

CDC Evidence-Informed Falls Prevention Programs

Name	Focus	Setting	Content	Duration	Delivered by:
Stay Safe, Stay Active	Improve balance and coordination, muscle strength, reaction time, and aerobic capacity.	Community facilities	Balance and coordination exercises, strengthening exercises, weight (e.g., sit-to-stand, wall press-ups) and resistance-band exercises that worked both upper and lower limbs, and aerobic exercises	1-hour classes were conducted once a week over a 1-year period.	Accredited exercise instructors who had been trained to conduct this exercise program
Otago Exercise Program	Improve strength and balance with a simple, easy-to-implement, and affordable home-based exercise program.	Conducted in participants' homes	Strengthening exercises for lower leg muscle groups using ankle cuff weights; balance and stability exercises; active range of motion exercises such as neck rotation and hip and knee extensions	30 minutes, 3 times per week along with walking outside the home at least two times a week for at least one year.	PT experienced in prescribing exercises for older adults, or a nurse who was given special training and received ongoing supervision from a PT.
Tai Chi: Moving for Better Balance	Improve balance and physical performance	Community settings such as local senior centers and adult activity centers	The program included 24 Tai Chi forms that emphasized weight shifting, postural alignment, and coordinated movements. Synchronized breathing aligned with Tai Chi	One-hour classes were held three times a week for 26 weeks, followed by a 6-month period in which there were no organized classes.	Experienced Tai Chi instructors

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			movements was integrated into the movement routine.		
Australian Group Exercise Program	Increase strength, coordination, balance and gait, as well as ability to carry out activities of daily living such as rising from a chair and climbing stairs	Community centers and senior centers within the retirement villages	Weight-bearing exercises and balance activities that were challenging but not so difficult as to discourage participation or cause any adverse events.	One-hour classes were held twice a week for 12 months. The program consisted of four successive 3-month terms.	Trained exercise instructors
Veterans Affairs Group Exercise Program	Increase strength and endurance and improve mobility and balance using a low- to moderate-intensity group exercise program	Veteran's Affairs ambulatory care centers	Strength, endurance and balance exercises	Three 1 ½-hour sessions a week for 12 weeks	Trained exercise physiology graduate students
Simplified Tai Chi	Improve strength, balance, walking speed, and other functional measures	Residential retirement community	The 108 existing Tai Chi forms were synthesized into a series of 10 composite forms. The composite forms emphasized all elements of movement that generally become limited with age.	The 15-week program included: Twice weekly 25-minute group sessions; weekly 45-minute individual contact time with the instructor; twice daily 15-minute individual practice sessions at home without an instructor.	Tai Chi Quan grand master

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Stepping On	Improve self-efficacy, empower participants to make better decisions and learn about fall prevention techniques, and make behavioral changes	Easily accessible community settings	The program addresses multiple fall risk factors: improving lower limb balance and strength, improving environmental and behavioral safety in both the home and community, and encouraging visual and medical screenings to check for low vision and possible medication problems.	Seven weekly 2-hour program sessions; a 1 to 1 ½ -hour home visit, 6 weeks after the final session; a 1-hour booster session 3 months after the final session	Occupational therapist
PROFET (Prevention of Falls in the Elderly Trial)	Identify medical risk factors and home hazards, and provide referrals and/or recommendations to reduce fall risk and improve home safety	The medical assessment took place in an outpatient hospital clinic. The occupational therapy assessment took place in participants' homes.	Medical assessments of visual acuity, postural hypotension, balance, cognition, depression, and medication problems. Home identified environmental hazards in the home such as uneven outdoor surfaces, loose rugs, and unsuitable footwear.	The average length of the medical assessment was 45 minutes. The average length of the home assessment was 60 minutes.	A physician specializing in geriatrics conducted the medical assessment. An OT delivered the home hazard assessment.
The NoFalls Intervention	Increase strength and balance,	Exercise program was delivered in	Exercise: improve flexibility, leg	Exercise: Weekly 1-hour group classes	Exercise: accredited trainers

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	improve poor vision, and reduce home hazards	community settings; vision intervention was delivered via usual services available in the community; home hazard intervention was conducted in participants' homes.	strength, and balance. Vision improvement: referral to an appropriate eye care provider if a participant's vision fell below predetermined criteria during the baseline assessments for visual acuity, contrast sensitivity, depth perception, and field of view. Home hazard reduction: walk-through using a checklist for those rooms used in a normal week.	for 15 weeks and 25 minutes of daily home exercises.	Vision: trained nurses Home assessments: trained research nurses
The SAFE Health Behavior and Exercise Intervention	Reduce risky behaviors, improve physical fitness through exercise, and reduce fall hazards in the home	No information regarding setting for exercise classes. Home assessments were conducted in participant homes.	The SAFE health behavior intervention consisted of four 1 ½- hour group classes that used a comprehensive approach to reducing fall risks. Classes addressed environmental, behavioral, and physical risk factors.	Two home visits, each lasting about 15 minutes; four weekly 1 ½-hour classes (including 20 minutes of supervised exercise) over a 1-month period	The home inspection – Trained BA-level home assessor; exercise sessions were delivered by MA-level lifestyle change experts
Yale FICSIT (Frailty and Injuries:	Identify and modify each participant's	Participant homes	This program provided an	The intervention was conducted over	A nurse practitioner and physical

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<p>Cooperative Studies of Intervention Techniques)</p>	<p>risk factors</p>		<p>individualized intervention for each participant. The content varied based on the fall risk factors identified. Possible intervention components included medication adjustment, recommendations for behavioral change, education and training, home-based physical therapy, and a home-based progressive balance and strengthening exercise program.</p>	<p>a 3-month period. The amount and duration of contacts varied by the type of interventions received.</p>	<p>therapist (PT) conducted the risk factor assessments. Medication adjustments were undertaken in cooperation with the participant's primary physician. The PT conducted all physical therapy and supervised exercise sessions.</p>
<p>A Multifactorial Program</p>	<p>Improve physical fitness, modify excessive alcohol use, improve home safety, reduce psychoactive medication use, and improve hearing and vision</p>	<p>HMO centers and participant homes</p>	<p>The assessments consisted of simple screening tests for six risk factors. The intervention content varied based on the individual's risk factors.</p>	<p>The initial visit consisted of a 1 to 1 ½-hour interview. The length and number of subsequent sessions varied by the type of interventions selected for each participant.</p>	<p>Trained nurse educator</p>