



## Advancing Resilience: A Falls Prevention Summit

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*Brought to you by:*

The Falls Free Wisconsin Coalition, a Wisconsin Institute for Healthy Aging initiative



# Summit Day 1

Thank you for your commitment to preventing falls and supporting falls resiliency as we age throughout Wisconsin!

## Thank You, Sponsors!



| TUESDAY  |  | DAY 1: TUESDAY, APRIL 21, 2026 |
|----------|--|--------------------------------|
| 9:00 AM  | WELCOME  |                                |
| 9:10 AM  | KEYNOTE: FALLS RESILIENCY<br>Erin Eleu, ACSM-CPT, <a href="#">AGEnts of Movement</a>   |                                |
| 10:05 AM | PANEL: BINGOCIZE IN WISCONSIN<br><b>Cassie Sanders &amp; Nichole Gaudette</b> , <a href="#">Richland County Aging &amp; Disability Resource Center</a> (ADRC)<br><b>Schuyler Metoxen &amp; Patricia Harms</b> , <a href="#">Oneida Aging &amp; Disability Services</a><br><b>Lori J. Fure</b> , <a href="#">ADRC of the Lakeshore</a><br><b>Kristeen Owens</b> , <a href="#">Exercize Innovations, LLC</a> |                                |
| 10:40 AM | BREAK  |                                |
| 10:50 AM | PRESENTATION: NUTRITION & FALLS<br><b>Pam VanKampen, RDN, CD &amp; Kristi Cooley, RDN, CD</b> , <a href="#">GWAAR</a>  |                                |
| 11:30 AM | BREAK  |                                |
| 11:40 AM | PRESENTATION: 4Ms FRAMEWORK OF AN AGE-FRIENDLY HEALTH SYSTEM<br><b>Jasmine Townsley, DO</b> <a href="#">UW-Health - Geriatric Medicine Fellowship</a>  |                                |
| 12:15 PM | WRAP UP: STATE AND LOCAL RESOURCES<br><b>Suzanne Morley, CHES</b> , <a href="#">Wisconsin Institute for Healthy Aging</a>  |                                |

## About WIHA

**Mission:** To improve the health and well-being of all people as we age by disseminating evidence-based programs and practices and by engaging in collaborative public health strategies in Wisconsin and beyond.

### Evidence-Based Programs

**Falls prevention programs:** Stepping On & Pisando Fuerte

**Other:** Chronic disease self-management, incontinence, physical activity

### Community Education & Coalitions

Age Well Series & newsletter

Falls Free Wisconsin Coalition & Wisconsin Coalition for Social Connection

### Other

Reframing Aging & Disability

Brain health

Bi-annual Healthy Aging Summit

& more!

# About Falls Free Wisconsin



[FallsFreeWI.org](https://FallsFreeWI.org)



## Advocacy

Advocate for state investment in falls prevention and policy/systems changes



## Best Practices

Gather and share information (programs, education, coalition development, etc.) with professionals



## Awareness

Share messages with older adults, families & caregivers about the ways falls can be prevented



## Data

Collect state and county-level falls rates (ED visits, hospitalizations, deaths, cost), and program impact data



## Welcome...

Erin Eleu

- BS Kinesiology
- American College of Sports Medicine certified Personal Trainer
- AGEnts of Movement



# Designing for Resilience

The Role of Social Connection in Movement for Fall Prevention



**You have a participant who can physically do everything but  
stops showing up.**



**Why do people stop participating-even when they're  
physically capable?**

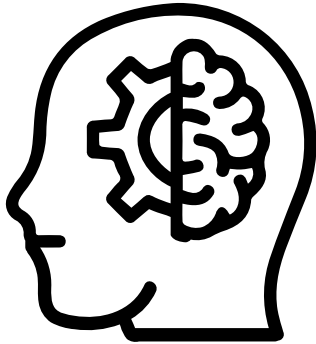
# The Gap

Traditional approaches assess and address physical risk.

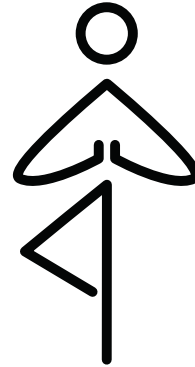
We have the opportunity to expand how we think about prevention.

# What Are We Missing?

Cognitive decline → Falls



Physical decline → Falls



*Social disconnection quietly drives both*

# **Social Frailty: The Hidden Driver**

## **Characteristics of Social Frailty**

- Deficit in Social Resources
- Reduced Social Participation
- Diminished Social Support
- Feelings of Loneliness

# Why It Matters

**Social Frailty INCREASES fall risk**



Less Participation



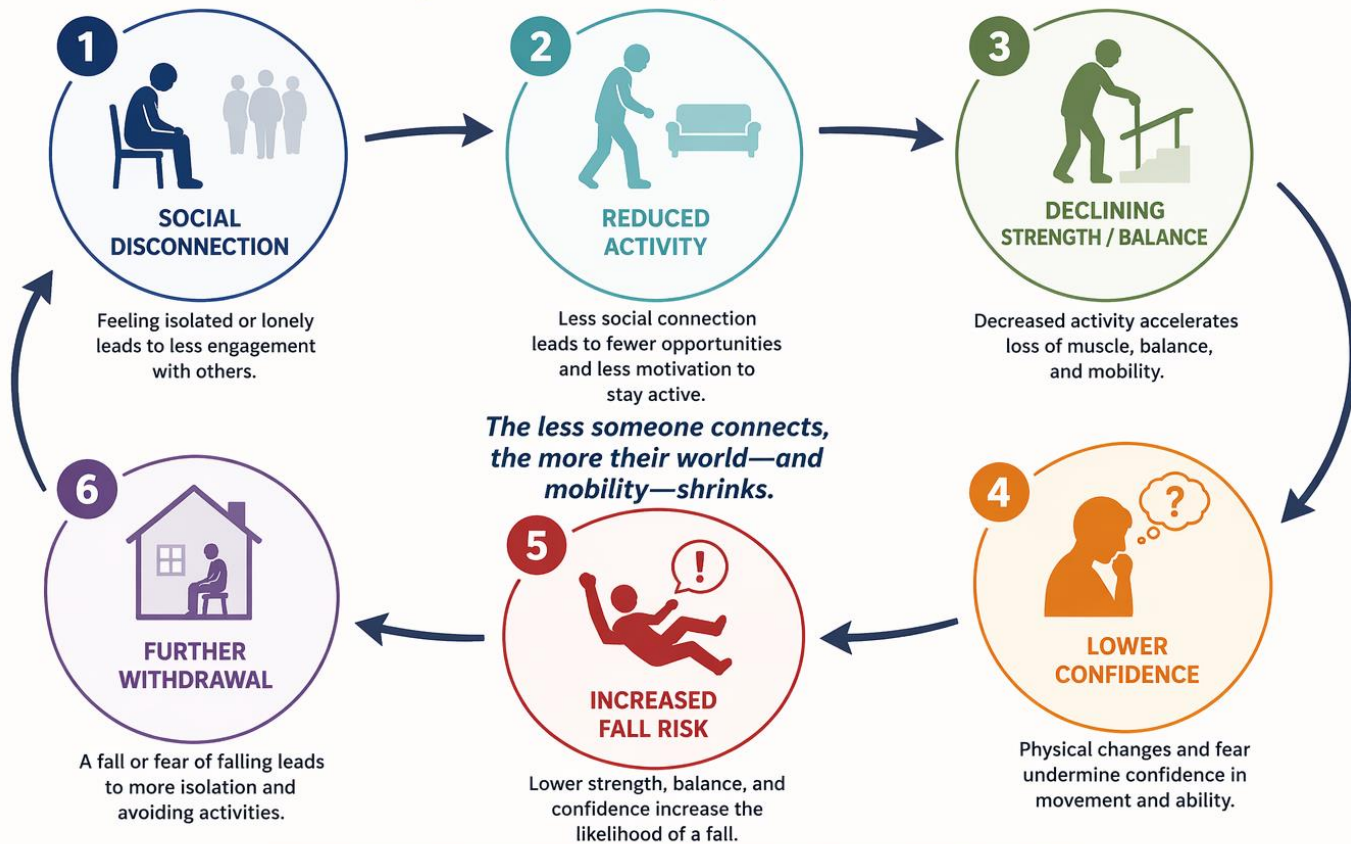
Increased fear of falling



Faster physical and cognitive decline

# THE SOCIAL FRAILTY CYCLE

*A cycle that increases fall risk over time*



**BREAK THE CYCLE. BUILD CONNECTION. BUILD RESILIENCE.**

# Traditional Fall Prevention Addresses Physical Frailty

- Lower body weakness
- Impaired balance
- Slow and unstable gait
- Reduced power & coordination



# What The Measures Don't Tell Us

- Why someone isn't participating
- Confidence and fear of falling
- Social isolation and support
- Motivation to move

# What The Research Shows

**Experiencing a fall → Increased perceived social exclusion**

(Petersen et al., 2022)

**Older adults with recurrent falls were 1.5x more likely to be socially frail**

(Kim et al., 2024)

**Individuals with social frailty have a high fear of falling and lower health-related quality of life**

(Hayashi et al., 2020)



# Assessing For Social Frailty

## 5-Point Questionnaire

1. Do you go out less frequently compared with last year?
2. Do you visit with friends?
3. Do you feel you are helpful to friends and family?
4. Do you live alone?
5. Do you talk with someone everyday?

