

Falls Prevention Newsletter

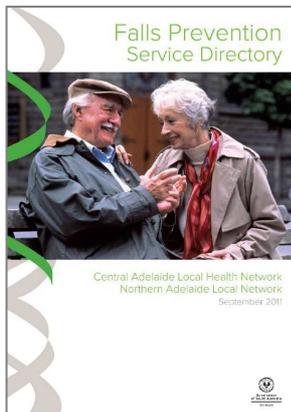
Central and Northern Adelaide Local Health Networks

The Falls Network brings together health professionals with an interest in falls prevention

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New Version of the Falls Prevention Service Directory



Fourth edition (September 2011) Coming Soon!

The latest release of the Service Directory has incorporated a number of changes. As well as updated information, extra Day Therapy Centre listings and new resources are presented.

Included for the first time is a decision making tool to guide referrals to community falls prevention services in the Central and Northern Adelaide LHN's. An email with a link will be sent to all network members, for you to download an electronic copy of the new directory from the fallssa.com.au website. Please email Alison Ryan alisonm.ryan@health.sa.gov.au to order a hard copy of the directory (limited numbers available from September).

Falls Prevention Program Update

The Central and Northern Falls Teams are currently supervising a physiotherapy student project to explore commonly used outcome measures in falls risk assessment and compile supporting evidence in current literature around these. Best practice information on conducting assessments will support therapists to administer measures in a standardised manner. Normative data and cut-off scores will be provided to help with interpretation of scores – so watch this space!



On Sunday 19 June, Ashleigh Scollin, Joachim Krack and Margaret Sullivan provided information on falls services and resources at the Elizabeth GP Plus Centre Open Day.

Over 1000 people attended this event which was themed 'healthy family day'

Footloose: Are those feet made for walking?

What do feet and footwear have to do with falls?

As a result of ageing, feet can change shape, lose flexibility and sensation. Foot problems can affect up to 74% of the population (Mickle et. al. 2009) Mickle reported the presence of toe deformities, reduced toe flexor strength and altered pressure distribution beneath the feet can lead to gait abnormality and increased the risk of falling in community dwelling adults.

What foot problems should we look out for?

Common foot problems effecting older people include:



Bunions/Hallux Valgus

This condition describes deformity of the big toe joint. Biomechanical imbalances, arthritic deterioration and/or poor fitting or high heel shoes can cause this. Often the condition has a genetic component.

Bunions are classified by the angle of the deviation of the big toe as it moves toward the second toe, even as far as total dislocation.



Hammer Toe / Claw Toe / Mallet Toe

Hammer, claw and mallet toe are all toe contracture deformities of one or both of the interphalangeal joints. The most common cause is muscle or tendon imbalance, however long-term use of shoes that are too short or shallow will aggravate these conditions. The joint contracture may still be flexible or have become fixed. Toes may be painful from arthritic degeneration, footwear aggravation or pressure on the apex of the toe where it makes contact with the ground. Areas of rubbing can occur where the back of the toes rub against the interior of the shoe.

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Peripheral vascular disease is a condition where by arteries supplying the feet become clogged which in turn reduces the blood flow to the feet. Symptoms include the skin dryness, hairlessness and shininess.

Neuropathy

Neuropathy may lead to an abnormal gait through the inability to feel the ground, reducing the ability to stabilise the body, particularly on uneven terrain. Neuropathy can also result in muscle weakness, in turn effecting gait. The reduced ability to feel pain when suffering from neuropathy enforces the need for such clients to be very mindful of possible physical harm.

Diabetic neuropathy is a loss of sensation usually in both feet. Symptoms include burning, tingling and numbness, putting people at risk of injury to the foot with no awareness. This can then lead to infection and ulcers due to diminished healing ability, potentially leading to amputation.

Peripheral neuropathy is a deterioration of the nerves that may result from nerve compression, entrapment, laceration, inflammation, exposure to toxins and other diseases. Symptoms include burning, tingling, numbness, itchiness, and occasional shooting pains.

Did You Know?

A **Pedorthist** is a health care professional specialising in the use of footwear and supportive devices to address condition that affect the feet and lower limbs. They are trained in the assessment of lower limb anatomy and biomechanics and prescribe shoes, shoe modifications, foot orthoses and other pedorthic devices.

To find pedorthists in SA, go to:

http://www.mgfregister.com.au/mgf_register.htm



Sensory Testing of the Foot



Current evidence suggests that ageing is associated with reduced peripheral sensation, and several studies have found that lower limb proprioception and sensory tests are significantly reduced in older adults with a history of falling (Best Practice Guidelines 2009). Reduced tactile sensitivity on the soles of feet has been identified as a falls risk factor, possibly as it can influence the ability to maintain postural control while walking, especially on irregular surfaces (Best Practice Guidelines 2009).

There are a variety of sensory tests which can be used.

