

CNAHS Falls Prevention Newsletter

A key aim of the CNAHS Falls Network is to bring together health professionals with an interest in falls prevention.

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Recent Network Education Sessions –



Wii Fit

30 network members attended the Wii Fit workshops held between April 21 – 24. The workshops were hosted at the Day Rehabilitation Centre and facilitated by Yi Fabris, Lauren Woodford and Marlena Esposito. Small groups joined each afternoon to trial a range of games suited for balance remediation with older adults. Discussions focused on how to begin an older client on the wii fit and ways to modify and progress exercises.

Home Safety Assessments

On 4th May, 35 network members attended the Home Safety Assessment Session hosted at the Enfield Community Health Centre and presented by Diana Pignata and Lauren Woodford (Occupational Therapists from the Falls Team) and guest speaker Angela Basso from Domiciliary Care. It proved to be a thought provoking afternoon generated around the evidence for home safety assessments in older adults with falls risk, components to be assessed in relation to falls and feedback on the results of an audit investigating current home safety practices in the CNAHS region.



If you would like copies of handouts from the Wii Fit session or the Power Point for the Home Safety Assessment presentation please contact lauren.woodford@health.sa.gov.au.

Vision and Falls

Vision is a complex sensory function which plays a vital role in postural stability (Black et al 2008). Poor vision increases the risk of falling in older people and although many falls assessments include a basic visual acuity screen, latest research shows that testing other visual components such as contrast sensitivity may be more useful.

Common visual problems in the elderly include:

Cataracts: clouding of the eye’s lens, can cause problems with contrast sensitivity.

Glaucoma: disease destroying the optic nerve, leading to loss of peripheral vision.

Macular degeneration: usually affects older adults and results in central field vision loss.



Impaired vision can reduce independence, activities of daily living and participation in activities, all of which can result in decreased strength and balance. Decreased confidence can also lead to spending less time outdoors leading to Vitamin D deficiencies (Campbell et al, 2005).

Many falls assessments include a basic vision screen but as vision is a complex sensory function, it is important to consider how different visual components can affect balance.

Common measures of vision in relation to falls include:

	<p>Visual acuity</p> <ul style="list-style-type: none"> ○ Often measured with the Snellen chart. ○ It is a measurement of the clarity in the fine detail of vision i.e. the ability to distinguish details and shapes of objects. ○ It has also been referred to as ‘central vision’.
	<p>Contrast sensitivity</p> <ul style="list-style-type: none"> ○ Can be measured with Melbourne Edge test. ○ It measures the ability to detect sharp boundaries and changes in luminance at areas without distinct contours.
	<p>Peripheral vision</p> <ul style="list-style-type: none"> ○ Can be measured by simple movement screen ○ It measures the ability to recognise objects or movement outside the central line of sight.

Most research investigating visual acuity in relation to falls conclude that poor acuity relates to an increased falls risk, however recent studies have had mixed results (Desapriya et al 2010). Lord et al 2006 investigated multiple visual measures and found that reduced contrast sensitivity and depth perception were significant visual risk factors for falls.

What the research tells us:

- Postural sway increases by 20–70% when we stand with our eyes closed. (Lord et al 1991).
- 70% of elderly people with a visual impairment can have their vision improved with intervention and correction of refractive errors. (Harwood 2001)
- Expedited cataract surgery increased visual acuity by more than 7 times, the same meta-analysis noted that drivers undergoing cataract surgery had half the amount of car accidents compared to those who did not have the surgery. (Desapriya 2010)
- Many older people wear glasses with outdated prescriptions or no glasses when they would benefit for an eye test and provision of glasses with correct prescriptions.
- Multifocal/ graded lenses can also play a role in increasing falls as they may impair distance contrast sensitivity and depth perception in the lower visual field. This decreases our ability to judge depth perception in the areas which are likely to have trip hazards e.g. kerbs, steps. (Lord 2006)

Your role

- ✓ Raise awareness in older people and their carers of the importance of regular eye examinations and use of appropriate prescription glasses.
- ✓ Encourage your clients to consider wearing single-lens glasses when walking, especially when walking up- or downstairs and in unfamiliar settings.

