

April Falls Day® 2019

FRAILTY

Do you know the signs?



CLINICAL
EXCELLENCE
COMMISSION

What is Frailty?

“A clinical syndrome in in which three or more of the following are present:

- Unintentional weight loss (>4.5kg in the last year)
- Self-reported exhaustion
- Weakness (grip strength)
- Slow walking speed
- Low physical activity”

APRIL FALLS DAY[®]

April Falls Day 2019[®] is focusing on

Frailty and Falls

FRAILTY – Do you know the signs?

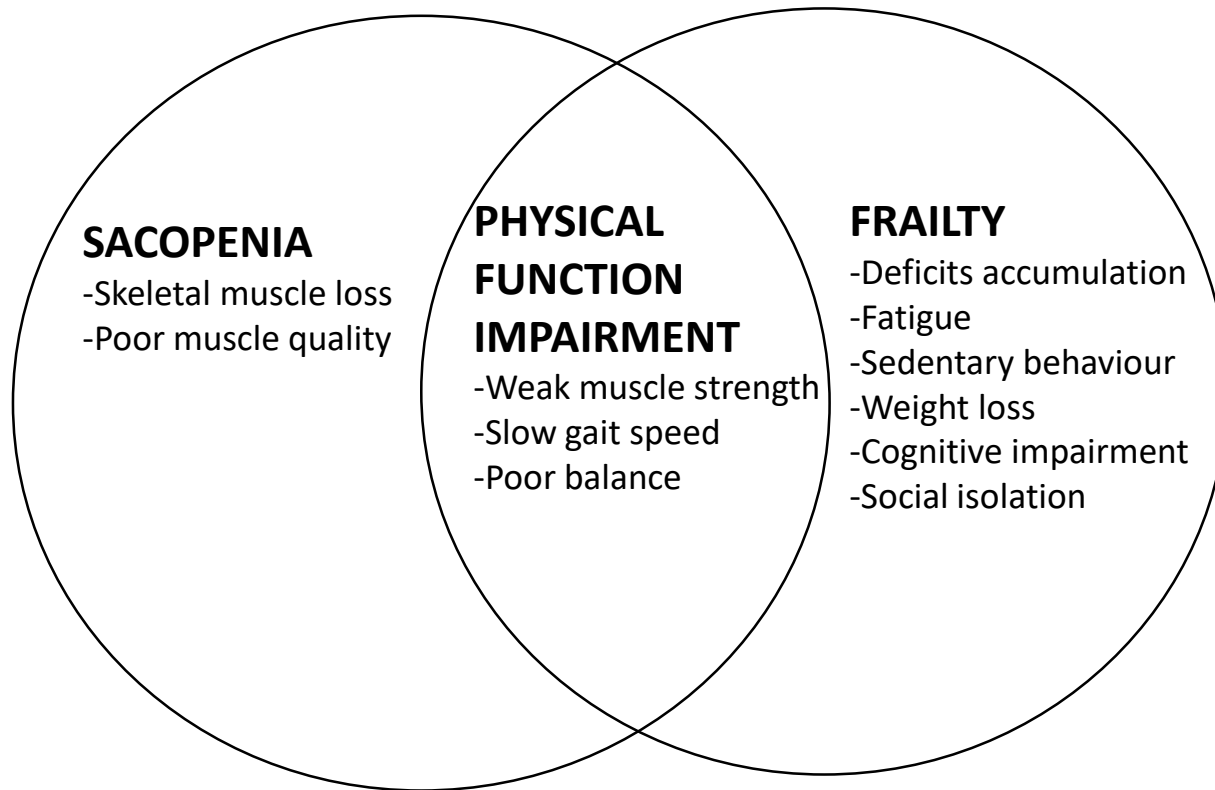
- What are the signs of frailty?
- How is frailty linked to patient falls?
- What can the health care team do to when a patient shows signs of frailty?



FRAILITY – Do you know the signs?

- Unintentional weight loss
- Slower walking speed
- Weakness (grip strength)
- Lower physical activity levels
- Exhaustion

Sarcopaenia and Frailty



Are these people frail ?



Be aware that people who are obese can have poor muscle strength and can also be frail

Not Frail

Appearances
can be
deceptive....

