



Shropshire Functional Fitness MOT

End-of-Project Report



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Shropshire Rural Communities Charity
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Contents

1. Introduction.....	3
2. Method	4
3. Findings	5
4. Case Studies:.....	8
a. Doreen.....	8
b. Mary	8
5. Data Analysis	9
a. Recruitment	9
b. Age Profile of Attendees.....	9
c. Test Results	10
d. Perceived Best and Worst Results.....	11
e. Falls Predictors.....	12
f. Ditton Priors	12
g. Remedial Activity.....	13
h. Impact of the FF MOT.....	14
1. Additional Activity.....	14
2. Perceived Barriers.....	14
3. Not Motivated.....	15
i. Falls Talk.....	16
j. Future Work.....	17
1. Other Issues of Ageing	17
2. Wise & Well Club.....	19
3. Follow-up Fitness Tests	19
4. Donations	19
6. Conclusion	19
7. Quotations from Review Interviews.....	20
Acknowledgements:.....	20

1. Introduction

In 2018, Shropshire Public Health commissioned Shropshire RCC's Wise & Well Team to deliver Functional Fitness MOT (FF MOT) events around the county. The FF MOT events aimed to motivate inactive people to become more active and to reduce their risk of falling. The FF MOT events included a fitness MOT, a Falls Prevention talk and, usually, an exercise taster.

The fitness MOTs, designed by Later Life Training (LLT) were delivered one-to-one by a trained Tester. The tests measure performance against the "Normal Range" in seven simple tasks. The Normal Range for ages 60 – 95 have been collated by LLT from research conducted in 1994, 1999 and 2011.



The FF MOT measures performance on seven simple tasks:

1. **Sit to Stand (30-Second Chair Stand):** How many times can the person stand up from the chair and sit down again, in 30 seconds? Ideally, the person should not use their hands. Normal Range for age 75 for Women is 10 to 15; and for Men is 11 to 17.
2. **Chair Sit & Reach:** The person sits with one leg stretched out in front with foot flexed. They lean forward with both hands, to try to touch their toe. If they cannot reach their toe, the distance from finger tips to toe is recorded as a negative distance. Normal range for age 75 is Women = -3 to +9 cm; Men = -10 to +6 cm.
3. **Backscratch:** The person puts one arm behind their back. They reach up with the other arm then try to touch fingers behind their back. If they cannot touch fingers, the distance between the fingers of each hand is recorded as a negative distance. Normal range for age 75 is Women = -12 to +2 cm; Men = -21 to -4 cm.
4. **8ft Up & Go:** A bollard is placed eight feet in front of a chair. The person is timed as they stand up from the chair, walk to, around and back from the bollard and sit down again. Note that a lower number indicates a better score in this test. Normal range for age 75 is Women = 7.5 to 5 seconds; Men = 7 to 4.5 seconds.
5. **Handgrip Strength:** The maximum pressure the person can achieve, squeezing a handgrip dynamometer. Normal range for age 75 is Women = 19 to 22 kg; Men = 33 to 37 kg.



6. **Single Leg Stance:** For how long can the person stand on one leg. Normal range for age 75 is Women = 3 to 7 seconds; Men = 3 to 14 seconds.
7. **6-Minute Walk:** A walking circuit is measured around the hall (usually 25 to 30 metres). The person tries to walk as many laps as they can in six minutes. Normal range for age 75 is Women = 410 to 560 metres; Men = 480 to 600 metres.

The FF MOT events were intended to encourage inactive older adults to become more active. The team was concerned that a fitness test would attract already active people who wished to prove how fit they are. The publicity therefore emphasised Falls Prevention, in order to attract more frail people, and the events included a film and talk on how to reduce the risk of falling. The age of attendees was restricted to 65 to 95 years. At most events, attendees were invited to join in a 30-minute exercise class, as a taster of the strength and balance exercise classes available in their neighbourhood.

The FF MOT events were programmed to support the start of “Elevate” strength and balance exercise classes. The Elevate project, also funded by Shropshire Public Health, was run by Energize STW to train local exercise teachers to be Level 4 Postural Stability Instructors and support them to start 20-week strength and balance exercise programmes (branded “Elevate”) in the community. Suitable FF MOT attendees were referred to the Elevate programme, helping to kick-start new Elevate classes in each area.

2. Method

FF MOT events were held in community settings across Shropshire in Bishops Castle, Albrighton, Oswestry, Ludlow, central Shrewsbury, Sundorne (Shrewsbury), Bridgnorth, Wem, Craven Arms, Market Drayton, Whitchurch, Ditton Priors, Bayston Hill, Ellesmere, Church Stretton, Much Wenlock, and Pontesbury.

Attendees booked appointments in advance. Appointments were free of charge. Each appointment lasted up to 2 ½ hours and included:

1. a one-to-one fitness test (1 hour),
2. a taster exercise class (1/2 hour) and
3. a Falls Prevention film and talk (1 hour).

The exercise class and Falls Prevention talk were in groups of up to 12 people.

As part of the Fitness Test, (described above) there was an interview about the person’s normal levels of physical activity and the Chief Medical Officer’s guidelines on physical activity were discussed. Attendees then completed an action plan of how they might become more active and improve any weaker scores. Participants were asked to complete a Feedback Form before leaving the event. After six weeks, participants were each phoned to find out if they had implemented their action plan. The Six-week Review Phone-call was based on a script designed by Shropshire Public Health.

3. Findings

This section provides a qualitative overview. See section 5 for data analysis. This report is based on results from 332 attendees, 261 completed Feedback Forms and 283 Review interviews. Of the attendees, 70% were women.

Concerned that a fitness test would attract already fit and active people, we publicised the FF MOT events as Falls Prevention events in order to attract the more frail attendees. After a few events, however, we understood that motivating people to keep active may be as important as motivating inactive people to become more active. We also found that fear of falling was of concern to 50% of the attendees.

Recruitment

With the Falls Prevention emphasis, we had expected that the GP practices would send patients to our free FF MOT events, in order to reduce future workload due to these people falling. Unfortunately, in all but one event, we had little engagement from the GP practice. One of our most successful and well-attended events (28 attendees) was at Ditton Priors, where the GP Practice recruited all the attendees. Recruiting attendees onto the FF MOT events added significantly to the time required for each event and the project budget. We tried multiple publicity channels and found that local newspapers and free “village” newsletters were the most effective way to attract attendees. Asking local social groups (lunch clubs, U3A, WI etc) also brought in several attendees but a wide range of advertising was required.



We requested Feedback on the day and expected men to be reluctant to provide feedback. We found that men were as likely to give feedback as women. The average age of people who gave feedback was also in line with the average age of attendees. The mean age of attendees was 78.5 but there were significant spikes for women aged 75 and aged 80. Perhaps these “milestone” ages incentivise women to take stock of their health. This effect was not shown for men.

Test Results

The Performance of our Shropshire cohort was not in line with the “Normal Range” of the Later Life Training graphs. In general, 53% of attendees scored above the normal range for Single Leg Stance and only 13% were below the normal range. Shropshire Grip strength scores were also better than normal with 46% stronger than the normal range. Many attendees were not surprised to have good grip-strength due to a background in farming. The 6-minute Walk was the poorest result for the Shropshire cohort, with 40% scoring below and only 11 % scoring above the normal range. Walking was one of the most frequently quoted activities.



The Review call asked the attendee what they considered their best and worst test results. The Single Leg Stance was most often given as the worst result and the 6-minute Walk was most often given as their best result. In general, the perceived best and worst results were not associated with the best and worst actual test scores, even when people were looking at their scores at the time of interview.

Falls Predictors

We asked attendees if they had fallen in the previous 12 months and compared this to their performance in a subset of the tests which are commonly used to predict likelihood of falling. The three key Falls Predictor tests are:

- Sit to Stand
- 8-foot Up & Go
- Single Leg Stance

Grip Strength is also used as a short-cut predictor of frailty.

In some settings, the 8-foot Up & Go is considered the most effective Falls Predictor because it measures leg strength, gait and balance. In this project, however, although 37% of attendees scored below the normal range on the 8-foot Up & Go, making it the most challenging of the Falls Predictor tests, no association with the attendee's Falls History was found for 8-foot Up & Go. In Ditton Priors, where attendees had been recruited by the GP practice directly, significantly more non-Fallers than Fallers scored below normal for the 8-ft Up & Go. This could be because the Ditton GP patients were more aware of the risks of falling and took more precautions to prevent falls as they became more frail.

There was no indication that people who had reported a fall or who scored below average on the Falls Predictors had less understanding of how to improve their worst test result, i.e. were less "body aware".

