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Step Up to Living: Interdisciplinary Strategies to Address Falls

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HOW TO RECEIVE COURSE CREDIT

View the entire course including any applicable handouts/resources. Complete a post-test assessment. You must score 80% or better on the post-test and complete the course evaluation to earn a certificate of completion for this activity. If required, Select Rehabilitation will report attendance to CE Broker.

ABOUT THE COURSE AUTHOR

Kari Brizendine, a Physical Therapist, is a graduate from Virginia Commonwealth University/Medical College of Virginia. An Education Specialist for Select Rehab, one of our nation's largest long-term care rehab providers, Kari has spent over 37 years working with the geriatric population in a multitude of clinical settings where she has been responsible for patient care, clinical programming, education and staff development. She is a Certified Wound Specialist through the American Board of Wound Management, a Certified Dementia Practitioner and Trainer through the National Council of Certified Dementia Practitioners, a Certified Montessori Dementia care Professional and She is LSVT Big Certified. Her predominant interest has been in serving those with dementia, their caregivers, healthcare providers and families, with the message that each person with dementia continues to have a life that matters and that quality is possible if we all join that person using his or her personal interests, residual skills and memories in what she calls "My Way". She is the co-author of *My Past is Now My Future: A Practical Guide to Dementia Possible Care* and author of *Though You Do not Know My Name I Know You Love me Just the Same*.

POST-TEST

1. An example of a helpful reaction to falls would be to:
 - a) Increase mobility
 - b) Increase activity
 - c) Work on increased gait speed
 - d) All the above

2. A proactive fall strategy would include which of the following?
 - a) Teaching classes to reduce fear of falling, guest speakers, group discussion of fears and solutions
 - b) Filling out an incident report
 - c) Asking the client what happened
 - d) Issuing a wheelchair
3. Which of these is a sign of pseudobulbar disease?
 - a) Crying uncontrollably
 - b) Limping
 - c) Sleeping a lot
 - d) Pacing
4. Managing sleep disorders to prevent falls include which of the following?
 - a) Bedtime rituals
 - b) Medication strategy
 - c) Staff awareness of manifestations pertinent to diagnosis
 - d) All the above
5. Protection against falls includes which of the following?
 - a) Keeping the client in bed
 - b) Telling the client to “sit down”
 - c) Hip protectors
 - d) Limiting functional activity

The post-test and corresponding course evaluation can be accessed at:

https://www.surveymonkey.com/r/Step_Up_On_Demand

Or by using the following QR Code:




If all course requirements have been met, a certificate will be emailed from Select Rehabilitation to the email address reported in the course follow-up survey.

Any questions or issues related to this course should be directed to Dr. Kathleen Weissberg, National Director of Education for Select Rehabilitation at kweissberg@selectrehab.com

If accessibility of learning is required, please contact Kathleen Weissberg at kweissberg@selectrehab.com for appropriate accommodations.

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Objectives

After attending this session, the attendee will be able to:


- Describe ways each member of the team can reduce the risk of falls.
- List new tools that contribute to fall reduction.
- Enumerate ways to reduce injury that results from an actual fall.
- Describe ways to reduce the client's personal fear of falling.



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Reaction to Falls


Detrimental	Helpful
• Limit mobility	• Increase mobility
• Restrict activity	• Increase activity
• Place in wheelchair	• Improve balance
• Remind to sit down	• Motivate
• Suggest to slow down	• Work on increased gait speed



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Team Review

- Staff/Client input “What happened?”
- Client experience
- Therapist evaluation for all falls- PT
- Provide glasses and hearing aides
- Eliminate cause




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Approach to Falls

Do you consider your team's approach to fall reduction

- a) Reactive after the fall
- b) Proactive to prevent the fall
- c) A combination of both



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Team That is Empowered

- Define a fall
- Specific team interview
- Listen to client
- Therapist evaluation specific to the incident-could be PT, OT and/or ST
- Visit to the Optometrist or Ophthalmologist, clean the glasses, charge the hearing aides, tests provided by rehab that narrow cause of fall



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Proactive Fall Strategies

- Standardized fall risk assessments
- Functional mobility training including getting up from the floor and how to fall
- Teaching classes to reduce fear of falling, guest speakers, group discussion of fears and solutions
- Increasing arm swing, gait speed, foot clearance, ankle ROM
- Working on alternate strategies such as vision when there is a loss of sensation and decreased proprioception (perception of position and movement of body)
- Make adaptive equipment "cool"
- Postural correction