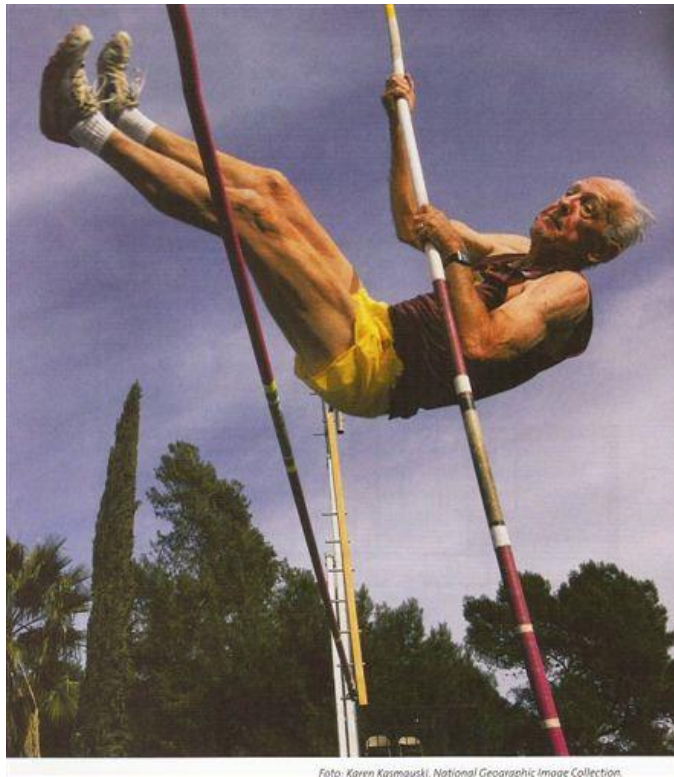


Foto: Karen Karimowski. National Geographic Image Collection.



Acknowledgments of photos:
Professor Ian Cameron
Professor Sue Kurrle

APRIL FALLS DAY®

FRAILTY- Do you know the signs?



Unintentional weight loss

Losing weight without trying



Weakness

Decrease in grip strength; getting harder to open a jar?



Slower walking speed

Everything taking a bit longer?



Exhausted

Feeling tired?



Low Physical activity levels

Too much time sitting down?

How is Frailty linked to Falls?

- 30% of community dwelling people over 65 years of age fall each year
- Frail older people are between 1.2 and 3.6 more likely to fall, than non frail people

How is Frailty linked to Falls?

A person who is Frail may:

- Have increased risk of falls
- Have decreased mobility and activities of daily living
- Be admitted to residential aged care
- Have poorer surgical outcomes and cancer recovery

Is Frailty treatable?

Multidisciplinary teams can help to address a patients Frailty signs by addressing the following:

- Encourage physical activity with emphasis on strength & balance exercises
- Review diet and improve nutrition
- Review psychological status/social factors
- Ongoing management of chronic medical conditions
- Review and manage polypharmacy
- Identify and manage falls prevention risks

Outline of Clinical Practice Guidelines for the Management of Frailty

The Asia-Pacific Clinical Practice Guidelines for the Management of Frailty outline the following recommendations

There are two main categories, strong and conditional :

Strong Evidence:

- Use a **validated measurement tool** to **identify frailty**
- Prescribe **physical activity** with **resistance training** component
- **Address polypharmacy**

Clinical Practice Guidelines for the Management of Frailty

Conditional Evidence:

- **Screen** for and **address** modifiable **causes of fatigue**
- Unintentional **weight loss**, screen for reversible causes and consider **food fortification and protein/caloric supplementation**
- **Prescribe Vit D** for individuals deficient in Vit D.

<https://www.ncbi.nlm.nih.gov/pubmed/28648901>



What can health professionals do to treat frailty?



Role of the Doctor

- **Conduct assessment** of Frailty using a validated tool and review poly pharmacy (4+ medications)
- **Recommend** appropriate interventions
- **Liaise** with multidisciplinary team following assessment and make appropriate referrals
- **Communicate with patient and family/carer** and facilitate follow up in the community if required.

