritis/exercise/

National Council on the Aging

Healthy Aging– Empowering older adults to live healthier

Fall Prevention Information

NCOA

251 18th Street South

Suite 500

Arlington, VA 22202

Phone: 1-571-527-3900

Fax: 1-202-479-0735

TDD: 1-202-479-6674

www.ncoa.org

National Institute on Aging

The National Institute on Aging publishes a collection of fact sheets that offer practical advice on health related topics (including falls) for older adults. The fact sheets are called “Age Pages”. Another available resource is called *Talking with Your Doctor: A Guide for Older People*.

To order publications call:

1-800-222-2225

1-800-222-4225 (TDD)

www.nihseniorhealth.gov/

Health Videos: www.nihseniorhealth.gov/

The health videos offer up-to-date medical information, tips for healthy living, and inspiring stories of older adults who are coping with diseases or conditions of aging

Videos and Exercise

Go 4 Life – National Institute on Aging at NIH : <https://go4life.nia.nih.gov/>

Go4Life, is an exercise and physical activity campaign from the National Institute on Aging at NIH, is designed to help you fit exercise and physical activity into your daily life.

Exercise Book available: <https://go4life.nia.nih.gov/free>

The easy-to-read Guide, available in English, Spanish, and an audio version online is filled with useful information, sample exercises, and real-life success stories.

Exercise & Physical Activity: Your Everyday Guide from the National Institute on Aging

Improve strength, balance, flexibility, and endurance with the **Go4Life Everyday Exercises from the National Institute on Aging** video. On line videos feature strength, balance, and flexibility exercises that can be done at home, at work, at the gym--almost anywhere.

Exercise programs

To explore exercise programs suitable for older adults, call your local YWCA, YMCA or JCC. Some communities may have an Agency on Aging, senior center, university or hospital that may also be able to offer additional resources.

Personal Emergency Response Systems

A Personal Emergency Response System (PERS) is an electronic device designed to let you summon help in an emergency.

For more information contact:

Federal Trade Commission for the Consumer.

1-877-FTC-HELP (1-877-382-4357) ; TTY: 1-866-653-4261

<http://www.ftc.gov/bcp/edu/microsites/whocares/emergency.shtm>

OVERVIEW**MANAGING CONCERNS ABOUT FALLING**

OVERVIEW

Goals

- To learn how to use *Personal Action Planners* to start an exercise program.
- To learn about balance exercises that can be used as part of an individualized exercise program.
- To recognize misconception and unhelpful thoughts about falling and the effect those thoughts have on feelings and actions.
- To learn how to shift from self-defeating to self-motivating thoughts.



BRING

Materials

Name tags
 Flip chart or blackboard
 Markers or chalk
 Attendance sheet
 Pencils, paper
 Snacks, plates, cups, napkins

Handouts

Handout 3.2—A Matter of Balance Exercises
Handout 5.1—Personal Action Planner for Exercise
Handout 2.2—Challenge Your Concerns About Falling
Handout 5.2—Improving Your Balance
Handout 5.3—Fear of Falling Role-Plays
Handout 5.4—No Fall-ty Habits

Notes

"I have begun to exercise and I'm looking forward to a walking program. I have also increased my assertiveness!"

Activity 5.1 Welcome and review

5 minutes

**FLIP CHART****Materials**

“Learning Goals of the Day”

The coach will:

Begin with a review of major points learned at the last session and answer any questions.

**LEARN**

Discuss the “Learning Goals of the Day”:

- To learn how to use *Personal Action Planners* to implement an exercise program.
- To learn about the *Matter of Balance* exercises that can be used as part of an individualized exercise program.
- To recognize misconceptions or unhelpful thoughts about falling and the effect those thoughts have on feelings and actions.
- To learn how to shift from self-defeating to self-motivating thoughts.

Activity 5.2 Matter of Balance Exercises

25 minutes

**EXERCISES**

Practice exercises as a group.

Note: Participants can volunteer to lead their favorite exercise once they are comfortable with them.

Materials*Handout 3.2—A Matter of Balance Exercises***Notes**

Notes

Activity 5.3 Developing an exercise plan

40 minutes



Participants will:

- Learn how to use the *personal action planner* in order to develop and implement an individualized exercise program.
- Understand how obstacles to exercising are unique to each individual.
- Learn new balance exercises that can help with fall prevention.
- Identify ways that participants can support each other in their exercise efforts.

Materials*Handout 5.1—Personal Action Planner for Exercise**Handout 5.2—Improving Your Balance*

Pens

Flip chart



For the first use of the *Personal Action Planner*, the group will work on developing an exercise plan.

The coach will walk participants through the *Personal Action Planner* as a group, using *Handout 5.1- Personal Action Planner for Exercise* and information volunteered by one participant as an example.

The volunteer participant can discuss an exercise program that s/he currently practices and can describe the obstacles s/he had to overcome to exercise consistently.



FLIP CHART

Additional obstacles can be gathered from the group and listed on the flip chart.

Notes

The coach will:

- Mention that not knowing specifically which exercises are important for fall prevention can be a barrier to exercising (if fall prevention is the goal).
- Remind the group that exercises best suited for fall prevention are those that provide opportunities to improve balance, flexibility, strength, coordination, and overall conditioning.
- Remark that the *Matter of Balance* exercises can help to meet these goals.
- Review *Handout 5.2—Improving Your Balance*.

In the discussion, emphasis will be placed on ways participants can support each other in their efforts. These efforts will be listed under “Solutions” on the *Personal Action Planner*.

Activity 5.4 Break

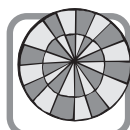
10 minutes



SNACKS

Activity 5.5 Developing self-motivating thoughts

35 minutes



TARGET

Participants will:

- learn how to shift from self-defeating to self-motivating thoughts.

Notes

Materials

(Optional) *Handout 5.3—Fear of Falling Role-plays*
 (Optional) *Handout 2.3—Concerns About Falling Log*
 (Optional) *Handout 2.2—Challenge Your Concerns About Falling*



For the next activity, the coach has several options to pick from. All will lead to meeting the objectives.

Option 1 Use the list of fear-evoking activities discussed in Session 2 to create the content for a role-playing exercise. One participant will then role-play thoughts about a given situation while another participant counters with an adaptive response.

Note: Participants will have *Handout 5.3- Fear of Falling Role-plays*, describing possible fear of falling scenarios that can be used in this role-play exercise. These scenarios can be used to explain the role-playing exercise.



A discussion will be held to identify the negative and adaptive responses to each role-play exercise. Further discussion may be drawn from *Handout 2.2—Challenge Your Concerns About Falling*.

Option 2 Refer to the list of *fear-evoking activities* discussed in Session 2. Instead of conducting a role play activity, substitute a group discussion of negative and adaptive responses. Further discussion can be drawn from *Handout 2.2—Challenge Your Concerns About Falling*.

Option 3 Use the four scenarios provided on *Handout 5.3—Fear of Falling Role-plays* to develop the plot for the role-play activity described in Option 1. After each scenario, a group discussion will be held as in Option 1.

Notes

- Option 4** Substitute a group discussion for the role-playing exercise described in Option 3. That is, use the three scenarios as the content of the discussion. That discussion will include:
- a) identification of positive and negative thoughts associated with the scenarios, and
 - b) additional content drawn from *Handout 2.2—Challenge Your Concerns About Falling*.
- Option 5** If members are keeping a *Concerns About Falling Log*, information from those logs could be shared to develop content for the role-playing scenarios. Follow up with a discussion based on *Handout 2.2—Challenge Your Concerns About Falling*.
- Option 6** Use content from the *Concerns About Falling Log* as the subject for a discussion of positive and negative thoughts that could be associated with the scenarios members describe.

Follow up with a discussion based on *Handout 2.2—Challenge Your Concerns About Falling*.

Activity 5.6 Summary of role-playing exercises

10 minutes

Once you have completed an activity option, the group will discuss the scenarios presented by asking:

1. *What negative thoughts were presented?*
2. *Are these thoughts supported by personal experience or by something that happened to someone else?*
3. *What positive thoughts were substituted for the negative thoughts?*

Notes

4. *Does anything get in the way of believing in these positive or helpful thoughts?*

Activity 5.7 Conclusion

5 minutes

Materials

Handout 5.4—No Fall-ty Habits



The coach will:

- Review what was learned today.
- Remind the group about the next meeting and share the topic.
- Ask participants to fill out *Handout 5.4—No Fall-ty Habits* and bring to the next meeting.

Note: The coach can decide whether or not to give “homework”. Even if an individual assignment is given, the coach should be prepared to walk the participants through the activity, if needed , during the next session.

(Optional)

Contents of logs may be reviewed next session (if logs are being used). Participants can be reminded to use the log to explore positive and negative thoughts about falls and fear of falling.

Goal

To develop and carry out a plan for regular exercise.

Action

Exercise regularly.

Materials/Physical Assistance Needs

Possible Problems

Solutions

Improving Your Balance*

**Improving Your Balance* is a publication of Health Promotion and Exercise for Older Adults, ©1990 Aspen Publishers, Inc.

Do

1. Stretch and move as often as possible. When watching television, stand up, and move your hips during commercials (this will keep you more flexible).
2. Make sure your house is well-lit (poor lighting can cause you not to see a potential hazard).
3. Focus on a far object when you walk (this will help your visual balance).
4. Lean into forces. For example, if the wind is blowing, lean into it (this will give you balance advantage).
5. Do the exercises daily, and be patient (you may not see results for at least three months).

Don't

1. Do not get up too quickly (getting up quickly can cause dizziness).
2. Do not go out into bright sunlight from a dark area without sunglasses (glare can affect your balance). Take sunglasses off when entering a building.
3. Do not push yourself if you feel tired (pushing yourself when you are tired can overexert your system and cause you to fall).

HANDOUT 5.3**MANAGING CONCERNS ABOUT FALLING
FEAR OF FALLING ROLE-PLAYS
(PG 1 OF 2)**

Role-play 1	Negative Response	Role-play 1	Positive Response
	I'll slip, so I can't go.		You don't know for sure that you're going to slip.
	There's no guarantee I won't.		That's true but there are things you can do to make it less likely.
	I'd rather not try. I don't want to take a risk.		Would you rather sit at home? If you do, you'll run the risk of falling because your muscles will become weak.
	I don't want to sit at home and get weaker. What can I do?		You can use your walker. Or you can ask someone to go with you.
	I guess I could try.		You'll feel a lot better if you do.
Role-play 2	Negative Response	Role-play 2	Positive Response
	These crowds make me nervous.		People typically give other pedestrians space. They won't bump you.
	Those kids really move fast.		You keep your path straight. It is their responsibility to make way for you. They can change their direction more quickly than we can.
	We're probably both going to get knocked over.		Here, take my arm. We'll form a "block" and people will move around us. Besides, we're friends, it would be nice to hold your arm.
	I don't want to feel like a weakling.		It's not your legs that are weak. It's your confidence. I think we would both feel better if we dealt with this crowd together.
	Okay give me your arm. I feel better already.		

HANDOUT 5.3**MANAGING CONCERNS ABOUT FALLING
FEAR OF FALLING ROLE-PLAYS
(PG 2 OF 2)**

Role-play 3 Negative Response	Role-play 3 Positive Response
I can't believe there are no seats left on this bus. I guess I should get off.	You know it is your right to ask for a seat. Here is a seat reserved for a senior citizen.
I can't ask that young lady to move.	Think about the consequences if you don't. We'll both either have to get off the bus or we'll be worried sick.
What if that lady says she won't move?	Then it is time to talk to the bus driver; but she'll move if we ask her.
I don't want to be pushy.	There is a difference between being pushy and being assertive.
Actor #1 speaks to a third person and asks her to move.	
Role-play 4 Negative Response	Role-play 4 Positive Response
I can't believe it! I'm going to have to take sponge baths! I almost slipped getting into the bathtub last night.	All you need is a grab bar.
My landlord will never go for that.	He doesn't have to. It's your right as a tenant to make your home accessible. It's the law.
If I push the book at him, he'll make my life miserable.	Tell him you need to make the apartment safer, and that you understand that if he wants to move the bars out when you leave, you'll be responsible for the cost of removing them. Your relationship with the landlord has always been fine. He will understand.
I never knew laws like that existed. I never know where to find out anything like that.	You have lots of resources available: the library, the senior center, the Area Agency on Aging. Once you have some information, you'll feel more confident and you will be able to make a straightforward request.
Well, my landlord has never been unreasonable before. Will you help get a copy of some information to explain tenants' rights?	I'd be glad to help, and I bet your landlord will be glad to help, too.

HANDOUT 5.4**NO FALL-TY HABITS****(PG 1 OF 3)****Directions**

Following is a list of things a person can do to prevent falls. Read each statement and then check your response (“Always,” “Sometimes,” “Never”) in the box found next to these statements.

