

National Falls Prevention Awareness Week

Kick Off Call

APTA Geriatrics Balance and Falls SIG
June 29th, 2022
7pm CST



APTA Geriatrics
An Academy of the American
Physical Therapy Association

Introduction of the Geriatric BF SIG Executive Committee



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NATIONAL FALL PREVENTION AWARENESS WEEK

Welcome and Thank You
From Board of Directors

Our Experience Working Together with the Older Adults




APTA Geriatrics
An Academy of the American
Physical Therapy Association

Miguel Musngi



- SPT Student from Governor's State. Graduate 2023
- Illinois Physical Therapy Association SSIG President
- Licensed Physical Therapist Assistant
 - Skilled Nursing Facility
- 2 community based activities
 - Senior Athlete Fitness Exam
 - Springfield, IL
 - Fall Prevention Screening in Chicago



**“Tell Me and I Forget,
teach me and I may
remember, involve me
and I learn”**

Benjamin Franklin

Barriers

- Blackwood and Sweet identified 4 themes
 - Negative Perception
 - Personal/Clinical Experiences
 - Interpersonal Relationships
 - Additional Contextual Barriers

Blackwood J, Sweet C. The influence of ageism, experience, and relationships with older adults on physical therapy students' perception of geriatrics. *Gerontol Geriatr Educ*. 2017;38(2):219-231. doi:10.1080/02701960.2015.1079709



As a Student Physical Therapist

- Outreach Program
- Why older adults
- Meet the needs of the audience
- Preparation
- STEADI



STEADI Algorithm for Fall Risk Screening, Assessment, and Intervention among Community-Dwelling Adults 65 years and older

START HERE

1 SCREEN for fall risk yearly, or any time patient presents with an acute fall.

Available Fall Risk Screening Tools:

- **Stay Independent: a 12-question tool** [at risk if score ≥ 4]
 - Important: If score < 4 , ask if patient fell in the past year (If **YES** → patient is at risk)

- **Three key questions** for patients [at risk if **YES** to any question]
 - Feels unsteady when standing or walking?
 - Worries about falling?
 - Has fallen in past year?
 - » If **YES** ask, "How many times?" "Were you injured?"

SCREENED **NOT** AT RISK

PREVENT future risk by recommending effective prevention strategies.

- Educate patient on fall prevention
- Assess vitamin D intake
 - If deficient, recommend daily vitamin D supplement
- Refer to community exercise or fall prevention program
- Reassess yearly, or any time patient presents with an acute fall

SCREENED **AT** RISK

2 ASSESS patient's modifiable risk factors and fall history.

Common ways to assess fall risk factors are listed below:

Evaluate gait, strength, & balance

- Common assessments:
- Timed Up & Go
 - 4-Stage Balance Test
 - 30-Second Chair Stand

Identify medications that increase fall risk (e.g., Beers Criteria)

Ask about potential home hazards (e.g., throw rugs, slippery tub floor)

Measure orthostatic blood pressure (Lying and standing positions)

Check visual acuity

Common assessment tool:

- Snellen eye test

Assess feet/footwear

Assess vitamin D intake

Identify comorbidities

(e.g., depression, osteoporosis)

3 INTERVENE to reduce identified risk factors using effective strategies.

Reduce identified fall risk

- Discuss patient and provider health goals
 - Develop an individualized patient care plan (see below)
- Below are common interventions used to reduce fall risk:**

Poor gait, strength, & balance observed

- Refer for physical therapy
- Refer to evidence-based exercise or fall prevention program (e.g., Tai Chi)

Medication(s) likely to increase fall risk

- Optimize medications by stopping, switching, or reducing dosage of medications that increase fall risk

Home hazards likely

- Refer to occupational therapist to evaluate home safety

Orthostatic hypotension observed

- Stop, switch, or reduce the dose of medications that increase fall risk
- Educate about importance of exercises (e.g., foot pumps)
- Establish appropriate blood pressure goal
- Encourage adequate hydration
- Consider compression stockings

Visual impairment observed

- Refer to ophthalmologist/optometrist
- Stop, switch, or reduce the dose of medication affecting vision (e.g., anticholinergics)
- Consider benefits of cataract surgery
- Provide education on depth perception and single vs. multifocal lenses

Feet/footwear issues identified

- Provide education on shoe fit, traction, insoles, and heel height
- Refer to podiatrist

Vitamin D deficiency observed or likely

- Recommend daily vitamin D supplement

Comorbidities documented

- Optimize treatment of conditions identified
- Be mindful of medications that increase fall risk

FOLLOW UP with patient in 30-90 days.