Role of the Nurse

- **Identify** patient at risk of Frailty using a validated tool
- **Refer and Liaise** with Physiotherapist, Occupational Therapist, Doctor and/or Dietitian
- **Communicate with patient and family/carer** and facilitate follow up in the community if required.

Allied Health Professionals have a key role in *ensuring that the underlying causes of frailty are recognised and managed.*

The following slides outline how:

- Dietitian's
 - Occupational Therapist's
 - Physiotherapists
- can assist to manage frailty.



Role of the Dietitian

Goal: Optimise nutrition status and/or prevent further weight loss

- **Conduct Assessment** of pre-morbid and current nutritional status
- **Calculate** nutritional requirements (*energy, protein, fluid*)
- **Translate** requirements into appropriate nutrition support
- **Monitor** intake and nutritional status
- **Liaise** with multidisciplinary team
- **Educate** for discharge and provide follow up if required

Nutrition Education

- High Energy High Protein (HEHP)
 - Increased nutrition requirements (energy & protein) post surgery
 - Prevent weight loss
 - Increase muscle mass/prevent muscle wastage
- Food fortification – ***making every mouthful count***
- Home Enteral Nutrition for nutrition supplements

Role of the Occupational Therapist

- **Conduct Assessment** of physical and cognitive ability to manage: safe self-care; shopping; ability to prepare food; manage household tasks; and possible carer responsibilities
- **Assess or refer** for home assessment from a falls prevention perspective.
- **Trial** adaptive equipment if required to assist in safer self-care management, meal preparation and better household task management.
- **Liaise** with multidisciplinary team regarding ability to manage: self-care, prepare meals, and facilitate assistance for household tasks e.g. meal delivery, cleaning, and shopping.
- **Educate patient and family/Carer** re use of adaptive equipment, and facilitate follow up where required for more specialist input.

Role of the Physiotherapist

- **Conduct assessment** of mobility including strength and balance
- **Recommend** appropriate walking aid (if required) and prescription of appropriate strength and balance exercises.
- **Liaise** with multidisciplinary team about mobility requirements (e.g. 2 person assist or walking aid + 1 person assist).
- **Educate patient and family/Carer** about new mobility requirements and facilitate follow up in the community on discharge.
- **Refer or inform** of local strength and balance classes (if appropriate)

Clinical Excellence Commission NSW Falls Prevention Program

A wide variety of resources are available on the CEC website for:

- Hospital
- Community Care
- Information for patients families and carers

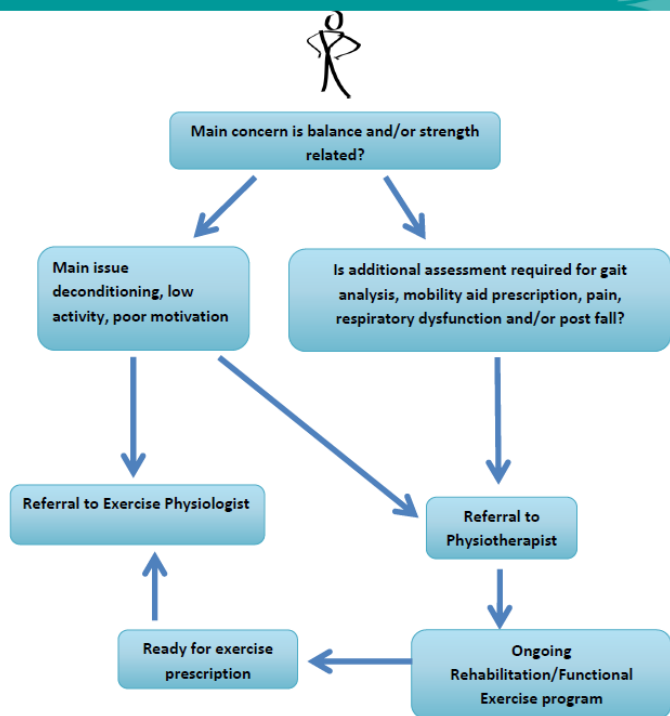
The next 4 slides are some examples of the resources available in relation to Falls and Frailty and improving a patients balance and strength.

<http://www.cec.health.nsw.gov.au/patient-safety-programs/adult-patient-safety/falls-prevention>



CEC Resources

A guide for referral to improve a person's balance and/or strength



Please note: This a guide and will depend on the resources available in your Local Health Districts and local community.