*Robust: 0 responses*

*Social Pre-frailty: 1 anti-social response*

*Social Frailty: 2 or anti-social responses*

# Movement as a Social Intervention



- Drives consistency
- Builds confidence
- Creates belonging
- Improves well-being
- Prevents functional decline

If we want to prevent falls we can't just  
prescribe exercise.

We have to design experiences people  
want to return to.

# Before vs. After

## **Traditional Approach**

Deliver exercises

Focus on ability

Instruct participants

## **Designing for Connection**

Create welcoming experiences

Focus on effort

Community-supported



**What does this look like in practice?**



# Strategy 1-Supportive and Welcoming Environment

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## What it looks like:

- Greeting participants by name
- Ask guided question at the start of class
- Celebrate effort over outcomes

## Examples:

- “What do you want to get out of class today?”
- “Where did you feel strong recently??”

## Why it works:

- Builds psychological safety
- Reduces social anxiety



# Strategy 2-Create Positive Experiences

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## What it looks like:

- Create a sense of “we’re in this together”
- Start with achievable success
- Repeat positive experiences

## Examples:

- Using “we” instead of “you”
- Celebrate milestones
- Provide autonomy

## Why it works:

- Increases belonging
- Improves retention and consistency



# Strategy 3-Confidence Check-Ins

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## What it looks like:

- Normalize fear, confidence levels, and mistakes

## Examples:

- “Rate your confidence with this movement (1-5)”
- “Discuss challenging situations”

## Why it works:

- Reduces fear through shared experience
- Builds awareness and self-efficacy



# Strategy 4-Peer Encouragement

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## What it looks like:

- Peers support each other's choices for class

## Examples:

- Acknowledging effort over outcomes
- Group support

## Why it works:

- Builds a supportive culture
- Reinforces



# Strategy 5-Beyond the Class

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## What it looks like:

- Provide space and time to connect outside sessions

## Examples:

- Buddy systems
- Pre or Post-class social time

## Why it works:

- Strengthens social networks
- Improves long-term adherence

# Addressing Confidence In Group Settings

- Seeing peers succeed> “If they can, I can”
- Encouragement from others> Increased willingness
- Shared experience> Normalized challenge
- Supportive environment> Psychological safety

# Fall Prevention Programs With Social Components



## **A Matter of Balance**

Participants meet in small groups to share experiences, discuss fears, and support each other in setting realistic goals.



## **Stepping On**

Peer-led, fosters a strong sense of community and provides a supportive environment for learning.

# How confidence is socially reinforced



*Bandura's Self-efficacy theory*

***People don't fall because they lack strength and balance alone. They become susceptible to falls when they lose connection to movement, to others, and to themselves.***



***What's one  
change you can  
make to  
increase  
connection?***



# Stay in Touch



[www.agentsofmovement.com](http://www.agentsofmovement.com)



[erin@agentsofmovement.com](mailto:erin@agentsofmovement.com)



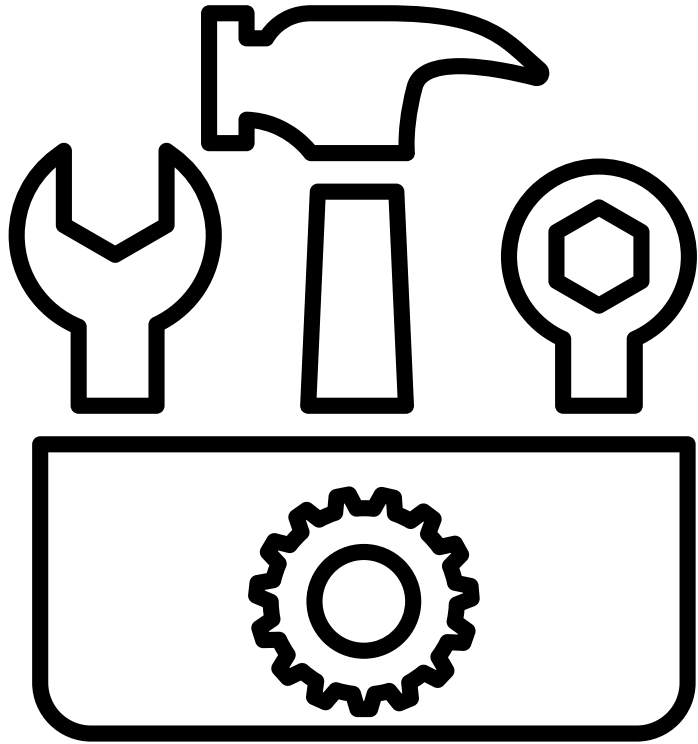
Erin Eleu



[@agentsofmovement](https://www.instagram.com/agentsofmovement)



[@agentsofmovement](https://www.facebook.com/agentsofmovement)



Email [erin@agentsofmovement](mailto:erin@agentsofmovement)  
for the  
**AGEnts of Movement Fall  
Resiliency Toolkit.**

Practical tools and resources you can use to build  
confidence, connection, and reduce fall risk.

# Resources

Petersen, N., König, H.-H., & Hajek, A. (2022). The onset of falls and its effects on perceived social exclusion and loneliness: Evidence from a nationally representative longitudinal study. *Archives of Gerontology and Geriatrics*, 100, 104622. <https://doi.org/10.1016/j.archger.2022.104622>

Kim, S., Park, S., & Lee, S. (2024). Association between falls and social frailty in community-dwelling older adults. *The Journals of Gerontology: Series B, Psychological Sciences and Social Sciences*, 79(9), gbae127. <https://doi.org/10.1093/geronb/gbae127>

Hayashi, T., Umegaki, H., Makino, T., Huang, C.-H., Inoue, A., Shimada, H., & Kuzuya, M. (2020). Combined impact of physical frailty and social isolation on rate of falls in older adults. *The Journal of Nutrition, Health & Aging*, 24(3), 312–318. <https://doi.org/10.1007/s12603-020-1316-5> ([SafetyLit](#))

Hayashi, T., Umegaki, H., Makino, T., Huang, C.-H., Inoue, A., Shimada, H., & Kuzuya, M. (2020). Combined impact of physical frailty and social isolation on rate of falls in older adults. *The Journal of Nutrition, Health & Aging*, 24(3), 312–318. <https://doi.org/10.1007/s12603-020-1316-5> ([SafetyLit](#))

Rojas-Avila J, Araya AX, Pinilla Carrasco N. Social Frailty in Older People: A Concept Analysis. *Rev Cuid*. 2025 Sep 26;16(3):e4939. doi: 10.15649/cuidarte.4939. PMID: 41306854; PMCID: PMC12654292.

Park, H., Jang, I.-Y., Lee, H. Y., Jung, H.-W., Lee, E., & Kim, D. H. (2019). Screening value of social frailty and its association with physical frailty and disability in community-dwelling older Koreans: Aging Study of PyeongChang Rural Area. *International Journal of Environmental Research and Public Health*, 16(16), 2809. [Add a little bit of body text](#)

Bandura, A. (1977). *Self-efficacy: Toward a unifying theory of behavioral change*. *Psychological Review*, 84(2), 191–215. <https://doi.org/10.1037/0033-295X.84.2.191>

# Resources

*Clemson, L., Cumming, R. G., Kendig, H., Swann, M., Heard, R., & Taylor, K. (2004). The effectiveness of a community-based program for reducing the incidence of falls in the elderly: A randomized trial. Journal of the American Geriatrics Society, 52(9), 1487–1494.*

*Tennstedt S, Howland J, Lachman M, Peterson E, Kasten L, Jette A. A randomized, controlled trial of a group intervention to reduce fear of falling and associated activity restriction in older adults. J Gerontol B Psychol Sci Soc Sci. 1998 Nov;53(6):P384-92. doi: 10.1093/geronb/53b.6.p384. PMID: 9826971.*

## Bingocize in Wisconsin

A panel discussion with...

- **Kristeen Owens**, *Vice President*, Exercise Innovations, LLC
- **Cassie Sanders & Nichole Gaudette**, *Bingocize Facilitators*, Richland County Aging & Disability Resource Center (ADRC)
- **Schuyler Metoxen & Patricia Harms**, *Bingocize Facilitators*, Oneida Aging & Disability Services
- **Lori J. Fure**, *Older Americans Act Program Manager*, ADRC of the Lakeshore





**YMCA OF GREATER  
WAUKESHA COUNTY**

# SteppingOn



Stepping On has been researched  
and proven to reduce falls by 31%

Learn more at [wihealthyaging.org/stepping-on](http://wihealthyaging.org/stepping-on)



# Falls are Not Your Fate...

Fuel your body:  
stay strong,  
steady, and safe

Pam VanKampen, RDN, CD

Kristi Cooley, RDN, CD





Photo by Vanessa Loring: <https://www.pexels.com/photo/healthy-food-ingredients-on-a-ceramic-plate-5966441/>

# Agenda

1. Overview
2. Nutrition Needs as We Age
3. Nutrition & Falls
4. Screening Tools
5. What is Stepping Up Your Nutrition (SUYN) Class
6. How to Become a SUYN Leader
7. Questions and Discussion

# Overview



Photo by Photo by Atlantic Ambience: <https://www.pexels.com/photo/woman-hand-stopping-domino-dice-12969418/>

# Fall Statistics

- Leading cause of injury in older adults
- ER visit every 13 seconds
- Fall-related death every 20 minutes
- Threatens independence & increases healthcare costs



Photo by Vitaly Gariev: <https://www.pexels.com/photo/senior-man-playing-with-toy-train-at-home-36764650/>

# Nutrition & Fall Risk

Up to 1 out of 2 older Americans are at risk for malnutrition.