Discuss ways to improve patient receptiveness to the care plan and address barrier(s)



Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

Check Your Risk for Falling

Circle "Yes" or "No" for each statement below			Why it matters
Yes (2)	No (0)	I have fallen in the past year.	People who have fallen once are likely to fall again.
Yes (2)	No (0)	I use or have been advised to use a cane or walker to get around safely.	People who have been advised to use a cane or walker may already be more likely to fall.
Yes (1)	No (0)	Sometimes I feel unsteady when I am walking.	Unsteadiness or needing support while walking are signs of poor balance.
Yes (1)	No (0)	I steady myself by holding onto furniture when walking at home.	This is also a sign of poor balance.
Yes (1)	No (0)	I am worried about falling.	People who are worried about falling are more likely to fall.
Yes (1)	No (0)	I need to push with my hands to stand up from a chair.	This is a sign of weak leg muscles, a major reason for falling.
Yes (1)	No (0)	I have some trouble stepping up onto a curb.	This is also a sign of weak leg muscles.
Yes (1)	No (0)	I often have to rush to the toilet.	Rushing to the bathroom, especially at night, increases your chance of falling.
Yes (1)	No (0)	I have lost some feeling in my feet.	Numbness in your feet can cause stumbles and lead to falls.
Yes (1)	No (0)	I take medicine that sometimes makes me feel light-headed or more tired than usual.	Side effects from medicines can sometimes increase your chance of falling.
Yes (1)	No (0)	I take medicine to help me sleep or improve my mood.	These medicines can sometimes increase your chance of falling.
Yes (1)	No (0)	I often feel sad or depressed.	Symptoms of depression, such as not feeling well or feeling slowed down, are linked to falls.
Total		Add up the number of points for each "yes" answer. If you scored 4 points or more, you may be at risk for falling.	

This checklist was developed by the Greater Los Angeles VA Geriatric Research Education Clinical Center and affiliates and is a validated fall risk self-assessment tool (Rubenstein et al. J Safety Res; 2011; 42(6)493-499). Adapted with permission of the authors.

STEADI Stopping Elderly Accidents,
Deaths & Injuries



On Forward

Interaction
Building Relationships
Opportunities

Thank You

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ANPT Balance & Falls SIG

The elected officers of the Balance and Falls SIG



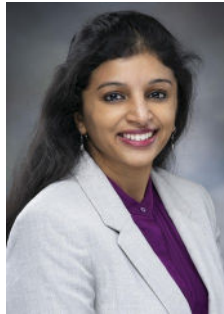
Debbie Espy, Chair



Laura Jacobs,
Nominating Committee



Nate Casey, Secretary



Anjali Sivaramakrishnan,
Nominating Committee

We thank our outgoing
members for their
service



Hina Garg, Vice-Chair



Gillian McLean, Nominating
Committee, Chair

We welcome our newly
elected members
beginning in July 2022:

Jennifer Nash,
Chair Elect

Michele Collins
Vice Chair

Marissa Lyon
Nominating Committee

BalanceFallsSIG@gmail.com

ANPT Balance & Falls SIG: We can spread the word about your work!

How do you spread awareness on fall prevention & reduce falls?

Publicize Your Balance and Falls Activities!

Ask questions

Make suggestions

Would you like to advertise your research projects or connect to other balance related research projects?

List of balance focused research

Contact any of us at the email listed, or at:
BalanceFallsSIG@gmail.com

ANNUAL PREVENT FALLS CHALLENGE

National Fall Prevention & Awareness Day Video contest yearly – open to student groups. Prizes used to support student group activities.

The winning Fall Prevention video in 2021 was submitted by Old Dominion University

2022 contest to be opened this summer



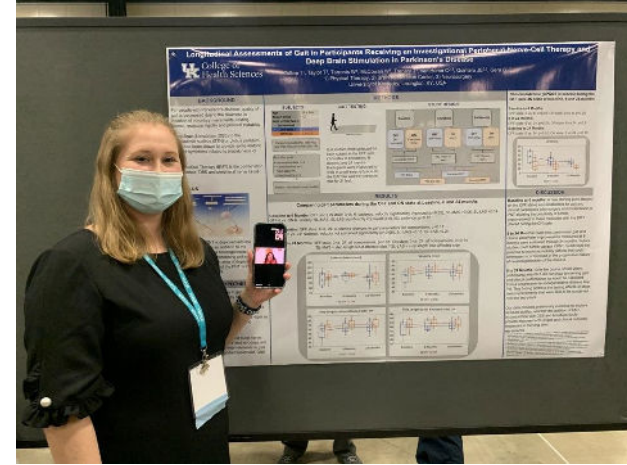
ANPT Balance & Falls SIG

Poster and Platform Contest at CSM Annually

Best Poster Award – Basic or Applied Research

Best Poster Award – Clinical Research

Best Platform Award



CSM 2022 Winners:

