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A health promotion study for the effectiveness to strengthen mobility among users in residential homes in the framework of a pilot project for setting-oriented health promotion in residential long term care

Submission date
07/10/2011

Recruitment status
No longer recruiting

Registration date
03/01/2012

Overall study status
Completed

Last Edited
17/03/2017

Condition category
Other

[ ] Prospectively registered
[ ] Protocol
[ ] Statistical analysis plan
[ ] Results
[ ] Individual participant data
[ ] Record updated in last year

Plain English summary of protocol
Background and study aims
An increasing number of older adults require higher levels of care. There are many challenges, not least because of the increased age of people moving into residential long-term care with poor health. Health promotion interventions have not been tested in the setting of long-term care in Austria or internationally. The project “Health has no age” was started in which health promotion is attempted in this setting, addressing residents, their relatives and people working in residential homes. As part of this project, this study examines specific training units promoting mobility among residents living in residential homes in order to increase their independence.

Who can participate?
Men and women aged 65 or over who are living in the participating residential homes

What does the study involve?
Participants are randomly allocated to the intervention group or the control group. The intervention group follows a training program containing 20 weekly units under the supervision of trained staff. Units include fall prevention, dance, exercise, skittles, balance/posture/fitness training, breathing and relaxation exercises, and yoga. Before the participants start the program, a professional mobility assessment is conducted. Based on the results of these tests, the participants are allocated to three different levels based on their physical and mental state. This assessment is repeated at the end of the program. The control group is offered a social program which takes place three times during the study. This program focuses on social contacts within the residential home. The participants in the control group are also assessed to compare the effects of the programs on mobility.

What are the possible benefits and risks of participating?
Participants in the intervention group have the possibility to set personal goals with experts to increase their independence and quality of life. The risk of injury is kept as low as possible as all units are under the instruction and supervision of trained staff.

Where is the study run from?
Three organisations that are part of the Vienna Board of Retirement Residences, which is a public provider for residential long-term care in Vienna, Austria

When is the study starting and how long is it expected to run for?
October 2011 to June 2012

Who is funding the study?
1. Austrian Health Promotion Foundation (Austria)
2. Association of Austrian Social Insurance Agencies (Austria)
3. Vienna Health Promotion (Austria)
4. Ludwig Boltzmann Institute Health Promotion Research (Austria)

Who is the main contact?
Dr Martin Cichocki

Contact information

Type(s)
Scientific

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Additional identifiers

Protocol serial number
1989

Study information

Scientific Title
"Exciting Life [Bewegtes Leben]: a comparative investigation into the effectiveness of promoting the mobility among users of residential long term care - a sub-project of the study Health has no age [Gesundheit hat kein Alter]

Study objectives

The specified training program will reduce/ stabilize loss of mobility among residents and increase their functional autonomy. Aim is to improve or maintain the mobility of participants in terms of physical, cognitive and social functionality with a focus on achieving everyday tasks to strengthen their autonomy.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Vienna Board of Retirement Residences [Kuratorium Wiener Pensionisten (KWP)] Ethics Committee, 04/08/2011

Primary study design
Interventional

Study design
Randomized controlled trial

Study type(s)
Quality of life

Health condition(s) or problem(s) studied
Mobility and autonomy among elderly people

Interventions
Training program with 20 intervention units targeting the promotion of mobility among residents. Units 2-18 are divided into 3 different levels (Level A, B, C) considering the physical and cognitive state. Based on the level the single units differ in duration and performance. The following description offers an overview of the content for each unit.

Unit 1: Introduction and setting of personal goals. In this unit the participants are introducing each other and the trainer. They get an overview of the following dates and information about the content within the units. Furthermore the participants are going to set overall targets within the group. Another part of this unit is to set individual goals of each participant regarding daily routines, mobility and expectations to the intervention. These goals will be found in a personal dialogue between the participant and a supervisor. Thereby the housing situation of the resident can be considered to identify restrictive factors.
Unit 2: Fall prevention. The unit focuses on information about fall prevention, support for the daily routine (e.g. adaptation of shower) and the availability of walking and mobility aids.
Unit 3: Dance. In this unit the participants rehearse and conduct dances suitable for older adults. The aim of this unit is to promote coordination, balance and sensomotoric cognition.
Unit 4: Advanced Dance. Repetition of the dances from previous unit and rehearsing and conducting of progressive sequences. The aim of this unit is to promote coordination, balance and sensomotoric cognition.
Unit 5: Providing an exercise program. The participants receive a personal exercise program to take home. The program contains exercises illustrated with images which are relevant for everyday life.
Unit 6: Skittles/Ball game regarding an aim. Within this unit the participants bowl or throw a ball to a specific aim. The goal is to promote coordination and sensomotoric cognition.
Unit 7: Advanced Skittles/Ball game regarding an aim. Repeating Unit 6, but now within

