



Physical Therapy

Occupational Therapy

Speech-Language Pathology

Aquatic Fitness

Athletic Training

Personal Fitness



Referral Information:
207-474-7000
Fax 207-858-4772

Prompt appointments
Flexible times
Quality care

Outpatient Clinic:
Hours: Mon-Thur 7-5
Friday 7-4

Pool & Fitness Center
(down below clinic)

Hours: MWF 7-5 pm*
Tues & Thurs 7-7pm*
Special summer and winter hours*, along with weekend swim classes throughout the year.

Rehab Rounds

Redington-Fairview General Hospital
46 Fairview Ave, Skowhegan, ME 04976

Rehab & Fitness Services
(207) 474-7000 FAX 858-4772

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Putting Falls on Ice:

A high-intensity, multi-factorial approach to fall prevention

Every 18 seconds in America, an older adult is treated in an emergency department for a fall; translating into a death from injuries sustained every 35 minutes. In the year 2000, the total direct cost of all fall injuries for people over 65 exceeded \$19 billion. The financial toll for older adult falls is expected to increase as the population increases and may reach \$54.9 billion by 2020.

Fall prevention is commonly approached through a scattered array of medical, educational, situational, and physical therapy efforts; each taking aim at differing aspects of the problem. Commonly, these interventions lack coordination with each other and are utilized in a low to intermediate intensity. Patients make their way through a maze of referrals, community resources, and a variety of provider approaches. Subsequently, and by default, fall prevention for many persons living at home (community dwelling) becomes an ad hoc trial and error effort with little to no follow-through. As a result, outcome studies indicate poor to mixed success in terms of reducing emergency/hospital visits or reducing nursing home utilization.

However, a more promising means to preventing falls is finding its way into medical and

rehabilitation practices across the country. High-intensity physician-led team programs seek to address the principal factors known to affect a person's fall risk (in the community-dwelling population) in a coordinated manner over the course of multiple patient contacts to ensure greater compliance and improved overall outcomes. Medication effects, vision, balance/neuro/sensory, gait, cognition, and home hazard/environmental factors are all known fall risk factors. Under the high intensity team approach, each factor is evaluated (including an ENT and audiological workup when indicated) and results are translated into an overall, physician-led plan of action that includes intensive physical therapy; occupational therapy for home modification and ADL strategies; patient and caregiver education; home follow-ups; and periodic progress assessments. In terms of physical therapy, patients (and their caregivers) are trained in clinic and home-based exercise routines targeting balance, gait, and strength deficits found during the assessment process. Such exercises have shown to improve a patient's core stability and flexibility — keys to maintaining dynamic balance. Furthermore, wherein one-time, educational counseling of home-based exercises has been

shown to be of minimal long term impact on patient compliance and follow through, sustained therapy intervention — either in the clinic or at a person's home—has shown to lower a person's fall risk and actual fall rates.

With regards to the financial challenges that such an approach can pose to patients, periodic physician re-assessments and team consultations are key. They provide the basis for reporting patient progress, which is essential for justifying third party payer coverage as well as for maintaining patient compliance and ensuring better overall outcomes. And better outcomes means fewer falls.



At Rehab & Fitness Services, clients are evaluated using the Biodex Balance System for specific risk factors known to contribute to falling and decreased mobility.

For more information regarding this subject and/or RFGH rehabilitation programs, contact Michael Hoeft, MS, CCC-SLP; Director of Rehabilitation; email mhoeft@rfgH.net

Return to Play Criteria: An Athletic Trainer perspective

One of the most difficult positions an athletic trainer finds him/herself in is the return to play decision for an athlete. The decision process is typically made in a variety of adverse physical conditions and heightened emotional backdrops. The nature and severity of the injury, weather and field conditions, game situations, emotionally charged athletes, coaches, and parents, as well as unruly or excited spectators can pose challenges to making the correct decision. However, for John Alden, one of RFGH Rehab & Fitness Services' Certified Athletic Trainers (ATC) with over 20 years of experience, the decision tree "begins and ends with the primary need to protect the athlete."

If the injury has been assessed as non-life threatening and there is no need for the athlete to be transported to a hospital by EMS, they are typically taken to a safe place for further evaluation. At that point, the process for determining return to play begins. A cognitive and neurological assessment of the

head, neck, spine, and back is performed. Though evaluated at the time of injury, they are again re-assessed since signs or symptoms may appear over time.



The athlete's range of motion is then determined, along with strength and function of affected body parts. The ATC looks to see if function equates to what is required for the given sport or activity. Another key component is the feedback from the athlete. Do they wish to return to play? When? Is there a lack of desire to resume play that day or at that event? It is not uncommon for injured young athletes to state what they think others want and, as a result, return to play in a defensive or guarded manner that

can expose them to further injury. "It's *not* our role as an ATC to motivate the athlete to return to play, even if symptomatically they check out. If they're not ready mentally, then we hold them back," says Alden. "That's why our relationship with the athlete — knowing their reliability, desire to play, and own safety concern — is crucial," he states.

With the assessment complete, treatment begins, irrespective of the return to play decision process. This may involve icing, compression, elevation, immobilization, preventative taping, equipment modifications etc... If cleared to resume play during an event, the coach is informed along with the athlete's parents as available. Parental objections to their child returning to play are honored. However, if parents or coaches wish for the athlete to return to play, but the ATC deems it unsafe to do so, the ATC's decision is upheld. Periodic re-assessments during a game are made unless the extent of the injury deems otherwise.

In such cases the athlete is then re-assessed during the next scheduled practice or after medical treatment has been provided. One common area of concern for parents of athletes involves medical versus ATC clearance. Once the athlete enters the medical system (e.g. ER visit and/or physician evaluation, formal physical therapy) physician clearance is then required to resume play. Such clearance may involve medical restrictions which the ATC then conveys to all the parties involved. However, it is also possible that despite medical clearance, the ATC may deny return to play based on the athlete's ability to maintain medical restrictions or based on their symptoms just prior to practice or game time. And the decision process begins again.

For more information contact John Alden, ATC, at Rehab & Fitness Services or email: jalden@rfg.net

Tips for preventing falls at home



About half of all falls happen at home. Here are some tips to help make your home safer:

1. Remove small throw rugs or secure them to the floor with double-sided tape.
2. Ensure that your home is adequately lighted.
3. Place non-slip mats in the bathtub and on shower floors and you may want to consider grab bars next to the toilet and in your tub or shower.
4. Keep hallways clear of shoes or other items.
5. Wear shoes that give good support and have thin, non-slip soles.
6. Begin a regular exercise program. Talk to your doctor or physical therapist here at RFGH about setting up a customized program to help optimize flexibility, strength, and balance which will help to reduce your fall risk.
7. Have routine eye examinations to ensure that you have the correct eye prescription or do not have a correctable condition that is limiting your vision.
8. Discuss your medication list with your doctor to ensure that there are no potential side effects or interactions that may contribute to an increase in fall risk. You should also try to utilize only one pharmacy when you fill your prescriptions if possible.
9. Use appropriate assistive devices for walking. If you have been prescribed a cane or walker it is crucial that you use it. Other items such as ice grips are important to consider when going outdoors.

For more information pertaining to fall prevention and balance-related concerns, contact Nathan Wilkins, PT @ Rehab & Fitness Services, or email nwilkins@rfg.net