Find resources, toolkits and more at <https://defeatmalnutrition.today/>

→ Malnutrition loss of lean body mass → weaker muscles

- Poor nutrition → slower recovery after falls

- Malnutrition often underdiagnosed in older adults

# Is Your Nutrition Foundation at Risk?

**M**edications / Polypharmacy. Memory Issues / Dementia

**A**ccess to Food, meal prep / transportation. Appetite (Small)

**L**oss of Lean Body Mass / Muscle Weakness. Limited Income. Lives Alone

**N**utrient Poor Intake / Absorption

**O**ral Health Concerns (Chewing, Swallowing, teeth, dentures)

**U**nintentional Weight Loss

**R**estricted Diet

**I**llness with Infection / Inflammation

**S**ensory changes (Taste, Vision, Smell). Sensitivity to Foods (GI Issues). Smoking

**H**ospitalization, Health Conditions (Acute & Chronic).

**E**xhausted. Eating Disorder. Emotional Health / Grief

**D**epression, Dehydration, Drug / Alcohol Dependence

See what others don't see...Root Causes of Malnutrition are often overlooked.

# Muscle Matters



Muscle  
decreases with  
age (sarcopenia)



Strong muscles  
improve  
balance &  
prevent falls



Protein +  
exercise →  
preserve muscle



Photo by Cafer Caner Sayli:  
<https://www.gettyimages.com/photo/elderly-person-in-wheelchair-older-adult-33913715/>

# Sarcopenia: (Loss of Muscle Mass)

- Progressive & generalized skeletal muscle disorder characterized by the **accelerated loss of muscle mass, strength, and function**, commonly associated with aging.
- Significantly **impacts mobility, increases fall risks**, and reduces independence in older adults.

# SARC-F Screening Tool

Strength,  
Ambulation,  
Rising from chair,  
Stair climbing and  
History of Falling

| Component             | Question   | Scoring |           |                              | Score |
|-----------------------|--|---------|-----------|------------------------------|-------|
|                       |  | 0       | 1         | 2                            |       |
| Strength              | How much difficulty do you have in lifting and carrying 10 pounds? | None    | Some      | A lot or unable              |       |
| Assistance in walking | How much difficulty do you have walking across a room?             | None    | Some      | A lot, use aids, or unable   |       |
| Rise from a chair     | How much difficulty do you have transferring from a chair or bed?  | None    | Some      | A lot or unable without help |       |
| Climb stairs          | How much difficulty do you have climbing a flight of 10 stairs?    | None    | Some      | A lot or unable              |       |
| Falls                 | How many times have you fallen in the past year?                   | None    | 1-3 falls | 4 or more falls              |       |
| <b>Total score:</b>   |  |         |           |                              |       |

A total score of equal to or greater than 4 is predictive of sarcopenia and poor outcomes.

Research shows that **adequate protein intake supports muscle strength and reduces fall risk**—especially in **older adults experiencing unintentional weight loss**—while **proper hydration helps prevent dizziness, confusion, and weakness**, all of which contribute to falls.

# Nutrition Needs as We Age



Photo by SHVETS production: <https://www.pexels.com/photo/an-elderly-woman-in-green-floral-dress-lying-on-a-picnic-blanket-8417395/>

# Balanced Meals for Strong Bones & Muscles

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**Eat a variety: fruits, vegetables, whole grains, lean protein, dairy**

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**Include calcium & vitamin D for bones**

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**Protein at every meal for muscle maintenance**

# Protein – Why We Need It



PRESERVES  
MUSCLE



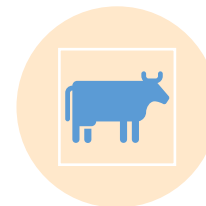
PROMOTES  
FULLNESS



HELPS  
FIGHT  
INFECTION



SUPPORTS  
HEALING



PROTEIN  
NEEDS  
INCREASE  
WITH AGE



# Leucine-Rich Foods for Muscle Health

👉 *Try to include leucine-rich proteins at meals to support muscle maintenance.*

- Greek yogurt + nuts, pumpkin seeds, peanuts
- Eggs + cheese
- Salmon + quinoa
- Tofu stir-fry
- Peanut butter on whole-grain toast
- Black or Garbanzo beans w/ Beef or Lentils

# How much Protein do you need?

The New Dietary Guidelines recommend **1.2 to 1.6 grams per kg/day.**

In general aim for 25-30 grams at each meal throughout the day.

To calculate kilograms. Take your body weight in pounds and divide by 2.2

Example 150 lb. divided by 2.2 = 68 kg x 1.2 and 1.6 = 81 to 108 g of protein divided by 3 meals = ~36 grams per meal

# Hydration – Don't Forget Fluids



- Thirst may decrease with age



- Dehydration → weakness, dizziness → falls



- Fluids help digest food, absorb nutrients, remove waste, lubricate joints, protect organs, regulate temperature

# Nutrition and Falls



Photo by Towfiqu barbhuiya:  
<https://www.pexels.com/photo/close-up-shot-of-a-person-holding-a-glass-of-milk-11397572/>

# Falls are not your fate!

**Fuel your body: stay strong, steady, & safe.**

## Hydrate for a better gait

- ✓ Aim for 6–8 cups of fluid/day
- ✓ Include water-rich foods
  - Melons • Tomatoes
  - Apples • Cucumbers
  - Berries • Celery • Carrots

## Add protein to your plate

- ✓ Aim for 20-30 grams per meal
- ✓ Include at every meal
  - Eggs • Nuts/Seeds • Fish
  - Dairy • Meat • Cheese
  - Beans • Hummus • Tofu

# Protein Intake & Falls Risk

- **Muscle weakness is one of the strongest predictors of falls.**
- **Protein supports**
  - Lean muscle preservation
  - Balance & functional mobility
- Protein helps maintain muscle mass & strength, *which are major fall risk factors*
- **Low protein intake reduces strength & gait stability.**

## Framingham Study Findings

Adults age 67-93

Higher Protein Intake had lower odds of falling

Stronger effect in those with unintentional weight loss

# 2 Tablespoon Comparison

## Cottage Cheese

~25-50 calories | 3-4 g protein

## Peanut, Almond, or Sunflower Seed Butter

~160-210 calories | 5-7 g protein

*Small amounts can make a big  
difference!*



Image by Pam VanKampen, RDN, CD

# Beans = Protein + Fiber + Potassium!



Photo courtesy of [Canned Beans.org](http://CannedBeans.org)

## Add to almost anything:

- Tacos
- Spaghetti
- Salads
- Hot Dish
- Soups
- Baked Goods
- Scrambled Eggs
- Toast

# Protein for Blood Sugar Stabilization

Protein snacks like cheese, nuts and nut butters, seeds, and eggs can help manage blood sugar and curb hunger.

Pairing protein with healthy fats and fiber can reduce blood sugar spikes.

- **Example, ground flax and chia seeds Per 2 Tablespoons:**
  - ~ 4 grams of dietary fiber & ~ 4 grams of Protein
  - Great source of Omega-3 Fatty Acids
  - Add to applesauce, yogurt, oatmeal, smoothies, batters, salads, and more!
  - Start with 1–2 tsp/day to avoid GI upset and drink plenty of water
  - **Use as a condiment!**



Image by [Анастасия Белоусова](#) from [Pixabay](#)

# Protein Layering (Example)

- Canned Tomato Basil Soup
- Low Sodium Black Beans
- Fresh Spinach
- Low-fat Feta
- Walnuts/Pepitas



# Calcium & Vitamin D

- Vitamin D & Calcium are *Nutrients of Concern* for older adults
- Vitamin D helps your body absorb calcium to build strong bones.

## Why needs increase with age

- Aging reduces the skin's ability to produce vitamin D from sunlight



Photo by cottonbro studio: <https://www.pexels.com/photo/glass-of-almond-milk-in-hand-6804187/>

# Calcium & Vitamin D

## Calcium Requirements

- Males ages 51-70 need 1,000 mg per day
- Females ages 51-70 need 1,200 mg per day
- Adults ages 71 and older need 1,200 mg per day
- 500 mg divided throughout the day is better absorbed.

## Vitamin D Requirements

- Adults aged 19-70 years old need 15 mcg (600 IU) \*
- Adults aged 71 years and older need 20 mcg (800 IU) \*

**Fortified foods and supplements may be necessary**, especially with limited sun exposure.

- **\*Check 25-hydroxy vitamin D test [25(OH)D]**

# Protein + Calcium & Vitamin D

Photo by Christopher Welsch Leveroni:  
<https://www.pexels.com/photo/delicious-milk-and-cookies-breakfast-delight-31771367/>



- Use milk or fortified plant milk in oatmeal, soups, or smoothies
- Substitute plain yogurt for sour cream.
- Canned salmon with bones
- Eat fatty fish (salmon, tuna)
- Yogurt Parfait
- Cheese on apple pie
- Milk with sweets



Image by JLerche from Pixabay

**For Gut Health-Look for Live  
& Active Cultures on the  
Yogurt Label!**

# High-Protein, High-Calorie Milk



## Ingredients:

$\frac{3}{4}$  cup Whole Milk

$\frac{1}{4}$  cup Half & Half

5 TSBP Dry Milk Powder

## Directions:

Combine until the milk powder is dissolved.

Add to recipes, pudding, cereal, smoothies, cream soup, or drink it plain.

