

# Setting up a Balance Group in a Neurology Physiotherapy Outpatient Setting

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## Rationale

Our goal was to set up a balance group for both neurological and vestibular patients with balance issues. These could either be people who have fallen or who are at risk of falling.

We felt that we were treating multiple patients with similar balance issues and that we could treat these patients together in a group. This would benefit the service as we would be more time efficient and see more patients with less staff, having a positive impact on reducing the waiting list.

This would also benefit the patients as they help to motivate each other and become more confident in a group setting. We can also challenge their balance further when including group activities, which we are unable to achieve in a 1:1 session.

## Exercises

The group each week consists of a warm up, an exercise circuit with 7 stations and group activities at the end. Each circuit exercise has different levels and patients work at their own ability.

### Warm-up

- Neck range of movement
- Vestibular exercises
- Trunk range of movement
- Lower limb strengthening
- Stretches

### Exercise circuit

- Compensatory stepping
- Reaching high and low to place bean bags on wall bars/floor or hanging washing out above head
- 360 degree turns
- Walking and moving head side to side and then up and down
- Wii Fit balance game transferring weight side to side
- Individual balance exercises progressing base of support
- Balancing on an uneven surface – foam cushion

### Group activities

- Walking on uneven surfaces
- Bowls / skittles
- On/off the floor
- Grapevine
- Walking sideways, backwards
- Turning as part of an activity
- Ball games – working at different heights, e.g. throwing, rolling, kicking
- Tapping balloon

Group activities vary according to the level and ability of the group.

## Group

The group runs for 8 weeks and has the capacity for 7 patients. The class lasts for 1 hour and patients start and finish the class together. A new group is set up once there are enough patients on the waiting list – it is not a rolling programme. The staffing consists of 2 physiotherapists and a physiotherapy assistant.



## Follow up & outcome measures

The outcome measures used are the Activities-Specific Balance Confidence (ABC) scale and the Mini-BEST. These are completed before the patient attends the group. The ABC is repeated on the final week of the group. Both outcome measures are repeated at 1 month and 4 months post the final week of the group, where they have a review with a physiotherapist. We encourage all patients to join a balance group run by Swindon Borough Council or a relevant community activity once they finish the group to continue to maintain the improvements that they have made and achieve long term change.

## Statistics

The following statistics have been taken over 4 groups and demonstrate positive results in terms of confidence, balance and achievement of goals.

The bar charts below highlight the improvements measured in the ABC and Mini-Best at 1 and 4 month follow up post group compared to their pre group score.

We also measured the number of patients who had achieved their goals which they set before starting the group:

