

Shefford Tai Chi Whitepaper

Considerations on Tai Chi in the role of Falls Prevention

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Experience has shown that Tai Chi is an effective practice for addressing the problems of falls in the elderly and others vulnerable to falls, leading to a reduction in risk in the order of 40 to 50%. However while Tai Chi practice of itself can work well it is not necessarily suited to everyone. There are a wide range of contextual factors that need to be considered and which may improve the acceptance of a program to the participants e.g. the amount of social time and the quality of social interactions built into the class schedule. In addition it is clearly important to establish a lesson plan of Tai Chi based exercises focused on improvement of balance and mobility as well as being within the capabilities of the participants.

It would appear that Tai Chi works best – perhaps only works – when people are self-motivated and self-disciplined. It is a skill and as such requires the student to be fully engaged in the process. Consequently it may be beneficial to have an occasional observer in the class to aid the group understanding of this in terms of the way that the participants behave in their learning process.

Issues for consideration in developing a Falls Prevention program

- Given the likely age group - 50+ up to and even over 90 is normal – there is a very wide range of physical capability – also of emotional and intellectual capability – it is important to consider how this affects participants' suitability to the format. Many that one might like to include are likely to be of borderline capability leading to questions about the purpose of the program e.g. prevention *cf* rehabilitation. This will need to be considered in both the pre-program selection/assessment process and during the run of classes.
- Not everyone is self-motivated – some are very motivated
- Education – observation and learning to look after oneself.
- Education – encouraging participants to research for themselves
- Education - mindfulness in movement.
- The approach – taking personal responsibility – learning to take care of yourself.
- How to deal with issues of individual participants – stiffness, specific injury/disability, psychological/temperament/attitude/intellectual difficulties etc. – they may be dealt with by acknowledging them and encouraging participants to learn to deal with them within the context of Tai Chi or they may be addressed in some other way e.g. referring to massage, yoga, pilates, meditation, counselling, nutrition/supplements etc.
- Transport – potentially a major issue.
- Acoustics – hearing difficulties in the age group suggest that consideration of venue is an important factor – a smaller sound damped room may allow students to hear much more clearly without the teacher shouting which is contrary to the relaxed atmosphere preferred.
- Funding – care stakeholders, participants

- Continuity - serving demand for day time Tai Chi/falls prevention - on-going availability of classes once the initial program comes to an end.
- Differential branding of Tai Chi / Falls Prevention. “Developing Balance and Mobility” may be considered - see WHO report - as a more positive brand image than “Falls Prevention” – likewise “Tai Chi for over 50s”
- Tai Chi classes can experience a high dropout rate so it is important to have some sort of safety net in place to catch those that may not feel suited to the main program but would like to explore other avenues.
- Health service/care stakeholder “ownership/involvement” in falls prevention – its influence on program content, lesson plans and evaluation.
- Evaluation – of individual participant change and of the program, both quantitatively and qualitatively.
- Social interaction between participants on this type of course is generally highly valued for its positive effects on individual wellbeing and for the group dynamic effect on the learning process. This can be achieved with a simple “tea and biscuits” session which provides a good opportunity for participants and organisers to develop a relaxed relationship and to introduce further information on needs and interests of participants and concerning additional resources in the case of the organisers/care stakeholders.
- Feedback and evaluation – typically “in and out” questionnaires are used for this type of project – additional methods are to quantitatively measure balance and changes in balance capability e.g. by timing participants standing on one leg (if they can) and to request the participants to keep a Tai Chi diary for the duration of the program. Such a diary would include their experiences, feelings - physical and emotional, their thoughts and observations of any changes in themselves.
- Continuous program development.

Possible development paths for a Falls Prevention program

- The low resource option would be to work with the simple model of “Tai Chi = Falls Prevention” accept its limitations and develop its strengths.
- Interestingly its limitations also reflect its strengths – it requires people to be open to new approaches, open to change, engaged with their own process – if they are not then they are unlikely to find a Tai Chi program of value since it presents a skill for them to learn not a cure that can be given to them. However if they persist then Tai Chi very much encourages these aspects.
- A more resource hungry option would be to develop a specific “Falls Prevention Program” encompassing wide ranging specialisms and branding the program as coming from a centre of special expertise. Such a program could be based on a Tai Chi approach and exercises but with additional components and support.
- Establish goals e.g. to focus on balance and mobility to the point of being confident about walking
- Consider that we are effectively teaching people how to walk again – the first time it took us several years of full time effort to do it well with increasing faculties – how much more difficult is it going to be as those faculties decline. Walking (and Tai Chi) are skills that take a significant time to learn so we should be targeting people when they have still a good level of ability to learn the skill before they deteriorate to the point of falling – this would be classed as prevention. After that point people will require considerably more resources and personal motivation and may be classed as rehabilitation. This offers the possibility of a 2 pronged approach – “Tai Chi for Balance and Mobility” (for the over 50s) and Balance and Mobility classes – falls

- prevention (for the over 60s). Possibly differentiated by some measure of walking ability e.g. can you walk comfortably for a mile?
- Possibility of addressing the social interaction and wellbeing aspects by involving other specialists, e.g. counselling, nutrition, physiotherapy.
 - An integrative approach including additional elements in the program e.g. Alexander technique, Yoga, Pilates, meditation, psychotherapy, massage.
 - Establishment of a Falls Prevention study group associated with the program. this could include Program Developers who themselves become “falls prevention “ specialists
 - Consideration of a “Falls Prevention” blog site to include reports from the program and links to other relevant work, also reviews of papers and developing awareness of the issues for older people and others at risk of falls.
 - Creation of a credible and authoritative presence in the market place for the program stakeholders as a centre of expertise regarding falls prevention.
 - Authoring of leaflets and perhaps video clips.
 - It is my personal contention that Tai Chi offers an exploration of the Human experience with a view to improved ability to survive across all aspects of that experience – i.e. a path of personal development which seeks and absorbs that which is useful. Consequently nurturing of mindfulness, awareness and balance – in this case the ability to stay upright without falling over - are essential foundation stones to that path. This may offer an on-going direction of development for any Tai Chi based falls prevention program.
 - The chosen path for any falls prevention program will of course very much depend on the “will” of those involved and the resources available.

Relevant concepts:

Developing the skills of - Body usage – Movement - Walking

Personal capability and responsibility - learning to take care of yourself

Awareness/Mindfulness

Elements of Walking:

Vision and visual processing

Kinesthetics – feeling the floor and the environment

Posture – structural mechanics

Balance - poise

Relaxation - resilience

Spacial perception - subconscious processing e.g. visual/physical sensitivity to orientation and position of self. Updating subconscious body maps.

Emotions – fear - confidence – facilitation by developing skill (of walking)

Physical strength

Mobility/flexibility – developing the way of moving – increasing the skill level

Persistence/motivation developed from observation of positive results through awareness/mindfulness.

Wider mobility considerations:

- Mobility level required to maintain in-own-home lifestyle
- Bending down e.g. weeding the garden
- Negotiating stairs and rough ground

Other material:

– see www searches e.g. WHO report:

http://www.who.int/ageing/publications/Falls_prevention7March.pdf

Also there are many reports available e.g. from Canadian organisations etc. which all demonstrate that “Falls Prevention” is seen globally as an extremely wide subject.

Long term:

- developing life-long habits and practice through pursuing interests in Tai Chi. It is likely that many participants will express an interest in Tai Chi, so it may be worth considering how they may be enabled to develop that interest on a long term basis.

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