Interdisciplinary and Evidence-based Approaches to Supporting Management of Diverse Fall Risk Factors among Community-dwelling People with Multiple Sclerosis

Tuesday, May 1, 2018

Elizabeth W. Peterson, PhD OTR/L FAOTA

This webinar is being recorded. The slide deck and recording will be emailed after the webinar.
INTERDISCIPLINARY AND EVIDENCE-BASED APPROACHES TO SUPPORTING MANAGEMENT OF DIVERSE FALL RISK FACTORS AMONG COMMUNITY-DWELLING PEOPLE WITH MULTIPLE SCLEROSIS

Fall Prevention Community of Practice
May 1, 2018

Elizabeth W. Peterson, PhD, OTR/L, FAOTA
University of Illinois at Chicago
Department of Occupational Therapy
Objectives

Learners will:
• Draw from a variety of sources to justify attention to diverse fall risk factors among people with MS (PwMS).
• Recognize key physical risk factors for falls among PwMS.
• Identify examples of environmental, psychological, activity-related and behavioral influences on fall risk factors for PwMS based on research to date.
• Develop an repertoire of strategies to collaboratively assesses & address environmental, psychological, activity-related and behavioral influences on fall risk factors with PwMS, with members of the interdisciplinary team.
Overview

• PART 1: Introduction to the problem of falls among PwMS & description of key physical risk factors based on systematic reviews and meta-analyses.

• PART 2: Foundational concepts & evidence supporting attention to diverse fall risk factors

• PART 3: Strategies to address environmental influences on fall risk among PwMS: Examples

• PART 4: Strategies to address psychological & activity-related Influences on fall risk among PwMS: Examples

• PART 5: Strategies to address behavioral influences on fall risk among PwMS: Examples

• PART 6: Summary
PART 1- INTRODUCTION TO THE PROBLEM OF FALLS AMONG PEOPLE WITH MS
MS

• MS is a chronic, frequently progressive demyelinating disease of the CNS.
  • Highest rates are among people of Northern European descent.
  • Most often appears in young adulthood, with the incidence peaking around age 30\(^1\).
  • In the US 45% of people with MS are \(\geq\) 56 years of age\(^2\).
• Wide range of symptoms and impairments, as well as activity & participation restrictions

1 Wingerchuk, 2011
2 Minden & Marder, 1993
Research about falls among people with MS is fairly recent...

**BRIEF REPORT**

**Risks of Falls in Subjects With Multiple Sclerosis**

Davide Cattaneo, PT, Carmela De Nuzzo, PT, Teresa Fascia, PT, Marco Macalli, Ivana Pisoni, PhD, Roldano Cardini, MD

Arch Phys Med Rehab, 2002

**ORIGINAL ARTICLE**

**Risk Factors for Falling Among People Aged 45 to 90 Years With Multiple Sclerosis**

Marcia L. Finlayson, PhD, Elizabeth W. Peterson, MPH, Chi C. Cho, MS

Arch Phys Med Rehab, 2006
Field of study has grown rapidly

Medline: “Accidental Falls” AND “Multiple sclerosis”

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56% of PwMS fall each year; 37% are frequent fallers (2 or more)\(^1\)

- fall-related injuries are common\(^2,3\)
- 63.5% (age 45-90) report fear of falling (FoF)\(^4\)
- Among PwMS (age 45-90) reporting FoF, 82.6% report curtailing activity\(^4\)
- Lower falls self-efficacy is associated with future, recurrent falls independent of past recurrent falls in PwMS.\(^5\)

\(^1\) Nilsagård et al., 2015
\(^2\) Peterson et al, 2008
\(^3\) Matsuda et al., 2011
\(^4\) Peterson et al., 2007
\(^5\) Mazumder et al 2015

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## Summary of Fall Risk Factors in MS from Systematic Reviews & Meta-analyses

