

**Title of Intervention:** Fall reduction for the visually impaired

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

**Purpose of the Intervention:** To reduce falls and injuries in older adults with low vision through a home safety and exercise program

**Population:** Adults age 75 and older that had visual impairments

**Setting:** Communities in Dunedin and Auckland, New Zealand; home-based

**Partners:** None mentioned

**Intervention Description:**

- Supportive Relationships: An occupational therapist visited the person at home and used a modified version of the safety assessment checklist to identify hazards. The occupational therapist initiated discussion about the home hazards, any items, behavior or lack of equipment that could lead to falls. The therapist and participant agreed on which recommendations to implement. The therapist facilitated the provision of equipment. Motivational phone calls were conducted as well.
- Individual Education: The exercise intervention consisted of the Otago exercise program, specific muscle strengthening, balance and a walking plan. The physical therapists prescribed tailored exercises during five home visits. The degree of difficulty was increased at each visit as appropriate. Participants were encouraged to exercise at least three times a week for 30 minutes.

**Theory:** Not mentioned

**Resources Required:**

- Staff/Volunteers: Occupational and physical therapists
- Training: Not mentioned
- Technology: Not mentioned
- Space: Not mentioned
- Budget: the cost per person was \$212; the cost per fall prevented was \$426
- Intervention: Home assessment checklists, exercise instruction sheets, audiotapes, Otago exercise program
- Evaluation: Postcards

**Evaluation:**

- Design: Randomized controlled trial
- Methods and Measures: Falls were monitored using prepaid mail in post cards.

**Outcomes:**

- Short Term Impact: Not measured
- Long Term Impact: Only the intervention group in the home environment and safety group had significantly fewer falls and injuries than control. Participants in the exercise program intervention actually had more falls than control.

**Maintenance:** Not mentioned

**Lessons Learned:** In community-based programs for prevention of falls, one size does not fit all. Just as an individual patient requires specific prevention treatments, different older adult populations require specifically selected programs. An organization seeking to reduce falls in older adults with severe visual impairment would do best by investing in a proved program of home safety assessment and modification delivered by an occupational therapist.

**Citation(s):**

Campbell, A. J., M. C. Robertson, et al. (2005). "Randomised controlled trial of prevention of falls in people aged  $\geq 75$  with severe visual impairment: the VIP trial." *Bmj* 331(7520): 817