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To Study The Prevalence Of Loss of Co-Ordination In Geriatric Individuals

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ABSTRACT

Aim&Objective: To Study the prevalence of loss of co-ordination and balance in Geriatric individuals

Method: 40 subjects diagnosed with at least one episode of fall due to loss of balance and proprioception 40 subjects participated in study. Baseline data were collected on the basis of personal history and information, past medical history, medication used. To determine their physical activity using Falls efficacy scoring scale was used.

Result: mean 50% were poorly confident, 36% were completely confident and 46% were fairly confident

Conclusion: 50% of subjects have lost partial confidence in their activities in last 10 years.

KEY WORDS: Fall efficacy scale, co-ordination, Balance.

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INTRODUCTION

Falls among the Geriatric remains and ever increasing changes and disease both have an impact on Geriatric person's ability to balance similarly, cognitive impairment, various medications, and changes in persons environment, all appears to contribute to increase risk of fall¹. Fall in Geriatric are public health and community problem with advanced physical, medical, psychological, social and economic consequences. This include disability and deformity fear of repeated Falls, Curtailment of root in social activities, director of medical care associated with injury and loss of potential income^{1,2}. Fear of fall is a major health problem among the Geriatric living in community, present in Geriatric people who have fallen but also in Geriatric people who have never experienced a fall. Falls are the leading cause of injury, related to date and 3rd leading cause of Poor health among persons is 65 years and Geriatric. It is the most common cause of accident and associated morbidity and mortality in Geriatric people prevalence scene in elder is 30% of the community dueling Geriatric people Geriatric person fall each year. 15% of fall more than once and 33% of Geriatric Population experience functional decline a Fall. Many Geriatric person experience psychological difficulties directly related to fall³. Repeated falls lead to loss of confidence to perform function activities, social isolation, Increased hospitalization and increased likelihood of early admission of nursing care.

MATERIAL AND METHODOLOGY

STUDY DESIGN: Observational Study

SAMPLE SIZE: 40

STUDY SETUP: Ravi Nair College of Physiotherapy, SawangiMeghe, Wardha

INCLUSION CRITERIA

1. Both Male and Female
2. Subject H/O atleast one episode of Fall
3. Geriatric age

EXCLUSION CRITERIA

1. Neurological Conditions
2. Cerebrovascular Accident
3. Psychological unstable Subjects

PROCEDURE

After obtaining ethical clearance Subjects were taken for the study based on the inclusion and exclusion criteria. The purpose of the study was explained to the patient's. Those patients were included in the study who were interested to participate. Consent form was filled up by the subjects.

The subjects were referred to the physiotherapy department from medicine department the subjects were distributed according to level of difficulty they are facing. Fall efficacy scale was distributed to them and they were asked to tick the number out of 10 to score their the score were in between 0-3 then patient were poorly confident If it is between 4-6 then Fairly confident and completely confident if the score range in between 7-10.

The scale included 14 items which include all daily living activities.

DATA ANALYSIS

TABLE 1 GRAPHICAL PERCENTAGE SHOWING THE PERCENTAGE OF FALL EFFICACY SCALE

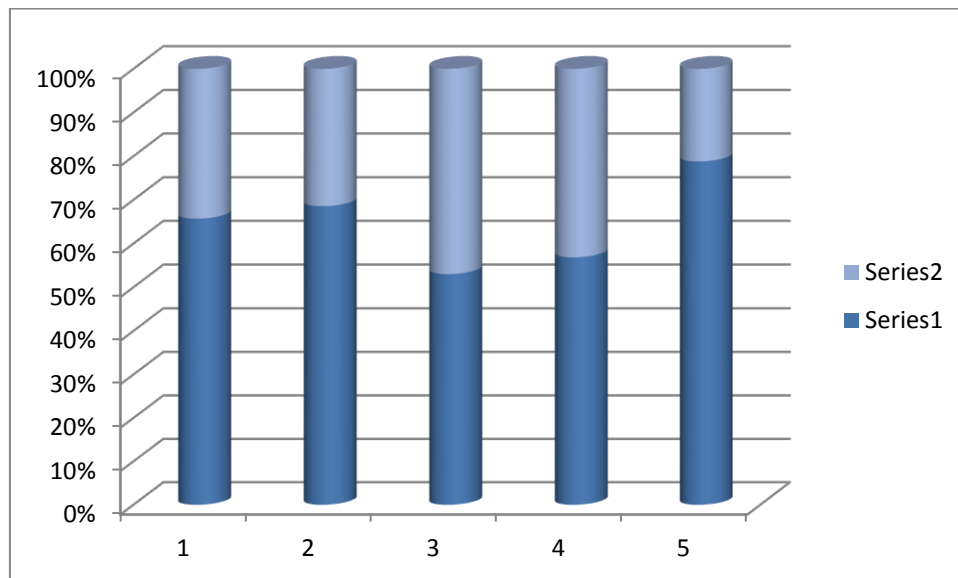


TABLE 2 DESCRIPTION

COMPONENTS	NO.OF INDIVIDUALS	PERCENTAGE
(0-4)POORLY CONFIDENT	32	62%
(5-6)FAIRLY CONFIDENT	46	92%
(6-7)COMPLETELY CONFIDENT	22	44%

DISCUSSION

Loss of confidence in mobility task is common in Geriatric people. This phenomenon been termed fear of fall due loss of proprioception and balancing, photophobia and post fall syndrome. It has been identified as the greatest fear in 25% of the community based Geriatric^{3,4}. To overcome this lack of sensitivity in measurement fall efficacy scale was designed to measure self perceived fear of fall due loss of proprioception and balancing during the performance of 14 common activities. The

confidence in completing each activity without falling during the performance was rated on a 10 point scale varying from not at confident to completely confident. The total 14 item score on the fall efficacy scale correlated significantly with difficulty in getting up after a fall, level anxiety and several measures of balance and gait. Reduced falls efficacy has been reported to be associated with decline in activity due to a history of falls and falls related injury. Outdoor activities are known to place greater demands on the balance system and appear to be the type of activities that Geriatric people limit first when suffering from impaired balance. Given the need for early identification of psychological sequelae with balance impairment, it would seem desirable to include more difficulty in outside activities in the assessment of fear of falling^{4,5,6}.

CONCLUSION

In our study of 40 subjects it has been concluded that 50% of subjects have lost partial confidence in their activities in last 10 years.

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