Pair with 1-2 Protein [Cranberry Oatmeal Energy Balls](#)

## Nutrition Facts

Per 1 recipe (240 mL/ 1 cup/ 272 g)

| Amount                       | % Daily Value |
|------------------------------|---------------|
| <b>Calories</b> 290          |               |
| <b>Fat</b> 12 g              | <b>18 %</b>   |
| Saturated 8 g<br>+ Trans 0 g | <b>40 %</b>   |
| <b>Cholesterol</b> 45 mg     |               |
| <b>Sodium</b> 270 mg         | <b>11 %</b>   |
| <b>Carbohydrate</b> 27 g     | <b>9 %</b>    |
| Fibre 0 g                    | <b>0 %</b>    |
| Sugars 24 g                  |               |
| <b>Protein</b> 18 g          |               |
| Vitamin A                    | 35 %          |
| Vitamin C                    | 4 %           |
| Calcium                      | 60 %          |
| Iron                         | 2 %           |



## Add Protein to Your Plate

Easy High-Protein Meal Ideas (20–30g protein each)

| Meal                             | Ingredients / Ideas  | Protein Estimate |
|----------------------------------|--|------------------|
| <b>Egg &amp; Cheese Sandwich</b> | 2 eggs + 1 oz cheese + 2 <u>slices</u> whole grain bread                 | ~22g             |
| <b>Tuna Salad Plate</b>          | 1 can tuna + 1 tbsp mayo + whole wheat crackers or bread + veggie sticks | ~25g             |
| <b>Peanut Butter Banana Wrap</b> | 2 tbsp peanut butter + 1 small banana + whole wheat tortilla             | ~20g             |
| <b>Yogurt Power Bowl</b>         | 1 cup Greek yogurt + 2 tbsp granola + 1 tbsp seeds/nuts                  | ~25g             |
| <b>Cheesy Bean Quesadilla</b>    | ½ cup black beans + 1 oz shredded cheese in tortilla                     | ~20g             |
| <b>Simple Stir-Fry</b>           | 3 oz chicken or tofu + frozen stir-fry veggies + ½ cup cooked rice       | ~25–30g          |
| <b>Quick Chili Bowl</b>          | ¾ cup canned chili + sprinkle of cheese + side of cornbread              | ~23g             |
| <b>Cottage Cheese Plate</b>      | 1 cup cottage cheese + fruit + whole grain toast                         | ~28g             |
| <b>Ham &amp; Cheese Omelet</b>   | 2 eggs + 1 oz ham + 1 oz cheese  | ~25g             |
| <b>Turkey &amp; Hummus Wrap</b>  | 2 oz deli turkey + 2 tbsp hummus + tortilla                              | ~22g             |

GWAAR Nutrition Team 8-1-25



## Protein-Packed Snacks (8–15g per snack)

Combine 2–3 snacks throughout the day to boost protein!

| Snack                             | Ingredients / Ideas                             | Protein Estimate |
|-----------------------------------|---|------------------|
| <b>Hard-Boiled Eggs (2)</b>       | Sprinkle with pepper or paprika                 | ~12g             |
| <b>Peanut Butter Crackers</b>     | 2 tbsp peanut butter + 4–6 whole grain crackers | ~10g             |
| <b>Trail Mix</b>                  | ¼ cup nuts + 2 tbsp dried fruit + 1 tbsp seeds  | ~8–10g           |
| <b>String Cheese + Apple</b>      | 1 cheese stick + 1 small apple                  | ~7g              |
| <b>Protein Shake</b>              | 1 scoop protein powder + 1 cup milk or soy milk | ~20g             |
| <b>Cottage Cheese Cup</b>         | ½ cup cottage cheese + fruit or veggie sticks   | ~14g             |
| <b>Hummus &amp; Veggies</b>       | ¼ cup hummus + carrots/celery or pita           | ~6–8g            |
| <b>Greek Yogurt Cup (5oz)</b>     | Look for plain or lower sugar versions          | ~12–15g          |
| <b>Edamame (steamed)</b>          | ½ cup shelled edamame                           | ~9g              |
| <b>Almond Butter Banana Bites</b> | Banana slices + almond butter                   | ~6–8g            |

### Tips to Boost Protein:

- Add **cheese, eggs, nuts, seeds, beans, or nut butters** to meals and snacks.
- Choose **Greek yogurt** or **cottage cheese** over regular yogurt.
- Keep **hard-boiled eggs, string cheese, and nut packs** on hand for grab-and-go.
- Use **protein-rich drinks** if chewing is difficult or when on the go.

To learn more about Falls Prevention visit <https://fallsfreewi.org/>

To learn more about nutrition and hydration visit <https://gwaar.org/nourishstep>

GWAAR Nutrition Team 8-1-25



Photo by Meruyert Gonullu: <https://www.pexels.com/photo/close-up-shot-of-a-vegetable-salad-7469439/>

# H Y D R A T E



Photo by Dharmjeet Kumar: <https://www.pexels.com/>

# Falls are Not Your Fate, Hydrate for a Better Gait!

## Fluids Help:

Digest Food

Absorb Nutrients & Medications

Get rid of waste

Prevent constipation

Lubricate joints

Protect organs

Help with body temperature regulation

## Dehydration Signs & Symptoms

Changes in mental status

Easily confused

Cracked lips

Dizziness

Dry mouth

Postural hypotension

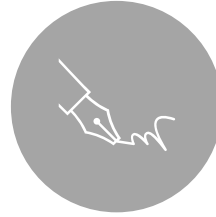
Frequent Falls

Tired

## Tips to Increase Fluid Intake



Add fruit, herbs,  
or veggies



Bracelet or  
rubber bands  
on wrist or  
mark on paper



Put glass of  
water by  
bed/chair/  
bathroom sink



Set an alarm to  
remind you to  
drink

# High Water Content Foods



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# Hydrating Meals & Snacks

---

Cucumber & Hummus Snack Plate

---

Watermelon + Feta Salad

---

Greek Yogurt with Fresh Fruit

---

Smoothie with Frozen Berries + Liquid

---

Cottage Cheese + Cantaloupe or Fruit

---

Tomato, Cucumber Caprese Salad with Mozzarella



Photo by Anya Dunes: <https://www.pexels.com>

# Alcohol

- Alcohol use can increase risk of falls
- Aging makes alcohol's effects stronger, even at the same amount
- Alcohol impact's reaction time, coordination, and balance
- Mixing alcohol with medications can further increase fall risk

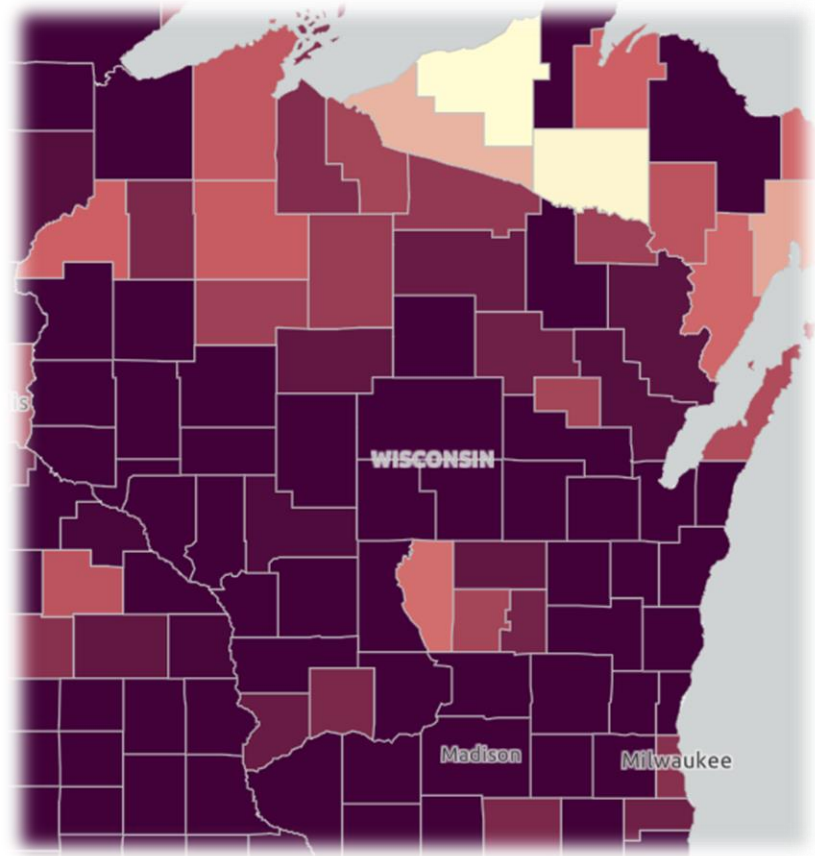


Image from CDC.gov/places

# Quick Tips for Everyday Nutrition



- INCLUDE PROTEIN AT MEALS & SNACKS



- DRINK FLUIDS REGULARLY



- EAT COLORFUL FRUITS & VEGETABLES



- DON'T SKIP MEALS

# Screening Tools



For community-dwelling older adults:

- Mini Nutritional Assessment - Short Form (MNA-SF) is the best, most validated tool for malnutrition screening
- FRAIL scale
- Clinical Frailty Scale (CFS)

These tools are efficient, user-friendly, and ideal for identifying risks factors quickly.

## Clinical Frailty Scale\*



**1 Very Fit** – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.



**2 Well** – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.



**3 Managing Well** – People whose **medical problems are well controlled**, but are **not regularly active** beyond routine walking.



**4 Vulnerable** – While **not dependent** on others for daily help, often **symptoms limit activities**. A common complaint is being “slowed up”, and/or being tired during the day.



