bgs.org.uk/WFC26

3rd WORLD FALLS CONGRESS

24-26 June 2026

Manchester University, UK

BGS British Geriatrics Society Improving healthcare for older people

World Falls Prevention Society

EUROPEAN FALLS FESTIVAL

PROGRAMME
overview and information

With grateful thanks to our sponsors

Finapres Medical System and NIHR

Our sponsors have provided a sponsorship grant towards this independent programme. They have had no editorial input into or ontrol over the agenda, content development or choice of speakers, nor opportunity to influence. They have not had any input or influence as to the content of the programme.

Discover **Manchester**

Host city

Energetic, diverse, and individual, Manchester is a city with true character.

First finding global fame as the heart of the Industrial Revolution, Manchester has a proud history in science, politics, music, arts, and sport. This is the city where the atom was first split, where the world's first passenger railway was opened, and where the modern computer was invented. It's where bands like the Smiths, Oasis, Joy Division, and the Stone Roses were inspired to write music that moved the world. It's the birthplace of modern vegetarianism, atomic theory, women's suffrage, and thermodynamics. It's where Emmeline Pankhurst, Alan Turing, LS Lowry, and Anthony Burgess called home.

Exploring Manchester city centre you'll find it packed with remnants of this history but also unique and independent restaurants, bars, shops, museums, galleries, and hotels, all gathered in districts with their own distinct personalities.

Further out from the city, the surrounding boroughs of Greater Manchester offer some entirely different experiences including charming market towns, traditional country pubs and beautiful green spaces and waterways.

For those participants who wish to extend their stay, Manchester is perfectly placed to explore Great Britain and the delights of Northern England, including National Parks, stately homes, and stunning landscapes.

Marketing Manchester Convention Bureau is the official accommodation booking provider for the World Falls Congress 2026.

We are delighted to offer specially negotiated accommodation rates for delegates and visitors. This accommodation website will be open until 27th May 2026; however early booking is recommended to ensure you are able to book your preferred hotel.

Book directly with Visit Manchester

Wednesday **24 June**

Day 1 At a glance

Use the table below to help plan how you will spend your first day at the conference. More detailed information about the sessions in each stream can be found on the following pages.

	STREAM 1	STREAM 2	STREAM 3	STREAM 4
12.00	**Registration**			
13.00 - 14.00	**Poster presentations**			
13.30	**Sponsored symposium**			
14.00 - 15.00	**From Research to Reality** Task-Specific Exercise and AI-Enabled Innovations in Fall Prevention	**Prevention** ProFaNE: 25 years on	**LMIC** Implementing World Falls Guidelines Recommendations in Low to Middle-Income Countries: Gaps, Contextual Adaptations, and Pathways Forward	**Prevention** "Falling Competence" - Rediscovering the Missing Piece in Falls Injury Prevention
15.00	**Free time**			
15.00	**Poster presentations**			
15.30-16.30	**Analogue to digital** Implementation of exergame training for falls prevention across different settings	**Treatment** Closing the gap: Aligning evidence, protocols, and practices in post-fall management for older adults	**Prevention** What Works in Implementing the World Falls Guidelines in Clinical Practice: Lessons from Australia, Sweden and Norway	**Research into Practice** Reactive Balance Training: Translating Research into Practice and Using Clinical Questions to inform Research Design
16.30	**Welcome and Opening Address**			
17.30	**Social programme: Networking** Meet your peers			

Thursday **25 June** — **Day 2** At a glance

Use the table below to help plan how you will spend your second day at the conference.

	STREAM 1	STREAM 2	STREAM 3	STREAM 4
08.30 - 09.30	**Poster presentations**			
9.30 - 11.00	**Invited speakers** **09.30 eFall prediction** Professor Andrew Clegg, Professor of Geriatric Medicine, University of Leeds & Bradford Royal Infirmary **10.00 Bridging the Gap: Falls Prevention in Low- and Middle-Income Countries** Professor Devinder Kaur Ajit Singh, senior lecturer and member of Center for Healthy Aging and Wellness, Faculty of Health Sciences, Universiti Kebangsaan Malaysia **10.30 Low risk does not mean no risk - approaches to older adults at low risk of falling.** Professor Manuel Montero-Odasso, Geriatrician, Western University, Canada			
11.00	**Free time including Poster Presentations and Technology Booth**			
11.30 - 13.00	**FFN** Invited Symposium Falls prevention following fragility fractures	**Prevention** Challenges and Opportunities in Falls Assessments Outcomes in Clinical Practice and Research	**Hospital to community** 2025 Cochrane Collaboration review on falls prevention in care facilities	**LMIC** Falls-related Practice and Research in Asia
13.00	**Lunch including Poster Presentations and Technology Booth**			
13.30	**Sponsored symposia**			
14.00 - 15.30	**EuGMS** Invited Symposium Integration of falls and fracture care in older adults. From evidence to innovation and implementation across Europe	**Prevention** A fresh look at fall prevention: safer mobility behaviour and functional cognition	**Oral presentations**	**LMIC** Falls and Geriatrics Syndromes Across Four Asian Countries
15.30	**Free time including Poster Presentations and Technology Booth**			
16.00	**16.00 Reactive Balance and Virtual Reality Training to Prevent Falls** Dr Yoshiro Okubo, Conjoint Senior Lecturer, Neuroscience Research Australia (NeuRA) **16.30 Healthy Ageing e-Health interventions** Professor Cathie Sherrington, Professor and NHMRC Leadership Fellow, University of Sydney **17.00 Falls prevention exercise as medicine: Fidelity and dose matter!** Professor Dawn Skelton, Professor of Ageing and Health, Glasgow Caledonian University			
17.30	**Sponsored symposium**			
19.30	**Social programme: Dinner**			

Friday **26 June**

Day 3 At a glance

Use the table below to help plan how you will spend your second day at the conference. More detailed information about the sessions in each stream can be found on the following pages.

	STREAM 1	STREAM 2	STREAM 3	STREAM 4
08.00	**Registration**			
08.30	**Free time including Poster Presentations and Technology Booth**			
9.30 - 11.00	**Invited speakers** **09.30 Concerns about falling as a risk for future falls: New findings and clinical guidelines** Dr Toby Ellmers, Wellcome Trust Sir Henry Wellcome Fellow, Imperial College London **10.00 Syncope and Cardiovascular disease and the link to falls** Dr Lara Mitchell, Consultant Physician Older People's services QEUH, NHS Glasgow and Greater Clyde, National Clinical Lead Frailty HIS,Scottish Quality & Safety Fellow c12 **10.30 A&E and Falls** Dr Louise Tomkow, Consultant Geriatrician, Salford Royal Hospital			
11.00	**Free time including Poster Presentations and Technology Booth**			
11.30 - 13.00	**IOF + ESCEO** Invited Symposium Falls and musculoskeletal health in the context of long-term conditions and global disparities	**Analogue to Digital** How machine learning, AI and LLMs can improve our understanding of the causality of falls	**Prevention** Concerns about falling: Causes, consequences and clinical guidance	**Research to Reality** Translating Evidence Into Action: The Real-World Challenges Of Falls Management In Lmics
13.00	**Lunch including Poster Presentations and Technology Booth**			
13.30	**Business Meeting of World Falls Group**			
14.00 - 15.30	**Research to Reality** Implementation of falls prevention exercise programmes across the UK, Ireland, Spain and Brazil	**Analogue to Digital** Wearable Technologies for Fall Risk Assessment: Closing the Evidence Gap	**Prevention** Evidence Lost in Translation: Addressing Implementation Gaps in Falls Prevention in Community	**Hospital to Community** From Clinic to Community: Translating observations of gait into real-world impact for assessing fall risk in ageing and neurodegeneration.
15.30	**Free time including Poster Presentations and Technology Booth**			
15.45	**Invited speakers** **15.45 Osteoporosis and Fracture Risk Management in sub-Saharan Africa** Professor Celia Gregson, Professor of Clinical Epidemiology, NIHR Global Health Research Professor of Healthy Ageing, Honorary Consultant Geriatrician, University of Bristol, Royal United Hospital Foundation Trust Bath, The Health Research Unit of Zimbabwe (THRU ZIM), Biomedical Research and Training Institute, Harare, Zimbabwe **16.15 Implementation considerations for balance assessment and measurement** Professor Kathryn Sibley, Kinesiologist, University of Manitoba *(remote)* **16.45 Vit D and Falls/fractures** Professor Bo Abrahamsen Consultant Endocrinologist, Holbæk Hospital			
17.30	**Close of conference**			

Invited Speaker

Professor Andy Clegg

Professor of Geriatric Medicine

University of Leeds, honorary consultant geriatrician at Bradford Royal Infirmary

- eFalls predictions

Professor of Life Course Development and Ageing Trinity College Dublin
Andy is Professor of Geriatric Medicine at the University of Leeds, honorary consultant geriatrician at Bradford Royal Infirmary and Associate Director of Health Data Research UK North (HDRUK North). He leads a research theme focused on improving care for older people with frailty as part of the NIHR Applied Research Collaboration Yorkshire & Humber (NIHR ARC YH). Andy also leads a number of NIHR funded studies: a Programme Grant to optimise and evaluate personalised care planning for older people with frailty (PROSPER); the Home-based Extended Rehabilitation for Older People (HERO) trial, and the Community Ageing Research 75+ (CARE 75+) national cohort study.

Andy has considerable expertise in research using routine health data. He led the development, validation and national implementation of the award winning and NICE-recommended electronic frailty index (eFI), and is currently leading work to develop eFI2 as part of NIHR ARC YH. Andy is also leading the NIHR HTA-funded eFI+ project, building on the eFI to develop four integrated prognostic-decision models to better target interventions (community rehab, falls prevention, community CGA and advance care planning) for people with frailty.

In his role as Associate Director of HDRUK North, Andy is leading the development, validation and evaluation of an anticholinergic medication index using prognostic modelling methods.
Epidemiology research group.

- Falls prevention in LMIC

Invited Speaker

Professor Dr Devinder Kaur Ajit Singh

Professor of Geriatric Physiotherapy, Centre for Healthy Ageing & Wellness, Faculty of Health Sciences, Universiti Kebangsaan Malaysia

Professor Dr. Devinder Kaur Ajit Singh is a distinguished researcher at the Centre for Healthy Ageing and Wellness and a lecturer in the Physiotherapy Program, Faculty of Health Sciences, Universiti Kebangsaan Malaysia. Former Chair of the Centre, she has led interdisciplinary teams in advancing geriatric research across Malaysia. With 16 years in clinical practice under the Ministry of Health and over 20 years in academia, she brings a rare blend of practical and scholarly expertise. Earning her PhD from the University of Brighton in 2009, she has become a leading voice in geriatric physiotherapy in the Asian region. Her innovations in falls prevention include FallSA©, a mobile self-assessment falls risk tool, and community-based exercise programs such as WE-RISE™ and WE-SURF™. An active contributor to the World Guidelines for Falls Prevention for low- and middle-income countries, she currently serves on the executive boards of the World Falls Society and the ASEAN Falls Network.

Invited Speaker

Professor Manuel Montero-Odasso

Professor, Departments of Medicine (Geriatric Medicine) and Epidemiology and Biostatistic, University of Western Ontario, and Director of the Gait & Brain Lab at Parkwood Institute in London, Ontario

• Low risk does not mean no risk

Manuel Montero-Odasso (MD, PhD, FRCPC, AGSF, FGSA, FCAHS) is an internist, geriatrician, and clinician-scientist. He is currently a Professor in the Departments of Medicine (Geriatric Medicine) and Epidemiology and Biostatistics at the University of Western Ontario, and the Director of the Gait & Brain Lab at Parkwood Institute in London, Ontario.

Dr. Montero-Odasso has extensive clinical, teaching, and research expertise in caring for older adults who are vulnerable to falls and cognitive impairment. His research focuses on the interaction between cognitive and motor decline with aging and neurodegeneration, particularly in predicting dementia, falls, and frailty. As the team leader of the Canadian Consortium on Neurodegeneration in Aging (CCNA), he leads clinical trials, including the SYNERGIC Trials (SYNERGIC Trials), which aim to delay dementia and falls in individuals with Mild Cognitive Impairment through personalized medicine and multidomain lifestyle interventions.

He is also the Chair of the World Fall Guidelines , an initiative that brought together 93 international experts from 40 countries to develop and validate clinical practice guidelines for fall prevention and management. Dr. Montero-Odasso has published over 250 articles in peer-reviewed journals, with his work being highly impactful—he was ranked among the World's Top 2% of scientists in 2023, according to a Stanford University report. He is also the editor and author of over 30 books and book chapters. His research program has secured over $12 million in peer-reviewed funding from organizations such as CIHR, CCNA, and the Weston Brain Institute.

Dr. Montero-Odasso has received numerous national and international accolades, including the American Geriatrics Society New Investigator Award, the Schulich Clinician Scientist Award, the Premier of Ontario Excellence Research Award, and the CIHR New Investigator Award. He has delivered over 100 international keynote presentations. In 2019, he was recognized as one of the Top 10 Most Influential Hispanic Canadians for his contributions to medicine and science. Dr. Montero-Odasso currently is a past President of the Canadian Geriatrics Society.

• Reactive Balance and Virtual Reality Training

Invited Speaker

Dr Yoshiro Okubo,
Research Fellow and Conjoint Senior Lecturer
School of Population Health, University of New South Wales

Dr Yoshiro Okubo is a Senior Research Fellow at the Falls, Balance and Injury Research Centre, NeuRA, and a Conjoint Senior Lecturer at the School of Population Health, UNSW Sydney. He received his PhD in Sports Medicine from the University of Tsukuba, Japan. Dr Okubo leads an innovative research program on reactive balance and falls prevention, specialising in task-specific interventions including perturbation-based training (PBT), reactive balance training (RBT), and virtual reality (VR). His translational work has led to the development of novel training and assessment tools, including the Trip and Slip Walkway, the HoloWalk VR obstacle avoidance training program, the ReacStep clinical RBT program, and the iLEAN reactive balance assessment tool. He is the senior author of the seminal paper, Perturbation-based balance training: Principles, mechanisms and implementation in clinical practice.