<table>
<thead>
<tr>
<th>Type of fall risk factor</th>
<th>Specific fall risk factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demographic</td>
<td>Progressive MS</td>
</tr>
<tr>
<td></td>
<td>Longer MS duration</td>
</tr>
<tr>
<td></td>
<td>? male gender; age</td>
</tr>
<tr>
<td>Physiologic</td>
<td>Impaired balance</td>
</tr>
<tr>
<td></td>
<td>Greater disability (EDSS)</td>
</tr>
<tr>
<td></td>
<td>Slower walking</td>
</tr>
<tr>
<td>Behavioral/Environmental</td>
<td>Use of a mobility aid</td>
</tr>
<tr>
<td>Cognitive</td>
<td>Impaired cognition – executive function, verbal memory</td>
</tr>
</tbody>
</table>

Source: Michelle Cameron, MD, PT, MCR
Factors Associated with Falls in Persons with MS
Presented at the 5th International Symposium on Gait & Balance in Multiple Sclerosis: Fall Detection and Prevention, Sept. 2015
Based on studies by Gunn et al, 2013; Gianni et al, 2014; Nilsagard, 2015.
PART 2-FOUNDATIONAL CONCEPTS & EVIDENCE SUPPORTING ATTENTION TO DIVERSE FALL RISK FACTORS
Foundational Concepts & Evidence: Overview

- Lessons from gerontology: AGS/BGS Guidelines for the Prevention of Falls in Older Persons
- WHO International Classification of Functioning, Disability and Health
- From the OT perspective
  - AOTA Practice Framework
    - Intervention Approaches
  - Person-Environment-Occupation perspective
- Lessons from recent study examining stakeholders’ views

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Let’s Take a Poll

Have you heard of the AGS/BGS Guidelines for the Prevention of Falls in Older Persons?

_____ yes
_____ no
Lessons from Gerontology:

*Risk factor abatement* begins with the identification of diverse, modifiable risk factors.

Tower Analogy

Source: AGS/BGS *Guideline for the Prevention of Falls in Older Persons*  
http://www.americangeriatrics.org
Lessons from Gerontology: Multifactorial Interventions Designed to Reduce Fall Risk

- Clients receive different combinations of interventions—carried out qualified health care professionals-- based on findings from an individual assessment.
- Interventions are individualized—reflecting *modifiable* risk factors + the client’s:
  - readiness to change,
  - abilities,
  - goals & priorities;
  - physical and social context

Lessons from Gerontology: Multifactorial Interventions

• *Following through* with plans to address modifiable fall risk factors is essential.

  AGS & BGS, 2010

• “Follow through” strategies include:
  • Refer to member(s) of the interdisciplinary team
  • Support the client in building relationships with community-based service providers
    • e.g., local chapter of the MS society, Area Agency on Aging
  • Support the client’s ability to develop and use self-management skills
    • Refer to content that follows.
OT Perspective: OT Practice Framework - Relevant Intervention Approaches

- **Establish or Restore** - establish a skill or ability that has not yet developed or to restore a skill or ability that has been impaired.

- **Maintain** - provide supports that will allow clients to preserve the performance abilities they have regained, that continue to meet their occupational needs, or both.

- **Modify** - provide supports that allow clients to preserve the performance abilities they have regained, that continue to meet their occupational needs, or both.

- **Prevent (Disability Prevention)** - address clients at risk for occupational performance problems.

Source: AOTA, 2014
OT Perspective: Person-Environment-Occupation Perspectives

based on diagram by Law et al
OT Perspective: Pilot Study - Finlayson, Peterson & Cho, 2009

Safe at Home BAASE: A Falls Prevention Program for People with MS
### Pilot Study: Finlayson, Peterson & Cho, 2009

<table>
<thead>
<tr>
<th><strong>Aim</strong></th>
<th>To determine the outcomes of a pilot study of a fall risk management program for adults with MS. (Feasibility study)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong># participants</strong></td>
<td>30 (enrolled); 23 completed ≥ 5:6 intervention sessions.</td>
</tr>
<tr>
<td><strong>Methods</strong></td>
<td>Pre/post intervention</td>
</tr>
<tr>
<td><strong>Data sources</strong></td>
<td>Data from telephone interview</td>
</tr>
<tr>
<td><strong>Analysis</strong></td>
<td>(Primarily) paired t-tests</td>
</tr>
</tbody>
</table>
Pilot Study: Finlayson, Peterson & Cho, 2009
SAHB: OT-Based Guiding Principles

