Pathology Related to Balance

Nancy Devine, PT, DPT, MS
Thomas Geriatric Symposium:
Balance and Fall Prevention in the Elderly
October 30, 2009

Presentation Overview

- Introduction
 - □ The Big Picture
 - Balance and Aging
- Components Required for Balance
 - Pathologies Affecting Each Component
 - Implications of Pathology
 - Pathologies Affecting Multiple Components
- Additional Factors that Increase Fall Risk
- Implications for Reducing Fall Risk

The Big Picture

- Control of Balance and Prevention of Falls
 - Multiple components
 - Multiple sources for increased fall risk
 - Intrinsic and extrinsic factors
- Elderly More at Risk
 - Combined effects
 - Normal aging
 - Accumulated pathologies
 - Medication effects
 - $\hfill \square$ Higher risk for injurious falls



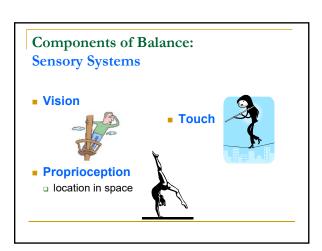
Image from: cromedics-

Balance and Aging

- Balance Declines with Increased Age^{B,A}
 - □ Reduced balance leads to:
 - Increased fall risk^{1,2}
 - Falls increase morbidity^{1,2,3}
 - Falls increase mortality^{1,2,3}
 - Falls decreased quality of life
 - Falls increased expenses^{2,3}
 - □ health care costs
 - reduced independence
- Role of Health Care Professionals

Components Required for Balance

- Many systems contribute to maintaining balance
 - Sensory systems
 - Vestibular system
 - □ Musculoskeletal system
 - Cardiovascular system



Components of Balance:

Sensory Systems (continued)

- Vision
 - Acuity
 - Contrast Sensitivity
 - Horizon
 - Environment
 - Light
 - Dark
 - □ Visual Attention⁴
 - Visual Dominance



Image Copied From: http://images.google.com/imgres

Components of Balance:

Sensory Systems (continued)

- Proprioception
 - Awareness of Body/Limb Position
 - Ankle Sway
 - Counterbalance
 - head
 - trunk
 - arms



Components of Balance: Sensory Systems (continued)

- Touch
 - □ Pressure on soles of feet
 - changes in pressure
 - □ Arms/Hands
 - Additional Point of Input
 - Comparisons



Components of Balance:

Sensory Systems (continued)

- Review
 - Sensory systems contribute to maintaining balance
 - seeing the environment
 - feeling the body's position in the environment
 - feeling the body interacting with the environment
 - □ hands and/or feet
 - Detecting CHANGES between body and environment

Pathology of the Sensory Systems: Consequences

- Reduced visual acuity and/or attention
 - □ Increases postural instability⁵
 - □ Self-restricted activity level⁶
 - disuse weakness
 - □ Increases fall risk⁵⁻⁷
- Reduced proprioceptive/touch/pressure input²
 - Reduced postural control
 - Increased sway
 - Delayed reaction time to perturbations

Pathologies Affecting Visual Function

- Cataracts
 - increase postural instability⁵
 - □ improves following cataract surgery³
- Glaucoma⁷
- Macular Degeneration⁸
- Smoking Related Visual Loss⁷
- Medication Effects⁷

Pathologies Affecting Proprioceptive Function

- Peripheral Neuropathy
 - nerve compression
 - □ ischemia (less oxygen)
- Joint/Nerve Damage
 - Sprained ankles
 - Knee/ankle/foot surgery

Pathologies Affecting Touch/Pressure Sensation

- Peripheral Neuropathy
- Nerve Damage
 - central
 - peripheral

Components of Balance

- Many systems contribute to maintaining balance
 - Sensory systems
 - Vestibular system
 - Musculoskeletal system
 - Cardiovascular system

Components of Balance:

Vestibular System



- Inner ear
 - fluid filled chamber
 - responds to changes in movement
 - horizontally
 - vertically
 - angular
 - Left and Right Vestibular Systems
 - Nervous System
 - communication
 - integration

Components of Balance:

Vestibular System (continued)

- Vestibular System
 - Left and Right Sides
 - Interpret changes in body movement
 - head turning/nodding
 - body moving through space
 - elevator
 - car/plane
 - Reflex connections
 - neck
 - trunk
 - legs

Pathology of the Vestibular System: Consequences

- Unilateral Pathology⁹
 - Flawed integration of left and right sides
 - spinning sensation
 - dizziness
 - nausea
 - imbalance
- Bilateral Pathology
 - □ Rely exclusively on vision/proprioception
- Initial difficulties with eye control
- Increased Fall Risk¹⁰

Pathologies Affecting the

Vestibular System

- Unilateral
 - Benign Positional Vertigo (BPV)
 - OR Benign Paroxysmal Positional Vertigo (BPPV)
 - Object in the fluid-filled cavity (otoconia)
 - Acoustic Neuromas
 - Tumor of the support cells of Cranial Nerve VIII
 Hearing and vestibular function involved
 - Labyrinthitis
 - Inflammation of the membranous labvrinth
 - Typically viral
 - Elderly
 - May be lack of blood supply
 - Head Trauma

