

Statement from the Australian Physiotherapy Association on falls prevention

Australian Physiotherapy Association position

All older Australians deserve access to affordable, timely and ongoing physiotherapy-led falls prevention interventions to maximise their independence and quality of life regardless of where they live.

Falls are the leading cause of injury-related death and hospitalisation in people aged 65 years and over. The rate of falls, and cost of falls to both the health of older people and to the Australian health system, continue to be unacceptably high despite years of aged care reform.

Urgent policy investment and focus on reablement and falls prevention across settings is needed to keep older people out of hospital, prevent injury and prolong their independence.

Physiotherapy provides high-value care that can help contain escalating health and aged care costs by reducing falls-related emergency department presentations, hospital admissions, prolonged hospital stays and premature entry into residential aged care.

Preamble

Falls are not an inevitable part of ageing yet continue to be a major health problem for older people and are associated with significant physical, psychological and social consequences. Additionally, the economic impact of falls on the Australian health system is significant and forecast to increase in line with an ageing population.

The aged care reforms undertaken over the past four years have been designed to deliver sustainable services to meet the growing demands of an increasingly ageing population and limit growth of health and aged care budgets.

Despite the clinical and cost effectiveness of physiotherapy-led exercise in preventing falls long established through high certainty evidenceⁱ, and supported by the *World Guidelines for Falls Prevention and Management in Older Adults*ⁱⁱ, falls prevention has not been prioritised in recent reforms. There is an urgent need for system-led investment in falls prevention through timely access to physiotherapy interventions.

Physiotherapists play a critical role in managing falls risk among older adults in a variety of clinical settings. They are equipped to provide evidence based, individualised and person-centred care within multidisciplinary teams to ensure holistic and high-quality clinical care.

The Australian Physiotherapy Association (APA) strongly supports national reform to facilitate the delivery of ongoing, scaled-up multi-disciplinary and multi-modal allied health interventions led by physiotherapists to reduce the risk of falling in older adults living in the community and residential aged care facilities and those who have been admitted to hospital.

Recommendations

The APA recommends state and federal governments:

1. Ensure reablement is at the forefront of aged care and that strengthened Quality Standards and Quality Indicators are met.
2. Increase access to community preventive and early intervention physiotherapy services to keep people well and out of hospital.
3. Establish funding models in primary healthcare and residential aged care to enable timely screening and early assessment of falls risk for all older adults.
4. Establish funding models to support access to physiotherapy interventions for all older adults at medium to high risk of falls irrespective of setting.

The APA is calling for ongoing funding to deliver:

1. One full-time physiotherapist on staff per 50-bed residential aged care facility.
2. Access to physiotherapist-led falls prevention programs, twice weekly for 12 weeks at six monthly intervals, for all aged care residents at medium to high risk of falls.
3. Scalable and evidence-based physiotherapy-led falls prevention exercise programs for aged care residents living with dementia, and for those living in rural, regional and remote communities, utilising face-to-face and telehealth delivery models.
4. Short-Term Restorative Care falls prevention programs, twice weekly for 12 weeks, designed for community dwelling older adults at medium to high risk of falls under the Support at Home program's Restorative Care pathway.
5. Twice-weekly group community programs delivered by physiotherapists via Primary Health Networks (PHNs) via a nationally consistent model.
6. Physiotherapy falls risk assessments through Medicare, and 10 physiotherapy visits for falls prevention programs within the Chronic Disease Management plans, available to community dwelling older adults at medium to high risk of falls.
7. Falls prevention programs, twice weekly for 12 weeks, for all older adults who have presented to the emergency department and/or been admitted to hospital post fall.

Background

Falls are the leading cause of morbidity and mortality in older Australians, accounting for 43 per cent of injury hospitalisations and 40 per cent on injury deaths in Australian over 65s.ⁱⁱⁱ Of all hospitalisations due to falls, more than half (53 per cent) occur at home and one fifth (21 per cent) in residential aged care facilities.^{iv} In residential aged care, the proportion of residents experiencing a fall each quarter – almost one third - has remained unchanged over the past three years while the proportion of residents experiencing almost all other clinical indicators measured in the new national mandatory quality indicator program have decreased.^v

Falls are also a significant issue for older people admitted to hospitals with 1.28 per cent of in-patients aged 65 and over experiencing a fall during hospitalisation and the incidence increasing

with age.^{vi} Patients who experience falls in hospital have significantly longer hospital stays and higher associated costs,^{vii} with studies finding stays 4 to 15 days longer in patients who experienced a fall compared to those who did not. Hospital stays increase the risk of early admission to residential aged care. About 15 per cent of older adults sustain a fall within one month of discharge from hospital.^{viii}

In 2022–23, injuries from falls cost the Australian health system \$5.1 billion.^{ix} Without urgent policy reform focused on early and ongoing prevention, this cost is expected to increase in line with an increasingly ageing population in which adults aged 65 and over are projected to make up 21 per cent to 23 per cent of the total population by 2066.^x

To shift the dial on falls, the focus must be on the provision of ongoing individualised and group physiotherapy programs in residential aged care and in the community.