No Fall-ty Habits	Always	Sometimes	Never
I wipe up any spills quickly.			
I avoid walking around in floppy slippers or “flip-flops.”			
When carrying things, I leave one arm free to hold on to railings or stable furniture for support (even though this may mean twice the number of trips).			
I pick up anything I have dropped on the floor.			
I take my time getting to the phone when I hear the phone ring.			
I take my time going to the door when I hear the doorbell or a knock.			
I use my cane, walker, or other pieces of adaptive equipment as prescribed by my doctor or therapist.			
I use my grab bar when I get in and out of the tub or shower.			

HANDOUT 5.4**NO FALL-TY HABITS****(PG 2 OF 3)**

No Fall-ty Habits	Always	Sometimes	Never
I take time out to exercise.			
I have a friend, relative, or neighbor who checks on me daily (in person or by phone).			
I take my time when moving from a sitting to a standing position.			
I take my time getting out of bed.			
I pay close attention to whatever I am doing.			
I take it easy on those days when I don't feel "like myself."			
I use an elevator (instead of the stairs) if an elevator is available.			
I avoid walking on wet or slippery surfaces and take other paths if necessary.			
I turn on a light when I enter a dark room.			
When I leave a doctor's office, I understand instructions clearly.			
I know whether or not the medicines I am taking increase my risk of falling.			

HANDOUT 5.4**NO FALL-TY HABITS****(PG 3 OF 3)**

No Fall-ty Habits	Always	Sometimes	Never
I take my medicine as prescribed, on the right day, at the right time, and in the right amounts.			
I feel comfortable talking about falls with my family.			
I feel comfortable talking about falls with my doctor.			
I talk with my doctor about how drinking alcohol could increase the risk of falling.			
I feel comfortable asking for help when I need it.			

Review your answers. The items to which you answered “Always” are “no fall-ty” habits, or habits which, if practiced regularly, will help prevent a fall. Carefully consider the statements to which you answered “Sometimes” or “Never.” Are there ways you could change your behavior to make your days safer? For example, if you find that you are always running to the phone, could you ask family and friends to let the phone ring at least ten times? Would being checked on regularly make you feel safer? Perhaps you could discuss this with a neighbor and develop a “buddy system” whereby you check on each other daily, in person or by phone.

Please list habits not mentioned on the survey that you feel increase your chances of falling. We will discuss ways to change these habits later in the session.

OVERVIEW**RECOGNIZING FALL-TY HABITS****OVERVIEW****Goals**

- To review goals for MOB class and plan topics for next few classes.
- To determine which activities are and are not fall risk-taking behaviors.
- To prioritize risk-taking behaviors to be addressed and changed.
- To identify thoughts that help to change behavior.
- To learn ways to shift from negative to positive or helpful thinking.

**BRING****Materials**

Name tags
 Flip chart or blackboard
 Markers or chalk
 Attendance sheet
 Pencils, paper
 Snacks, plates, cups, napkins

Handouts

Handout 3.2—A Matter of Balance Exercises

Handout 5.4—No Fall-ty Habits

Handout 6.1—Recognizing & Changing Fall-ty Habits

Handout 6.2—Home Safety Checklist

Notes

"Moved groceries to different shelves. Make more trips carrying smaller amounts from car to kitchen."

Activity 6.1 Welcome and review

5 minutes

**Materials**

“Learning Goals of the Day”

The coach will:

Begin with a review of major points learned at the last session and answer any questions.

Discuss the “Learning Goals of the Day”:

Recognize the benefits of a positive attitude towards fall prevention.

Notes**Activity 6.2 Matter of Balance Exercises**

25 minutes



Practice exercises as a group.

Materials

Handout 3.2—A Matter of Balance Exercises

Activity 6.3 Midcourse review

10 minutes



Identify priority concerns to be discussed further in future discussions.

The coach briefly reviews the main objectives from this session and previous sessions and asks participants for feedback.

Notes

The coach may choose to write the following questions on the flip chart:



FLIP CHART

- What is going well?
- What are the favorite/least favorite activities?
- What would participants like to spend more time talking about and practicing?

Activity 6.4 Self-test review

10 minutes

Materials

Handout 5.4—No Fall-ty Habits



LEARN

Pencils

Handout 5.4—No Fall-ty Habits self-test will be reviewed and completed if not done prior to the meeting. The coach may choose to read each item from the self-test aloud, giving the group members time to respond before moving on to the next item.



SNACKS

Activity 6.5 Break

10 minutes

Activity 6.6 Discussion of risky behaviors

15 minutes

Notes

Participants will:

- Recognize personal behavior patterns that place them at risk for a fall.
- Support each other in recognizing habits/ behaviors that are and are not fall risk-taking behaviors.

The coach will:

- Lead a group discussion with the goal of identifying up to 5 behaviors from the *Handout 5.4—No Fall-ty Habits* questionnaire to which participants most frequently responded "sometimes" or "never."

Identifying responses by a show of hands might make some of the participants feel "singled out." Instead, by watching the group's reaction to the different items (number of individuals responding during conversation about that item, noise level), the coach can identify which items "strike a cord."

Efforts should be made not to accuse participants of impulsive or potentially dangerous behaviors. Instead, emphasis should be placed on how routine behaviors can place us at risk for a fall. People have different physical abilities, so an activity that is safe for one person may be dangerous for another. The coach can emphasize that with a little thought and creative thinking, simple solutions to avoid potentially dangerous situations can be developed.

After the coach has identified up to 5 items to which participants respond "sometimes" or "never," the coach will select 2 or 3 items to be used as an example for the *Handout 6.1—Recognizing and Changing Fall-ty Habits*.

Notes

Note: Groups may experience difficulty selecting items for use with the *Handout 6.1—Recognizing and Changing Fall-ty Habits*. The coach selects an item to save time.

Activity 6.7 Identifying priority behaviors

15 minutes



Participants will identify behaviors which are most problematic. (To be used in future sessions to target skills training efforts.)

Materials

Handout 6.1—Recognizing and Changing Fall-ty Habits

Flip chart

The coach will:



- Review the instructions located on the form for completing *Handout 6.1—Recognizing and Changing Fall-ty Habits*. The group will be led through an exercise that will allow them to recognize how *Recognizing and Changing Fall-ty Habits* can be used to identify priority behaviors.



- Optimally, two or three participants will take turns volunteering to describe those behaviors that the coach selected. The volunteering participant can describe why the behavior concerns him or her and the locations where the behavior takes place.
- The group can then provide suggestions on how to change the fall-ty habits.
- The coach can engage the group in a brainstorming activity to generate ideas for each problem described by the

Notes

volunteering participant. Participants can offer suggestions as they come to mind. The ideas will not be evaluated at this stage.



- Instead, after a list of suggestions is written on the board, the group can work (with the coach's assistance and the assistance of the individual who volunteered the problem) to identify the best solution for the specific person who originally volunteered the problem.
- The coach can emphasize that although two people may share a problem, the reasons for the behavior being a problem might be different. Therefore, the best solutions are the ones that are individualized; that is, appropriate given an individual's physical abilities, living situation, etc.
- Therefore participants will know which solution is best for them. Input from others, however, can help generate ideas. In other words, we can learn from others' experience.

Activity 6.8 Changing behaviors

10 minutes

Materials

Flip chart



If the coach senses a resistance to changing behaviors, the coach can open up a conversation on the subject of how hard it is to change behaviors.

Notes

Points to discuss include:

- Every time we are in the process of making a decision, we go through a "cost/ benefit analysis." (Use the example the group worked on to identify the behavior change plan.)
- It is important to understand the barriers to change.
- When we eliminate or at least address barriers, the chance of following through with a "new and improved" behavior increases.
- On the other hand, the issue holding up behavior change may be that a person doesn't know where to start. To prioritize, it is sometimes best to start with the easiest behavior to change. Once a person gets the taste of success, that can be a motivator to continue with fall prevention efforts.



The coach will write any comments about the "problematic behaviors" described by the volunteering participant on the board.

The coach will then describe which of the two or three behaviors discussed is the "priority behavior."

Priority behaviors are those behaviors that are:

- easily changeable,
- occur frequently, and/or
- very dangerous regardless of frequency with which they occur.

It may be that all behaviors require immediate attention. In that case, the coach will describe why this is true.

Participants will be encouraged to go through this process at home to identify their own "priority behaviors" requiring immediate attention.

Alternative Activity 6.9**Options for Activities 6.6 — 6.8**

10 minutes

The following are alternatives to group discussion of fall-ty habits prioritization and use of *Handout 6.1—Recognizing and Changing Fall-ty Habits*.



1. Divide into two groups. Groups 1 and 2 will select behaviors from *Handout 5.4—No Fall-ty Habits* questionnaire (or develop their own) to use with *Handout 6.1—Recognizing and Changing Fall-ty Habits*. (Note- Groups 1 and 2 can select two different behaviors or the same behavior.) The whole group will come back together to discuss findings.
2. Participants can work independently during the session to identify a priority behavior that warrants change and apply that selected problem to *Handout 6.1—Recognizing and Changing Fall-ty Habits*. The whole group will come back together to discuss findings.
(Note: Personal Action Planners can be used to plan behavior change strategies.)
3. Participants could work independently at home (after working in a large group, small group, or independently) using a *Personal Action Planner* to plan behavior change strategy.

Notes

Notes

Optional Activity 6.10 Setting goals for outside activities

25 minutes



Participants will set goals for activities they want to do outside of the group. They will discuss potential negative thoughts associated with the goal and identify positive, adaptive responses to these thoughts.

Materials

Flip chart



If logs are being used, the coach can ask participants to share information from *Handout 2.3—Concerns About Falling Log*.



The coach will write on the board a list of fall reduction strategies that have been discussed during the program (e.g. exercising, becoming assertive, reducing “risky” behaviors, or any goal involving increased activity or socialization).

Negative and positive thoughts associated with the strategies that have been verbalized by the group members can be written on the flip chart. The list will be used to generate discussion.

The coach will ask the group:

1. Do you agree with how we have categorized the positive and negative thoughts?
2. Do you want to expand the list?



The coach will:

- Ask participants to set a goal(s), e.g., visit a friend, go to the store/church, use a cane or walker. The goals are things they want to do or work toward.
- Ask each participant to state his/her goal to the group. Then, others will state possible negative thoughts and positive responses for the stated goal.

Handout 2.2—Challenge Your Concerns About Falling from Session 2 can be used to generate negative thoughts and to identify positive, confidence-building thoughts.

Activity 6.11 Conclusion and Home Safety Checklist

5 minutes

The coach will:

- Review what was learned today.
- Remind the group about the next meeting and share the topic.
- Ask participants to complete *Handout 6.2—Home Safety Checklist* before the next session.

Note: Depending on the location of the class, the coach can ask for volunteers to offer their residences (both indoor and outdoor spaces) to be used for completing *Handout 6.2—Home Safety Checklist* in the next session.

Notes

Directions

Review items from *Handout 5.4 No Fall-ty Habits*. On this form, write down any behaviors or habits that you think increase your chances of falling, noting where they happen. Then write down how you could change this behavior. Check- off how easy or hard it would be for you to change this behavior.

Fall-ty Habit #1

Description and location of fall-ty habit/behavior:

How would you change this habit/behavior?

How easy or hard would it be for you to change the habit/behavior described?

☐ Easy to Do

☐ Medium

☐ Hard to do

Fall-ty Habit # 2

Description and location of fall-ty habit/behavior:

How would you change this habit/behavior?

How easy or hard would it be for you to change the habit/behavior described?

☐ Easy to Do

☐ Medium

☐ Hard to do

Fall-ty Habit #3

Description and location of fall-ty habit/behavior:

How would you change this habit/behavior?

How easy or hard would it be for you to change the habit/behavior described?

☐ Easy to Do

☐ Medium

☐ Hard to do

Home Safety Checklist*

***Home Safety Checklist** is adapted from Safety for Older Consumers—Home Safety Checklist that is a publication of the U.S. Consumer Product Safety Commission.

It's Time to Mention Fall Prevention...Checking for Fall Hazards in the Home

This checklist can be used to spot environmental hazards in your home that could cause you to fall. Check “Yes” or “No” to answer each question. Then go back over the list and take action to correct those items that may need attention.

This checklist is organized by area of the home. However, there are some potential hazards that need to be checked in more than one area of your home. These hazards are reviewed at the beginning of the checklist.

Keep the checklist as a reminder of safe practice and use it periodically to re-check your home.

All Areas

- ☐ Yes ☐ No **1. Are lamp extension and telephone cords placed out of the flow of traffic?**

Cords stretched across walkways may cause someone to trip.

Recommendations:

- Arrange furniture so that outlets are available for lamps and appliances without the use of extension cords.
- If you must use an extension cord, place it on the floor against the wall where people cannot trip over it. Replace frayed or damaged cords.
- Move the phone so that telephone cords will not lie where people walk.