Clinical Excellence Commission ©2016 Version 1 SHPN: 160409



Balance and Strength

QUICK GUIDE for clinicians Balance and/or strength tests for your client

Client reports	Client risk factor for falls	Balance and/or Strength test
<ul style="list-style-type: none"> Feeling wobbly or unsteady while standing still Falls while standing still e.g. waiting in a queue or washing up Generally feels unsteady while doing any ADL's 	Reduced or loss of Balance	Near Tandem Stance
<ul style="list-style-type: none"> Client reports a fall when moving around or over objects, such as loose mats, or a grandchild's small toy 	Reduced Stepping Balance	Alternate step test
<ul style="list-style-type: none"> Client reports a fall while walking or unsteadiness while walking Unable to 'keep up' with a friend or partner 	Reduced Gait speed	10 m walk test (Can be 4m, 6m or 8m)
<ul style="list-style-type: none"> Client reports their leg gave way due to weakness Difficulty getting in/out of a chair or car seat 	Reduced lower leg strength	Five times sit to stand

Please note: The following information available on the CEC website: <http://www.cec.health.nsw.gov.au/patient-safety-programs/adult-patient-safety/falls-prevention/other-settings>

1. A demonstration of the above Balance and Strength tests
2. Falls Prevention for Community Care settings flow chart – this document outlines options for people with balance and strength issues
3. *Staying active and on your feet* booklets can be ordered from the Active and Healthy website www.activeandhealthy.nsw.gov.au/

Video demonstration of Balance & Strength tests

BALANCE AND STRENGTH TEST VIDEOS

These videos demonstrate balance and strength tests. It demonstrates the test, outlines the equipment needed and explains the results and when a person should be referred to a physiotherapist or exercise physiologist or a Falls Prevention exercise program.



Introduction to balance & strength testing

[YouTube video](#) (high resolution)

Length 1:29



5 x sit to stand

[YouTube video](#) (high resolution)

Length 2:45



10 walk test

[YouTube video](#) (high resolution)

Length 4:02

5 x Sit to stand

10m Walk test

Alternate Step Test

Near Tandem

Timed up and go

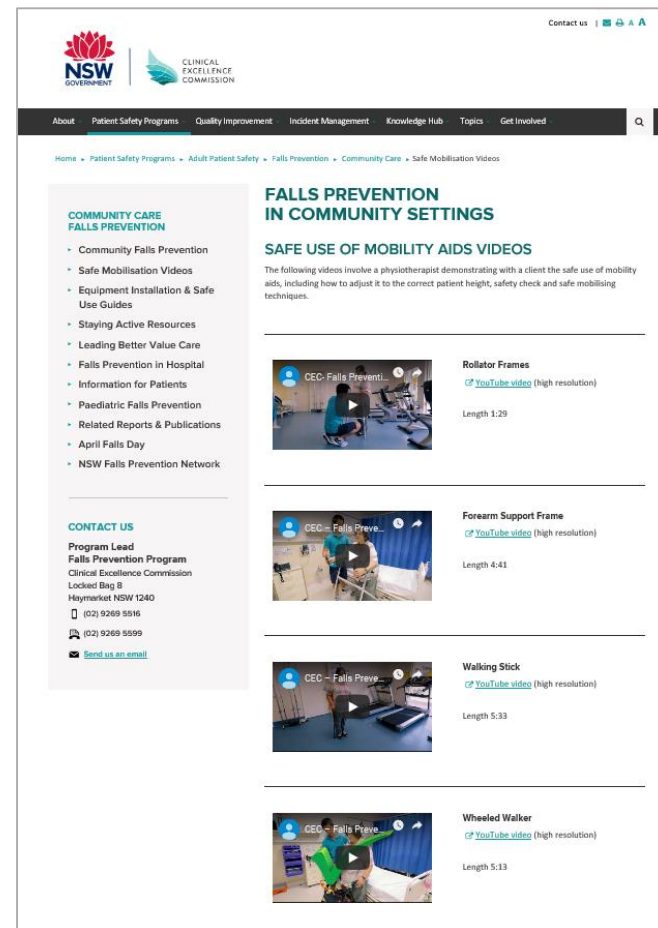
Each video outlines the test, equipment required, helpful tips and explains the results.

