

COMPARING THE EFFECTIVENESS OF OTAGO EXERCISE WITH REACTIVE BALANCE TRAINING VERSUS OTAGO EXERCISE AMONG THE ELDERLY POPULATION TO PREVENT FALLS

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ABSTRACT

BACKGROUND OF THE STUDY

A fall is defined as an incident that results in a person coming to rest accidentally on the ground or floor or other lower level. Recent evidence has suggested that a multi- component exercise regimen focusing on flexibility, strength, balance, and endurance can effectively improve balance, mobility, and physical performance as well as reduce the incidence of falls and fall-related injuries in community-dwelling older adults. The Otago Exercise Program encompassed all the aforementioned aspects and was developed for community-dwelling older adults aged more than 65 years old. Perturbation-based Balance Training is a task-specific intervention that aims to improve reactive balance control (i.e., rapid reactions to instability) after destabilizing perturbations in a safe and controlled environment. Hence, the aim of the study is to compare Otago Exercise with Reactive Balance Training and Otago Exercise only for fall prevention among the elderly population.

MATERIALS AND METHODOLOGY

The study was conducted as a comparative study for a total period of four weeks, which includes 12 sessions. In this study, Group A included 15 community-dwelling older adults who were trained using Otago Exercise with Reactive Balance Training and Group B included 15 community-dwelling older adults who were trained using Otago exercise only. The pre and post-test values of the Berg Balance Scale, Timed Up-and-go test, and 30-second sit-to-stand test were taken for analysis.

RESULT

P-value for Group A is < 0.0001 and of Group B is < 0.0001. However, based on the mean difference value of Group A and Group B it was shown that Group A is effective and highly statistically significant.

CONCLUSION

This study concludes that Otago Exercise with Reactive Balance Training is more effective in preventing falls compared to Otago Exercise only.

KEYWORDS: Elderly falls, Otago Exercise, Reactive balance, Perturbation-based Balance Training, Berg Balance Scale, Timed Up and Go test, 30-second sit-to-stand test.

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INTRODUCTION

Falls are a major public health issue among older adults worldwide. Over one- third of the community-dwelling older adults and half of older adults living in the institutions fall annually [5]. Susceptibility to falls results from an interaction of multiple factors: Reduced efficacy of postural responses; diminished sensory acuity; impaired musculoskeletal, neuromuscular, and cardiopulmonary systems; deconditioning associated with inactivity; depression and low balance self-efficacy; polypharmacy; and a host of environmental factors. Fall risk factors can be classified as intrinsic and extrinsic. Intrinsic risk factors are traits of an individual that increase their risk of falling; these are most important amongst the oldest age group and can be related to neurosensory impairment, certain drugs, or the presence of diseases associated with an increased risk of falling (e.g., Parkinson's, stroke, osteoarthritis or diabetes). The risk of having a fall or recurrent falls increases with the number of associated intrinsic risk factors. Extrinsic causes are social and physical factors that relate to an external environment, unrelated to disease or drug use, slip-on ice, for example. If both intrinsic and extrinsic factors are present, falls are classified as combined [5]. In these, the modifiable risk factors for falls include muscle weakness, gait and balance problems, poor vision, psychoactive medications, and home hazards [10].

Balance is defined as the ability to maintain the projection of the body's center of mass within the limits of the base of support, as in the sitting or standing position, or in transit to establish a new base of support, as during walking [5]. Balance is necessary for an individual to maintain posture, respond to voluntary movements, and react to external perturbations. Balance problems are a major cause of falls and have been shown to be associated with increased fear of falling and decreased balance confidence. Researchers have reported that balance training improves lower extremity muscle function and performance-based exercise aimed at improving static and dynamic balance such as one-leg standing, tandem stance, reaching, and walking sideways.

The Otago exercise program, which consists of muscle-strengthening exercises, balance training, and walking [15], was developed and tested by the New Zealand Falls Prevention Research Group in New Zealand to reduce falls in older persons [32]. Otago Exercise Program has been proven to effectively improve the cognitive function, balance ability, lower limb muscle strength, and functional physical fitness of older adults, prevent falls in older adults, accelerate physical function recovery, and reduce economic costs because its training content emphasizes strength and balance exercises more.

Reactive balance training (RBT) is a type of exercise aimed at improving the control of fall prevention reactions when one loses their balance. Systematic reviews suggest reactive balance training may reduce fall rates by 46% - 48% [40]. Perturbation-based balance training is a task-specific intervention that aims to improve reactive balance control (i.e., rapid reactions to instability) after destabilizing perturbations in a safe and controlled environment.

METHODOLOGY

This study was carried out among 30 community dwelling elderly people for 4 weeks who were selected based on the inclusion and exclusion criteria using simple random sampling technique. In this study, subjects aged between 65-80 years, both males and females and elderly people who perform physical activity at least 15 mins a day were selected. Parameters used in this study are the Berg balance scale, Timed up and go test, and 30 sec sit to stand test. The 30-community dwelling older adults were divided into two groups, namely group A (n=15) and group B (n=15). The Otago exercise with Reactive balance training were given for group A and Otago exercise only for group B, the repetitions were progressed every week.

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RESULT

Table 1: GROUP A										
VARIABLES	MEAN		SD		TVALUE	DVALUE				
	PRE	POST	PRE	POST	I-VALUE	F-VALUE				
1. Berg Balance Scale	37.33	48.73	3.27	2.02	27.687	< 0.0001				
2. Timed Up and Go Test	13.78	12.96	0.177	0.203	27.531	< 0.0001				
3. 30-second Sit-to- Stand Test	10	15.80	1PRE.00	1.15	33.223	< 0.0001				

Table 1: GROUP B

VARIABLES	MEAN		SD		TYALUE	DVALUE
	PRE	POST	PRE	POST	I-VALUE	P-VALUE
1. Berg Balance Scale	39.20	46.93	2.46	1.39	17.516	< 0.0001
2.Timed Up and Go Test	13.82	13.20	0.209	0.204	17.498	< 0.0001
3. 30-second Sit-to- Stand Test	9.87	13.07	1.06	0.80	18.330	< 0.0001





DISCUSSION

The pre-test values for the Berg Balance Scale, Timed up and go test, and 30-second sit- to-stand test were taken before the intervention for both the groups, and post-test values for the Berg Balance Scale, Timed up and go test, and 30-second sit-to-stand test was taken after four weeks for both the Group A and Group B. The pre-test and post-test values were taken for analysis using paired t-tests. Based on the results received, both the groups show significant improvement in balance and leg muscle strength and thus prevents falls. The result shows that the Combination of Otago Exercise with Reactive Balance Training shows more improvement in leg muscle strength and balance compared to the group with only Otago exercise.

CONCLUSION

Therefore, according to the results obtained it is determined that the group with Otago exercise with Reactive balance training (Group A) has significantly shown better improvement in balance and lower limb muscle strength than the group with Otago Exercise (Group B). Therefore, our hypothesis (H1) was supported by the current result obtained.

So, by this study, I conclude that the Otago Exercise with Reactive Balance Training shows more effect in the improvement of balance and leg muscle strength, thus preventing falls.

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