• Attend to P-E-O factors to reduce risk

• Use experiential (“doing”) activities to promote knowledge and skill mastery

• Promote a supportive & safe environment to enable participants to practice & refine fall prevention & management skills
  • Sharing, problem-solving, self-assessment and reflection

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Pilot Study: Finlayson, Peterson & Cho, 2009

Application of PEO: Examples

PEO is used to organize the discussion of fall risk factors & mgmt. strategies.

BAASE acronym used to capture behaviors, activities, attitudes, symptoms, environment

Dynamic nature of occupational performance requires focus on generalizing skills.

Program aims to teach generalizable skills; emphasizes how risk factors change and fall prevention efforts need to be on-going.

Client viewed positively as a motivated individual (driven to occupation)/occ performance goals are determined by clients.

Client preferences are attended to throughout. For example, “activity” targets, exercise/activity preferences.
Let’s Take a Poll

Are you familiar with self-management interventions, such as Lorig’s Chronic Disease Self-management Program?

_____ yes

_____ no
Examples of Self-Management Skills Addressed in SAHB

- Problem solving
- Decision making
- Finding & using resources
- Formation of a patient–provider partnership
- Action planning
- Self-tailoring
Pre-Post Comparisons

Falls Self-Efficacy (10 items):
- Higher score = more confident (0-100)
- Mean Pre score: 79, Mean Post score: 89
- Difference: $t = -3.12$, $df = 21$, $p = 0.005$

Falls Control Scale (4 items):
- Higher score = greater sense of control (4-20)
- Mean Pre score: 15, Mean Post score: 17
- Difference (Wilcoxon): $z = -3.0$, $p = 0.002$

Falls Management Scale (5 items)
- Higher score = better management certainty (5-20)
- Mean Pre score = 14, Mean Post score: 16
- Difference (Wilcoxon): $z = -3.0$, $p = 0.002$

Fear of Falling (1 item)
- Difference (McNemar’s): $p = 0.01$
## Study: Finlayson, Peterson & Cho, 2009

### % Change: Pre-Post Strategy Use

<table>
<thead>
<tr>
<th>Strategies/Behavior Changes</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Careful about using the 'right' mobility device</td>
<td>95</td>
</tr>
<tr>
<td>Stay physically active safely</td>
<td>86</td>
</tr>
<tr>
<td>Change how I do different activities</td>
<td>86</td>
</tr>
<tr>
<td>Ask for help with some activities</td>
<td>86</td>
</tr>
<tr>
<td>Put a plan in place in case I fall</td>
<td>86</td>
</tr>
<tr>
<td>Check condition of mobility aids regularly</td>
<td>86</td>
</tr>
<tr>
<td>Plan activities to manage my MS symptoms</td>
<td>82</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategies/Behavior Changes</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chosen shoes I wear</td>
<td>73</td>
</tr>
<tr>
<td>Have chosen not to do an activity</td>
<td>68</td>
</tr>
<tr>
<td>Moved furniture or other items</td>
<td>59</td>
</tr>
<tr>
<td>Use grab-bars in my bathroom</td>
<td>55</td>
</tr>
<tr>
<td>Improved the lighting in my home</td>
<td>41</td>
</tr>
<tr>
<td>Asked HCP - ways to reduce my fall risk</td>
<td>18</td>
</tr>
<tr>
<td>Asked about meds</td>
<td>14</td>
</tr>
</tbody>
</table>
Lessons From Recent Study Examining Stakeholders’ Views: Dev’t of a Balance, Safe Mobility and Falls Management Programme for People with MS

RESULTS HIGHLIGHT THE VALUE OF ATTENTION TO PSYCHOLOGICAL, ACTIVITY-RELATED & BEHAVIORAL INFLUENCES ON FALL RISK

• Examples:
  • The programme should support the development of coping strategies & self-efficacy
  • Falls and participation-based outcomes are equally important.
  • The need to structure activities so they become habitual and integrated into everyday life was emphasized.