Platform: Predicting Fall Risk in Persons with Multiple Sclerosis Utilizing the Msws-12. Caterina Marie Abate, Elizabeth S. Gromisch, Marc A. Campo, Jennifer A. Ruiz, Heather M. DelMastro

Poster; Clinical: Establishing a Timed 25-Foot Walk Cut-Off Score to Identify Non-Fallers Among Persons with Multiple Sclerosis. Gianna Bracco, Nadia Filipic, Nicole Pia, Annalisa Termini, Laura B. Simaitis, Jennifer A. Ruiz, Heather M. DelMastro

Poster; Research: Longitudinal Effects of Peripheral Nerve Cell Therapy during Deep Brain Stimulation in Parkinson's Disease Authors: Warner Tarrant, Trevor Nicholas Taylor, Whitney McCowan, Tucker Trenary, Taylor N. Tuftee, Geetanjali Gera

ANPT Balance & Falls SIG

Podcasts– New things about balance and falls...

Balance & Falls SIG: Dr. Darcy Reisman Interview – Episode 9

Discussion of the January 2022 JNPT article interview: “Fluid Cognition Relates to Locomotor Switching in Neurotypical Adults, Not Individuals After Stroke.” In this episode from the Academy of Neurologic Physical Therapy Balance and Falls Special Interest Group, Dr. Julie Schwertfeger interviews Dr. Darcy Reisman, Department Chair, Professor, and Academic Director, Neurologic & Older Adult Clinic at the University of Delaware. We discuss the research study, key concepts and measures used, and implications of the results for clinical practice.

Balance & Falls SIG: Dr. Debbie Espy Interview – Episode 8

In this episode from the Academy of Neurologic Physical Therapy Balance and Falls Special Interest Group, Dr. Julie Schwertfeger interviews Dr. Debbie Espy, Associate Professor in the School of Health Sciences & Center for Human Machine Systems at Cleveland State University, and Chair of the Balance and Fall SIG. We discuss her PT background, early influences and mentors, and clinical application of her novel research and validation of her clinical measure, the Rate of Perceived Stability.

Balance & Falls SIG: Dr. Cindy Gibson-Horn Interview- Episode 7

In this episode from the Academy of Neurologic Physical Therapy Balance and Falls Special Interest Group, Dr. Julie Schwertfeger interviews Dr. Cindy Gibson-Horn, the developer of BalanceWear and owner of [Motion Therapeutics](#) Physical Therapy. We discuss her PT background, her clinical ‘aha’ moment about strategic torso weighting to improve balance, and a series of research studies that use the BalanceWear system and assessment methods she developed.

Balance & Falls SIG: Awards

New SIG awards have been created – these are open to SIG members and nominations are entered through the SIG leadership to the ANPT. Nominations for 2023 awards open until August 1, 2022

SIG Service Award

To acknowledge a member of a particular SIG who goes above and beyond through volunteer contributions to the SIG and its efforts. This award was first given out in 2021 and was won by Dr. Julie Schwertfeger.

SIG Research Award

This NEW award is to recognize a member of each SIG who has demonstrated exemplary contributions to the body of research representative of the population the SIG serves.

BalanceFallsSIG@gmail.com

Balance & Falls SIG: **We welcome your involvement!**

Ways to get involved

Social media contact, management

Article reviews

Liaison with other organizations

Podcasts

Run for office

How to reach out or to get involved:

Email BalanceFallsSIG@gmail.com include your name and contact info

ANPT Resources for Balance and Falls Prevention

Clinical Practice Guidelines (CPG's) :

neuropt.org/practice-resources/anpt-clinical-practice-guidelines

Published for: core outcome measures for adults with neurologic conditions, vestibular hypofunction, concussion, locomotion, AFO's and FES, Parkinson's Disease. In development for: Balance Rehabilitation and Falls Prevention in Neurological Populations.

CPG: Core Set of Outcome Measures for Adults with Neurologic Conditions

[Full Clinical Practice Guideline Publication](#)

[Quick Reference for Rehabilitation Professionals](#)

Recommended Standardized Administration of the Core Measures:

- [Berg Balance Scale](#)
- [Functional Gait Assessment](#)
- [Activities-Specific Balance Confidence Scale](#)
- [10 Meter Walk Test](#)
- [6 Minute Walk Test](#)
- [5 Times Sit to Stand](#)
- [Quick Guide for Administration of all Measures](#)
- [Environmental Set Up for Core Measures Administration: Tips for Success](#)

[Knowledge Translation Report Card](#)

and

[Simplified Version of Knowledge Translation Report Card](#)

for Patient Education and Shared Decision Making

Pocket Cards for Interpretation of Core Measure Scores:

