

# Joy in Motion

Molly V. Strzelecki

First, it was Secretary of State Hillary Clinton, then newly confirmed Supreme Court Justice Sonia Sotomayor, followed by quite a few other notable women—for a while, taking a tumble seemed to be the injury du jour. But like many trends—leg warmers, pet rocks, mosh pit dancing—falling down is one that people would do best to stay away from.

Unfortunately, falls aren't so much a trend as a bump—or trip—in the road of life, and a growing public health issue. Thankfully, the ways occupational therapy practitioners can help prevent falls and educate others on doing so as well are numerous. For example, in 2004, Julie Kardachi, MA, OTR/L, was teaching gerontology classes in the Occupational Therapy Department at Touro College's Manhattan campus, when she paired up with Celeste Carlucci, a former dancer-turned-fitness instructor, to develop

## An OT practitioner teams up with a fitness instructor to develop a community-based program in fall prevention and education

Carlucci taught exercise classes at various spots around New York City, and one of them, the Jewish Community Center (JCC) in Manhattan, had an expansive senior exercise program. The JCC staff had also noticed client interest in fall awareness and prevention, so Kardachi and Carlucci wrote a proposal for the Center for a trial class of their new program.

The outline of Fall Stop...MOVE STRONG was an 8-week program consisting of two parts: exercise and education. The exercise programs are led by Carlucci and were developed with modifications that evidence

whatever else people have difficulties with, things like getting items off a high shelf or from a low cupboard, getting out of a car or taxi, or carrying heavy groceries."

In addition to the classes, Fall Stop...MOVE STRONG also has a DVD of the exercise program Carlucci teaches, with three levels and an insert that discusses some of the risk-reduction strategies that Kardachi uses.

Kardachi notes that fall prevention goes hand-in-hand with what occupational therapy practitioners do, from being natural educators to taking a holistic look at the person rather than at individual components.

"Look at the profession's brand—Living Life To Its Fullest," she explains. "People have to live their lives, and just because they're older doesn't mean they don't still need and want to live life to the fullest. Occupational therapy practitioners promote a healthy lifestyle and prevent injury and disability, and have practical solutions and strategies that help people get along in their everyday lives."

In developing the program, Kardachi notes that one of the obstacles she and Carlucci came across was a sense of hopelessness older people had about their bodies, and the thought they often harbored that they'd reached a point of no return. The age of participants in the program ranged from the late 50s to late 90s, but the feeling wasn't particularly age-related, Kardachi says. Promoting and encouraging a joy of movement and emphasis that knowledge is power added to the participants' confidence, which changed many points of view.

"We know that fear and decreased confidence from falls can limit people from performing their necessary activities," she continues, "and that's going to affect their occupational balance and their meaning in life. With that you get

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Fall Stop...MOVE STRONG, a community-based falls prevention program.

Carlucci had noticed that a lot of participants in her senior exercise classes were falling, asking about falling, or afraid of falling. Combined with Kardachi's knowledge of evidence on fall risk, gleaned from teaching in the gerontology program, the two put their heads together and realized there was a need they could fulfill.

"[As a society] we're very good at looking at fall prevention when we see someone in the hospital. They fell, they broke their hip, you teach them [how to avoid this in the future]," Kardachi says. "But let's get to them before they break their hip."

shows are best for fall prevention, like balance exercises. Kardachi leads the educational portion of the program.

"Almost always the first class is an education class where we talk about age-related changes and environmental factors that put us at risk for falls," Kardachi says. "We talk about the benefits of exercise and we offer a lot of strategies for everyday situations, like getting your glasses checked and making sure you have the right shoes."

Kardachi also notes that one class specifically focuses on teaching ways to get up off the floor. "Usually we get almost everybody in the class down on the floor to practice getting up," she explains. "And then we troubleshoot

**“Being a community-based program that gets to people before they enter the treatment system really works with wellness and prevention, and is our way of addressing this public health issue.”**

the subsequent depression and isolations that occur with people not being able to do what they need and want to do.”