Source: Gunn et al., 2017
PART 3-STRATEGIES TO ASSESS & ADDRESS ENVIRONMENTAL INFLUENCES ON FALL RISK: EXAMPLES
The Environment

- The physical environment.
- The social and cultural environment.
The Physical Environment & Fall Risk: Lessons Learned from Gerontology
Let’s Take a Poll

Comprehensive home safety assessment & modification interventions for community-dwelling older adults involve:

- a) consideration of the full range of potential hazards.
- b) raising older adults’ awareness of their environment.
- c) raising older adults’ awareness how they negotiate the environment.
- d) problem-solving solutions.
- e) all of the above
Reference

Mobility Device Use and Fall Risk

• The use of assistive devices is associated with higher risk of falls among PwMS.
  • OR upon inclusion of 9 studies: 3.16.

• PwMS who used a mobility aid had the highest risk of falls in the systematic review and meta-analysis conducted by Gunn et al. (2013)
  • OR 2.5.

• PwMS using bilateral assistance for gait have the highest prevalence of falls.
  Coote, Finalyson & Sosnoff, 2014
Mobility Device Use and Fall Risk Among PwMS

- Prevalence of mobility device use is high.
  - Within 15 years after onset of MS, 50% of individuals will require the use of an aid for walking and 10% will require a wheelchair.
    Courtney et al., 2009

- Use of >1 mobility device is common.
  Finlayson, Peterson, & Asano 2014.
Multiple Mobility Device Use and Fall Status Among Middle-Aged & Older Adults with MS

KEY RESULTS
• For each additional mobility device used, the odds of being a faller increased by 1.47x (95% CI = 1.14-1.90).

PRACTICE IMPLICATIONS:
• Ask about all devices a person used, not just the primary one;
• Conduct a comprehensive fall risk assessment that includes technical, physically-oriented skills related to walking, as well as problem-solving, decision-making & activity analysis skills.
• Provide education to help PwMS to select the correct device; practice skills; provide “refreshers”.

Source: Peterson, Ben Ari, Asano, & Finlayson, 2013
Falls Self-Efficacy Among Adults with MS: A Phenomenological Study

KEY RESULT:
The social network is an important fall prevention resource.

PRACTICE IMPLICATIONS:
Examine current use of formal and informal supports.

Educate clients about available supports (e.g., MS support groups)

Support PwMS in their efforts to engage their social networks on their own terms

Source: Peterson, Kielhofner, Tham & von Koch, 2010
PART 4: STRATEGIES TO ASSESS & ADDRESS PSYCHOLOGICAL AND ACTIVITY-RELATED INFLUENCES ON FALL RISK: EXAMPLES
Introduction

• Levels of activity among PwMS
  • Motl, McAuley, Snook & Scott, 2005
  • Finlayson, Lexell, & Forwell, 2013
  • Sebastião, Learmonth, & Motl, 2017

• Barriers to activity

• The importance of activity among PwMS
  • Stuifbergen et al., 2006
  • Sosnoff et al., 2015
  • Gunn et al., 2015
  • Peterson et al., 2010
  • Gunn et al., 2017
Fall Attributions Among Middle-Aged and Older Adults with MS

RESULTS: Activity at time of fall. (N=313)

<table>
<thead>
<tr>
<th>Activity Description</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Functional mobility (e.g., walking from one point to another)</td>
<td>124</td>
<td>39.6</td>
</tr>
<tr>
<td>IADLs (e.g., preparing a meal, shopping)</td>
<td>82</td>
<td>26.2</td>
</tr>
<tr>
<td>ADLs (e.g., bathing, dressing)</td>
<td>70</td>
<td>22.4</td>
</tr>
<tr>
<td>Leisure activities (e.g., visiting friends, vacationing, reading)</td>
<td>42</td>
<td>13.4</td>
</tr>
<tr>
<td>Not specified</td>
<td>24</td>
<td>7.7</td>
</tr>
</tbody>
</table>