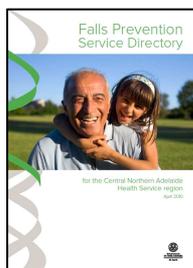
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1. Black, Alex and Wood, Joanne M. and Lovie-Kitchin, Jan E. and Newman, Beth M. *Visual Impairment and Postural Sway among Older Adults with Glaucoma*. Optometry and Vision Science. 2008; 85(6). pp. 489-497
2. Desapriya E, Subzwari S, Scime-Beltrano G, Samayawardhena LA & Pike I. *Vision improvement and reduction in falls after expedited cataract surgery Systematic review and meta analysis*. J.Cataract Refract Surg 2010; 36(1): 13-19.
3. Harwood R *Visual problems and falls*. Age and Ageing .2001; 30 S4 13- 18
4. Lord SR, Clark RD, Webster IW. *Postural stability and associated physiological factors in a population of aged persons*. Journal of Gerontology 1991; 46: M69–76.
5. Lord SR, Dayhew J. *Visual risk factors for falls in older people*. J. American Geriatric Society 2001;49:508-15.
6. Pictures: <http://www.oaklandeyeclinic.com/complete-eye-exams.php>

SA Falls Prevention Service Directories

The SA Falls Prevention Directories have been launched and sent out to our networks as well as agencies that may benefit from this. Many have requested an education session to discuss discharge planning and available services featured in the directory. These sessions are being arranged throughout June – August 2010. If you have any queries relating to the CNAHS area, please contact marlena.esposito2@health.sa.gov.au.

The Directories are due for update in October/November 2010. If there are any comments or changes required, please let us know by the end of September.



The CNAHS Falls Prevention Service Directory (North, East, West Metro Adelaide)

If you have not received a copy or have further queries please contact: marlena.esposito2@health.sa.gov.au.

The SAHS Falls Prevention Service Directory (South Metro Adelaide)

For an electronic copy of the SAHS directory please send an email request to: Christina.isaksson@health.sa.gov.au



New Resources

The Australian Government Department of Health & Ageing reprinted the “Don’t Fall for It” booklet. The content is the same but the comic images have been changed to photographic images. Please note these are also available in other languages.

You can order copies from:

National Mailing and Marketing - nmm@nationalmailing.com.au

Ph: 02 6269 1000 (numbers of the booklet required (English and or CALD) and a mailing address, postage is covered.

New Research Study: Strength for falls, balance and quality of life.

The Centre for Physical Activity in Ageing (CPAA) is recruiting participants to take part in a research project looking at the effect of progressive resistance training on balance in older adults.



Eligible participants will be invited to participate in the study where they will be assessed by an Accredited Exercise Physiologist (including assessments of strength, balance, physical function and a questionnaire relating to quality of life). Participants will then be randomly allocated to one of two groups:

Group 1 (intervention): Twice weekly gym-based exercise for 12 weeks, at no cost, with some transport assistance provided if required.

Group 2 (control): 12 week wait-list (no gym-based exercise for 12 weeks) followed by a free Exercise Physiology assessment, individualised exercise prescription and 10 free exercise sessions at the CPAA.

Eligibility Criteria:

- 65 years or older
- One or more falls in the last 12 months
- Impaired balance
- NOT currently participating in gym-based strength/resistance training
- NO contraindications to resistance training
- NO history of dementia or cognitive impairment

The study has received funding from the RAH/IMVS Allied Health Grant and has ethical approval from the RAH Research and Ethics committee.

Please refer any eligible clients who may be interested in participating in the study to the CPAA by contacting Dr. Amanda Foley-Gooding directly on 8222 1782.

Safety and Quality Corner –

SA Health has provided 3 workshops targeting different falls prevention topics and different staff this year.

Managing risk of falls in people with delirium and dementia workshop held 22nd March was a great success with presentations from local speakers as well as guest speaker Associate Professor Jacqui Close. Over 100 enthusiastic allied health and nurses attended this session with positive feedback.

Improving the safety and independence of older adults at home workshop was held May 24th with presentations from guest speaker Lindy Clemson (University of NSW) and local speakers. Again over 100 people attended, the majority being occupational therapists with positive evaluation. Information on how to access these presentations online will be released soon.

Fit and fall free – exercise prescription and falls prevention for older people was a practical workshop where 25 physiotherapists and exercise physiologists learnt about and practiced delivery of tests and exercises. Due to high interest the Department is investigating providing the same course again.

SA Health has ordered a batch of the **The National Falls Prevention Guidelines** and guidebooks “ Preventing Falls and Harm from Falls in Older People; Best Practice Guidelines for Australian Hospitals, Residential Aged Care and Community Care” in hard copy and CD. These will be printed in the next few weeks. The Acute Care guidelines will be delivered to falls prevention leaders in hospitals across SA for use by the Falls Committees. A distribution plan for the residential aged care and community guidelines is yet to be finalised. Information about how to order additional copies and the costs will be released soon

Finally the first 6 of 9 new **SA falls prevention fact sheets** for consumers are now in printing. Initially, there will be limited printed copies distributed to launch the fact sheets. Thereafter the fact sheets will be available electronically through the safety and quality website.

SAAS

The final training sessions to the SA Ambulance Service in CNAHS has been completed with a total of 21 presentations between Jan – May 2010. Paramedics were educated on falls prevention and given instructions on a new pathway to refer lift only fallers into falls prevention services via the CNAHS falls prevention team. We have achieved a steady increase in referrals from SAAS officers since the launch with a total of 37 referrals.

