

# Improving strength and balance outcomes for your patients after they leave your care: Falls Prevention requires effective dose



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## AGILE endorsed Referral Forms

### Working in Partnership with Exercise Professionals

Guidance on its use (August 2022)

#### **Why are these Referral Forms important for me as a Physiotherapist?**

Working in partnership with exercise professionals requires sharing clear and specific information about the patients' falls risk and is your responsibility as a referrer. Sharing this information helps ensure optimal outcomes for your patient as it is unlikely that you will be able to offer them the **50 hour dose of strength, balance and functional movement that they need to reduce falls**<sup>1</sup>. For you to significantly change the functional trajectory for individuals, they need to become more active and to progress their exercise plan from the point of discharge with you. Also, research highlights individuals are likely to need guidance to help change their behaviour over time. **These referral forms provide information and your recommendations for continued exercise** which will enable an exercise service, or an appropriately trained exercise professional to determine whether they have the scope of practice (competencies, specific training, experience, insurance) to work with the person you are referring or whether they need to help you find a better trained person to continue their care.

#### **How can I make a difference for patients when they leave my care?**

Who you refer them to is important<sup>2</sup>. Person-centred care means recommending or referring them to a service or professional in the community who has undertaken recognised training required to support their individual exercise needs whilst improving their function and falls risk. e.g. signposting them to a chair based exercise session will not help reduce their risk of falls and purely providing a home exercise booklet for them is unlikely to achieve sufficient exercise dose. **The benefits of exercise stop when the training stimulus stops** - helping patients to change habits and embed strength and balance exercise into their daily lives is required. **Physiotherapists have a role in ensuring the successful transition to a community based exercise professional for longer-term engagement in targeted exercise training.**

#### **Why are there two options for referral forms (and why is one needed?)**

It will ensure that the right exercise professional is identified, at the right time, for your patient and fulfils your responsibility as a referrer.

**The Referral Form (full)** is the best practice option providing PSIs/OEP Leaders with everything they need to know to make the best decisions.

**The Referral Form (short)** is appropriate for use when physiotherapists deem that no intervention is required by them, therefore it is inappropriate for the individual to proceed straight to (OEP/FaME) programmes in the community.

#### **Aren't all exercise instructors the same?**

No. Just like the range of expertise and experience (bands) within physiotherapy, an exercise professionals' training framework exists with a broad range of training and education. All exercise instructors will be delivering strength and balance components within their mainstream sessions and, although specific training exists for instructors to lead strength and balance to active independent older people, **fewer have undertaken the training (and hold required insurance) to work with frailer older adults or those with multiple co-morbidities.** According to Public Health England<sup>3</sup> and NICE<sup>4</sup>, the Otago Exercise Programme (OEP) and the Falls Management Exercise Programme (FaME) are the interventions with the strongest evidence base for effective falls prevention practice. To ensure your patients continue to receive evidence based exercise, refer your patients to exercise professionals with AGILE endorsed falls prevention structured exercise training (i.e. OEP and FaME) delivered with fidelity to the original programmes. Professionals who deliver OEP and FaME have distinct scopes of professional practice and training.

Unlike generic exercise instructors, **FaME instructors (Postural Stability Instructors (PSIs)) are trained to interpret and apply your referral form information.** They can assess and safely progress a person at high risk of falls through skilled group management and individual tailoring to their health status and functional movement ability. They can effectively

<sup>1</sup> <https://www.gov.uk/government/publications/falls-and-fractures-consensus-statement>

<sup>2</sup> <https://www.csp.org.uk/publications/physiotherapy-works-falls-community-approach>

<sup>3</sup> <https://www.gov.uk/government/publications/falls-prevention-cost-effective-commissioning>

<sup>4</sup> <https://www.nice.org.uk/guidance/qs86/resources/endorsed-resource-falls-management-exercise-fame-programme-implementation-toolkit-6960659149>

tailor the three phases of the FaME programme exercises and provide person-centred education elements to suit the motivational and behaviour change needs of your patient. They are trained to help regain your patient's ability to get up off the floor, which helps reduce 'long lies', fear of falling and helps them remain independent.