Components of Balance

- Many systems contribute to maintaining balance
 - Sensory systems
 - Vestibular system
 - Musculoskeletal system
 - Cardiovascular system

Components of Balance: Musculoskeletal System

- Muscles
 - Active contraction
 - Hips, knees and/or ankles
 - Timing of contraction
 - Anticipatory
 - Compensatory
 - Static balance
 - Maintain a posture
 - Dynamic balance
 - Changes during movement





Components of Balance: Musculoskeletal System (continued)

- Bones and Joints
 - □ Range of Motion
 - Amount of joint movement available
 - Hips, knees and/or ankles
 - □ Allow movement
 - Slow and/or fast
 - Flexibility
 - Efficient movements



Pathology of the Musculoskeletal System: Consequences

- Reduced range available to respond
 - ankles, hips, knees
 - alters balance strategies available
- Reduced strength to respond to changes
 - alters balance strategies available
 changes functional task
 - self-restricted activities
 - leads to disuse and further weakness

- Delayed reaction time
- further from stable base before correcting
- Pain
 - alters reactions
- alters balance strategies
 available
- self-restricted activities
- Increased Fall Risk

Pathologies Affecting the Musculoskeletal System

- Arthritis
 - Reduces joint range of motion
 - less flexibility
 - stiff
- Joint pain
- Osteoporosis
- weak bones
- fracture BEFORE the fall
- Amyotrophic Lateral Sclerosis (ALS)
 - loss of nerve supply to the muscle
 - weakness
- Disuse
 - □ NOT A DISEASE
 - more sedentarymuscle weakness

Components of Balance

- Many systems contribute to maintaining balance
 - Sensory systems
 - Vestibular system
 - Musculoskeletal system
 - Cardiovascular system

Components of Balance: Cardiovascular System



- Adequate blood supply to the brain pumped against gravity in standing
- Adequate blood supply to the arms and legs



Pathology of the Cardiovascular System: Consequences

- May not keep brain adequately supplied
 - Changes in position
 - sitting up from laying down
 - sit to stand
 - dizziness
 - unsteady, insecure
 - syncope
 - falls
- Peripheral Supply
 - tissue ischemia distally
 - reduced sensation in feet and ankles

Pathologies Affecting the Cardiovascular System

Postural Hypotension¹¹

- Changing positions
 - lying down to sitting OR standing
 - Blood pressure drops
 - Dizzy, light headed, or may pass out
- May be influenced by medications
- Peripheral Vascular Disease
 - Sensory nerves to the feet and ankles
 - Reduced proprioception and pressure sensation

Components of Balance

- Many systems contribute to maintaining balance
 - Sensory systems
 - Vestibular system
 - Musculoskeletal system
 - Cardiovascular system
- Many elderly people have more than one system affected

Some Pathologies Affect More than One System

- Diabetes¹²
 - Sensory System
 - damages nerves
 - vision (retinopathy)⁷
 proprioception
 - pressure on the sole of the foot
 - reduces reaction time
 - Musculoskeletal

 - muscle metabolism
 - weakness
 - Cardiovascular
 - peripheral vascular disease
 - stocking-glove sensory loss
 hands and feet

Some Pathologies Affect More than One System (continued)

- Cancer
 - Specific to form of cancer
 - Location of the tumor(s)
 - Sensory System
 - Vestibular System
 - Musculoskeletal System
 - Cancer Treatment
 - Radiation and/or Chemotherapy
 - Sensory System
 - □ Musculoskeletal System

Some Pathologies Affect More than One System (continued)

- Stroke (Cerebrovascular Accident)
 - Typically one side of the body
 - Sensory System
 - vision
 - lose 1/2 field of vision
 - double vision
 - proprioception
 - touch
 - Musculoskeletal System
 - reduced motor control of arm and leg on affected side
 - Vestibular System
 - Brain Stem location

Additional Factors that Increase Fall Risk

- Normal Changes with Aging²
 - Changes within the proprioceptive receptors
 - Fewer touch receptors
 - Slowed nerve conduction velocity
- Changes in Cognitive Ability
 - □ Dementia^{11,13,14}
 - Alzheimer's Disease
 - $\hfill \square$ Age-associated changes 15,16
 - □ Reduced ability to make safe decisions^{13,17}
 - May not interpret environment adequately

Additional Factors that Increase Fall Risk (continued)

- Taking Multiple Medications
 - □ 4 or more medications¹⁰
 - □ ? interaction OR more systems involved
- Fear of Falling¹⁸⁻²⁰
- Footwear^{11,21,22}
- Changes in Walking Ability
 - □ Gait11,19
 - Most likely linked to other system changes
 - Sensory
 - Musculoskeletal

Implications for Reducing Fall Risk

- Screen to Identify Those at Risk16
- Understand the Pathologies
 - Treat to Restore Losses
 - Medication
 - Flexibility/Strength/Endurance Programs
 - Compensate for Impaired Balance Systems
 - Assistive devices (cane, walker)
- Understand Additional Factors Intrinsic and Extrinsic
- Education to Promote Safe Behavior
 - Who?
 - □ Elderly People Care Providers

 - What?
 - Fall Prevention □ Home/Community Safety

Summary

- Many Body Systems and Factors Influence Balance
- Pathology of One or More Systems May Reduce Balance
- Reduced Balance Increases the Risk for Falls
- Other Factors Also Increase Risk for Falls
- Comprehensive Screening and Intervention Needed
- Further Research is Needed

Cited References

- Lee HKM, Scudds RJ. Comparison of balance in older people with and without visual impairment. Age And Ageing. 2003;32(6):643-649.

