

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



## **Guest Healthcare Professional Handbook**

Revised 2019

A Matter of Balance Volunteer Lay Leader Model  
MaineHealth  
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Managing Concerns about Falls  
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Professional Handbook**

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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.**

Working in partnership, 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 were awarded Administration on Aging Grant No. 90AM2780. The purpose of the grant is to develop, evaluate and disseminate a volunteer lay leader model for A Matter of Balance. All rights reserved, MaineHealth's Partnership for Healthy Aging.

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.

For further information, please contact:

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Master Trainer sites shall at all times during the use of this handbook, and thereafter, defend and hold MaineHealth's Partnership for Healthy Aging, its trustees, officers, employees, agents and affiliates (together, "indemnitees") harmless from and against all claims, suits, demands, liability and expenses, including legal expenses and reasonable attorneys' fees, arising out of any negligent act or omission of the Master Trainer site pursuant to the use of this material.

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## **A Matter of Balance: Managing Concerns About Falls Guest Healthcare Professional Responsibilities**

### **Purpose of Guest Healthcare Professional Visit:**

- To provide a link to the medical community since the curriculum is presented by lay leaders
- To respond to questions from participants in class
- To provide a demonstration of how to get up from the floor for the participants using Handout 7.3

### **Criteria for Professional**

- Education Degree as Physical Therapist, Occupational Therapist, Nurse, Exercise Physiologist, Chiropractors, Medical Doctors and Doctors of Osteopathy
- Advanced students in the fields of Physical Therapy, Occupational Therapy, Nursing, or Exercise Physiology may be appropriate
- Good communication and interpersonal skills
- Ability to discuss fall prevention with a small group
- Coordinate visit to A Matter of Balance class with Master Trainer
- Answer questions from participants in the class, refer to “Frequently Asked Questions”
- Provide demonstration of how to respond to a fall if one should occur and how to safely get up from the floor (participants will not provide a return demo in the class)

### **Experience/ Education**

- Awareness of fall prevention strategies
- Knowledge of A Matter of Balance Program
- Review of the Guest Healthcare Professional Handbook to acquaint yourself with fundamentals of the curriculum
- Review of Frequently Asked Questions located in the Handbook

### **Classroom Responsibilities**

- Provide a visit lasting 45 minutes to an hour.
- Engage with participants in class
- Demonstrate Handout 7.3

### **Confidentiality, Communication, & Record Keeping**

- All participant information is confidential.
- The Master Trainer will provide support and answer any questions from the Guest Healthcare Professional prior to class visit.
- Class site information is provided to the Guest Healthcare Professional by Master Trainer or coordinator

## **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 10 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

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A Matter of Balance Lay Leader Model

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A Matter of Balance Lay Leader Model was developed by a grant from the Administration on Aging (#90AM2780).



## **What Participants Learn**

### **Session 1: Introduction to Program**

The focus of the session is on “Concern vs. Fear”. The group is introduced to the concept of helpful and unhelpful beliefs about falls and concerns about falling.

### **Session 2: Exploring Thoughts and Concerns about Falling**

- “ 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.  
Emphasis is on not whether or not I can do it, but HOW can I do it?

### **Session 3: Exercise and Fall Prevention**

- “ To understand the importance of exercise in preventing falls
- “ To identify the barriers to exercise
- “ To identify which exercises are best suited for fall prevention
- “ To learn the Matter of Balance Exercise

### **Session 4: Assertiveness and Fall Prevention**

- “ To recognize three important physical risk factors for falls: low blood pressure, leg weakness, and poor flexibility/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

### **Session 5: Managing Concerns about Falling**

- “ 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

### **Session 6: Recognizing Fall-ty Behavior**

- “ 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

### **Session 7: Recognizing Fall Hazards in the Home and Community**

Participants have completed the Home Safety Checklist.

- “ To recognize potential fall hazards often present in the home and community
- “ To identify strategies to reduce physical hazards in the home and community
- “ To recognize the relationship between assertive behavior and fall prevention
- “ To learn how to get up and down safely

### **Session 8: Practicing No Fall-ty Habits & Fall Prevention: Putting It All Together**

- “ To practice assertiveness skills in locating and using resources for fall prevention and seeking help after a fall
- “ To model & practice behaviors in order to eliminate risk-taking behaviors



## Guest Healthcare Professional Visit to A Matter of Balance Class

Here are some things to consider covering during this demonstration in a Community Class