For some in the program, the goal is simply to maintain where they are now. Kardachi notes one such man who is in his late 90s and in poor health who has attended the program for 3 years.

“He hasn’t improved at a great rate, but he hasn’t deteriorated in the last 3 years,” she explains. “That’s a really significant thing for him, because he was not expecting to get better, but he was also not expecting to stay the same. His only expectation was that his life would get worse—but it didn’t.”

Fall Stop...MOVE STRONG is expanding to begin collaborating with Mount Sinai Hospital in New York.

“They don’t have a fall prevention program at the moment,” Kardachi explains. “They have a couple of exercise programs, and they do a fall prevention awareness program in April, but they don’t have education and exercises to prevent falls, so we’re going to start our first program with them.”

The new program will not only help more people, but it will provide Fall Stop with access to more research. “Mount Sinai has geriatric fellows who have always been involved in research, so we’ll have access to a lot more data than we can collect just from the community,” notes Kardachi.

With continued success of the program, Kardachi and Carlucci will without a doubt make strides in moving the fall prevention program forward. Ideally, she says, she and Carlucci would like to see the program go nationwide and for occupational therapy practitioners to start community-based fall prevention programs in their areas through collaboration with dancers, fitness instructors, or among themselves.

“We know that prevention is much more cost-effective, and is key,” Kardachi says. “Being a community-based program

## PRACTICE PERKS

### The Transactional Nature of the Domain

Debbie Amini

**Q: While reading the second edition of the *Occupational Therapy Practice Framework: Domain and Process*<sup>1</sup> (*Framework-II*) I noticed that the term transactional is used to describe the relationship between the aspects of the domain. What exactly is a transactional relationship?**

**A:** According to Dickie, Cutchin, and Humphry, a transactional relationship is a process that involves two or more elements in continual association that reciprocally affect and influence each other.<sup>1</sup> Within the context of the *Framework-II*, this concept is applied to the six aspects of the domain: areas of occupation, client factors, performance skills, performance patterns, context and environment, and activity demands. In print, these aspects appear to be separate and autonomous concepts that have no direct relationship or interaction. In reality, they are constantly influencing and being influenced by each other because they are being addressed simultaneously during the occupational therapy process. For example, areas of occupation are directly affected by the status of the various client factors that interact to create the performance patterns and skills that combine to make function possible. As performance changes, so do the factors, patterns, and skills. As the context and demands of an activity change, so do the ways in which the client engages in occupations. These changes in turn modify performance skills and patterns that ultimately affect the underlying client factors. Through the occupational

therapy process, no aspect of the domain remains untouched or unaffected. that gets to people before they enter the treatment system really works with wellness and prevention, and is our way of addressing this public health issue.” ■

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The transactional relationship is highlighted in Figure 1 in the *Framework-II* (p. 627), another addition to the second edition. This figure depicts the aspects of the domain as a *Möbius strip*, a non-orientable surface upon which an entity can traverse indefinitely, contacting each strip surface by moving in a linear fashion without need to change sides or direction. Figure 1 depicts the Möbius strip as being folded upon itself, giving it the three-dimensional perspective that further illustrates the dynamic transactive nature of the aspects of the domain.

Transactional relationships are differentiated from simple interactions by virtue of the ongoing nature of the relationship and, more importantly, the effect that each aspect has upon the others, which creates lasting change in all. In simple interactions, permanent change and a continual relationship are not inherent. Occupational therapy practitioners recognize that the six components of the domain are richly transactional and not merely interactional when observing the changes that occur in the mind, body, and spirit of the client as they work toward functionality and engage in desired and meaningful occupations. ■

### Reference

1. American Occupational Therapy Association. (2008). Occupational therapy practice framework: Domain and process (2nd ed). *American Journal of Occupational Therapy*, 62, 625–688.

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