 Shaffer SW, Harrison AL. Aging of the somatosensory system: a translational perspective. Physical Therapy. 2007;87(2):193-207.

 Schwartz S, Segal O, Barkana Y, Schwesig R, Avni I, Morad Y. The effect of cataract surgery on postural control. Investigative Ophthalmology & Visual Science.

 2005;46(3):250-254.
- 2005;44(3):920-924.
 Owsley C, McGwin G, Jr. Association between visual attention and mobility in older adults. Journal Of The American Geriatrics Society. 2004;52(11):1901-1906.
 Anand V, Buckley J, G. Scally A, Elliott DB. Postural stability changes in the elderly with cataract simulation and refractive blur. Investigative Ophthalmology & Visual Science. 2003;44(11):467-4675.
 Ray CT, Wolf SL. Review of intrinsic factors related to fall risk in individuals with visual impairments. Journal of Rehabilitation Research & Development.
 2008;45(8):1117-1124.

- 8.
- 2008;45(8):1117-1124.

 Pelletler AL, Thomas J, Shaw FR. Vision loss in older persons. American Family Physician. 2009;79(11):963-970.

 Lord SR, Menz HB, Tiedemann A. A physiological profile approach to falls risk assessment and prevention. Physical Therapy. 2003;83(3):237-252.

 Vidal P, Huijbregts P. Dizziness in orthopaedic physical therapy practice: history and physical examination. Journal of Manual & Manipulative Therapy. 2005;13(14):221-250.
- Jacobson GP, McCaslin DL, Grantham SL, Piker EG. Significant vestibular system impairment is common in a cohort of elderly patients referred for assessment of falls risk. Journal of the American Academy of Audiology. 2008; 19(1):798-807.
 Lin JT, Lane JM. Falls in the elderly population. Physical Medicine And Rehabilitation Clinics Of North America. 2005;16(1):109-128.

Cited References (continued)

- Lu F-P, Lin K-P, Kuo H-K. Diabetes and the risk of multi-system aging phenotypes: a systematic review and meta-analysis. Plos One. 2009;4(1):e4144-e4144.

 Vassallo M, Mallela SK, Williams A, Kwan J, Allen S, Sharma JC. Fall risk factors in elderly patients with cognitive impairment on rehabilitation wards. Geriatrics & Gerontology International 2009;9(1):41-46.

 Das CP, Joseph S. Falls in elderly. Journal Of The Indian Medical Association. 2005;103(3):136.
- Anstey KJ, Wood J, Kerr G, Caldwell H, Lord SR. Different cognitive profiles for single compared with recurrent fallers without dementia. Neuropsychology. 2009;23(4):500-508.
- Shumway-Cook A, Ciol MA, Hoffman J, Dudgeon BJ, Yorkston K, Chan L. Falls in the Medicare population: incidence, associated factors, and impact on health care. *Physical Therapy*, 2009:8
- Liu-Ambrose TY, Ashe MC, Graf P, Beattle BL, Khan KM. Increased risk of falling in older community-dwelling women with mild cognitive impairment. *Physical Therapy*. 2008;88(12):1482-1491.
 Boyd R, Stevens JA. Falls and fear of falling: burden, beliefs and behaviours. *Age And Ageing*. 2009;38(4):423-428.
- Delbaere K, Sturnieks DL, Crombez G, Lord SR. Concern about falls elicits changes in gait parameters in conditions of postural threat in older people. The Journals Of Gerontology. Series A, Biological Sciences And Medical Sciences. 2009;46(2):237-257.
- And Medical Sciences. 2009;64(2):237-242.
 2.0 Deshpande N, Metter EJ, Bandinelli S, Lauretani F, Windham BG, Ferrucci L. Psychological, physical, and sensory correlates of fear of falling and consequent activity restriction in the elderly: the InCHIANTI study. American Journal of Physical Medicine & Rehabilitation. 2008;87(5):354-362.
 21. Menant JG, Steele JR, Merz HB, Murno BJ, Lord SR, Optimizing footwear for older people at risk of falls. Journal of Rehabilitation Research & Development. 2008;45(8):1167-1181.
- Berry SD, Miller RR. Falls: epidemiology, pathophysiology, and relationship to fracture. Current Osteoporosis Reports. 2008;6(4):149-154.

Questions?



Image from: http://farm1.static.flickr.com/48/151075485_15a57a8fc0_m.jpg