

## **Special Feature: Our Profession at Work**

The 9th Annual National Falls Prevention Awareness Day (FPAD) will be observed on Sept. 22, 2016 to promote and increase public awareness about how to prevent and reduce falls among older adults. This year's theme, *Ready, Steady, Balance: Prevent Falls in 2016*, seeks to unite professionals, older adults, caregivers, and family members to play a part in raising awareness and preventing falls. In recognition of this day MAOT is pleased to share the opportunity we had to sit down with **Jennifer Kaldenberg, MSA, OTR/L, SCLV, FAOTA** the OT representative for the Massachusetts Commission on Falls Prevention.

### **Before we discuss National Falls Prevention Awareness Day, can you tell us a little about your background as an OT and how you first got interested in falls prevention awareness?**

My previous work as the director of OT services at New England Eye put me in a position of working with clients who were reporting a history of falls oftentimes related to low vision. I started looking into what areas of vision might be contributing to increased risk of falls and added fall prevention into my evaluation and treatment approach.

### **How did you develop these skills?**

I started my OT career working in a rehab setting where falls were always a concern, and slowly gained specialized skills in assessing and treating those individuals affected either primarily or secondarily with low vision. Addressing visual impairments as part of a holistic approach to improving function and maximizing independence seemed a natural fit as an OT practitioner.

### **When determining a patient's risk of falls what aspects of cognitive, motor and sensory functioning should be assessed and with what tools to determine a patient's abilities and limitations?**

Because of the multifactorial nature of falls, it is important that occupational therapists assess the multiple factors including cognition, motor skills, vision, the environment, etc. When assessing cognition it is important to look at a persons' general arousal state. Note how good he or she is at following commands and what their level of safety, judgment and impulsivity is. There are many readily accessible cognitive tests that can be utilized. For mobility and balance, there are many assessment tools that can be used such as The Berg Balance Test and The Tinetti as well as the Get up and Go. These are all excellent tools to assess a persons' dynamic and static balance. With regard to sensation, keep in mind persons with diabetic and peripheral neuropathies have poor sensation in their feet so good footwear is essential to preventing falls. When assessing the impact of vision on fall risk consider distance and near visual acuity, contrast sensitivity and visual field. In addition, look at the person's glasses and find out what the client uses for prescription glasses. Consider that there is an increased risk of falls when using bifocals with an ambulatory aide. In addition to assessing the individual for strengths and weakness, do not forget to consider how the environment can play a key role in fall risk prevention. Is there sufficient lighting in stairwells? Is there too much clutter limiting walking

space? Is there a need for home modifications to make the environment safer including grab bars in the bathroom? Lastly, do not forget to take the time to investigate your client's past medical history and to review current medications. Many persons with chronic conditions may be on multiple medications that could put them at a higher risk of falls as a result of poor medication management.

**What interventions do you feel can make the biggest difference in terms of allowing greater independence and safety for community-dwelling older adults?**

People need to be made aware that falling is not a normative part of aging and lots can be done to decrease the risk of falls. The best advice to give our clients is to not stop doing. Staying active by completing daily routine tasks like dressing, bathing, cooking, housekeeping, shopping and exercising will limit fall risk. Multifactorial interventions have been shown to be the most effective in reducing falls. That means focusing not just on muscle strengthening programs, but also addressing environmental, visual and cognitive areas. From how they think to what footwear is on their feet, we need to be assessing everything.

**What are the primary causes of falls in the elderly population and are there wellness and prevention strategies that we can share with our patients to limit the risk of falls?**

There is a four-fold increase in the risk of falls when patients are prescribed multiple medications. Persons with visual impairments and chronic conditions like diabetes, Parkinson's disease and congestive heart failure have a greater falls risk. Urinary incontinence or urgency as well as peripheral neuropathies also place people at a higher risk of falling. It is important when we make our assessments to look at all of the factors that can come into play –person, environment and occupation and to remember to ask what is most relevant and meaningful to the individual client. That, after all, is the essence of occupational therapy and what make us so uniquely qualified to give advice and provide intervention strategies to positively effect outcomes.

**Please share with us a brief summary of the mission of the Massachusetts Commission on Falls Prevention and some of the priority initiatives. What do you see your role on the commission to be?**

Within the Department of Public Health, the Commission is tasked with investigating the effects of falls on older adults and recommending strategies to reduce the number of falls and the healthcare costs associated with falling. Every year the Commission submits to the secretary of health and human services and the joint committee on healthcare financing a report outlining its findings that will then be taken into consideration for future programming in the state. My role on the Commission will be to advocate for greater recognition of the contribution occupational therapy practitioners make to the prevention of falls. I'm hoping to show more clearly to the general public and to our colleagues in the healthcare industry the evidence-based strategies employed by OT in effective fall prevention programming.

Separate from the Commission on Falls Prevention is the Massachusetts Department of Public Health Falls Prevention Coalition. The mission of the coalition is "to promote healthy lifestyles,

behaviors and strategies to prevent falls and fall-related injuries and maintain independence and autonomy; to reduce the incidence and severity of falls and fall-related injuries across the lifespan in Massachusetts; and to promote collaboration, communication and training among the subgroups (individual task forces), so that information and best practices can be shared across settings for individuals transitioning from one setting to another”.

### **To date, would you say the work of the Commission and Coalition has been successful?**

To date approaches that are multifactorial in nature, meaning they address areas of cognition, physical conditioning, medication management, vision and environment, seem to be having the greatest success. Of the work the Coalition has undertaken they list the following as their successes:

- Developed and launched “Keys to Independence,” a social marketing campaign that included a 1-800 information line for older adults.
- Instituted *Matter of Balance* training for Massachusetts seniors with the program coordinated by the Massachusetts Department of Health; trained 30 health care providers in Matter of Balance
- Hosted a statewide Symposium that attracted 800 attendees across New England.
- Implemented a voluntary reporting system for falls by all Massachusetts hospitals that is housed on a public website.
- Developed a new falls risk assessment tool for long term care that is being made available through several Massachusetts websites.
- Expanded the coalition to include Western Massachusetts Regional Falls Prevention Coalition to meet the needs of seniors and health care providers in that rural/remote region.
- Disseminated Standards and Best Practices for falls prevention in home-based care, including risk assessment tools and benchmarking resources.

### **How can OT practitioners across the state get involved?**

The National Council on Aging website has a great list of activities to get anyone interested in falls prevention awareness off on the right track. Go to <http://www.ncoa.org/improve-health/center-for-healthy-aging/falls-prevention/falls-prevention-awareness.html#sthash.KP0pds8d.dpuf> to find examples of how to offer evidence-based falls prevention programs, find potential collaborator, distribute information and facilitate screenings for falls risk factors.

AOTA also is a great resource for free tips and tool kits for assessment and treatment at <http://www.aota.org/fallsday>.

Another great resource for falls prevention is <http://stopfalls.org/>. Created by the California Fall Prevention Consortium the website provides not only some great event planning and program marketing ideas but also some valuable research data related to falls and fall prevention. Topics and materials covered include balance and physical activity, medical management, and environmental/home modifications.