**5 Mildly Frail** – These people often have **more evident slowing**, and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.



**6 Moderately Frail** – People need help with **all outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.



**7 Severely Frail** – **Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).



**8 Very Severely Frail** – **Completely dependent**, approaching the end of life. Typically, they could not recover even from a minor illness.



**9. Terminally Ill** - Approaching the end of life. This category applies to people with a **life expectancy <6 months**, who are **not otherwise evidently frail**.

### Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

\* 1. Canadian Study on Health & Aging, Revised 2008.

2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.

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# Food Insecurity Screening

The *Hunger Vital Sign™* identifies households as being at risk for food insecurity if they answer that either or both of the following two statements is 'often true' or 'sometimes true' (vs. 'never true'):

---

**“ Within the past 12 months, we worried whether our food would run out before we got money to buy more.”**

---

**“ Within the past 12 months, the food we bought just didn't last, and we didn't have money to get more.”**

# Malnutrition Screening Tool

## Malnutrition Screening Tool (MST)

Download the [Malnutrition Screening Tool](#)

| STEP 1: Screen with the MST                                     |                      |
|---|----------------------|
| 1. Have you recently lost weight without trying?                |                      |
| No  | 0                    |
| Yes   | 2                    |
| If yes, how much weight have you lost?                          |                      |
| 2-13 lb (1-6 kg)  | 1                    |
| 14-23 lb (6-10 kg)  | 2                    |
| 24-33 lb (10-15 kg)   | 3                    |
| 34- lb (15 kg) and more   | 4                    |
| Unsure  | 2                    |
| <b>Weight loss score:</b>                                       | _____                |
| 2. Have you been eating poorly because of a decreased appetite? |                      |
| No  | 0                    |
| Yes   | 1                    |
| <b>Appetite score:</b>  | _____                |
| Add weight loss and appetite scores                             |                      |
| <b>MST SCORE</b>  | <input type="text"/> |

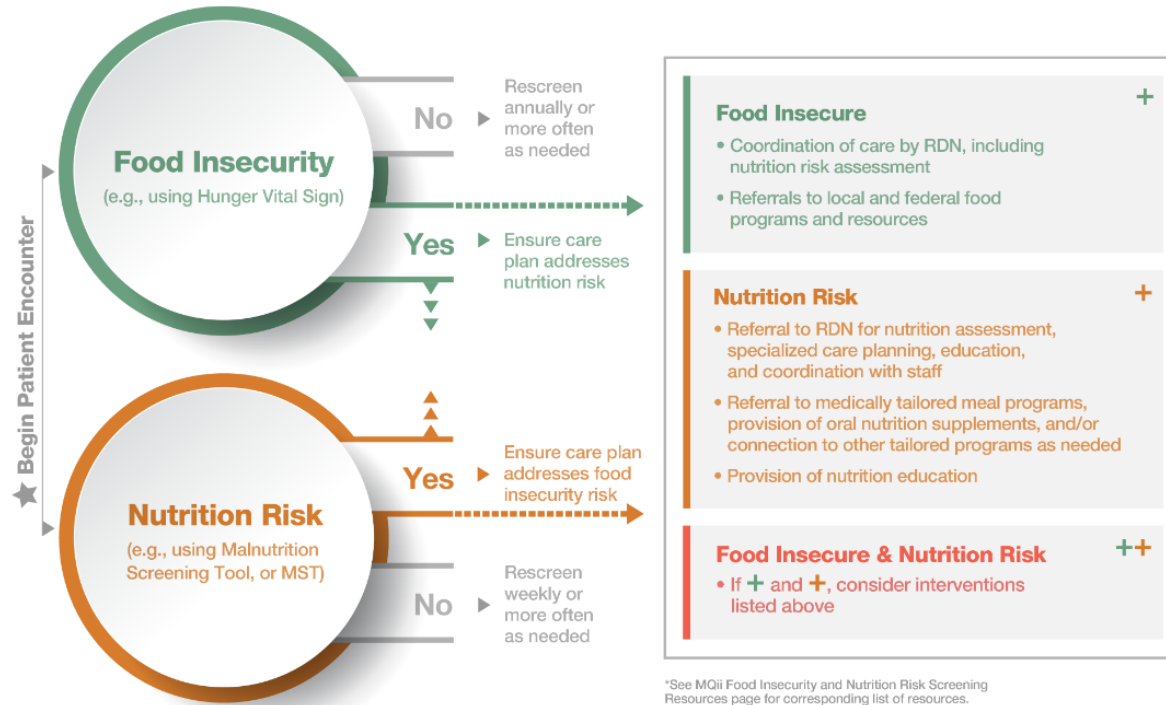
| STEP 2: Score to determine risk   |
|---|
| MST = 0 or 1<br>NOT AT RISK   |
| If length of stay exceeds 7 days, then rescreen , repeating weekly as needed                                  |
| MST = 2 OR MORE<br>AT RISK  |
| Eating poorly and/or recent weight loss   |
| Rapidly implement nutrition intervention.<br>Perform nutritional consult within 24-72 hours depending on risk |

**STEP 3: Intervene with nutritional support for your patients at risk of malnutrition**

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Perform Screenings for Food Insecurity & Nutrition Risk

## Connect to Patient Resources, Clinical & Community Services\*



Download the pdf and learn more at [this link](#), also referenced below.

# What is the Stepping Up Your Nutrition (SUYN) Class

*Label reading is one component of the class that participants enjoy!*



Photo by Kampus Production:  
<https://www.pexels.com/photo/elderly-man-looking-at-a-product-8422692/>

## Acknowledgments

The Stepping Up Your Nutrition™ Workshop was created by the Maintaining Active Citizens (MAC), Inc. Living Well Center of Excellence, the Maryland Department of Aging, and the nutrition professionals who provided guidance through key developmental roles. Abbott provided support for the development of this workshop and materials.



**MAC**  
Maintaining Active Citizens  
*Your Area Agency on Aging*  
Dorchester, Somerset, Wicomico, Worcester





## About the Class



- One-time, 2 to 2 ½ hour session



- Interactive & fun



- Learn which foods are high in protein & hydration tips



- Sample protein-rich foods



# What You Will Learn



- How nutrition affects falls



- Why muscle matters



- Getting enough protein & fluids



- Simple steps to improve eating habits



- Fun activities & a protein tasting break!

*Stepping Up Your Nutrition*  
Class

**Cheers!**  
**Come have**  
**fun!**

Protein foods, snacks and  
beverages will be sampled  
during the break.



# Interested in Becoming a SUYN Leader?



First, you need access to our GWAAR External SharePoint where all the information you need is located, to register visit <https://gwaar.org/gpr-ext>

- Once you get access, go to the "Aging Programs" drop-down tab and select "Nutrition".
- You will receive notice that you have access and once you do...
- Then go to the *"Stepping Up Your Nutrition" folder and click on "Required Leader Information Leader Folder"*.
- Read through the *SUYN Leader Training Manual* (updated 8-4-25) and watch the required recording of a Mock class for WI leaders conducted by Randi Miranda, Dane Cty AAA Dietetic Intern March 2025.
- Questions: Please contact Pam VanKampen, GWAAR Nutrition Team. 608-228-8095 or [pam.vankampen@gwaar.org](mailto:pam.vankampen@gwaar.org)

# Questions and Answers



# Thank You

Kristi Cooley, RDN, CD [kristi.cooley@gwaar.org](mailto:kristi.cooley@gwaar.org)

Pam VanKampen RDN, CD [pam.vankampen@gwaar.org](mailto:pam.vankampen@gwaar.org)

Mindful Foot Yoga  
with

Paul Mross

Yoga Research Interventionalist



## Welcome...

Jasmine Townsley, DO

- Geriatric Medicine Fellowship
- UW-Health



A woman in a grey coat and dark pants stands on a path covered in fallen autumn leaves, holding a camera up to take a picture of a lake. The trees around the lake have vibrant yellow and orange foliage, and their reflection is visible in the water. The scene is bathed in warm, golden light, suggesting late afternoon or early morning.

# 4M Framework of an Age Friendly Health System: Fall Prevention

Jasmine Townsley, DO  
Geriatric Medicine Fellow

# What is a fall?

An event which results in a person coming to rest inadvertently on the ground or floor or other lower level.



# Why is this important?

- 32-40% of people age 65 and older experience a fall
- 40-50% of people 75 and older experience a fall
- Falls are the leading cause of injury related hospitalizations in people 65 and older
- Fear of falling is an issue for older adults and can lead to decreased mobility
- Previous falls is one of the strongest predictors of falling again in the coming year.

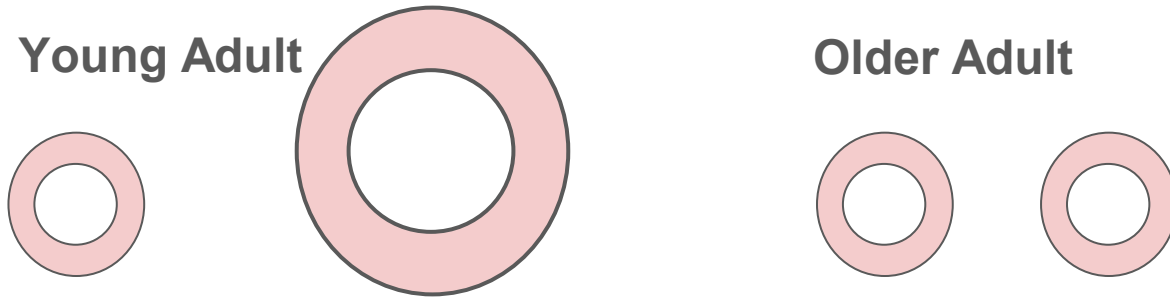


Why do older adults fall more?