Invited Speaker

Professor Cathie Sherrington

Professor at Sydney School of Public Health, The University of Sydney

- Healthy Ageing e-Health interventions

Prof Sherrington leads the 40-person Physical Activity, Ageing and Disability Research Stream within the Institute for Musculoskeletal Health (based at the Sydney Local Health District) and is Deputy Director of the Institute.
Prof Sherrington's research focuses on the promotion of physical activity and the prevention of falls in older people and people with chronic disabling conditions. Prof Sherrington has authored 385+ refereed journal articles including reports of 50 clinical trials (20 with NHMRC funding) and 32 systematic reviews.

Prof Sherrington has secured over $34 million in research funding, including 14 NHMRC/MRFF grants as lead Chief Investigator. She currently leads several major projects, including PROMOTE-PA (a multi-partner health promotion trial), PROTECT (fall prevention implementation in hospitals), as well as the NHMRC Centre of Research Excellence in Prevention of Fall-related Injuries.

Her work has informed global and national policies, contributing to WHO physical activity guidelines, NHS toolkits in the UK, evaluations in Canada, and NSW Health strategies. She holds an NHMRC Investigator Grant (Leadership Level 3), is a Fellow of both the Australian Academy of Health and Medical Sciences and the Australian College of Physiotherapists, and received the 2023 NSW Premier's Prize for Science (Biomedical).

Invited Speaker

Professor Dawn Skelton,

Professor of Ageing and Health,
Glasgow Caledonian University

- Falls prevention exercise as medicine: Fidelity and dose matter!

Dawn Skelton is Professor of Ageing and Health in the Research Centre for Health (ReaCH) in the School of Health and Life Sciences at Glasgow Caledonian University. She co-leads the Ageing Well Research Group. She is a Fellow of the Royal College of Physicians of Edinburgh and an Honorary Fellow of the Chartered Society of Physiotherapy. Dawn is also an Honorary Professor with NHS Lanarkshire, where she is a member of the Falls Prevention Strategy Group.
As an Exercise Physiologist, she has a keen interest in exercise rehabilitation within a falls prevention scope, from the hospital-based physiotherapy delivery to the community-based specialist exercise instructor provision. Her current research ranges from motivation and patient preference to engaging the very frail, increasing adherence to long-term exercise and working with the pre-frail to prevent poor outcomes later. Implementation, fidelity and quality of evidence-based interventions when delivered in different settings is also her passion. Whilst specialising in randomised controlled trials, she often leads mixed methods studies and is a lead and co-author on multiple Cochrane Systematic Reviews.

Recent research includes NIHR-funded programme grants in exercise as an intervention for frailty (HomeHealth), falls prevention (VIOLET/NIHR, PhISICAL/NIHR, MIRA/Innovate UK). Work on co-creation to improve acceptability has been funded by Wellcome (Strong and Balanced Offer) and EC Horizon 2020 ITN (HealthCascade). She works closely with colleagues in Norway and Ireland on exercise following discharge from hospital and those receiving care at home, and colleagues in Sweden on smartphone provision of falls prevention exercise. Current work includes spreading and implementing FaME in the UK (FLEXI/ARC) and Ireland (FaME Ireland/HRB), maintaining activity after FaME (KESS/Orthopaedic Research UK), effectiveness of KOKU (NHS England) and an aquatic falls prevention programme (AquaSteps/CSO). In 2017 she received the British Geriatrics Society Marjory Warren Lifetime Achievement Award for her work in translating falls prevention research into practice. She has also been honoured with an honorary medical doctorate (MD) from Umea University for her work in functional exercise with older people. Finally, Dawn is a Director of the not-for-profit training company Later Life Training, which provide training in FaME, Otago, REACT, Care to Move and the Functional Fitness MOT to health and fitness professionals across the UK and Ireland.

Invited Speaker

Dr Lara Mitchell

Consultant Physician Older People's services, QEUH, NHSGGC
National Clinical Lead Frailty HIS
Scottish Quality & Safety Fellow c12

- Syncope and Cardiovascular disease and the link to falls

Dr Lara Mitchell is a Consultant Geriatrician at Queen Elizabeth University Hospital (QEUH), Glasgow. Her interests are frailty and cardiovascular health in the older adult. She set up a syncope service in 2005 and has grown the service with her colleague Dr Anderton they run a weekly Rapid Access Syncope Service (RASCL) and monthly MDT (cardiology, neurology and cardiac physiologists). She is a Scottish quality and safety fellow and is committed to improving systems of care for the older adult. She is previous chair of Cardiovascular BGS. She is National Clinical Lead for Acute at Healthcare Improvement Scotland

Invited Speaker

Dr Toby Ellmers

Wellcome Trust Sir Henry Wellcome Fellow, Imperial College London

- Fear of falling

Dr Toby Ellmers is currently a Wellcome Trust Sir Henry Wellcome Fellow at Imperial College London, where he is exploring the psychological factors contributing balance disorders in older adults. He has recently been awarded the "Promising Scientist Award" from the International Society of Posture and Gait Research (ISPGR) and the "Rising Star Award" from Vivensa Foundation (formerly Dunhill Medical Trust) for this work. He is the Co-Lead of the 'Concerns about Falling' Working Group within the World Falls Guidelines initiative, and regularly lectures and presents on these topics.

Invited Speaker

Dr Louise Tomkow

Consultant Geriatrician, Salford Royal

- Falls presenting to A&E

Louise spends 50% of her time working at Salford Royal at the Greater Manchester Major Trauma Hospital as a Geriatrician and 50% of her time undertaking research at the University of Manchester. Louise graduated from the University of Liverpool in 2008 and became a member of the Royal College of Physicians in 2012. Louise has spent time volunteering as a doctor in Malawi and India and has a MA with distinction in Humanitarianism and Conflict Response. In 2019 she was awarded a PhD at the Humanitarianism and Conflict Response Institute. Her ESRC-funded doctorate examined how forced migration impacts health in later life, and therefore integrated her interests of migration, ageing, health and inequalities. Louise was awarded an NIHR academic clinical lectureship in 2019, where she led research projects include the NIHR-funded projects 'Improving discussions about resuscitation for bereaved relatives in COVID-19'; 'Palliative and End of life Care experiences of people of African and Caribbean descent during COVID-19 (PEACE)'; Diverse experiences of end of life care with dementia; and work exploring the healthcare of asylum seekers in multiple occupancy accommodation during Covid-19. Louise has worked as a volunteer Medico-Legal Report writer for Freedom from Torture and an active is part of Medact Manchester, group of healthcare professionals who campaign on issues of social justice and health. She currently leads a programme of health seminars in Rochdale, aimed at reducing health inequalities.

About the speakers

Information

Invited Speaker

Professor Celia Gregson

Professor of Clinical Epidemiology, NIHR Global Health Research Professor of Healthy Ageing, & Honorary Consultant Geriatrician
Co-director, The Health Research Unit of Zimbabwe (THRU ZIM), The Biomedical Research and Training Institute, Harare, Zimbabwe

- Osteoporosis and fracture risk management

Celia Gregson is a Professor of Clinical Epidemiology, a consultant geriatrician and a NIHR Global Health Research Professor of Healthy Ageing in sub-Saharan Africa. She leads the Global Health and Ageing Research Unit at the University of Bristol, UK and co-directs The Health Research Unit Zimbabwe (THRU-Zim) within the Biomedical Research and Training Institute (BRTI) in Harare. She is a Consultant Orthogeriatrician and chairs the UK National Osteoporosis Guideline Group. Her research includes global musculoskeletal health and the implementation of ageing intervention in African contexts. She leads the KOSHESAI study that aims to implement community-based health checks for older people in Zimbabwe.

Invited Speaker

Professor Kathryn Sibley

Dr Kathryn M. Sibley, PhD, Canada Research Chair in Integrated Knowledge Translation in Rehabilitation Sciences

- Balance outcome measures

Dr Kathryn (Kate) Sibley (she/her) is a settler Canadian and professor in Community and Global Health and Occupational Therapy at the University of Manitoba in Winnipeg. She holds degrees in kinesiology, rehabilitation and medical sciences and postdoctoral training in knowledge translation. Kate's research aims to optimize fall prevention and rehabilitation services for older adults and she works with organizations, clinicians, and community partners throughout her work.

Invited Speaker

Professor Bo Abrahamsen

Consultant Endocrinologist, Professor, Holbæk Hospital

- Vit D and Falls/fractures

Bo Abrahamsen is an endocrinologist by training and primarily treats patients with osteoporosis, metabolic bone diseases and parathyroid disorders. He attended Medical School in Odense, Denmark and Experimental Pathology at St. Andrews, UK, and did part of his PhD lab work in Worcester, MA, USA.
Consultant Endocrinologist at Holbæk Hospital and Professor of Clinical Database Research at the University of Southern Denmark, and a Visiting Professor in Musculoskeletal Epidemiology at University of Oxford. President of the European Calcified Tissue Society 2020-2022. His research interests include fracture- and lifecourse epidemiology, and the safety and efficacy of anti-osteoporosis drugs and supplements. Professor Abrahamsen served on both ASBMR Task Forces on Atypical Femur Fractures, received the Golden Femur award in 2010, is a member of the CSA of the International Osteoporosis Foundation and has been a member of the Board of Directors of the American Society for Bone and Mineral Research.

Detailed information on Day 1 Stream 1

	STREAM 1
12.00	**Registration**
13.00	**Poster Presentations**
14.00 - 15.00	**From Research to Reality** **Task-Specific Exercise and AI-Enabled Innovations in Fall Prevention** Moderator: Michael Schwenk, PhD, Department of Sport Science, University of Konstanz, Germany, Falls occur when older adults must react within fractions of a second to unexpected balance disturbances—yet most traditional programmes do not train these real-world demands. This gap has led to task-specific step-ping interventions, with perturbation-based balance training representing the most direct and effective ap-proach. Thanks to recent technological advances, these methods can now be delivered safely and feasibly in routine clinical and community settings. As such approaches enter practice, accurate and scala-ble assessment becomes essential. AI-based, marker-less movement analysis offers a major advance by cap-turing balance control and stepping responses from simple video recordings. Low-cost, single-camera sys-tems support personalised clinical decisions and broaden the applicability of reactive-stepping training. Building on this, digital stepping and exergaming pro-grammes transfer task-specific principles into accessible home-based interventions. Developed through user-centred and AI-informed design, platforms such as Sen-soFlex integrate adaptive motor-cognitive challenges and personalised feedback, enhancing engagement, adherence, and functional outcomes. Effective fall prevention must also address non-physical risk factors. AI-supported clinical decision systems help clinicians identify and deprescribe fall-risk–increasing medications, ensuring that pharmacological contributors are tackled alongside functional impairments. Together, these components—task-specific reactive-stepping training, AI-enabled assessment, digital exergaming in-terventions, and AI-assisted medication management—form a coherent pathway from research innovation to practical implementation and strengthen the integration of modern fall-prevention strategies into everyday care. **Saskia Neumann, MSc, DartLab, Lake Lucerne Insti-tute, Switzerland** **Bringing Perturbation-based Balance Training from the Lab to Everyday Clinical Settings** Saskia Neumann offers an applied perspective by showing how perturbation-based balance training can move from controlled laboratory settings into everyday environments. She highlights practical implementation strategies, mobile technology support, and opportunities for wider adoption in prevention and rehabilitation, strengthening the translation of research evidence into real-world clinical practice. **Michael Schwenk, PhD, Department of Sport Sci-ence, University of Konstanz** **AI in Motion: Validity of Markerless Single-Camera Gait Analysis Under Perturbed Walking Conditions** Michael Schwenk provides a technology-focused perspective by evaluating how artificial intelligence and markerless video analysis capture gait under challenging, perturbed conditions. His work demonstrates the potential of low-cost, scalable tools to detect reactive balance responses, offering new possibilities for objective monitoring and fall-risk assessment beyond traditional laboratory infrastructures. **Eleftheria Giannouli, PhD, Department of Health Sciences and Technology, ETH Zurich** **Development and Evaluation of a User-Centered Exergame-Based Telerehabilitation System for Falls-Prevention in Older Adults** Eleftheria Giannouli introduces a user-centered, iterative approach to developing task-specific exergame-based cognitive-motor training for fall prevention. By integrating older adults' needs from inception to evaluation, and demonstrating feasibility, adherence, and cognitive benefits in a pragmatic RCT, it offers an evidence-based, technology-enabled pathway for real-world fall-prevention implementation. **Lotta Seppala, PhD, Amsterdam UMC, The Netherlands** **AI-Enhanced Deprescribing: Decision Support Systems to Reduce Fall-Risk-Inreasing Medications** Lotta Seppälä contributes providing a clinical-pharmacological perspective by demonstrating how AI-based clinical decision support system can optimize clinical care aimed at preventing medication-related falls. They highlight how decision support systems can contribute to personalized and person-centered medication optimization.
15.00	**Free time**
15.00	**Poster Presentations**
15.00	**Technology Booth**

Detailed information on Day 1 Stream 1

	STREAM 1
15.30-16.30	**Analogue to digital** **Implementation of exergame training for falls prevention across different settings** Moderator: Eleftheria Giannouli, PhD, ETH Zurich, Department of Health Sciences and Technology, Falls prevention in older adults requires scalable, engaging, and adaptable interventions addressing motor and cognitive risk factors. Exergames (digital applications combining exercise with game-based feedback) offer a promising way to deliver targeted training, enhance motivation, and individualize progression. This symposium brings together four perspectives on implementing exergame-based approaches across community settings, long-term care facilities, psychiatric hospitals, and acute hospital wards, illustrating how technology-supported training can be tailored to diverse needs and capacities. The session will also include live demonstrations of selected exergame systems, allowing attendees to try them firsthand and gain practical insight into their therapeutic potential. Together, these contributions demonstrate the versatility, feasibility, and translational relevance of exergame-based interventions and outline key opportunities for integrating digital solutions into multidisciplinary falls-prevention strategies. **Daina Sturnieks,Neuroscience Research Australia** **Exergame and cognitive training for preventing falls in community-dwelling older people: a randomized controlled trial** Associate Professor Sturnieks provides a population-level perspective, presenting robust randomized controlled trial data on the effects of exergame and cognitive training on the incidence of falls in community-dwelling older adults. Her work uniquely addresses large-scale implementation, adherence, and translation of technology-based interventions into community fall prevention programs for cognitively healthy, independently living populations. **Eleftheria Giannouli, ETH Zurich, Switzerland** **A Machine Learning Approach to Personalized Cognitive-Motor Exergame Training in Residents of Long-Term Care Facilities with Cognitive Impairments** Dr Giannouli offers a bottom-up implementation perspective from the side of nursing home staff, presenting a machine learning framework that personalizes exergame selection for residents with cognitive impairments. This approach enhances engagement and optimizes time resources by enabling caregivers to identify in advance which exergames are appropriate for each individual. **Rieke Trumpf, LVR Hospital Cologne, Germany** **Feasibility of exergame-based motor-cognitive training in older adults with depression receiving psychiatric inpatient treatment: a pilot randomized controlled trial** Dr Trumpf contributes a clinical mental health perspective by evaluating the feasibility of motor-cognitive exergame training among older depressive inpatients. Her work expands the application of exergaming to psychiatric rehabilitation, addressing motivation, mood-related barriers, and the integration of physical-cognitive training into therapeutic hospital routines. **David Beckwee, Vrije Universiteit Brussels, Belgium** **Insights on the User Experience and Feasibility of an Electromyography-Driven Exergame Combined With Blood Flow Restriction for Strength Training in Hospitalized Older Adults: Mixed Methods Randomized Controlled Feasibility Study** Professor Beckwee adds a rehabilitation-focused and methodological perspective through a mixed methods randomized controlled trial of an electromyography-driven exergame combined with blood flow restriction in hospitalized older adults. His research provides critical insights into user experience, physical outcomes, and safety considerations in early-stage hospital-based strength and fall prevention interventions.
16.30	**Sponsored symposium**
17.30	**Social programme: Networking** Meet your peers