CEC Safe use of mobility aids videos

These videos show a physiotherapist demonstrating with a client the safe use of mobility aids, including:

- how to adjust it to the correct patient height
- safety check
- safe mobilising techniques

<http://www.cec.health.nsw.gov.au/patient-safety-programs/adult-patient-safety/falls-prevention>



The screenshot shows the 'FALLS PREVENTION IN COMMUNITY SETTINGS' page on the Clinical Excellence Commission (CEC) website. The page features a sidebar with navigation links and a main content area with video thumbnails and descriptions.

COMMUNITY CARE FALLS PREVENTION

- Community Falls Prevention
- Safe Mobilisation Videos
- Equipment Installation & Safe Use Guides
- Staying Active Resources
- Leading Better Value Care
- Falls Prevention in Hospital
- Information for Patients
- Paediatric Falls Prevention
- Related Reports & Publications
- April Falls Day
- NSW Falls Prevention Network

CONTACT US

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FALLS PREVENTION IN COMMUNITY SETTINGS

SAFE USE OF MOBILITY AIDS VIDEOS

The following videos involve a physiotherapist demonstrating with a client the safe use of mobility aids, including how to adjust it to the correct patient height, safety check and safe mobilising techniques.

- Rollator Frames**
[YouTube video](#) (high resolution)
Length 1:29
- Forearm Support Frame**
[YouTube video](#) (high resolution)
Length 4:41
- Walking Stick**
[YouTube video](#) (high resolution)
Length 5:33
- Wheeled Walker**
[YouTube video](#) (high resolution)
Length 5:13

Strength and Balance exercise demonstration video



Staying Active & Health Falls Prevention

 YouTube video (high resolution)

Length 20:43

Added Oct 2013

The video can be found on the CEC YouTube channel:

https://www.youtube.com/embed/s63fFex_zZQ?rel=0&showinfo=0&wmode=opaque

Information flyers

Falls Prevention – Strength and Balance Exercises

Staying physically active is the single most important thing we can do to remain fit and independent.

- As we grow older we lose muscle strength and our sense of balance. This can lead to a fall.
- To reduce the risk of injury from a fall it is important to include activities that improve your balance and increase your strength.
- The more active we remain, the better the chance we have of keeping our muscles strong and our joints mobile.
- Research shows that any exercise, at any age, is worth the effort.

What you can do

- Be involved in an exercise program in a group or in your own home. Activities which are good for improving balance and flexibility include Tai Chi, dancing, gym sessions, lawn bowls, pilates, and yoga.
- If you are in any doubt about exercises, please talk to your doctor.
- To find an exercise program in your local area go to www.activeandhealthy.nsw.gov.au.
- Ask a physiotherapist or an exercise physiologist to design a suitable exercise program for you.






People who take four or more medications a day are at increased risk of falling.

Acknowledgement to: 2012 CEC Net prevention partnership project (The University of Sydney, Northern Sydney Local Health District, Clinical Excellence Commission) (Staying Active and on Your Feet booklet 2010) www.activeandhealthy.nsw.gov.au Northern Sydney and Central Coast Local Health Districts Health Protection Unit

For further information scan this with your smart phone

Email: info@cec.health.nsw.gov.au Web: www.cec.health.nsw.gov.au Clinical Excellence Commission ©2012 Version 1, 34PM, 02/12/2012

Falls Prevention – Medications

If you take anticoagulant medicines (blood thinners), always see your doctor if you have a fall. You may be at risk of severe injury and bleeding.

- Some medications can make you dizzy or drowsy and may increase your risk of a fall.
- If you start taking a new medicine, change brands, take multiple medicines, or change your normal dose, the chance of experiencing side-effects increases. Talk to your doctor if you are concerned.
- Certain over-the-counter medications may react with your prescription medicines and cause problems.
- Medicines for anxiety depression or sleep difficulties make falls more likely.

What you can do

- Do not take anyone else's prescribed medication.
- Read medication labels in good light and follow the instructions carefully.
- Do not use out-of-date medications. Return them to your pharmacist.
- Talk to your doctor or pharmacist regularly to review your medications, including any herbs or supplements.
- Ask your pharmacist about packaging your medications in a dosette box or Webster pack to help you manage them.
- Have an up-to-date list of your medications. A medication card can be useful.