Test:	Purpose:
Pin Prick Test	Assesses discrimination between sharp / blunt and the ability to detect superficial pain. Usually tested over dorsal, medial and lateral foot. Often used as a safety screen before some treatments are commenced.
Temperature	Assesses discrimination between hot and cold temperatures. Test tubes filled with hot and cold water are applied to the skin in random order. This sensory modality is assessed before some treatments are undertaken and to advise on safe functioning in the home.
Light Touch	Assesses the ability to recognise and localise stimuli. A cotton wool ball or fingertip can be used to lightly touch the skin. The client is asked to indicate the place that was touched by the examiner. Usually tested over dorsal, medial and lateral foot.
Dermatome Testing	Used to test for nerve damage. The dermatomes supplied by the corresponding nerve root may be examined for changes in light touch, hot /cold or for the presence of paraesthesia.
Monofilament Testing	Measures the detection threshold for light touch sensation using nylon filaments of various diameters. Nylon filaments of various diameters provide a range of pre-determined forces on the area of skin to which they are applied. The perception of pressure as well as the correct site are assessed.
Vibration	A tuning fork is used to test awareness of vibratory sensation. It is usually tested over the tip of the great toe bilaterally.
Big Toe Proprioception	Evaluates the individual's perception of movement specifically related to the joints. It involves the assessor moving the big toe into flexion or extension with the client being asked to identify the position of the joint as "up" or "down". Care should be taken around the handling of the toe so that additional cues are not provided. The test is performed bilaterally.



Things to keep in mind/key points:

- > Explain each test first
- > Test both sides. Demonstrate to the client what the test should feel like on a proximal body part with intact sensation
- > The client’s eyes should be closed during testing
- > Scoring: If there is a deficit noted, it can be noted as absent, diminished, or exaggerated. If there is no deficit, sensation is termed “intact”.

Terminology:

- > **Hyperesthesia:** abnormal increase in sensitivity to stimuli
- > **Hypoesthesia:** reduced sensation
- > **Anaesthesia:** loss of sensation
- > **Paraesthesia:** abnormal sensation - can be numbness, tingling or burning
- > **Dermatome:** area of skin innervated by the sensory fibres of a single nerve root.

Testing an individual’s sensation forms one component of the foot and footwear assessment. It is recommended that the client is referred to a health professional skilled in assessing feet and footwear, such as a podiatrist, for a detailed assessment and management as needed.

References:

1. Mickle K, Munro B, Lord S, Menz H, Steele J (2009). *Are toe weakness and deformity associated with falls in older people.* XXIInd Congress of the International Society of Biomechanics.
2. Mitnick M (2011) *Foot Pain Explained.* www.foot-pain-explained.com/index.html, accessed 4/8/11.
3. Australian Commission on Safety and Quality in Health Care (2009). *Preventing Falls and Harm from Falls in Older People: Best Practice Guidelines for Australian Community Care.*
4. Hill K, Denisenko S, Miller K, Clements T, Bachelor F, Morgan P (2010). *Clinical Outcome Measurement in Adult Neurological Physiotherapy, 4th Edition.* Australian Physiotherapy Association.
5. Schaffer SW, Harrison AL (2007). *Aging of the Somatosensory System: A Translational Perspective.*, Physical Therapy, volume 87, no. 2.
6. Boulton AJM, Armstrong DG, Albert SF, Frykberg RG, Hellman R, Kirkman S, Lavery LA, LeMaster JW, Mills JL, Mueller MJ, Sheehan P, Wukich DK (2008). *Comprehensive Foot Examination and Risk Assessment.* Diabetes Care, volume 31, no. 8

Safe Feet and Footwear Checklist
A screening tool for Allied Health professionals

1. Does the client have:

Foot problems, e.g. corns, bunions, poor nail health, foot skin, swelling, neuropathy, diabetes?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Inappropriate, poorly fitting or worn footwear?	<input type="checkbox"/> No <input type="checkbox"/> Yes

What footwear is worn at home most of the time?
 shoes slippers
 Barefoot Other

2. Does the client's footwear appear to be: (No/Indicates this risk present)

Item	Safe/acceptable	Yes	No
Heel	Low (< 5cm)		
	WIDE		
	Enclosed heel area		
	Firm heel counter (inner reinforcement of heelcup)		
Fore	Cushioned, flexible, non-slip		
	The edge to shoe adapts to shape of ground/floor		
	Strap/zipper (i.e. not elastic from heel)		
Weight	Lightweight		
The box	Wide, deep, high enough to allow support of toes in the space in front of longest toe when standing		
Fastenings	Buckles, laces or Velcro for secure hold		
Uppers	Material moulds well to foot, becomes well smooth, seamless interiors		
Safety	Protect feet from injury		
Shoe	Some air flow, no pressure or friction to foot		
Purpose	Appropriate to activity, e.g. not walking in slippers		
Orthoses	Comfortable, no pressure areas, fit easily in footwear (or none if not required)		
Soles	Wide-mouthed (cuffs are not tight)		
	Safe seems (do not cause pressure)		

3. Would the client benefit from:

Referral to a Podiatrist	Yes	No	<input type="checkbox"/> Completed
Referral to an Occupational Therapist	Yes	No	<input type="checkbox"/> Completed
Advice on safe footwear	Yes	No	<input type="checkbox"/> Provided

(Refer to SA Falls & Falls Injury Prevention Fact Sheet 5 – Carry Feet Do a Long Way!)