Impact of the FF MOT and the Six Week Review

Our aim was to motivate people to become more active. Much of the Review phone call explored how active attendees had been since the FF MOT. Overall, 41% of people reported that they were doing additional activity since the FF MOT. By far the most popular new activity was to do exercises at home. This self-reported additional activity is hard to quantify but many people mentioned the "Chair-based Exercises" booklet that we had issued. The fact that they remembered it, after six weeks, suggests that they may have been using it. Other attendees already exercised at home e.g. following physiotherapy advice after an injury and our event had prompted them to go back to those exercises. Walking further/faster was the next most popular additional activity, followed by attending a new class. Most FF MOT events were intended to help initiate an Elevate class in that location and most events included an Elevate Taster Class. In the Review call, many people said that they were intending to join an Elevate class but, in most locations, there was a wait of several weeks before the Elevate class started.

The most common barrier to becoming more active was poor health, closely followed by feeling "Too busy". There was a range of other barriers. In rural areas, there is limited choice of activity so people may not be able to travel to their chosen activity at a time convenient to them. Cost of classes was cited as a barrier by only six people.

We aimed to motivate people to become more active. In the Review interview, six weeks after the event, we asked *Have you done anything new since the event?* If they replied *No* then this indicated that the event had not motivated them. We quantified success by the number of interviewees who were not



motivated. Success would be when the number of people who replied *No* was minimal. We were pleased that only 14% of our respondents replied *No*. The replies showed that success varied by Tester and that our volunteers were just as successful in motivating attendees as were members of staff and Postural Stability Instructors, implying that our volunteer recruitment and the training we provided was appropriate. Considering the personalities of our testers anecdotally, a “to the point” attitude seems to be more effective than a gentle, polite approach. Analysis also showed that the events held in August and October were more successful than those held in April and May.

Falls Talk

In order to attract more frail attendees, we advertised the FF MOT as a Falls Prevention event. Improving strength and balance and being aware of environmental falls risks, provides an effective toolkit to reduce the risk of falling. As well as the Fitness Test, we therefore offered a Falls Prevention film and talk, which covered environmental risks. There was also a demonstration of how to get up from the floor after a fall. In the Review feedback, 83% said that the film was good or useful and 23% of those had made changes in their home to reduce the risk of falling at home. Anecdotally, the demonstration of how to get up from a fall was popular as were the DataLink pots. The target audience was people aged 65 to 95 who were beginning to consider restricting their lifestyle due to fear of falling. The Feedback shows that 50% of attendees were at this point (or admitted to it).



Future Work

There was limited uptake of a follow-on fitness test in our pilot but the one person who we retested, showed improvement in certain test results, despite ageing from 84 to 86. Re-testing more people would provide evidence of the effectiveness of Functional Fitness MOTs in motivating people to improve their fitness in the longer term.

When asked about additional concerns, in the on-the-day feedback, loss of mobility was most commonly quoted. Most attendees replied that they had attended the event because they wanted to improve their Fitness and they had just spent the duration of the Fitness MOT thinking about physical activity. It is therefore not surprising that keeping active was the most popular theme. Memory loss was the next most frequent cause of concern across all ages, followed by loss of independence. Men were more concerned about loss of sight/hearing than women. Women were more concerned about loneliness than men. This may explain why men are less likely to attend social groups for older people.

This feedback confirms that we should continue to run Functional Fitness MOT events and that we should consider designing a programme on how to prevent/manage memory loss. Although a booking fee may deter some people from attending, many participants were happy to give a donation at the end of the event.

4. Case Studies:

a. Doreen

Doreen, aged 70, gave the following feedback in her Review Phone-call:

“Since the Functional Fitness MOT, I have been doing the exercises at home from the booklet you gave me. It has made a huge difference to my walking. I can walk much further now, without getting breathless. Last week, I challenged myself not to stop for a rest when I walked home from the shops and I did it! I kept going all the way! I have just come back from my annual trip to London. I am so pleased with myself because I managed to walk along all those tunnels when you catch the tube. I couldn’t manage that last year. I feel so pleased with myself and sort of energised! My son came to visit and he thought I was looking much better too.

The most valuable thing for me to do, to reduce my risk of falling, is to learn how to get up properly after sitting or lying down. I have to take my time and not rush off as soon as I stand up. I also have to keep up the exercises because they have made such a difference. I enjoyed Dan’s Taster exercise class at the MOT event and so I want to go to his Elevate class when it starts in the village next month.

I have been really scared of falling, I mean REALLY scared, but coming to your Functional Fitness MOT has made me realise that I can do something about it. It has done me the world of good! I have been singing your praises to all my friends in the village.”

b. Mary

Mary attended a Functional Fitness MOT in July 2019. Mary was 68 but struggling to walk, due to severe pain in her back and knee. She had recently retired from a demanding role in public service. She was not managing her weight well and she was in a lot of pain. Her fitness test results were below normal for her age in the Sit to Stand, 8-ft Up & Go and the 6-minute Walk, her wrist strength was stronger than normal and the other test results were within the normal range. Mary’s Action Plan was to be less sedentary, do chair-based exercises at home every morning and she asked to be referred to a course of Elevate strength and balance classes. By the time of the 6-week Review phone-call, Mary had done more walking while on holiday and had restarted her weight management plan. She was still waiting for the local Elevate classes to start.

Nine months later, we caught up with Mary again. She has now lost 5 stone in weight and feels fitter than she has for years! She enjoyed the Elevate exercise classes and so also joined a local Pilates class. With less weight to carry and improved strength, she has not had back pain for months and her GP is now willing to treat her knee. Mary is working hard on developing her garden and enjoys practising Pilates and Elevate exercises on her deck in the sunshine. At both classes, she has made new friends and her self-confidence has improved alongside her physical fitness. Mary said *“Going to that Functional Fitness MOT, although it wasn’t exactly what I was expecting, was one of the best decisions I have ever made. It gave me the motivation to make the changes I knew I needed. I can’t believe how different I feel now! Losing weight, feeling fitter and stronger without that crippling pain, has transformed my life, and I am loving it!”*

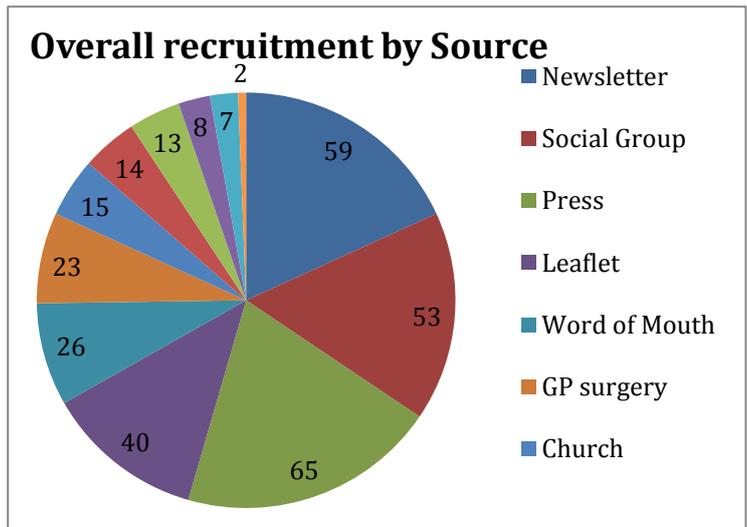
5. Data Analysis

This section shows the evidence for the findings described in section 3.

a. Recruitment

From May 2018 to October 2019, 350 people booked onto 17 Functional Fitness MOT events around Shropshire. Attendees were recruited by general advertising (Leaflets in GP surgeries, Libraries, community venues, sheltered housing schemes, contact with local social groups, churches, free newsletters, press releases to local newspapers & Shropshire Star, BBC Radio Shropshire and word of mouth).

