

FALL PREVENTION PROGRAMMING

August 27, 2024

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LTSS Fall Prevention Programming

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OBJECTIVES

- Understand techniques to assess for fall risks.
- Access resources and evidence-based programs are available to help members who may be a fall risk.
- Learn about fall prevention tactics and resources when working with an interdisciplinary team.



TABLE OF CONTENTS

01

**FALL
RISK FACTORS**

02

**ROLE OF REHAB
THERAPISTS**

03

**MULTIDISCIPLINARY
COLLABORATION &
ADVOCACY**

04

**CASE
STUDY**



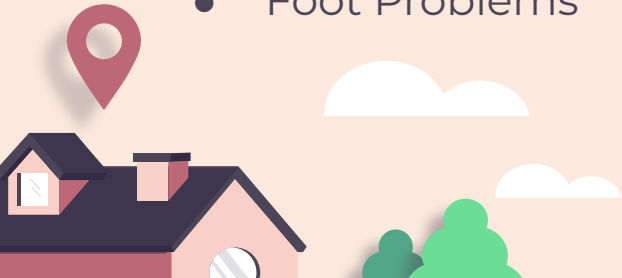
01

FALL RISK FACTORS



FALL RISK FACTORS

- Previous Falls
- Gait and Balance Issues
- Muscle Weakness
- Vision Impairment
- Chronic Health Conditions
- Medications
- Cognitive Impairment
- Postural Hypotension
- Depression
- Foot Problems



02

ROLE OF REHAB THERAPISTS



ASSESSMENT AREAS

Range of motion
Strength
Pain
Sensation, proprioception, stereognosis
Endurance
Language in relation to function
Clonus
Object manipulation
Crossing midline
Gross and fine motor skills
Psychosocial
Sleep

Transfers for function
Balance
Gait for function
Vestibular system and symptoms
ADLs (vs. baseline)
IADLs (vs. baseline), driving
Cognition (attention, memory, communication, planning, safety)
Orientation
Awareness of time, Routines
Vision
Hearing
Swallow
Symptoms (seizures, light sensitivity)
Sensory Profile



Reimbursement

- Outpatient in the home
 - Does not have to be homebound
 - Covered by Medicare Part B
 - No cost to individuals with Medicare/Medicaid
- Telehealth Opportunities
- Caregiver Training Codes
- Private Pay Available - Discharge Planning



Physical therapy

- Patient Independence
 - Activity Modification
 - Balance & Strength Training
 - Mobility Training
- Exercise Programs
- Gait Training
 - Evaluate patient's ability to walk
 - Identify areas of improvement



Speech Therapy

- Cognition
 - Memory Strategies
 - Attention Training
- Dysphagia
 - Swallowing assessments
 - Techniques to improve oral safety
 - Diet modifications
- Communication
 - Techniques to improve communication skills
 - Voice and breath training



Occupational Therapy

- Home modifications and Environmental Adaptations
 - Evaluate home environment for potential hazards
 - Provide recommendations on home modifications or assistive technology
- Promote patient independence
 - Balance and strength training
 - Activity modifications
- Client Centered Approach
 - Addressing individualized goals
 - Involving the patient in the process



PERSON - ENVIRONMENT - OCCUPATION - PERFORMANCE (PEOP)

PERSON

Encompasses physiological, psychological, motor, sensory/perceptual, cognitive, and spiritual aspects of the individual.

ENVIRONMENT

Includes cultural factors, social support networks, social determinants, social capital, **physical and natural surroundings**, health education and public policies, as well as assistive technology.

OCCUPATION

Activity, task, or role characteristics pertaining to the specific nature of the occupation being performed.

PERFORMANCE

When there is alignment or fit between the person and their environment, facilitating valued occupations, successful occupational performance can result in increased participation and overall well-being.



What are Home Modifications?

Home Modification refers to changes made to a home to make daily living easier, lessen the chance of accidents, and support independence. These modifications are often made throughout the lifetime - changes to make a home safer for an infant, adding a ramp when stairs get difficult, etc. Home modifications are about changing the home environment to make life easy, organized, and safe.

Aging Services, Iowa Department of Health & Human Services



What are Home Modifications?

Home Modifications are designed to promote independence, ease, and safety for the individual and caregiver. We'll discuss individual customizations, but also consider the caregiver's needs by asking questions such as:

- *Does the current set up allow for proper body mechanics?*
- *Is there sufficient room for necessary equipment?*



Home Modifications vs Adaptive Equipment

Home Modification

- Structural Changes to the home
- Tub cuts, wheelchair ramps, widening the doorways, stair lifts

Adaptive Equipment

- Devices/products that help people carry out everyday activities with increased independence
- Notebook, magnifying glass, mobility aids, electronic talking devices



Home Modification Considerations

- Flooring
- Lighting
- Doors
- Entryways
- Stairs
- Clutter
- Safety & Accessibility
 - Kitchen
 - Living Room
 - Bedroom
 - Bathroom
 - Toileting
 - Showers