☐ Yes ☐ No **2. Are small rugs and runners slip resistant?**

Recommendations:

- Remove rugs and runners that tend to slide.
- Apply double-faced adhesive carpet tape or rubber matting to backs of rugs and runners.
- Purchase rugs with slip-resistant backing.
- Check rugs and mats periodically to see if backing needs to be replaced.
- Place rubber matting under rugs. Rubber matting that can be cut to size is available

Note: Over time, adhesive on tape can wear away. Rugs with slip-resistant backing also become less effective as they are washed. Periodically, check rugs and mats to see if new tape or backing is needed.

☐ Yes ☐ No **3. Are carpets and rugs in good repair?**

Recommendations:

- Torn rugs should be repaired or replaced.
- Rugs should be taped on edges or tacked down to prevent curling.

☐ Yes ☐ No **4. Are all floors even, without abrupt elevation changes?**

Especially in older houses, unexpected rises on floors, decks, or walkways can throw a person off balance.

Recommendation:

- Install a slight ramp with a slip-resistant surface to “even out” floors.

- ☐ Yes ☐ No **5. Are rooms and passageways kept clear and uncluttered?**

Furniture, boxes, or other items could be an obstruction or tripping hazard.

Recommendations:

- Rearrange furniture to open passageways and walkways.
- Remove boxes and clutter.

- ☐ Yes ☐ No **6. Are floors unwaxed?**

Waxed floors are more slippery than unwaxed floors.

Recommendations:

- Do not wax floors.
- If you must wax floors, use non-slip wax. Buff paste wax thoroughly.

- ☐ Yes ☐ No **7. Are all rooms and hallways lit?**

Shadowed hallways can impair your ability to see the pathway clearly.

Recommendations:

- Use maximum recommended wattage bulbs in all light fixtures.
- Add lighting fixtures.

- ☐ Yes ☐ No **8. Are light switches accessible on entering the room?**

Having accessible light switches reduces the risk of falling when walking across a darkened room.

Recommendations:

- Install light switches close to entryways.
- Install floor lamps or night lights close to entryways if it is not possible to install light switches.

- ☐ Yes ☐ No **9. Are emergency numbers posted on or near the phone?**

In case of emergency, telephone numbers for the police and fire departments, along with a neighbor's number, should be readily available.

Recommendation:

- Write the numbers in large print and tape them to the phone, or place them near the phone where they can be seen easily.

- ☐ Yes ☐ No **10. Do you have access to a telephone if you fall (or experience some other emergency which prevents you from standing and reaching a wall phone)?**

Recommendation:

- Have at least one telephone located where it would be accessible in the event of an accident which leaves you unable to stand.

Kitchen

- ☐ Yes ☐ No **1. Do you have a rubber mat on the floor in the sink area?**

A rubber mat can prevent slipping on wet floors.

Recommendation:

- Place a rubber mat in sink area.

- ☐ Yes ☐ No **2. Are “on” and “off” positions clearly marked on gas range dials?**

Clearly marked dials may prevent falls due to gas asphyxiation especially if your sense of smell is impaired.

Recommendation:

- Clearly mark the “on” and “off” positions on your gas range dials.
-

- ☐ Yes ☐ No **3. Are frequently needed kitchen items out of reach (placed too high or too low)?**

Recommendations:

- Store frequently used items at convenient heights (waist level) so that climbing or stooping is not necessary.
 - Install shelves, cupboards at any easy-to reach level.
-

- ☐ Yes ☐ No **4. Do you have a step stool that is stable and in good repair?**

The use of step stools to reach high shelves is *not recommended*. However, if you must use a step stool, take the following precautions:

Recommendations:

- Choose a step stool with a handrail that you can hold onto while standing on the top step.
- Before climbing on any step stool, make sure it is fully opened and stable.
- Tighten screws and braces on the step stool.
- Discard step stools with broken parts.

Bedroom

- ☐ Yes ☐ No **1. Are lamps or light switches within reach of each bed?**

Lamps or switches located close to each bed will enable people getting up at night to see where they are going.

Recommendations:

- Rearrange furniture closer to switches or move lamps closer to beds.
- Install night lights and keep a flashlight nearby.

- ☐ Yes ☐ No **2. Is furniture arranged so that you can move around the room easily?**

Recommendation:

- Rearrange furniture so that you can move around - especially around the bed - without bumping furniture.

- ☐ Yes ☐ No **3. Is there something sturdy to hold on to next to the bed to help you get in and out of bed?**

Recommendations:

- Place a heavy piece of furniture next to the bed.
- Install a grab rail on the wall.
- Use a three-pronged cane or walker for support.

- ☐ Yes ☐ No **4. If you frequently need to use the toilet after you have gone to bed, is your bathroom close enough to your bed so you can avoid walking hurriedly to the toilet?**

Recommendations:

- Use a night light to provide a lighted path from bedroom to bathroom.
- Keep a telephone within reach of your bed, in case of an emergency.

Bathroom

- ☐ Yes ☐ No **1. Are bathrooms and showers equipped with nonskid mats, abrasive strips, or surfaces that are not slippery?**

Wet, soapy tile or porcelain surfaces are especially slippery and may contribute to falls.

Recommendations:

- Apply textured strips or appliqués on the floors of tubs and showers.
- Use non-skid mats in the tub or shower and on the bathroom floor.
- If you are unsteady on your feet, use a stool with nonskid tips as a seat while showering or bathing.

- ☐ Yes ☐ No **2. Do bathtubs and showers have at least one (preferably two) grab bars?**

Grab bars can help you get into and out of your tub or shower, and can help prevent falls.

Recommendations:

- Check existing bars for strength and stability, and repair if necessary.
- Attach grab bars, through the tile, to structural supports in the wall, or install bars specifically designed to attach to the sides of the bathtub. If you are not sure how it is done, get someone who is qualified to assist you.

☐ Yes ☐ No **3. Is the water temperature 120 degrees or lower?**

Water temperature above 120 degrees could cause a bather to jump and fall. Water temperature above 120 degrees can also cause water scalds.

Recommendations:

- Lower the settings on your hot water heater to “low” or 120 degrees. If you are unfamiliar with the controls on your water heater, ask a qualified person to adjust it for you. If your hot water system is controlled by your landlord, ask him to consider lowering the setting.
- Note: If the water does not have a temperature setting, you can use a thermometer to check the temperature of the water at the tap.
- Always check water temperature by hand before entering bath or shower.

☐ Yes ☐ No **4. Are showers equipped with temperature-regulating valves to keep the water in the bath a constant temperature?**

Without temperature-regulating valves, a sudden change in the water temperature, brought on by someone using water in another part of the house, could cause a bather to jump and fall.

Recommendations:

- Install temperature regulating valves.
- If your water is subject to temperature changes brought on by the use of water in other parts of the house, tell the other people in your house when you will be showering so they can plan not to use the water at that time.

☐ Yes ☐ No **5. Does your bathroom floor have a nonskid surface, or at least rugs to soak up puddles?**

Recommendation:

- Install a nonskid bath mat by the tub or shower and sink.

☐ Yes ☐ No **6. Is your toilet seat too low? (Is it difficult to stand up from the toilet?)**

Recommendations:

- Install an elevated toilet seat.
- Fix grab rails into wall studs next to toilet.

☐ Yes ☐ No **7. Are bathroom door locks the type that can be opened from both sides of the door?**

Recommendations:

- Avoid locks on bathroom doors.
- Only use locks that can be opened from both sides of the doors to permit access by others if a fall occurs.

Medications

☐ Yes ☐ No **1. Are all medicines stored in the containers that they came in and are they clearly marked?**

Taking the wrong medicine or missing a dose of medicine you need, may result in physical problems that can cause falls.

Recommendations:

- Install brighter lighting in the area where you prepare your medicines.
- Keep a magnifying glass nearby, if needed.

- Store medicines beyond the reach of children.

Chairs and Tables

- ☐ Yes ☐ No **1. Are chairs and tables sturdy, without casters?**

Furniture must be stable enough to support the weight of a person leaning on it.

Recommendations:

- Avoid tripod or pedestal tables. Tables should have four sturdy legs of even length.
- Remove casters from chairs and tables. If casters are essential, place chairs/tables with casters against the wall.

-
- ☐ Yes ☐ No **2. Are frequently used chairs equipped with arm rests and high backs?**

Using arm rests makes it easier to sit down into or to stand up from a chair. High backs provide support for the neck and also provide support when transferring weight.

Recommendation:

- Frequently used chairs should be equipped with arm rests and high backs.

-
- ☐ Yes ☐ No **3. Are frequently used chairs high enough to ensure ease in standing.**

Getting up from a low chair can be difficult.

Recommendations:

- Frequently used chairs should have higher seats.
- Place pillows or firm cushions in chairs with low seats.

The Entry

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1. Are walkways to your home or building free from cracks or holes? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2. Is there adequate lighting at the doors to the building or house? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 3. Are doors in good repair and easy to open/close? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 4. If there is a door mat, is it in good repair and does it lie flat? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5. Is the building entrance protected from rain by a roof or awning, or are there non-skid strips/safety treads? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 6. If there is an elevator, do the doors close slowly enough to allow you time to get in and out? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 7. If there is an elevator, does the elevator stop so that it is level with the floor of the lobby or hallway? |

- ☐ Yes ☐ No **8. Do outdoor stairs have sturdy, easy-to-grip railings?**

Recommendation:

- For residents of apartment buildings, the building management is responsible for these things. Problems should be brought to their attention, with an explanation of their risk to residents' safety.

Porches

- ☐ Yes ☐ No **1. Are railings on porches and decks sturdy enough to bear the weight of several people leaning against them?**

Recommendation:

- Keep all railings on porches and decks in good repair.

Stairs

- ☐ Yes ☐ No **1. Are stairs well lighted?**

Stairs should be lighted so that each step, particularly the step edges, can be clearly seen while going up and down stairs. The lighting should not produce glare or shadows along the stairway.

Recommendations:

- Use the maximum wattage bulb allowed by the light fixture. (If you do not know the correct wattage, use a bulb no larger than 60 watts.)
- Reduce glare by using frosted bulbs, indirect lighting, shades or globes on light fixtures, or partially closing blinds and curtains.
- Have a qualified person add additional light fixtures. Make sure that the bulbs you use are the right type and wattage for the light fixture.

- ☐ Yes ☐ No **2. Are light switches located at both the top and bottom of inside stairs?**

Even if you are very familiar with the stairs, lighting is an important factor in preventing falls. You should be able to turn on the lights before you use the stairway from either end.

Recommendations:

- If no other light is available, keep an operating flashlight in a convenient location at the top and bottom of the stairs.
 - Install night lights at nearby outlets.
 - Consider installing switches at the top and bottom of the stairs.
-

- ☐ Yes ☐ No **3. Are sturdy handrails fastened securely on both sides of the stairway?**

The handrail should provide a comfortable grip and should always be used when climbing up or going down the steps.

Recommendations:

- Repair broken handrails.
 - Tighten fixtures that hold handrails to the wall.
 - If no handrails are present, install at least one handrail (on the right side as you face down the stairs).
-

- ☐ Yes ☐ No **4. Do the handrails run continuously from the top to the bottom of the entire flight of stairs?**

If the handrail doesn't extend continuously the full length of the stairs, people who are not aware of this might think they have come to the last step when the handrail stops. Misjudging the last step can cause a fall. A handgrip should be available for even one step.

Recommendations:

- While using the stairs, try to remember that if the handrail begins beyond the first step or ends before the last step, you must be especially careful.
- Replace a short handrail with a longer one.

☐ Yes☐ No**5. Do the steps allow secure footing?**

Worn treads or worn or loose carpeting can lead to insecure footings resulting in slips or falls.

Recommendations:

- Try to avoid wearing only socks or smooth-soled shoes or slippers when using stairs.
- Make certain the carpet is firmly attached to the steps all along the stairs
- Consider refinishing or replacing worn treads, or replacing worn carpeting.
- Paint outside steps with paint that has rough texture, or use abrasive strips.

☐ Yes☐ No**6. Are steps even and/or the same size and height?**

Even a small difference in steps' surfaces or riser heights can lead to falls.

Recommendation:

- Mark any steps that are especially narrow or have risers that are higher or lower than the others. Be especially careful of these steps when using the stairs.
-

☐ Yes☐ No**7. Are coverings on the steps in good condition?**

Worn or torn coverings or nails sticking out from coverings could snag your foot or cause you to trip.

Recommendations:

- Repair torn coverings
 - Remove coverings if repair is not possible.
-

☐ Yes☐ No**8. Can you see the edges of the steps?**

Falls may occur if the edges of the steps are blurred or hard to see.

Recommendations:

- Paint edges of outdoor steps white to see them better at night.
- Add extra lighting.
- If you plan to carpet your stairs, avoid deep pile carpeting or patterned or dark colored carpeting that can make it difficult to see the edges of the steps clearly.

Smoke Detectors

☐ Yes☐ No

1. Do you have properly located, working smoke detectors?

Smoke detectors provide an early warning and can wake you in case of a fire.

Recommendations:

- Make sure detectors are placed near bedrooms, either on the ceiling or 6-12 inches below the ceiling on the wall. Locate smoke detectors away from air vents.
- Check and replace batteries according to the manufacturer's instructions.
- Note : Some fire departments will provide assistance in acquiring or installing smoke detectors.



