



## Over 65 Falls Prevention Programme



age 65+



1/3 of all over 65's will  
fall in a 1 year period

(DoH,2009)

age 80+



1/2 of all over 85's will  
fall in a 1 year period



The *Stepping On* programme offers balancing & strengthening exercises for older people which can help to reduce falls and at the same time increase self confidence in situations where they are at risk of falling.

- Falls are a serious problem and can even on occasions be fatal.

*In recent years, the number of people dying from falls in the home has exceeded the number dying in transport accidents.*

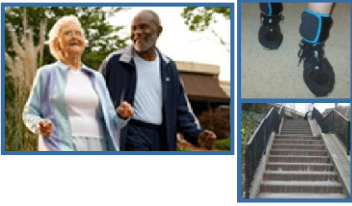
- However, falls can be prevented at any age.

Stepping on presents an evidence based exercise programme called **The Otago Programme** which aims to strengthen muscles and improve balance which helps to reduce falls.

The overall programme has been built upon significant work that has been undertaken by the Public Health Agency.

*"I thought I was too old to learn balancing and strengthening exercises.*

*But I enjoyed the classes and my balance is much better."*



## WHAT'S INVOLVED?

The stepping on programme is delivered in partnership with the Physiotherapy Dept, Occupational Therapy Dept, Health Improvement Dept, WHSCT Falls Integrated Pathway Co-ordinator, The District Councils Home Safety Teams & Community Delivery Organisations, Predominantly Healthy Living Centres.

The programme aims to deliver 11 programmes regionally across the Western Health Social Care Trust Area.



## 9 Week Programme Structure

**Week 1** The Pre Assessments are held within each of the Centres, ahead of the commencement of each block of the stepping on programme. These assessments are completed by Health Professionals. Physiotherapy Department -  
3 Validated Assessments

- Timed up & Go Test
- 180 Turn
- CONFbal Score  
Falls Efficacy Scale
- Also includes: Health Checks
- Medication Management (Pharmacist)

**Week 2-7** Having completed the pre-assessments on week 1 the main portion of the programmes starts in Weeks 2-7 and includes 6 weeks of Otago Strength & Balance exercises each week followed by short health improvement information session.

**Otago.** The Otago Exercise programme is an evidence based strength and balance programme originating from New Zealand which has proven to reduce the incidence of falls through various large - scale research studies. The programme consists of 17 different exercises around leg strengthening, balance retraining and walking, all at a moderate yet progressive intensity.

**Week 2-7 Nutritional information sessions & falls prevention advice.** Within the programme a series of short talks and information sessions are provided. Each week the programme includes different topics which are relevant to falls prevention. These include: Falls are preventable; Nutrition and Bone Health; Looking after your eyes; Managing your medication; Looking after your feet; Occupational Therapy equipment.

**Week 8 Post Programme Assessment** is at the end of the 6 week programme of Otago and health improvement sessions. Week 8 the Physiotherapist Department will complete 3 Validated Assessments

- Timed up & Go Test
- 180 Turn
- CONFbal Score
- Falls Efficacy Scale
- Also includes: Health Checks & Medication Management (Pharmacist)

**Week 9 Health Event.** To conclude each programme, Community and statutory organisation are invited to provide further information education on falls prevention and to signpost on to other local provision.

### **Home Safety Assessments**

Working in partnership with the Local District Councils, Home Safety Assessments & Home Safety Advice will be provided during the duration of the programme. This will include:

- A visit to your home
- Home check and advice.
- Supply of safety equipment (Falls prevention pack, carbon monoxide alarm if needed, etc).
- Referral to other agencies (Northern Ireland Fire and Rescue Service & Energy Efficiency advice/grants etc.)

## Referral Criteria

- Over 65
- Vulnerable or at risk of a fall.
- Have already experienced a fall.
- Priority will be given to those who have had a fall within the last 12 months

Transport can be arranged if required.

For a full schedule of dates and venues contact:

Davina Coulter  
Oak Healthy Living Centre  
LITE House, Cross Street,  
Lisnaskea, Co. Fermanagh,  
BT92 0JE

Tel: 028 677 23843

Email: [davina.coulter@oakhlc.com](mailto:davina.coulter@oakhlc.com)

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Programme Delivery Partners details:

### Fermanagh & Omagh District Council Area

Lead Partner:

Oak Healthy Living Centre

Tel: 028 677 23843

[davina.coulter@oakhlc.com](mailto:davina.coulter@oakhlc.com)

Arc Healthy Living Centre

Tel: 028 68628741

[peggy.carty@archlc.com](mailto:peggy.carty@archlc.com)

Derg Valley Care HLC

Tel: 028 81670764

[martin@dergvalleycare.com](mailto:martin@dergvalleycare.com)

Omagh Healthy Living

028 82251559

[health@omaghforum.org](mailto:health@omaghforum.org)

### Derry City & Strabane District Council Area

Bogside & Brandywell HLC

Tel : 028 71365330

[lorraine@bbhealthforum.org](mailto:lorraine@bbhealthforum.org)

Old Library Trust HLC

Tel: 028 71373870

[jonathan@olt.ie](mailto:jonathan@olt.ie)

### Legacy Limavady Borough Council area

Roevalley Residents Association

Tel: 028777 69996

[admin@roevalleyresidentsassociation.org.uk](mailto:admin@roevalleyresidentsassociation.org.uk)

## Referral Form - *Clients' Detail*

Name : _____		
Title: _____		
D.O.B _____		
Contact No: _____	Next of Kin: _____	
	Contact No: _____	
Address: _____		
_____		
_____		
Postcode _____	GP: _____	Tel: _____

Transport required <input type="checkbox"/>	Mobility : Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>
Over 65 <input type="checkbox"/>	Fallen within last 12mths <input type="checkbox"/>
Client consent received for referral Yes <input type="checkbox"/> No <input type="checkbox"/>	
Memory Loss Yes <input type="checkbox"/> No <input type="checkbox"/> if yes please comment: _____	
Additional Medical Information: _____ _____ _____	

### REFERRER DETAILS (if applicable)

Name: _____	Position: _____
E-mail: _____	Tel: _____
Address: _____	
Postcode: _____	Date of Referral: _____

RTN: Davina Coulter, OHLC, LITE House, Cross St., Lisnaskea,  
Co. Fermanagh, BT92 OJE E-mail: [davina.coulter@oakhlc.com](mailto:davina.coulter@oakhlc.com)  
Tel: 028 677 23843 Mob: 07593446201



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