

AOTA's Comments to Patient-Centered Outcomes Research Institute  
(PCORI)  
**Preventing Injuries from Falls in the Elderly**

Purpose: To provide input on PCORI's latest request for research questions/gaps for comparative effectiveness studies.

PCORI seeks "questions of personal importance regarding preventing injuries from falls in the elderly. They would like your input on which questions remain unanswered, which treatments should be compared, and which critical patient-centered outcomes should be addressed. Their objective is to identify those questions that, if answered, would provide patients, caregivers, and clinicians with the best information available to help them prevent falls among the elderly and the injuries that often result."

- **What is your question?**

"Does \_\_\_\_\_ (fall prevention program 1) or \_\_\_\_\_ (fall prevention program 2) improve **participation** among older adult participants, while decreasing injuries from falls and actual falls?" In this case, participation refers to the "involvement in a life situation" (WHO ICF Model).

- **Why is it important for your question to be studied further?**

The question is important because **participation** is the most salient outcome sought by patients and central to the WHO ICF definition of health. Patients want to know if and when they can return to their lives; when they can resume performing the meaningful activities and roles in their lives.

- **What Areas under this Topic Do You or Your Organization Feel Require Additional Research?**

What is the relationship between fall experience (or fear of falling) and participation? A related question is whether fall prevention programs not only decrease falls but also increase participation. Some facilities may implement a fall prevention program that is so restrictive that patients may not be allowed to attend community outings/events, similar to the overuse of restraints reported in some facilities. If we are truly effecting fall risk and preventing falls, then we would expect an increase (not decrease) in participation.

- **What Additional Information Should the Workgroup Consider?**

We currently have some outcome tools to answer this question. Some options include Community Participation Indicators assessment and the Reintegration to Normal Living Questionnaire (RNLI). Resources are attached.

The CDC is actively disseminating *Tai Chi Moving for Better Balance*, the *Otago Exercise Program*, and *Stepping On*, so these would be interesting programs to investigate to see their impact on participation. Also, *Matter of Balance* is a program designed to help older who are curtailing activities due to concern about falls manage their fear of falling. An occupational therapist was a member of the Boston University research team that developed, delivered and evaluated the program. *Matter of Balance* (especially the volunteer-lay led version) is being used widely by occupational therapists in the US, offered in more than 36 states, and has reached over 25,000 older adults. The original version of the program, which is led by a health care professionals program, has been shown to reduce falls among recurrent fallers.

Reference:

Zijlstra, G. A. R., van Haastregt, J. C. M., Ambergen. T., van Rossum, E., van Eijk, J. T. M., Yardley, L., Tenstedt, S.L. , & Kempen, G. I. J. M. (2009). Effects of a Multicomponent Cognitive Behavioral Group Intervention on Fear of Falling and Activity Avoidance in Community-Dwelling Older Adults: Results of a Randomized Controlled Trial, *Journal of the American Geriatrics Society*, 57, 2020-8.

Attachments:

1. Community Participation Indicators assessment
2. Reintegration to Normal Living Questionnaire (RNLI)

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· **What is your question?**

What is the effectiveness of established interventions for preventing injuries from falls in the elderly populations typically excluded from falls studies (i.e., people with Multiple Sclerosis, Rheumatoid Arthritis, Osteoarthritis, Parkinson's disease, stroke, etc.)?

· **Why is it important for your question to be studied further?**

Often, the inclusion criteria for fall prevention studies include older adults with a history of falls and yet exclude older adults with diagnoses or conditions (i.e., people with Multiple Sclerosis, Rheumatoid Arthritis, Osteoarthritis, Parkinson's disease, stroke, etc.). Thus the research studies are not studying the most vulnerable populations, the populations with a heightened fall risk.

· **What Areas under this Topic Do You or Your Organization Feel Require Additional Research?**

Additional studies examining falls and participation outcomes with populations in Skilled Nursing Facilities (SNF) and/or Assisted Living Facilities (ALF). There are very few falls studies conducted among this population, but falls are still an all too common event in SNFs and ALFs. In SNFs, Medicare is scrutinizing falls as an outcome. Too many SNF

fall prevention strategies are either based on hunches or are extrapolated from studies of community dwelling, less frail samples. And many of these fall prevention programs actually curtail participation.

- **What Additional Information Should the Workgroup Consider?**

Often, the goal in health care settings is “no falls” but too often that is achieved by sacrificing participation. The patients' goal is “participation without falls” or “participation while minimizing fall risk”, but that goal will not be achieved until participation is recognized and measured as a legitimate and desirable health outcome. Research has shown the linkages between participation, or engagement, in meaningful activities and better health.

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