- [Berg Balance Scale](#)
- [Function Gait Assessment Pocket Guide](#)
- [Activities-Specific Balance Confidence Scale](#)
- [10 Meter Walk Test](#)

ANPT Resources for Balance and Falls Prevention

Evidence Database to Guide Effectiveness (EDGE)

Use and evidence for outcome measures

neuropt.org/practice-resources/neurology-section-outcome-measures-recommendations

- [StrokEDGE recommendations](#)
- [Multiple Sclerosis EDGE recommendations](#)
- [Traumatic Brain Injury EDGE recommendations](#)
- [Spinal Cord Injury EDGE Recommendations](#)
- [Parkinson Disease](#)
- [Vestibular Disorders](#)

ANPT Resources for Balance and Falls Prevention

Health Promotion and Wellness Resources

neuropt.org/practice-resources/health-promotion-and-wellness

The Academy of Neurological Physical Therapy is committed to helping the profession of physical therapy promote health and wellness for individuals living with a neurological condition or injury. In efforts to reduce or eliminate secondary complications in individuals with neurological conditions, the Health Promotion & Wellness Practice Committee is devoted to development and dissemination of health and wellness resources to support the needs of the people we serve.

- [Clinician Resources & Tools](#)
- [Client/Patient Resources & Tools](#)
- [Translation to Practice Settings](#)
- [Foundational Learning & Key Articles](#)
- See more from your favorite ANPT SIG ([Brain Injury](#), [Degenerative Diseases](#), [SCI](#), [Stroke](#), [Vestibular Rehabilitation](#), [Balance & Falls](#), [Assistive Technology/Seating & Wheelchair Mobility](#))
- [PT delivery models-HPW Clinical Decision Tree](#)
- [Motivational Interviewing \(MI\)](#) and [Health Coaching Resources](#)

ANPT Balance & Falls SIG

Beyond outcome measures and fall risk identification:

ID of fall risk crucial – but what then?

Intensity (cardiovascular) matters

- neuropt.org/practice-resources/best-practice-initiatives-and-resources/intensity_matters

Health Promotion and Wellness Resources - exercise/fitness guidelines

- neuropt.org/practice-resources/health-promotion-and-wellness

Fall Risk in the Oncology Population

Wednesday, June 29th at 7pm CST



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*Fall risk is often overlooked in cancer patients due to more pressing medical concerns.

Cancer survivors have a higher prevalence of falls

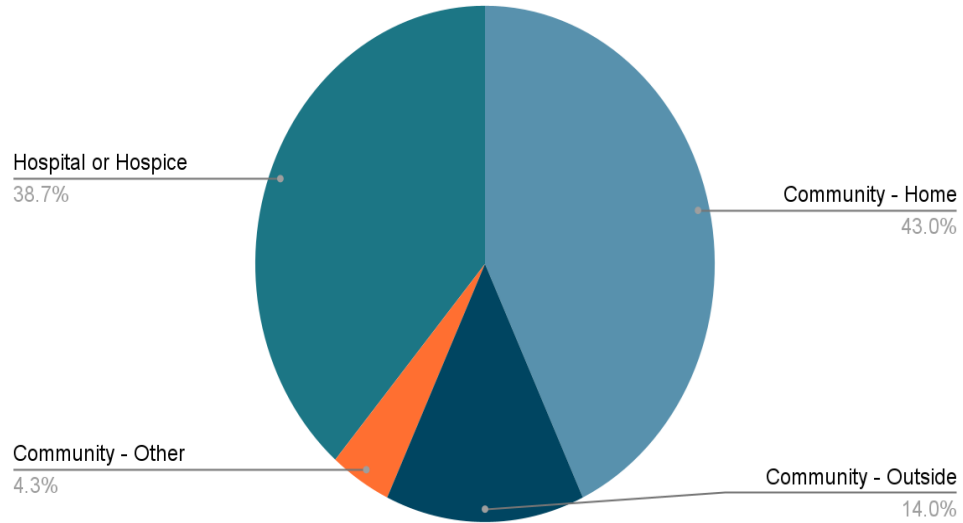
- In older patients with cancer, where preexisting comorbidities complicate clinical presentation, significantly higher post diagnosis prevalence of balance and walking problems were found in individuals with non-Hodgkin's lymphoma, breast, prostate and lung cancer.¹
- Characteristics of the cancer treatment and disease process influence the overall fall risk profile.¹
 - Central nervous system tumors, brain tumors, and vestibular schwannomas, which often lead to conspicuous balance deficits, are likely to require adequate balance intervention

Why are falls more concerning in those with cancer or a history of cancer?

