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## To study the prevalence of loss of balance and proprioception in older individuals

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**Abstract**

**Aim & Objective:** To Study the prevalence of loss of proprioception and balance in older individuals  
**Method:** 40 subjects diagnosed with at least one episode of fall due to loss of balance and proprioception 40 subjects participated in study. Baseline data were collected on the basis of personal history and information, past medical history, medication used. To determine their physical activity using Falls efficacy scoring scale was used.  
**Result:** Mean 50% were poorly confident, 36% were completely confident and 46% were fairly confident  
**Conclusion:** 50% of subjects have lost partial confidence in their activities in last 10 years.

**Keywords:** Fall efficacy scale, proprioception, balance

**Introduction**

Falls among the elderly remains and ever increasing Problem full stop Asiatic changes and disease both have an impact on older persons ability to balance full stop similarly, cognitive impairment, various medications, and changes in persons environment, all appears to contribute to increase risk of fall.

fall in elderly Are public health and community problem with advanced physical, medical, psychological, social and economic consequences. This include disability and deformity fear of repeated Falls, Curtailment of root in social activities, director of medical care associated with injury and loss of potential income. Fear of fall is a major health problem among the elderly living in community, present in older people who have fallen but also in older people who have never experienced a fall. Falls are the leading cause of injury, related to date and 3rd leading cause of Poor health among persons is 65 years and older. It is the most common cause of accident and associated morbidity and mortality in older people prevalence scene in elder is 30% of the community dueling older people older person fall each year. 15% of fall more than once and 33% of older Population experience functional decline a Fall. Many older person experience psychological difficulties directly related to fall. Repeated falls lead to loss of confidence to perform function activities, social isolation, Increased hospitalization and increased likelihood of early admission of nursing care.

**Material and Methodology**

**Study Design:** Observational Study

**Sample Size:** 40

**Study Setup:** K.R. Pandav College of physiotherapy, bhillewada, Bhandara, Nagpur

**Inclusion Criteria**

1. Both Male and Female
2. Subject H/O atleast one episode of Fall
3. Geriatric age

**Exclusion Criteria**

1. Neurological Conditions
2. Cerebrovascular Accident
3. Psychological unstable Subjects

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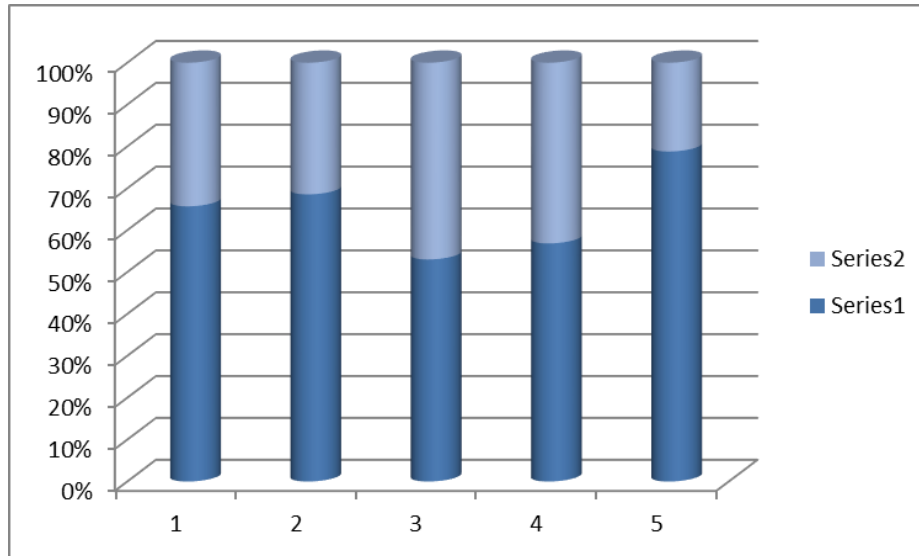
**Procedure**

After obtaining ethical clearance Subjects were taken for the study based on the inclusion and exclusion criteria. The purpose of the study was explained to the patients. Those patients were included in the study who were interested to participate. Consent form was filled up by the subjects. The subjects were referred to the physiotherapy department from medicine department the subjects were distributed according to level of difficulty they are facing. Fall efficacy

scale was distributed to them and they were asked to tick the number out of 10 to score their the score were in between 0-3 then patient were poorly confident If it is between 4-6 then Fairly confident and completely confident if the score range in between 7-10.

The scale included 14 items which include all daily living activities.

**Data Analysis**



| Components                | No. Of Individuals | Percentage |
|---------------------------|--------------------|------------|
| (0-4)Poorly Confident     | 32                 | 62%        |
| (5-6)Fairly Confident     | 46                 | 92%        |
| (6-7)Completely Confident | 22                 | 44%        |

**Discussion**

Loss of confidence in mobility task is common in older people. This phenomenon been termed faer of fall due loss of proprioception and balancing, photophobia and post fall syndrome. It has been identified as the greatest fear in 25% of the community based elderly. To overcome this lack of sensitivity in measurement fall efficacy scale was designed to measure self-perceived fear of fall due loss of proprioception and balancing during the performance of 14 common activities. The confidence in completing each activity without falling during the performance was rated on a 10 point scale varying from not at confident to completely confident. The total 14 item score on the fall efficacy scale correlated significantly with difficulty in getting up after a fall, level anxiety and several measures of balance and gait. Reduced falls efficacy has been reported to be associated with decline in activity due to a history of falls and falls related injury. Outdoor activities are known to place greater demands on the balance system and appear to be the type of activities that older people limit first when suffering from impaired balance. Given the need for early identification of psychological sequelae with balance impairment, it would seem desirable to include more difficulty in outside activities in the assessment of fear of falling.

**Conclusion**

In our study of 40 subjects it has been concluded that 50% of subjects have lost partial confidence in their activities in last 10 years.

**Reference**

1. Kenneth James, Gouldbourne J, Falls in Elderly: Insights from Jamica, J Geriatric Sciences. 2007, 325-723
2. Hakala P, Rimpela A, Salminen JJ, Virtanen SM. neck and shoulder pain in finish adolescents: National sectional surveys BMJ. 2002, 325-743
3. Rekola K. Health service utilization for musculoskeletal disorders in finnish primary health care. Acta University. 1993; D259:53-59
4. Huisstede BM, Bierma-Zeinstra SM, Koes BW, Verhaar JA. Incidence and prevalence of upper-extremity musculoskeletal disorders. A systematic appraisal of the literature. BMC Musculoskelet Disord. 2006; 7:7. [PMC free article] [PubMed]
5. Walker-Bone KE, Palmer KT, Reading I, Cooper C. Soft-tissue rheumatic disorders of the neck and upper limb: prevalence and risk factors. Semin Arthritis Rheum. 2003; 33:185-203[PubMed]
6. Palmer KT, Cooper C. Work-related disorders of the upper limb. Arthritis Res Campaign: Top Rev. 2006; 10:1-7