Goals

Recognize potential fall hazards often present in the home and community.

Identify strategies to reduce physical hazards in the home and community.

Recognize the relationship between assertive behavior and fall prevention.



Materials

Name tags
Flip chart or blackboard
Markers or chalk
Attendance sheet
Pencils, paper
Snacks, plates, cups, napkins

Notes

Handouts

Handout 3.2—A Matter of Balance Exercises

Handout 4.2—Resources for Fall Prevention

Handout 6.2—Home Safety Checklist

Handout 7.1—Personal Action Planner for an Environmental Hazard

Handout 7.2—Solutions to Fall Hazards in the Home

Handout 7.3—Getting Up and Down Safely

"I seem to be more aware of every situation for my safety. I now 'stop, look and listen' to my surroundings."

Activity 7.1 Welcome and review

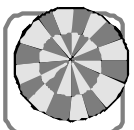
5 minutes

Notes**Materials****FLIP CHART**

“Learning Goals of the Day”

The coach will:

Begin with a review of major points learned at the last session and answer any questions.

**TARGET**

Discuss the “Learning Goals of the Day”:

- To recognize the benefits of a positive attitude towards fall prevention.
- To discuss common fall hazards in the home.
- To use a *Personal Action Planner* for one environmental hazard.

Activity 7.2 Matter of Balance Exercises

25 minutes

Materials*Handout 3.2—A Matter of Balance Exercises***EXERCISES**

Practice exercises as a group.

Note: Participants can lead their favorite exercises.

Notes**Activity 7.3 Use of Home Safety Checklist**

5 minutes

Materials:*Handout 6.2—Home Safety Checklist*

The coach will introduce the *Handout 6.2—Home Safety Checklist* and describe the activity.

Participants will be asked to break into groups of 3 or 4 to survey different areas set up by the coach to identify potential fall hazards using the *Home Safety Checklist*.

Options:

Participants can share their findings from conducting the *Home Safety Checklist* at home. Break into groups and discuss different areas of the home.

- Ask what are potential fall hazards?
- What are potential solutions?

This combines Activities 7.3, 7.4 & 7.5

OR

Each group can be given home safety hazard pictures to discuss and then share with the whole group.

OR Survey an Area:

Note: The area to be surveyed could be an apartment (volunteered by a participant) or the kitchen/bath and open area of the meeting place. Participants can also investigate the area surrounding the building. If the program group is small, or if the participants work best in highly structured activities, the whole group can be led through the survey by the coach.

Activity 7.4 Individuals identify fall hazards

20 minutes



Participants will independently identify 5 to 9 fall hazards in the home and building grounds.

Notes**Activity 7.5 Group discusses fall hazards**

20 minutes



Participants will feel encouraged by the simplicity of many solutions identified.

Materials

Flip chart

Handout 7.1—Personal Action Planner for an Environmental Hazard

Handout 4.2—Resources for Fall Prevention

The coach will:

- Reassemble the large group.
- Ask for a spokesperson from each subgroup to describe one fall hazard identified.
- Record each subgroup's response on the flip chart.
- Ask if the other groups identified the stated hazard and whether or not they agree that it is in fact a hazard. (*This activity should generate discussion.*)
- The process will be repeated until the coach believes that all of the hazards present have been identified.



The entire group will engage in a conversation to discuss solutions. The discussion will include solutions not mentioned by the participants in the subgroups and will emphasize/prioritize simple answers to problems raised.

Notes

Note: Solutions to problems should be primarily reached by participants in order for them to “own” the solutions.

The coach will:

- Write problems and solutions discussed during the session on the flip chart. Participants can use *Handout 7.2—Solutions to Fall Hazards in the Home* to record solutions that might be helpful to them.

Note: If the coach has the resources, a handout discussing solutions raised can be provided at the next session.

- Remind participants that they have *Handout 4.2—Resources for Fall Prevention* in their workbooks that can be used to implement solutions.

Participants will be encouraged to use *Handout 7.1 Personal Action Planners* to address physical fall hazards further in the future.



Activity 7.6 Break

10 minutes

SNACKS

Activity 7.7 Discussion of falls

30 minutes



TARGET

Participants will:

- Discuss the action of falling and the steps to be taken after a fall.
- Recognize the importance of contacting their doctor immediately after a fall (if

Materials*Handout 7.3—Getting Up and Down Safely***The coach will tell the group:**

- We've talked about ways to prevent falls, but what should we do if a fall happens despite our efforts? The consequences of falls can be minimized if we take the steps we are going to talk about today.
- When anyone falls forward, be it a baby, a teenager, or an older person, the first reaction is to place your hand out in front of you. This is a reflex called protective extension.
- Do not fight this reflex as it helps to prevent a blow to the head during a fall! Your arms might absorb most of the force from the fall (which might or might not result in a wrist sprain or fracture). However, better your arm absorb the force than your head!
- After the fall, take time to check how you are feeling and whether or not you are hurt.
- Do not try to jump up after a fall. Move slowly. If you have an emergency response system like Lifeline, use it and stay put (especially if you are experiencing hip pain, chest pains, sweating, nausea, dizziness).
- If you do not have an emergency response system, and are experiencing hip pain, slowly roll to the side that does not hurt, bend your knees up under you and use your hands to push up into an "all fours" position while trying to limit the weight placed on the injured leg.

Notes

Notes

- From this position you might be able to use your hands and reach for a stable object (like a toilet) you can push on to help you stand. If you are feeling dizzy, don't try to stand just yet. Whether you are walking or crawling, try to get to a phone.

The Guest Healthcare Professional will provide a demonstration on how to get up after a fall. If the Coach is able to provide a demonstration, he or she may do so.



Participants may try the techniques in Handout 7.3 the privacy of their own homes under supervision.

Tell the group:

The sooner you contact your doctor, the better you will be able to remember the circumstances surrounding your fall. These can be valuable clues that can speed up your recovery or help to prevent another fall.

Activity 7.8 Discussion of fall experiences

5 minutes



- Participants will be given the opportunity to comment on fall experiences, with emphasis on actions they took and what went well or not so well.
- This material may raise emotional issues with group members. Therefore, time to process the information is helpful. At the conclusion of the discussion, emphasize that participants now know what to do after a fall.

Notes**Activity 7.9 Conclusion**

3 minutes

The coach will:

- Review what was learned today.
- Comment on the skills gained in conducting environmental assessments, the importance of examining outside as well as inside spaces, and the creative solutions to the identified problems that were described by the groups.
- Participants will be encouraged to use their new skills to manage potential environmental risks in the future.
- Remind the group about the next meeting and share the topic.
- Make plans for a celebration at the final session.

Goal

To eliminate an environmental fall hazard in the home.

Hazard to be addressed:

Action

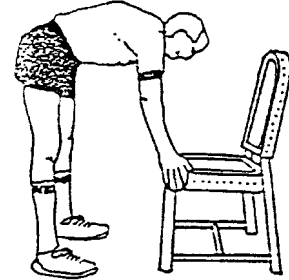
Materials/physical assistance needs

Possible problems

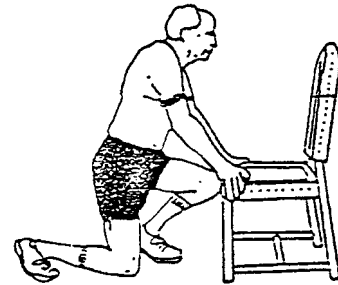
Solutions

Follow this procedure to help you get down to the floor and back up more easily.

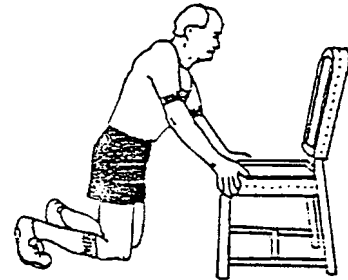
1. Stand in front of your chair, bend at the waist with knees bent slightly and grasp the edge of your chair, supporting yourself. (Make sure your chair is secure and won't slip, and is heavy enough to support you without tipping over.)



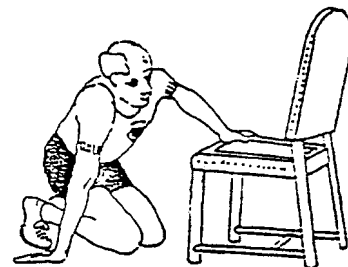
2. Use your arms and the chair to support your weight. Lower one knee slowly and gently to the floor. Do only one knee at a time.



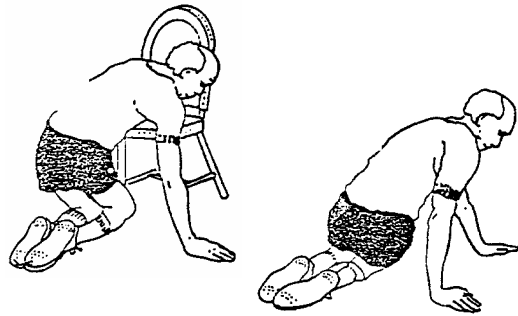
3. After one knee is firmly on the floor, you can then lower your other knee, but continue to hang onto the chair for support.



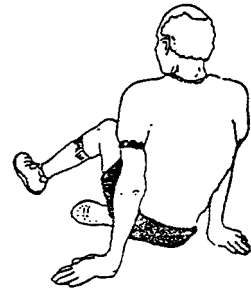
4. Hang onto the chair with one hand while you lift your other hand off the chair and place it onto the floor at your right side.



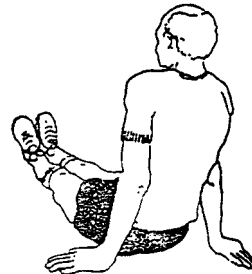
5. Support your weight with one arm. Bring your other hand over near your body so that both hands and arms support you. Lower your hips gently down to the floor near your hand.



6. Support yourself with your arms and hands. Lean back slightly raising one leg straight out in front of you.



7. Then unfold your other leg and straighten it out alongside the first leg. You should be sitting on the floor with both legs in front leaning on your arms.



Getting up again

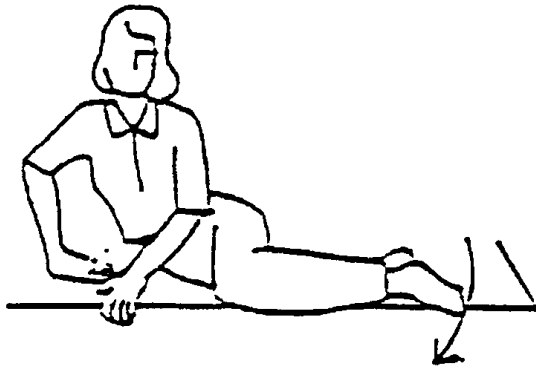
- In order to get up again, simply get on your hands and knees in front of the chair, position 3.
- Then raise your leg up to position 2.
- Push up with your arms and legs and slowly stand.

Practice

At first, practice steps 1, 2, and 3 several times, getting up and down. Then go on to steps 4,5,6, and 7. Practice the whole procedure several times in order to be familiar with it.

Getting out of bed more easily

- Lie on your back with both knees bent and feet flat on the bed.
- Roll onto your side towards the direction you will get out of bed.
- Push your body up with your arms. Bring your legs forward over the edge of the bed and lower your feet to the floor.



- Sit on the edge of the bed for a few minutes before standing up.



Goals

- To practice assertiveness skills in locating and using resources for fall prevention and seeking help after a fall.
- To model and practice behaviors in order to eliminate risk-taking behaviors.
- To review material discussed during the class.
- To recognize physical and psychological changes that have resulted from participating in *A Matter of Balance* and how they have affected fear of falling.



Materials

Name tags
Flip chart or blackboard
Markers or chalk
Attendance sheet
Pencils, paper
Snacks, plates, cups, napkins
Certificates
Forms (Last Session Survey, Class Evaluation)

Reference for the Coach

Reference 8.1—List of Terms

Handouts

Handout 3.2—A Matter of Balance Exercises

Handout 8.1—Personal Action Planner for Behavior

Notes

"I have more pep in not being afraid".

Activity 8.1 **Welcome and review**
5 minutes

Notes

Materials



FLIP CHART

“Learning Goals of the Day”



TARGET

The coach will:

- Begin with a review of major points learned at the last session and answer any questions.
- Discuss the “Learning Goals of the Day”: To recognize the benefits of a positive attitude towards fall prevention.

Activity 8.2 **Matter of Balance Exercises**
25 minutes

Materials

Handout 3.2—A Matter of Balance Exercises



EXERCISES

Practice exercises as a group.

Activity 8.3 **Personal Action Planner for Behavior**
25 minutes



TARGET

Develop adaptive responses or behavior changes for actions that increase the risk of falls.

Materials

Handout 8.1—Personal Action Planner for Behavior

Notes

The group will review “problem behaviors” identified during Session 6.

