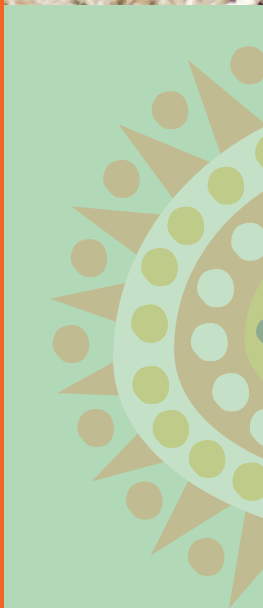


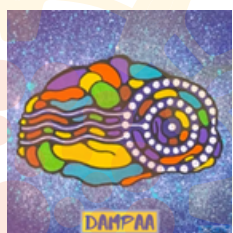


Brain Health Program Facilitator Manual

Keeping Memories Strong



This booklet was created for:



**The Dementia prevention and
risk Management Program for
Aboriginal Australians
(DAMPAA)**

By:



**Centre for Aboriginal
Medical and Dental Health**



**THE UNIVERSITY OF
WESTERN
AUSTRALIA**



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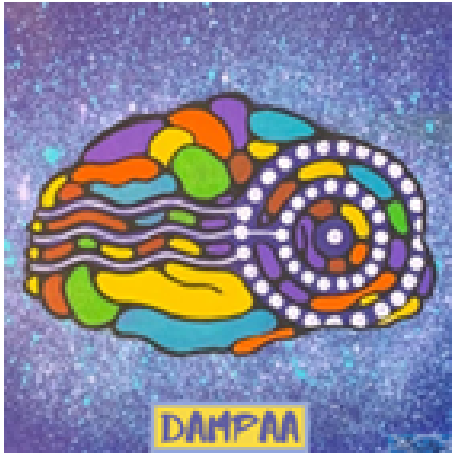
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Introduction



The Dementia prevention and risk Management Program for Aboriginal Australians (DAMPAA)

BACKGROUND

The **Dementia prevention and risk Management Program for Aboriginal Australians** also known as **DAMPAA**, was designed to reduce cognitive (memory and thinking) decline in Aboriginal people aged 45 years and over.

Developed in 2018 with Aboriginal Community Controlled Health Services, the DAMPAA program was led and coordinated by Aboriginal Health Practitioners. The program was trialled from 2021 to 2024.

The program **targets key dementia risk factors** including physical inactivity, falls, head injury and cardiovascular factors and also includes health education components for participants to lead a healthier lifestyle.

This manual is a *preliminary* toolkit for facilitating the program and will be adapted once full findings from the DAMPAA project are complete.

Program Details

Goals of program

The DAMPAA program aims to address the modifiable risk factors that increase the prevalence of Dementia and increase Elders' knowledge on dementia prevention.

Who should deliver this program?

The DAMPAA program was designed to be delivered by **Aboriginal health workers** with appropriate health qualifications.

Program length

The program consists of **3 sessions a week** (1 group based and 2 home based session), for a duration of **6 months**. Each session is 60-90 minutes long. A **comprehensive medication review** is recommended within the first 8 weeks for participants who have not undergone one recently.

Structure of each session

Each session consists of the prescribed exercises: starting with a warm up, followed by stretching and strengthening exercises, walking, balance exercises and a cool down.

In the first week of each month, an interactive education component in the form of a yarning group activity will be delivered. The education component combines yarning group discussions and an information session using resources included in both the facilitator and participant manuals. The education activities provided in this booklet can be used as a guide to steer the yarning group discussion.

Recommended number of participants

Each group should have between 6-15 participants.

