Referral for Falls Prevention Community Exercise Programmes: Guidance for Exercise Professionals Working in Partnership with Physiotherapists

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Why is this Referral Form important for exercise professionals, particularly Postural Stability Instructors/OEP Leaders?

Partnership working is best practice when supporting and working with individuals at risk of falls. This referral form is designed for physiotherapists to communicate essential information that helps you ensure optimal outcomes for participants' by working to achieve the **50 hour dose of strength, balance and functional movement that they need to reduce falls**[1]. To significantly change the functional trajectory of older people, they need to become more active and to progress their exercise plan from the point of discharge from therapy led services. Also, they are likely to need guidance to help change their behaviour over time. **This referral form provides information and recommendations to:**

- **support continued strength and balance exercise** with trained exercise professionals (PSIs/OEP Leaders)
- allows an exercise service, or you, as an exercise professional **to determine whether you have the scope of practice (competencies, specific training, experience, insurance)** to work with their patient or whether you can help them find a better trained person to continue the care of their patient.

Whose responsibility is it if a patient has a fall in my exercise session?

It is the referrers' responsibility to provide accurate information about an individual'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 you as the exercise professional/PSI, OEP Leader) to understand if this referral if appropriate for your scope of practice and insurance**. Once you accept the referral, the responsibility lies with you. Exercise professionals have a responsibility to recognise when a referral may be inappropriate (not within for their skill sets and training) and of course, this includes instructors who have not undertaken specific training for working with those at high risk of falls or multiple chronic medical conditions.

What will this form do for my participants?

It will add further credibility to your work, your skills will be better understood and it will nurter trust with the referring health professional – ultimately, the information on these forms, and the tailored prescription you will give as a result of this form, will ensure best outcomes for the participant.

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 fulfills 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 appropriate for them to proceed straight to (OEP/FaME) programmes in the community.

How can I help older people at risk of falls to 'get-up, stay up and live their best lives?'

'Not all exercise professionals are the same' and not all physiotherapist realise that 'who' they refer to' is important[2]. Person-centred care means ensuring that your participants enter community based exercise sessions that best supports their individual exercise needs. Its important that the exercise they move onto continues to challenge balance and build

[1] https://www.gov.uk/government/publications/falls-and-fractures-consensus-statement
[2] https://www.csp.org.uk/publications/physiotherapy-works-falls-community-approach

strength and is not a 'backward step'. We know that **the benefits of exercise stop when the training stimulus stops** so exercise professionals are an important 'messengers' of accurate information and educators of physical literacy for older people. Partnership working helps overcome barriers and builds links between health and leisure settings which **can directly influence take-up of exercise programmes and tackle critical 'drop out' moments that hinder transition to longer-term engagement in targeted exercise training** with PSI's, OEP Leaders.

Not all exercise instructors are the same (but not everyone knows this)

According to Public Health England[3] and NICE[4] , 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. As PSI's or OEP Leaders, you have **undertaken the training (and hold required insurance) to work with frailer older adults or those with multiple co-morbidities**. To ensure older people in your communities continue to receive evidence based exercise, remaining true to the research and delivering programmes with fidelity is essential and will be expected by referrers.

FaME instructors (Postural Stability Instructors (PSIs) are trained to interpret this referral form information and have a responsibility to deploy skills to achieve fidelity. A PSI has a responsibility to assess and safely progress a person at high risk of falls (and broader spectrum of falls risk) through the three phases of the FaME to suit the motivational and behaviour change needs of each participant. Critically PSIs can help older people to maintain/regain their ability to get up off the floor (which helps reduce 'long lies', fear of falling and helps them remain independent).

OEP Leaders are trained to work in partnership with physiotherapists, PSIs or clinical exercise physiologists. OEP Leaders **are not trained to assess or prescribe exercise – only to deliver and progress a prescribed set of exercises**. This referral form enables you to know the appropriate start point for exercise for your participant.

Other instructors, including **Exercise Referral Instructors** who have received training in delivering strength and balance exercise sessions (often delivered in larger groups in a 'follow me manner'), may well be suitable for independently active older adults (not at risk of a fall). However, these instructors are not trained to work with frailer older adults at high risk of falls and/or those with multiple medical conditions. Indeed, taking extracts, or principles, of FaME or Otago and embedding into a different format or principal activity (eg. Dance) also does not have the same robust evidence base for effectiveness as structured exercise.

Why are physiotherapists asked to provide so much information on this form?

Specialist falls prevention exercise professionals need clear information in order to make infomed professional decisions (about 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 each individual. 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 additional rehabilitation exercise.

PSIs and OEP Leaders have a responsibility to follow the evidence. One of the key **fidelity** points missed in the implementation of FaME, is **retraining getting up off the floor**[5]. Knowing whether the participant has started this practice in the therapy setting is important, as is their use of walking aids, the resistance equipment they have used so far and the support they needed for balance work are all crucial elements to ensuring that your session continues to progress gains made in the therapy setting and that home exercise programmes are tailored to ensure quicker improvements and meet needs.