Recall that in Session 6, *Handout 5.4—No Fall-ty Habits* was used to identify potentially risky behaviors and *Handout 6.1—Recognizing and Changing Fall-ty Habits* was used to select two or three priority behaviors that will be addressed during the session.

The group will divide into 3 smaller subgroups. Each subgroup will be given time to rehearse its “problematic behavior” and a revised version that demonstrates an adaptive response, and incorporate the use of the *Personal Action Planner*.



Activity 8.4 Break

10 minutes

Activity 8.5

20 minutes

Mitigating “fall-ty” behaviors

Materials

Handout 8.1—Personal Action Planner for Behavior



Demonstrate problem-solving and assertiveness skills to lessen problematic behaviors (which could, if left unaddressed, lead to falls).

Materials

Handout 8.1—Personal Action Planner for Behavior

Flip chart



Subgroups will provide a demonstration of the old and “improved” behavior for the whole group.

Volunteers can role-play the behavior that could lead to a fall. The group will provide feedback regarding additional ways to address the problem, after the situation is re-enacted.



The flip chart can be used to list these additional solutions under the “solution” portion of the *Personal Action Planner*.

Information on what to do after a fall can be integrated into this discussion along with assertiveness skills.

Note: The goal is to develop and rehearse strategies for situations over which participants feel they have little control (low self-efficacy). During the role-playing activity, participants will try to make these situations as real as possible. Props and imagery techniques can be used. Participants will rehearse and refine strategies until they feel they can use them effectively.

Alternative:

- A whole group discussion can be used instead of the role-playing activity. The problems can be written on the flip chart. Negative reactions and behaviors in response to the problem should be written on the left side of the flip chart. Positive responses and behaviors (i.e., adaptive reactions/behaviors) should be written on the right side of the flip chart.
- Brainstorming can be used to identify positive and negative responses. Be sure to integrate assertiveness into this discussion. Repeat the process for two more “problem behaviors” if time allows.

Activity 8.6 Review of entire program

15 minutes

Participants will :

- Recognize that fall prevention efforts are comprehensive and include our actions, thoughts and physical condition.

Notes

Notes

- Review what was learned in class.
- Recognize how their behaviors and thoughts have changed over the past few weeks.

Materials

Flip chart

*Reference 8.1—List of Terms*The coach will:

Engage the group in a review of the course material.



Option 1— Draw a large pie chart on the flip chart. Divide the pie chart into the following sections:

1. Recognizing positive and negative thoughts about falls
2. *Fall-ty Habits*
3. Fall hazards in the home
4. Fall hazards in the environment
5. Assertiveness
6. Exercise
7. *Personal Action Planner*
8. Talking about falls and fear of falling
9. Confidence-building thoughts
10. Teamwork

Option 2— Use Reference 8.1 *List of Terms*



- The coach can choose different participants to comment on each of the different sections of the pie chart or List of Terms. (*The coach may choose participants who are known to have struggled with a specific issue to be discussed.*)
- The participants will be asked to comment on what a word or phrase from the pie chart or List of Terms means to them. The coach can use this as a lead to review information previously presented.

Notes

Note: If previous portions of the intervention were not covered, omit or shorten the review and use the time at the end of the session to discuss previously omitted material.



- Brainstorm ways the participants can continue to make progress.
- Ask participants to complete the class evaluation and Last Session Survey.

Activity 8.7 End of program party

30 minutes

Materials

Certificates of Attendance

- Award Certificates of Attendance.
- Completion is considered: Participants that have completed 5 or more classes.



Celebrate!

Goal

To reduce activities/behaviors which place one at great risk for fall.

Behavior to be addressed:

Action

Materials/physical assistance needs

Possible problems

Solutions

List of Terms

Assertiveness

Flexibility

Medications

Positive thinking

Talking to your
doctor

Drinking water

Confidence-building
thoughts

Regular exercise

What to do after
a fall

Sharing ideas

"Fall-ty Habits"

Safe footwear

Practical/personal
solutionsFall hazards in the
home

Good lighting

Lower extremity
strengthGetting up from
a fall

Reducing fall risks

Low blood pressure

Responsibility

Balance


Vision and hearing

II. Handouts For Coach Training

Handouts for Coach Training

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Slide 1



A Matter of Balance

Managing Concerns About Falls

Volunteer Lay Leader Model


Slide 2



What do we know about falls?

- One out of four community dwelling adults fall each year
- About 20% of falls cause physical injury
- Falls are a leading cause of injury, traumatic brain injury, and death for older adults


Slide 3



What do we know about falls?

- 1/2 to 2/3 of falls occur around the home
- A majority of falls occur during routine activities
- Falls usually aren't caused by just one issue. It's a combination of things coming together.
- A large portion of falls are preventable!

Slide 4



What do we know about falls?

Falls are :

- Common
- Predictable
- Preventable

Falls are not a natural part of aging!


Slide 5



What do we know about fear of falling?

- It is reasonable to be concerned about falls - safety is important
- 1/3 to 1/2 of older adults acknowledge fear of falling
- Fear of falling is associated with:
 - *decreased satisfaction with life*
 - *increased frailty*
 - *depression*
 - *decreased mobility and social activity*
- Fear of falling is a risk factor for falls

Slide 6




What is A Matter of Balance?

A Matter of Balance is a program:

- based upon research conducted by the Roybal Center for Enhancement of Late-Life Function at Boston University
- designed to reduce the fear of falling and increase the activity levels of older adults who have concerns about falls

Slide 7




A Matter of Balance:
Managing Concerns About Falls

During 8 two-hour classes, participants learn:

- To view falls and fear of falling as controllable
- To set realistic goals for increasing activity
- To change their environment to reduce fall risk factors
- To promote exercise to increase strength and balance

Slide 8




A Matter of Balance:
Managing Concerns About Falls

What Happens During Classes?

- *Group discussion*
- *Problem-solving*
- *Skill building*
- *Assertiveness training*
- *Exercise training*
- *Videos*
- *Sharing practical solutions*

Slide 9



Who could benefit from
A Matter of Balance?

Anyone who:

- is concerned about falls
- has sustained a fall in the past
- restricts activities because of concerns about falling
- is interested in improving flexibility, balance and strength
- is age 60 or older, community dwelling and able to problem-solve

Slide 10



Administration on Aging Grant

In 2003, AoA launched a three year public/private partnership to increase older people's access to programs that have proven to be effective in reducing their risk of disease, disability and injury

Grant Partners:

- Southern Maine Agency on Aging
- MaineHealth's Partnership for Healthy Aging
- Maine Medical Center Division of Geriatrics
- University of Southern Maine School of Social Work

Slide 11




Administration on Aging Grant

Grant Goals:

- Develop a volunteer lay leader model and test whether it is successful when compared with original research
- Share our approach with others in Maine and around the country


Slide 12



A Matter of Balance Outcomes

<u>Participant Outcomes</u>	<u>Comments:</u>
• 97 % - more comfortable talking about fear of falling	I am more aware of my surroundings. I take time to do things and don't hurry.
• 97 % - feel comfortable increasing activity	
• 99 % - plan to continue exercising	I have begun to exercise and am looking forward to a walking program.
• 98 % - would recommend A Matter of Balance	
* % who agree to strongly agree	I have more pep in not being afraid.


Slide 13



Participants Report:


- Increased confidence in taking a walk, climbing stairs, carry bundles without falling
- More confidence that they can increase their strength, find ways to reduce falls, and protect themselves if they do fall
- An increase in the amount they exercise on a regular basis
- Fewer falls after taking MOB

Slide 14



FIDELITY

So...when is a duck a duck?



Slide 15




FIDELITY

Have we modified to enhance and adapt?




Slide 16




FIDELITY

...or have we modified
to the point of
creating something
entirely different?



Slide 17




A Matter of Balance Coach

- Talks with the MOB Coordinator
- Completes an application
- Attends at least eight hours of training and earn MOB certification
- Agrees to coach two MOB classes within one year of certification
- Attend team meetings- Annual updates

Recommended:

- Observe one MOB class prior to coaching


Slide 18



Role of the coach

- Review the Matter of Balance session and select the activities for the day
- Arrive early to get organized
- Share the day's goals
- Encourage lots of discussion & problem-solving


Slide 19



Role of the Coach

- Lead the exercises
- Connect with each participant
- Review what has been learned and set the stage for the next session.
- Have fun !

Slide 20




Exercises : Considerations

- Make sure participant agreements are signed
- Always have 2 coaches during class. This is essential!
- Make sure all participants can see coach clearly
 - One coach can demonstrate the exercises while one coach circulates and encourages participants
- Maintain good posture during the exercises
- BREATHE** while doing exercises
- Wear safe footwear- *Set an example coaches*
- Encourage all participants to exercise in their comfort zone
- Increase repetitions as your group tolerates

Have Fun!

Slide 21



Coach Responsibilities during Exercises

- No Music: hearing the instructions is important
- Exercises should be demonstrated reading the instructions in the coach handbook
- Coaching tips are there as a guide as you lead the exercises
- Participants should listen to their bodies and perform exercises in their comfort zone
- Exercises can be done seated or standing
 - If standing is a challenge, the participant can be seated during exercises*
- If a participant is in a wheelchair/walker encourage them to do some activity with their arms if they are unable to move their legs.

Provide encouragement and feedback

Slide 22



How we will work together...

- Find sites and schedule classes
- Recruit participants
- Arrange for a guest healthcare professional
- Provide supplies and refreshments
- Offer support and mentoring
- Have successful classes

Slide 23



Contact Information



A Matter of Balance: Managing Concerns About Falls Coach Job Description

**** Coaches must work under the supervision and “License to Use” of the Master Trainer’s organization. ****

Criteria for Leadership

- Good communication and interpersonal skills.
- Enthusiasm.
- Dependability.
- Willingness to lead a small group.
- Interest in working with older adults.
- Life experiences valued - with education or health care experience a plus.
- Ability to perform range of motion and low-level endurance exercises.
- Ability to move or carry up to 20 lbs

Training Expectations

- Attend eight hours of coach training and earn A Matter of Balance Certification.
- Attend 2.5 hours of facilitator training update annually.
- Agree to facilitate two Matter of Balance classes within one year of certification.

Classroom Responsibilities

- **Two Coaches are required to teach the class to participants.**
- **Work with a Master Trainer to oversee all classes offered**
- Prepare for each class by reviewing the Matter of Balance manual and materials.
- Organize the classroom with supplies and refreshments.
- Present the class according to the directions, training and materials provided.
- Encourage interactive discussion about the concepts and skills presented.
- Demonstrate and coach the exercises outlined in the Matter of Balance Program.
- Monitor and connect with each participant.
- Promote socialization and a solution-oriented environment among the participants.
- Have fun!

Confidentiality, Communication, & Record Keeping

- All participant information is confidential. Each coach will sign “A Pledge of Confidentiality”.
- The Master Trainer will provide support and mentoring to each coach.
- Class site and emergency contact information will be provided to each coach.
- Coaches are required to report any injury, illness or concerns.
- Coaches are encouraged to record “Lessons Learned” and share feedback and ideas.

Your logo here

A Matter of Balance Program
Pledge of Confidentiality

I understand, as a volunteer for A Matter of Balance with XXXXX, I must maintain strict confidentiality with participant information. I agree to abide by the organization's Release of Information Policy. I agree never to disclose or discuss participant information with anyone not involved in the program without appropriate permission unless required to do so by law. I understand that a breach of confidentiality will be interpreted as misconduct that may prevent my continuing relationship with XXXX.

I certify that I have read the above statement of confidentiality, that I understand its provisions, and that I will abide by it.

Volunteer Name: _____
(Print)

Volunteer Signature: _____

Date: _____

A Matter of Balance: Managing Concerns about Falls

A Matter of Balance is designed to reduce fear of falling and increase activity levels among older adults who manifest this concern. The program was developed and formally evaluated by The Roybal Center for Enhancement of Late-Life Function at Boston University with a grant from the National Institute on Aging. *A Matter of Balance* received the Archstone Foundation Award for Excellence in Program Innovation in 1998.

The Problem:

Studies indicate that up to half of community dwelling older adults experience fear of falling, and that many respond to this concern by curtailing activity. Being inactive results in loss of muscle strength and balance. It can also compromise social interaction and increase the risk for isolation, depression and anxiety. Fear of falling can actually contribute to falling.

The Program:

A Matter of Balance acknowledges the risk of falling but emphasizes practical coping strategies to reduce this concern. Trained facilitators conduct eight two-hour sessions designed for groups of 8 to 12 participants. During the class, participants learn to view falls and fear of falling as controllable and set realistic goals for increasing activity. They also find ways to change the environment to reduce fall risk factors and learn simple exercises to increase strength and balance.

The Grant:

In October 2003, the Administration on Aging awarded three-year evidence-based disease prevention grants. Southern Maine Agency on Aging, MaineHealth's Partnership for Healthy Aging, Maine Medical Center Division of Geriatrics, and the University of Southern Maine School of Social Work received funding to translate *A Matter of Balance* into a program that uses volunteer lay leaders as facilitators instead of health care professionals and to serve as an innovative national model for addressing fall prevention.