Exclusion criteria

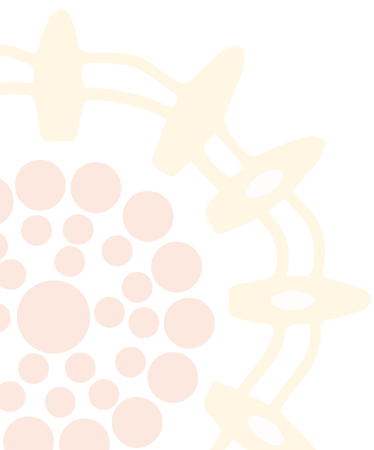
This program is not suitable for participants with:

- a dementia diagnosis
- presence of medical condition that restricts walking without assistance
- unstable or life-threatening medical condition
- medical condition that contraindicates moderate physical activity, including morbid obesity ($BMI \geq 40 \text{ kg/m}^2$)



DAMPAA program overview

Duration	6 months	
Program Aim	<p>Complete:</p> <ul style="list-style-type: none"> • 150 minutes of moderate physical activity • 30 minutes of strength training and balance exercises every week <p>Deliver health education to participants</p>	
Number of sessions	<p>3 sessions a week</p> <ul style="list-style-type: none"> • 1 group based • 2 home based 	
Session plan	Warm up	5 minutes
	Stretching and Strengthening exercises	15 minutes
	Walking (outdoors recommended if weather permits)	20-40 minutes
	Cool down	5 minutes
	Balance exercises	10 minutes





Session 1

Format of first session

Overview

Introduction of DAMPAA program

Resources needed

- Participant manuals
- Medical information sheet (page 6 of participant manual)
- Prescribed exercises sheet
- Pens

Lesson plan

1. Welcome and introductions
2. Encourage participants to introduce themselves
3. Fill in medical information sheets
4. Deliver yarning group education activity: Dementia
5. Go through the prescribed exercises with participants
6. Perform exercises
7. Prescribe home-based exercises to participants

Education activity

- Discuss dementia: what is dementia, most common types, prevalence in Aboriginal and Torres Strait Islander peoples, risk factors and dementia prevention

Notes

- Request participants to attend in active wear and comfortable shoes
- Ensure the participants are able to perform exercises and do not have any injuries. Adjust or omit exercises as necessary.
- As this is the first session, the duration may be up to 90 minutes
- Keep a copy of the medical information sheet for each participant for record keeping



Subsequent sessions

Format of subsequent sessions

Overview

Structure of each session

Resources needed

- Participant manuals
- Prescribed exercises sheet
- Pens

Lesson plan

1. Welcome
2. Perform prescribed exercises and walking
3. First week of each month: deliver education activity
4. Prescribe home-based exercises to participants

Note: sessions with an education activity may be up to 90 minutes long

Education activity

An education activity is delivered in the first week of each month in a semi-structured yarning style. Resources for each month are included in the following pages.

The topics of each month are:

- Month 1: Dementia and dementia prevention
- Month 2: Good brain health and protecting your head from injury
- Month 3: Being active and safe exercise
- Month 4: Looking after your heart and spirit and staying connected
- Month 5: Eating healthy
- Month 6: Good medicine use for Elders

Notes

- Request participants to attend in active wear and comfortable shoes
- Ensure the participants are able to perform exercises and do not have any injuries. Adjust or omit exercises as necessary.
- Find a safe location to walk and book an indoor space for rainy days



Month 1: Education activity

The education activity is conducted in a semi-structured yarning style. This month's topic is **dementia** and **dementia prevention**. The following pages can be used as a discussion prompt for the yarning group. The purpose of this month's activity is to increase knowledge on dementia, explore the modifiable risk factors for dementia and to highlight healthy lifestyle changes that could be implemented to prevent dementia (including staying active through the DAMPAA program).

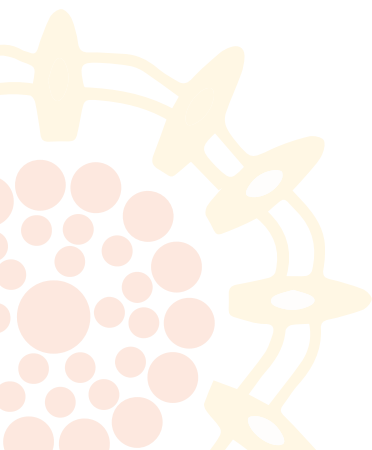
Learning outcomes of this session:

1. Define dementia
2. State the modifiable risk factors for dementia
3. Explain steps to dementia prevention

Resources for educator:

1. Dementia Australia: <https://www.dementia.org.au/dementia-and-aboriginal-and-torres-strait-islander-people>
2. Caring for Spirit: <https://caringforspirit.neura.edu.au/>

These resources are for the educator to gain more knowledge and understanding on the topic before running the session.





