

## **Learning Objectives**

MedBridge

*Improving Balance and Reducing Fall Risk*

Michelle M. Lusardi PT DPT PhD FAPTA

Mariana Wingood PT DPT GCS CEEAA

### **Course Objectives:**

- Understand how to use Sn and Sp values and their derivatives to determine how well a test/measure estimates fall risk
- Plan and justify a fall risk screening strategy for community living older adults
- Plan and justify a detailed fall risk assessment strategy for older adults at risk of falling
- Classify key functional measures of fall risk based on what aspect of balance they measure and evidence of their measurement properties
- Interpret and analyze the results in order to write a comprehensive assessment

### **Chapter 1: Developing a Problem List and Delineating Measurable Goals**

This first chapter presents the sets of system-based problems that contribute to risk of falling which may be identified during the physical therapy examination and evaluation process.

### **Chapter 2: Where do You Start?**

This chapter introduces/reminds participants about the resources in *The Guide to Physical Therapist Practice*, available online (free to APTA members, for a fee to non-members) at the American Physical Therapy Association's website ([www.apta.org/guide](http://www.apta.org/guide)).

### **Chapter 3: Determining Prognosis and Developing a Plan of Care**

This chapter presents prognostic factors; reviews concepts of intervention intensity, frequency (dosage) and duration that influence outcomes of intervention; and presents current best evidence (systematic reviews) of multicomponent exercise, home based exercise programs, perturbation training, pilates, exercise and fear of falling, Wii-based exercise, foot and ankle muscle performance, flexibility exercise and PT led, group based exercise.

### **Chapter 4: Individualized Interventions**

This chapter provides a brief review of motor learning, as well as the person/task/environment model that forms the basis of Gentiles Taxonomy.

### **Chapter 5: Plan and Justify Intervention**

This is the clinically applied and longest chapter in the course. It presents the multiple components/factors that may be addressed to reduce risk of falling and improve postural control.

### **Chapter 6: Documenting Efficacy of Intervention/Outcome Measures**

This chapter prompts the clinician to use minimal detectable change/difference and minimal clinically important difference (where available) for measures used to determine risk of falling (based on cut score), baseline function and documenting outcomes of interventions. It also prompts clinicians to use gender and age-specific performance norms in their documentation to compare patient performance to community living peers. It reviews appropriate G-coding, determination of severity levels, and the timeline required by Medicare for documentation during an episode of care.

### **Chapter 7: Planning for Discharge**

Physical therapy care is necessary but not sufficient to sustain changes made during an episode of care to reduce risk of falling for the long term. This chapter highlights the importance of an effective (and doable) home exercise program and accessing community based programs to supplement and support gains achieved during one-on-one physical therapy intervention.