



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

Osteoarthritis and falls commonly affect older people. Falls are the leading cause of injury and hospitalisation among older people.

Our aim

To explore perceived enablers (E) and barriers (B) to participation in falls prevention activities among older people with osteoarthritis



What did we do?



Semi-structured interviews with 18 women and 2 men between 52-84 years of age

"...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

Key themes based on the COM-B framework

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)

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