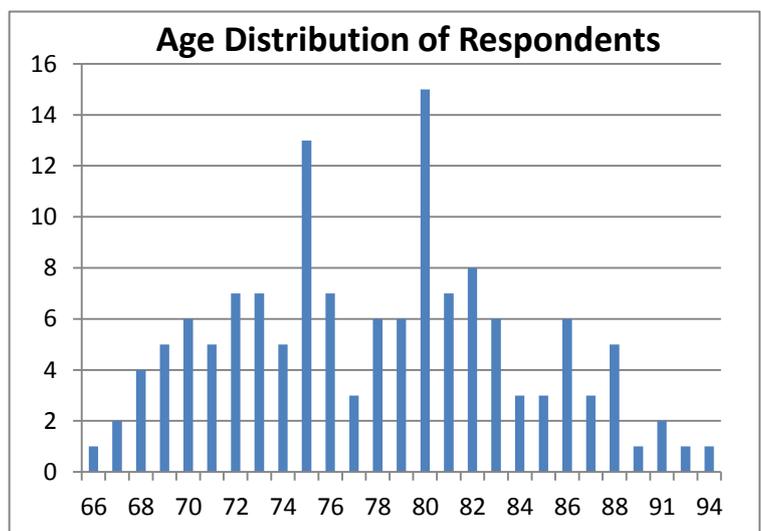
On taking on the project, we had expected that the local GP practice would be responsible for recruiting the attendees. This took place at only one event, Ditton Priors, where all attendees were recruited by the GP surgery, by letter, text or phone call directly to selected patients. The profile of attendees and results are therefore different to the other events. Because the Ditton Priors GP practice recruited attendees directly, this event is not included in the Recruitment graph shown. For all other events, fewer attendees were recruited by their GP practice (7%) than we hoped, despite full publicity to the Surgeries.



Although the top six methods of recruitment were the same for women and for men, women preferred a village newsletter (e.g. Wenlock Herald) and men preferred the local press (e.g. Shrewsbury Chronicle). Recruiting via Facebook attracted a younger cohort (average age of 72.1) whereas recruiting via the Church brought an older cohort (average age = 82.4), followed by the local exercise teacher (81.4) and the village newsletter (80.6).

b. Age Profile of Attendees

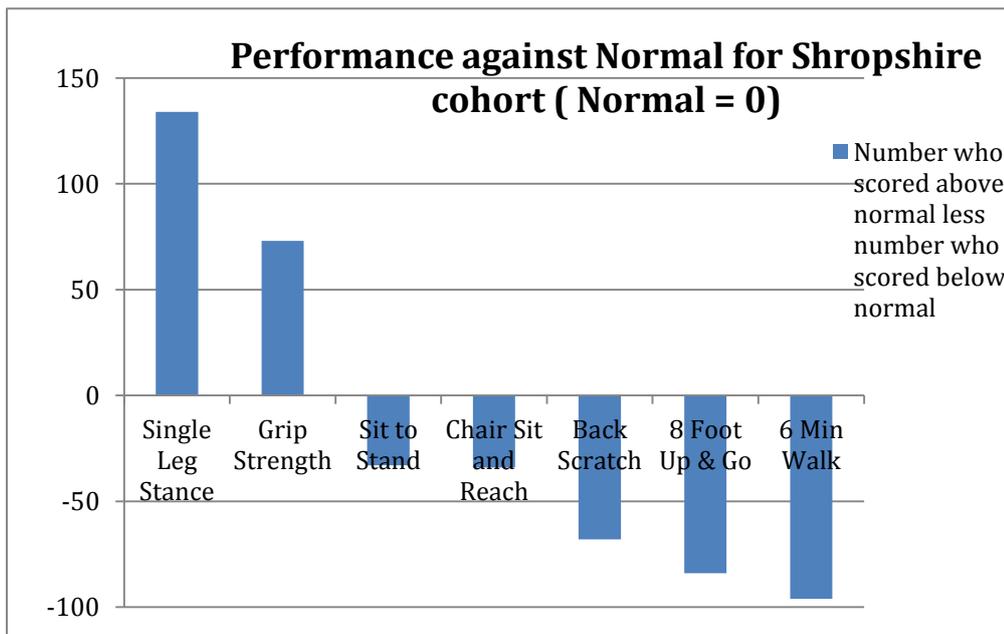
Results were recorded for 332 attendees. Ages ranged from 65 – 95 years. The average age was 78.5. Overall, 106 (=32%) were men. Of the 332 attendees, 135 (=41%) reported having fallen in the last 12 months. At all but one of the events (with 28 attendees), feedback forms were completed on the day. We received 261 Feedback Forms. The average age of those who provided Feedback Forms was 78.2 years and 30% were men. The average age and proportion of men providing feedback on the day was in line with the total number of attendees.



The ages of attendees who completed on-the-day Feedback were recorded. Note the spikes at 75 and 80, mainly caused by the age distribution of women respondents. Does a milestone age encourage women to re-assess their lifestyle? Could we use this trigger point for change, for more effective targeting?

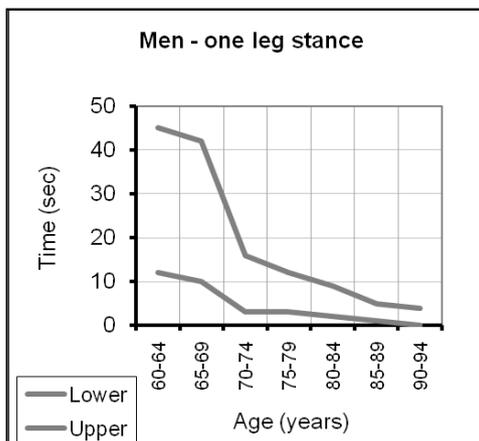
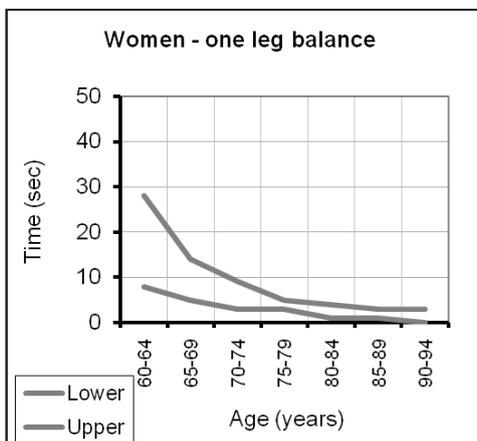
c. Test Results

Analysis of the MOT results shows that most of our attendees were better than the Normal Range for their age at the Single Leg Stance and the Handgrip Strength but worse than the Normal Range in the other tests, especially the 6 Minute Walk and the 8-foot Up & Go.



Single Leg Stance:

A significant number of attendees were better than the Normal Range for the Single Leg Stance test. The Normal Range for this test, however, is surprisingly low, especially for men. The graphs of the Normal Range in the Later Life Training Personal Fitness MOT handout (see below) show a steep deterioration in the men’s normal score for balance from age 68 to 72. This could be associated with the common retirement age and could be an indication that men are less active in their retirement. The deterioration is less steep for women. Raising awareness of this loss of balance may be a trigger for marketing future events.



d. Perceived Best and Worst Results

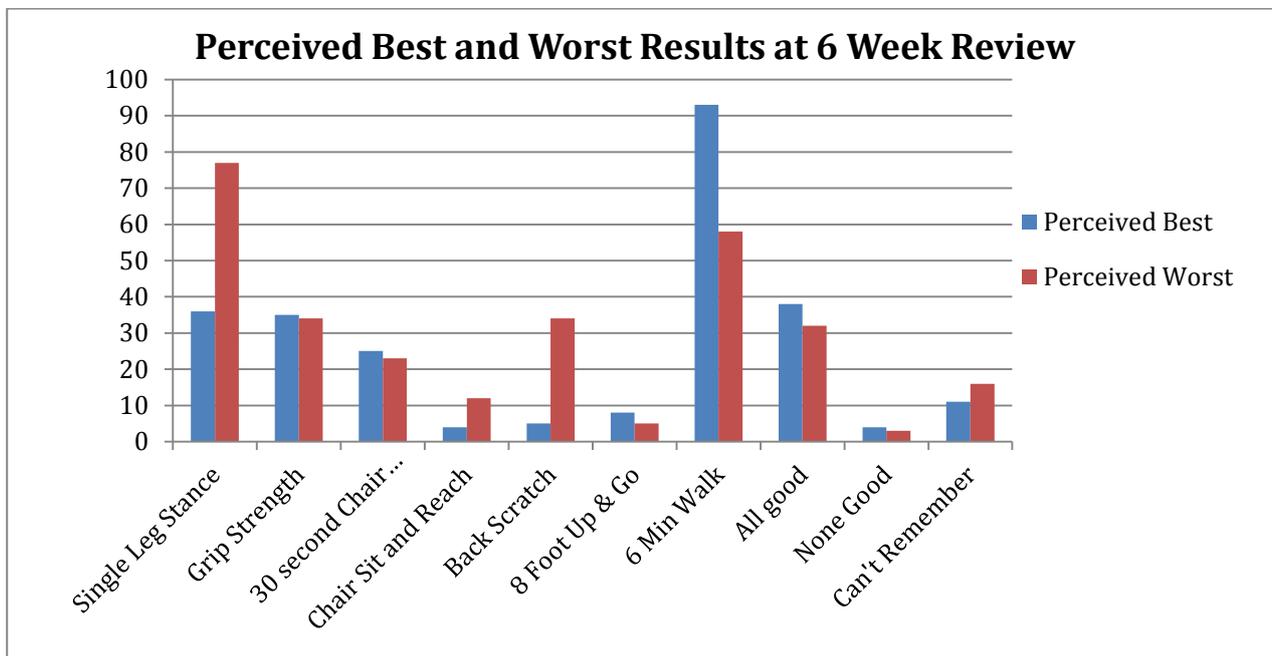
As explained during the Fitness Test, each participant received a Review phone call after about 6 weeks. We conducted 283 Review interviews. The remaining 49 attendees were could not be interviewed due to caring responsibilities, illness, learning difficulties, hearing loss, dementia or were not available.

