**Appendix 1** Details of the group-based activities and exercises comprising the Fall Montya Activity Programme.

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| **Activity / Exercises and Explanation** | **Session content** |
| **Falls prevention education** comprised 10 to 15-minute discussions led by the physiotherapists and aimed to alert participants to their personal risk of falls and raise their knowledge about falls epidemiology and falls prevention. The content was based on an existing educational programme that was framed on the principles of health behaviour change.1 It also used locally available falls prevention resources, but where applicable these were tailored for people after stroke. A summary of the educational information was handed out in the form of leaflets and issued to the participants in a staggered way after each session. During S6 participants were issued with a local home falls safety checklist2 and asked to use this to make their home and surrounding environment safer. Actions taken and barriers addressed were discussed during S7. |  |
| **S1:** Discussion about experiences with, and feelings about, falls. Goal setting. |
| **S2:** Introduction of the falls diary and a falls awareness home activity. |
| **S3:** Discussion about modifiable falls risk factors: medication. |
| **S4:** Discussion about modifiable falls risk factors: vision. |
| **S5:** Discussion about modifiable falls risk factors: footwear. |
| **S6:** Review of the falls awareness home activity with the Stay on Your Feet® Home Safety Checklist (booklet). |
| **S7:** Review of, and discussion about, modifiable falls risk factors identified so far. |
| **S8:** Discussion about a falls management plan. |
| **S9:** Discussion about falls risk factors: osteoporosis management. |
| **S10:** Discussion about falls risk factors: (in)continence. |
| **S11:** Discussion about the benefits of physical activity. |
| **S12:** Review of the programme’s education discussions and outcomes of initial goal setting. |
| **FaME-based / Otago-based / T’ai-Chi exercises** were performed for 10 to 15 minutes per session as a warm-up and to offer the physiotherapists an opportunity to introduce the home exercises. The exercises included a set of different seated and standing exercises mainly for core mobility, dynamic balance, endurance and leg strength. Where necessary, exercises were tailored to, and performed at the discretion of, individual participants. During each session new home exercises were introduced. The home exercises were also handed out in the form of exercise leaflets and issued to the participants in a staggered way after each session. |  |
| **S1:** Sitting posture check & marches & trunk extension and rotationb & weight shift & quadsb, sit-to-stand. |
| **S2:** Sitting posture check & marches & ankle dorsiflexion & reaching to the floor, sit-to-stand, standing single and bilateral arm raises. |
| **S3:** Standing marches, sitting trunk extension/rotation & quads, standing posture check & body awareness & single/bilateral arm raisesb & front/side/back stepping. |
| **S4:** Standing marches, sitting quads & ankle dorsiflexion & reaching to floor on side and front, sit to standb, standing core activation & knee bends. |
| **S5:** Standing marches & trunk rotation, sit to stand, standing backward knee bends & knee bendsb & wall pull offs. |
| **S6:** Standing marches & upwards side stretch & side tapb & wide sway base & lunge & knee bends. |
| **S7:** Standing marches, sitting quads with weight, sit-to-stand, standing knee bends & trunk rotationb & picking up an object from the floor. |
| **S8:** Standing marches, sitting quads with weightb, standing upwards side stretch & wide sway base & stepping over an object, sit-to-stand. |
| **S9:** Standing marches & lunges & trunk rotation & wall pull offsb & one-legged swing & upward reach with knee bend. |
| **S10:** Standing marches & knee bends & front/side/backward lunges & one-legged swing & wide sway baseb, walking and turning. |
| **S11:** Introduction of T’ai-Chi. |
| **S12:** T’ai-Chi. |
| **Interactive gamefied exercises** were offered using a Kinect-based Exergame system and supervised by a trained physiotherapy student. This Exergame system (<http://mirarehab.com/product>) transformed existing physical therapy strength and balance exercises into a choice of personalised fun videogames. Individual participants took turns in playing selected games for two or three short bouts of approximately 5 minutes while the other participants were either watching or performing strength and balance exercises of their own choosing. |  |
| After a general introduction and demonstration of the Exergames during S1, the individual participants tried out different games in S2 and S3 until three or four suitable games were selected that suited the participant’s starting level of ability. The games mainly engaged participants in functional reach, hip abduction, hip frontal flexion, knee flexion, lateral weigh shifting, lunges and sit-to-stands exercises. From S4 onwards each participant followed their own programme with tailored progression (e.g. games with greater challenge and/or longer duration). From S7 onwards cognigames (i.e. games with an added cognitive component to the exercise movements) were added. |
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| **Getting on and off the floor, floorwork, safe landing & falls technique activities** were practiced in groups of two or three participants. In stepwise progression of duration and difficulty, 20 to 30 minutes per session were spent on exploring feelings of being balanced and off-balance, and teaching participants how to move if on the floor and how to safely get up from the floor. In the latter part of the programme, feelings of falling and techniques of how to fall safely were practiced. To ensure safety, all these activities/exercises were tailored to the individual, supervised and guided on a one-to-one basis. | **S1:** Introduction and demonstration of the getting on and off the floor / floorwork / safe landing & falls technique activities, and a discussion about the participants’ current ability to get on and off the floor. |
| **S2:** Assessment of the time needed to get on and off the floor if able to do it (assessment of how close the pelvis gets to the floor if not able to get all the way). Discussion about, and trying out options for, getting on and off the floor using different strategies. Participants to choose one strategy and attempt it if they feel comfortable. |
| **S3:** Practicing of on and off-floor strategies as planned in S2. Start of exploring the feeling of balance in standing. |
| **S4, S5, S6:** Practicing of on and off floor strategies whatever stage the participants are up to, exploring the feeling of balance in standing and exploring feelings of falling. |
| **S7:** Practicing of on and off floor using whatever stage the participants are up to, exploring the feeling of balance in standing and feelings of falling, and introduction of protective stepping. |
| **S8, S9:** Practicing of on and off floor using whatever stage the participants are up to, exploring the feeling of balance in standing and feelings of falling and practicing of protective stepping. |
| **S10:** Practicing of on and off floor using whatever stage the participants are up to, exploring the feeling of balance in standing and feelings of falling, practicing of protective stepping and introduction to controlled falling as participants choose. |
| **S11, S12:** Practicing of on and off floor using whatever stage the participants are up to, exploring the feeling of balance in standing and feelings of falling, practicing of protective stepping and practicing of controlled falling as participants choose. |
| A **social activity** of 15 to 20 minutes concluded each session. During this activity refreshments were offered, participants socially engaged with each other and the physiotherapists and peer-to-peer sharing of experiences was encouraged. |  |

**Note:** aFall Monty is wordplay for “the full Monty”, which is British slang meaning *"everything which is necessary, appropriate or possible; ‘the works”*, in this case the broad range of activities and exercises that were considered worthwhile to include in falls prevention programmes by the research team. This programme can be amended as deemed appropriate. bhome exercises.

**Abbreviations:** S, session.

**References (Appendix only)**

1. Hill A-M, McPhail SM, Waldron N, et al. Fall rates in hospital rehabilitation units after individualised patient and staff education programmes: A pragmatic, stepped-wedge, cluster-randomised controlled trial. *Lancet*. 2015;385(9987):2592-2599. doi:10.1016/S0140-6736(14)61945-0

2. Injury Matters. Stay on Your Feet® Home Safety Checklist. https://www.stayonyourfeet.com.au/wp-content/uploads/2018/10/ICCWA-Home-Safety-Checklist-12pp-v3-LR.pdf. Accessed December 1, 2019.