

Influence of the Stay Active and Independent for Life Program on the Fear of Falling in Community-Dwelling Older Adults Hanna Sartain, OTS; Megan Carpenter, OTD, OTR/L, SCFES Department of Occupational Therapy | University of Alabama at Birmingham Carolyn Chapura, OTR/L | The Crossings at Riverchase - Hoover

Introduction

Background: Falls are a significant concern among older adults, often leading to injuries, loss of independence, and reduced quality of life (Chen et al., 2021).

- The Stay Active and Independent for Life (SAIL) program uses a multifaceted approach to reduce the fear of falling, which is often a significant psychological barrier to older adults engaging in regular physical activity. (Kilma et al., 2021).
- SAIL Components
 - Warm-up
 - Aerobics
 - Balance
 - Strengthening
 - Stretching Education

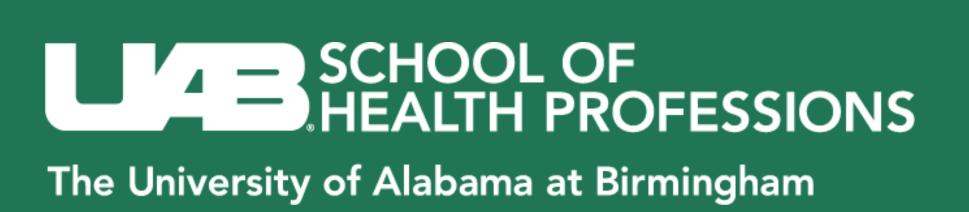
Purpose: To examine how the SAIL program impacted perceived fear of falling (FOF) in communitydwelling adults aged 65 and older.

Methods

Inclusion and Exclusion Criteria: The adults should be no younger than 65, community-dwelling, individuals with a history of falls or a fear of falling, and independent with toileting and mobility (mobility devices are allowed). The program emphasizes improving flexibility, strength, and balance, and exercises can be performed either standing or seated. English should be reported as the primary language of the participants and there are no exclusions based on race, gender, age, religion, sexual orientation, or marital status. Other exclusion criteria consist of exclusion criteria consists of the inability to communicate or follow simple commands.

Demographic Data: The first section of the study will consist of a demographic data (Appendix A) of the participants including name, race, age, and gender that include questions asking participants if they have fallen in the last three months, do they have a FOF and if so, does in have an impact on their daily activities. The next section will include a single-group pretest-posttest evaluation using the fall efficacy scale (FES) to assess the fear of falling.

Falls Efficacy Scale: The FES indicates the level of perceived confidence an individual has about carrying out everyday activities without falling. This scale is a 10-item test. The instruments are detailed as follows: "On a scale from 1 to 10, with 1 being very confident and 10 being not confident at all, how confident are you that you do the following activities without falling?" in the following categories: Take a bath or shower, reach into cabinets or closets, walk around the house, prepare meals not requiring carrying heavy or hot objects, get in and out of bed, answer the telephone, get in and out of a chair, get dressed and undressed, personal grooming (i.e., washing your face), get on and off the toilet.



Methods Continued

Population: Participants will need to be able to attend sessions two times a week for 6-weeks, these sessions will be held for one hour each.. Surveys were provided to participants during the first week of the SAIL program and during the last program to record results. The participants also participated in fall prevention education at the end of each session to improve home and community safety and mobility.

Data Collection and Analysis: Data was collected via paper surveys and analyzed using descriptive statistics in Excel. The analysis was assessed changes in participants' fear of falling. All data was coded confidentiality, stored securely, and is to be destroyed unless further research is warranted.



Males: 2 **Females:** 6 Age Average: 84

Reported a FOF: 50% (n=4) of participants.

FOF indicated based on FES: 12.5% (n=1)

Table 2

Fall Efficacy Scale

55 5	Participant's Averages Combined	
Activity	Pre	Post
1) Take a bath or shower	3.25	2.875
2) Reach into Cabinets or closets	2	1.875
3) Walk around the house	2.75	1.875
 Prepare meals not requiring carrying heavy or hot objects 	3	2.875
5) Get in and out of bed	2.75	2.625
6) Answer the door or telephone	2.625	2.5
7) Get in and out of a chair	3	2.5
8) Getting dressed and undressed	3.375	3.25
9) Personal grooming(i.e. washing your face)	2.875	1.875
 Getting on and off the toilet (i.e. washing your face) 	2.5	2.375
TOTAL	28.25	24.625

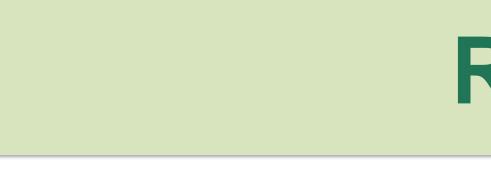
Results: The results revealed that 50% of participants experienced a reduction in their fear of falling, while the remaining 50% reported no change, as measured by their FES scores. These findings suggest that the SAIL program may be effective in reducing FOF among community-dwelling older adults (Table 2).

- Sample size was limited
- Program length was restrained

- despite receiving an explanation.
- reflect participants' actual abilities.



- of life.
- criteria regarding participant cognition levels.
- regarding improved strength, mobility, and confidence.
- falling, and build functional mobility in diverse populations.



Chen, W.-C., Li, Y.-T., Tung, T.-H., Chen, C., & Tsai, C.-Y. (2021). The relationship between falling and fear of falling among community-dwelling elderly. *Medicine*, 100(26). https://doi.org/10.1097/md.000000000026492

Klima, D. W., Rabel, M., Mandelblatt, A., Miklosovich, M., Putman, T., & Smith, A. (2021). Communitybased fall prevention and exercise programs for older adults. *Current Geriatrics Reports*. https://doi.org/10.1007/s13670-021-00354-w



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Discussion

• All post-test surveys were completed, except for one, due to the participant's absence from the program. • During demographic data collection, several participants reported having a fear of falling. • Discrepancies were observed in some participants' FES scores, suggesting that some participants may have overestimated their perceived abilities and others may have misunderstood the scoring system,

• These discrepancies may have resulted in potentially inaccurate outcomes, as the scores did not fully

Conclusion

• Its evidence-based focus on improving balance, strength, and physical activity aligns closely with occupational therapy's goal of promoting functional independence and enhancing quality

• For future research, it is recommended to utilize a larger sample size and extend the program duration beyond six weeks to better assess its long-term effects, and require a higher inclusion

• Expanding the program to assisted living facilities and including individuals with

comorbidities could provide valuable insights, especially given the positive feedback

• Incorporating the SAIL program into clinical practice enables occupational therapy

practitioners to deliver proactive interventions that support fall prevention, reduce fear of

References

Acknowledgement & Contact information