The Review Questions asked for the attendee's Best and Worst result:

"Please could you tell me about your activity test results which pleased you most?"

"Tell me about the activity which gave you your least satisfactory score?"

The overall "worse than normal" test result for the 6-minute walk was surprising because 93 Review interviewees (33%) regarded the 6-minute Walk as their best result and 60 people (21%) cited walking as one of the activities they do regularly.



Even when the participant was looking at their Test Results Handout, at the time of the Review phone call, they did not always choose their best score as the result that pleased them most. Overall, 90 people (36%) had scored above the Normal Range for their perceived best result, 40% were in the Normal Range and 25% scored below the Normal Range on what they perceived to be their best result.

The Single Leg Stance was the most often quoted worst result (77 people) despite 62 of these (=81%) scoring normal or better than normal for their Single Leg Stance. The lower limit of the Normal Range is just 2 seconds from age 72 but most people seemed unaware that their Balance had deteriorated as they aged.

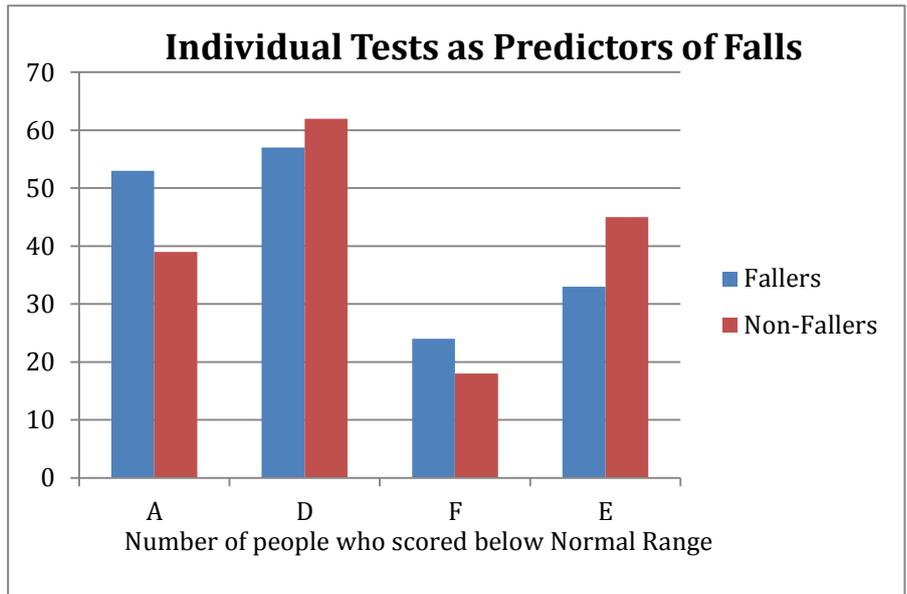
e. Falls Predictors

Three tests in particular are regarded as the key Falls Predictors:

- **A** = Sit to Stand
- **D** = 8-foot Up & Go
- **F** = Single Leg Stance

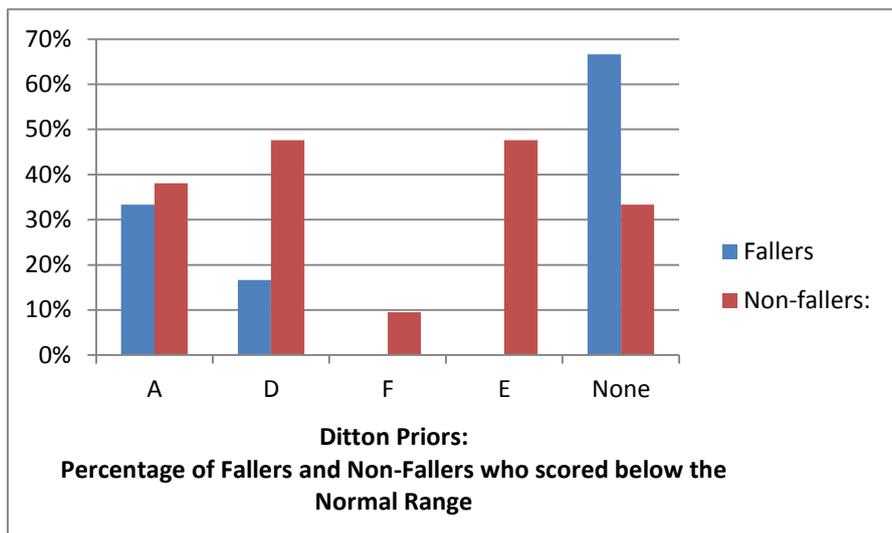
In some settings, the timed 8-foot Up & Go (D) is considered the most effective Falls Predictor because it measures leg strength, (to stand up from the chair), gait (to walk quickly 8 feet to and from the bollard) as well as balance, (to make the tight turn around the bollard then turn to sit down).

In this project, however, although the 8-foot Up & Go (D) seemed the most challenging of the Falls Predictor tests, an association with the attendees' falls history was not demonstrated at all for 8-foot Up & Go and was barely significant even for Sit to Stand (A). Grip Strength (E) is also used as a short-cut predictor of frailty but was not found to be associated with falls history for this cohort.