Common outcomes include:

- Referral to falls clinics, DTC's and other community based programs
- Liaising with CAPS, EACH and Dom Care co-ordinators
- Linking into local council services and programs
- Liaison with GP
- Provision of information and advice including pendant alarm information and fall prevention booklets



Education Sessions 2010

July

Session to be confirmed

October

Tai Chi for Arthritis Part 1

Presenter: Rosemary Palmer
Organisers: Arthritis SA
Contact: Carol Spargo phone 8423 0912 or c.spargo@arthritissa.org.au
Date: 9th & 10th October
Time: 9-4.30 both days
Venue: Arthritis SA, 118 Richmond Road, Marleston

November

4th Australian & New Zealand Falls Prevention Society Conference

Mark this exciting conference to be held in Dunedin, New Zealand 21 - 23 November 2010 in your diary now!

Key dates for submission of abstracts for posters and presentations:

Online submissions opens 1 March 2010 and close 30 June 2010

Notification of acceptance by 31 August 2010

Registration is not yet open.

<http://www.otago.ac.nz/fallsconference/index.html>



Feature Service 1: Vision



Provide a range of services for people with vision and/or hearing loss or impairment.

SERVICES

- Guide Dog Services - helping people with vision loss live and travel independently
- Vision Services - all non-guide dog mobility programs for people with vision loss
- Sensory Directions - helping people whose main disability is hearing and/or vision loss, who also have other complex needs
- Hearing Solutions - providing education, training and support for people with hearing loss.

VISION SERVICES

This covers all non-guide dog mobility programs for people who are blind or vision-impaired. A team of professional and experienced staff members design individual programs for adults and children with vision loss to suit their lifestyle and goals.

A program could include one or a combination of the following areas:

Training to make use of any residual vision and other senses

- Learning to walk different routes safely, independently and efficiently
- Use of equipment, such as long white canes, magnifiers and talking watches
- Learning to use public transport
- Skills and equipment to assist with everyday living, such as shopping and cooking
- Learning to cope with vision loss caused by a stroke or head injury, as well as providing support to family members.

ELIGIBILITY

Clients with sensory loss - blind, vision impaired, and/or deaf or hearing impaired.

REFERRAL

Referrals can be made for services to Guide Dogs SA.NT by any source, including a person with vision loss, family member, friend or a general practitioner.

CONTACT

Address: 251 Morphett St, Adelaide SA 5000
Telephone: 1800 738 855
Website: <http://www.guidedogs.org.au>
Online: Link to [online inquiry form](#)

Feature Service 2: Vision



The RSB provides a full range of rehabilitative services for people who have experienced vision loss either due to an eye condition or other reason (eg. trauma) that cannot be corrected by glasses.

SERVICES: (Detailed information about can be found by clicking on the links below)

- [Counselling](#)
- [Low Vision Centre](#)
- [Adaptive Technology Centre](#)
- [Independent Living Training](#)
- [Orientation and Mobility](#)
- [Recreation and Leisure Activities](#)
- [Print Alternatives and Library](#)
- [Employment Services](#)
- [RSB Guide Dog Service](#)

LOW VISION SERVICES

Assessment: A specialist vision assessment assists in determining the most appropriate low vision aids that can help a client to maintain their independence. Counsellors, optometrists and ophthalmologists provide this service through a clinic that occurs three times a week.

Aids: A large range of daily living aids such as talking clocks, talking watches, liquid level finders and UV shields are available for purchase. (Please note magnifiers can only be prescribed by an optometrist and are not sold over the counter. All other products can be purchased without an appointment being necessary).

ORIENTATION AND MOBILITY SERVICES

Clients are taught a range of strategies, and the use of various mobility aids, to manage to independently travel throughout the community with safety and confidence, including the use of public transport. Training is provided in the person's own environment, and programs are individually designed to meet each person's needs.

ELIGIBILITY

Any person who has a significant vision loss and is referred by an eye care professional. However, if treatment is occurring for an eye condition it is recommended to wait until this has finished before seeking a referral to the LVC.

REFERRAL

A referral from an ophthalmologist or optometrist is required before a person can attend a low vision clinic session (a report is required that states the eye condition and visual acuity). Any information about treatment being received and the reason for the referral would be beneficial.

CONTACT

Address: Knapman House, 230 Pirie Street, Adelaide 5000
 Telephone: (08) 8232 4777
 Website: <http://www.rsb.org.au>

For more information

Falls Prevention Team
 PO Box 508
 Prospect East SA 5082
 Telephone: 1300 0 32557 (1300 0 FALLS)
 Facsimile: 1300 467 567
gillian.bartley@health.sa.gov.au