The Results:

Maine participants demonstrated significant improvements after completing *A Matter of Balance* in their level of falls management, falls control, level of exercise and social limitations with regard to concern about falling.

Program Recognition:

2002- The Aging States Project
2002- National Council on the Aging, Healthy Aging: A Good Investment, Exemplary Programs for Senior Centers and Other Facilities
2003- National Governors' Association
2003- Journal of Physical Activity and Aging
2004- National Council on the Aging, Partnering to Promote Healthy Aging
2004- AHRQ Workshop, Evidence-Based Prevention Programs for Elders: Translating Research to Community-Based Programs.
2006-American Society on Aging, Healthcare and Aging Award

DO YOU HAVE concerns about falling?



A MATTER OF
BALANCE

MANAGING CONCERNS ABOUT FALLS

Many older adults experience concerns about falling and restrict their activities. A MATTER OF BALANCE is an award-winning program designed to manage falls and increase activity levels.

This program emphasizes
practical strategies to
manage falls.

YOU WILL LEARN TO:

- view falls as controllable
- set goals for increasing activity
- make changes to reduce fall risks at home
- exercise to increase strength and balance

WHO SHOULD ATTEND?

- anyone concerned about falls
- anyone interested in improving balance, flexibility and strength
- anyone who has fallen in the past
- anyone who has restricted activities because of falling concerns

YOUR LOGO HERE

CLASS LOCATION
DATE, TIME

Classes are held twice a week
for 4 weeks for 2 hours each or
once a week for 8 weeks for 2
hours each.

Program fee is Optional

For more information please call

YOUR PHONE NUMBER HERE

A Matter of Balance: Managing Concerns About Falls Volunteer Lay Leader Model ©2006

This program is based on Fear of Falling: A Matter of Balance. Copyright ©1995 Trustees of Boston University. All rights reserved. Used and adapted by permission of Boston University.

A Matter of Balance Lay Leader Model

Recognized for Innovation and Quality in Healthcare and Aging, 2006, American Society on Aging.

A Matter of Balance Lay Leader Model was developed by a grant from the Administration on Aging (#90AM2780).

Principles of Adult Learners

Treat Learners the Way We All Would Like to Be Treated

We all have years of experience and a wealth of information to share.

Focus on the strengths learners bring to the classroom, not just gaps in their knowledge. Provide opportunities for dialogue within the group. Tap their experience as a major source of enrichment to the class. Remember that you, the teacher, do not need to have all the answers, as long as you know where to go or who to call to get the answers. Students can be resources to you and to each other.

All of us form values, beliefs and opinions that we hold dear.

Demonstrate respect for differing beliefs, religions, value systems and lifestyles. Let your learners know that they are entitled to their values, beliefs and opinions, but that everyone in the room may not share their beliefs. Allow debate and challenge of ideas.

Our style and pace of learning has probably changed during our lives.

Use a variety of teaching strategies such as small group problem solving and discussion. Use auditory, visual, tactile and participatory teaching methods. Reaction time and speed of learning may be slower, but the ability to learn is not impaired by age. Most adults prefer teaching methods other than lecture.

We all relate new knowledge and information to previously learned information and experiences.

Assess the specific learning needs of your audience before your class or at the beginning of the class. Present single concepts and focus on application of concepts to relevant practical situations. Summarize frequently to increase retention and recall. Material outside of the context of participants' experiences and knowledge becomes meaningless.

Our bodies are influenced by gravity.

Plan frequent breaks, even if they are 2-minute "stretch" breaks. During a lecture, a short break every 45-60 minutes is sufficient. In more interactive teaching situations, breaks can be spaced 60-90 minutes apart.

We appreciate having our opinions respected.

Support the students as individuals. Self-esteem and ego are at risk in a classroom environment that is not perceived as safe or supportive. People will not ask questions or participate in learning if they are afraid of being put down or ridiculed. Allow people to admit confusion, ignorance, fears, biases and different opinions. Acknowledge or thank students for their responses and questions. Treat all questions and comments with respect. Avoid saying "I just covered that" when someone asks a repetitive question. Remember, the only foolish question is the unasked question.

We have a deep need to be self-directing.

Engage the students in a process of mutual inquiry. Avoid merely transmitting knowledge or expecting total agreement. Don't "spoon-feed" the participants.

As we grow older, our individual differences increase.

Take into account differences in style, time, types and pace of learning. Use auditory, visual, tactile and participatory teaching methods.

We tend to have a problem-centered orientation to learning.

Emphasize how learning can be applied in a practical setting. Use case studies, problem-solving groups, and participatory activities to enhance learning. Adults generally want to immediately apply new information or skills to current problems or situations.

Note: New information and skills must be relevant and meaningful to the concerns and desires of the students. Know what the needs are of individuals in your class. Students do not wish to learn what they will never use. The learning environment must be physically and psychologically comfortable.

Adapted from:

<http://www.hcc.hawaii.edu/intranet/committees/FacDevCom/guidebk/teachtip/adults-1.htm>

Tips for Working with Older Adults in Physical Activity Programs

by Chaya Gordon, MPH
Research Manager, American Society on Aging

1. Older adults are not a homogeneous group.

A room full of older adults may include a wide range of ages, encompassing several generations. There may be big differences in functional or cognitive capacity. There may also be big differences between individuals based on culture, race, religion, language, sexual orientation, income, education, gender, physical ability, size, or other factors. Age may be a commonality, but each elder is a unique individual.

2. Be aware of ageist attitudes.

Prejudice and discrimination based on age can take many forms, some more obvious than others. For example, “you don’t look 80” is intended as a compliment, but the underlying assumption is that 80 doesn’t look good. Another way we are socialized to be ageist is to expect less of someone based on their age rather than their ability. Watch out for ageist attitudes that you may be expressing inadvertently verbally or in written materials.

3. Older adult? Senior? Elderly? Little old lady? Geezer? Elder?

“Geezer” and “little old lady” are obviously offensive ways to refer to older adults, but what about “elderly” and “senior?” Many feel that these words, while commonly used, are stereotypical and offensive. Also, there are generational differences in the language we use. For example, some older adults are not comfortable being referred to as “you guys.” “Elder” and “older adult” seem fairly neutral and respectful, but remember that people of varying cultural backgrounds may respond to words differently, and everyone may not be comfortable with the same descriptors. Regardless of what words are used, an underlying respect for the elders you’re working with will speak volumes.

4. Focus on the strengths of the individual and group.

Society’s ageist attitudes negatively represent aging as a time characterized chiefly by loss (loss of physical and mental ability, loss of family, friends and social contacts, loss of identity, loss of independence, etc.). While it’s important to acknowledge loss, elders as individuals and as a group have many strengths and assets. Aging is full of negative messages: use this opportunity to tap into and promote the positive side.

5. Be inclusive and nonjudgmental.

Use eye contact and other techniques to engage and include everyone in a group or class. In a group setting some elders may need or want more of your attention than others, which can be very challenging. Try to acknowledge and validate the needs of an individual while immediately refocusing attention back on the whole group. Establish a positive, nonjudgmental tone that supports all participants.

6. Be aware of communication difficulties due to vision or hearing impairments or low literacy.

Many elders have vision and hearing impairments. Others may have low literacy in their primary language (whether it's English or another language), which makes it difficult for them to use written materials. It may be hard to determine if an older adult is having difficulty (or you are having difficulty communicating with them) due to hearing or vision impairment, low literacy, a cognitive problem, or some other problem entirely. Older adults may feel embarrassed or ashamed and may mask these problems. For example, an older man who doesn't know how to read may say he forgot his reading glasses. Make sure everyone in the group can see and hear you. Print materials for older adults should be in a font that's at least 14-point, no italics or script, with high contrast and a clear, simple layout. Lighthouse International has two excellent free pamphlets, "Making Text Legible: Designing for People with Partial Sight" and "Effective Color Contrast: Designing for People with Partial Sight and Color Deficiencies" (call 800-829-0500 to request). The Harvard School of Public Health website is an excellent health literacy resource (www.hsph.harvard.edu/healthliteracy).

7. Be aware of fears and concerns that older adults may have.

Losing independence. Isolation. Falling. Getting injured. Not really wanting to participate in a class or program. Not being accustomed to doing physical activity. Not feeling that it's ok to do physical activity. These are just some of the things the elders in a class or program may be experiencing. Listen to their concerns, validate their reality, and appreciate that you are in a position to help them make positive changes in their lives.

8. Pay attention to learning and teaching style.

P.M. Fitts developed the theory that learning a motor skill involves three phases: (1) the cognitive phase (learning, especially by visual cues such as demonstration of the movement; beginning to understand how the task is performed); (2) the associative phase (trial and error learning; decreasing of initial cognitive planning; refinement of necessary motor movements); and (3) the autonomous phase (less conscious thought about the movement). There are many performance variables including the individual's characteristics, motivation, and prior experience; the movement's complexity; and the learning environment.

Older adults can certainly learn new complex motor skills, but may learn at a different rate or need different instructional techniques than younger adults. Be prepared for a wide range of abilities among participants. It is key for an instructor to break down components into small parts. Give participants a lot of positive reinforcement and positive feedback. Pay close attention to proper form and alignment, but encourage individual expression and variation wherever appropriate. And remember, every person can improve her/his level of physical fitness. Be sure to celebrate progress with the participants!

9. Encourage social interaction.

Part of the benefit of participating in physical activity in a group setting is the opportunity for social interaction. Develop techniques to incorporate social interaction in a way that does not conflict with the program's routine or structure. Some possibilities are: a 5 – 10 minute informal warm-up before an exercise class during which participants can talk with each other while walking or doing other warm-up activities, or partner exercises during a class. Create ways to encourage interaction among participants in class and outside of class.

10. Learn from elders — They're the experts!

Chaya Gordon, Research Manager , American Society on Aging,
Email: cgordon@asaging.org , Website: www.asaging.org

Dealing with Different Types of People

Adapted from The Chronic Disease Self- Management Workshop, Leaders Manual*

The following information has been adapted from The Chronic Disease Self-Management Workshop Leaders Manual. The Chronic Disease Self-Management Workshop is a six-week course lead by volunteer lay leaders, which focuses on problem-solving skills related to managing chronic health conditions.

Below you will find descriptions of different types of people and situations you may encounter while teaching *A Matter of Balance*. They are presented to help you to think about how you might handle the situation. Each situation is different, so you will use your best judgment to determine the best way to handle the situation. If a difficult situation persists discuss it with your co-coach and the program coordinator and/or master trainer. With this support, you can best decide how to handle the situation.

The People

The “Too-Talkative” person

This person tends to talk all the time and monopolizes the discussion.

The following suggestions may help:

- Remind the person that we want everyone to have the opportunity to participate equally.
- Refocus the discussion by summarizing the point and move on.
- Spend time listening to the person outside the group.
- Use body language. Don't look toward the person when you ask a question.
- Talk with the person privately. Thank him/her for contributions and ask for help in getting others more involved.
- Thank the person for the good comment, tell him/her that you want everyone to have a turn at answering the question.
- Say that you won't call on someone twice until everyone has had a chance to speak once first.

The “Silent” person

This person doesn't speak in discussions or does not become involved in activities.

The following suggestions may help:

- Watch carefully for any signs (e.g. body language) that the person wants to participate, especially during group activities like brainstorming and problem solving. Call on this person first, but only if he/she volunteers by raising a hand, nodding, etc.
- Be sure the person participates in the action planning and feedback activities.
- Talk to them at the break and find out how they feel about the class.
- Small group activities or working in pairs may help to make this person more comfortable in the class.
- Respect the wishes of the person who doesn't really want to talk; this doesn't mean that they are not getting something from the class.

The “Yes, but...” Person

This is the person who agrees with ideas in principle but goes on to point out, repeatedly, how it will not work for him/her.

The following suggestions may help:

- Acknowledge the participant’s concerns or situation.
- Open up to the group.
- After three “YES, buts” from the person, state the need to move on and offer to talk to the person later.
- It may be that the person’s problem is too complicated to deal with in the group, or the real problem has not been identified. Therefore offer to talk with the person after the session and move on with the activity.
- If the person is interrupting the discussion or problem-solving with “Yes, buts...” remind the person that right now we are only trying to generate ideas. Ask him/her to please listen and offer to discuss the idea later if there is time. If there is no time, again offer to talk to the person during the break or after the session.

The Questioner

This is the person who asks a lot of questions, some of which may be irrelevant and designed to stump the leader.

The following suggestions may help:

- Don’t bluff if you don’t know the answer. Say, “I don’t know but I will find out.”
- Redirect the group: “That is an interesting question. Who in the group would like to respond?”
- Offer to discuss further later.
- When you have repeated questions, suggest that the answers can be found in the book and ask the participant to report back at the next session.
- Deflect back to the topic.

The Know-it-all Person

This is the person who constantly interrupts to add an answer, comment or opinion. This person may know a lot about the topic or may just want to share their pet theories or experiences, eating up class time.

