Mobility-Restorative Therapy & Its Positive Effects on Future Fall Prevention

DR. RACHELLE RIDGE PT, DPT, SCS, ATC

THERAPY IN MOTION- EDMOND

Objectives

- Discuss prevalence of falls in aging adults.
- Define mobility-restorative therapy in respect to falls prevention.
- Understand benefits of exercise and impact on aging adults.
- Review basic exercises for strength, flexibility, balance, and reaction time.

Purpose

- Unintentional injuries are the 7th leading cause of death among older adults. Falls are the number one cause of those unintentional injury deaths.
- Goals:
 - Implement falls prevention program
 - emphasis on mobility and exercise based therapies
 - limit subsequent injury
 - prolong healthy, active life



Consequences of Falls Among Older Adults

- More than 95% of hip fractures are due to falls
- Falls are the leading cause of traumatic brain injuries
- Falls and fall injuries increase the risk of nursing home placement

Cost of Falls

• Average hospitalization cost due to a fall injury is \$30,000

• Fall-related injuries are a leading cause of hospital readmission

• Average cost per fall injury:

Emergency Department visits = \$4,829

• Office-based and outpatient visits = \$5,813



Common Fall Risk Factors

Modifiable Risk Factors	Non-modifiable Risk Factors
 Gait, strength, and balance deficits Medications that increase fall risk Home hazards Orthostatic hypotension Vision problems Foot issues/inappropriate footwear Vitamin D deficiency Comorbidities 	 Age Sex Race/ethnicity History of falls

Defining Mobility

- Ability/capacity to move purposefully
- Foundation for living a healthy and independent life
- Comprises all the skills required for everyday living:
 - Physical Stamina
 - Strength
 - Balance
 - Coordination
 - Range of Motion

Importance of maintaining mobility in adults

- Approximately 30% of people over 65 years of age living in the community fall each year.
- - Impact of mobility on fall risk
 - Exercise reduces the rate of falls by 23%
 - Multiple types of exercise (commonly balance and functional exercises plus resistance exercises) found to reduce the rate of falls by 34%

Overview of Mobility-Restorative Therapy

- Restorative therapy
 - helps maintain physical abilities to perform activities of daily living (ADLs) that promote independent living
- Physical Therapy
 - therapy used to preserve, enhance, or restore movement and physical function impaired or threatened by disease, injury, or disability
 - utilizes therapeutic exercise, physical modalities (such as massage and electrotherapy), assistive devices, and patient education and training

Team Approach with Mobility-Restorative Therapy

- Physical Therapy
- Occupational Therapy
- Restorative nursing
- Activities Director



Components of Mobility-Restorative Therapy

- Physical exercises targeting strength, balance, and flexibility
- Functional training to improve activities of daily living
- Environmental modifications to enhance safety and accessibility



Implementation Strategies

- Collaboration between healthcare professionals
- Individualized treatment plans based on patient needs and goals
- Incorporation of evidence-based interventions and best practices

Patient Instruction and Empowerment

- Importance of patient training in fall prevention
 - Exercise
 - Environment
 - Education
- Encouragement of active participation and self-management

Modifiable Risk Factors

- Most readily modifiable risk factors for fall reduction:
 - Muscle strength
 - Flexibility
 - Balance
 - Reaction time



Muscle Strength

- Focus on whole body functional movements
- Increased emphasis on major lower body exercises
- Exercise prescription
 - Ideally 3x/wk
 - Perform 3 sets of 10 repetitions (total of 30) throughout the day
 - May progress resistance as tolerated

Balance Exercises

- Exercise prescription
 - Ideally 3x/wk
 - Perform 3 sets of 10 repetitions (total of 30) throughout the day
 - May progress resistance as tolerated

Flexibility

- Exercise prescription
 - Ideally 3x/wk
 - Perform 3 sets of 30 second holds throughout the day
 - May progress resistance as tolerated

Reaction Time

- Can be performed with a partner or solo in a safe environment
- Should be tailored to individual abilities and fitness level
- ~10-20 minutes per session 2-3x/wk

Environmental Considerations

- Clutter can make seeing hazards more difficult.
 - Keep floors and paths clear
- Assess furniture and trip hazards including rugs that may role or catch
- Check that there is enough color contrast between furniture and walls/curtains.
 - For example, a white coffee table on a white carpet is easy to trip over.
- Adequate lighting, including use of night lights

Compliance

- Utilization of checklists
- Enlist an accountability partner
- Participate in Group Class