Detailed information on Day 1 Stream 2

	STREAM 2
12.00	**Registration**
13.00	**Poster Presentations**
14.00 - 15.00	**ProFaNE: 25 years on** Moderator: Chris Todd, Professor, The University of Manchester In spring 2001 the European Commission convened a group of researchers and clinicians under the FP5 funding programme to draw up an agenda for falls prevention in Europe. Following the final meeting in September 2001 EC published a call to research, consolidate and disseminate good fall prevention practice. The Prevention of Falls Network Europe (ProFaNE) was funded and initiated in 2003. The original ProFaNE group comprised 24 members from 13 EU countries, organised into 4 work-packages The symposium provides an overview of fall prevention in EU in 2000s; assesses the work of ProFaNE's 4 work-packages across original countries and those that joined; considers strengths and weaknesses of ProFaNE; assesses the legacy of ProFaNE in terms of how fall prevention research and practice has developed and ProFaNE's influence. Presentations by ProFaNE work-package leaders/members **Professor Chris Todd, Professor, The University of Manchester and Dawn Skelton, Prof, Glasgow Caledonian University** **ProFaNE: An introduction** **Professor Sallie Lamb, Prof,essor University of Exeter and Professor Clemens Becker, Professor, Universität Heidelberg** **Taxonomy and classification** This will describe the work of work-package 1 and how it interacted with the rest of ProFaNE, identifies the impact of the work over the last two decades and reflects on how we might have improved on the process and outcomes. **Professor Jacqui Close, Prof, NeuroScience Research Australia and Professor Sirpa Hartikainen, Prof, Itä-Suomen yliopisto'** **Clinical assessment and management** In this talk, work-package 2 is covered and how it interacted with the rest of ProFaNE, identifies the impact of the work over the last two decades and reflects on how we might have improved on the process and outcomes. **Professor Wiebren Zijlstra, Professor, Deutsche Sporthochschule Köln and Professor Kamiar Aminian, Prof, Ecole polytechnique fédérale de Lausanne** **Assessment of balance function** This talk presents the work of work-package 3 and how it interacted with the rest of ProFaNE, identifies the impact of the work over the last two decades and reflects on how we might have improved on the process and outcomes. **Professor Chris Todd, Professor, The University of Manchester and Professor Lucy Yardley, Prof, University of Bristol, Psychological aspects of falling** will talk about work-package 4 and how it interacted with the rest of ProFaNE, identifies the impact of the work over the last two decades and reflects on how we might have improved on the process and outcomes. **Professor Stephen Lord, Professor, NeuroScience Research Australia** **ProFaNE's influence: An outsider's assessment** A critical review and consideration of the legacy of ProFaNE from outside of the original group.
15.00	**Free time**
15.00	**Poster Presentations**
15.00	**Technology Booth**

Detailed information on Day 1 Stream 2

	STREAM 2
15.30 - 16.30	**Treatment** **Closing the gap: Aligning evidence, protocols, and practices in post-fall management for older adults** Moderator: Tahir Masud, Professor of Geriatric medicine, Nottingham University Hospitals NHS Trust, Nottingham, United Kingdom Post-fall management is a critical yet often underexplored component of falls prevention and treatment in older adults. While falls are a leading cause of morbidity and healthcare utilization, structured post-fall care offers an opportunity to address underlying risk factors, reduce hospital visits, optimize recovery, and prevent recurrence. Comprehensive post-fall assessment enables clinicians to design individualized interventions that improve both immediate and long-term outcomes. Despite its importance, post-fall management remains inconsistently implemented across care settings. Evidence on effective strategies is limited, and existing protocols vary widely in scope and quality. The World Falls Guidelines advocate for systematic post-fall assessment in hospitals and care homes, emphasizing identification of fall mechanisms, injuries, and risk factors, as well as adjustment of care plans to avoid unnecessary hospital transfers. However, translating these recommendations into practice requires context-sensitive approaches and multidisciplinary collaboration. This symposium will critically examine the current state of post-fall management from four complementary perspectives: (1) a literature overview, (2) an overview of global guideline recommendations, and (3 & 4) empirical insights from two local contexts. By integrating international evidence, expert consensus, and local realities, the session aims to identify gaps, stimulate debate, and propose actionable strategies for improving post-fall care for older adults in healthcare settings. Interactive polls and real-time discussion will foster engagement and knowledge exchange among participants. **Dr Raphaëlle-Ashley Guerbaai, Monash University Australia** **Beyond the fall: A scoping review of post-fall response practices for older adults** This scoping review analysed 18 studies examining what interventions are currently used to manage older adults after a fall in hospitals and long-term care facilities. Over half the studies focused on long-term care settings, testing approaches such as assessment tools, structured protocols, huddles, and multifactorial strategies. Results varied: assessment tools and huddles showed mixed effectiveness, while structured protocols were more promising, particularly in reducing unnecessary transfers and hospitalisations. Overall, the evidence remains inconclusive regarding which post-fall interventions effectively reduce injuries or hospital use. Key gaps identified include interventions that focus primarily on documentation rather than improving resident outcomes, limited involvement of multidisciplinary teams despite their known benefits, and inconsistent reporting of when and how post-fall care is delivered. The literature also shows substantial variation in intervention design, limited evaluation of their real-world effectiveness, and no standardised, evidence-based toolkit to guide immediate post-fall management. **Professor Nathalie van der Velde, MD. Internist-geriatrician, Department of Geriatric Medicine, Amsterdam University Medical Center** **Raising the Bar in Post-Fall Care: The Added Value of World Falls Guidelines** The World Falls Guidelines emphasize the importance of conducting a structured post-fall assessment to optimize care and prevent recurrence. Expert recommendations highlight that such assessments should identify the mechanism of the fall, any resulting injuries, and precipitating factors (e.g., intercurrent illness, complications, delirium). Furthermore, reassessing individual fall risk factors and adjusting intervention strategies are essential components of this process. In care home settings, post-fall assessment also aims to avoid unnecessary hospital transfers, thereby reducing stress for residents and healthcare costs. **Professor Jagadish K Chhetri, Assoc. Prof. National Clinical Research Center for Geriatric Diseases, Xuanwu Hospital Capital Medical University,China** **Post-Fall Management for Healthy Ageing in China: current practice, existing gaps, and emerging trends** This talk will highlight the current status of falls in China and describe the current recommendation and local guidelines on falls management. Comparison will be made with western practice, including the use of recommendation from the world falls guidelines in China. Discussion will be based on tertiary hospital based initial falls management to home-based post fall management practice. Additionally, discussion will also be made on community-based falls prevention strategies in China. **The Reality of Post-Fall Care in Flanders** **Professor Ellen Vlaeyen, Centre of Expertise for Falls and Fracture Prevention Flanders** This study mapped the current state of post-fall management in Flemish care homes and surveyed 813 care homes (87 responses) on protocol availability and care expectations. Only 32% had a formal protocol. Regardless of protocol availability, most respondents indicated that the following domains should always be assessed during the initial phase of post-fall management: level of consciousness, pain, nausea, dizziness, mobility, cognitive functioning, and screening for fractures and soft tissue injuries. Flemish care homes have begun to formalize post-fall care through protocols; however, existing protocols may not fully support comprehensive post-fall management. **15.00 Oral Presentations from submitted abstracts**
16.30	**Sponsored symposium**
17.30	**Social programme: Networking** Meet your peers

Detailed information on Day 1 Stream 3

	STREAM 3
12.00	**Registration**
13.00	**Poster Presentations**
14.00 - 15.00	**Implementing World Falls Guidelines Recommendations in Low to Middle-Income Countries: Gaps, Contextual Adaptations, and Pathways Forward** Moderators: Monica Rodrigues Perracini, Professor, Universidade Cidade de São Paulo, and Research Fellow in Gerontology at Universidade Estadual de Campinas, São Paulo. The World Guidelines for Falls Prevention and Management for Older Adults mark a significant step toward global standardisation of falls prevention. However, their implementation in low- and lower-middle-income countries (LMICs) remains limited due to contextual, structural, and policy-related barriers. While the guidelines acknowledge local needs, further adaptation of their algorithms and recommendations need to address differences in health systems, environments, behaviours, and resource availability. Falls prevention represent low priorities across LMICs with healthcare demands, fragmented systems, and organisational structures hinder coordinated actions. Barriers exist at the micro, meso, and macro levels, and contextual differences in implementing and maintaining fall prevention programmes must be systematically mapped, explored, and addressed. Environmental and behavioural differences are significantly associated with poorer health outcomes, including denial of access to healthcare services and exclusion from research, further complicating the implementation of fall prevention measures. There is a critical and increasing need for contextually tailored strategies that go beyond simply addressing modifiable risk factors like cognitive impairment, sarcopenic obesity, diabetes, and polypharmacy. Meaningful progress in fall prevention requires individualized approaches which reduce health inequalities. As LMICs face rapidly accelerating population ageing, the urgency of innovative, sustained solutions to prevent falls becomes even greater. This symposium convenes experts to identify these critical gaps and exchange regional insights on successfully translating the WFG recommendations into real-world practice. **Monica Rodrigues Perracini, Professor, UNICID São Paulo** **Health inequities, ageism and fall risks among older adults in middle- and low income settings.** Health inequities and ageism amplify fall consequences among older adults in low- and middle-income countries (LMICs). Limited access to preventative services, inadequate housing conditions, and constrained health-system capacity contribute to preventable mobility decline. Ageist assumptions often normalize falls as inevitable, delaying clinical assessment and community intervention. Social and economic disparities further restrict opportunities for physical activity, rehabilitation, and assistive technologies. Confronting structural inequities, improving age-inclusive policies, and integrating fall-risk screening into primary care are measures required to reduce disability and function impairment. **Fernando Gómez, Specialist in Geriatric Medicine, University of Caldas** **Structural and policy barriers to implementation in Latin America.** Implementation of fall-prevention strategies in Latin America is hindered by fragmented health systems, insufficient funding, and uneven policy uptake. Workforce shortages, limited geriatric training, and absence of coordinated community-based programs reduce scalability and sustainability. Policy frameworks often lack explicit fall-prevention mandates, resulting in weak intersectoral collaboration between health, social care, and housing sectors. Data gaps impede monitoring, while socioeconomic disparities limit access to rehabilitation and assistive devices. Overcoming these barriers requires harmonised regional strategies, investment in training, and policies that recognise fall prevention as a public health priority. **Devinder Kaur Ajit Singh, Professor, Universiti Kebangsaan Malaysia** **Research, practice, and policy priorities for strengthening falls prevention within LMIC contexts.** Advancing fall-prevention efforts in LMICs demands integrated research agendas that reflect local risk factors and cultural norms. Priorities include generating context-specific evidence on effective community interventions, and evaluating low-cost assistive and environmental solutions. Practice priorities emphasise capacity-building of health workers, community engagement, and cross-sector collaboration. Policy actions should promote universal access to rehabilitation, incorporate fall-prevention indicators into health-system performance metrics, and support national strategies aligned with healthy-ageing goals. Strengthened data systems and equitable financing mechanisms are essential for sustainable implementation. **Maw Pin Tan, Professor, Universiti Malaya** **Barriers and contextual adaptation of WFG algorithm and recommendations in LMICs** Advancing fall-prevention efforts in LMICs demands integrated research agendas that reflect local risk factors, cultural norms, and resource constraints. Priorities include generating context-specific evidence on effective community interventions, optimising primary care screening, and evaluating low-cost assistive and environmental solutions. Practice priorities
15.00	**Free time**
15.00	**Poster Presentations**
15.00	**Technology Booth**