### HIGH PRIORITY

- Present yourself and your background (i.e., “ I am a Nurse, Physical Therapist, Occupational Therapist or another professional.....”)
- Comment about how much everyone has been learning through the curriculum
- Make a statement reflecting your support of participants’ efforts to manage their fall risk (i.e., “It is great you are taking steps to prevent falls!”)
- Discussion about plans for a fall before it ever happens
  - ◊ Have a check in with someone daily so they notice if you are not available
  - ◊ Have a sturdy chair in every room
  - ◊ Know where your phones are/ carry with you or use personal response system
  - ◊ Some communities have a friendly call available through AAA, Fire Department, faith-based community, police department; etc. There are great ways to make sure you are getting checked on regularly!
  - ◊ Wear good nonskid shoes while inside
- Discuss the reflex of extending your hands to prevent head injury while falling (Handout 7.3)
  - ◊ It may come up that people want to learn how to fall. Falls happen quickly. The best thing you can do is to prevent falls and control risk factors.
- Once on the ground:
  - ◊ No need to rush- no bonus points for an early riser from the floor
  - ◊ Collect yourself; deep breathing helps
  - ◊ If hurt: roll away from any wet spots to avoid lying in a wet area for any length of time. Wait for your prearranged check in to contact you. Stay warm if you can reach a blanket.
  - ◊ If you are able to scoot: scoot going backwards toward a sturdy chair. Take your time and remember to breathe. It may be hard to crawl on your knees.
  - ◊ Once you are near the chair follow Handout 7.3 in reverse and get to knees, pull up one leg and push with the other leg to get to a standing position so you can rotate and sit in the chair. Collect yourself.
  - ◊ Follow-up with your healthcare provider- they cannot act if they do not know about the fall; TALK to a real person!
  - ◊ **If you have hit your head you should seek medical attention ASAP**, even if you feel OK

### **This may mean a visit to the Emergency Department for an in-depth assessment**

- ◊ Remember the circumstances around the fall while it is still fresh. Write down “Your Fall Story” ask someone to assist writing it down
- ◊ Remember to make sure you have a conversation with your healthcare provider about your fall; bring up the topic. Do not wait to be asked but share it!
- ◊ There are many emotions that surface around a fall. Allow yourself to process this. Talk to other people such as family, friends and your healthcare providers

**LOWER PRIORITY**

- Comment about footwear:
  - ◊ Wear shoes inside the house
  - ◊ Wear low heel shoes (i.e., <2.5 cm or 1 inch)
  - ◊ Avoid soft or thick soles
- Make a few points about medications
  - ◊ Have your medications reviewed yearly
  - ◊ Carry to all your providers an updated list of all your medication

**Questions Participants Frequently Ask\***

(may give insights depending on your profession)

- ◆ How to use a walker or cane correctly
- ◆ How to go up and down stairs with a cane or walker
- ◆ How to get in and out of a car
- ◆ How to go over a curb
- ◆ How to get on the bus when you can't use your right hand to pull you up
- ◆ How to walk on uneven ground or sidewalks
- ◆ How to get up from a chair, especially a chair without arms
- ◆ How to get up and down from the floor or ground
- ◆ What to do to minimize the damage when you know that you are really going to fall
- ◆ How to pick up an item that has dropped to the floor
- ◆ How to go upstairs carrying laundry or groceries
- ◆ How to set up my kitchen so I can get things easily and safely
- ◆ How to get out of bed, including a couple of easy exercises to do while pausing briefly on the edge of the bed, e.g. foot circles
- ◆ How to get up from falls in the tub
- ◆ What is the importance of exercise for strength, balance, and flexibility

\* Suggest a referral to physical therapy and/or occupational therapy when appropriate

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

*This exercise prepares the mind and body for exercise.*

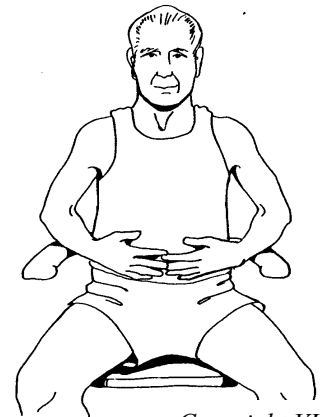
## **WARM-UP EXERCISES**

*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**

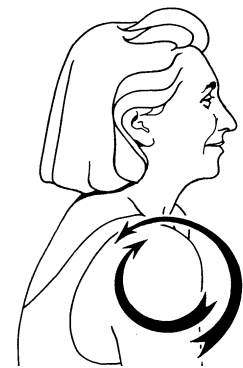
Stretch your arms wide. Take a deep breath and exhale, stretch some more, add a gentle turn to the left and then to the right. Move slowly and breathe deeply.

*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.