Common Referral Types

**Unclear Cause
of Falls**

**Clear Cause
of Falls**

**Home Mods vs
Equipment**

New to Waiver

**Discharging from
Home Health**

Change in ADLs



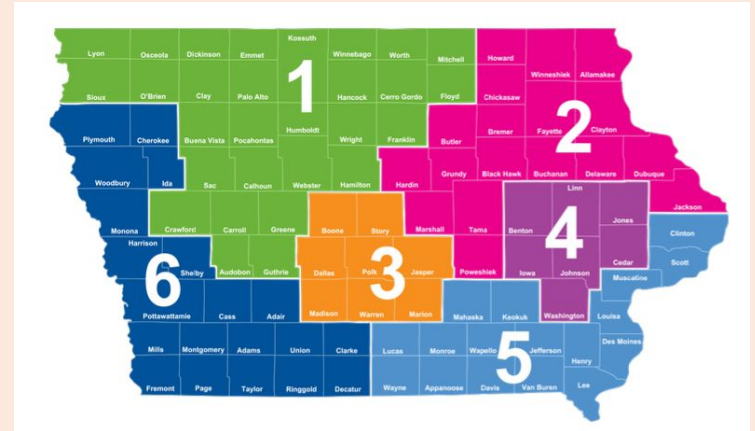
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MULTIDISCIPLINARY COLLABORATION & ADVOCACY



AAA EVIDENCE BASED PROGRAMS

- There are 6 Area Agencies on Aging within Iowa
- All offer some type of evidence based programming
 - Majority of programming is centered around falls prevention
- Programs are no cost to attend
- Not all programs will be well suited for each individual
- It's important to contact your local AAA to determine offerings
 - To search by zip code
<https://eldercare.acl.gov/Public/Index.aspx>



Community Resources for Acquiring Equipment and Technology

- AAA
 - Geographic-specific programs
- Easter Seals
 - Equipment Loan Program
 - Assistive Technology Lending Library
 - AT Backpacks (AAA)
- American Legion Medical Equipment



Community Resources for Home Modifications

“The U.S. Department of Housing and Urban Development (HUD) [today] awarded \$30 million to 32 nonprofit organizations, state and local governments, and public housing authorities to assist in undertaking comprehensive programs that make safety and functional home modifications and limited repairs to meet the needs of low-income elderly homeowners that allow them to age in place” *HUD Public Affairs*



Financing Resources

- Housing Trust Funds
- USDA Single Family Housing Repair Fund
- Home Equity Loan
- Home Equity Conversion Mortgages (Reverse Mortgages)
- Able Up Iowa
- Care Credit
- Veterans Benefits
- Community Programs



Home Modifications Team

Rehabilitation Professionals

Occupational Therapists
Physical Therapists
Speech Language Pathologists

Medical Team

Primary Care Physician
Nursing
Social Worker
Specialty Physicians

Allied Healthcare Providers

ATP / DME Provider
Care Coordinators
Mental Health Providers

Community Partners

Community Program Coordinator
Waiver Case Manager
Handyman or Contractor



04

CASE STUDY



Case Study

- Referral
 - Woman in mid 60s who lives alone in low-income apartment building
 - Past Medical History: Stroke and COPD
 - Functional Impairments: right side weakness, speech impairment, decreased balance, impaired cognition, decreased activity tolerance
 - History of multiple falls in home
 - Enrolled in Home Community Based Service Waiver Program
 - Services include meals and assistance with showering
 - Reported difficulty with standing from toilet, showering, driving, and cleaning



Case Study

- Evaluation
 - Bedroom
 - Furniture was an obstacle as it limited her ability to navigate space safely
 - Bathroom
 - Obstacles in path to access shower
 - Slippery floor
 - Lack of shower seating
 - Towel hook located on other side of bathroom
 - Toilet too low, no grab bars
 - Lighting
 - Poor lighting due to no overhead lights
 - Kitchen
 - Throw rug present
 - Footwear
 - Patient reported not wearing shoes in apartment
 - Pets
 - Cat toys throughout living area



Case Study

- What We Did
 - Bedroom
 - Moved bed against wall to increase ability to navigate around room
 - Bathroom
 - Command hook placed next to shower for towel
 - Moved cat dishes out of walking path
 - Installed shower head and shower head holder
 - Shower stool inside shower
 - Toilet riser provided and grab bars near toilet recommended
 - Lighting
 - Provided many automatic night lights and installed throughout home
 - Kitchen
 - Removed throw rug
 - Footwear
 - Patient education on proper footwear
 - Pets
 - Reacher provided, allowing patient to easily pick up cat toys



Next Steps



When to Refer?

- History of falls
 - Frequent or recent
 - Patient reports fear of falling
- Presence of fall risk factors
- Decline in mobility or function, or increased dependence on caregivers
- Concerns about a patient's home environment
- Patients that have recently been discharged from a hospitalization and are not being seen by home health



Cost

- Outpatient in the home services are often no cost to individuals with Medicare/Medicaid
- May differ for individuals on Medicare Advantage plans
- Telehealth options are available for individuals in more rural areas
- Evidence based programs offered through AAAs or community partners may be beneficial



Contact Information

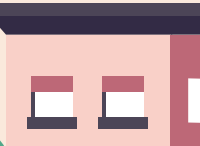
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