Detailed information on Day 1 Stream 3

	STREAM 3
15.30-16.30	**Falls Prevention** **What Works in Implementing the World Falls Guidelines in Clinical Practice: Lessons from Australia, Sweden and Norway** Moderator: Kristin Taraldsen, Department of Rehabilitation Science and Health Technology, OsloMet, Oslo, Norway Published in 2022, the World Falls Guidelines (WFG) offer a robust, evidence-based framework for preventing falls across community, hospital, and care home settings. The WFG emphasize leadership commitment, systematic risk identification and management, and the need for local tailoring to ensure successful implementation in diverse contexts. Despite this strong evidence base, real-world adoption can be fragmented, prolonged, and inconsistent, varying by country and care setting. This symposium will present implementation experiences from Australia, Sweden, and Norway, outlining planning processes, outcomes, and lessons learned. From Australia, Melanie Haley and Charlotte Mclennan will provide insights into a broad implementation of WFG across a health organisation and a more specific approach to implementation in the hospital setting. From Sweden, Marina Arkkukangas will share experiences of implementing the WFG through a knowledge-support tool in a Swedish region, across settings representing common transition points for older adults where fall prevention is particularly important. From Norway, Therese Brovold and Maria Bjerk will present a national project involving >25 municipalities focusing on integrating fall prevention practices into home care services for community-dwelling older adults. The symposium aims to share practical insights, foster collaboration, and inspire further efforts to implement the WFG in diverse clinical contexts. After the presentations, Jesper Ryg (Denmark) will lead a panel discussion, with interactive audience input via Slido. **Melanie Haley, La Trobe University, Eastern Health Physiotherapy, Eastern Health Allied Health Clinical Research Office, Melbourne, Australia and Charlotte Mclennan, The University of Sydney, Sydney Local Health District, Sydney, Australia** **Implementing fall prevention guidelines in Australia: two approaches to identifying and addressing gaps in clinical practice** In Australia, two approaches were tested. A multi-site organisational gap analysis was conducted to collect information on current practice and inform improvement strategies, showed variable reach and adoption but did not reduce falls per 1,000 bed-days or total numbers of falls across organisation settings. Approximately half of planned actions were completed two years post-implementation, highlighting the difficulty of sustaining change at scale. In contrast, a mixed-methods implementation feasibility study on four acute wards used quality-improvement training, education, and clinical facilitation to deliver multifactorial care. Staff reported high satisfaction, strong awareness, and perceived positive impact; barriers and enablers mapped to the i-PARiHS framework, underscoring the value of targeted facilitation and ward-level ownership. **Marina Arkkukangas, Research and Development unit, FoU i Sörmland, Region Sörmland** **Implementing the World Falls Guidelines through a knowledge-support tool: Lessons from diverse care and community settings in a Swedish region** In Sweden, a regional project co-created and iteratively refined a web-based knowledge-support tool to operationalise the World Falls Guidelines across primary care, hospitals, home care, municipal social services, and older adults' organisations. The collaborative learning approach improved usability, shared terminology, and content coherence, but revealed risks when implementation is treated as a time-limited project rather than an ongoing change process. Limited mid-level managerial involvement sustained silos, whereas engaged local champions and supportive leadership enhanced alignment; documentation and information sharing remained persistent challenges. **Therese Brovold, Department of Rehabiliation Science and Health Technology, OsloMet, Oslo, Norway, and Maria Bjerk, Department of Rehabiliation Science and Health Technology, OsloMet, Oslo, Norway,** **Co-creation, tailoring, and implementation support are key to successful implementation of national falls guidelines in Norwegian municipalities.** In Norway, the FALLPREVENT project tailored implementation of national recommendations in municipal health services. Co-creation with stakeholders informed a feasible strategy subsequently tested in a cluster-randomised trial across 25 municipalities. Tailoring at general and local levels modestly improved adherence and implementation experiences and increased preventive activities yet did not reduce fall-related injuries within the study period. Success factors included dedicated, cross-level implementation teams, use of existing arenas, competence building in both implementation and falls prevention, managerial responsibility, and expert facilitation; process evaluation emphasised the importance of sustained leadership and implementation support. Across contexts, key lessons emerge: treat falls prevention as an iterative, organisation-wide change; secure leadership at every level; and sustain implementation through structured, continuous facilitation. Set realistic expectations, co-create practical solutions, and build on existing platforms to embed, align, and scale actions.
16.30	**Sponsored symposium**
17.30	**Social programme: Networking** Meet your peers

Detailed information on Day 1 Stream 4

	STREAM 4
12.00	**Registration**
13.00	**Poster Presentations**
14.00 - 15.00	**Falls Prevention** **"Falling Competence" - Rediscovering the Missing Piece in Falls Injury Prevention** Moderator: Karin Strömqvist Bååthe, PhD student in Person Centered and Integrated Care, R &D Unit at the Region of Sörmland Safe falling and landing techniques have long been central to martial arts, especially judo, and are increasingly recognized in healthcare and community settings for preventing fall-related injuries. This symposium examines "falling competence" as an essential skill in modern fall-prevention frameworks. Falling-competence training complements established fall preventive training of capacities such as balance, strength, and lower limb and core power by teaching adaptive motor responses, anticipatory and reactive control, and protective landing strategies during unavoidable falls. Evidence shows it can reduce injury risk, lower fear of falling, and improve self-efficacy and social engagement, particularly in group programs. Presenters will review the development and current definitions of falling competence, along with evidence-based methodologies and integration into established fall-prevention exercise frameworks. Examples from Sweden, Australia, and the UK will illustrate real-world implementation, focusing on community-dwelling older adults. Special emphasis will be on early prevention across the lifespan and strategies to build workforce capacity among health professionals and community providers. This symposium highlights falling competence as a critical, yet underutilized, component of comprehensive fall-injury prevention. **Karin Strömqvist Bååthe, (PhD student), R&D unit Region Sörmland & Dalarna University, Sweden** **Marina Arkkukangas, Research and Development unit, FoU i Sörmland, Region Sörmland, and Michail Tonkonogi** **Introduction of "break fall" principles, defining "Falling Competence" and assessment tool. Strömqvist Bååthe Falling Competence (SBFC) Test.** Falling Competence is multidimensional, encompassing: A) theoretical knowledge of safe-falling strategies; B) confidence and self-efficacy to perform controlled falls; and C) the physical and motor skills needed. The SBFC Test enables consistent measurement and comparison of outcomes from safe-falling programs. It also underpins the "Safe Falling Badge," providing a unified metric for falling competence verification across contexts. **Agathe Daria Jadczak (PhD) University of Adelaide, Australia** **Review of Safe Falling Programs and Upskilling Allied Health Professionals to Deliver Safe Falling to Older Adults** Judo-based safe-falling programs are safe, feasible, and improve falling skills, physical performance, and mobility in older adults. Scaling requires upskilling professionals. **MC Campos-Mesa (PhD), University of Seville, Spain** **Spanish study and JUA programme, to make daily life more functional while reducing Fear of Falling Syndrome (FOF)** A six-week Adapted Utilitarian Judo (AUJ) intervention was tested in 19 experimental and 11 control participants (65–85 years). FOF was measured using the 16-item Falls Efficacy Scale–International (FES-I). Results showed significant FOF reductions in the experimental group (six-point decrease vs. three-point increase in controls), with gains across shopping, walking on slippery or uneven surfaces, navigating crowds, and negotiating ramps. **Mike Callan (PhD), University of Hertfordshire, UK** **Reducing Fear of Falling through 'Finding Your Feet', a judo based safer falling practical intervention.** This session explores a judo-based safer falls program teaching ukemi (safe falling) to older adults, focusing on the Finding Your Feet (FYF) method developed in partnership with the British Judo Association. Evidence from a UK pilot study suggests FYF improves quality of life and reduces fear of falling. The study evaluated the applicability using a pre-test/post-test design with intervention and control groups. These findings highlight the potential for global implementation, offering a culturally adaptable strategy to enhance elderly well-being and reduce fall-related risks.
15.00	**Free time**
15.00	**Poster Presentations**
15.00	**Technology Booth**

Detailed information on Day 1 Stream 4

	STREAM 4
15.30-16.30	**Research into Practice** **Reactive Balance Training: Translating Research into Practice and Using Clinical Questions to inform Research Design** Moderator: Dr Yoshiro Okubo, Conjoint Senior Lecturer, Neuroscience Research Australia (NeuRA) Reactive Balance Training (RBT) uses repeated postural perturbations to specifically improve reactive balance. During RBT, participants rely on tactile, proprioceptive, visual, somatosensory, and vestibular inputs to detect postural threats caused by sudden external perturbations and regain stability through rapid compensatory steps. Systematic reviews of randomized controlled trials demonstrate that RBT improves balance recovery skills and reduces falls in daily life. However, wide-spread implementation remains limited due to the sophisticated equipment often used in research and safety concerns associated with delivering RBT to clinical populations or in clinical settings. This symposium examines the translational pathway of RBT—from controlled laboratory research using advanced technologies to accessible, evidence-based protocols for clinical practice. Presenters will share insights from highly controlled trials employing state-of-the-art equipment to pragmatic, real-world studies using low-cost materials across diverse populations. Through videos and photos, presenters will illustrate different RBT methods and clarify essential elements such as training dose, intensity, tailoring, and pro-gression. The program features both researchers advancing theoretical understanding of RBT mechanisms and clinician-researchers focusing on implementation and integration into routine care. Together, we aim to 1. Share evidence, theories, and practical methods with immediate application for clinicians and re-searchers. 2. Identify clinical knowledge gaps that future research must address to accelerate RBT translation. This symposium provides a platform to inspire collaboration, promote innovation, and ultimately en-hance fall prevention intervention a across settings and populations. **Christopher McCrum, Assistant Professor, Maastricht University, Netherlands** **Principles and Mechanisms of Reactive Balance Training for Falls Prevention** A large proportion of falls across healthy and clinical populations are caused by insufficient responses to external disturbances to balance. Reactive Balance Training (RBT) uses repeated, externally applied mechanical perturbations to trigger rapid reactions to regain postural stability in a safe and controlled environment and has shown positive effects on reducing falls incidence. This talk will introduce the key principles behind RBT and discuss mechanisms through which participants can improve reactive balance responses, retain these improvements over time, generalize them to other types of balance disturbances and daily life situations, and ultimately reduce their risk of falls. **Jessica Koschate-Storm, Senior Scientist, Geriatric Medicine, Department for Health Services Research, Carl von Ossietzky Universität Olden-burg, Oldenburg, Germany** **Reactive Balance Training Using Treadmill Perturbations in Fall-Prone Older Adults With and Without Cognitive Impairment** RBT delivered via treadmill perturbations has shown promise in reducing falls among low-risk older adults. However, its efficacy in fall-prone populations, particularly those with cognitive impairment (CI), remains largely unknown. The short duration, pragmatic frequency, high and individualized intensity, task specificity, and safety of treadmill-based RBT make it a potentially valuable approach for inclusive fall prevention on a larger scale. This presentation will share first results regarding participant characteristics, safety, and adherence to treadmill RBT in fall-prone older adults. **Kristin Musselman, Associate Professor and Senior Scientist, Department of Physical Therapy, Universi-ty of Toronto, and KITE-Toronto Rehabilitation Institute, University Health Network** **Real-World Implementation of Reactive Balance Training in Patient Populations** Most people living with significant sensorimotor impairment, such as those with spinal cord injury (SCI) or moderately severe stroke, fall at least once per year. Although RBT is a promising therapy to prevent falls, it is challenging to implement in individuals with low standing and walking function, especially in clinical settings lacking complex technology and human resources. This presentation will discuss evidence-informed strategies to support implementation of RBT in patient populations, including manual perturbations, personalization of RBT to match participant goals and function, and the use of neuromodulation (e.g., functional electrical stimulation and transcutaneous spinal stimulation). **Avril Mansfield, Senior Scientist, KITE-Toronto Rehabilitation Institute, Uni-versity Health Network** **A Recipe for Fall Prevention: What Are the Active Ingredients of Reactive Balance Training, and How Much Do We Need?** There is considerable variability in approaches to RBT across studies and in how clinicians understand and apply it in practice. As research advances, we must identify the essential components of RBT and optimal training parameters. This presentation will discuss findings from recent clinical trials and meta-analyses on the best ways to deliver RBT and explore future research directions. We will also examine current clinical implementation and what clinicians need to use RBT more often and effectively.
16.30	**Sponsored symposium**
17.30	**Social programme: Networking** Meet your peers

Detailed information on Day 2 Stream 1

	STREAM 1
08.00	**Registration**
08.00	**Poster Presentations**
09.00	**Technology Booth**
9.30 - 11.00	**Invited speakers** **09.30 eFall prediction** Professor Andrew Clegg, Professor of Geriatric Medicine, University of Leeds & Bradford Royal Infirmary **10.00 Bridging the Gap: Falls Prevention in Low- and Middle-Income Countries** Professor Devinder Kaur Ajit Singh, senior lecturer and member of Center for Healthy Aging and Wellness, Faculty of Health Sciences, Universiti Kebangsaan Malaysia **10.30 Low risk does not mean no risk - approaches to older adults at low risk of falling.** Professor Manuel Montero-Odasso, Geriatrician, Western University, Canada
11.00	**Poster Presentations**
11.00	**Technology Booth**
11.30 - 13.00	**Invited Symposium - Fragility Fracture Network** **Falls prevention following fragility fractures** Moderator: Karen Hertz, President, Fragility Fracture Network Falls, frailty, and fragility fractures form a cycle of catastrophe. The incidence of hip fracture continues to rise globally, with falls remaining the primary cause. The overall disease burden is significant, with high rates of morbidity, mortality, functional decline, and substantial costs to individuals, communities and healthcare. The fall as a cause of fracture, and the increased risk of falling following the fracture means that prevention of falls is an important priority across all phases of care and rehabilitation. Even so, while there are copious recommendations for falls prevention following hospital discharge and in community settings, there has been little consideration of the acute phase of care following hip fracture and subsequent surgery. This represents a missed opportunity to start the fall prevention journey earlier. **Frede Frihagen, Orthopaedic Surgeon, Oslo, Norway & Julie Santy-Tomlinson, Nurse, FFN UK** **Initiating fall prevention at the same time as managing acute recovery after fragility hip fracture** **Venisa Kwok, physiotherapist and an early career researcher at the Institute for Musculoskeletal Health, Sydney, Australia** **Optimizing physio/exercise programs addressing both fracture/osteoporosis and falls prevention at the same time** **Ruth Aga, Physician, Dept. for Orthopaedic Emergencies, Oslo, Norway** **How to make systematic fall injury prevention work in a real-life setting. Working together across specialist services and primary care with different health professionals** **12.30 Oral Presentations from submitted abstracts**
13.00	**Poster Presentations**
13.00	**Technology Booth**
13.30	**Sponsored Symposium**