Acknowledgement to: Staying Active and on Your Feet booklet 2010 www.activeandhealthy.nsw.gov.au Northern Sydney and Central Coast Local Health Districts Health Protection Unit

For further information scan this with your smart phone

Email: info@cec.health.nsw.gov.au Web: www.cec.health.nsw.gov.au Clinical Excellence Commission ©2012 Version 1, 34PM, 02/12/2012

Falls Prevention – Home exercises

The following balance and strength exercises are easy to do at home. Make sure you have a chair, bench top or wall nearby for support when you try them. Once you become more confident, you can hold for longer, or increase the number of repetitions. Use smooth movements when performing these exercises and take your time.

1. Heel-to-toe standing/walking:

Helps keep balance when you have to walk through a narrow space

- With fingertips on something solid to help balance, stand heel-to-toe, bend your knees slightly and keep still for ten seconds
- Vary the exercise by walking slowly, placing your heel to touch the toe of the other foot.

2. Knee raises:




Helps with climbing stairs and getting in and out of cars and buses

- With fingertips on something solid to help balance, lift a knee to hip level and hold it for five seconds
- Repeat with the other leg
- Then repeat 8 times.

3. Side leg raise/sideways walking:

Improves stability when you have to take weight on one leg and helps you step sideways to avoid tripping

- With fingertips on something solid to help balance, stand on one leg and raise the other sideways, holding it for five seconds
- Repeat eight times
- Repeat with the other leg
- Extend to walking sideways, with slow steps alongside a bench or table.

Acknowledgement to: Staying Active and on Your Feet booklet 2010 www.activeandhealthy.nsw.gov.au Northern Sydney and Central Coast Local Health Districts Health Protection Unit

For further information scan this with your smart phone

Email: info@cec.health.nsw.gov.au Web: www.cec.health.nsw.gov.au Clinical Excellence Commission ©2012 Version 1, 34PM, 02/12/2012

How to get up if you have a fall

Know what to do - it is important to have an emergency plan:

- Call for help - keep a list of family and friends' phone numbers near the phone, or program them into the phone for one-touch dialling
- Keep a phone within reach, in case it is hard to get up
- Consider a device that raises an alarm in case of an emergency
- Let family and friends know how to get into your house if you can't let them in.

1. Roll onto your side

2. Crawl or drag yourself to a chair

3. Face the chair and get up on your knee

4. Bring one knee forward and put that foot on the floor, then use the chair to push up with your arms, until you are upright enough to give your bottom round to sit

5. Rest for a while before standing up

If you can't bend your knees very well, slide along on your bottom, then lift your hips onto something higher, such as stairs. Then you can pull yourself upright again.

You might like to practice these techniques, so if you ever need to get up from the floor, you will feel more confident.

You should see your doctor after a fall if:

- You are taking anticoagulant medicines
- You bump your head, feel drowsy or unwell
- You are worried about your balance
- You have a pain that concerns you.







Acknowledgement to: Staying Active and on Your Feet booklet 2010 www.activeandhealthy.nsw.gov.au Northern Sydney and Central Coast Local Health Districts Health Protection Unit

For further information scan this with your smart phone

Email: info@cec.health.nsw.gov.au Web: www.cec.health.nsw.gov.au Clinical Excellence Commission ©2012 Version 1, 34PM, 02/12/2012

A number of the information flyers are available in a variety of languages please visit the CEC website below:

<http://www.cec.health.nsw.gov.au/patient-safety-programs/adult-patient-safety/falls-prevention/information-for-patients>

NSW Falls Prevention Network

- NSW Falls Prevention Network list serve
- Regular e-newsletters and information updates
- Resources, talks, and publications on-line
- Annual Network Forum in Sydney and Rural Network Forums

<http://fallsnetwork.neura.edu.au>

NSW Falls Prevention Network e-news

[View this email in your browser](#)

FALLS LINKS e-Newsletter 7 2018

Welcome to our e-newsletter

For your Diary

April Falls Day® 2019

Monday 1st April

Theme: Frailty and falls

[Order your April Fall Merchandise Now](#)

SAVE THE DATE:

NSW Falls Prevention Network Forum

Friday 31st May 2019, 9 am - 4 pm

Wesley Conference Centre

Latest Mini-review

Pain and falls mini-review

Dr Esther Vance and Prof Stephen Lord, NeuRA



STEPPING ON

Stepping On is a free, exciting and friendly 7-week program for seniors that combines gentle strength and balance exercises with education sessions. It is designed to build knowledge, strength and confidence to prevent falls, stay active and remain independent.



