



COMMUNITY GROUP STRENGTH & BALANCE

EXERCISE EFFECTIVENESS CRITERION

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PREVENT FALLS & FRACTURES



The Technical Advisory Group established the following nine criterion for community group strength and balance programmes for older people. These criteria are supported by research and evidence, which can be provided on request.

Criterion 1

The purpose of the Programme must be to improve balance and leg strength to reduce the risk of falling.

The programme firstly must be an exercise programme, not simply physical activity, and so a physical activity group even where suitable exercise types are included would not be eligible.

Balance exercises should be done in certain ways:

- Standing, and progressing to using a reduced base of support, reduced hand support and controlled movements of the body's centre of mass

And/or include:

- Perturbation of balance
- Be function-based or have relevance to daily activities
- Include specifically designed dual-task cognitive motor exercise.

Criterion 2

Programme must include baseline and ongoing assessment of participant's physical function, including 'timed up and go' (TUG).

Programme must be based on an assessment of the participant's abilities prior to starting the programme. Participants should have baseline and ongoing assessments for individual progression of exercises.

Use of assessment tools would enable providers to attest that participants who are engaging in sufficient challenge to balance, are getting an adequate dose of exercise and are reducing their falls rate/or risk.

The TUG test is a simple measure used to assess a person's lower limb strength, mobility and dynamic balance. It uses the time that a person takes to rise from a chair, walk three metres, turn around, walk back to the chair, and sit down. During the test, the person is expected to wear their regular footwear and use any mobility aids that they would normally require.

The purpose of baseline and ongoing assessment of participant function (i.e. TUG) is a way of determining if the intervention (i.e. strength + balance exercises) are making a difference to an individual's level of function (i.e. faster TUG) which should in turn result in reduced falls.

Criterion 3

Programme must include exercises that provide individually assessed appropriate challenge to balance, and progressive strengthening of lower limbs.

Strength and balance exercises should be tailored to individual ability, allow progressive challenge (including weights) to strength and to centre of gravity.

Criterion 4

Balance exercises should be a minimum of one third of the total exercises, and should be done standing with progression to reduced base of support.

Balance exercises should provide appropriate challenge. Participants should feel comfortable that they can pass up or modify exercises or movements that are too challenging and have the support of the

instructor to do so. Similarly, instructors should be able to increase the challenge of exercises for participants who find the exercises are not challenging enough.

Criterion 5

Programme should include a minimum of one hour weekly group exercise sessions and resources to support at least weekly home-based exercise over at least 10 weeks.

Group sessions should be one hour long, and home-based exercise could be done in two or more shorter bouts, giving a combined group and home dose of two hours per week or more.

Exercising twice per week is the minimum effective frequency.

One hour group session includes time for explanations and falls prevention education.

Strength and balance programmes that include an educational component may provide the inspiration to move from contemplation to action and so may be an essential element in a wellness system.

Criterion 6

Programme should have a strategy to support ongoing regular physical activity and/or participation.

On completion of a limited programme, it is expected that a strategy is in place to support ongoing exercise for maintenance, as the benefits are rapidly lost when exercise is ceased.

Criterion 7

Instructors should be specially trained and have appropriate supervision (but need not be clinically trained).

This criterion allows for volunteer peer leaders.

Criterion 8

Participants may be enrolled in the programme through a health professional or through self/community referrals.

Participants with other falls risk factors should have the option to be referred to relevant services. Exercise programme providers should make referrals to other services for participants with other risk factors only with participant's agreement in order to encourage active self-management.

Criterion 9

Any inclusion and exclusion criterion needs to ensure the programme is available to people at increased risk of falling.

The programme needs to accommodate people identified as at high risk of falling, but some people at very high risk of falling may be excluded and referred to a more suitable option. When programme provider has doubts with regards to person's ability to perform exercise programme, a request for medical clearance before exercising should be made.

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