This tool was adapted from various sources including:
 Institute of Occupational Health and Safety, Queensland
 Australian Government Department of Health and Ageing
 Australian Government Department of Social Services
 Australian Government Department of Transport, Road Safety and Roadworks
 Australian Government Department of Health and Ageing
 Australian Government Department of Health and Ageing
 Australian Government Department of Health and Ageing

**Feature Tool:
Footwear Checklist**

With this edition of our newsletter, we have included a quick guide to good footwear, which includes recommendations from the National Falls Prevention Best Practice Guidelines.

Please see the attached easy reference sheet.

Southern Community Falls Prevention Team News (SCFPT)

The Southern Community Falls Prevention Team are now providing a triage service for the Repatriation General Hospital Falls Assessment Clinic.

The RGH Falls Assessment Clinic provides specialised comprehensive multidisciplinary assessments for older clients with complex needs around falls prevention.

What does the service offer?

- Geriatrician led multidisciplinary assessment to identify falls risk factors
- Services / interventions to address these risk factors
- Access to a specialised Day Rehabilitation Service (FIT Program)
- Link with other community services as required
- Follow- up with geriatrician as required

Who can refer?

- GP practices
- Hospitals in the Southern area
- South Australian Ambulance Service (via Metropolitan Referral Unit)
- Selected community agencies

By faxing the **Metropolitan Adelaide Falls Prevention Service Request Form** to the Southern Community Falls Prevention Team, fax 8201 7860 – **request Falls Assessment Clinic appointment** OR contact the Southern Falls Team on 1300 0 FALLS (1300 0 32557).

Recent Education Session: “DVA and DCSA Services”

This informative network session was presented at the Marion GP Plus Health Care Centre on 15 August and at Enfield Community Health Centre on 16 August.

Scott Brooks (DVA Client Services Officer) provided an overview of the Rehabilitation Appliances Program (RAP) as well as HomeFront services available to veterans, including information for referring clinicians. He highlighted the aim of RAP to ‘restore, facilitate or maintain functional independence and/or minimise disability as part of provision of care to Veterans’ and discussed falls-related items available. The RAP and HomeFront programs were described and links to further resources provided.

Angela Basso and Mandie Burdon (Clinical Advisors Occupational Therapy and Physiotherapy DCSA) provided an update on the Allied Health initiatives for preventing falls in Domiciliary Care clients. DCSA has adopted ‘Falls Prevention’ as a clinical improvement theme for the 2010-2011 period and is currently implementing the recommendations of an internal Falls Project to align with the National Falls Prevention Guidelines.

Farewell to Lauren Woodford and Janine Heading

Sadly, Lauren Woodford has left the falls prevention team. Lauren has been a wonderful team member over the past 2 ½ years with her invaluable roles ranging from the development of the fact sheets, the TQEH Falls Clinic, the Aboriginal Falls Clinic Pilot, and ED portfolio (to name a few), each of which have been invaluable to our regions and across SA. We thank Lauren for her hard work, innovation and pure tenacity she has displayed. Lauren has taken up a well deserved senior clinician role in the Palliative Care Team. We wish her all the best for this new venture.

Our administration officer, Janine Heading has moved to a role in the private sector, chasing her dream to become a qualified accountant. She provided exceptional support to the team and we will miss her greatly.

Feature Service 1: Shoes on Wheels



“Shoes on Wheels” is a mobile service providing shoes to the retirement and aged care community. It offers individual fittings of footwear and slippers designed with senior’s needs and comfort in mind. Hosiery and diabetic socks are also available.

Background

“Shoes on Wheels” has been in operation for approximately 16 years .Jenny Musolino is the owner of this business with over 23 years experience in the disability and aged care industries. She has a certificate in shoe fitting through the National Retail Footwear Association.

Service:

Jenny is the sole operator of Shoes on Wheels. She covers all areas and works 5 days a week.

Cost

The service is free of charge when the client completes a purchase. A \$25 call out fee is charged to cover fuel costs if the client chooses not to make a purchase.

Contact

To make a booking or for further enquiries contact Jenny Musolino on 0419 808 245

Feature Service 2: Find a Podiatrist

“ Find a Podiatrist” allows you to search for local podiatrists recognised by The Australasian Podiatry Council incorporating Podiatry New Zealand and the Australian Podiatry Associations.



The search options include:

- Postcode
- Home visits offered
- Diabetic service
- Registered for Medicare benefits
- Registered for veteran affair benefits



Website:

<http://www.findapodiatrist.org/>

For more information

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