increased requirements.
Unit 8: Training the balance and the safety in walking. This unit contains passing a parcours, adapted to the ability of the participants. Goal is to promote anticipatory and compensatory skills while changing the posture.
Unit 9: Advanced balance training and safety training in walking. Either repeating unit 8, but now within increased requirements, or making a short travel by metro or tram. Travelling by public transport includes identifying the right transport, sit down and stand up in the transport etc.
Unit 10: Posture training and evaluation of the exercise program (unit 5). This unit contains different exercises by sitting or standing to cause a better posture. The goal is to promote an economic (pain reducing) posture, strength and coordination. Moreover the experiences with the home exercise program are going to be discussed.
Unit 11: Fitness & cardiovascular training in conjunction with everyday activities. This unit contains different exercises like walking along the corridor followed by conducting everyday activities (e.g. putting on socks) and once again walking. Goal of this unit is to obtain and promote endurance and to automate the control of movement.
Unit 12: Advanced fitness & cardiovascular training in conjunction with everyday activities. Walking a medium-length or long way and then going home by using public transport.
Unit 13: Functional invigoration. This unit contains different invigoration exercises for the upper and lower limbs and the trunk. The exercises should be linked to weekday functions (e.g. stand up and sit down). The goal is to promote strength.
Unit 14: Functional invigoration & evaluation of the individual goals of the residents so far. Repeating Unit 13 including some extended exercises. Moreover the individual goals of the residents are going to be discussed.
Unit 15: Proprioceptive training of cognition & balance & assault course, dual tasks. Within this unit the participants are going to pass an assault course for instance with different floorspaces and smaller and wider areas to go through. The goal is to promote coordination and sensomotoric cognition.
Unit 16: Advanced Proprioceptive training of cognition & balance & assault course, dual tasks. Repeating unit 15 but with advanced barriers.
Unit 17: Breathing and relaxation exercises. This unit contains different exercises for breathing and re-laxation. The goal of this unit is to promote sensomotoric cognition, breath-economic and tone regulation of the musculature.
Unit 18: Yoga, Qi Gong, Tai Chi. This unit contains different exercises form a foreign cultural circle, like Yoga, Qi Gong, Tai Chi and others. The goal is to promote the sensomotoric cognition, breath-economic, invigoration, coordination and to obtain and improve the control of posture.
Unit 19: Flexible unit adjusted on the wish of the participants. The unit should focus on obtaining and improving endurance, invigoration and coordination together with a transfer into the daily routine.
Unit 20: Information and summary of the things and the activities happened, exchange of experiences and looking into the future. Within the last unit the participants are exchanging their experiences and discussing the fixed goals of the group (were the goals reached?, which things improved?, etc.). Furthermore the exercise programme for home is discussed once more and the participants get information about further mobility interventions available in the house. This unit ends with a dance.

At the end of the interventions the supervisor talks once again with the participants to discuss how far the individual goals, fixed at the beginning of the interventions, have been reached. The supervisor brings the existing activities in the house to the participants attention, so that the individual goals can be strengthen.

Intervention Type

Other

Phase
Not Applicable

Primary outcome(s)
1. Occupational performance as measured by Canadian Occupational Performance Measure (COPM)
2. Risk for falling as measured by Timed up and go Test
3. Flexibility as measured by Chair sit and reach Test
4. Functional fitness (movement of shoulder) as measured by Back scratch Test

All tests measured at baseline and at end of intervention

Key secondary outcome(s)
1. Cognitive and social mobility measured by assessing orientation and social situation
2. Health status/quality of life as measured by EQ5D
3. Pain status as measured by visual analogue scale (VAS)

All tests are measured at baseline and at end of intervention

Completion date
15/06/2012

Eligibility

Key inclusion criteria
1. Male and female residents living in the participating institutions
2. Above 60 years of age (average age of residents in the participating institutions is 86 years)

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Senior

Sex
All

Key exclusion criteria
Residents with severe dementia and/or severe restriction in mobility

Date of first enrolment
15/10/2011

Date of final enrolment
01/11/2011

Locations

Countries of recruitment
Austria

Study participating centre
Ludwig Boltzmann Institute Health Promotion Research
Vienna
Austria
1020

Sponsor information

Organisation
Main Association of Austrian Social Security Institutions (Austria)

Funder(s)

Funder type
Government

Funder Name
Austrian Health Promotion Foundation (FGÖ) (Austria)

Funder Name
Association of Austrian Social Insurance Agencies (Austria)

Funder Name
Vienna Health Promotion (Austria)

Funder Name
Ludwig Boltzmann Institute Health Promotion Research (LBIHPR) (Austria)

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Study website	Study website	11/11/2025	11/11/2025	No	Yes