

**Title of Intervention:** Home-based Physical Therapy for Older Adults

**Intervention Strategies:** Individual Education

**Purpose of the Intervention:** To reduce the risk of falling among older adults

**Population:** Adults over the age of 70 who had a risk for falling

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

**Partners:** Health care providers

**Intervention Description:**

- Individual Education: A physical therapist visited the homes of participants for physical therapy, which involved gait or transfer-skill training. It also involved instruction in the progressive, competency-based balance and strengthening exercise programs. Simple illustrated instructions with large print were provided for each exercise program. Participants were instructed to perform the exercises twice a day for 15 to 20 minutes per session.

**Theory:** Not mentioned

**Resources Required:**

- Staff/Volunteers: Physical therapist
- Training: Not mentioned
- Technology: Not mentioned
- Space: Homes
- Budget: \$136,318 or an average of \$891 per participant
- Intervention: Exercise program, illustrated instructions
- Evaluation: Not mentioned

**Evaluation:**

- Design: Randomized controlled trial
- Methods and Measures:
  - Participants were assessed with the Falls Efficacy Scale, a measure of the subject's degree of confidence in performing 10 common activities without falling and the ambulation and mobility subscales of the Sickness Impact Profile.
  - Prescription medication information was obtained.
  - The number of hazards for falling was determined by a room-by-room examination of walking paths, furniture and stairs.

**Outcomes:**

- Short Term Impact: The mean change in the scores on the Falls Efficacy Scale, on which higher scores indicate greater self-confidence, differed significantly between the control group and the intervention group. Overall, the intervention group had a mean decline in the total number of risk factors, as compared with the control group.
- Long Term Impact: There was a significant difference between the intervention and control groups in the length of time to the first fall and in the proportion of subjects who fell. Although the numbers were small, a similar trend toward a reduction in risk in the intervention group was seen for falls requiring medical care or resulting in serious injury.

**Maintenance:** Not mentioned

**Lessons Learned:** The targeted-intervention strategy reported here was associated with a reduction in the proportion of subjects who fell and in the incidence of falls. Although the numbers were small, the subjects in the intervention group also reported fewer injuries and fewer episodes of medical care associated with falls.

**Citation(s):**

Tinetti ME, Baker DI, Garrett PA, Gottschalk M, Koch ML, Horwitz RI. Yale FICSIT: risk factor abatement strategy for fall prevention. *J Am Geriatr Soc.* Mar 1993;41(3):315-320.

Tinetti ME, Baker DI, McAvay G, et al. A multifactorial intervention to reduce the risk of falling among elderly people living in the community. *N Engl J Med.* Sep 29 1994;331(13):821-827.