Month 1: Education activity

This **“true or false?”** activity can be used to prompt the discussion on dementia. Read out the statements to the group, allow time for a discussion and guide them with the correct answers listed below.

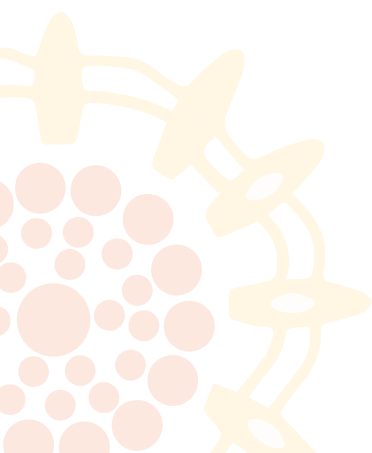


Statement	TRUE or FALSE?
Dementia is another word for Alzheimer’s disease	False. Dementia is not one specific disease, it describes a collection of symptoms to describe a sickness of the brain. Alzheimer's disease is just one type of dementia. There are more than 100 conditions that can cause dementia.
Dementia is a word that describes a sickness of the brain	True. Dementia is an umbrella term used to describe a brain-related illness that causes changes in the way people think and act. These may include changes in memory, thinking, emotions and their ability to keep doing things they’ve always done.
Only older people get dementia	False. Anyone can get dementia. However, older people experience higher rates of dementia than younger people. It is more common after the age of 65 years. Less commonly, people in their 40s and 50s and even sometimes much younger can also have dementia.
Dementia is something all older people get	False. Dementia is not a normal part of ageing, however, older people do experience higher rates of dementia compared to younger people. Dementia can affect anyone but not all older people will develop dementia.
Dementia is just being forgetful	False. Dementia is not just forgetfulness. Memory loss from dementia is persistent and progressive, meaning it gets worse over time. It is not the same as occasional forgetfulness.
Aboriginal and Torres Strait Islander people are more likely to get dementia than non-Aboriginal people	True. Aboriginal and Torres Strait Islander people experience dementia at a rate three (in urban populations) to five times higher than non-Aboriginal people.

Month 1: Education activity



Statement	TRUE or FALSE?
<p>Alzheimer's disease is the most common type of dementia</p>	<p>True. Alzheimer's disease is the most common type of dementia in both Aboriginal and non-Aboriginal people. Followed by Vascular dementia, Lewy bodies dementia and frontotemporal dementia.</p>
<p>Aboriginal and Torres Strait Islander people are more likely to get dementia at a younger age</p>	<p>True. Dementia can affect Aboriginal and Torres Strait Islander people at a younger age (45 years), compared to the non-Indigenous population, but it is still not common to get dementia at this age. Most Aboriginal and Torres Strait Islander people who get dementia are older than 60 years of age.</p>
<p>Dementia is genetic</p>	<p>False. Having a family history of dementia does not mean you will develop dementia. Having a risk-factor gene for Alzheimer's disease slightly increases the chance of developing Alzheimer's disease. Some types of dementia such as Familial Alzheimer's disease and Huntington's disease can be inherited but are rare and have a younger onset (e.g. 40s)</p>
<p>There are things you can do to reduce your chance of getting dementia</p>	<p>True. Taking care of your brain health and keeping your mind and body strong can lower your chances of getting dementia.</p>

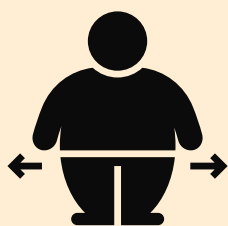




Month 1: Education activity

This page is also on page 8 of the Participant's Manual. In this activity, list the risk factors for dementia below. From this list, discuss with the group which risk factors are within our control and can be changed. These controllable factors are called *modifiable risk factors*. Further explanations are on the next page.