Medical conditions and medications that may affect ability to exercise are requested and form part of the conversations undertaken during the instructor led assessment. Usual contraindications to exercise will be assessed by the OEP Leader/PSI and may still require liaison with the participants GP or back to referrer as appropriate.

Outcome measures all help with decision making on exercise prescription. If the referrer has requested, exercise professionals are recommened to keep them updated of progress. The more that physiotherapists see the results of your programmes, the more patients they are likely to refer.

Why wouldn't you - support physiotherapists to better understand what exercise professionals do?

Wouldn't you want to ensure your grandparents, parents or yourselves, had the best outcomes? This means an effective dose of exercise and longer-term support. This referral form goes some way to ensuring that the older people you work with have the chance to meet this goal. **By supporting health and leisure professionals to work together we can better ensure referral to the right instructor at the right time, and we all can play a part in the a chance to enable older people to get up, stay up and live their best lives.**

[3] https://www.gov.uk/government/publications/falls-prevention-cost-effective-commissioning
[4] https://www.nice.org.uk/guidance/qs86/resources/endorsed-resource-falls-management-exercise-fame-programme-implementation-toolkit-6960659149
[5] https://pubmed.ncbi.nlm.nih.gov/34271270/

A Step by step guide to interpreting the falls prevention exercise referral form

Understanding why/how this information supports decisions

> Falls Prevention exercise requires effective dose of evidenced based programmes to enable older people to get up, stay up and live their best lives

Appropriately trained Exercise professionals use referral information to inform their own pre-exercise assessment that then guides baseline exercise prescription, supervision requirements and behaviour change support strategies. On receipt of referral information, PSIs/OEP Leaders should undertake further assessments (within their professional scope of practice) e.g.

- Health Questionnaire (not a PARQ)
- Functional Grid (if a PSI)
- 4-point balance & chair rise (OEP Leader)
- Subjective measures/questionnaires
- Conversations to plan for success/set out how to achieve goals
- Conversations about home based programmes required to achieve optimal gains/meet exercise dose

The referral form is 3 pages and all sections are to be completed. Exercise Professionals receiving incomplete referral forms are advised to make contact with the referrer, explaining the impact of the missing information and potential affect on optimal outcomes for the patient.

Part 1: Personal Details - permission is required from each individual to share information with exercise professionals. GP contact details are provided in the event that you require to contact the GP at anytime in the future about changes to medical status and any triggers you observe that would suggest referral back to medical settings is the best course of action..

Part 2: Referrer Details - we need to know who the referrer is, that they have the authority to complete the referral form i.e, who the accountable person is. Referral is a 3-way process (referrer, exercise professional, participant) so all need to be contactable and in agreement. Keeping health professionals informed about the progress of individuals they have referred (to exercise sessions led by exercise professionals) is the best way of encouraging further referrals.

Part 3: Falls history, mobility, and transfer needs - directly relates to safety planning and supervision requirements during exercise sessions. This information is changeable and long waiting lists could result in decline therefore rendering this information inaccurate (and is why pre-exercise assessment by the exercise professional is also required). This section is beneficial to triage teams whose job it is to signpost individuals to the most suitable exercise professional working within a service i.e helps to identify quickly whether an OEP Leader or PSI is most suitable.

Part 4A: Physiotherapy/Falls service strength and balance exercise prescription details – this information enables exercise professionals to better understand the starting point for exercise (across all components of fitness and floorwork (if FaME), what equipment they are familiar with, exercise dose received/engaged in (including home exercise), and all of this in context of outcomes and results (or not!) that may have been achieved. This can support initial conversations with individuals about progress, expected progress and potential for future gains/achievement of goals. Without this information exercise professionals are not able to understand skilling-up that has already taken place and then best progress exercise prescription for each individual

Part 4B: How motivated is the person to continue their strength and balance training? This information supports continuity of conversations providing exercise professionals with insights to effectively plan conversations and have potential strategies 'up their sleeve' to build confidence and trust with the individual.

Part 4C: Health implications – should be discussed in more detail during the pre-exercise assessment (undertaken by the exercise professional) and on-going throughout their exercise journey. As mentioned in Part 1, there may be requirement to refer individuals back to the medical setting at any point – it is a key responsibility of a PSI or OEP Leader to do this as a matter of utmost importance. The exercise professionals health questionnaire is a fundamental requirement, this referral form does not replace the need for thorough conversations about health issues, long term conditions and subsequent impairment to movement/exercise tolerance etc.

Parts 5A and 5B: Physiotherapists recommendations – are as a result of all previous information provided and exercise professionals have a responsibility to follow these recommendations. If there is a suggestion that the exercise professional will not carry out the recommendation (because of concerns, or insights not fully explained), they are recommended to contact the referrer and explain their rationale for not following the recommendation. This conversation shoud be documented and its outcome included in the patients referral documentation or notes.

Pre-exercise assessment paperwork for PSIs and OEP Leaders

All pre-exercise assessment paperwork is available on the PSI Resources or OEP Resources post course forums on the Later Life Training e-learning portal - https://elearning.laterlifetraining.co.uk/. If you have lost your password contact the LLT Office on 01838 300313 or info@laterlifetraining.co.uk