Detailed information on Day 2 Stream 1

	STREAM 1
14.00 - 15.30	**Invited Symposium - EUGMS** **Integration of falls and fracture care in older adults. From evidence to innovation and implementation across Europe** Moderators: Nathalie Van der Velde and Carmelinda Ruggiero/Alvaro Casas Herrero Falls and fragility fractures represent a major challenge for aging populations across Europe, contributing significantly to mortality, disability and healthcare costs. While evidence-based strategies for falls prevention and fracture management have been well established, their integration into routine clinical care and community services remains uneven. This symposium will bring together leading experts to highlight innovative approaches, share best clinical practices, and explore opportunities for harmonized implementation. The novelty of this symposium lies in its focus on the continuum of care—linking primary prevention of falls , acute fracture management, rehabilitation, and secondary prevention in high-risk populations that are particularly vulnerable, such as older persons with dementia. Presentations will draw on large-scale European initiatives, implementation research, and policy frameworks that address gaps between clinical evidence and real-world practice. Also, it will showcase examples of cross-sector collaboration, from health systems to digital innovations and patient-centered models that enhance adherence and outcomes. Key themes include: 1) health system strategies to reduce fragmentation and promote cost-effective care pathways (policy strategies, knowledge dissemination, education and research)advocacy efforts driving European-wide standards for prevent falls and fractures and promote healthy aging. (2) innovative technologies and digital tools that support risk assessment, monitoring, and self-management; (3) practical clinical example of falls and fractures care integration as in the case of dementia in older persons, where the need for common and comprehensive management will be addressed. By emphasizing translation of evidence into action, the symposium will provide a unique platform for dialogue between clinicians, researchers and policymakers Attendees will gain insights into scalable, sustainable models of integrated care and leave with actionable strategies to strengthen falls and fracture prevention across diverse healthcare settings. Ultimately, this symposium will advance the agenda of healthy aging in Europe by moving from evidence to innovation, and from innovation to implementation. **Lotta Seppala** **From Policy to Practice: Implemented integrated pathways Across Europe** This presentation discusses the updated joint position paper from EUGMS, FFN, WFPS, and ESCEO-IOF, which builds on the 2016 Fracture Prevention Statement by the EuGMS and places integrated falls and fracture prevention at the centre. **Alvaro Casas Herrero and Carmelinda Ruggiero** **Innovations in falls and fracture Integrated care. From Digital Tools to lifestyle interventions** This presentation will explore ultimately innovations in falls and fracture care, bridging digital tools with lifestyle interventions. We will highlight advances in risk assessment, remote monitoring, and patient engagement technologies, alongside exercise, nutrition, pharmacological optimization and behavioural strategies. Emphasis will be placed on scalable, patient-centered models that enhance prevention, recovery, and healthy aging. **Tahir Masud** **Dementia, falls and fractures: an impending storm – Integrating falls and fracture prevention services is the key** More than two-thirds of people with dementia fall each year and over forty % of hip fractures occur in someone with dementia, leading to significant morbidity, mortality and cost to the health and social care services. Epidemiological evidence points to a tri-directional association between dementia, falls and factures, however healthcare services in these areas are often fragmented and uncoordinated. This presentation will discuss evidence for and practical examples of an integrated approach and future potential areas of research. **15.00 Oral Presentations from submitted abstracts**
15.30	**Free time**
15.30	**Poster Presentations**
15.30	**Technology Booth**

Detailed information on Day 2 Stream 1

	STREAM 1
16.00 - 17.30	**Invited speakers** **16.00 Reactive Balance and Virtual Reality Training to Prevent Falls** Dr Yoshiro Okubo, Conjoint Senior Lecturer, Neuroscience Research Australia (NeuRA) **16.30 Healthy Ageing e-Health interventions** Professor Cathie Sherrington, Professor and NHMRC Leadership Fellow, University of Sydney **17.00 Falls prevention exercise as medicine: Fidelity and dose matter!** Professor Dawn Skelton, Professor of Ageing and Health, Glasgow Caledonian University
17.30	**Sponsored Symposium**
19.30 - 11.59	**Conference Dinner** **Separately ticketed as optional extra, not included in registration fee**

Detailed information on Day 2 Stream 2

	STREAM 2
08.30	**Registration**
09.00	**Poster Presentations**
09.00	**Technology Booth**
11.00	**Technology Booth**
11.30 - 13.00	**Prevention** **Challenges and Opportunities in Falls Assessments Outcomes in Clinical Practice and Research** Moderators: Dr. Ellen Freiberger, PhD, Professor at Institute for Biomedicine on Aging, FAU Erlangen-Nürnberg Germany and Dr. Frederico Pieruccini-Faria, PhD, Adjunct Research Professor in medicine, Western University-Canada The WHO Decade of Healthy Ageing (2020–2030) recognizes mobility as a foundation of health, independence, and quality of life in later life. Yet mobility and gait impairments—major contributors to falls—are rising globally and remain difficult to assess accurately. Falls assessment is particularly challenging due to inconsistent outcome definitions, diverse measurement environments, and the need for tools that are both feasible and clinically meaningful across heterogeneous older populations. Clinicians and researchers must navigate these complexities while striving for reliable, comparable, and actionable data. This symposium brings together three complementary presentations that directly address these challenges. The first presentation examines the difficulty of defining clinically relevant fall outcomes in research and practice, including determining meaningful reductions in fall rates, informed by a recent systematic review. The second presentation focuses on gait assessment as a core component of falls evaluation, highlighting how variations in protocols, instructions, and test settings critically influence metrics such as gait speed. The third presentation broadens the lens to mobility assessment as a whole, emphasizing the need for standardized, interpretable, and ecologically valid measures capable of supporting robust falls risk estimation across diverse clinical and community settings. Together, these presentations offer an integrated perspective on strengthening the assessment of falls, gait, and mobility to advance prevention efforts and promote healthier aging worldwide. **Challenges in Falls Assessment** Falls assessment in clinical and research settings continues to face substantial challenges that limit the accuracy, comparability, and implementation of current tools. Although a wide range of assessment instruments exist, variation in methodology, measurement conditions, and construct definitions reduces consistency across studies and complicates translation into clinical workflows. A central challenge is the heterogeneity of older adults, whose diverse comorbidities, mobility profiles, and cognitive trajectories interact to produce individualized patterns of fall risk that are not fully captured by single-timepoint assessments. Furthermore, many widely used tools. **Minimal Clinically Important Difference (MCID) for Falls Outcomes** Identifying the Minimal Clinically Important Difference (MCID) for fall-related outcomes is essential for determining whether an intervention produces meaningful change for patients and clinicians. Despite its importance, the MCID for many falls-related metrics—such as gait speed, postural stability measures, dual-task cost, and fall frequency—remains poorly defined. This presentation will review current methodologies used to determine MCID in fall-prevention research, highlight inconsistencies across studies, and propose a unified conceptual framework tailored to mobility and stability outcomes. Special attention will be given to emerging digital mobility outcomes, which generate continuous data with high sensitivity but lack validated MCID thresholds. **Challenges in Gait Assessment** Gait assessment plays a central role in evaluating fall risk, yet the field continues to face multiple technical and conceptual challenges. Traditional gait measures—such as speed, stride length, and variability—capture only a narrow window of an individual's mobility performance. They often fail to represent real-life walking complexity, particularly under cognitive load or in unpredictable environments. Dual-task gait assessment has improved sensitivity but introduces variability related to task selection, standardized instructions, and cognitive demands. In addition, differences in equipment (walkways, inertial sensors, motion-capture systems) result in inconsistent outputs and difficulties comparing data across sites and studies. Clinical workflows add further constraints, as time pressures and limited resources restrict the feasibility of comprehensive gait evaluation. We will discuss pathways to improve measurement precision and translation of gait metrics into actionable clinical decision-making. **Roundtable** Dr. Ditte Jepsen, clinical associate professor at the KI, OUH Research Unit for Geriatrics, Odense / University of Southern Denmark, Department of Clinical Research Dr. Giulia Ogliari, MD, PhD, Nottingham University Hospitals NHS Trust, Department of Health Care of Older people, Queen's Medical Centre. Dr. Manuel Montero-Odasso, PhD, MD, Professor of Geriatric Medicine, Western University, Dr. Jesper Ryg, MD, Professor, University of Copenhagen Dr. Tash Masud, MD, Professor of Geriatric Medicine, University of Nottingham, Nottingham University Hospital Trust **12.30 Oral Presentations from submitted abstracts**

Detailed information on Day 2 Stream 2

	STREAM 2
13.00	**Lunch**
13.00	**Poster Presentations**
13.00	**Technology Booth**
14.00 - 15.30	**Prevention** **A fresh look at fall prevention: safer mobility behaviour and functional cognition** Moderator: Dr Natalie Allen, Associate Professor of Physiotherapy, The University of Sydney Falls are a leading cause of morbidity among older adults, particularly those with cognitive impairment and/or Parkinson's disease. Conventional fall prevention strategies focus on physical capacity, predominantly exercise interventions. However, evidence shows that exercise alone may increase the rate of falls in some people, e.g., those with more advanced Parkinson's disease, highlighting the need for alternative approaches. This symposium offers a progressive perspective on fall prevention by introducing a novel interdisciplinary model. Safer mobility behaviour focuses on improving how people employ functional cognitive skills to guide their actions to prevent falls during everyday mobility-related tasks. Functional cognition is a strengths-based approach that leverages retained cognitive abilities to tailor interventions. Together, these concepts guide multidomain interventions that complement and inform exercise and address the interplay of physical, cognitive and behavioural fall risks. The symposium will explore a conceptual framework for safer mobility behaviour and its application across older adults and people with Parkinson's disease. We will discuss the role of functional cognition and its integration into fall prevention strategies, including safer mobility behaviour and exercise. Finally, we will present pilot study data that successfully used safer mobility behaviour strategies informed by functional cognition as part of a multidomain fall prevention program designed for people with Parkinson's disease, including those with cognitive impairment. We will include case-based discussions where participants design safer mobility strategies for clients with varying functional cognitive profiles alongside Slido polls and Q&A to consolidate learning. **Mr Daniel Cheung, Associate Lecturer in physiotherapy and PhD candidate, The University of Sydney** **Safer mobility behaviour assessment and intervention: Implications for people with Parkinson's disease** Safer mobility behaviour is an emerging approach to fall prevention that focuses on how safely people perform everyday tasks. This scoping review aimed to summarise the literature on how this approach is conceptualised and applied, including older adults and people with Parkinson's disease living in the community. A total of 136 publications were included. Safer mobility behaviour involved the use of protective actions in combination with functional cognition to reduce the likelihood of falling. It is influenced by person, task and environmental related factors. Out of 10 assessment tools, the majority were patient-reported outcomes (80%) that focused on behavioural strategies and fear of falling avoidance behaviour. Nineteen identified interventions included movement strategy training, community practice and education. This study provides a conceptual framework to support clinical practice and the development of assessments and interventions that promote safer mobility behaviour. **Dr Jacqueline Wesson, Lecturer in occupational therapy, The University of Sydney** **Functional cognition and fall prevention in older people with dementia: development of a novel intervention** Functional cognition is a recent construct in occupational therapy that has implications for interdisciplinary collaboration, including with physiotherapists. This strengths-based approach to assessment guides intervention by building on retained cognitive abilities. People with dementia have been minimally represented in fall prevention intervention evidence, despite higher rates of falls than their non-cognitively impaired peers. A series of studies will showcase a working understanding of functional cognition, the multidisciplinary collaboration to develop the novel iFOCIS intervention pilot and RCT, including broader benefits of embedding a functional cognitive approach, an outline of training for physiotherapy interventionists and implications for future interventions. Current evidence for occupational therapy assessment of functional cognition will also be presented. **Dr Natalie Allen, Associate Professor of Physiotherapy, The University of Sydney** **Safer mobility behaviour and functional cognition in action: a pilot multidomain falls intervention for people with Parkinson's** People with Parkinson's fall more often than the general older population, and exercise alone may increase falls in advanced disease. This pilot study examined the feasibility and effectiveness of Integrate, a 6-month multidomain fall prevention program incorporating safer mobility behaviour, fall hazard reduction, and exercise. The home-based intervention was tailored to each individual's functional cognition and delivered by occupational and physiotherapists. Twenty-nine participants with moderate to advanced Parkinson's enrolled; 26 completed the program. Adherence was high, with no intervention-related adverse events. Fall rates reduced by 49% in the 6-month follow-up period (IRR 0.51, 95% CI 0.28–0.92), and 21 participants met or exceeded their safer mobility goal. The novel use of functional cognition to guide intervention and targeted safer mobility behaviour training were feasible and safe and warrant further investigation. **15.00 Oral Presentations from submitted abstracts**
15.30	**Free time**

Detailed information on Day 2 Stream 3

	STREAM 3
08.30	**Registration**
09.00	**Poster Presentations**
09.00	**Technology Booth**
11.00	**Technology Booth**
11.30 - 13.00	**Hospital to community** **2025 Cochrane Collaboration review on falls prevention in care facilities** Moderators: Nathalie van der Velde, Professor, Internal Medicine, Section of Geriatric Medicine, Amsterdam UMC This symposium will present a Cochrane Collaboration review of interventions to prevent falls in older people living in care facilities). The evidence as well as clinical and implementation insights will be presented. This update includes 104 RCTs in 68,964 participants. Standard Cochrane methods combined with new approaches capturing qualitative evidence from included trials to provide clearer guidance on the implementation of multifactorial and exercise interventions. It provides moderate-certainty evidence for effectiveness of active exercise, vitamin D supplementation and multifactorial interventions (MFi) in preventing falls. Particularly, MFi that are delivered in a tailored manner with facility staff engagement are probably most effective. There is high-certainty evidence that effectiveness of exercise is not sustained if the intervention is ceased. Moderate- or low- intensity group exercise, or exercise for at least one hour per week in residents able to mobilise, may be more effective at reducing falls. Exercise may also reduce the risk of falling in residents with cognitive impairment. Dairy food supplementation through dietitian menu advice may reduce the risk of falling and fractures. There is a lack of evidence to support whole body vibration in the reduction of falls. As a standalone intervention, medication review/deprescribing may make little or no difference to the rate of falls and probably makes no difference to the risk of falling but remains an important component of MFi. A focus on implementation may improve the effectiveness of falls prevention in care settings. The session will conclude with a panel Q&A and audience questions regarding their experience, and insights into the research and implementation challenges in their countries. **Dr Suzanne Dyer, Senior Research Fellow, Flinders Health and Medical Research Institute, Flinders University** (remote) **2025 Cochrane review on falls prevention in care facilities: methods, vitamin D and dairy foods** The 2025 Cochrane review of interventions to prevent falls in older people living in care facilities includes 104 randomised controlled trials of 68,964 participants. Interventions were grouped based on the Prevention of Falls Network Europe (ProFaNE) taxonomy. Critical outcomes were rate ratios (RaR) for the rate of falls (falls/1000 person years) and risk ratios (RR) for the number of people falling. Trials were pooled using generic inverse variance meta-analyses. Qualitative information from trials was captured using intervention component analysis (ICA) and qualitative comparative analysis (QCA). Theories of the key drivers of effective trials then informed subgroup meta-analyses. The review now contains new and clearer conclusions on how to prevent falls in care facilities. **Dr Rik Dawson, Post-doctoral Research Fellow and President, Australian Physiotherapy Association** **Institute for Musculoskeletal Health, The University of Sydney and Sydney Local Health District** **Exercise interventions to prevent falls in care facilities** In the 2025 Cochrane review, 28 trials compared exercise with usual care. Active exercise probably reduces the rate of falls and the risk of falling. However, if exercise is not sustained the effect on falls is lost. Exercise may reduce the risk of falling in residents with cognitive impairment and may be cost-effective. **Dr Lotta Seppala, Post-doctoral Research Fellow, Internal Medicine, Section of Geriatric Medicine, University of Amsterdam** **Medication target interventions to prevent falls in care facilities** As a single intervention, medication optimisation interventions were diverse, but overall may make little or no difference to rate of falls. An ICA, conducted after the Cochrane review, indicated that using a tool as a guide amongst clinicians, conducting reviews at least 6-monthly and including a prescriber from the usual care team are likely to be important for successful falls prevention. **Professor Ngaire Kerse, Joyce Cook Chair in Ageing Well, University of Auckland** **Multifactorial interventions to prevent falls in care facilities** Overall, multifactorial interventions (two or more strategies delivered based on individual risk), probably reduce the risk of falling. In 7 trials, where the tailoring to the resident characteristics and engagement of staff was high, the rate of falls and risk of falling was probably substantially reduced. A focus on implementation may improve the effectiveness of falls prevention in care settings. **12.30 Oral Presentations from submitted abstracts**