- **Low platelet counts:** a patient could experience profuse bleeding if an injurious fall is experienced.
- **Long bone and vertebral fractures:** secondary but not limited to the following processes: metastatic tumors, primary bony tumors, osteopenia/osteoporosis, and sarcopenia
- **Fall-related injuries in those with cancer can delay delivery of cancer treatments.** Delay in cancer treatment may unfavorably alter care, ultimately worsening the course of the disease or prognosis.

Falls in Adults with Advanced Cancer

Stone et al in 2012 reported a 52% fall rate for those with advanced cancer



Chemotherapy Induced Peripheral Neuropathy (CIPN)

- Chemotherapy-induced peripheral neuropathy (CIPN) is the **second most common acute side effect of cancer intervention**, and it has been associated with gait and mobility deficits.^{3,4}
- Severe CIPN has been associated with a **41% higher rate of falls** when compared to those without neuropathy.⁵
- **CIPN can also present as a delayed side effect**, with symptoms occurring remote to the administration of chemotherapy and can persist without resolution.
- *chemotherapy-induced cognitive impairment, which can affect balance, **has been reported in up to 75% of cancer survivors**.⁶

Chemotherapy Induced Peripheral Neuropathy (CIPN) continued

Pattern of presentation, timing of symptom onset and progression of symptoms are helpful when differentiating CIPN from other impairments.

It is important to perform a thorough history and/or chart review to identify if the patient has had any of the above listed **drugs** as part of their treatment regimen. If so, then further screening for CIPN is warranted.

The most common subjective complaint is **numbness or tingling of the fingers or toes**^{1,17}.

If weakness is a component, it will be **symmetrical distal weakness**.

More **proximal weakness** may be indicative of **steroid related myopathy** and **unilateral weakness** indicative of **central or other peripheral nerve impairment** (i.e. brain/spinal cord metastases or nerve plexus compression by tumor).

EXAMPLE OF CHEMOTHERAPEUTIC DRUGS THAT CAN CAUSE CIPN

- **PLATINUM DRUGS: CISPLATIN, CARBOPLATIN, AND OXALIPLATIN**
- **TAXANES: PACLITAXEL, DOCETAXEL, AND CABAZITAXEL**
- **PLANT ALKALOIDS, SUCH AS VINBLASTINE, VINCRISTINE, VINORELBINE, AND ETOPOSIDE**

@SteelCityOncoPT



APTA Oncology
Balance and Falls
Special Interest Group

Screening of Falls Risk and Balance Impairment for Cancer Survivors			
Body-structure or Domain		Reference	Miscellaneous psychometrics
Balance-oriented			
	Timed Up and Go	Isles 2004 ²⁴ Blackwood 2021 ²⁵ Wampler 2007 ²⁶	Noncancer population 50-59 y.o. 6.44 sec 60-69 y.o. 7.24 sec 70-77 y.o. 8.54 sec Older cancer survivors Cutoff scores TUG = 9.37 sec, Sens=0.71, Spec=0.80
Cognition			
	Mini-Cog	Borson 2003 ²⁷	"possibly impaired" or "probably normal" Serves to screen for dementia
	15-item Geriatric Depression Scale	Shiekh and Yesavage 1986 ²⁸	0-4 normal 5-8 mild 9-11 moderate 12-15 severe
	Timed Up and Go Timed Up and Go manual	Blackwood 2021 ²⁵	Older cancer survivor Cutoff scores TUG-Cognitive=11.32 sec Sens = 0.64, Spec = 0.80 TUG-Manual = 9.84 sec, Sens = 0.71, Spec = 0.65
Fatigue			
	10 point numeric rating scale	National Comprehensive Cancer Network 2017 ²⁹	≥4 identifies significant fatigue
Fear of Falling			
	Activities Specific Balance Confidence	Huang 2016 ³⁰ Lajoie and Gallagher 2004 ³¹	<66% increased risk of falls



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Sensation			
	Monofilament protective sensation	Feng 2009 ³²	Fail to detect >1 site of 3
	128 Hz tuning fork	Richardson 2002 ³³	<12 sec at medial malleolus <8 sec at great toe nailbed
Strength			
	5 x Sit to Stand	Winters-Stone 2017 ⁹	Construct Validity: Women with CIPN symptoms (12.8 ± 3.7 sec) vs without CIPN symptoms (11.6 ± 2.7 sec) (P < .001)
	Unilateral stance	Springer 2007 ³⁴ Hurvitz 2000 ³⁵	Normative data available <30 sec predicts falls in those 50 y.o. and older
Vision			
	Low Contrast Visual Acuity	Lord 2001 ³⁶	Snellen less than 20/50, or MAR less than 2.3
Vital Signs			
	Orthostatic hypotension	Medow 2008 ³⁷	Drop ≥20 mmHg systolic or ≥10 mmHg diastolic
Walking Speed			
	Gait speed	Huang 2019 ³⁸	Various studies reported relative to multiple cancer diagnoses
CIPN			
	Functional Assessment Cancer Treatment & Gynecologic Oncology Group Neurotoxicity	Huang 2007 ³⁹	11 item version
Functional Limitations			
	Vulnerable Elderly Survey (VES-13)	Silba 2001 ⁴⁰	
Increased Fall Risk	5 x Sit to Stand	Bohannon 2006 ⁴¹ Whitney 2005 ⁴²	Greater than 14 seconds