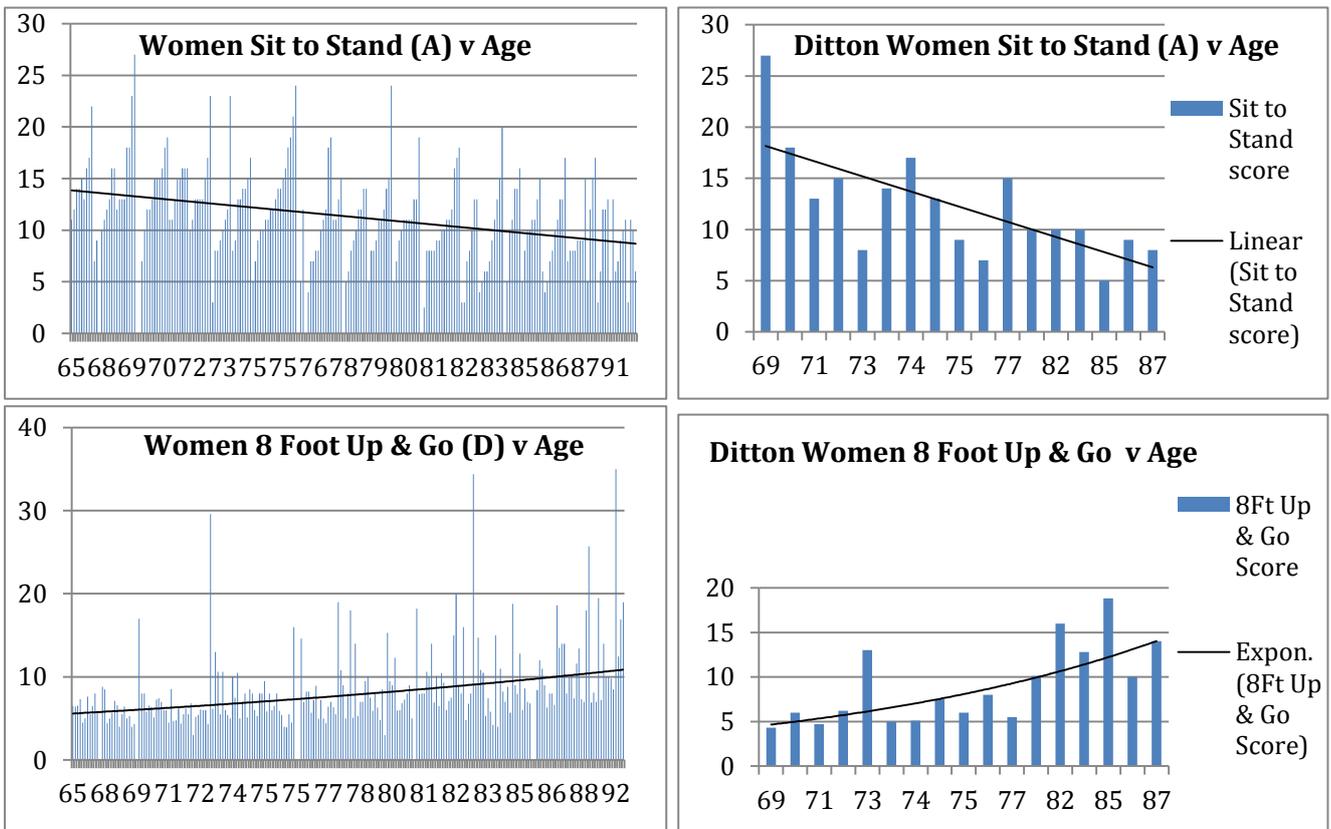
f. Ditton Priors

At the event in Ditton Priors, attendees were recruited by their GP, instead of by general advertising. With only 27 attendees, statistical analysis of this single event may be unreliable. The average age of attendees at Ditton was lower (75.9) than overall (78.3), as was the average number of previous Falls (Ditton = 22%; overall = 53%). Although only 22% of the Ditton attendees reported that they had fallen in the last 12 months, 56% of the attendees scored below average on A, D or F (47% overall). In fact, the Non-Fallers seemed more likely to score below average on A, D, F or E than the Fallers.



A	Sit to Stand
D	8-ft Up & Go
F	Single Leg Stance
E	Handgrip strength

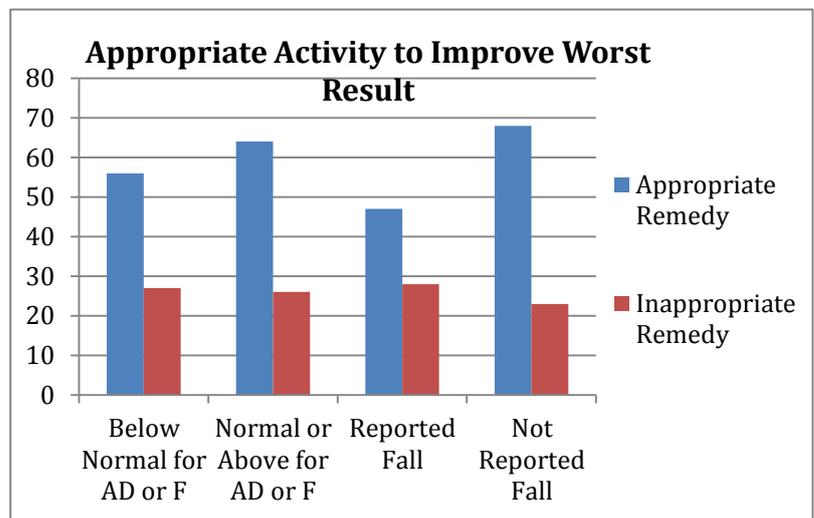
The score for the Sit to Stand test (A) appears to decrease with age less than “normal” for our overall results but the A score at Ditton Priors showed a decreasing trend with age, in line with the MOT reference graphs for the Normal Range.



Similarly, the 8-foot Up & Go score increases more steeply for Ditton Priors than for the data from the overall events. This may illustrate that the invitation coming from the GP practice encouraged frailer, older patients to attend the Ditton Priors event whereas the general advertising did not persuade frailer people to attend the events elsewhere. For both tests, however, there is a wide range of test scores within each age group.

g. Remedial Activity

The script of the 6-week Review interview was designed to show whether people who were regarded as vulnerable to falling (i.e. scored below normal on Sit to Stand (A); 8-foot Up & Go (D) and/or Single Leg Stance (F)) had less understanding of what activities might improve their worst result. The replies did not support this theory.



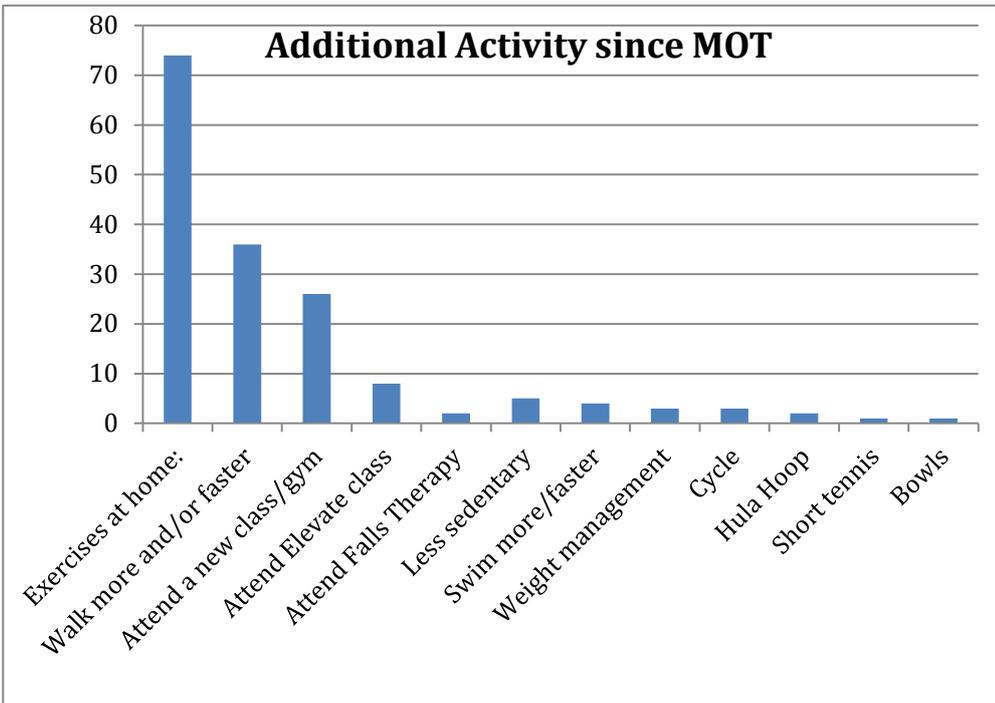
h. Impact of the FF MOT

Much of the Review call explored how active attendees had been since the FF MOT.

1. Additional Activity

We asked attendees, “Have you done anything different since the event? If so, what is it?”

The most popular reported additional activity was doing exercises at home (74). We had issued a “Chair-based Exercises” booklet of four very simple exercises and pointed clients to several websites

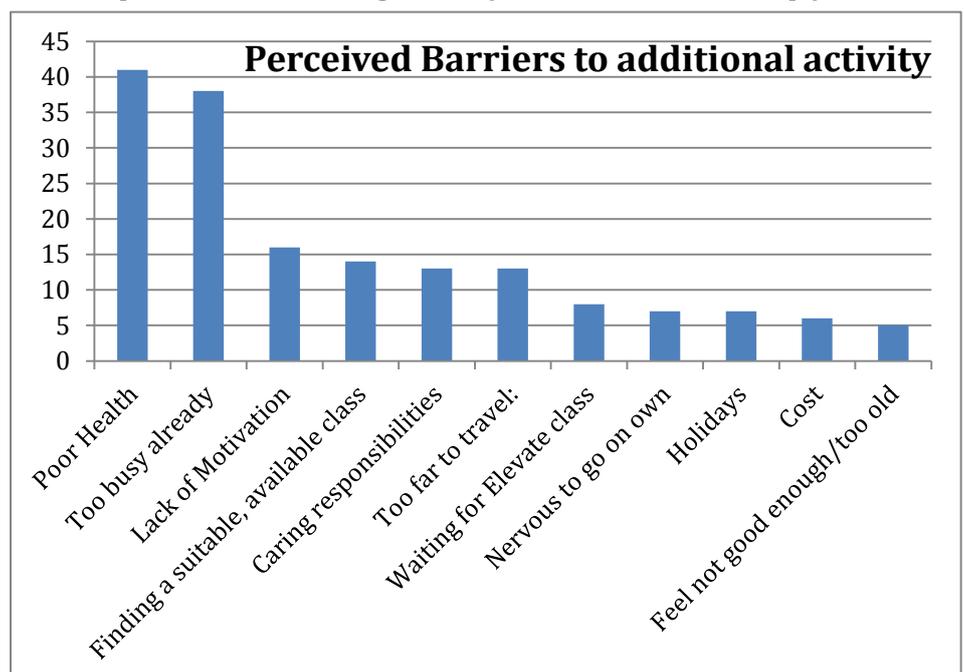


and booklets, which offered more strength and balance exercises. The next most popular additional activity was to walk further/faster (36) and attending an exercise class (36 - including Elevate and Falls Prevention). Many respondents had not started additional activity but expressed intention to join a class (especially an Elevate class which was due to start in their area).