Detailed information on Day 2 Stream 3

	STREAM 3
13.00	**Lunch**
13.00	**Poster Presentations**
13.00	**Technology Booth**
14.00 - 15.30	**Oral presentations** Platform presentations will be presented from the submitted and highest scoring accepted abstracts, presented in 10 minute slots
15.30	**Free time**

Detailed information on Day 2 Stream 4

	STREAM 4
08.30	**Registration**
09.00	**Poster Presentations**
09.00	**Technology Booth**
11.00	**Technology Booth**
11.30 - 12.30	**LMIC** **Falls-related Practice and Research in Asia** Moderator: Devinder Kaur Ajit Singh, Prof Dr, Universiti Kebangsaan Malaysia (UKM) This symposium presents three perspectives on falls-related practice and research across Asia. The first presentation examines Indonesia's emerging fall-prevention landscape, where fall-risk management is integrated into healthy-ageing initiatives and hospital safety standards despite the absence of a dedicated national strategy. Strengthening implementation consistency, monitoring systems, and family-centered care remains essential for policy advancement. The second presentation reconceptualizes falls efficacy by distinguishing four domains consisting balance confidence, balance recovery confidence, safe-landing confidence, and post-fall recovery confidence, offering a more nuanced framework to guide assessment and tailored interventions across culturally diverse settings. The third presentation explores knee osteoarthritis as a contributor to fall risk, using multidimensional assessments to identify key drivers such as pain, reduced mobility, weakness, and instability. Comparative findings from Malaysia and Jordan reveal shared functional challenges but highlight contextual differences influenced by lifestyle, environment, and healthcare access. Collectively, these presentations highlight the need for context-responsive, evidence-informed fall-prevention strategies in Asia. **Dr. Susiana Nugraha, Associate Professor, University of Respati Indonesia** **Towards the National Fall Prevention Strategy : Current Research and Practice** Susiana investigates public health approaches to fall prevention, examining community programs and elderly care services in Indonesia. Her work provides evidence to support national policy development, highlighting scalable, low-cost interventions that reduce falls and promote healthy ageing across diverse community and institutional settings. **Dr Shawn Soh, Assistant Professor, Singapore Institute of Technology** **Falls efficacy as a multidimensional construct: Implication for practice and research.** Shawn advances a multidimensional understanding of falls efficacy, differentiating confidence in balance control, safe landing, and post-fall recovery. His research informs precise assessment and resilience-focused interventions, enhancing functional independence, mobility, and healthful ageing in culturally diverse older adult populations. **Dr Sumaiyah Mat, Senior Lecturer, Universiti Kebangsaan Malaysia** **Osteoarthritis and Falls in Older Adults: A Comparative Insight from Malaysia and Jordan** Sumaiyah explores how osteoarthritis contributes to fall risk among older adults in Malaysia, with comparative insights from Jordan. Using clinical, functional, and contextual assessments, she identifies key fall drivers and cross-country patterns, guiding culturally sensitive interventions that improve safety, mobility, and quality of life. **15.00 Oral Presentations from submitted abstracts**
15.30	**Free time**

Detailed information on Day 2 Stream 4

	STREAM 4
13.00	**Lunch**
13.00	**Poster Presentations**
13.00	**Technology Booth**
14.00 - 15.30	**LMIC** **Falls and Geriatrics Syndromes Across Four Asian Countries** Moderator: Maw Pin Tan, Professor, Universiti Malaya This symposium brings together emerging evidence on the multidimensional pathways that drive fall risk in older adults, highlighting malnutrition, mental health, intrinsic capacity, frailty, sarcopenia, and cognitive impairment as interlinked determinants. The first presentation examines the mediating role of depressive symptoms in the relationship between poor nutrition and fall vulnerability in hospitalised older adults in India, underscoring the need for integrated nutritional and psychological care. In the second, a speaker from Singapore explores intrinsic capacity as a broader, WHO-aligned framework for fall-risk screening and prevention, emphasizing the importance of community-level interventions, primary care strengthening, and policy reforms that promote equitable access to rehabilitation. The third presentation focuses on the interconnected triad of frailty, sarcopenia, and falls, drawing on Sri Lankan evidence to highlight early detection and multidomain interventions that combine physical, medical, nutritional, and environmental strategies. The final presentation is delivered by a physiotherapist from Hong Kong and addresses the markedly elevated fall risk in older adults with dementia, presenting novel assessment tools, technological approaches, and targeted motor-cognitive interventions tailored to this population. Collectively, these sessions present an interdisciplinary, geographically diverse view of the interaction between geriatric syndromes and falls in older adults. **Arunansu Talukdar, Professor, Medical College Kolkota** **Depressive Symptoms, Nutritional Deficits and Falls Risk Among Hospitalized Older Adults in Kolkota, India** Malnutrition affects an estimated 15-38% of hospitalized older adults globally while depressive symptoms are reported in 20-45% of older adults. Emerging evidence suggests that depression may act as a mediating factor between nutritional decline and increased fall risk. However, this pathway remains underexplored, particularly in low- and middle-income settings and hospital-based geriatric cohorts. This study follows a cross-sectional observational framework in a tertiary-care geriatric ward in Kolkata, India. Participants included individuals aged 60 years and older with ≥1 fall in the past year. Preliminary findings demonstrate significant associations between poorer Mini Nutritional Assessment Short Form scores, higher depressive symptom burden, and increased fall risk. Statistical modelling suggests a potential mediating effect of depressive symptoms. **Reshma Merchant, Associate Professor, National University of Singapore** **Intrinsic Capacity and Falls in Community-Dwelling Older Adults- A Singaporean Perspective** Falls lead to disability, dependency, and mortality in older adults due to multiple interacting risk factors. Most falls risk screening tools focus predominantly on gait, and balance impairments rather than the broader construct of intrinsic capacity (IC) emphasised in the WHO Decade of Healthy Ageing. Recent studies link lower IC scores to greater fall risk in community and clinical cohorts. IC-based assessments support earlier, multidomain, and person-centred prevention strategies. Priorities include generating context-specific evidence on community-based screening and interventions, and affordable environmental solutions. Data systems and equitable financing mechanisms are essential for sustainable implementation. **Shehan Silva, Professor, University of Sri Jayewardenepura, Sri Lanka** **Falls, Frailty and Sarcopenia in Sri Lanka** Sri Lankan studies show high rates of frailty, falls and sarcopenia among older adults. Sarcopenia-related weakness, poor gait speed, and reduced balance further heighten vulnerability. Early identification using tools such as SARC-F, gait assessments, and comprehensive geriatric evaluation enables timely prevention. Support from families and communities strengthens safety and participation. A coordinated medical, nutritional, physical, and environmental approach can reduce falls and functional decline, helping preserve autonomy and dignity in older adults while easing long-term societal burden. **Wayne Chan, Assistant Professor, the Hong Kong Polytechnic University** **Falls in older adults with dementia- optimizing risk identification and management in Hong Kong** The risk of falling for an older adult with dementia is alarmingly high- two to three times greater than for their cognitively healthy peers. The current fall management strategies are largely adapted from those used for the general older populations, failing to address the unique characteristics of falls in individuals with dementia. This session will outline novel strategies for this specific population. We will explore the use of clinically applicable assessment tools and advanced technologies to more accurately identify and predict falls. Furthermore, the presentation will introduce targeted motor-cognitive interventions designed to effectively reduce the risk of falls in older adults with dementia. **15.00 Oral Presentations from submitted abstracts**
15.30	**Free time**

Detailed information on Day 3 Stream 1

	STREAM 1
08.30	**Registration**
09.00	**Poster Presentations**
09.00	**Technology Booth**
9.30 - 11.00	**Invited speakers** **09.30 Concerns about falling as a risk for future falls: New findings and clinical guidelines** Dr Toby Ellmers, Wellcome Trust Sir Henry Wellcome Fellow, Imperial College London **10.00 Syncope and Cardiovascular disease and the link to falls** Dr Lara Mitchell, Consultant Physician Older People's services QEUH, NHS Glasgow and Greater Clyde, National Clinical Lead Frailty HIS,Scottish Quality & Safety Fellow c12 **10.30 A&E and Falls** Dr Louise Tomkow, Consultant Geriatrician, Salford Royal Hospital
11.00	**Poster Presentations**
11.00	**Technology Booth**
11.30 - 13.00	**Invited Symposium - IOF + ESCEO** **Falls and musculoskeletal health in the context of long-term conditions and global disparities** Moderators: Professor Nicholas Harvey, University of Southampton Director; Professor of Rheumatology and Clinical Epidemiology; President, International Osteoporosis Foundation This session will comprise 3 presentations which address falls and musculoskeletal health, firstly in the context of widely prevalent comorbidities (diabetes and obesity), and a key neurological condition, Parkinson's Disease; secondly the session will place falls within a broader framework proposed by the International Osteoporosis Foundation to address the global care gap in bone health management. Professor Kate Ward, University of Southampton, UK **Impact of diabetes and obesity on falls and fractures.** In this presentation, Professor Kate Ward will address the complex relationships and interdependencies between diabetes, obesity and musculoskeletal health, including specific relationships with falls and fractures. She will document how type 1 and type 2 diabetes, and their complications, relate to obesity, overall body composition and falls/ fracture risk, together with modifying effects of bone mineral density. She will approach this across ethnicities and with a global perspective. **Professor Eugene McCloskey, University of Sheffield, UK** **Falls and fractures in Parkinson's Disease - learnings for fracture risk assessment** Based on recent analyses, Professor McCloskey will present understanding of falls and fracture risk in Parkinson's Disease, and how these associations might influence approaches to fracture risk assessment. **Professor Nicholas Harvey, University of Southampton, UK** **Going beyond BMD to optimise bone health worldwide** Professor Harvey will address the stark global care gap in osteoporosis, with at best 30% individuals at high fracture risk receiving appropriate assessment and treatment. He will present a seminal Position Paper from the International Osteoporosis Foundation representing a Call to Action to implement new approaches globally to ensure that everybody at high fracture risk is appropriately assessed and treated.
13.00	**Poster Presentations**
13.00	**Technology Booth**
13.30	**Sponsored Symposium**

Detailed information on Day 3 Stream 1

	STREAM 1
14.00 - 15.30	**From Research to Reality** **Implementation of falls prevention exercise programmes across the UK, Ireland, Spain and Brazil** Moderators: Professor Dawn Skelton, Professor of Ageing and Health, Glasgow Caledonian University, Falls are a leading cause of injury and loss of independence among older adults, yet they are largely preventable through targeted exercise interventions. Evidence consistently shows that programmes focusing on strength and balance are among the most effective strategies for reducing fall risk. These programmes work by improving muscle strength, joint stability, and postural control, which are essential for maintaining mobility and preventing falls. They also enhance confidence and reduce concerns about falling, which can otherwise lead to inactivity and further decline. International guidelines strongly recommend structured exercise that challenges balance and progressively builds strength. Effective programmes are designed to be regular, sustained, and sufficiently challenging to produce meaningful improvements. When delivered by trained professionals and tailored to individual needs, these interventions can be safely implemented in community and clinical settings. Despite strong evidence and clear guidelines, implementation remains inconsistent. Barriers include limited resources, lack of awareness, and fragmented service delivery. Addressing these challenges requires coordinated efforts across health and social care systems to embed exercise programmes into routine practice. This symposium will present experiences of implementing the Falls Management Exercise (FaME) and OTAGO falls-prevention exercise programmes in the community across countries with diverse health and care systems; the UK, Ireland, Spain and Brazil. It will describe some of the challenges relating to the co-ordination, uptake and fidelity of programme delivery, and provide suggestions for improved local delivery **Dr Fay ManningLecturer, University of Exeter,** **From evidence to practice; fidelity challenges in FaME programme delivery** We present a study exploring factors affecting fidelity in delivering the Falls Management Exercise (FaME) programme across three English regions. Using interviews, observations, and community of practice recordings, findings revealed that limited funding, unclear essential components, and weak oversight reduced adherence to evidence-based delivery. A conceptual map highlighted key mediators, including organisational and economic influences, training, and participant engagement. Recommendations include clear guidance on essential components, fidelity monitoring, and strong local oversight to prevent drift from the evidence base and ensure effective implementation of falls prevention programmes. **Dr Ruth McCullagh, Senior Lecturer, University College Cork,** **Building the case; understanding facilitators and barriers to rolling out FaME in Ireland** With rising emergency department attendances after falls and increasing costs linked to ageing, falls prevention is critical. FaME Ireland is evaluating early adoption following national instructor training. Survey and interview data show limited reach despite strong effectiveness and positive feedback. Barriers include funding, leadership, and referral pathways. For implementation, physiotherapists will shift to mentoring and troubleshooting rather than co-delivery. Sustainability requires greater awareness, clearer referral systems, and integration. FaME is effective and valued, but long-term success depends on secure funding, structured referral pathways, and workforce support. **María Cristina Solé Agustí, PhD, Deputy Director of Continuity of Care Murcia Health Area I, Murcia Health Service (SMS) Researcher, IMIB–Arrixaca Biomedical Research Institute** **A success case in transforming evidence into practice; OTAGO Program implementation in Murcia (Spain)** Older adults represent 16.8% of Murcia's population, where falls are a major cause of disability independence loss. The Regional Frailty Protocol highlights functional capacity as a core objective and recommends multicomponent exercise, including OTAGO, as a key intervention. OTAGO is an evidence-based strategy to improve strength, balance and autonomy. Since 2017, the programme has reached 566 older adults across four health areas (mean age 80.5 years; 84% women). Group sessions represented 68.5% of interventions and falls decreased from 50% to 17% at twelve months. Implementation was supported by training 178 professionals and integrating OTAGO into the electronic health record. In Area VII, 56 participants showed falls reduction from 46.4% to 12.5% and significant improvements in Barthel, SPPB, and FES scores. Murcia's experience shows that scaling structured exercise programmes in Primary Care is feasible, effective, and transferable. **Monica Rodrigues Perracini, Professor Masters and Doctoral Programs in Physical Therapy** **Universidade Cidade de São Paulo, Brazil** **Understanding contextual challenges for implementing exercise programs for fall prevention in Brazil** Exercise programmes are offered to older adults in Brazil's unified health system (UHC), but they are general programmes rather than specifically aimed at fall prevention. Although these programmes are widespread and successful strategies have been investigated, implementing programmes for older adults with multimorbidities faces contextual challenges. This presentation will discuss these challenges from a socioecological perspective. **15.00 Oral Presentations from submitted abstracts**
15.30	**Free time**
15.30	**Poster Presentations**
15.30	**Technology Booth**

