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Literature Review

Knowledge translation for falls prevention: The view from Canada

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Abstract

Researchers have now conclusively demonstrated that many falls in older adults can be prevented, and that the interventions can produce cost-savings. Because most falls are multifactorial, falls prevention interventions can involve several approaches delivered by numerous health care professions in multiple settings. These complexities may make knowledge translation (KT) more challenging than with simpler interventions for specific diseases. After describing these complexities and reviewing the evidence base for falls prevention, this paper examines the few published demonstrations of KT in falls prevention. It continues with a description of the visibility and accessibility of falls prevention Clinical Practice Guidelines (CPGs) on the websites of four key Canadian health professional associations: nurses, occupational therapists, physical therapists, and physicians. The paper concludes with a review of published studies of KT in falls prevention in Canadian health care settings, including research on care or treatment gaps in falls prevention and the uptake of CPGs.

Impact on Industry

Those in the long term care and hospital industries may use the findings when considering fall prevention programs. This paper does not cover occupational falls, and participants in the referenced studies will be past conventional retirement age.

Keywords

Knowledge translation; Unintentional falls; Prevention; Older adults
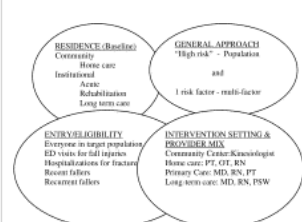
Figures and tables from this article:

Fig. 1. Four main interrelated factors that differentiate falls prevention programs.

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Table 1. Summary of pooled effect estimates from three major Cochrane Collaboration reviews in falls prevention.

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Table 2. Visibility and accessibility of Clinical Practice Guidelines for falls prevention on the websites of four key health professional associations in Canada.

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Vitae

Mark Speechley received his PhD in Epidemiology & Biostatistics from the University of Western Ontario. This was followed by a postdoctorate in Chronic Disease Epidemiology at Yale University. More recently he conducted the Project to Prevent Falls in Veterans, a large study of Canadian veterans of WWII and Korea. This yielded a rich dataset that enabled him and his graduate students to develop programs of research in a brief telephone-administered physical activity scale, systematic evaluations of the role of balance assessments in fall risk prediction models, cost-effectiveness analyses of fall prevention interventions using the net benefit regression model, and prevalence and persistence of inappropriate prescribing for older adults. He is currently Associate Professor and Undergraduate Chair in the Department of Epidemiology & Biostatistics at the University of Western Ontario.