How our bodies change as we age

# Changes in our heart and blood vessels as we age

- When we are young, our arteries are elastic and pulsatile, which helps propel blood forward as vessels expand and shrink
- As we age, our vessels become stiffer and older adults lose the ability to push blood forwards as well.



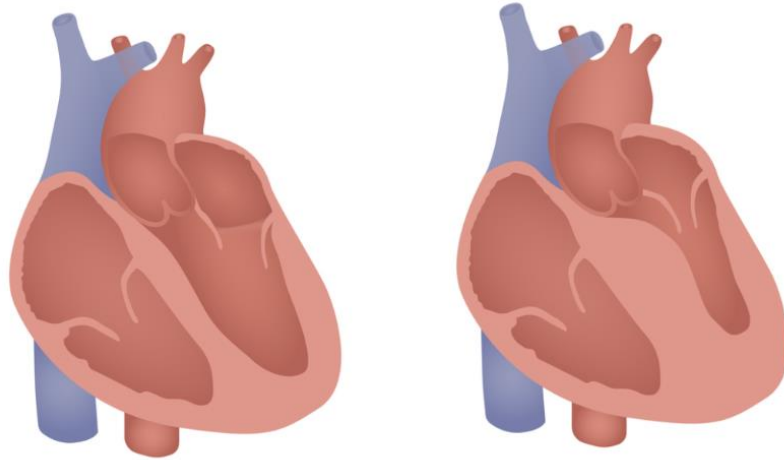
# Heart and Blood Vessel Changes

- When we are young the cells that line the vasculature are able to release peptides to help vasodilate (expand) the blood vessels during exercise to help increase blood flow to the muscles.
- As we age we lose this ability and lose exercise tolerance



# Heart and Blood Vessel Changes

- Because older hearts have to pump against stiffer vessels, this can result in hypertrophy (growth) in the cardiac muscle
- This is not good. It can result in increased fibrosis, stiffening, Heart failure, increased risk for heart arrhythmias, and worsening functional performance



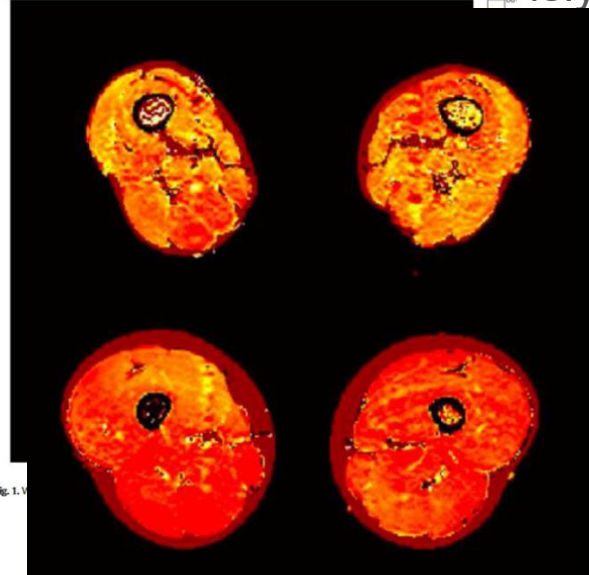
# Muscular changes

- As we age we lose both number of muscle cells as well as size of muscle cells
- This loss eventually starts impacting the way we are able to do previously routine tasks

**Top:** Older adult

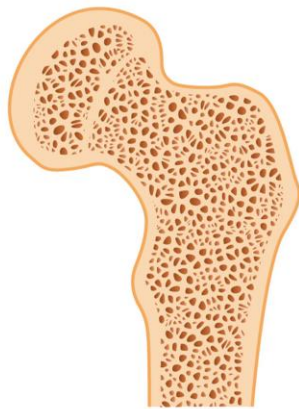
**Bottom:** Young adult

**Yellow:** represent water and fat infiltration

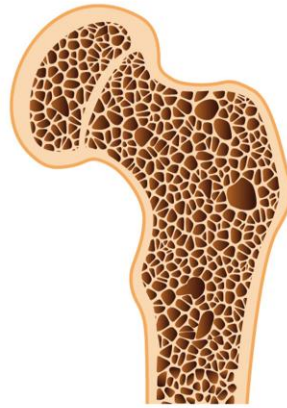


# Bone health

- Among other things, using your muscles and weight bearing is critical for maintaining bone density. Changes in muscular strength can discourage older adults from using their muscles and lead to decreased bone density
- Osteoporosis → increased risk of fractures which can lead to loss of function and independence



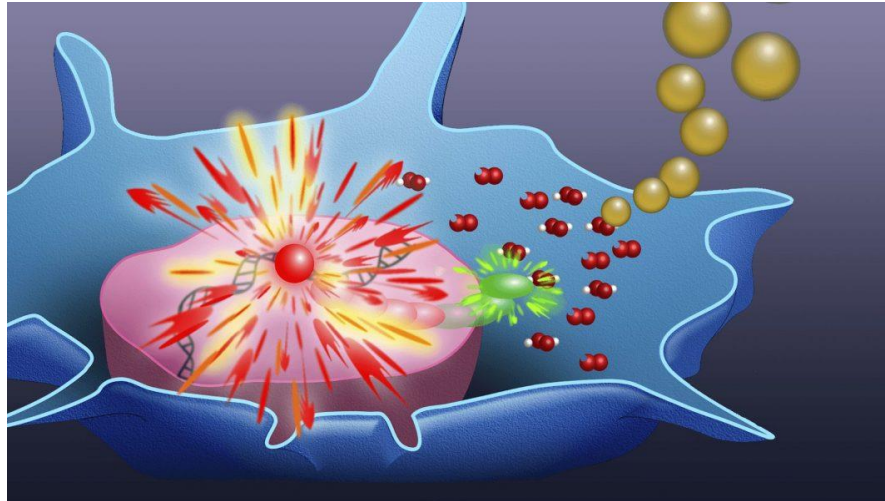
Healthy bone



Osteoporosis

# Increased inflammation

- As we age we have increased oxidative stress and increased inflammation
- This results in higher ROS production and higher LDL production and formation of fat between our skeletal muscle fibers.
- Accumulation of fat can worsen diabetes control, Hypertension, and hyperlipidemia

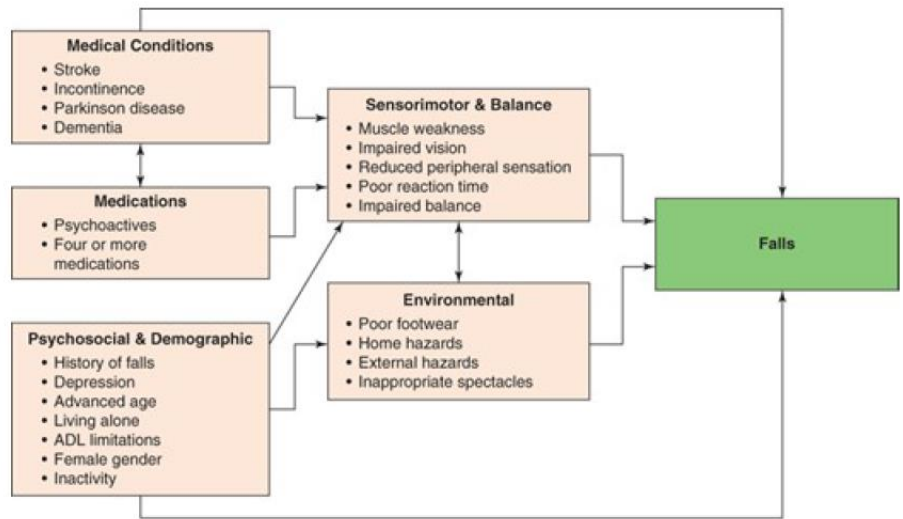


# Impact on life

- This is a frustrating process where people can get discouraged from physical activity, which further promotes loss of strength and proper metabolism
- Fear about doing these tasks increases further loss of function and can lead to depression, higher care needs, and worsening quality of life



Risk factors for falls in older people.

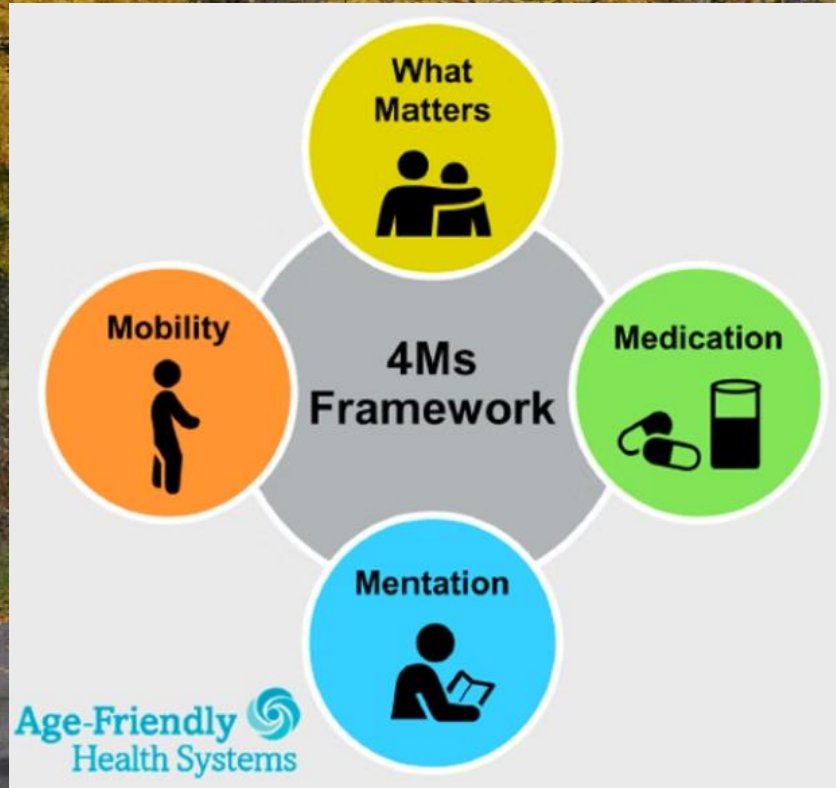


Source: J.B. Halter, J.G. Ouslander, S. Studenski, K.P. High, S. Asthana, M.A. Supiano, C. S. Ritchie, K. Schmader, W.R. Hazzard, N.F. Woolard: Hazzard's Geriatric Medicine and Gerontology, 8e: Copyright © McGraw Hill, All rights reserved.