APTA Oncology
Balance and Falls
Special Interest Group

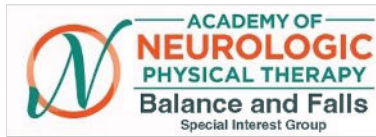


APTA Geriatrics

GLOBAL PT

Day-of-Service

APTA Balance and Falls
TRI-ALLIANCE



Community Fall
Screenings
October 8, 2022

STEADI
Stopping Elderly
Accidents, Deaths & Injuries

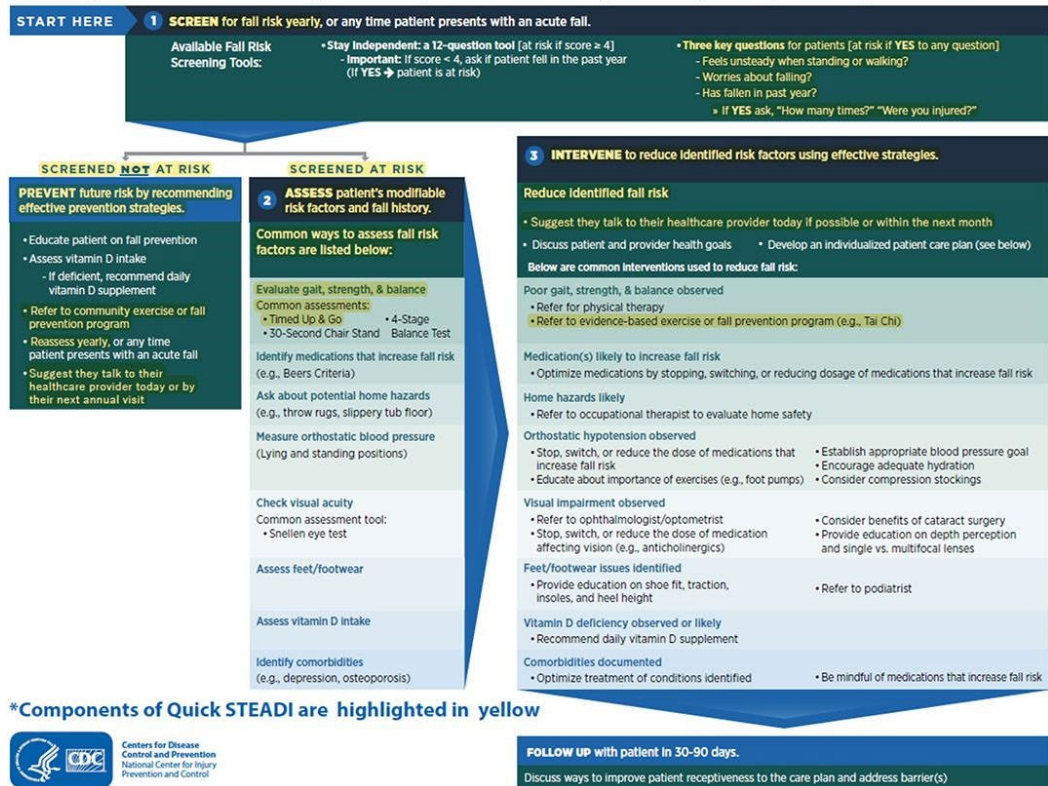


GLOBAL PT DAY OF SERVICE: ptdayofservice.com

2022 PT DAY OF SERVICE: COMMUNITY FALL SCREENINGS

cont

STADI Algorithm for Fall Risk Screening, Assessment, and Intervention among Community-Dwelling Adults 65 years and older*



Centers for Disease
Control and Prevention
National Center for Injury
Prevention and Control



APTA Oncology
Balance and Falls
Special Interest Group



APTA Geriatrics

Helpful Oncology Fall Resources

- **APTA ONCOLOGY Consumer Fact Sheets**
 - <https://oncologypt.org/oncology-for/>
- **CDC STEADI PROGRAM**
 - <https://www.cdc.gov/steady/>
- **National Institute on Aging, National Institute of Health**
 - <https://www.nia.nih.gov/health/prevent-falls-and-fractures>

Questions/comments

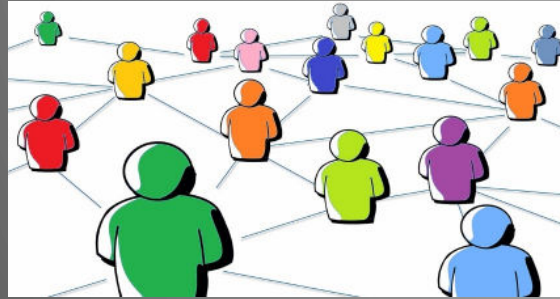


Want to get involved?

