

California State University, Fresno

Balance Screening and Recommended Interventions

Physician Clearance Form

Your patient _____ is interested in participating in our fall prevention clinic through the SAFE- Central Valley Coalition, Gait, Balance, and Mobility Research and Education Center which are a subset of the Department of Physical Therapy at California State University, Fresno. The Balance Screening will take place at California Health and Sciences University (CHSU), 45 N Clovis Ave., Clovis, CA, 93612. There will be multiple assessments that will be completed by faculty and students from the Department of Physical Therapy, Department of Kinesiology, the School of Nursing, and California Health Sciences University Pharmacy Program (see page 2 for a list of assessments). A licensed physical therapist and nurse practitioner will be present for all testing.

Assessments take approximately 1 hour to complete. At the completion of the assessment, all participants will receive educational materials and when appropriate, will receive one of the following interventions: referral to a Group *Fallproof*TM class, referral to the Gait, Balance, and Mobility Center at Fresno State, an Individualized Progressive Home Exercise Program, Fresno State Community Health Nursing, and/or other community exercise classes (see page 2 for a detailed description of possible interventions). A summary of the fall risks and recommendations will be faxed to the primary care physician on request. Participants will be re-screened every 6 months.

If you know of any medical or other reasons why participation in this program by your patient would be unwise, please indicate so on this form. By completing the form below, you are not assuming any responsibility for the administration of the screening tests. If you have any questions about any aspect of the fall prevention screening clinic call Andy Youngblood, Coordinator (559-278-7539) or Dr. Peggy Trueblood, (559-278-3008).

_____ I know of no reason why my patient should not participate in your fall prevention screening and/or possible interventions.

_____ I believe my patient can participate, but I urge caution as follows: _____

_____ I recommend that my patient **not** participate in the fall prevention screening or interventions because diagnosed with dementia or Alzheimer's Disease, unable to walk 30 ft without assistive device, or extreme hypertension at or above 220/110.

Physician Signature _____ Date _____

Print Name of Physician _____ Phone # _____

Fax # _____

PLEASE RETURN COMPLETED FORM TO:

**SAFE- Central Valley Coalition
California State University, Fresno
5315 N. Campus Drive M/S PT29
Fresno, CA 93740-8019
FAX: (559) 278-3635**

OR: Bring with you to your appointment

List of Assessments Performed at Screening:

- 1) Blood Pressure screen for postural hypotension and Vision check
- 3) Lower Extremity Strength via Chair Stand Test (# of times participant can stand in 30 seconds)
- 4) Functional Balance Test (items include such activities as getting up out of a chair; stepping up and over a step; reaching forward while standing; stand with eyes closed; turning; walking with head turns; walking tandem; standing on one leg; standing tandem; stepping on foam and standing with eyes closed; and jumping with 2 feet)
- 5) Walking 30 feet (preferred and fast speed)
- 6) Timed Up and Go Test (time it takes participant to get up out of a chair; walk 8 feet and return)

In addition the participant will provide subjective information regarding medical history; age; medications; lifestyle; physical activity; and fall history. They will also complete the Balance Efficacy Scale to determine fear of falling and a Depression Scale.

Description of Possible Interventions:

Group *FallProof*TM Class. This is a group structured balance and mobility class that meets 2x/week for 1 hour class sponsored by Fresno State's Department of Physical Therapy. The program was designed by Dr. Debra Rose (Center for Successful Aging at California State University, Fullerton). The program adopts a multidimensional approach to balance-related problems and instructors are certified to teach this program.

Home Exercise Program. Based on the findings from the fall prevention screening, standard or individualized home exercise programs will be developed and reviewed with the participant. In some cases this may include a home exercise DVD (*FallProof*TM At Home) which is a progressive set of exercises excerpt from the *FallProof*TM Balance and Mobility Training Program.

Gait, Balance, and Mobility Center (GBMC). This is an 8 week program (2x/week for 1 hour sessions) offered during the academic year at California State University, Fresno. Graduate Physical Therapy students and faculty discuss each client's impairments and develop an individualized treatment plan that is carried out by the student.

Community-based Exercise Classes. Various community recreation centers and fitness facilities in the Fresno and Clovis areas offer group exercise classes for seniors. They have been reviewed to determine the backgrounds of the instructors and the appropriateness of the activities for older adults. When warranted, participants who have completed a balance screening may be given a list of these facilities, activities and contact information. They may then voluntarily choose those deemed most appropriate.

Fresno State Community Health Nursing. Based on the findings from the fall prevention screening, nursing students will contact interested older adults to perform individualized home safety checks in their residences. Follow up visits can be scheduled for continued evaluation.