TABLE 43-1

Changes in physiology are not the only reason older adults fall

# The Four M's Framework



## Case: Ms. S is an 82 year old female

You are a paramedic who has been called to her house for a fall. She has a past medical history of coronary artery disease, insomnia, depression, and osteoarthritis pain in her knees. You have met her several times before for the same complaint. She will fall getting out of chairs, her bed, or the toilet and is not able to get up. Luckily, she has a life alert she always wears and is able to call you. When you find her she usually has no injuries and you are able to help her up and leave, but you are getting concerned. She has a walker, but it is too large to fit through the doorway to her bedroom and bathroom.

# 1. Matters Most

- Ask about goals related to independence and safety (staying at home, avoiding hospitalizations)
- Identify if they have fears of falling and how they impact activity
- Incorporate patient preferences into care plans (willingness to exercise, use assistive devices, modify their home)



## Case: Ms. S

You ask her what matters most to her regarding her health

She says: I want to stop falling. I have been living on my own for years. I want to keep living in my house for as long as I can, but I am scared one of these times I will fall and break a hip and not be able to come home. I am scared to do my laundry because it is down stairs. I am scared to exercise because what if I fall again? I am definitely willing to have people come into my home and help install adaptive equipment and help me with some of the tasks I cannot do myself.

## 2. Medications

- This is usually the first thing I look at as a physician
- Have any new medications been started that correlate with when the falls started?
- Are the medications prescribed at appropriate doses? (safe dosages can change as we age!)
- Empower your patients to talk to their doctor or pharmacist about their medications



# Case: Ms. S

You notice she has her pills out on her night stand. She gives you permission to go through them. This is what you find:

- Tylenol PM
- Oxybutynin
- Losartan
- Sertraline
- Lorazepam
- Oxycodone
- Atorvastatin
- Aspirin

# Higher risk medications

- Sedatives (confusion, dizziness, falls, delirium)
  - Benzodiazepines (diazepam, lorazepam, alprazolam)
  - Sleep aids (ambien)
  - Pain medications (morphine, oxycodone, hydrocodone)



# High risk medications

## Anticholinergic medications

- Side effects: dry mouth and eyes, decreased sweating and overheating, confusion, delirium, memory issues, constipation
- Examples: Benadryl, amitriptyline, oxybutynin, cyclobenzaprine



# High risk medications

## Blood pressure medications

- If these are not at the right dose they can cause orthostatic hypotension
- Orthostatic hypotension: dizziness with standing or changing position (bending over and standing up) that can lead to falls



# Anticholinergic Burden Calculator

- Type in a medication, it will give you a score between 0-3
- 0= no anticholinergic effects (insulin, tylenol)
- 1= possible anticholinergic score (omeprazole, sertraline)
- 2-3 = high risk for confusion and falls (benadryl, nortriptyline)

Note that some of these medications may have a high score, but are medically necessary and cannot be adjusted. It is still good to be aware if you are having side effects and make adjustments to lifestyle and dosage as needed.


# BEERs criteria

- List of potentially inappropriate medication use in older adults
- Note there are close to 100 medications/classes of medication on this list. Many of them are medically necessary and cannot be adjusted, but it is good to be aware



## Case: Ms. S

You have identified multiple medications on her night stand that could be contributing to falls. You encourage her to talk to her doctor about her medications and they are able to help her make some changes to help prevent falls in the future.

- Tylenol PM
  - Oxybutynin
  - Losartan
  - Sertraline
  - Lorazepam
  - Oxycodone
  - Atorvastatin
  - Aspirin
- 
- Mirabegron
  - Losartan
  - Sertraline
  - Oxycodone
  - Atorvastatin
  - Aspirin

### 3. Mentation

- Walking is not a fully automated process → it takes brain power and mental capacity
- As we age we need increased mental capacity and energy to maintain good balance.
- If our brains are dealing with depression, dementia, anxiety, fear, there is less mental capacity to focus on balance which can lead to falls.



## Case: Ms. S

Ms. S tells you that she has been more down recently. She doesn't go out to see her friends to play cards, even though this was something she used to enjoy. She used to see a therapist, but stopped because she was feeling better. She feels like she misses her medications some days because she cannot remember if she took them or not and does not feel like counting the pills. She has not gotten lost and is not forgetting appointments because she has a date book.

# Why do we care about mentation when it comes to falls?

- Older adults who fall also do poorly on executive functioning testing
- People who have to stop walking to answer simple questions are at a higher risk of falls
- People who have high levels of fear and anxiety have been shown to have poor postural control strategies (they stiffen up in threatening conditions instead of limber up, which leads to poor balance and falls).



# What can we do?

## Dementia

- In an age friendly health system, we should be getting cognitive testing on older adults each year
- There are many, SLUMS and MoCA are very commonly used
- If we know there is a decline in memory, we can start to prepare, provide resources, and get ahead of the situation to avoid a crisis

# What can we do?

## Depression and anxiety

- Prevalence of depression in adults over 60 is about 5.7% and increases with age, peaking at 27% in adults over 85 years old
- Though depression increases with age, it is NOT a normal part of aging. This is a treatable medical condition
- Don't be afraid to empower your loved ones to seek therapy or medication for mental health
- Geriatric depression scale, PHQ-9, PHQ-2

# Untreated Sleep Apnea

- Prevalence of sleep apnea increases as we age
- Night time hypoxia (in moderate to severe OSA) can cause balance impairment, reduced alertness and fatigue, cognitive decline
- If STOP BANG is positive, get a sleep evaluation

**Table 1. Classic STOP-Bang Score**

|          |                                       |
|----------|---------------------------------------|
| <b>S</b> | Snoring                               |
| <b>T</b> | Tiredness                             |
| <b>O</b> | Observed apnea                        |
| <b>P</b> | High blood pressure                   |
| <b>B</b> | Body mass index >35 kg/m <sup>2</sup> |
| <b>a</b> | Age >50 years                         |
| <b>n</b> | Neck circumference >40 cm             |
| <b>g</b> | Gender, male                          |

**Low Risk:** score of 0-1

**Medium Risk:** score of 3-4

**High Risk:** score of 5-8

## Case: Ms. S

You empower her to reach back out to her therapist again. Her doctor does a screening at her next visit and they decide together to increase her Sertraline, even though this has an ABC score of 1, they feel the benefit of increasing the medication and improving her mood outweighs the risks of the anticholinergic side effects.

They do a SLUMs which was 24/30, a little low. She knows she is struggling with taking her medications. You know from discussing what matters most she is ok with a weekly nurse visit to fill a pill box for her so she can remain in her home.



## 4. Mobility



## Case: Ms. S

You ask her how she is getting around in her day to day life

Ms. S: It is a lot harder to do things I used to do easily, clean my house, do laundry, cook dinner, and garden. I feel so much weaker than I did 5 years ago, and I am frustrated. I did not formally exercise, but was always very busy and did everything myself around the house. Now that I am scared of falling I am doing much less and it is getting even harder to do the things I need to do.

# Why is mobility important?

Top: wheelchair bound 90 year old woman

Bottom: 87 year old ambulatory man

Red is fat, yellow is muscle

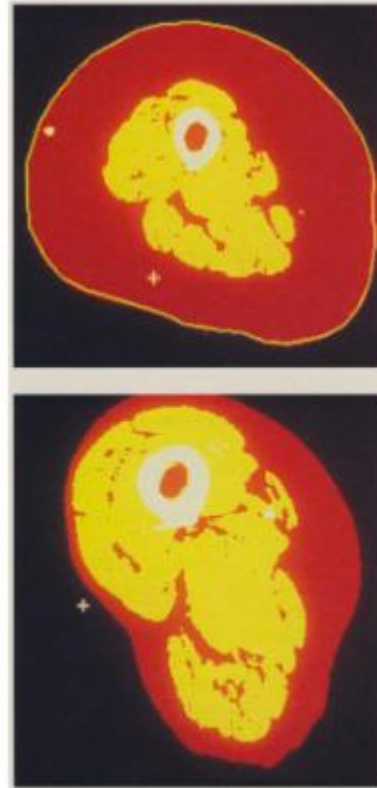


Fig 1.—Computed tomographic scans of the mid-thigh digitized by optical density. Top, A 90-year-old woman who is ambulatory with a wheelchair. Bottom, An 87-year-old man who is independently ambulatory. Red indicates fat; yellow, muscle; and white, bone.