Detailed information on Day 3 Stream 1

	STREAM 1		
15.45 - 17.30	**Invited speakers** **15.45 Osteoporosis and Fracture Risk Management in sub-Saharan Africa** Professor Celia Gregson, Professor of Clinical Epidemiology, NIHR Global Health Research Professor of Healthy Ageing, Honorary Consultant Geriatrician, University of Bristol, Royal United Hospital Foundation Trust Bath, The Health Research Unit of Zimbabwe (THRU ZIM), Biomedical Research and Training Institute, Harare, Zimbabwe **16.15 Implementation considerations for balance assessment and measurement** Professor Kathryn Sibley, Kinesiologist, University of Manitoba *(remote)* **16.45 Vit D and Falls/fractures** Professor Bo Abrahamsen Consultant Endocrinologist, Holbæk Hospital		
17.30	**Close of conference** **Professor Stephen Lord, World Falls Society President**		

Detailed information on Day 3 Stream 2

	STREAM 2
08.30	**Registration**
09.00	**Poster Presentations**
09.00	**Technology Booth**
11.00	**Technology Booth**
11.30 - 13.00	**Analogue to digital** **How machine learning, AI and LLMs can improve our understanding of the causality of falls** Clemens Becker, Professor, University of Heidelberg, The understanding of what happens before, during and after a fall is limited. Some fundamental insights were disclosed by the video footage data from Vancouver. But these recordings are limited to care facilities and public space. The efforts to systematically collect wearable data to capture falls and fall risk factors in daily living settings are growing. This information in now being exploited using different types of machine learning and novel technologies derived from LLMs. These approaches promise to generate more granular insight into fall risk, pre-fall activities, falling mechanisms, protective responses, the biomechanics of landing and recovery strategies. All of these components are rarely reported by fallers or observers and interview techniques applied to fall survivors are often unsystematic. Using labelled and unlabelled data allows us to disentangle some of these questions and inform risk reduction and fall prevention strategies. **Naser Taleshi, PhD Lecturer, University of Exeter, UK** **The Fall's Overture: IMU-Based Machine Learning Reconstructs Real-World Falls and Reveals Hidden Details in Narrative Reports** Discusses how they trained an IMU-based machine-learning model on locally collected Exeter ADL data and used it to annotate pre-fall activities in FARSEEING; comparison with narrative reports showed that narratives capture only part of the event and often miss key movement transitions that commonly precede a fall. **Timilehin Aderinola, PhD, UCD, Ireland** **Falls and What Looks Like a Fall: Learning the Language of Falls and Everyday Movement** This talk will propose shifting from reactive classification to proactive prevention. It will cover leveraging efficient time series techniques and cost-sensitive learning to optimize for real-world deployment, while exploring language models to understand fundamental individual movement patterns for better mobility outcomes. **Sama Balum, Graduate student, Center for the Study of Movement, Cognition and Mobility, Tel Aviv Medical Center, Israel** **Leveraging Digital Mobility Outcomes (DMOs) and Machine Learning to Assess Fall Risk in Diverse Cohorts** DMO-based ML models could be valuable for remote fall prediction when clinical testing by experts is unavailable. This talk will show that different DMOs are linked to fall risk in PD and MS, but a generalized model is possible. In addition, it will share results exploring the potential of using LLM to predict fall risk based on DMOs. **Jose Luis Albites Sanabria, PhD, University of Bologna, Italy** **Monitoring sit-to-stand and turns outside the laboratory: insights on the connection between fall risk and real-world transitions** The advent of wearable technology offers a paradigm shift from intermittent snapshots to continuous, longitudinal monitoring of mobility in an individual's own environment. Recently, research focus has mainly been on gait-related Digital Mobility Outcomes (DMOs). In this talk Jose will show how widening the field, from gait to complementary aspects such as transitions, can allow us to improve fall risk estimation and, in perspective, study what happens before and during a fall, when this is due to a failure in performing a complex transition. nostic value. We will present pooled results from 20 contributing research groups that shared data for the IPD meta-analysis, enabling a robust replication of key findings. **12.30 Oral Presentations from submitted abstracts**

Detailed information on Day 2 Stream 2

	STREAM 2
15.30-16.30	**Analogue to Digital** **Wearable Technologies for Fall Risk Assessment: Closing the Evidence Gap** Moderators: Lorenzo Chiari, Dept. Electrical, Electronic, and Information Engineering "Guglielmo Marconi" University of Bologna The recent NICE guideline update (April 2025) highlighted the need for stronger real-world evidence on wearable technologies for fall-risk assessment. Current studies are limited by small samples, heterogeneous protocols, scarce external validation, and uncertain clinical utility. Although wearables show promise for capturing gait and balance deficits linked to falls, key gaps remain in prognostic accuracy, clinical integration, and digital equity. This symposium addresses these challenges through four complementary initiatives applying wearable technologies to improve fall-risk detection in older adults: a) DARE-FALLSPREDICT – Refining fall-risk estimation in adults 65+ by combining the FRAT-UP score with sleep, activity, and heart-rate data from wearables, with 12-month follow-up. b) Dynamic Fall-Risk Modelling – Presenting an exposure-dependent framework integrating intrinsic factors, activity-related exposure, and environmental context. Video and sensor data show how fall risk fluctuates during daily activities. c) Digital Gait Biomarkers – Translating mobility measures into actionable tools through meaningful gait cut-points, integration into smartwatches, and validation in UK Biobank and the Sydney Memory and Ageing Study. d) Global Evidence Synthesis – Reporting results from a large systematic review and individual-participant meta-analysis across 23 countries (21–32,619 participants), offering strong replication of sensor-based prognostic markers. Together, these contributions address NICE priorities: large-scale validation, interoperability with health IT systems, assessment of cost-effectiveness, and reduction of digital exclusion. The symposium concludes with a discussion on pathways toward scalable, equitable wearable-based fall-risk assessment. **Alessandro Silvani, PhD, Associate Professor, Dept Biomedical and Neuromotor Sciences, University of Bologna** **Towards multivariable models beyond the state of the art to estimate the risk of falls for older adults: the DARE FALLSPREDICT projects** This talk presents the protocol and interim findings from the DARE-FALLSPREDICT and DARE-FALLSPREDICT GP studies, which aim to refine fall-risk estimation in adults aged 65+ by combining the validated FRAT-UP score with sleep, physical activity, and heart-rate data from wearable sensors. Participants are enrolled from the general population or at hospital discharge, and falls are tracked prospectively for 12 months via monthly phone interviews. **Jochen Klenk, Prof. Dr., Institute of Epidemiology and Medical Biometry, Ulm University, D** **Why Fall Risk Must Be Dynamic: A Framework for More Valid and Real-World Fall Risk Assessment** This presentation outlines the need for a dynamic fall-risk model that integrates intrinsic factors (e.g., balance deficits), activity-related exposure (e.g., standing, walking), and environmental influences (e.g., obstacles, perturbations). Real-world video and wearable-sensor data show how fall risk fluctuates continuously as individuals interact with their surroundings. Analyses using gait features and exposure-adjusted metrics, together with perturbation-based simulation results, demonstrate that fall risk is a fluid, exposure-dependent construct that improves the identification of high-risk individuals and supports more effective prevention. **Lloyd Chan, Lecturer, School of Health Sciences, Faculty of Medicine & Health, UNSW SYDNEY	Conjoint Research Fellow, NeuRA	Associate Investigator, UNSW Ageing Futures Institute, AU** **Translating wearable-derived gait biomarkers into clinically actionable tools to reduce falls** This talk examines how digital gait biomarkers can be translated into clinically usable tools for fall prevention. Building on WatchWalk results from 32,000 UK Biobank participants, we address three barriers to equitable, scalable implementation: (1) reducing digital exclusion by deriving clinically relevant gait cut-points from non-linear dose–response curves and enabling low-tech approximations such as timed walks; (2) improving accessibility through collaboration with smartwatch manufacturers to integrate gait features and automated analysis pipelines into consumer devices; and (3) enhancing external validity by validating prediction models in the Sydney Memory and Ageing Study. These efforts strengthen the practical use of wearable-derived gait metrics in clinical fall-risk assessment. **Pierpaolo Palumbo, PhD, Junior assistant professor, Department of Electrical, Electronic, and Information Engineering "Guglielmo Marconi", University of Bologna, IT** **Fall risk assessment through wearable inertial sensors: a systematic review and individual participant data meta-analysis** This talk presents results from a systematic review and individual participant data (IPD) meta-analysis on fall prediction using inertial sensors. We identified 59 articles reporting 48 datasets across 23 countries, involving 21 to 32,619 participants. Most datasets involved community-dwelling older adults, with additional cohorts including Parkinson's disease, multiple sclerosis, stroke, and other conditions. Studies evaluated up to 592 sensor-derived features, of which 27% showed prog
15.30	**Free time**
15.30	**Poster Presentations**
15.30	**Technology Booth**

Detailed information on Day 3 Stream 3

	STREAM 3
08.30	**Registration**
09.00	**Poster Presentations**
09.00	**Technology Booth**
11.00	**Technology Booth**
11.30 - 13.00	**Prevention** **Concerns about falling: Causes, consequences and clinical guidance** Moderators: Professor Kim Delbaere, University of New South Wales Concerns (or, "fears") about falling are common in older adults, and associated with reduced mental wellbeing, activity avoidance and physical deconditioning. Consequently, the 2022 World Falls Guidelines recommended that clinicians routinely assess concerns about falling as part of a multi-factorial falls-risk assessment. However, many recommendations were based largely on expert opinion rather than strong evidence, leaving several critical questions unanswered. These include whether concerns about falling are a cause or consequence of falls, how clinicians can sensitively raise and discuss the topic and how best to assess concerns in care home settings where levels of concern may differ markedly from community-dwelling adults. This symposium brings together four members of the 'Concerns about falling' World Falls Guidelines Working Group to present new evidence addressing these gaps. The first presentation establishes the evidence for concerns about falls to predict future falls among older adults with a systematic review and meta-analysis. The second addresses the stigma associated with concerns about falls and therefore older adults' likely under-reporting of concerns about falls. The third provides novel evidence to underpin the reliability and validity of assessing concerns about falls in care home settings. The final presentation provides new data on cautious gait as promising new line of enquiry for both assessment and intervention. The symposium will be actively moderated, using Slido to gather audience questions and encourage discussion after each presentation. A concluding panel discussion will focus on translating this emerging evidence into clinical practice, directly supporting the congress subtheme of "Research to Reality". **Toby J. Ellmers, Imperial College London, London, UK** **Concern about falling predicts future falls: A meta-analysis and clinical guidance** This systematic review and meta-analysis examined whether concerns about falling independently predict future falls in older adults. Fifty-three studies (75,076 participants) showed consistent associations: higher concern scores on the Falls Efficacy Scale-International and single-item measures predicted increased fall risk, while balance confidence did not. Findings were robust across study quality, with overall moderate certainty. Results support concerns about falling as a causal fall-risk factor. The presentation concludes with best-practice clinical guidance on assessing and managing concerns about falling in routine care. **Samuel R. Nyman, University of Winchester, Winchester, UK** **Stigma of concerns about falling among older adults** This qualitative study explored whether stigma affects how older adults discuss concerns about falling. Six focus groups with 22 community-dwelling older adults revealed three themes: (1) interchangeable but meaningful use of "fear" and "anxiety," (2) stigma leading to reluctance to disclose concerns outside peer groups, and (3) practical strategies used to mitigate fall risk. Terminology preferences were not supported. Findings highlight that stigma may inhibit help-seeking and engagement with clinicians, underscoring the need for sensitive communication in practice. **Mei L. Lim, University of New South Wales, Sydney, Australia & The George Institute for Global Health, Sydney, Australia.** **Development of a concerns about falling scale for long-term care settings** Concern about falling is highly prevalent in care home settings, yet existing measures inadequately capture residents' daily activities. Using interviews with 15 residents and 10 staff, we co-designed the IconFES-LTC, a 20-item tool covering essential activities within and beyond the facility. Pilot testing refined content and identified practice gaps, including limited falls-prevention knowledge, low exercise participation and lack of an appropriate assessment tool. The IconFES-LTC is the first resident-informed scale tailored to long-term care homes and supports more accurate assessment and targeted intervention **Sabine Britting, Institute for Biomedicine of Aging, FAU Erlangen-Nürnberg, Nuremburg, Germany** **Gait parameters associated with concerns about falling** This study investigated how concerns about falling relate to cautious gait. Data from two cohorts (n=261; median age 80) showed higher concerns and poorer physical function in one sample. Concerns about falling were moderately associated with slower normal and maximal gait speeds. Regression modelling identified spatiotemporal gait parameters explaining 29% of variance in concern scores. Findings confirm strong links between cautious gait and concerns about falling and highlight the need to test whether exercise interventions can modify these gait patterns. **12.30 Oral Presentations from submitted abstracts**

