

## Agenda and Objectives

1. Introduction and sharing concerns/expectations
2. Summary and aims of the program
3. Your views: Using the shopping list
4. Balance and strength exercises

### **BREAK**

Balance and strength exercises (continued)

5. Risk appraisal
6. Homework

### **The main objectives of this session are:**

1. To meet each other and learn about the program.
2. To understand that we all have falls and there many reasons why we may fall.
3. To recognize the importance of balance and strength exercises for preventing falls.
4. To share our knowledge, ideas, questions, and answers with each other and with the group leader; learn about the group process.



<b>Quick Overview of the Program</b>	
<b>Session 1</b>	<b>Introduction, Overview, and Choosing What to Cover</b> Getting to know each other, overview of program, sharing fall experiences, choosing what to cover. Guest expert introduces the balance and strength exercises.
<b>Session 2</b>	<b>The Exercises and Moving about Safely</b> Review and practice exercises with guest expert, explore the barriers and benefits of exercise, moving about safely – chairs and steps, learning not to panic after a fall.
<b>Session 3</b>	<b>Advancing Exercises and Home Hazards</b> Review and practice exercises, discuss when and how to upgrade your exercises, identify hazards in and about the home, and problem-solving solutions.
<b>Session 4</b>	<b>Vision and Falls, Community Safety, and Footwear</b> Review and practice exercises. Guest experts discuss the influence of vision on risk of falling and talk about strategies to get around the local community and reduce the risk of falling. Learn about the features of a safe shoe and identify clothing hazards.
<b>Session 5</b>	<b>Medication Management, Bone Health, and Sleeping Better</b> Identify the importance of Vitamin D, sunlight, and calcium to protect from fall injury. Guest expert talks about medications that increase falls risk. Strategies to sleep better are discussed.
<b>Session 6</b>	<b>Getting Out and About</b> Discuss and give participants the opportunity to see and try hip protectors. Explore different weather conditions that could lead to a fall. Review exercises. With guest expert, practice safe mobility techniques learned during the program in a nearby outdoor location.
<b>Session 7</b>	<b>Review and Plan Ahead</b> Review and practice exercises, review personal accomplishments from the past 7 weeks. Reflect on the scope of things learned. Review anything requested. Finish any segment not adequately completed. Time for farewells and closure.
<b>Follow-Up Home Visit</b>	Support follow-through of preventive strategies and assist with modifications.
<b>3-Month Booster Session:</b> Review achievements and how to keep them going.	



## Shopping List

Topics we can include in the program:

Check if interested

- |  |   |
|--|---|
| <input type="checkbox"/> Weak legs                                 | <input type="checkbox"/> Holding onto things to move around                 |
| <input type="checkbox"/> Balance                                   | <input type="checkbox"/> Reaching for things up high                        |
| <input type="checkbox"/> Vision                                    | <input type="checkbox"/> Not enough help                                    |
| <input type="checkbox"/> Fear of doing things and falling          | <input type="checkbox"/> Cords across the floor                             |
| <input type="checkbox"/> Hurrying and not paying attention         | <input type="checkbox"/> Steps and stairs                                   |
| <input type="checkbox"/> Sleeping difficulty                       | <input type="checkbox"/> Floor surfaces                                     |
| <input type="checkbox"/> Vitamin D and calcium to strengthen bones | <input type="checkbox"/> Getting in/out of a vehicle                        |
| <input type="checkbox"/> Getting up at night                       | <input type="checkbox"/> Uneven sidewalks                                   |
| <input type="checkbox"/> Feeling dizzy                             | <input type="checkbox"/> Using public transportation (bus, train, airplane) |
| <input type="checkbox"/> Medications                               | <input type="checkbox"/> Snow and ice                                       |
| <input type="checkbox"/> Taking a bath or shower                   | <input type="checkbox"/> Crime, e.g., purse snatching                       |
| <input type="checkbox"/> Footwear                                  | <input type="checkbox"/> Pets   |
| <input type="checkbox"/> Reaching                                  |   |
| <input type="checkbox"/> Lifting and carrying                      |   |

**ADD ANY OTHERS:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



**Exercise Log**

Name \_\_\_\_\_

Week (please circle the week number — circle one)

1 2 3 4 5 6 7

**Check — if I did my exercises this week**

**Balance Exercises** (daily):

- Monday     Tuesday     Wednesday     Thursday
- Friday     Saturday     Sunday

**Strength Exercises** (3 times a week — be sure you have one day of rest between strength exercises):

- Monday     Tuesday     Wednesday     Thursday
- Friday     Saturday     Sunday