The following suggestions may help:

- Restate the problem.
- Limit contributions by not calling on the person.
- Establish guidelines at the start of the session for brainstorming/ problem-solving activities.
- If the problem persists, invoke the rules of debate: Each member has a right to speak twice on an issue but cannot make the second comment as long as any other member of the group has not spoken and desires to speak.

The Chatterbox

This is a person who carries on side conversations, argues point with the person next to him/her or just talks all the time about personal topics.

The following suggestions might help:

- Stop all proceedings silently waiting for the group to come to order.
- Stand beside the person while you go on with the workshop activities.

Dealing with Different Types of People

- Arrange the seating order so the leader is sitting on either side of the person.
- Restate the activity to bring the person back to the task at hand or say, “Let me repeat the question.”
- Ask the person to please be quiet.

The Class

Creating a welcoming atmosphere

How can you facilitate a warm, relaxed and friendly atmosphere that encourages sharing?

The following suggestions may help:

- Be prepared and greet people when they arrive.
- Arrange seating so that everyone can see each other, if possible.
- Smile or use humor.
- Address people by name, and use nametags so everyone can learn each other’s name.
- Be relaxed before the session starts. Be prepared to teach.
- Structure discussions by telling the group that each person will have a chance to respond. Ask open-ended questions. Give people time to answer before changing the subject, even if there are 30 seconds of silence.

Class Activities

How can you get everyone to participate in class activities?

The following suggestions might help:

- Make sure everyone understands the instructions.
- Review the benefits of activities.
- Set up the expectation that we will do this together.
- State that we want everyone to participate according to what they are able to do.
- If someone doesn’t participate on several occasions or activities, ask him/her about it during break and if there is any way you can help.
- Most people will participate if you set the expectation. Say, “We will now do_____.”
- If someone is uncomfortable about participating in an activity, do not push the person to conform.

Handling Questions

How do you handle questions when you don’t know the answer?

The following suggestions may help:

- If you do not know the answer, it is appropriate to say, “I don’t know.”
- You can ask your co-coach and the group if they know the answer, but only if it is reasonable to expect that they will know the answer. Do not do this for medical questions.
- You can tell the group that you will find out the answer by next week. Ask your program coordinator/Master Trainer to help you find the answer.
- No one is expected to know everything, and knowing everything would be impossible.

Meetings that run out of time

It is important to always end your class at the scheduled time out of respect for the participants. However, if you continually have to end meetings without finishing the activities, then examine how well you are managing your time.

The following suggestions might help:

- Show by example that you are aware of the time. Wear a watch; start and end on time.
- Review the agenda or post it. Inform the group about the time allotments and ask for their cooperation.
- Prepare all materials, flip charts and equipment ahead of time, rather than during the meeting.
- Ask someone else to write for you during the brainstorming sessions.
- Set a stopwatch or assign a timekeeper to tell when time is almost up for discussions or small group activities.
- Work with your co-coach and have him/her signal with a “T” sign when it is time to move on.
- You can use the “parking lot” concept. Keep track of ideas to be discussed or unanswered questions by writing them on a sticky note and placing them on a flip chart to be discussed later, if time allows.

Injury Control

What would you do if a participant sustains an injury during the class?

Tips:

- As a preventative measure, know where the telephone is and know the number to call (e.g. 911).
- The first priority would be to get the level of help needed to the person as fast as possible and to provide comfort to the injured while you are waiting for help to arrive.
- How you would react depends on the severity of the injury. If the injury is major, you most likely would not continue the session. If the injury is minor, the co-coach can continue with the session, once help was obtained.
- Once the co-coach sees that the injured person is being taken care of, he/she can refocus on the needs of the rest of the group.
- If an accident occurs, be sure to inform the program coordinator/master trainer after the immediate needs are handled.
- It is helpful to write a brief summary of what happened and provide it to the program the coordinator/master trainer.
- It is better to be proactive. Ensure that chairs, etc. are arranged for easy access and that access ways are clear (i.e. keep floors clear of cords, loose rugs and clutter).
- Follow the coaching tips for exercise; maintain safety precautions.

Source:

The Chronic Disease Self- Management Workshop, Leaders Manual
Developed by the Stanford Patient Education Research Center
Dr Kate Lorig, RN, DrPH, Virginia Gonzalez, MPH, Diana Laurent, MPH
1000 Welch Road, Suite 204
Palo Alto, CA 94304
www.patienteducation.stanford.edu

Dealing with Different Types of People

Adapted from The Chronic Disease Self- Management Workshop, Leaders Manual

Stages of Change**Prochaska, Norcross, DiClemente (1994)****Pre-contemplation: Not even thinking about change**

- Can't see the problem; denies having a problem
- Actively resists change; thinks it's hopeless, is demoralized
- Blames others for problems and consequences of problem; is defensive
- Feels safe in this stage; no chance of failure and guilt

Strategies: Let participant know you understand that they aren't ready and the decision to change is theirs; explain the potential risks; encourage re-evaluation of current behavior.

Contemplation: Thinking about the change

- Acknowledges problem and begins to think about it; gains insight into the problem
- Struggles to understand the problem, wants to know causes and possible solutions
- Wants reassurance that concerns are understood and can be overcome
- Fears failure and is highly ambivalent; this stage can last a long time

Strategies: Encourage evaluation of pros and cons of behavior change; identify and promote new, positive outcomes as a result of the change.

Preparation: Planning to change

- Still has some ambivalence; needs to convince her/himself that taking action is best
- Knows what s/he wants to do; gathers information on how to do it
- Commits to action; important not to move out of this stage until ready or may relapse

Strategies: Help to identify barriers and problem-solve; break behavior change into manageable steps; encourage self-efficacy, i.e. participants' belief that they can change behavior.

Action: Starts the new behavior

- Changes behavior and surroundings
- Needs greatest commitment of time and energy

Strategies: Encourage and celebrate steps towards change; help to identify support needed.

Maintenance: Continues new behavior

- Continues new habits and behaviors developed in action stage
- Struggles to prevent relapse; lasts from 6 months to forever (first 2 months usually hardest)
- Success is based on sustained, long-term effort and revised lifestyle

Strategies: Help brainstorm alternatives for problems and barriers to prevent relapse; identify local resources/support; continue to celebrate changes made.

Relapse: Resumes unhealthy behaviors

- Opportunity to review action plan and remove barriers for success

Strategies: Identify causes of relapse; develop a plan for getting "back on track"; remind that many successful people try more than once.

Adapted from Senior Services of Seattle/King County, Senior Wellness Project, Health Enhancement Program, Social Work Manual, 2001.



Brainstorming

Brainstorming helps a group to create as many ideas as possible in as short a time as possible - without judgment and discussion along the way. It helps to spark creative solutions to problems.

Brainstorming Approaches:

- a. Structured - everyone gives an idea when it is their turn
 - b. Unstructured –group members share ideas as they come to mind
- * We will use the unstructured approach

Three phases of brainstorming

1. Generation- gather ideas
2. Clarification- review making sure everyone's ideas are clear
3. Evaluation- which ideas/suggestions might work

Rules of the Road

- Quantity not quality- more the merrier
- Never criticize an idea – hold all discussion and judgment
- It's fine to piggyback or build on others' ideas
- Be brief- three word maximum if possible

Brainstorming Steps:

1. Generation
 - Review the “Rules of the Road”
 - Agree on the problem or the question- write it down
 - Write every idea on a flip chart using the contributor's words
 - Do it quickly - 5-15 minutes
2. Clarification - review to make sure everyone's ideas are clear
3. Evaluation - decide which ideas/ suggestions might work

Adapted from *The Memory Jogger, A Pocket Guide of Tools for Continuous Improvement*, Methuen, MA: Goal/QPC, 1988.

Fall Prevention Resources

NCOA Falls Prevention

<https://www.ncoa.org/healthy-aging/falls-prevention/>

Falls Free: Promoting a National Falls Prevention Action Plan 2015:

<https://www.ncoa.org/resources/2015-falls-free-national-falls-prevention-action-plan/>

Explore this blueprint with 40 strategies to reduce falls and fall-related injuries among older adults. This updated plan builds on the original Falls Free® National Action Plan, released in 2005.

Falls Prevention Conversation Guide for Caregivers

https://www.ncoa.org/.../Falls-Prevention-Conversation-Guide-for-Caregivers_Final.pdf

Caregivers, let's talk about keeping you and your family safe and active

Publications and Resources from the CDC

<https://www.cdc.gov/homeandrecreationalafety/falls/index.html>

This CDC link contains Morbidity and Mortality Weekly Reports, journal articles, and brochures about falls prevention for older adults.

STEADI: Stopping Elderly Accidents, Death & Injuries

<http://www.cdc.gov/steady/index.html>

The CDC STEADI program provides materials for providers and patients, including videos, webinars and brochures.

Senior Health

<https://www.nia.nih.gov/health>

Information from the National Institute of Health on a wide variety of senior health topics.

Go 4 Life – National Institute on Aging at NIH

An exercise and physical activity campaign from the National Institute on Aging at NIH.

<https://go4life.nia.nih.gov/>

Talking with Your Doctor: A Guide for Older People

<https://www.nia.nih.gov/health/why-being-able-talk-your-doctor-matters>

National Institutes on Aging- Tips on preparing and having conversations with your healthcare provider

Fall Prevention Center of Excellence

<http://stopfalls.org/>

This website contains extensive information and resources on falls prevention.

A Matter of Balance Class - Site Application

Date: _____ **Site Name:** _____

Contact Person: _____

Street Address: _____

Mailing Address: _____

Phone: _____ **E-mail:** _____

Contact information for emergencies (Ex: 911): _____

Site Information	Yes	Comments
Please provide directions		
Is the building accessible?		
Please provide instructions for non-residents to enter the building (if applicable)		
Telephone available?		
Parking available?		
Rest rooms available?		
Private room with table and chairs for 10-12?		
Television and DVD available?		
Space available to set up snacks?		
Would your site be able to provide snacks?		
Space available to store materials between sessions?		
Can you assist with recruiting and registering participants for the class?		
Are the chairs comfortable and wheel-free?		

Additional information:

A Matter of Balance: Managing Concerns About Falls

Did not Finish List
(Participants who attended less than 5 sessions)

Class:

Participant	Reason for not completing- if known	MOB Staff Call: Date/Reason	Comments

A MATTER OF BALANCE: MANAGING CONCERNS ABOUT FALLS SNACK SUGGESTIONS

FLUIDS

Water

FRUIT

Strawberries

Grapes

Cherries

Pineapple chunks (canned, use toothpicks)

Dried apricots, peaches, papaya (unsweetened)

Dates

Raisins

100% fruit juice

VEGETABLES

Mini carrots

Celery sticks

Cherry or grape tomatoes

Low-sodium tomato or V-8 juice

Jicama sticks

WHOLE GRAINS

Light popcorn

Crackers

Rice cakes

DAIRY

Low-fat cheese slices

Low-fat string cheese

Low-fat cottage cheese

Low-fat ricotta cheese

PROTEIN FOODS

Soy nuts

Unsalted nuts

Unsalted peanuts

Hummus

Peanut butter or other Nut butters

Developed by: Karen Chagnon, M.Ed., RD
Southern Maine Agency on Aging

A Matter of Balance: Managing Concerns About Falls Participant Agreement

I _____ agree to participate in *A Matter of Balance*.

I have been informed that the sessions will include light to moderate exercise including stretching, balance and range of motion exercises. I take full responsibility for my participation in these exercises. I agree to work within my own comfort zone and agree to stop exercising if I feel any pain or discomfort and will let one of the facilitators know.

I have reviewed the PAR-Q. If indicated, I agree to contact my physician regarding the exercises I will be doing as part of the A Matter of Balance Program.

☐ Because I have answered “yes” on the PAR-Q, I sought the advice of my physician, _____, regarding the A Matter of Balance exercises.

_____ I received permission to engage in the exercises.

_____ I was advised to take the following precautions:

Signature of Participant

Date

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q AND YOU)

(This is a self-evaluation. Please keep for your records.)

Introduction: Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming more physically active. If you are planning to become much more physically active than you are now, start by answering the seven questions below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not accustomed to being very active, check with your doctor.

Directions: Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly, check YES or NO.

YES NO

- | | | |
|-------|-------|---|
| _____ | _____ | 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? |
| _____ | _____ | 2. Do you feel pain in your chest when you do physical activity? |
| _____ | _____ | 3. In the past month, have you had chest pain when you were not doing physical activity? |
| _____ | _____ | 4. Do you lose your balance because of dizziness or do you ever lose consciousness? |
| _____ | _____ | 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? |
| _____ | _____ | 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? |
| _____ | _____ | 7. Do you know of any other reason why you should not do physical activity? |

If you answered YES to one or more questions - Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want - as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those that are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

If you answered NO to all PAR-Q questions, you can be reasonably sure that you can:

- Start becoming much more physically active-begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness appraisal-this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

Delay becoming much more active:

- If you are not feeling well because of a temporary illness such as a cold or a fever-wait until you feel better.