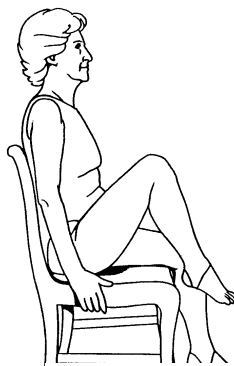


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**Seated Knee Raises (Seated Marching)**

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**

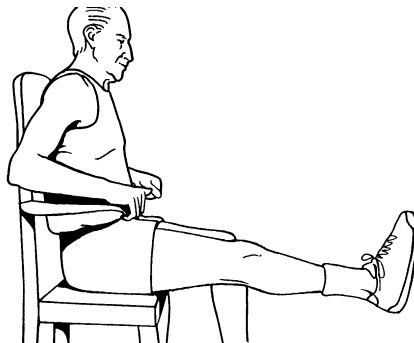
With both arms straight out in front of your body, pull arms in, as if you are rowing a boat. Try to pinch your shoulder blades together as you row.

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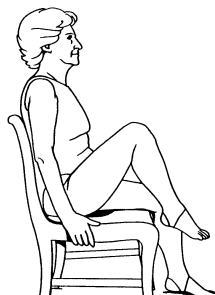
Alternate and repeat 5 to 10 times.  
Add a set as you get stronger.

*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:*

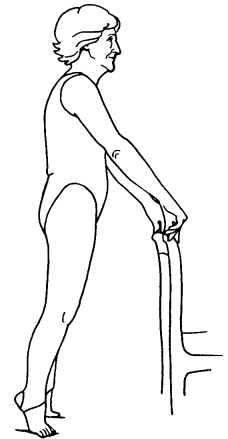
- *Keep your head up and eyes open.*
- *Maintain an upright posture.*
- *Breathe normally and do each exercise to your own ability.*

*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.



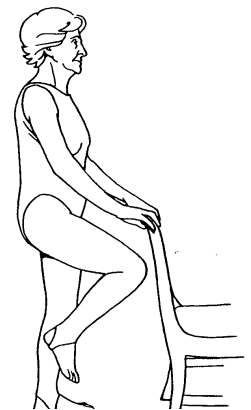
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*This exercise improves balance and physical endurance.*

**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)**

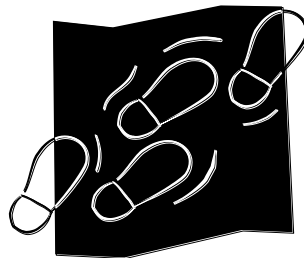
Right foot forward, then feet together.

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.

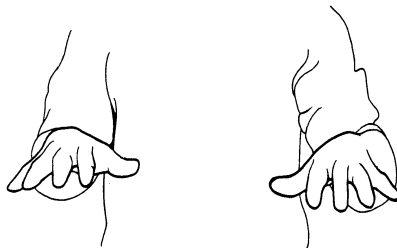


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*This exercise may improve dexterity, coordination and range of motion.*

### **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.*

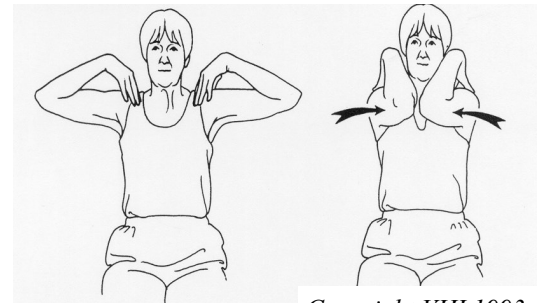
### **Wrist Rotation**

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.

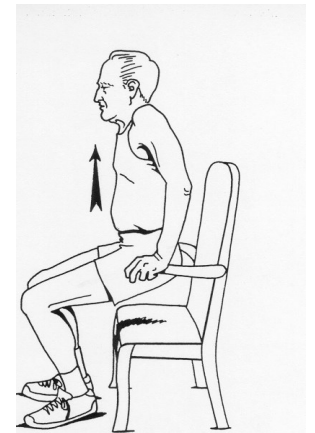


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### **Arm Chair Push**

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

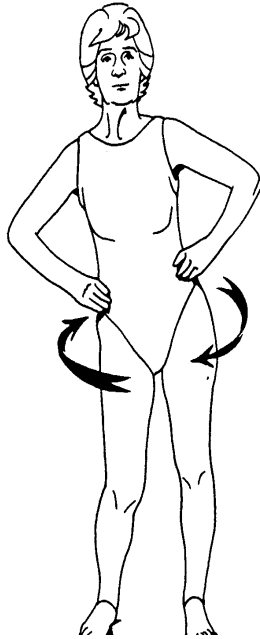
### Hip Circles

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!**

**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—Age Page: Preventing Falls and Fractures**Handout 4.1—Prevention of Falls: Some Practical Suggestions*The coach will:

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

- Low blood pressure
- Leg weakness

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

- People who are inactive might experience dizziness when they change position.