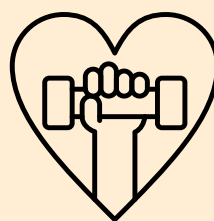
Risk factors for dementia:



Obesity



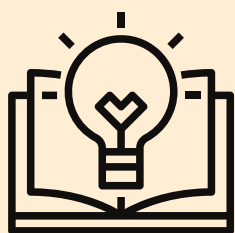
Air pollution



Physical inactivity



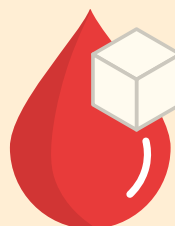
Hearing loss



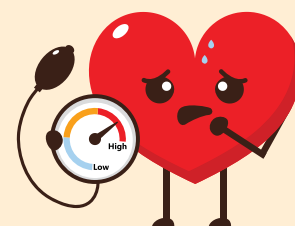
Less education



Traumatic brain injury



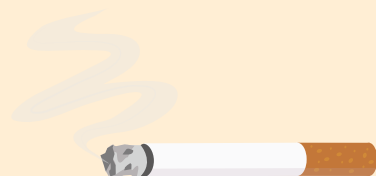
Diabetes



High blood pressure



Depression



Smoking



Social isolation



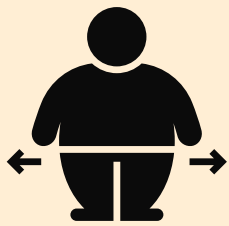
Excessive alcohol

Studies show that 30-50% of the risk of dementia is related to habits in our lifestyle that we can change. Which ones of the above are in our control?

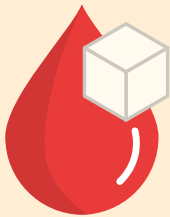
Month 1: Education activity

Below are further details of the risk factors to dementia to supplement the activity and yarning group discussion. Encourage the group to discuss ways to prevent dementia through healthy lifestyle choices.

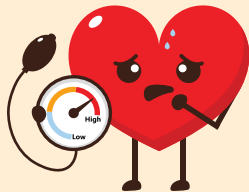
Lifestyle factors that increase the risk of dementia:



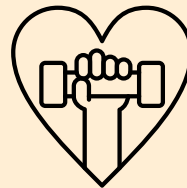
Obesity



Diabetes



High blood pressure



Physical inactivity



Smoking



Excessive alcohol

- Eating well and staying active can help you have a healthier heart, body and mind. A healthy diet prevents high blood pressure, diabetes, obesity and heart diseases which are all linked to an increased risk of dementia.
- Heart health and brain health are connected and heart diseases such as high blood pressure can increase risk of developing dementia, especially as we grow older.
- Excessive alcohol use is linked to declining memory and thinking skills, decline in brain health and increased risk of dementia, especially younger onset dementia.
- Smoking increases the risk of heart disease and dementia. There is no safe level of smoking.

Other risk factors to be mindful about:



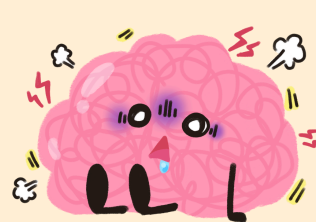
Hearing loss



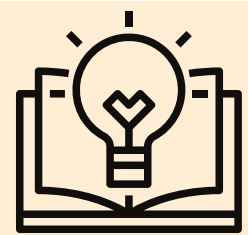
Depression



Social isolation



Traumatic brain injury



Less education

- Hearing loss is linked to an increased risk of dementia. The link is currently being researched and not well understood yet. Regular hearing tests, avoiding loud noises and protecting your hearing is important to prevent damage to hearing.
- Loneliness and depression is linked to dementia. It is important to stay connected to friends and family and to get help if you are experiencing depression.
- There is a strong link between head injuries and dementia. Wear seatbelts and helmets to protect your head from injury.
- Lower levels of education is linked to increased dementia risk. Continuing to learn and keeping your brain active can help reduce risk of declining memory and thinking skills.