Peterson, Ben Ari, Asano, & Finlayson, 2013
Attitudes & Behavior: The Role of Falls Self-Efficacy (FSE)

- Research on achievement, motivation and performance has clearly documented that attitudes and beliefs affect behavior.
- Self-efficacy is an individual’s judgment about being able to perform a specific behavior.
- Falls self-efficacy:
  - Perceived self-efficacy or confidence at avoiding falls during essential, nonhazardous activities of daily living.  
    Tinetti, Richmond, & Powell, 1990
  - Falls efficacy scales can be used to measure fear of falling.

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Fear of Falling (FoF) Studies by Peterson et al. (2007) & Mazumder et al. (2015)

KEY RESULTS: PETERSON ET AL. (2007)
• 64% reported FoF
• Among those reporting FoF, 83% reported curtailing activity due to the fear of falling.

KEY RESULTS: MAZUMDER ET AL. (2015)
• Falls self-efficacy (FSE), measured by the FES-I, is associated with future recurrent falls independent of past recurrent falls in PwMS.

PRACTICE IMPLICATIONS:
• Assess FSE using the FES-I
Exploring FSE & Impact on Activity for PwMS: FES-I Use

- Falls Efficacy Scale- International (FES-I)
- Validated for use w/ PwMS.
  van Vliet et al., 2013.
  Mazumder et al., 2015
Assessment priority: Are concerns about falling protective [i.e., appropriate given abilities] OR contributing to deconditioning & compromised QOL [i.e., individual is curtailing involvement in activities he/she is safely able to perform due to fear of falling]]?

Falls in People with Multiple Sclerosis: Experiences of 115 Fall Situations (Carling et al., 2017)

KEY RESULTS:

- Study participants said it was more important to remain as active as possible than to stop doing the activities.
  - Avoiding activities would significantly constrain their everyday life.
Falls Self-Efficacy Among Adults with MS: A Phenomenological Study

KEY RESULTS:
Participants’ main goal was not to avoid falling, but rather to fulfill roles & participate in life activities + Learning by doing helps to build FSE.

PRACTICE IMPLICATIONS:
Frame fall prevention efforts in the context of fulfilling roles/engaging in valued activities

Measure participation! (Detail follows)

Create activity-based opportunities for PwMS to “try out” & build fall prevention skills.

Source: Peterson, Kielhofner, Tham & von Koch, 2010
Participation as an Outcome in MS Fall Prevention Research: Consensus recommendation from the International MS Falls Prevention Network

- Community Participation Indicators
  - Heinemann; Lai, Magasi, et al. 2011
- Community Integration Measure
  - McColl, Davies, Carlson, Johnston, Minnes 2001
- Reintegration to Normal Living Questionnaire
  - Wood-Dauphinee & Williams, 1987
- Impact on Participation and Autonomy Questionnaire
  - Cardol, de Haan, van den Bos, de Jong, de Groot, 1999

Source: Finlayson, Peterson & Matsuda, 2014
Activities & Fall Risk- Final Thoughts

• Occupational priorities are highly individualized.

• Role of Occupational Therapy
  • Identifying priorities
  • Narrowing the gap between task demands and capability
    • Remediative & compensatory approaches (e.g., communication strategies, task analysis, task/env. modification.)
    • Skill generalization
PART 5: STRATEGIES TO ASSESS & ADDRESS BEHAVIORAL INFLUENCES ON FALL RISK: EXAMPLES
Introduction: Behaviors and Fall Risk

- Fall prevention behaviors: protective behaviors related to fall risk.