<b>Notes</b>
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- 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 4.5 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.



**Notes**

- 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.
- 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.



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.**

**Notes**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:

- 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.

Next, 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.

**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.

## **Improving Your Balance\***

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

### **Do**

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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**

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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).
3. Do not push yourself if you feel tired (pushing yourself when you are tired can overexert your system and cause you to fall).

**Activity 7.7 Discussion of falls**

30 minutes



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 emergency medical services are not indicated).

**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.

**Notes**

**Notes**

- 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.
- 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 the demonstration, he or she may do so.



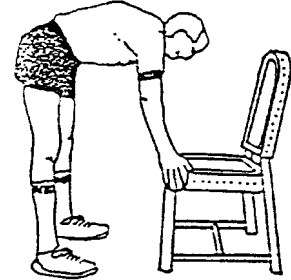
Participants may try the techniques in Handout 7.3 in the privacy of their own homes under supervision.

**Tell the group:**

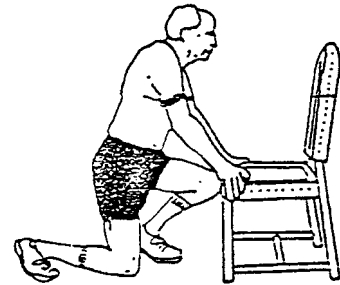
The sooner you contact your doctor, the better you will be able to remember the circumstances surrounding your fall. These can be valuable clues that can speed up your recovery or help to prevent another fall.

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

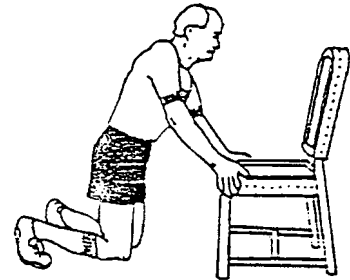
1. Stand in front of your chair, bend at the waist with knees bent slightly and grasp the edge of your chair, supporting yourself. (Make sure your chair is secure and won't slip, and is heavy enough to support you without tipping over.)



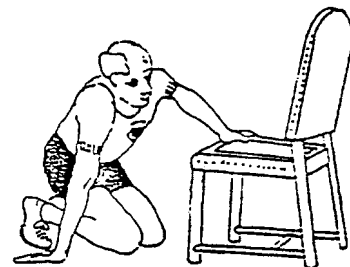
2. Use your arms and the chair to support your weight. Lower one knee slowly and gently to the floor. Do only one knee at a time.



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.

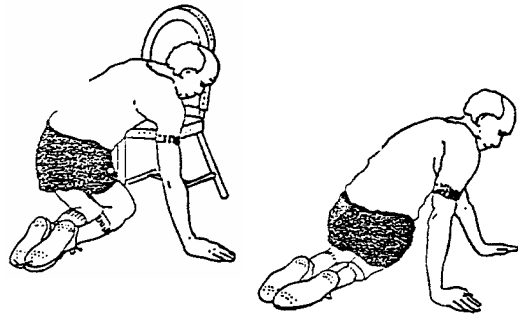


4. Hang onto the chair with one hand while you lift your other hand off the chair and place it onto the floor at your right side.

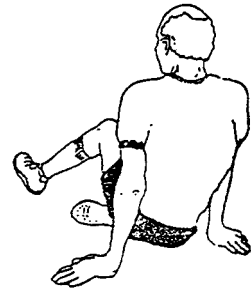




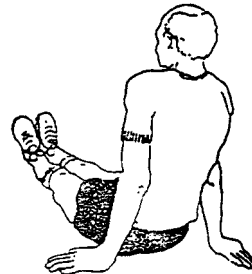
5. Support your weight with one arm. Bring your other hand over near your body so that both hands and arms support you. Lower your hips gently down to the floor near your hand.



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.

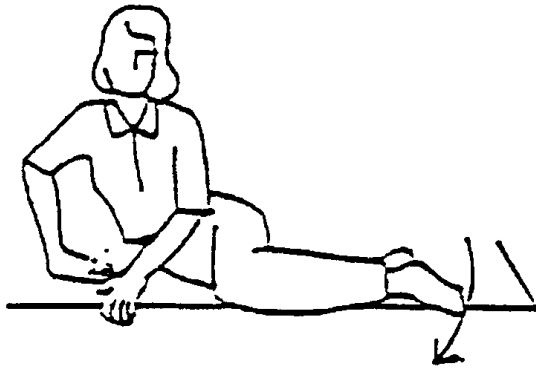
## Practice

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

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- 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.

# **Contact Information**

**Your logo here**

## **Contact Information**