Email: apta.onc.bfsig.membership@gmail.com



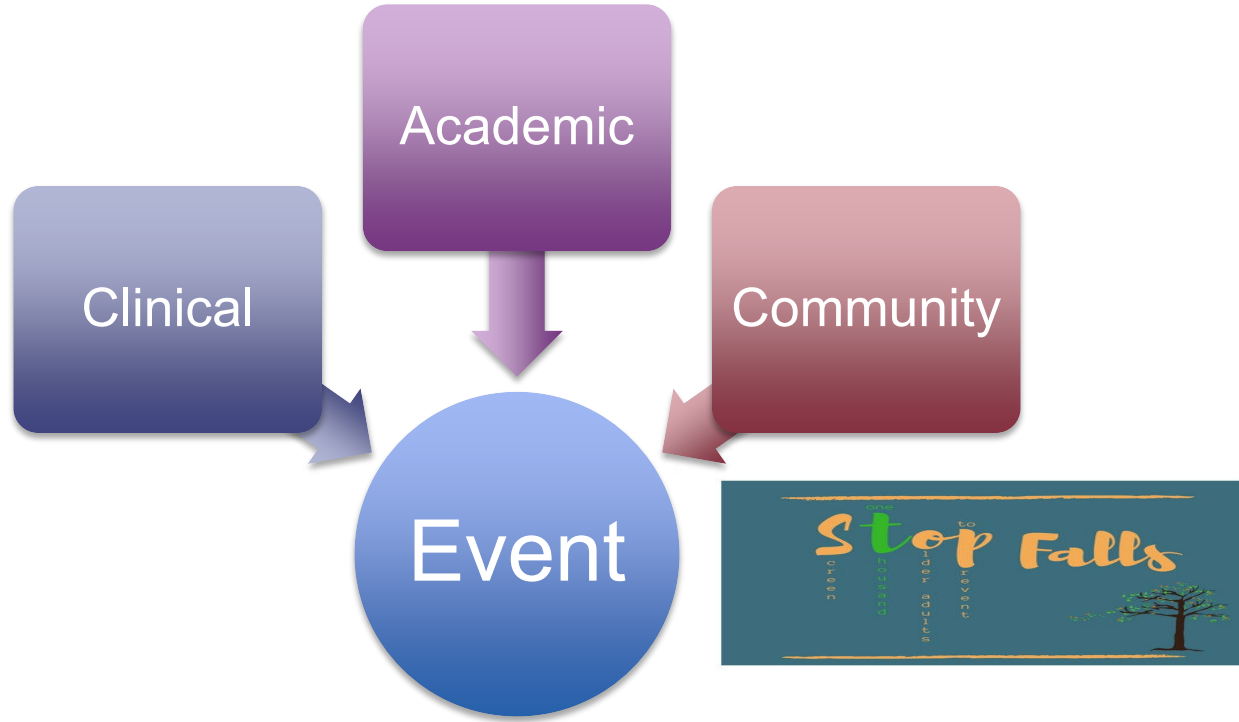
Clinical-Academic-Community Partnerships for Fall Prevention



