Speaker 1: Evan Prost PT

Associate Professor University of Missouri, Columbia

Assigned Question:

A. What is Physical therapy?

B. How does it relate to fall prevention?

We call ourselves the **Movement Experts**.

* Our Job:
  + Identify impairments (musculoskeletal, neurological, cardiovascular, pulmonary) and treat those impairments, across the lifespan.
  + Use plain language to communicate; avoid medical jargon (health literacy).
  + Promote health equity regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors.
  + Collaborate as a team with other disciplines!
* Settings: hospital, short & long-term rehab facilities, outpatient, home health, wellness setting
* Business model: hospital system employee, private practice (outpatient), VA, public health
* Payment: Medicare, private insurance, workers comp, Medicaid, CHIP (Children’s Health Insurance Program) First Steps (pre-school), private pay.

*(Focusing now on the older adult and fall risk)*

Typical 1st encounter for PT is NOT for prevention. ☹

Common 1st encounter for PT is to deal with the consequences of a fall/injury/concussion.

**Marketing the Message – Evolution**

1990s: instead of selling: “Exercise”, … try selling: “Increasing Your Activity.”

* Why? Most people hate to exercise   
  (of course traditional exercise is still valuable!)

2000s: instead of selling “Fall Prevention”, … try selling “Stay Independent.”

* Why? Older adults may not want to be labeled or identified as being as a fall risk because of stigma or from the fear of being sent to a nursing home.
  + Denial may be piece of the issue.
  + Lack of awareness or understanding (possible cognitive impairment)
* Framing the message in positive terms is more appealing. It’s a good conversation starter about how to work on the goal of maintaining independence (open-ended questions).

**Patient Lesson #1**: What makes up Balance?

* Three components: 1) inner ear, 2) vision, 3) the feeling in your feet.   
  Good conversation-starter when patient/clients understand this principal.

**Patient Lesson #2**: What will we be doing to improve your balance?

* Wobble! (Clinical definition: the person must train at a safe level that begins to exceed their limit of stability)
* Balance work is a scary process for the patient/client!
  + PT must first develop trust with the patient.
  + PT must keep the patient safe.
  + PT must provide the right amount of intensity. (Goldilocks)
* Research states: 50 hours of balance training is required to begin to reduce fall risk (one hour, twice/week, 6 mo)

Discharge Time from PT … **Bridge that Gap!**

Our patients deserve more than just a sheet of paper with a home exercise program.



Purpose of Community Evidence-Based (EB) Programs:

* Increasing Physical Activity
* Reducing Fall Risk
* Managing Chronic Conditions

Task for the PT:

* Research your local community wellness practitioners. Area Agency on Aging (AAA) can be a good clearinghouse of info.
* Find programs and find individual trainers that you can trust with a certain category of patients that you are getting ready to discharge.

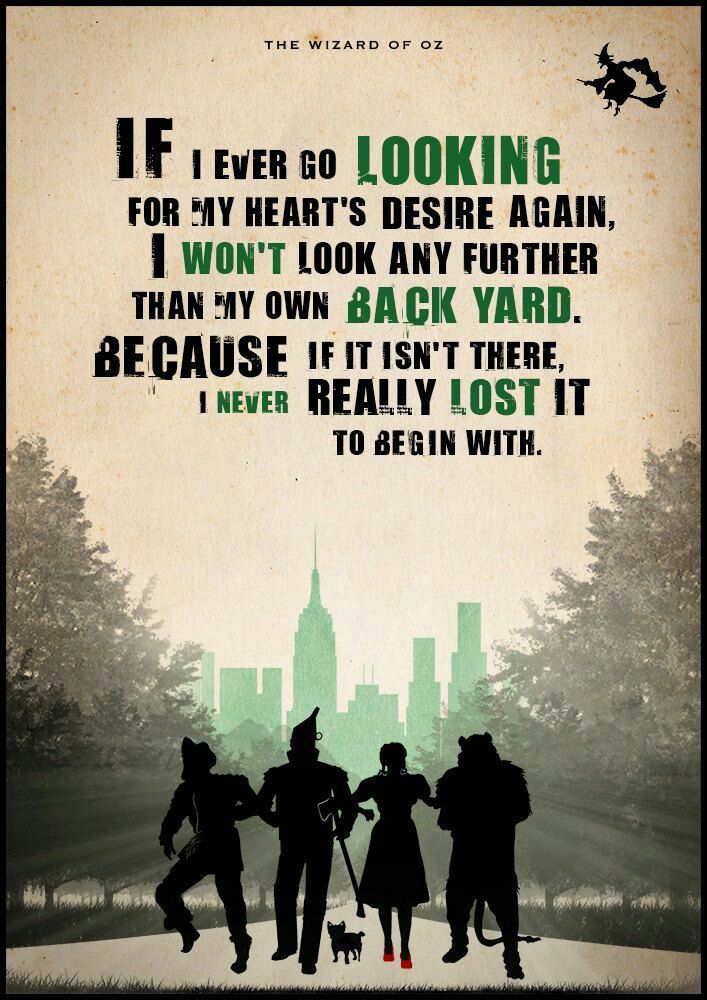
MU Extension offers EB courses in 119 counties and the city of St. Louis.

EB Courses taught: Stay Strong Stay Healthy, Matter of Balance, Tai Chi, Walk with Ease, Chronic Disease Management for conditions such as diabetes, hypertension, and arthritis.

* In-person classes
* Online classes (!)
* Class fees as low as $50. Some classes are at no cost.

… a parting question …

Evan is curious - **How much do the AAA’s and MU Extension talk to each other/coordinate?**



<https://getyarn.io/yarn-clip/d6adb2fd-048b-4d21-894b-b4b48aa63a85>