There is high quality evidence to support the clinical effectiveness and cost effectiveness of exercise programs in reducing falls in community dwelling older adults.^{xi} The Australian Institute of Health and Welfare reported that physical activity and sports have prevented \$1.7 billion in disease-related spending. Notably, the largest savings were from preventing falls, amounting to \$488 million (2018-19).

Physiotherapists are experts in maintaining and improving mobility, falls prevention and reduction, and minimising harm from falls. They also provide high-value care, managing comorbidities that contribute to falls such as incontinence and dizziness.

Physiotherapy-led balance and progressive resistance exercise programs are demonstrated to reduce the number of falls and falls-related injuries by 55 per cent in residential aged care. In the community, a program aimed at functional mobility and balance reduced falls by 24 per cent and programs that included these exercises for three hours per week reduced falls by 42 per cent^{xii xiii}, helping older Australians to remain independent in their homes longer.

Falls prevention exercise programs are also effective in reducing falls in older adults living in residential aged care facilities (RACFs). The Sunbeam Program demonstrated a 55 per cent reduction in falls among residential aged care facility participants. At scale, the program could deliver projected cost savings of \$120 million per year for the Australian health economy.^{xiv} The *Value of Physiotherapy in Australia* report^{xv}, produced by the Nous Group, concluded that the benefit of physiotherapy-led falls prevention programs saved \$1,320 per falls episode.

Global and Australian physical activity guidelines recommend that older adults engage in balance training two to three times and strength training two times a week, in addition to accumulating 150 minutes of moderate intensity exercise every week.^{xvi} However, older adults do not engage in sufficient exercise to reduce their risk of falls. In 2020-21, only half of older Australians met physical activity guidelines with more than 80 per cent of older Australians not meeting strength training guidelines.^{xvii}

Older adults need support to sustain exercise as a habit and trust physiotherapists to provide that support.^{xviii} In a recent systematic review and meta-analysis, larger effect sizes were associated with exercise programs where falls prevention interventions were delivered by a health professional – “most often a physiotherapist”.^{xix}

World falls prevention guidelines recommend that assessment of falls risk must include ways to identify the factors contributing to falls. Furthermore, adaptations must be made when assessing contributing factors in the presence of health conditions with increased risk of falling or in high-risk populations such as people living in RACFs, those admitted to hospital or people in marginalised populations.

Physiotherapists work with older adults and their caregivers within a variety of clinical settings where falls occur (including primary and tertiary health care, and the aged care sector). Extensive training and rigorous entry requirements to practice equip them with a broad scope for evidence-based, individualised, and person-centred management of falls risk and promotion of physical activity. Physiotherapists also play an integral role as a part of the multi-disciplinary team in managing falls risk. Through their deep understanding of integrated care, physiotherapists generate appropriate and timely referrals to other members of the multi-disciplinary team for holistic management of falls risk.

The Australian Health Practitioner Regulation Agency (Ahpra) regulates physiotherapists throughout their clinical career to deliver high quality, safe services for older Australians. Continuing professional development requirements, recency of practice requirements and other checks for annual registration ensure safe and effective services are provided by physiotherapists. The APA also provides multiple avenues for physiotherapists to upskill within their area of interest and recognises progression through the recently developed career pathway.

Principles

Falls risk management must:

- ensure all older adults have access to comprehensive clinical assessment and ongoing regular review including falls risk assessment
- manage risk through “opportunistic case-finding”
- utilise the *World Guidelines for Falls prevention and Management for Older Adults*^{xx} risk stratification algorithm to assess each individual’s falls risk
- ensure timely referral to a physiotherapist for falls prevention exercise of older adults at medium or high risk of falls
- enable access to individualised multi-modal interventions for managing falls risk factors
- ensure falls prevention exercise includes specific and individualised exercise prescription addressing balance and strength components at moderate intensity for three hours per week
- ensure exercise prescription adheres to principles of specificity, progressive loading, and volume
- ensure that older adults and their carers/family members are involved in management of the older person’s falls risk where appropriate
- consider individual beliefs, attitudes and priorities to ensure person-centred care in the prevention and management of falls.

Conclusion

Falls are the leading cause of preventable death and injury in older Australians resulting in significant cost to the Australian health economy. In an environment of policy reform aimed at balancing the needs of an ageing population with burgeoning costs, the focus must shift to include early intervention and prevention. Urgent reform is required to minimise risk and harm associated with falls and to support significant cost savings in health and aged care.