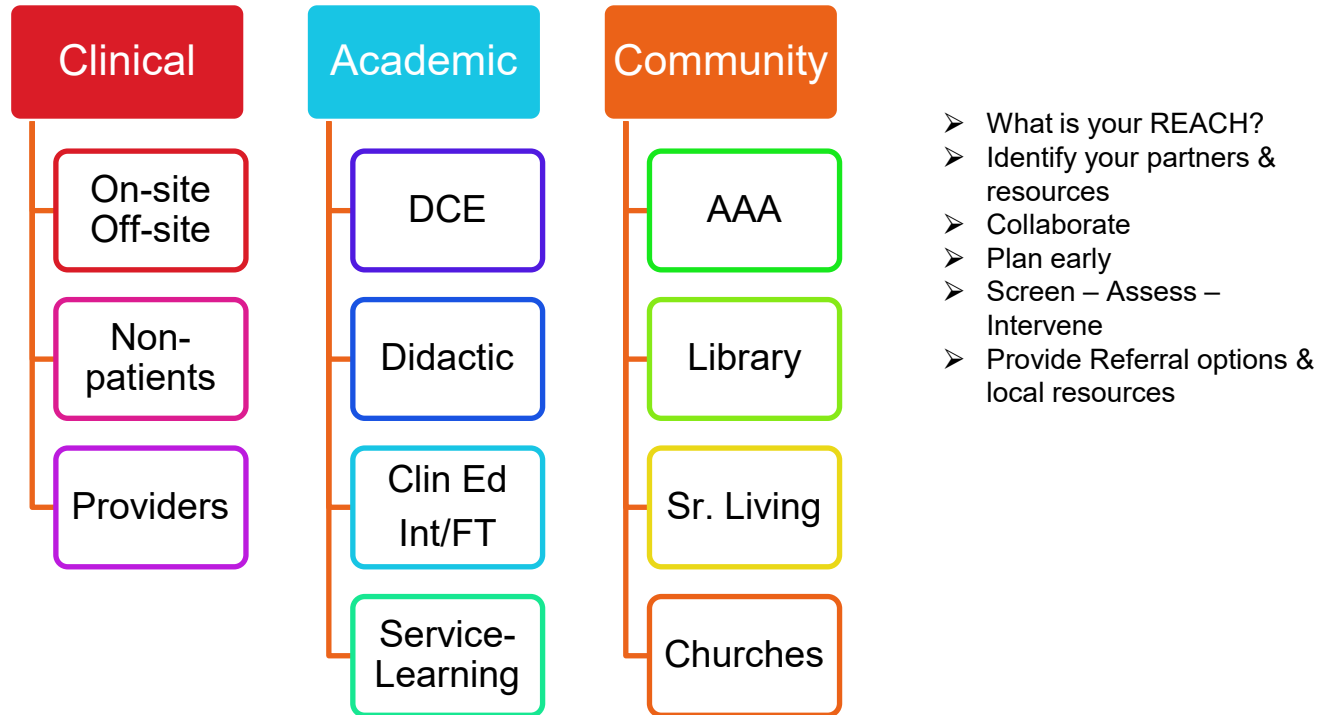
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A Few Considerations...



A Few Considerations...



You Can Do It!



10 YEARS STANDING TOGETHER TO PREVENT FALLS

FALLS PREVENTION AWARENESS DAY

Friday, September 14 • 10am - 3pm
Shepherd Center 7th Floor Auditorium
Lunch Provided

			
DEMONSTRATIONS A Matter of Balance Tai Chi Ageless Grace Music Therapy	HEALTH CHECKS Blood pressure Blood sugar Medication review <small>(bring your list of medications)</small>	SCREENINGS Vision Hearing Bone density*	PREVENTION Flu shots Falls risk assessments and more! <small>*Over medical supplies for the shoe when you RSVP</small>

Please RSVP to Elizabeth.Head@dph.ga.gov or 404-657-2894
Register at eventbrite.com • Search for falls prevention

*Screening/screeners are subject to change and availability.





Falls Prevention Expo

This year's Falls Prevention Expo is being held jointly with the Getting Older & Better Workshop which is sponsored by The Medical Center Auxiliary.

This event is brought to you by the following:

Event Details:
Friday, September 21, 2018
Gainesville Civic Center
830 Green St NE, Gainesville, GA 30501
Morning Session at 9:30 am (doors open 8:45am)
Light Breakfast provided and concludes with Lunch. **Session FULL.**
Afternoon Session at 2:00 pm (doors open at 1:30pm)
Light snacks provided.

CHANGE IN VENUE
see details below

Program is free.
Space is limited.
Must register to attend.

REGISTER ONLINE
www.rnfa.com/gob
OR CALL
(800) 347-1416

State Advocate Perspective



How to Hold a Successful Falls Event in the Geriatric Community



- Build rapport
- Know the community you work in
- Meet the needs of the seniors at the center you are presenting at
- Falls Prevention vs. Falls Screens
- Encouragement



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Other Ideas for Events

- Balance and Falls Promotion Flyers
- Educating staff at community organizations regarding BF
- Presentations
- Poster boards at your clinical settings
- Creating handouts for patients each week/month
- Interprofessional education

Don't know where to get started?

Check out the APTA Geriatrics National Falls Prevention Awareness Day Toolkit!

- How-to guide for setting up an event
- Day-of Instructions
- Recruiting letters
- Consent form examples

OPEN ACCESS at <https://aptageriatrics.org/sig/balance-falls-special-interest-group-bakup/falls-prevention-awareness-toolkit/>

Looking for More?

Thank You!

- Become an APTA Geriatrics BF SIG Member
 - Monthly Challenge
 - Ask the Research Liaison
 - Regular GeriNotes Presence
 - Programming at CSM
 - Quarterly News Updates on Website
 - Tri-Alliance work with ANPT and APTA Oncology
 - Volunteer Opportunities
- September 20th Journal Club
- Open Clinical Liaison Positions
 - Apply on APTA Engage