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Reliance on Vision

- Example mCTSIB test
- Same test may be performed by PT or OT



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Speech Strategies

- Client empowerment with the right tools
- Staff commitment to strategies developed
- Consistency in plan
- Consideration of language



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Examples of Tools

- A communication board using client's preferred language
- An amplified hearing device
- Written directives
- Visual cues
- Dementia staging assessments
- Recordings of familiar voices with directives
- Sequencing prompts
- Memory prompts
- Person-centered plan for understanding behaviors such as vocalizations, preventing upset, understanding requests



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Meaning of Words

- "Cold" may mean "Coke"
- "Put This Thing in that thing" may mean put this trash in the waste can
- "I want a DCB" could mean "I want a double cheeseburger"
- Family generated words "choas", "Dr. Phesi", "Feece of Feesa"



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Meaning of Actions

- Crying uncontrollably- may have Pseudobulbar disease
- Pacing- May mean "cold", "in pain", "tooth ache"
- Withdrawing to room- May mean upset with someone, don't like that activity, I like to spend time in my room
- No longer able to read words- may mean a progression of dementia
- No longer eating- Could mean progression of dementia, loss of taste, difficulty with swallow



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Nutritional Needs

- Protein levels
- Vitamin supplementation
- Hydration
- Low carb



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Sleep Disorders and Falls


- Bedtime rituals
- Diet
- Medication strategy
- Staff awareness of manifestations pertinent to diagnosis



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Collaboration Involves

- Nursing team- medications, response to monitors, adherence to and modification of care plan, risk assessments, vital signs
- Therapy team- PT determine fall risk, Correct deviations, teaches how to fall and get up off the floor OT- environmental modification, sleep hygiene ST- Communication methods, understanding, safe swallow
- Client- follow prevention measures, participate in classes and group discussions
- Hairdresser- Use proper transfer procedures, time with position changes
- Volunteers- an understanding of who they may perform mobility activity with, competency demonstration for outings
- Psychologist- behavior modification i.e. hoarding, purposeful incontinence
- Physicians- Medication management, prescribe therapies
- Clergy- provide calming materials, encouragement
- Visitors- aware of policies like being sure door is fully closed, recommended food vessels, speaking intentions like going outdoors with a client
- Outside Community- eliminate obstacles, mark curbs, keep floors dry
- Dietary- non-spill containers, correct and effective diet
- POA- learn car transfers with PT or OT, Pick proper footwear and seek PT input, Lock wheelchair and remove footplates
- Clerical staff- Monitor when outdoors, encourage sunshine, eat with a client to model better intake
- Administration- make daily rounds, keep staff accountable, environmental sweep committee
- Housekeeping- Floors clean but not shiny, report incontinence to nursing, provide feather duster to those who are deemed safe to use in their room
- Activities- modify for person-centered needs, work on sweeping, provide a fear of falling support group
- Wellness- emphasize hip and knee strength, work on ankle ROM, provide walking activities, discuss falls



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Collaboration Related to Fall Reduction and Prevention

- Pain management
- Dementia management
- Toileting strategies that work
- Staff development/retention
- Client safety classes
- Client participation/ optimal function that frees up staff
- Supportive documentation, baselines
- Assist with problem solving caregivers and clients
- Customer satisfaction surveys
- Reduction of unnecessary pharmaceuticals, timing of pharmaceuticals
- Sleep hygiene
- Nutrition management
- Communication resources
- Elopement screens
- Behavioral management
- Adaptive equipment
- Community assessments
- Environmental modifications



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Protection is Our Duty

- Soft floors
- Hip protectors
- Helmets, seat belts, restraint reduction
- Secure living areas
- Teaching how to fall and how to rise from ground
- Relaxation strategies



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Prevention is our Aspiration

- Fall risk assessments
- Proper footwear
- Housekeeping protocols
- Environmental sweeps
- Fear of falling support groups
- Proper care and use of eyeglasses and hearing aides
- Wellness classes
- Person-centered activities
- Proper lighting
- Safe outdoor walkways
- Planned resting areas
- Planned areas that distract and entertain
- Individualized care plans
- Color marked areas
- Contrasted environment
- Familiar environment
- Monitors



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Functional or Nursing Maintenance Programs

- Necessary for accountability
- Need constant revision
- Team needs access and input
- Broaden the team
- Everyone reminds everyone without retribution
- Team members report when something is not working
- Add what works
- Keep it simple
- Always teach and train during active treatment
- Consider team suggestions for improvements



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Thank You!

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