

**Title of Intervention:** Tailored Exercise Plans for Older Adults

**Intervention Strategies:** Individual Education, Supportive Relationships

**Purpose of the Intervention:** To reduce the number of falls for older adults

**Population:** Men and women aged 75 years and older

**Setting:** Participants' homes; home-based

**Partners:** None mentioned

**Intervention Description:**

- Individual Education: Participants were randomized into the exercise group which received the exercise program and a control group which received usual care. The exercise program consisted of a set of muscle strengthening and balance retraining exercises that progressed in difficulty and a walking plan. The program was individually prescribed during five home visits by the instructor with a booster visit after 6 months. The number of repetitions of the exercise was increased at each visit as appropriate. Participants were expected to exercise at least three times a week (about 30 min per session) and to walk at least twice a week for a year.
- Supportive Relationships: For the months when no home visit was scheduled the instructor telephoned participants to maintain motivation and discuss any problems.

**Theory:** Not mentioned

**Resources Required:**

- Staff/Volunteers: Instructor
- Training: Instructor received exercise training
- Technology: Telephone
- Space: Homes
- Budget: Not mentioned
- Intervention: Exercise program
- Evaluation: Not mentioned

**Evaluation:**

- Design: Randomized Controlled Trial
- Methods and Measures:
  - A series of site visits and regular telephone calls were made by the supervising physiotherapist to assess and ensure quality control. Compliance was monitored with postcard calendars.
  - Falls and fall related injuries were assessed.

**Outcomes:**

- Short Term Impact: Not measured
- Long Term Impact: There was a large reduction in the number of falls during the trial for the exercise group compared to the control group. Fewer participants in the exercise than control group had a serious injury resulting from a fall during the trial. The same numbers of moderate injuries occurred in the two groups.

**Maintenance:** Not mentioned

**Lessons Learned:** A home exercise program, previously shown to be successful when delivered by a physiotherapist, was also effective in reducing falls when delivered by a trained nurse from within a home health service. Serious injuries and hospital admissions due to falls were also reduced. The program was cost effective in participants aged 80 years and older compared with younger participants.

**Citation(s):**

Robertson MC, Devlin N, Gardner MM, Campbell AJ. Effectiveness and economic evaluation of a nurse delivered home exercise programme to prevent falls. 1: Randomised controlled trial. *Bmj*. Mar 24 2001;322(7288):697-701.

Robertson MC, Gardner MM, Devlin N, McGee R, Campbell AJ. Effectiveness and economic evaluation of a nurse delivered home exercise programme to prevent falls. 2: Controlled trial in multiple centres. *Bmj*. Mar 24 2001;322(7288):701-704.