Month 2: Education activity

This month's topic is **good brain health** and **protecting your head from injury**. The resources in the Participant Manual (page 9 and 10, posters below) are related to this topic.

Learning outcomes of this session:

1. Understand the link between good brain health and dementia
2. Explain how to have good brain health and protect the head from injuries

Resources for educator:

1. Dementia Australia: <https://www.dementia.org.au/brain-health/reducing-your-risk-dementia/protect-your-head>
2. Dementia Australia: <https://www.dementia.org.au/news/how-do-we-maintain-healthy-brain>
3. Caring for Spirit: <https://caringforspirit.neura.edu.au/research/reducing-risk-factors-and-preventing-dementia/>





Month 2: Education activity

In this activity, explain the links between brain health and dementia below and prompt the yarning group to discuss **strengthening brain health** and **ways to protect your head from injury**. Some examples are included below. Participants can refer to the posters on pages 9 and 10 of the Participant Manual as a resource.

Brain Health

Taking care of your brain health is important to reduce the risk of dementia. Keeping the heart, body and mind healthy are linked to good brain health.

Ask the yarning group: ***What can we do to keep our brains strong?***

Examples include:

- Protecting your head from injury
- Stop smoking
- Looking after your heart and spirit
- Keeping the mind active by learning new skills, reading, and engaging in hobbies
- Eating good tucker - a healthy diet reduces the risk of heart disease, diabetes and obesity which are risk factors for dementia.
- Staying active - regular exercise keeps the brain healthy
- Limiting alcohol intake - excessive alcohol use can cause brain damage
- Staying connected with family, friends and community - social isolation is linked to a higher risk of dementia
- Getting regular check-ups and monitoring heart health and hearing
- Maintaining a healthy weight

Head Injuries

Studies have shown that people who have experienced moderate to severe brain injuries are at a higher risk of developing dementia as they grow older. The changes to the brain of those with moderate to severe brain injuries have been found to be similar to the changes to the brain caused by Alzheimer's disease.

Ask the yarning group: ***What are some ways to protect our head from injury?***

Examples include:

- Wearing seatbelts in the car
- Wearing helmets when horse riding and on bikes
- Ensure car is roadworthy
- Preventing falls - wear comfortable shoes that fit well, practice balancing exercises





Month 3: Education activity

This month's topic is **being active** and **exercising safely**. The resource in the Participant Manual (page 11, poster below) is related to this topic.

Learning outcomes of this session:

1. Understand that exercise and physical activity reduces the risk of dementia
2. List ways to exercise safely

Resources for educator:

1. Dementia Australia: <https://www.dementia.org.au/brain-health/reducing-your-risk-dementia/physical-exercise>
2. Stay on Your Feet WA: <https://www.injurymatters.org.au/programs/stay-on-your-feet/>
3. Caring for Spirit: <https://caringforspirit.neura.edu.au/research/reducing-risk-factors-and-preventing-dementia/>
4. Physical activity guidelines: <https://www.health.gov.au/topics/physical-activity-and-exercise/physical-activity-and-exercise-guidelines-for-all-australians>



Month 3: Education activity

In this activity, explain the importance of being **physically active** in preventing dementia. Ask the group to complete page 16 of the Participant Manual. Go over pages 17-19 of the Participant Manual for information on how to exercise safely.

Exercising keeps our bodies healthy. Staying active can help with weight management, heart disease and preventing dementia.

For adults under the age of 64 years old, the Australian Government recommends:

- Being active on most days of the week incorporating a total of at least 2.5 hours of moderate activity weekly
- Strengthening exercises at least 2 days a week

For adults above the age of 65 years old, the Australian Government recommends:

- At least 30 minutes of moderate activity on most (preferably all) days of the week
- A range of activities that include strength, balance and flexibility exercises (like in the DAMPAA program)

Moderate activities include mopping, vacuuming, brisk walking, water aerobics and gardening.

