

Effects of Fall Prevention Program For Individuals Post-Stroke in Guyana: An International Collaboration Protocol

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Introduction

There is no set program used to prevent falls in individuals post-stroke in Guyana. Due to the nature of the environment and geography, there are many hazards and obstacles that must be avoided during community ambulation in order to prevent falls. A shortage of health care services in Guyana causes individuals post-stroke to have difficulties attaining the medical assistance they need to recover their function and prevent the development of further impairments.

By collaborating with The Palms Rehabilitation Department in Guyana, a falls prevention program will be implemented. The purpose of this study is to evaluate the effectiveness of this program in decreasing both falls and the fear of falling in post-stroke individuals in Guyana.

Interventions

- Provided 1 x/week for 8 weeks total
 - Static balance
 - Dynamic balance
 - Gait exercises
 - LE strengthening
 - High intensity exercises
- Home exercise program

Methods

Design: A within subjects design, with exercises based on the individual's walking abilities.

Setting: The study will be conducted at the Palms Rehabilitation Department in Georgetown, Guyana. Physical therapists in Guyana will perform all data collection and interventions. The data analysis will be performed at Misericordia University in Dallas, Pennsylvania by Physical Therapy students.

Participants: Twenty individuals with a history of stroke and who score less than 45/56 on the Berg Balance Scale.

Outcome Measures: To determine eligibility, the participants will perform the Berg Balance Scale. Once eligibility has been determined the primary outcome measures will be the 5 Times Sit to Stand, the Berg and the Short Falls Efficacy Scale-International.

Discussion

This new and collaborative program will be used to minimize the frequency of falls in individuals post-stroke in Guyana. We expect to identify a positive correlation from the implementation of a falls prevention program within a post-stroke population.

There is a need to implement such a program in Guyana for individuals that may not recognize the normalcy of falls as an indicator for future falls. Individuals participating in the study will likely experience a decrease in fall risk and a boost in confidence related to fear of falling.

Our goal is to establish a program that will provide physical therapists with evidence of the efficacy of a falls prevention program for individuals post-stroke. If the program is successful, our approach to decrease fall risk and fear of falling could represent a fundamental shift for intervention strategies used in post-stroke individuals.



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