- References:
  
Let’s Use the Chat Box

• Please write one example of a behavior that a person with MS could engage in that would support fall prevention efforts.
Background: The Fall Prevention Strategies Scale (FPSS)

- A self-report instrument addressing protective behaviors related to fall risk among PwMS.
- Rasch analysis used to develop the tool.
- Final instrument:
  - is made up of 11 items
  - forms a unidimensional set of items
    - encompass varying levels of difficulty
  - is relevant to PwMS regardless of sex, time since diagnosis, or mobility level, optimizing the generalizability and substantive validity of the instrument
- Score range: 0-22
  - higher scores reflect regular use of more strategies.
The Fall Prevention Strategies Scale (FPSS)

To access, contact: Mark Krivchenia, Senior Technology Manager, UIC
Krivchen@otm.uic.edu

<table>
<thead>
<tr>
<th>FPSS Item</th>
<th>FPSS Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>I move items in my home (e.g., furniture, rugs, clutter) to reduce my fall risk (or have other people do it for me).</td>
<td>I monitor and manage my MS symptoms to reduce my risk of falling.</td>
</tr>
<tr>
<td>I turn on the lights when I moving moving around in my home.</td>
<td>At least once a year, I ask my doctor to check whether any of the medications I take might increase my risk of a fall.</td>
</tr>
<tr>
<td>As needed, I change the way I perform everyday activities in order to reduce my risk of a fall.</td>
<td>At least once a year, I ask my pharmacist to check whether any of the medications I take might increase my risk of a fall.</td>
</tr>
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<td>I avoid doing activities that are beyond my abilities and could put me at risk for a fall.</td>
<td>At least once a year, I ask at least 1 health care professional about ways to reduce my fall risk.</td>
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<tr>
<td>I ask other people for help with some activities in order to reduce my fall risk.</td>
<td>I plan what I will do in case I fall.</td>
</tr>
<tr>
<td>When I am fatigued, I change my activities to reduce my fall risk.</td>
<td>Source: Finlayson, Peterson, Fujimoto, Plow, 2009.</td>
</tr>
</tbody>
</table>
People with MS Use Many Fall Prevention Strategies But Still Fall Frequently

KEY RESULTS

• Both fallers & non-fallers *rarely* talked to health care professionals about fall prevention.

PRACTICE IMPLICATIONS

• It is up to healthcare providers to initiate conversations about falls.

Source: Cameron, Asano, Bourdette & Finlayson, 2013
People with MS Use Many Fall Prevention Strategies But Still Fall Frequently

KEY RESULTS

• Both fallers & non-fallers rarely asked a provider to check medications that might increase fall risk

PRACTICE IMPLICATIONS

• All members of the health care team can encourage people with MS to have all medications (e.g., prescription and OTC medications) checked by a pharmacist of MD, at least annually.

Source: Cameron, Asano, Bourdette & Finlayson, 2013
People with MS Use Many Fall Prevention Strategies But Still Fall Frequently

KEY RESULTS

• Mean total FPSS scores for the fallers was significantly higher than the nonfallers.
  • In other words, PwMS who fall use more fall prevention strategies than people who do not fall.

PRACTICE IMPLICATIONS

• Use the FPSS as a starting point for conversation
  • Looking into # of strategies is not enough—we need to know if strategies used are effective AND if PwMS change strategies over time, as needs change.

Source: Cameron, Asano, Bourdette & Finlayson, 2013
People with MS Use Many Fall Prevention Strategies But Still Fall Frequently

KEY RESULTS

• Overall, few non-fallers were employing fall prevention strategies.

PRACTICE IMPLICATIONS

• Be proactive! Educate all people with MS about fall risk factors and fall prevention strategies, regardless of fall history.

Source: Cameron, Asano, Bourdette & Finlayson, 2013
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<td>Source: Cameron, Asano, Bourdette &amp; Finlayson, 2013.</td>
</tr>
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People with MS Use Many Fall Prevention Strategies But Still Fall Frequently

KEY RESULTS

- Creating fall management plans is a more challenging task (related to fall prevention) for people with MS

Source: Cameron, Asano, Bourdette & Finlayson, 2013
Frequency & Factors Associated with a Proxy for Critical Falls among People Aging with MS: An Exploratory Study

KEY RESULTS

• Findings suggest that critical falls, defined as falls involving an inability to get up after the fall, are common among PwMS
  • 54% of study subjects sustained a critical fall after their most recent fall

Delayed Initial Recovery & Long Lie After a Fall among Middle-aged and Older Adults with MS

KEY RESULTS

• Only 4.7 % of the 322 study participants reported a long lie.
  • Defined as “falls that result in remaining on the ground for more than an hour after a fall.”

