How To Discuss

Older adults highly value their independence and worry about the implications of being labeled as a fall risk. They may not openly discuss their fears or concerns about falling. As such, it may be necessary for you to initiate the discussion. It is important to highlight to your patient that the goal of this program is to keep him or her independent, active, and at home for as long as possible. You should emphasize that the program will provide education and support that will help your patient stay active and reduce his or her risk of falling. It may also be useful to highlight the social benefits of the program and the fact that many patients like him or her have benefited greatly.

WHAT IS IT?

A group-based, participatory workshop originally developed in Australia and delivered over 72-hour, weekly sessions by a trained facilitator. Participants receive a book and guide. The program focuses on storytelling as part of a comprehensive falls risk curriculum including identifying hazards, solving problems, identifying strategies for getting about the community, safe footwear, vision, and medication management. Exercises are introduced and practiced in week 2 and, unlike other programs, participants use weights to improve strength and balance throughout the program. The program also includes a follow-up home visit and 3 month “booster session” to review achievements and sustain efforts.

WHO IS IT FOR?

Designed for community-dwelling seniors that are able to problem solve (age>60) who have concerns about falls and/or prior falls. Measured effects increase with age and fall risk. A great follow-up program for someone that has completed Matter of Balance or who is at moderate risk of falling. Greatest benefits in adults age>75.

WHAT DOES IT DO?

Stepping On is based on a psychoeducational conceptual model that suggests people are more likely to change behaviors when they are not told what to do, but rather when they are given an opportunity to come to their own conclusions. The primary RCT of the program was conducted in the early 2000’s among 310 community-dwelling adults in Sydney, Australia. It showed that program participants used more protective behaviors and had a 31% reduction in falls at 14 months of follow-up. Participants were age>70 who had a prior fall or fear of falling. The programs is likely to have less benefit at younger ages. Subgroup analyses suggested benefits may be greatest in men.