Stepping On © Clemson and Swann 2008

'Stepping On' is a **free** falls prevention group program for older, community dwelling people including those living independently in retirement villages.

- 65+ who have had a fall or are fearful of falling:
- The program consists of 7 weekly, 2 hour group sessions, with a booster session 3 months after completion.



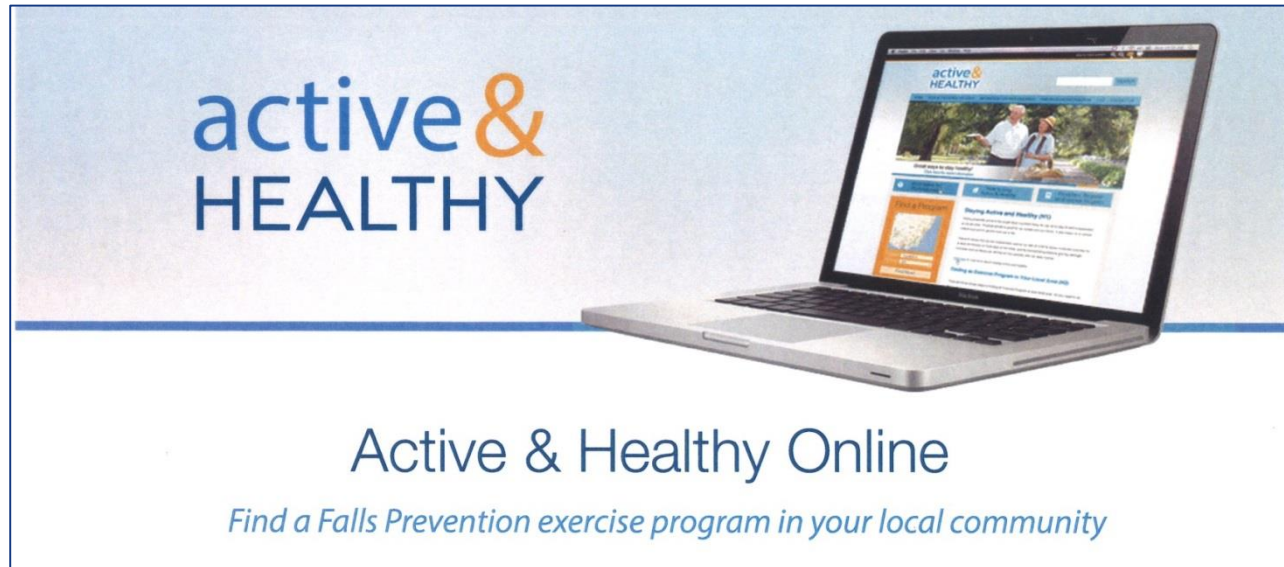
Visit the Active and Health website to find your local Stepping On program and other falls prevention exercise programs

www.activeandhealthy.nsw.gov.au

Active and Healthy Website:

State wide consumer and professional resource

www.activeandhealthy.nsw.gov.au



Find:

- *Falls Prevention Exercise Programs* in your local area
- Stepping On classes
- *Staying Active and On Your Feet* publication
- Other downloadable resources

Questions?

Acknowledgments:

Professor Ian Cameron

*Professor of Rehabilitation Medicine
Medicine, Northern Clinical School
Rehabilitation Studies Unit*

Professor Susan Kurrle

Curran Professor in Health Care of Older People
Faculty of Medicine, University of Sydney
Director, NHMRC Cognitive Decline Partnership Centre
Clinical Director, Northern Sydney LHD Aged Care and Rehabilitation Network
Senior Staff Specialist Geriatrician
Hornsby Ku-ring-gai Health Service



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