Please note: If your health changes so that you then answer YES to any of the questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

A Matter of Balance: Managing Concerns about Falls Coaching Skills

Date:

Session attended:

Coach:

Master Trainer/ Mentor:

Please complete using “S” for satisfactory and “O” for opportunity for improvement and provide comments when indicated.

Coaching Skills	Coach	Mentor	Comments/Suggestions
Follows the curriculum as outlined in the Matter of Balance Manual			
Able to clearly explain topics and activities			
Uses time well and paces activities			
Comfortable leading the group			
Creates an environment that supports and encourages participants in sharing			
Encourages participation using a variety of strategies			
Leads group exercises appropriately and safely			
Maintains a safe environment for the class			
Works well with other coach(es)			

Additional suggestions and observations:

Coach: _____

Date: _____

Master Trainer/ Mentor: _____

Date: _____

A Matter of Balance Class-Coach Feedback

Coach:		Class Site:	
Date	Session	Ideas for Improvement / Suggestions for Future Classes	

A Matter of Balance Volunteer Lay Leader Model, MaineHealth's Partnership for Healthy Aging.
Used and adapted by permission of Boston University.

A Matter of Balance: Managing Concerns about Falls Volunteer Lay Leader Model Coaching Tips

1. Read the entire session through before planning the day's activities.
2. Be flexible, choose activities based on the group's interest. You may not chose to cover every activity outlined in the session.
3. Realize that each session builds on the experience and learning from the prior sessions.
4. Encourage participants to lead their favorite exercise once they are comfortable.
5. Initially, coaches may perform role-plays suggested by participants if the participants are reluctant to try them. Hopefully, participants will join in.
6. Start each session with the learning goals for the day. Ask participants how they benefited from A Matter of Balance since the last class. This may start a lively discussion.
7. Allow time for discussion and the sharing of wisdom. Offer everyone the opportunity to speak. Be patient, sometimes it will take several sessions before individuals engage.

Key terms:

Cognitive restructuring- skill of learning how to shift from negative to positive thinking patterns; thinking about something in a different way.

Self-efficacy – Self-efficacy beliefs, according to Albert Bandura, reflect how people feel, think, motivate themselves and behave (1994). With positive self- efficacy, people believe that they can make and maintain the necessary behavior changes to achieve what they want.

A Matter of Balance: Managing Concerns about Falls

Volunteer Lay Leader Model

Coaching Tips for Exercise

Light activity should be done at the beginning and end of the exercise routine.

A **warm-up** will gently prepare the mind, body and spirit for exercise. The warm-up helps the body comfortably and safely go from a resting state to an active one by gradually increasing body temperature and heart rate, lubricating joints, stretching muscles, and focusing the mind.

A **cool-down** will gently prepare the mind, body and spirit as exercise is completed. The cool-down will help the body transition comfortably and safely from an active to less active state. Gradually, the body temperature and heart rate decreases, joints, muscles and the mind begin to relax and individuals may enjoy a sense of well-being.

Tips For Safe Leadership:

- Encourage good posture, sit/stand tall with the head up.
- Make eye contact, looking for alert and enthusiastic participation.
- Provide cues and feedback to maintain safe and effective exercise.
- Demonstrate controlled and organized movements.
- Encourage participants to breathe normally while exercising.
- Pause and use deep breathing when transitioning from a sitting to standing position (vice-versa) or when the pace of the exercise changes.
- For standing exercise, utilize a chair or firm surface for balance.
- Participants can review the Age Page and/or the Par-Q to determine exercise readiness.

Gentle exercise adjustments:

- For less fit or near-frail individuals, exercises can be adjusted. Each exercise can be done seated, at a slower pace, with less range of motion or with fewer repetitions. Always encourage individuals to exercise according to their own ability.

Simple “Next Step” Suggestions:

- Increase repetitions or add a set to one or more exercises.
- Encourage individuals to practice MOB exercises at home.
- Increase the pace of exercises such as marching or side steps.
- Encourage individual to take a walk and/or stretch at home.
- Seek local resources- consider peer leadership, faith-based communities, senior centers, libraries, schools or YMCA’s for exercise opportunities.

Considerations for a Community Class

It is important to have the participant agreement and PAR-Q and any surveys (if they are being used) completed in the beginning the class. It may take some time to fill out required paperwork, some folks have done this before the class starts or with a session 0 to describe the program and enroll participants and get the paperwork completed. This approach may be helpful.

Pass complete participant workbooks out in **Session One**. This gives participants all materials including exercises at one time in one binder.

Have a resource table with additional information about fall prevention and local resources.

EXERCISES: Exercises must be followed as written in the coach handbook including activity time and done in the order as written.

Reasons why music doesn't work:

- Hearing is an issue for many participants: music can create a barrier so participants cannot hear the directions.
- Make sure participants can hear the directions given by the coach and see the coach clearly. One coach can demonstrate the exercises while one coach circulates and encourages participants.
- Participants need to do the exercises at their own pace, not keep up with the beat of the music.

Adjustments for exercises

- Read the exercises out of the manual; do not use a cheat sheet. Reading out of the manual models for participants that they can go home and read out of their own manual and continue to exercise.
- Slow and rhythmic movements help participants to gain confidence in their abilities so they can add some exercises into their daily lives. Encourage participants to move at their own pace.
- If standing during exercises is a challenge, the participant can be seated during exercises.
- If a participant is in a wheelchair/walker encourage them to do some activity with their arms if they are unable to move their legs.
- More motion is not always better, it is important for each participant to listen to their bodies and work within their limits.
- Previous injuries and other medical conditions may require adjustments to the exercises by participants.



Core Elements to Maintain Fidelity A Matter of Balance/Evidence-Based Program

- **Master Trainers attend 2-day training to become certified**
- **Master Trainers provide at least 8-hour training for coaches** (recommended two- 4 hour days)
 - Coaches work under the license of the Master Trainer organization
- **Master Trainers observe newly-trained coaches at least once during their first MOB class**
 - Should take place during first four sessions
 - Arrange prior with coach
- **Master Trainer Ongoing Coach Supervision:**
 - Required for all coaches working under their organization's license
 - Annual update of 2.5 hours
- **Two coaches lead the sessions**
 - Follow curriculum
 - Lead exercises as outlined
- **Guest Healthcare Professional Visit**
 - Any session (4 or 7 is the best fit)
- **MOB Class = Eight 2-hour sessions**
 - Classes can be offered 1 time a week for 8 weeks OR
 - Classes can be offered 2 times a week for 4 weeks
- **Class size = 8-12 participants**
- **Class Completion = 5 or more sessions**
 - *Highly recommended: Outcome Monitoring

A Matter of Balance: Managing Concerns About Falls

Ideas for Creative Coaching

Ice-Breakers

Examples:

- Pictures: Cut out pictures from a magazine- place them on the table, one for each participant. Have each person select one and when the group convenes have participants introduce themselves and share "why" they selected their pictures. You can also use postcards.

Ask group members to:

- Share something that you have with you today that's important
- Share your favorite food as a child

You can build question around the season or holiday, e.g. June: What's your favorite flower? Who can share a most memorable Valentine's Day?

Penny Ante:

Ask a question or have someone pick the question from a "deck of questions". Give a penny or a point for every affirmative answer. The person(s) with the most pennies or points gets to do something "special" that day, e.g. lead/chose the exercises for the day.

Examples:

Who....

Was born in another country?

Has a pet?

Knows another language

Has grandchildren? Etc.....

Who loves.....

to hike, to bike, to walk, to house -clean, to cook, to sew, to knit, to swim, to talk on the phone, etc.?

dogs, cats, birds, fish, etc.?

chocolate, sardines, anchovies etc. ?

Seasonal suggestion: Valentine's Day

Who "Left their Heart in San Francisco?"

Who married their high school sweetheart?

Who has a real sweet tooth?

Ice-Breaker or Energizer

Make A Choice Activity

Use the attached list of choices. Let participants know what the choice is and what to do. For example, "stand up if you are more a country person than a city person".

"Stand if you are a bridge, sit if you are a dam."

You can also ask people to move to one side of the room or the other. You might want to build on this and use it as part of the exercises for the day.

You can also ask people just to raise their hands (this is more of an ice-breaker).

Reinforcement vs. Repetition

Concepts from A Matter of Balance:

Words/concepts from A Matter of Balance can be placed on the A Matter of Balance logo or on seasonal shapes such as hearts, pumpkins, shamrocks or fish. Each person chooses one and then describes how the word(s) relates to what they have learned at A Matter of Balance. This provides an opportunity to review and reinforce the material. There is a lot of wisdom in the group that can be shared during this discussion.

Examples:

Positive thinking	Balance
Confidence-building thoughts	Regular exercise
Assertiveness	Personal Action Planner
Medications	"Fall-ty Habits"
Vision & Hearing	Home safety
Drinking water	Flexibility
Low blood pressure	What to do after a fall

The Puzzle

Enlarge statements from A Matter of Balance such as "Good News: The more risks you eliminate, the lower your chances are of falling". Cut in puzzle pieces, provide to small groups to put together and then share.

Fall Risk Reduction

This is another review option that can be especially helpful in Session 6 - discussion of risky behaviors. Use index cards to list fall risks such as multiple medications, poor vision or hearing, lower extremity weakness, low blood pressure, problems with gait and balance, etc.. Participants pick an index card(s) and then talk about how they can help to minimize that risk. Participants can then deposit their "risks" in a box or basket, which is symbolic of addressing the issue- plus you are getting your cards back.

Teach Back

This approach can be used to cover the material in a different way.

1. Have participants break into pairs/ 3s.
2. Provide paper and good place for writing.
3. Provide the question for each person in a few words in large font (20) on a piece of paper. Be clear with the activity's directions and check for understanding. Ask for a recorder from each group to write down ideas and report back.
4. Write the question(s) on a flip chart, have the group come back together and record their feedback.

Examples:

Activity 4.6 What difference does it make if you are assertive or not?

Activity 6.3 What would you like to spend more time talking about & practicing?

Activities 7.5 & 7.6 Home Safety

- A. Have each small group discuss what they found within their own homes after doing their home safety checklist homework and then report back.
- B. Divide the Home Safety Checklist into categories (kitchen, bedroom, bath, inside, outside, etc.), have each group discuss important aspects and then share/highlight when large group reconvenes.

Additional Ideas for Creative Coaching

- Participants can lead their favorite exercise
- Show Fear of Falling video at first and last class and discuss different perspectives
- "Show and tell" around safety., i.e. walking sticks, ice walkers (YakTrax), swivel seat for the car, reaching devices, etc..

Special thanks to Master Trainers Patricia Keogh, Eastern Agency on Aging and Anne Murray, Southern Maine Agency on Aging for sharing their ideas.

Make a Choice Activity

(To appreciate our differences)

SIT

City

Car

Violet

Popcorn

Waterfall

Dog

Wave

Dam

Mountain

Jet

Sugar

Go

Moon

Evergreen

Eye

Head

Passenger

Rudder

Icing

STAND

Country

Bus

Sunflower

Brownie

Pond

Cat

Beach

Bridge

Valley

Hot Air Balloon

Salt

Stop

Sun

Maple

Ear

Heart

Driver

Sail

Cake

List of Terms

Assertiveness

Flexibility

Medications

Positive thinking

Talking to your
doctor

Drinking water

Confidence-building
thoughts

Regular exercise

What to do after
a fall

Sharing ideas

"Fall-ty Habits"

Safe footwear

Practical/personal
solutionsFall hazards in the
home

Good lighting

Lower extremity
strengthGetting up from
a fall

Reducing fall risks

Low blood pressure

Responsibility

Balance

Vision and hearing



Good News!

**The more risks you
eliminate, the lower
your chances are of
falling.**

Contact Information

Your logo here

Contact Information

A Matter of Balance Coach Training Class Evaluation

Date:

Thank you for participating in *A Matter of Balance* coach training. Please take a few minutes to complete this evaluation form. We appreciate your feedback.

Please circle answers that apply.

1. The leaders were well prepared.

Strongly Agree Agree Disagree Strongly Disagree

2. The class was well organized.

Strongly Agree Agree Disagree Strongly Disagree

3. The coach manual and handouts were useful.

Strongly Agree Agree Disagree Strongly Disagree

4. The classroom was suitable for the training

Strongly Agree Agree Disagree Strongly Disagree

5. After completing the training sessions, how confident are you that you can...

Facilitate a Matter of Balance class?

1. Totally confident 2. Very confident 3. Confident 4. Slightly confident 5. Not confident at all

Answer questions that might be asked by program participants?

1. Totally confident 2. Very confident 3. Confident 4. Slightly confident 5. Not confident at all

Lead the Matter of Balance exercises during the sessions?

1. Totally confident 2. Very confident 3. Confident 4. Slightly confident 5. Not confident at all

Assist participants using the Home Safety Checklist?

1. Totally confident 2. Very confident 3. Confident 4. Slightly confident 5. Not confident at all

6. Comments and Suggestions:

Thank You!