2. Perceived Barriers

We also asked respondents what barriers were preventing them from taking up more physical activity. The most common reason concerned poor health but being too busy was also a common reply.

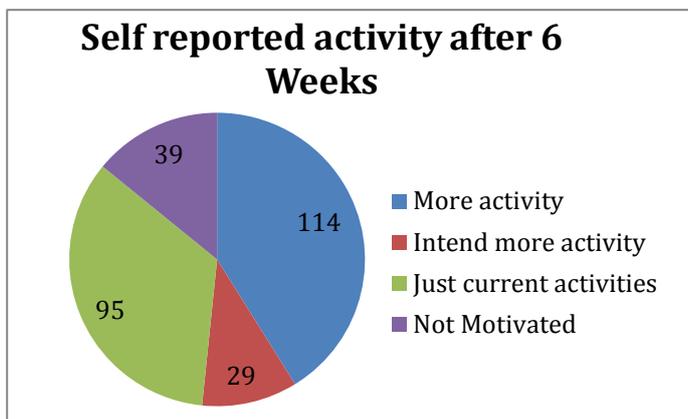
Many of the people who were “Too Busy” were already doing a lot of physical activity. Lack of access in terms of “Too far to travel” and “Finding a suitable or available class”, combined, would be the next most significant reason. Each individual may prefer a different type of activity which may be available in their community but at a time when they have other commitments.



For example, if their neighbour takes them shopping on Wednesday mornings then they cannot attend the local Extend class. Asking their neighbour to change shopping day is not an option. The cost of classes does not seem to be a significant barrier. An Active Buddy volunteer might help people who are “Nervous to go on their own” or who “Feel not good enough”. As a pilot, we held a second FF MOT in Oswestry, offering Active Buddy support but none of the attendees have taken up the offer of a Buddy yet. The Review calls were conducted during Covid-19 shielding and so offering a Buddy at that stage was not appropriate.

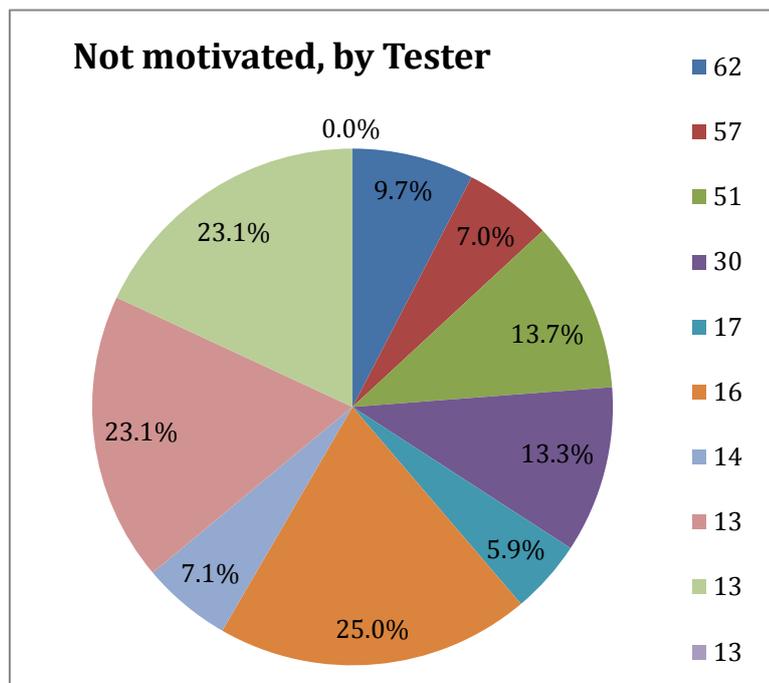
3. Not Motivated

Overall, 114 of 277 replies claimed that they were now doing additional activity but 39 said that they were doing nothing new (14%). Since our aim was to motivate people to become more active and to improve their strength and balance, 41% reporting that they had done an additional activity signifies that we have been successful in motivating them, especially since a further 45% were continuing to be active or intended to become more active.



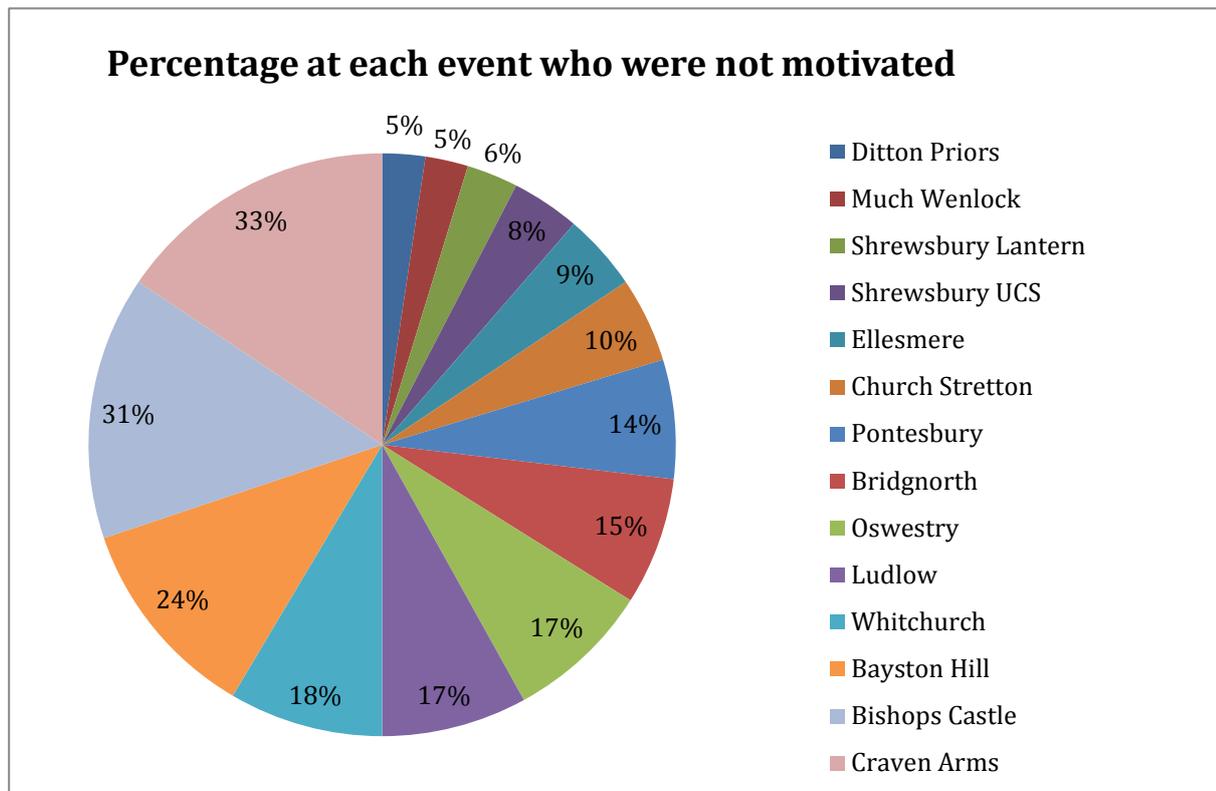
The replies from people who were not motivated by the FF MOT, were analysed further by MOT tester and also by event location.

The MOT testers included SRCC staff, Exercise Teachers and “Active Buddy” volunteers. The pie chart shows the percentage of clients who were not motivated following the MOT, for the 10 testers who performed most tests. The tester who tested the most clients (59) is at the top (with 9.7%), the next most prolific tester did 57 MOTs and only 7% had done nothing new in the 6 weeks to the Review phone call.



