

Referral Form (Full)

from Physiotherapy to Exercise Professional-led community
FaME or Otago Falls Prevention Programmes
(Use in conjunction with Referral for Falls Prevention / Strength
& Balance Community Exercise Programme: Guidance)



In discussing referral to continue exercise in the community with the individual, and in **agreeing** for this information to be shared with PSIs/OEP Leaders/exercise services.

How would the patient prefer to be contacted to discuss best options to continue to progress strength and balance with a trained exercise professional?

Email Phone Letter

Section 1

Patient Details

First Name:

Surname:

Date of birth:

Address:

Telephone:

Email:

Postcode:

Nominated Contact: *(if requested)*

GP Surgery name:

GP Name:

Telephone:

I confirm that the individual above has given verbal permission for sharing of information with an exercise professional/exercise service.

Signed:

Date:

Section 2

Referrer Details & named person to refer back

Referrer First Name:

Referrer Surname:

Job Title:

Location/Dept:

Referrer Email:

Telephone:

'Person to refer back to' email:

'Person to refer back to' telephone:

If referring as a therapy support worker/assistant practitioner, please sign below to confirm the referral has been requested/delegated to you to complete by a qualified physiotherapist/falls service clinician

Signed:

Date:

Progress updates about the patient: Would you like to be updated? (tick your preference)

Yes - inform me by email when patient start sessions

No - don't keep me updated

Yes - update on any outcomes/duration of involvement

Recent fall with/without injury (last 3 months)
 Frequent falls (>3 in last year)
 Fall in last year (with injury)
 Walks indoors and outdoors unaided
 Walks indoors with walking aid
 Walks outdoors with walking aid

No recent fall and confident in balance
 No recent fall but fearful of falling/loss of confidence
 Fall in last year (without injury)
 Transfers independently out of chair
 Does not use arms of chairs / legs strong
 Transfers independently up from the floor

Safety considerations for balance training:

Requires fixed support and reluctant / unable to let go (chair support unsuitable)
 Can use a stable chair for balance support

Confident/capable to let go of support in static balance work
 Foot reactions observed to regain balance

Date of start of intervention:**Date of discharge:****Number of visits/sessions:**

Offered:

Completed:

Engaged with home exercise in between sessions? (choose one)

Yes

No

Sometimes

Not offered

Don't know

What was the exercise prescription for your intervention?

Selection from Otago

Aerobic component included

Other strength and balance exercises

Selection from FaME

Hip/knee/wrist treatment or function specific plan
(not strength and balance focused)

Functional skills training

What goals have been achieved to date?**What goals are outstanding?****What is the main reason for your onward referral to FaME or Otago** (tick all that apply)

Physio-led falls rehab programme has come to an end

Ongoing falls risk requires progression or continuation of balance and strength exercises

To achieve the 50-hour effective dose

To achieve a specific goal (see above)

Other (please state)

What equipment is the patient familiar with (tick all that apply)

Ankle weights used

Resistance bands used

What weight/range used by end of treatment plan?**What colour(s) were used by end of treatment plan?**

kg

Lower limb

Upper limb

No resistance equipment used, just bodyweight

Other (please state)

Floor Skills (tick all that apply)

Can the patient get up from the floor without assistance?

Yes No Don't Know

Were contingency plans for a 'long lie' after a fall discussed?

Yes No Don't know

Were backward chaining guidelines to get up from the floor included?

Yes (achieved down & up) Yes (achieved to/from knees) Not achieved Not in plan Don't know

Please detail any outcome measures used at discharge

(please complete & indicate degree of change at discharge compared to initial assessment/baseline where can) (PSI/OEP Leaders are trained to interpret / repeat)

Relevant for OEP Leaders**Relevant for PSIs**

30s chair rise:

4-point balance:

30s chair rise:

TUG:

Other (please state)

4-point balance:

FES-I (short/long):

180 deg turn:

ConfBal:

How motivated is the person to continue to improve their strength and balance? (tick all that apply)

Highly motivated to continue with strength and balance exercise in the community

Interested to continue but unsure if in a group/would prefer one to one

Interested but needs transport to attend

Unsure but willing to discuss with an exercise professional

Would like continued support and guidance for home exercise only

Has technology and ability to join online exercise sessions

I don't know

Health implications

To your knowledge, has the patient:

Any medical conditions/symptoms (including cognitive) that affect their ability to engage safely in exercise?

Yes (Please document below) Not to my knowledge

Any ongoing medical investigations that preclude them starting exercise immediately?

Yes (Please document below) Not to my knowledge

Had a recent medication review within a falls service assessment?

Yes (Please document below) Not to my knowledge

Additional Comments:

Section 5A

Physiotherapist recommendations for continuing with generic strength and balance training for falls prevention (with a trained PSI (FaME) or Otago Leader)

This patient will require (tick all that apply)

- Otago exercise programme (starting with the exercise prescription provided below*) (OEP Leader/PSI led)
- FaME exercise programme (PSI led)
- Individual tailoring of exercises to manage comorbidity/movement impairment (PSI led)
- Chair-based exercise to skill-up to participate safely in standing programmes (PSI led)
- Close supervision during transfers / transitions to standing (instability or postural hypotension present) (PSI led)
- One-to-one participation only (OEP Leader/PSI led)
- Small group participation only (OEP Leader/PSI led)
- Continuation with training and rehearsal of technique and ability to get up off the floor (PSI led)
- Specific focus on strength training for sarcopenia / frailty (PSI led)

If ticked Otago selection above:

***This patient is most appropriate for the Otago Exercise Programme. On discharge from hospital/bed-based rehabilitation or community therapy services, the exercise selection they have been doing is:** (tick all that apply)

- | | | |
|---|------------------|-----------------------------------|
| All 5 mobility exercises from the OEP in standing | Heel toe walking | Backwards walking |
| All 5 mobility exercises from the OEP in seated | Toe walking | Heel toe backwards walking |
| Front knee strength & back knee strength | Heel toe stand | Heel walking |
| Side leg lift | Sideways walking | Walk and turn/figure of 8 |
| Toe raises and heel raises | Single leg stand | Stairs (at home) |
| Knee bends | Sit to stand | Gradually increase weekly walking |

Other comments or specific adaptations to make related to exercise selection currently being undertaken?

(Please note any other important aspects re: repetitions, fatigue, fear, any exercises to avoid due to pain or pre-existing impairment or disability):

Section 5B

Physiotherapist recommendations for continuing with generic strength and balance training for falls prevention (NOT with an appropriately trained FaME Instructor (PSI) or Otago Leader)

This patient will require (tick all that apply)

- A generic strength and balance session as falls risk minimized (Older Adult Instructor/Exercise Referral Instructor/Dance/Tai Chi/Pilates/Exercise and Movement/Health walks/ Walking sports/other Physical Activity/ etc.)
- Continued chair-based exercise is appropriate (non-ambulant) (led by a qualified Chair Based Exercise Leader)
- Continued CBE targeting skill-up to standing programme over time
- Other (please state)