Unlike generic exercise instructors, **OEP Leaders** are trained to work in partnership with physiotherapists, PSIs or clinical exercise physiologists. However, they **are not trained to assess or prescribe exercise – only to deliver and progress a prescribed set of exercises**. Just as you guide your therapy assistants, set out your recommendations for the best starting exercise prescription to guide the OEP Leader. This referral form enables you to do this.

Other instructors, including Exercise Referral Instructors, have received training in delivering strength and balance exercise sessions, often delivered in larger groups in a 'follow me manner', which may well be suitable for your higher-level or more active patients. However, these instructors are not trained to work with frailer older adults at high risk of falls and/or those with multiple medical conditions. Also be alert to the delivery of FaME or OEP in different disciplines or formats (eg. Dance). Integrating extracts, without the specified incremental progressions and tailoring to individuals, does not have the same robust evidence base for effectiveness.

## **Whose responsibility is it if my patient has a fall in the sessions that I refer them onto?**

At the outset, it is the referrers' responsibility to provide accurate information about the patient's current falls risk for safe participation in an evidence-based falls prevention exercise treatment plan. Importantly, from then on, it is the responsibility of the exercise service co-ordinators and ultimately the exercise instructor/leader (PSI, OEP Leader, Exercise Referral Instructor, Personal Trainer etc.) to understand if this referral is appropriate for their scope of practice and insurance. Once they have accepted the referral, the responsibility lies with them.

## **Why do I have to give so much information on this form?**

Specialist falls prevention exercise professionals need this information in order to make their best decisions for your patients (exercise selection, progression, tailoring of exercise, motivational support for the long-term etc). This detail informs the exercise service, and/or the instructors, who is the best instructor (scope of practice) to work with the patients you refer. Similarly, PSIs working with self-referred clients wishing to join their community falls programmes may refer some clients back to physiotherapy if the person requires multifactorial assessment or rehabilitation exercise.

**Partnership working is a two-way process.** By agreeing to receive information of progress, you build better trust between you and your local community services and get a better idea of the gains that can be made if people continue to receive strength and balance training beyond your rehabilitation phase. The exercise professional may need to refer your patient back to you if improvements are not seen and additional assessment is required.

One of the key **fidelity** points missed in the implementation of FaME, is **retraining getting up off the floor**<sup>5</sup>. This is best started in the rehabilitation setting. Your recommendation to continue working on this key skill for independent living is vital. We know we can't prevent all falls but we can prevent the distress and medical complications of a 'long lie' and associated fear of falling and avoidance of activity.

It is important to extend the **strength challenge** beyond that received in rehabilitation (ankle weights, resistance bands, free weights etc.). We know that progressive strength training, beyond body weight, is needed for improving muscle strength and size. Knowing the rehabilitation level of resistance allows the instructor to progress and measure improvement. Knowing whether the patient requires close supervision on transfers and/or their **balance support needs**, means the instructor can progress the balance challenge safely.

**Medical conditions and medications** that may affect your patients ability to exercise are requested. Any contraindications to exercise will be assessed by the OEP Leader/PSI and they may liaise with you, or the patients' GP, as appropriate.

Finally, **outcome measures** help instructors make decisions on exercise prescription. We appreciate you may undertake many additional outcome measures but this form requests any information on outcomes measures that OEP Leaders/PSIs are trained to use within their scope of practice. They will repeat these outcome measures and, if you request, share them with you and also update you on your patient's longer term improvements.

## **Why wouldn't you?**

For fall prevention to be realised, this requires an effective dose of exercise and longer-term support. These referral forms go some way to ensuring that your patient has the best chance to meet this goal and their own personal goals. **By referring individuals to the right instructor at the right time, you have a better chance to prevent deconditioning and future falls such that individuals live well for longer and remain independent in their communities without reliance on/reappearing in your service.** We know 'something is better than nothing' yet we can do better to raise the profile of, and utilise, exercise professionals with specific falls prevention exercise training.

**Try it - and see how it makes a positive difference to the outcomes of your patients.**

<sup>5</sup> <https://pubmed.ncbi.nlm.nih.gov/34271270/>