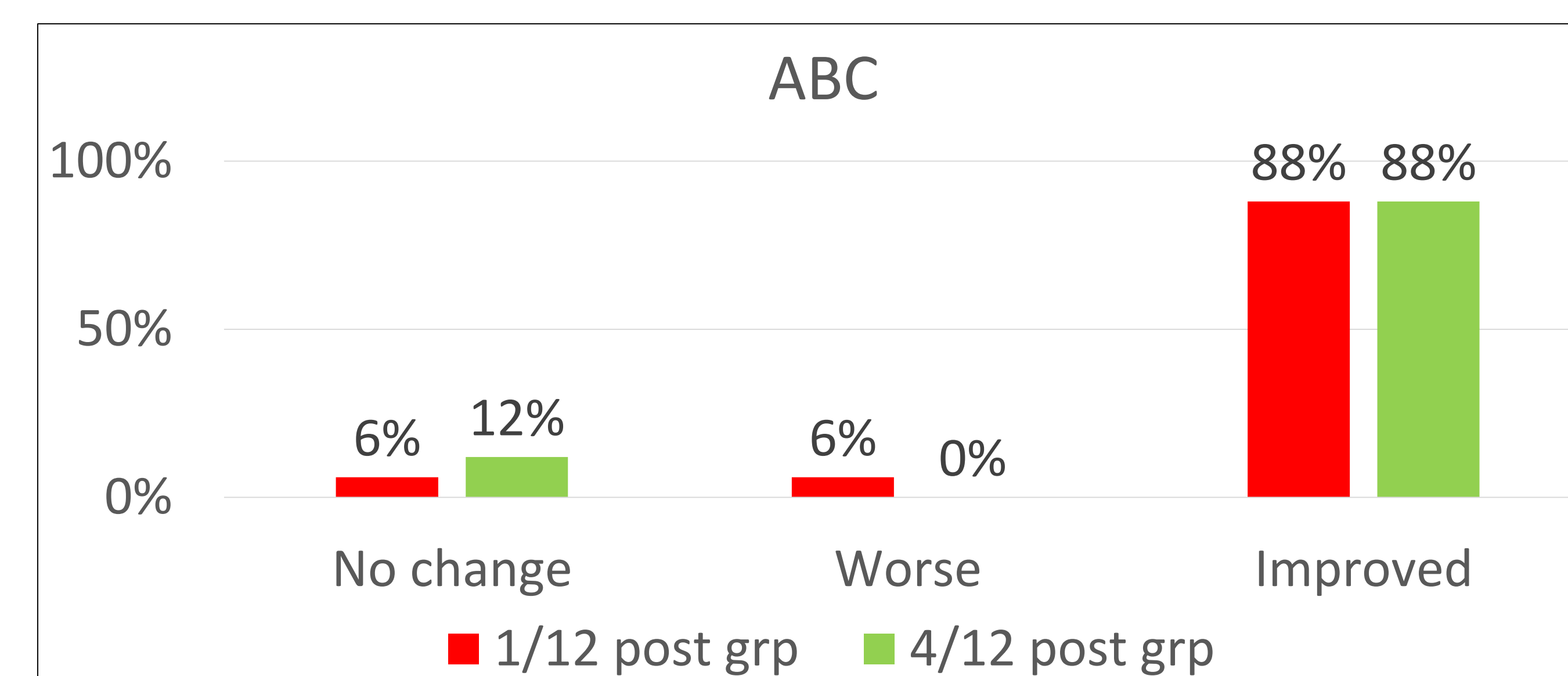
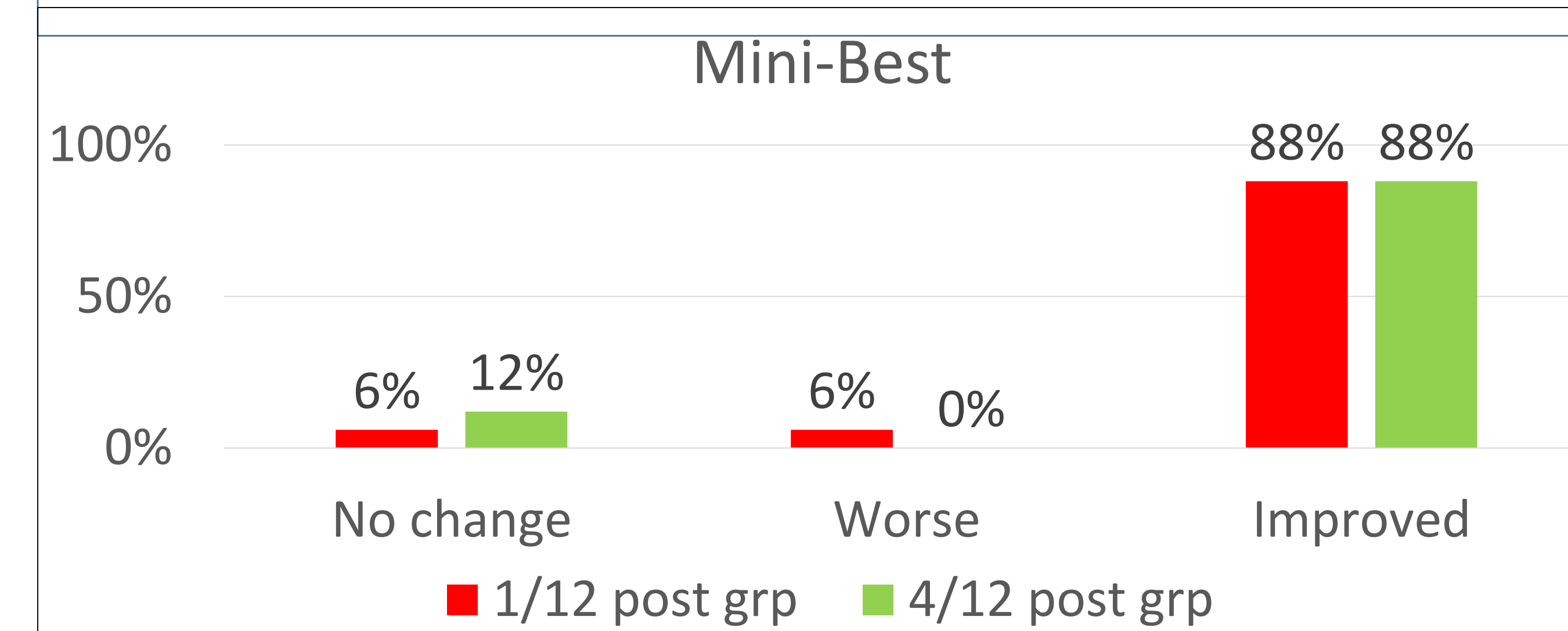
1/12 post group 88%

4/12 post group 94%

Finally we recorded how many patients attended a community group following completion of our group:

1/12 post group 50%

4/12 post group 44%



## Development of Group

- The group was extended from 6 to 8 weeks to allow longer to consolidate balance gains and confidence
- We added in on/off the floor
- Added in follow up at 1 and 4 months post group
- Protocol developed but this needs ongoing review and updating to ensure consistency
- Visited community groups and invited leisure centre staff to observe group
- Identified gap in levels of classes available at leisure centres – we are currently working with Swindon Borough Council to address this.
- Volunteer now helps with the group and can spend time 1:1 if needed
- Some patients find ABC difficult to complete, some manage with 1:1 guidance and some are unable to use it.

## Contact

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## References

1. Franchignoni et al (2010) Using psychometric techniques to improve the Balance Evaluation Systems Test: the Mini-BESTest. J Rehabil Med; 42: 323-331
2. Powell and Myers (1995) The Activities-Specific Balance Confidence (ABC) Scale. J of Gerontology; Series A, Vol 50A, Pg M28-M34