Detailed information on Day 3 Stream 3

	STREAM 3
13.00	**Lunch**
13.00	**Poster Presentations**
13.00	**Technology Booth**
14.00 - 15.30	**Prevention** **Evidence Lost in Translation: Addressing Implementation Gaps in Falls Prevention in Community** Moderators: Professor Dr. Koen Milisen, KU Leuven, Belgium Only 14% of evidence-based healthcare innovations are translated into practice, often after long delays. This evidence–practice gap leads to suboptimal care, with many patients missing appropriate interventions or receiving unnecessary treatment. Falls prevention illustrates this problem: despite strong evidence, effective strategies remain underused in real-world settings. Closing this gap requires systematic, context-sensitive approaches that draw on implementation frameworks, co-design, and strong stakeholder engagement. This symposium explores how implementation science can improve the uptake, effectiveness, and sustainability of falls prevention interventions across diverse healthcare contexts. International examples will highlight structured, scalable approaches to translating evidence into practice. Four research groups will present their work. The BE-EMPOWERed program (Belgium) uses Intervention and Implementation Mapping, alongside the MRC framework, to co-design and evaluate a seven-week falls prevention program embedded in primary care. The StandingTall project (Australia & UK) applies the CFIR framework and ERIC strategies to support large-scale implementation of a digital intervention for older adults. The iSOLVE project (Australia) employs the Knowledge-to-Action framework, the Behaviour Change Wheel, and Normalization Process Theory to integrate falls risk identification and management within primary care teams. The FLEXI project (UK) examines the adoption and implementation of FaME across three regions, using data mapped to CFIR to generate practical recommendations and tools for future adoption. A moderated discussion will explore shared challenges, lessons learned, and opport **Dr. Sara Vandervelde, Postdoctoral researcher, KU Leuven, Belgium** **BE-EMPOWERed: Implementing and Evaluating Multifactorial Falls Prevention intervention in Older Community-Dwelling People** The BE-EMPOWERed program supports implementation of multifactorial falls prevention for community-dwelling older adults. Developed through Intervention and Implementation Mapping within the MRC framework, it was co-designed in a Flemish primary care setting. The program includes a seven-week group intervention, workshops for healthcare professionals, an implementation plan and trained implementation facilitators. A two-year mixed-methods evaluation (n=188) showed improved physical activity, falls prevention behaviours and mobility, with significantly lower odds of falling one year later (OR 0.16; 95% CI 0.08–0.32), alongside high attendance and strong feasibility for wider adoption. **Dr. Meghan Ambrens,Research Fellow, Neuroscience Research Australia, NSW Australia** **Understanding reality: Evaluating uptake, implementation and scalability of an eHealth fall prevention programme** This study evaluated the uptake, implementation and scalability of the eHealth falls prevention program StandingTall across Australia and the UK. Using CFIR 2.0, barriers and facilitators were identified through 77 interviews with study staff, stakeholders, healthcare professionals and program users. These were mapped to ERIC and refined with APEASE criteria and AACTT Framework. Six key implementation strategies were selected: preparing champions, promoting adaptability, building local consensus, providing facilitation, auditing with feedback, and creating an implementation blueprint. Findings highlight the complexity of embedding digital fall prevention in routine care and offer a roadmap for scalable, sustainable adoption. **Prof. Lynette Mackenzie,Professor, University of Sydney, NSW Australia** **Implementing and evaluating iSOLVE (Integrated Solutions for Sustainable Fall Prevention), integrating solutions for sustainable fall prevention in primary care** The iSOLVE project implemented and evaluated integrated fall-prevention pathways in primary care, including a General Medical Practitioners (GPs) Decision Tool and Allied Health Professionals (AHPs) upskilling. Using a pragmatic hybrid-type 2 mixed-methods design with a Primary Health Network, the study involved surveys, qualitative research and an embedded cluster RCT. AHP workshops (n=367) improved confidence and delivery of evidence-based strategies. GPs in the experimental group were more likely to conduct fall prevention activities and make early AHP referrals. Although no difference in fall rates was found, area-wide GP surveys showed increased referrals over five years. Findings highlight the value of equipping GPs and strengthening AHP–primary care networks. **Dr. Helen Hawley-Hague, Senior Lecturer, University of Manchester, UK** **Implementing and spreading the Falls Management Exercise (FaME) programme in England.** This study examined how the evidence-based FaME exercise programme can be implemented and scaled across England. Twenty-five interviews with commissioners, service managers, postural stability instructors, healthcare professionals and academics were analysed using five CFIR domains. Adoption varied by innovation features, local context, organisational capacity, individual factors and implementation processes. Further specific case studies showed that tailored adaptations can improve engagement of underserved groups without altering core elements. System-level challenges remain, and strong champions across health and social care are key to achieving wider, sustained implementation. **15.00 Oral Presentations from submitted abstracts**
15.30	**Free time**

Detailed information on Day 3 Stream 4

	STREAM 4
08.30	**Registration**
09.00	**Poster Presentations**
09.00	**Technology Booth**
11.00	**Technology Booth**
11.30 - 13.00	**Research to Reality** **Translating Evidence Into Action: The Real-World Challenges Of Falls Management In Lmics** Moderator: Elizabeth GM Chong, Consultant Geriatrician and Internal Medicine, Hospital Kuala Lumpur Falls prevention in lower-middle-income countries (LMICs) presents a significant public health challenge due to rapidly ageing populations, constrained healthcare resources, and fragmented systems of care. Effective prevention requires coordination across primary care settings to inpatient services, to ensure that older adults are identified early to receive appropriate interventions. In many LMICs, primary care is the first point of contact, offering an essential platform for routine screening of fall risks such as visual impairment, polypharmacy and malnutrition. Strengthening primary care capacity through integrating simple balance and sarcopenia assessments helps detect high-risk individuals before falls occur. Within hospitals, inpatient fall prevention strategies remain equally important, as hospitalised older adults often experience acute illness, reduced mobility, and environmental hazards that amplify risk. Implementing structured fall-risk assessments, ensuring access to assistive devices, and promoting early mobilisation with assistance and education regarding falls can significantly reduce inpatient falls. However, these measures require system-level support and consistent staff education, which are often limited in resource-constrained contexts. A multidisciplinary approach is critical for sustainable falls prevention across LMIC health systems. Collaboration between nurses, physiotherapists and pharmacists facilitates holistic care that addresses physical, environmental, and medication-related risk factors. Ultimately, falls prevention in LMICs relies on strengthening care continuity, empowering multidisciplinary teams and culturally appropriate interventions across both primary care and inpatient settings. **Nagammai Thiagarajan, Consultant in Family Medicine, Kuala Lumpur Primary Care Clinic,** **One step ahead: Reducing falls risks by screening for sarcopenia in primary care** Klinik Kesihatan Kuala Lumpur integrates structured sarcopenia screening into its fall-prevention service using AWGS 2025 guidelines. Among 200 older adults assessed, 37.5% were aged 60–69, 46% aged 70–79, and 16.5% ≥80. Recurrent falls (≥2 episodes) occurred in 30.5%, osteoporosis in 25%, and probable sarcopenia in 37%. Implementation of standardised protocols enabled identification of muscle dysfunction and associated risks. At 6-month follow-up, TUG performance decreased from 61.1% to 39.8%, indicating clinically meaningful improvements in mobility, balance, and fall risk. **Elizabeth Chong, Consultant Geriatrician and Internal Medicine, Hospital Kuala Lumpur,** **Intervention vs. Impact: Do Structured Falls-Management Tasks Reduce Hospital Falls?** A 36-month evaluation in a 600-bed tertiary hospital examined the impact of compliance with five structured falls-intervention tasks (patient tagging, bed-height optimisation or railing use, provision of walking aids, assisted ADLs, and patient/caregiver education) for patients identified as high risk via the Morse Falls Scale. Higher compliance was associated with reductions in both injurious and non-injurious falls. Education of family and caregivers demonstrated the lowest adherence. The programme contributed to improved safety culture and enhanced staff proficiency in falls prevention. **Malarkodi Suppamutharwyam, Consultant Geriatrician and Internal Medicine, Hospital Tengku Ampang Rahimah.** **Empowering nurses in falls prevention: from zero to hero in resource-limited settings** Despite increasing rates of falls in Malaysia's ageing population, no national nurse-led falls-prevention framework exists. A stepwise model is proposed, emphasising adaptation of international guidelines, formation of professional communities, and capacity building through structured mentorship, clinical coaching, e-learning, workshops, and modular education. Grassroots initiatives have the potential to scale into institutional reforms, formation of special interest groups, and policy influence to strengthen nurse-led fall-prevention leadership. **Syarifah Nora binti Syed Husli, Head of Department of Physiotherapy, Hospital Kuala Lumpur** **Function, falls and fractures: Turning risk into resilience** A mixed-methods study of 133 adults ≥50 years, TUG, SARC-F, low physical performance, widowhood, and poor self-rated health emerged as significant predictors of fragility fractures. Qualitative findings described prevalent of pain, home-based fall mechanisms during daily activities, and psychosocial sequelae including fear and reduced confidence. These results demonstrate that functional decline, falls, and fractures represent interlinked, modifiable domains, underscoring the potential of targeted interventions to enhance resilience. **Nur Syafikah Khalid, Pharmacist in Bone and Metabolic disorder, Hospital Kuala Lumpur,** **From trips to stronger strides: Drugs to dodge, Drugs to depend on** Pharmacists contribute critically to falls prevention through comprehensive medication review, identification of fall-risk-increasing drugs and application of structured tools to detect inappropriate prescribing. Data from approximately 800 fragility-fracture cases managed through the Fracture Liaison Service highlight a risk-stratified treatment approach prioritising cost-effective first-line bisphosphonates while directing advanced therapies to patients with highest clinical need. **12.30 Oral Presentations from submitted abstracts**

Detailed information on Day 2 Stream 4

	STREAM 4
13.00	**Lunch**
13.00	**Poster Presentations**
13.00	**Technology Booth**
14.00 - 15.00	**Hospital to community** **From Clinic to Community: Translating observations of gait into real-world impact for assessing fall risk in ageing and neurodegeneration.** **Moderators: Professor Stephen Lord, Senior Principal Research Fellow, NeuRA, Australia and Dr Lisa Alcock, Senior Research Associate, Newcastle University, UK** Falls are a major health concern with 1/3 older adults and 2/3 individuals with neurodegenerative disorders experiencing a fall. Many falls occur during walking – highlighting the inextricable link between gait and falls. Current guidelines (NICE NG249, pub.29/04/2025, World Falls Guidelines 2022 PMID:36178003) recommend assessing gait, balance and mobility as part of a structured fall risk assessment. Clinical assessments of fall risk rely on observations (i.e. ability to transfer, walk independently) and assessments (i.e. gait speed, TUG test) during a short, isolated routine appointment – providing a window of opportunity for identifying fall risk. Capturing changes in mobility in the real-world is possible using wearable devices and presents a unique opportunity to investigate dynamic fall risk. Harnessing insights from challenging environments (i.e. hospital) in combination with habitual environments (i.e. at home) provide complementary information regarding fall risk. Real-world mobility monitoring is integrated into large research initiatives already but are not yet implemented in routine clinical assessments. The NHS is undergoing three seismic shifts: from hospital to community; from analogue to digital; and from treatment to prevention. In this symposium, we highlight the importance of monitoring gait in clinical and real-world environments to improve the early identification of fall risk – aligning with all three shifts. Clinical assessments provide the frontline defence for raising awareness of fall risk. Monitoring real-world mobility provides an ecological assessment of mobility and may enhance current fall risk assessments. This symposium will conclude with an audience discussion focused upon the challenges underpinning NHS implementation and adoption. **Professor Tahir Masud, Consultant Physician, Nottingham University Hospitals NHS Trust, Nottingham, United Kingdom** **Gait assessment made easy for the busy clinician.** Gait disorders are significantly associated with an increased falls risk. The ability of clinicians responsible for assessing fallers to identify gait abnormalities is therefore vital so that appropriate fall prevention management strategies are instituted. There are numerous causes of impaired gait and busy clinicians need a structured approach to avoid missing treatable conditions. This clinically orientated lecture provides a simple framework for gait assessment that can be employed by clinicians and healthcare professionals. This approach divides gait abnormalities by level of sensorimotor deficit: high, middle and low-level gait disorders. A structured approach to determine why someone is not walking normally can help to diagnose treatable conditions, reduce the risk of falls and related adverse consequences such as fractures and head injuries. **Dr Ditte Beck Jepsen, Clinical Associate Professor, Research Unit of Geriatrics, University of Southern Denmark, Denmark** **Gait speed as a clinical predictor of falls: From screening to prevention** This presentation aims to highlight the role of gait speed as a predictor of fall risk, discuss its clinical applicability, and explore how systematic gait speed assessment can be integrated into routine practice to support early identification and prevention strategies. Evidence from large cohort studies demonstrates that reduced gait speed (<0.8 m/s) is strongly associated with increased fall incidence, hospitalization, and functional decline. Importantly, the World Falls Guidelines recommend gait speed, alongside other simple functional measures, as a primary screening tool for fall risk in older adults. Older adults with slow gait speed have a significantly higher risk of falls compared to age-matched counterparts with a normal gait speed. Gait speed also correlates with frailty and fracture risk, making it a valuable screening tool for identifying patients in need of targeted interventions. Incorporating gait speed assessment into routine practice provides an opportunity for early identification of high risk patients and timely initiation of fall prevention strategies, thereby reducing the burden of falls and fractures in aging populations. **Dr Lisa Alcock, Senior Research Associate, Institute for Translational and Clinical Research, Newcastle University, United Kingdom** **Dynamic fall risk in ageing and neurodegeneration: harnessing insights from monitoring gait in the real-world.** Up to 90% of people with Parkinson's disease (PD) fall at least once every year. Timely and effective intervention remains an urgent priority not only to prevent future falls but ideally to delay or prevent the first fall. Falls aetiology is complex, dynamic and multidimensional, varying between individuals, and within individuals over time. Such a heterogeneous group requires a personalised approach to management. This talk will demonstrate how instrumented gait and mobility assessments in the real-world can enhance our understanding of the dynamic nature of fall risk and inform targeted interventions. Harnessing smart technologies for remote monitoring of dynamic fall risk as well as creating safer environments constitute a key component of future efforts in the fight against falls.LMIC **12.30 Oral Presentations from submitted abstracts**