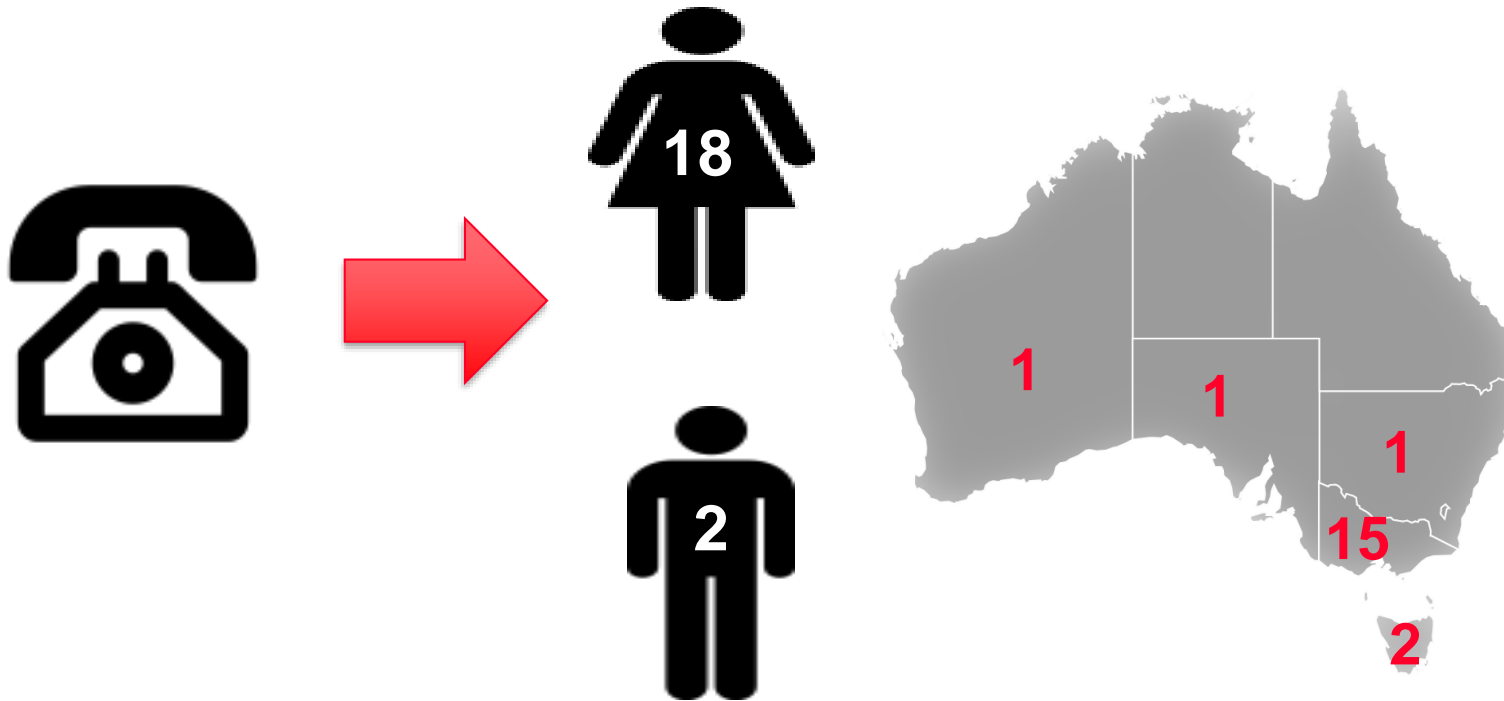


Osteoarthritis, risk of falls and falls prevention – *is it time to change our terminology?*

Co-investigators: Dr Darshini Ayton, Dr Tess Tsindos and Associate Professor Ilana Ackerman

- To explore the perceptions and experiences of falls and falls prevention activities among older people with hip or knee osteoarthritis (OA)



Age

- Range: 52 - 84 years
 - Median: 65.5 years
-

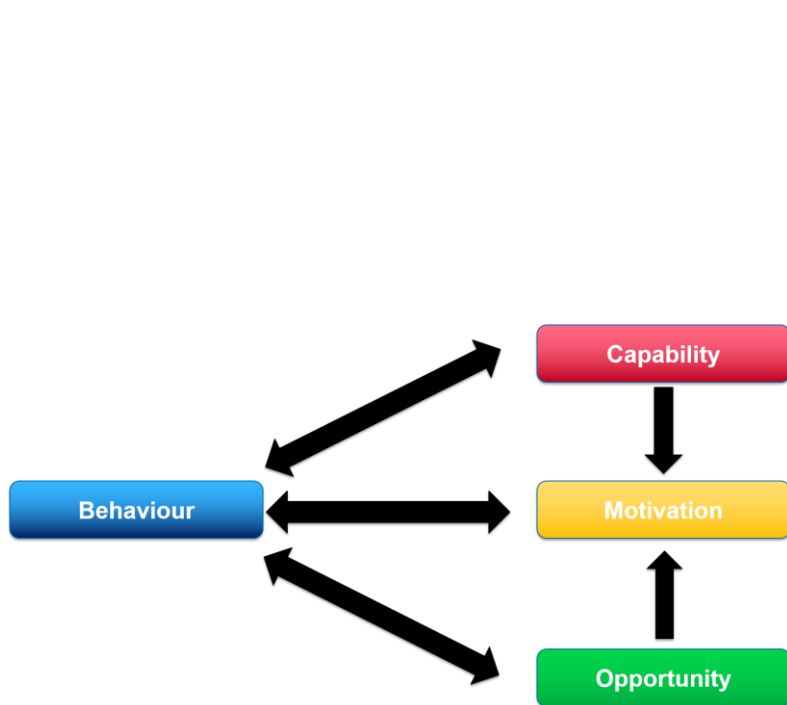
OA diagnosis

- Knee only: 12
 - Hip only: 1
 - Knee and hip: 7
-

Previous history of falls

- 10 participants experienced falls
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Capability

- All felt capable of attending and undertaking exercises (E)
- Stigma associated with the term *falls prevention* – it is for old and frail people (B)

Motivation

- Not at risk of falling because they are taking precautions and are mindful when walking (E)
- Not frail or old - falling does not apply to them (B)

Opportunity

- Family supportive of exercises (E)
- Pilates, Yoga, Tai Chi were appealing (E)
- Not referred to falls prevention after a fall (B)
- Access to activities: transport, cost and time (B)

“...I don't consider myself to be frail. I'm very active even though everything hurts...”
70yo female

“I actually think it (falls) is kind of an older person's problem”
58yo female

“Falls prevention sounds a bit like gosh you're old”
81yo female

Osteoarthritis, risk of falls and falls prevention – *is it time to change our terminology?*

- What does this mean?



1. The terms '*falls*' and '*falls prevention*' are for people who are old and frail

2. People with hip or knee osteoarthritis are active and believe that being active contributed to falling

3. The idea of strengthening and balance exercises is appealing – it focuses on strengths rather than deficits