Movement is Medicine

- Every second an aging adult falls
- Exercise alone can reduce the rate of falls by 23%, combined with balance and reactive training, can further reduce risk to 34%
- Focus on modifiable risk factors
- A team based approach is important to encourage and facilitate healthy living and prevent falls

References

- Sherrington C, et al. Exercise for preventing falls in older people living in the community. Cochrane Database of Systematic Reviews. 2019.
- Gillespie LD, et al. Interventions for preventing falls in older people living in the community. Cochrane Database of Systematic Reviews. 2012.
- Stevens JA, et al. The costs of fatal and non-fatal falls among older adults. Injury Prevention. 2006.
- Tinetti ME, et al. Preventing falls in elderly persons. New England Journal of Medicine. 2003.
- National Institute on Aging. Falls and Older Adults. Available at: <u>https://www.nia.nih.gov/health/falls-and-falls-prevention/falls-and-fractures-older-adults-causes-and-prevention.</u>. Accessed 2024
- Center for Disease Control and Prevention STEADI program. Available at: <u>https://www.cdc.gov/steadi/about.html</u>. Accessed 2024
- CDC. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. [cited 2021 January 19]. Available from URL: <u>www.cdc.gov/injury/wisqars</u>. Atlanta, GA: National Center for Injury Prevention and Control.
- CDC. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. [cited 2021 January 19]. Available from URL: <u>www.cdc.gov/injury/wisqars</u>. Atlanta, GA: National Center for Injury Prevention and Control.
- Moreland B, Kakara R, Henry A. Trends in Nonfatal Falls and Fall-Related Injuries Among Adults Aged ≥65 years—United States, 2012-2018. MMWR Morb Mortal Wkly Rep 2020;69(27):875-881. DOI: <u>10.15585/mmwr.mm6927a5</u>

References cont.

- Stevens JA, Noonan RK, Rubenstein LZ. Older Adult Fall Prevention: Perceptions, Beliefs and Behaviors. Am J Lifestyle Med 2010;1:16-20. DOI: <u>10.1177/1559827609348350</u>
- Parkkari J, Kannus P, Palvanen M, Natri A, Vainio J, Aho H, et al. 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(3):183-7. DOI: <u>10.1007/s002239900679</u>
- Taylor CA, Bell JM, Breiding MJ, Xu L. Traumatic Brain Injury–Related Emergency Department Visits, Hospitalizations, and Deaths—United States, 2007 and 2013. MMWR Surveill Summ 2017;66(No. SS-9):1–16. DOI: <u>10.15585/mmwr.ss6609a1</u>
- Gill TM, Murphy TE, Gahbauer EA, Allore HG. Association of Injurious Falls With Disability Outcomes and Nursing Home Admissions in Community-Living Older Persons. Am J Epidemiol 2013;178(3):418–25. DOI: <u>10.1093/aje/kws554</u>
- CDC. Wide-ranging OnLine Data for Epidemiologic Research (WONDER) [online]. [cited 2021 January 19]. Available from URL: https://wonder.cdc.gov. Atlanta, GA: Centers for Disease Control and Prevention.
- Stepping On fall prevention program. Available at <u>https://www.steppingon.com/</u>. Accessed 2024

References cont.

- <u>Otago-Exercise-Programme-Manual_English.pdf (livestronger.org.nz)</u>
- <u>Br J Pharmacol.</u> 2012 Sep; 167(1): 1–12. doi: <u>10.1111/j.1476-5381.2012.01970.x</u>
- Margaret Martin. BALANCE AND FALL PREVENTION: Improve Reaction Time in Seniors. Available at <u>https://melioguide.com/balance-exercises-for-seniors/improve-reaction-time-seniors/</u> Last updated on September 29, 2023. Accessed 2024
- Campbell AJ and Robertson MC. Otago Exercise Programme to prevent falls in older adults A home-based, individually tailored strength and balance retraining programme. Wellington: ACC Thinksafe. Mar 2003
- Hardwick et al. Age-related increases in reaction time result from slower preparation, not delayed initiation. Journal of Neurophysiology 26 AUG 2022. <u>https://doi.org/10.1152/jn.00072.2022</u>

Contact Info

Rachelle Ridge PT, DPT, SCS, ATC Clinical Director- Edmond #823 1271 W Danforth Edmond, OK 73003 P: 405-396-8000 | F: 405-726-8181 Email: rridge@therapyinmotion.net www.TherapyInMotion.net