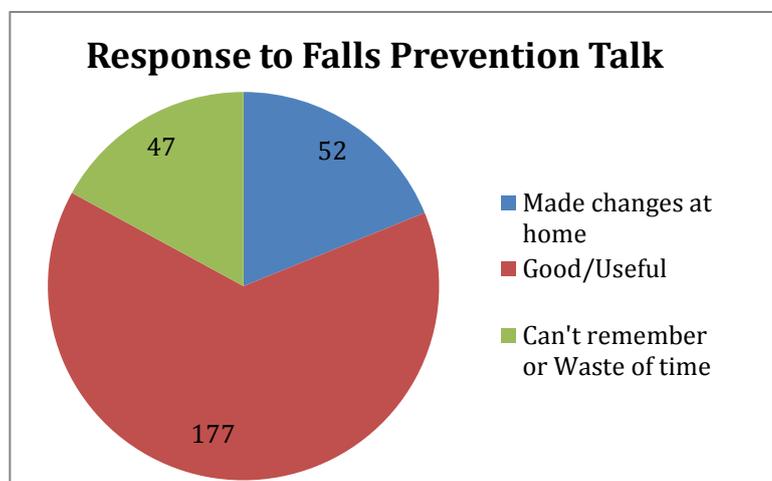
The number of tests performed by each tester decreases clockwise. Testers who did 10 tests or less were not included. There was some variation in “success” across the testers. The data shows that, in general, our volunteers were at least as effective in motivating clients to be active as staff members or PSI-qualified exercise teachers. This shows that the training which we gave to the volunteers was effective. Considering the personalities of our testers anecdotally, a “to the point” attitude seems to be more effective than a gentle, polite approach. The one-to-one contact of the fitness test and the subsequent Review phone-call formed an essential part of this project.

The success of each event was also analysed in terms of the percentage of attendees who were not motivated. The three events which had less than 10 attendees were discounted (Wem, Albrighton and Market Drayton). After Ditton Priors in June, the next 6 most successful events were conducted in August and October whereas the least successful were in April and May. There was no significant association of success with size of town or chronological order.



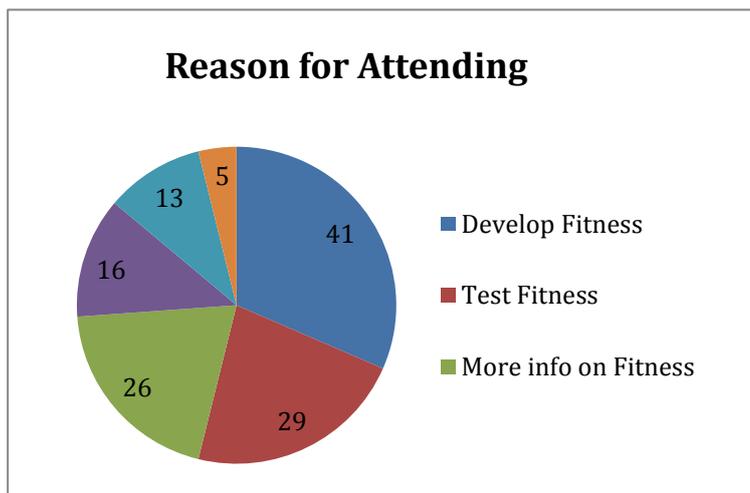
i .Falls Talk

After showing the film “Facing Up to Falls” from RoSPA, some of the issues raised were discussed with the group, various ways to get up from the floor after a fall were demonstrated, a range of devices for calling for help were suggested and attendees were asked to write themselves a Falls Plan for their home. The Review Call included feedback on the Falls Prevention Film and Talk. Overall, 83% of replies were positive. Anecdotally, attendees were very interested in the demonstration of how to get up from the floor and the level of engagement in the Falls Talk showed that they were concerned about falling, even if they did not admit to it. Over the course of the project, additional techniques for getting up were demonstrated, to accommodate various medical conditions. The most common complaint was being unable to kneel due to replaced knees or not having arm strength to sit up, in which case the kick technique is required. The DataLink pots were popular but the lack of mobile phone signal in rural areas was a common cause of concern.



In on-the-day feedback, 75% agreed that the event met their expectations and the average score for “I now know how to reduce the risk of falling” was 3.51 out of 4. In the Feedback Form, 98 respondents (38%) said that they had fallen in the last 12 months. Also in the Feedback, 20% said that they attended the event because they had had a fall whereas 52% attended because they wanted to become more active. 7% reported that fear of falling restricted their daily activities “a lot”; 43% reported “a little” and 48% reported that fear of falling did not restrict their daily activities at all. The target audience were people aged 65 to 95 who were beginning to consider restricting their lifestyle due to fear of falling. The Feedback shows that 50% of attendees were at this point (or admitted to it). Improving their strength and balance and being aware of environmental risks provides an effective toolkit to reduce the risk of falling.

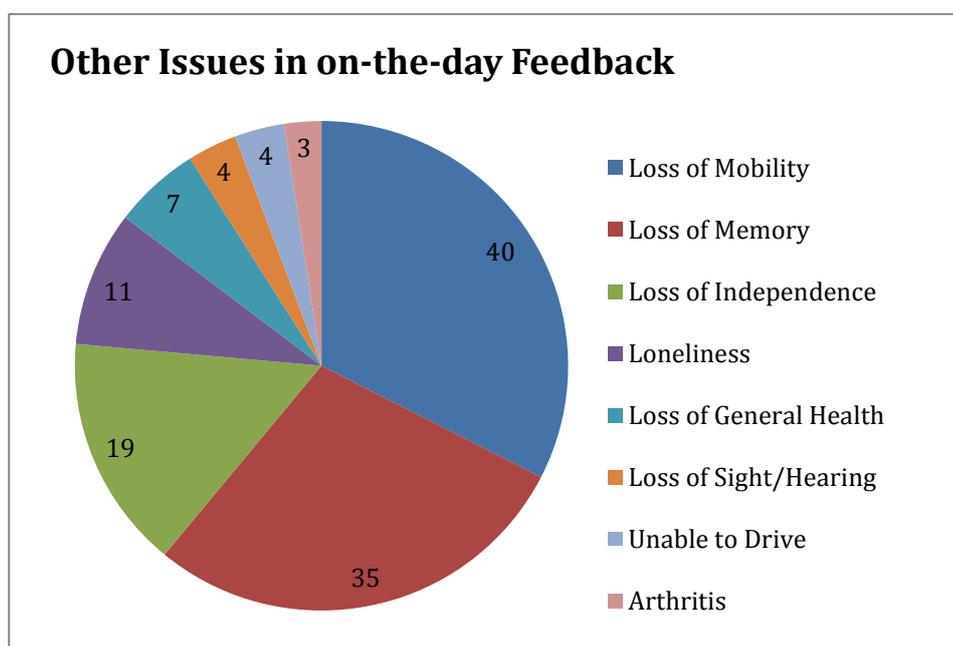
From the on-the-day Feedback Forms, the most common reason for attending was to improve fitness (41), followed by a wish to test fitness (29). The events were advertised as Falls Prevention events but only 13 people cited concern for falling as the reason to attend. The publicity for the events emphasised Falls Prevention and most people agreed that the event met their expectations but the majority of attendees had not fallen and said that they had attended because they wanted to become more active or test their fitness.



j. Future Work

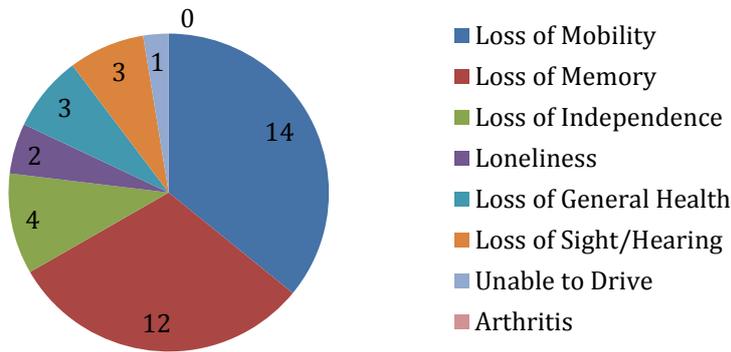
1. Other Issues of Ageing

The on-the-day Feedback Form also asked: *We recognise that many people find the fear of falling becomes an issue as they get older. What other issues concern you about becoming older?*



We received 121 replies, including 11 who replied No issues and 3 replied Just Falling. The main themes were Loss of Mobility, Loss of Memory, Loss of Independence, Loneliness, Loss of General Health, Loss of Sight or Hearing, Being Unable to drive, Arthritis. One person stated Incontinence.

