

Standing balance classes for rehabilitation inpatients

Introduction

Poor balance and mobility impairment have been consistently associated with an increased risk of falling among rehabilitation inpatients and patients discharged home from a rehabilitation setting.

Balance plays an essential role in tasks such as standing up, walking, performing many activities of daily living as well as maintaining independence.

Specific balance exercises have been shown to improve balance and reduce falls within the community setting. However few studies have measured the effects of balance exercises on balance within the inpatient setting.

This project demonstrates the effective implementation of best evidence, to improve patient outcomes in a rehabilitation setting.

Key activities

A total of 162 patients were randomised into two groups. The intervention group received six one-hour standing balance circuit classes over a two week period in addition to usual therapy. The control group received usual therapy alone. Patients were followed up at two weeks and three months.

The circuit class had a maximum of eight participants with two staff members. The design of the exercises within the circuit class were based on current best evidence (Sherrington et al 2008).



Key achievements

The addition of the standing balance circuit class improved balance and mobility at two weeks and three months, decreased length of stay and reduced the risk of readmission. This class is now embedded into routine practice.

The positive results of this trial have helped fill a previous void in evidence and knowledge. This evidence provides clinicians with an effective intervention strategy for patients undertaking rehabilitation. This evidence also has the capacity to positively change clinical practice and outcomes for patients in rehabilitation units both nationally and internationally.

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