INTEGRATIVE PATIENT-CENTERED CARE

Dear Editor:

We would like to thank the authors of “Response to a Proposal for an Integrative Medicine Curriculum.”

We share their commitment to respectful collaboration among diverse health professionals, and are grateful for the thoughtful, detailed, constructive concerns and suggestions expressed in the paper.

The Consortium of Academic Health Centers for Integrative Medicine (CAHCIM) continues to evolve in its understanding and activities as it continues its basic commitment to patient-centered care. We welcome contributions such as this that will enhance future care and look forward to developing and strengthening our ACCAHC (Academic Consortium of Complementary & Alternative Health Care) and OCCIM (Oregon Collaborative for Complementary & Integrative Medicine) collaborations.

REFERENCES


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LETTERS TO THE EDITOR

A YOGA-BASED EXERCISE PROGRAM TO REDUCE THE RISK OF FALLS IN SENIORS: A PILOT AND FEASIBILITY STUDY

Dear Editor:

More than a third of adults ages 65 years or older fall each year, and nearly 13,000 people ages 65 and older died from fall-related injuries in 2003. People who survive falls often suffer from hip fracture, debilitating injury, decreased ability with daily activities, increased fear of activity, and depression. A Cochrane review of interventions to reduce fall risk identified multifactorial intervention programs addressing medications, professional home hazard modification, and professionally prescribed strength and balance training and a t'ai chi group exercise intervention as likely to be beneficial. Yoga would be an attractive preventive and therapeutic option if proved effective, in view of its nonpharmacologic nature and apparent benefit for strength and balance. The purpose of the present feasibility study was to evaluate whether a specifically designed yoga-based exercise program can reduce fall risk in older individuals.

Men and women ages 65 years and older were recruited from a retirement community. Participants provided written informed consent to participate in this study, which was approved by the Scripps institutional review board. Participants then underwent eligibility evaluation that included a health questionnaire, history of falls, and fall-related injuries. The Folstein Mini-mental State Examination (MMSE) and Tinetti Performance Oriented Mobility Index tests were used to ensure that participants could follow directions and were suitable candidates for participation in the exercise intervention. These tests were chosen for their common use in screening cognitive function and fall risk in frail elderly people. After medical histories were reviewed, subjects that met the study criteria completed the MMSE and Tinetti test. All participants that passed the medical screening also passed the MMSE (score > 27) and Tinetti Screening (score > 25).

Potential participants were excluded if they were unable or unwilling to complete the baseline assessment, or did not meet the study criteria. Exclusion reasons included: being age less than 65; reporting bodily pain greater than 4 on a scale of 0–10; or having a recent stroke, neurologic deficits involving lower extremities, symptomatic cardiopulmonary disease, metabolic syndrome, severe depression, concurrent use of antidepressants, severe osteoarthritis or osteoporosis, hip arthroplasty, active inflammatory arthropathy, or significant collateral ligament, anterior cruciate ligament or meniscal injury with biomechanical instability of the knee.

Individuals who qualified to participate in the study were assessed by using the Berg Balance Scale (BBS), One Leg Standing Test (OLST), and the Activities-specific Balance Confidence Scale (ABC Scale). The reliability and validity of the BBS in assessing balance have been documented, both
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