References

- ⁱ Sherrington C, Fairhall NJ, Wallbank GK, Tiedemann A, Michaleff ZA, Howard K, Clemson L, Hopewell S, Lamb SE. Exercise for preventing falls in older people living in the community. Cochrane Database Systemic Reviews 2019, Issue 1. Art No.: CD012424. DOI: 10.1002/14651858. CD012424.pub2
- ⁱⁱ Task Force on Global Guidelines for Falls in Older Adults , World guidelines for falls prevention and management for older adults: a global initiative, Age and Ageing, Volume 51, Issue 9, September 2022, afac205, <https://doi.org/10.1093/ageing/afac205>
- ⁱⁱⁱ Australian Institute of Health and Welfare. (2024) Injury in Australia: Falls. Retrieved from <https://www.aihw.gov.au/reports/injury/falls>
- ^{iv} Australian Institute of Health and Welfare. (2022). Falls in Older Australians 2019-20: hospitalisations and deaths among people aged 65 and over
- ^v Australian Institute of Health and Welfare. (2024). GEN Aged Care Data, Residential Aged Care Quality Indicators — April to June 2024.
- ^{vi} Holden E, Devin R, Bhattacharya J, Waldie F, Watt I and Wu CJ. Older Hospitalised Adults with Sustained Fractures after a Fall in Regional Australian Hospitals
- ^{vii} Morello RT, Barker AL, Watts J, Haines T, Zavarsek S, Hill K, Brand C, Sherrington C, Wolfe R, Bohensky M, Stoelwinder J. The Extra Resource Burden of In-hospital falls: a cost of falls study 2015.
- ^{viii} Hill AM, McPhail SM, Haines TP, et al. Falls After Hospital Discharge: A Randomized Clinical Trial of Individualized Multimodal Falls Prevention Education. J Gerontol A Biol Sci Med Sci. 2019;74(9):1511-1517. doi:10.1093/gerona/glz026
- ^{ix} Australian Institute of Health and Welfare. (2024). Health system spending on disease and injury in Australia 2022–23. Canberra: AIHW
- ^x Australian Institute of Health and Welfare. (2024). Older Australians. Retrieved from <https://www.aihw.gov.au/reports/older-people/older-australians>
- ^{xi} Sherrington C, Fairhall NJ, Wallbank GK, Tiedemann A, Michaleff ZA, Howard K, Clemson L, Hopewell S, Lamb SE. Exercise for preventing falls in older people living in the community. Cochrane Database Systemic Reviews 2019, Issue 1. Art No.: CD012424. DOI: 10.1002/14651858. CD012424.pub2
- ^{xii} Sherrington C, Fairhall N, Kwok W *et al.* Evidence on Physical Activity and Falls prevention for People Aged 65 and over: systemic review to inform the WHO guidelines on physical activity and sedentary behaviour. Int J Behav Nutr Phys Act 17, 44 (2020)
- ^{xiii} Pinheiro MB, Sherrington C, Howard K, Caldwell P, Tiedemann A, Wang B, Oliveira J, Santos A, Bull F, Willumsen J, Micallef Z, Ferguson S, Mayo E, Fairhall N, Bauman A, Norris S (2022). Economic Evaluations of Falls prevention Exercise Programs: a systemic review. British Journal of Sports Medicine 56(23),1353-1365.
- ^{xiv} Hewitt J, Goodall S, Clemson L, Henwood T, Refshauge K. Progressive Resistance and Balance Training for Falls Prevention in Long-term Residential Aged Care: A Cluster Randomised Trial of the Sunbeam Program 2018.
- ^{xv} *Value of Physiotherapy*, Australian Physiotherapy Association and The Nous Group, 1 October 2020
- ^{xvi} WHO Guidelines on Physical Activity and Sedentary Behaviour 2022
- ^{xvii} Australian Institute of Health and Welfare. (2024). Physical activity. Retrieved from <https://www.aihw.gov.au/reports/physical-activity/physical-activity>
- ^{xviii} Worum H, Lillekroken D, Roaldsen KS *et al.* Reflections of Older People About Their Experience of Falls Prevention Exercise in the Community – a qualitative study exploring evidence-based practice BMC Public Health 20, 1671 (2020)
- ^{xix} Sherrington C, Fairhall N, Kwok W *et al.* Evidence on Physical Activity and Falls prevention for People Aged 65 and over: systemic review to inform the WHO guidelines on physical activity and sedentary behaviour. Int J Behav Nutr Phys Act 17, 44 (2020)
- ^{xx} World guidelines for falls prevention and management for older adults: a global initiative