• The low prevalence of long lie reported by the participants suggests that they may have had fall management strategies in place.

Source: Bisson, Peterson & Finlayson, 2015
Studies Highlighting the Importance of Post-fall Management

PRACTICE IMPLICATIONS

• Engage PwMS in conversations to assess presence, quality, and use of fall management plans.
• Use post-fall interactions as a teachable moment
  • The “post-fall debriefing”
• Collaboratively develop action plans with PwMS to address how falls will be managed, if (when) they occur.
• Given that the subject of managing falls can be emotionally taxing….

Sources: Cameron, Asano, Bourdette & Finlayson, 2013
Bisson, Peterson & Finlayson, 2015
Bisson, Peterson & Finlayson, 2017
Communication Strategies

• Asking Permission
• Practitioners can work toward a mutual partnership by asking for the client’s permission before providing information or making suggestions.

Relevant Resource: *Preventing Falls Among Community-Dwelling Older Adults: Intervention Strategies for Occupational Therapy Practitioners*
Elizabeth W. Peterson, PhD, OTR/L, FAOTA, and Elena Espiritu, MS, OTR/L

Disseminated by AOTA
Communication Strategies

• Ask Tell Ask

• Ask-tell-ask is a technique related to information giving.
  • First, ask the client what he or she knows or wants to know about a specific topic.
  • After the client’s response, tell the information, and again ask the patient if he or she understood and what additional information he or she would like.

Source: Bodenheimer, MacGregor & Sharifi, 2005
Communication Strategies

• **Closing the Loop**

• When clients are asked to restate information, they are incorrect nearly half the time (Shillinger et al., 2003). *Closing the loop* is a proven technique to improve health literacy.

• By asking the client to repeat what he or she was just told, the therapist can assess the extent to which the client has understood the information and can repeat or rephrase as necessary until the client’s repetition indicates he or she has understood.

Bodenheimer et al., 2005
PART 6: SUMMARY
Summary

• The highly individualized and diverse nature of fall risk factors for PwMS creates a mandate for interdisciplinary, client-centered care.

• The team can work together to understand clients’
  • physical, social and cultural worlds;
  • activities they value; &
  • behaviors they engage in.

• Interdisciplinary teams can draw from a # of resources to support a comprehensive approach to the development and implementation of strategies to help PwMS manage fall risk.

• Identifying risk factors is not enough—following through with mitigation strategies is essential.
Additional Fall Prevention Resources*

- National Council on Aging (NCOA)
  - [https://www.ncoa.org/healthy-aging/falls-prevention/](https://www.ncoa.org/healthy-aging/falls-prevention/)
  - The 11th annual Falls Prevention Awareness Week will be observed on **Sept. 22-28, 2018**

- U.S. Centers for Disease Control and Prevention (CDC)
  - [https://www.cdc.gov/steadi/index.html](https://www.cdc.gov/steadi/index.html)

- ENGAGE- IL
  - [engageil.com](http://engageil.com)
  - Free CE on 32 topics related to geriatrics for diverse h.c. professionals

* These websites feature resources developed to support fall prevention among older adults.
Presenter’s Contact Information

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Questions?

Type your questions into the chat box.

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Dial *7 on your telephone to unmute.
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THIS WEBINAR IS BEINGRecorded.
The slide deck and recording will be emailed after the webinar.
WE INFORM, SHARE IDEAS AND SUPPORT EACH OTHER TO IMPROVE THE IMPLEMENTATION OF EVIDENCE-INFORMED FALL PREVENTION PRACTICES.

**NETWORKING**
Find an expert, mentor or collaborator. Search members by area of expertise, location or name.

**FINDING ANSWERS**
Harness the collective knowledge of our members to find an answer to your fall prevention question quickly and efficiently.

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Collaboration tools & private groups make working together online easy. Bring your network, committee or project team to Loop today.

Thank you for attending!

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