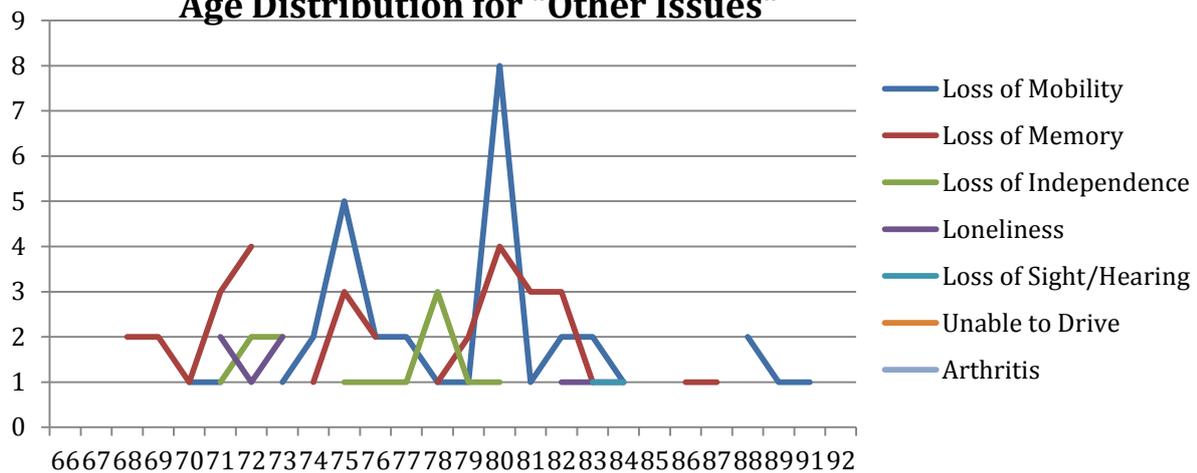
Other Issues for Men in on-the-day Feedback



The gender profile of responses for men, (30% of the Feedback respondents) was not quite the same as overall. Instead, men were more likely to express concern about Sight or Hearing Loss, Loss of Mobility and Loss of Memory and less likely to express concern about Arthritis, Loneliness and Loss of Independence. The low number of male respondents, however, does not allow robust analysis.

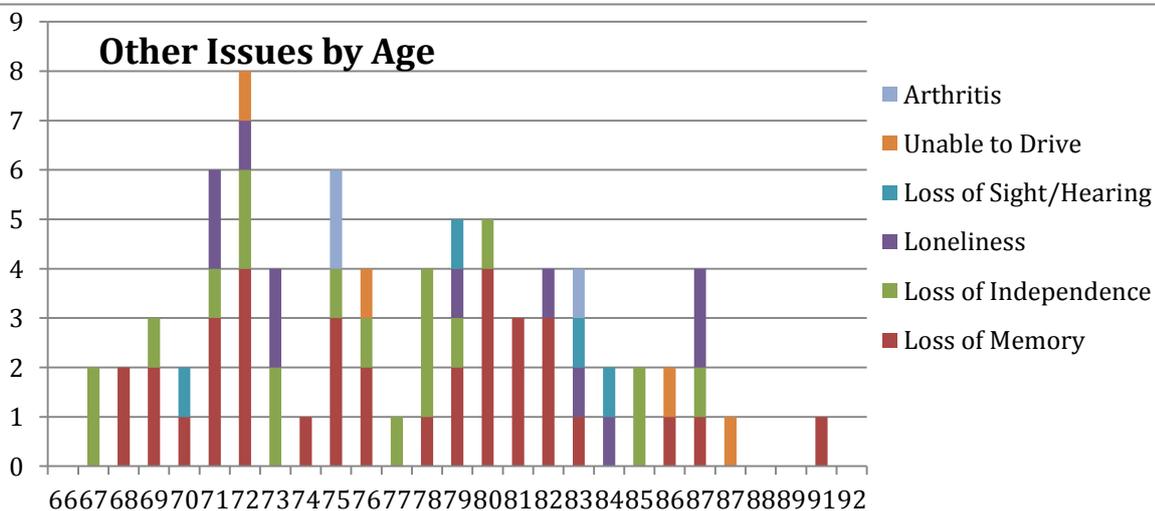
The distribution by age of Loss of Mobility was fairly similar to the distribution of all those who completed the Feedback Forms, except for younger people aged 67 – 73, who gave other concerns.

Age Distribution for "Other Issues"



Taking out the concern for Loss of Mobility, the age distribution for other issues is shown below: Compared to the age profile of respondents, there seems to be a slight trend for younger people to be concerned about loss of memory and of independence, although these issues spanned all ages.

Other Issues by Age



2. Wise & Well Club

We took the opportunity to ask people if they would like to be part of a “Wise & Well Club”, receiving follow-up information (tips, advice, reminders) on what was covered in the Functional Fitness MOT. If so, we asked what method of communication would suit them best. The favourite method was by e-mail but full results of this survey can be found separately in the FF MOT Preferred Communication Report.

3. Follow-up Fitness Tests

During the Review calls, several attendees asked if we would run a follow-up Functional Fitness MOT for them to see if their additional activity had improved their test results. As a Pilot, we held a second FF MOT event in Oswestry, 20 months after the first MOT event there. Written invitations were sent to all previous attendees.

Three previous attendees replied that they would have attended but were not available on that date. One man took up the offer. Despite ageing from 84 to 86, his test results stayed in the same range as previously (normal or better), except in Handgrip strength and the 6-minute walk where he improved from Normal to better than the Normal Range.

Date of Test	Age	Sit to Stand	Chair Sit & Reach	Backscratch	8-ft Up & Go	Handgrip Strength	Single Leg Stance	6-minute Walk
6/2018	84	25	2 cm	-15 cm	7.8 sec	30.1 kg	20 sec	450 m
2/2020	86	20	-6 cm	-17.5 cm	6.6 sec	32.3 kg	7.5 sec	600 m

Following the first fitness test, this person attended the Elevate 20-week course of strength and balance exercises. He is a keen walker, walking Offa’s Dyke path in segments at weekends, but is wary of attending exercise classes because he does not like “being barked at”. He would like to attend the Elevate teacher’s continuation classes but they are too far from his home. During self-isolation, he has accessed an exercise programme on the NHS website to keep him fit, as well as continuing gardening.

4. Donations

We were anxious not to deter people by charging a booking fee but the events were expensive to hold. We therefore stated, on the publicity leaflet, that the event was free of charge but a donation would be greatly appreciated. We displayed a Donations Bucket and participants were invited to make a cash donation towards the cost of holding the event. The events felt very busy, however, and we did not always remind people that we would appreciate a donation. The amount received varied markedly, with the maximum per event at £86.50 but no donations at all for several events. Often only a few attendees donated £5 or £10. In total, £530.35 was donated.

6. Conclusion

The Functional Fitness MOT events have been well-attended and have been effective in motivating attendees to become more active. There is scope to explore the benefit of linking Active Buddy volunteers to attendees in order to enhance take up of additional activity. Inviting attendees of previous events to attend a new FF MOT event a year or two later, would show if the increase in physical activity is sustained and leads to improved strength and balance. This would demonstrate the long-term effectiveness of fitness testing in reducing the risk of falling.

7. Quotations from Review Interviews

The following are examples of comments received during the Six-week Review phone-calls:

"Well organised & well-attended. At our age, we wonder what we're supposed to do and what we shouldn't do so it was very useful." 80 year old man in Bridgnorth

"You go through life and you don't realise you're getting older and more likely to fall. It is a good thing to realise that you're getting older. It made one or two points worth thinking about. I must read through the paperwork again." 75 year old man in Bayston Hill

"As a daughter and viewing from the side-lines, I thought it very well organised and the lady who assessed my 92 year old Mum was very caring. Thank you. It was also very kind to offer a most welcome cup of tea. All in all, the course was very informative, very well run and very much worth the effort of attending a little distance away." Lady who brought her Mum from Market Drayton to Bayston Hill event

"Enjoyed the day. I was grateful for it. You don't know where to start when you retire so it was really helpful. I'd like to do the MOT again in 6 months to see if I've improved." Woman aged 66 at Bayston Hill

"This was a very useful event. It has given me a kick start to do more. Very worthwhile attending."
Woman aged 65 at Ludlow

"I found it very useful. My sister couldn't attend so I showed her all my cards and she does exercises with me." Woman aged 78 in Much Wenlock

"Great - I came home and took my rugs up. Bought a non-slip mat by the door in the hall. Bought a hiking stick for when I'm out walking. Persuaded friend to use slippers with backs on." Woman (72) in Ellesmere

"Going to class is fun and you make friends. It was well organised, People were friendly and relaxed which was nice and very useful." Woman aged 75 in Pontesbury

"Useful to see how to get up using a step and it works. I now have a small stool in every room." Woman aged 78 in Church Stretton

"I have started both classes - event was a bit of an eye-opener to me. I'd had a couple of falls and made me realise I couldn't get up and maybe I wasn't coping after all. I do some of the chair based home exercises."
Woman aged 80 in Church Stretton

"Extremely helpful. I feel much more positive now that I do the classes and I'm so glad I went. I've also encouraged a friend in her 90s so she has joined the class too! I'm so thankful to your group. I feel much more positive about being able to cope on my own now." Woman aged 80 in Church Stretton

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