# Is living an active lifestyle enough?

- Some older adults are active in their day to day, but do not have a specific exercise program.
- This study looked at older adults who exercised vs older adults who did not but were physically active to see if there was a difference in physical function

## **The Association Between Physical Function and Lifestyle Activity and Exercise in the Health, Aging and Body Composition Study**

*Jennifer S. Brach, PhD, PT, GCS,\* Eleanor M. Simonsick, PhD,<sup>§||</sup> Stephen Kritchevsky, PhD,<sup>†</sup> Kristine Yaffe, MD,<sup>‡</sup> and Anne B. Newman, MD, MPH,<sup>††</sup> for the Health, Aging and Body Composition Study Research Group*

## This study looked at the following:

- **Inactive patients** (<1000 kcal/week of exercise and <2419 kcal/week of physical activity)
- **Lifestyle active** (<1000 kcal.week of exercise but >2719 kcal/week physical activity)
- **Exercise** (>1000 kcal/week of exercise)
- **Measured:** Health ABC battery, 400 m walk test, Isokinetic testing of knee extensors, Epidemiologic studies of the elderly battery (4 meter walking speed test, 5-time chair stand test, standing balance test (side by side, semi tandem, full tandem))

## What it found:

- Lifestyle active and exercise group had similar calorie output
- **Those who did 20-30 minutes of exercise most days of the week have better physical function than persons who were active through the day or inactive.**
- **Exercise and lifestyle active were both better than the inactive group to protect against functional limitations, but exercise showed greater benefit for physical capacity**

# Does physical activity impact mortality in those with chronic disease?

- As we age, our risk of getting a chronic condition (such as diabetes, HTN, HLD) increases.
- This study looked at the number of chronic conditions a person had, and whether it impacted all cause mortality

ORIGINAL ARTICLE



## Physical Activity and the Effect of Multimorbidity on All-Cause Mortality in Older Adults

David Martinez-Gomez, PhD; Pilar Guallar-Castillon, MD, PhD;  
Esther Garcia-Esquinas, MD, PhD; Stefania Bandinelli, MD;  
and Fernando Rodríguez-Artalejo, MD, PhD

# Results

Being physically active was associated with a mortality reduction of

- 30% in those with 0 conditions
- 33% in those with 1 condition
- 35% in those with 2 conditions
- 47% in those with three or more conditions

# The LIFE Study

- Looked at whether long term structured physical activity program is more effective than a health education program at reducing the risk of a major mobility disability
- Group one: moderate intensity physical activity program 2 days per week at the center and 3-4 days per week at home (aerobic, resistance, and flexibility training)
- Group two: health education program with workshops on relevant topics to older adults

# Results

Major mobility disability: being unable to walk more than 400 m

- Occurred in 30% of the active group and 35% of the education group
- Persistent mobility disability was 14.7% in the active group and 19% in the education group
- Other analysis have been done on this data. One showed that structured physical activity regimen shows decreased period of time spent with disability during a recovery period and decreased the risk of future disability events

## In summary

- It is important to have a structured exercise regimen outside of being physically active
- Being physically active even without a structured exercise regimen is more beneficial than being sedentary
- Being physically active can decrease mortality in older adults with multiple chronic conditions
- If a patient does have a mobility debilitating event, if they are physically active they have a shorter period of debility and has a lower risk of having another debilitating event

# What are the recommendations on what we should do?

## Aerobic activity

- 30 minutes of moderate activity 5 days a week or 20 minutes of vigorous activity 3 days a week

## Muscle strengthening

- 2 sessions per week that focus on 8/10 exercises per session
- Weight training should have a higher rep count 10-15
- Intensity of effort should be moderate to high

## Flexibility and balance

- Two sessions per week to focus on increasing or maintaining flexibility and balance

# How to make a plan?

- Perform exercises to the best of their ability (everyone is different! It is important to not get discouraged and do what you can)
- Make a clear plan on what physical activities they want to complete, how, when, and where they will complete their work outs
- Physical therapy and occupational therapy can be critical

# Weekly Exercise and Physical Activity Plan

Use this form to make your own exercise and physical activity plan—one you think you really can manage. Update your plan as you progress. Aim for moderate-intensity endurance activities on most or all days of the week. **Try to do strength exercises for all of your major muscle groups on 2 or more days a week, but don't exercise the same muscle group 2 days in a row.** For example, do upper-body strength exercises on Monday, Wednesday, and Friday and lower-body strength exercises on Tuesday, Thursday, and Saturday. Or, you can do strength exercises of all of your muscle groups every other day. Don't forget to include balance and flexibility exercises.

Week of \_\_\_\_\_

| ACTIVITY TYPE       | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|---------------------|--------|--------|---------|-----------|----------|--------|----------|
| Endurance           |        |        |         |           |          |        |          |
| Upper-Body Strength |        |        |         |           |          |        |          |
| Lower-Body Strength |        |        |         |           |          |        |          |
| Balance             |        |        |         |           |          |        |          |
| Flexibility         |        |        |         |           |          |        |          |



## Case: Ms. S

You tell her about the benefits of exercise in maintaining independence and quality of life.

She gets a physical therapy referral from her doctor. They help her create a plan based on her limited mobility to exercise safely. They help her find a walker that will work for her home. Her mood is feeling better on the increased dose of sertraline and she and her girlfriends start going to Tai Chi in the park together to work on their balance. She sees an occupational therapist who helps her install some assistive devices to help her get in and out of her chair and bed without falling.

## Case: Ms. S



# The secret 5th M: Multi Complexity

## Environmental reasons for falls

- These account for 30-35% of falls (poor footwear, improper spectacles, home hazards, carpets poor lighting, dark flooring with dark furniture)
- People with poor functional ability will fall even in safe home environments
- Check for hearing and vision



## Case: Ms. S

You compliment her on her home which is always very clean and tidy, but point out there are some hazards that make falls more likely in her home.

She does admit that she has a hard time distinguishing the dark furniture from the dark floor carpet. She always assumed she needed to get her glasses updated (which she still does). She will transition her crocks to sport mode.

# In Summary: Using the four Ms to for Fall Prevention

1. Our bodies change as we age, some of these changes increase our risk for falls.
2. **Matters most:** make sure you know their goals
3. **Medications:** feel empowered to encourage the older adults in your life to talk to their health care providers about medications that put them at risks for falls
4. **Mentation:** even though talking about changes in mentation can be scary, we need to normalize these conversations to help prevent disasters before they happen
5. **Mobility:** exercise and remaining active is very important for maintaining mobility and staying healthy

A close-up photograph of a tree trunk with a single vibrant red maple leaf resting on its surface. The tree bark is deeply textured with prominent radial cracks and concentric growth rings. The leaf is bright red with visible veins and a few small dark spots. The text "Questions?" is overlaid in white on the leaf.

Questions?

## Summit Day 2

Thank you for your commitment to preventing falls and supporting falls resiliency as we age throughout Wisconsin!

[FallsFreeWI.org](https://www.fallsfreewi.org)

| THURSDAY |  | DAY 2: THURSDAY, APRIL 23, 2026   |
|----------|--|---|
| 9:00 AM  | WELCOME  |   |
| 9:10 AM  | KEYNOTE: MEDICATIONS & FALLS                     | <p>Beth Martin, RPh; PhD, FAPhA, <a href="#">UW-Madison School of Pharmacy</a></p> <p>Kaisa Kerrigan, MPH, <a href="#">Milwaukee County Department of Health &amp; Human Services</a></p> <p>Michelle Erdmann, <a href="#">ADRC of Brown County</a></p>   |
| 10:20 AM | BREAK  |   |
| 10:30 AM | PANEL: CULTURAL NEEDS & RELEVANCY IN PROGRAMMING | <p>Alisa Lammers, <a href="#">ADRC of Barron and Rusk Counties</a></p> <p>Mary Wolf, <a href="#">Lac Courte Oreilles Aging &amp; Disability Programs</a></p> <p>Shary Pérez-Torres, MPH, <a href="#">United Community Center</a></p> <p>Johnny Winston Jr., ISSA-CPT, <a href="#">Johnny Winston CARES Fitness and Wellness</a></p> |
| 11:05 AM | PANEL: HOW TO TALK ABOUT FALLS WITH OLDER ADULTS | <p>Candy Hoyt, <a href="#">Stepping On Peer Facilitator</a></p> <p>Holly Altenberger, <a href="#">O'Connell Pharmacy</a></p> <p>Edmund Duthie, MD, <a href="#">Medical College of Wisconsin</a></p> <p>Kate Garcia, <a href="#">Heritage Senior Living</a></p>  |
| 11:45 AM | BREAK  |   |
| 11:55 AM | PANEL: TECHNOLOGY FOR FALLS PREVENTION           | <p>Joel Rosales <a href="#">Health Care District of Palm Beach County</a></p> <p>Cierra Boutelle, <a href="#">Oshkosh Seniors Center</a></p> <p>Jayer Fernandes, <a href="#">UW-Madison, Dept. of Electrical &amp; Computer Engineering</a></p>   |
| 12:25 PM | WRAP UP: STAY CONNECTED                          | <p>Suzanne Morley, CHES, <a href="#">Wisconsin Institute for Healthy Aging</a></p>  |



## Stay Connected

Website: [FallsFreeWI.org](https://FallsFreeWI.org)

Email: [falls@wihealthyaging.org](mailto:falls@wihealthyaging.org)

## Thank You, Sponsors!



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