Group activity, page 21 of Participant Manual: **What benefits and gains do you want from exercising?**

Refer to pages 17-19 (posters below) of the Participant Manual and explain safe exercise considerations to the group. Resources on falls prevention is also included in the Participant Manual (pages 21-23)

Why Exercise?

One of the reasons why you are taking up a physical activity is to gain the benefits.

What "Gains" do you want from exercise? List them.



e.g. more energy

Exercise Considerations

STOP signs



- Pain (unmanageable)
- Tightness or pain in the chest, arm, neck, jaw
- Severe breathlessness
- Light-headedness
- Dizziness
- Loss of muscle control
- Nausea
- Unusual behaviour
- Excessive overheating

Action plan:

- If you experience the above:
1. Stop exercising
 2. Seek medical attention



Breathing

If you feel short of breath 10 minutes after exercising, then you were working too hard. If you breathing is distressed after this time, seek medical advice.

Clothing recommendations

- Wear comfortable clothes
- Consider appropriate shoes/footwear

Preventing injury

Unfortunately, at times injuries are unavoidable. If you do get hurt, see your doctor or physiotherapist.

If in doubt, check it out



Tips for before/during exercise

- Don't exercise if you have a cold/flu
- If you have any medical conditions and you are unsure about the safety of exercise, ask a health professional
- Stay hydrated
- Avoid exercising during the hottest time of the day
- Do not hold your breath when exercising
- Ensure your environment is safe (no obstacles)

Group activity (located on page 16 in the Participant Manual)

Exercise safety considerations (page 17-19 of the Participant Manual)



Month 4: Education activity

This month's topic is **looking after your heart and spirit** and **staying connected**. The resources in the Participant Manual (page 12-13, posters below) are related to this topic.

Learning outcomes of this session:

1. Understand why it is important to stay connected to community and culture
2. List ways to stay connected

Resources for educator:

1. Dementia Australia: <https://www.dementia.org.au/brain-health/reducing-your-risk-dementia/staying-social>
2. Dementia Australia: <https://www.dementia.org.au/brain-health/reducing-your-risk-dementia/mental-exercise>
3. Caring for Spirit: <https://caringforspirit.neura.edu.au/research/reducing-risk-factors-and-preventing-dementia/>





Month 4: Education activity

In this activity, explain the link between social isolation and depression with dementia. Then, prompt the yarning group to discuss ways to **stay connected with friends, family and community**. Refer to pages 12 and 13 in the Participant Manual as a resource.

Social isolation, loneliness and depression increases the risk of a decline in memory and thinking. Keeping a strong connection with your loved ones and community can reduce your risk of dementia.

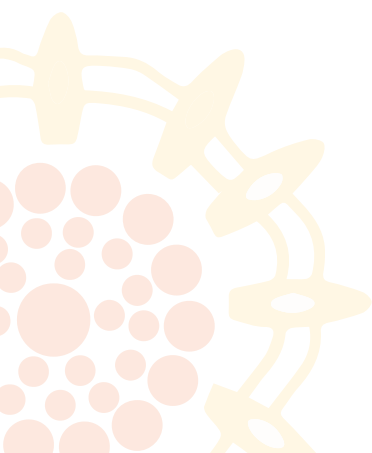
Depression is a common mental condition that can be treated. Be aware of the signs of depression, which include feeling sad for a prolonged length of time, losing interest in doing things that make you happy and losing interest in connecting with family and friends.

Staying connected with your mob, cultural ways and community are important factors to healthy brain ageing.

Ask the yarning group: ***What are some ways you can stay connected to your mob and keep your spirit strong? What are some easy ways to practice these every day?***

Examples include:

- Walking in nature
- Engaging with community groups/Elders groups
- Sharing knowledge with your grannies
- Keeping the mind active by engaging with hobbies like painting, gardening, playing music





Month 5: Education activity

This month's topic is **healthy eating**. The resources in the Participant Manual (page 14 and 20, posters below) are related to this topic.

Learning outcomes of this session:

1. Describe the importance of good nutrition for brain health
2. Understand the Aboriginal and Torres Strait Islander Guide to Healthy Eating

Resources for educator:

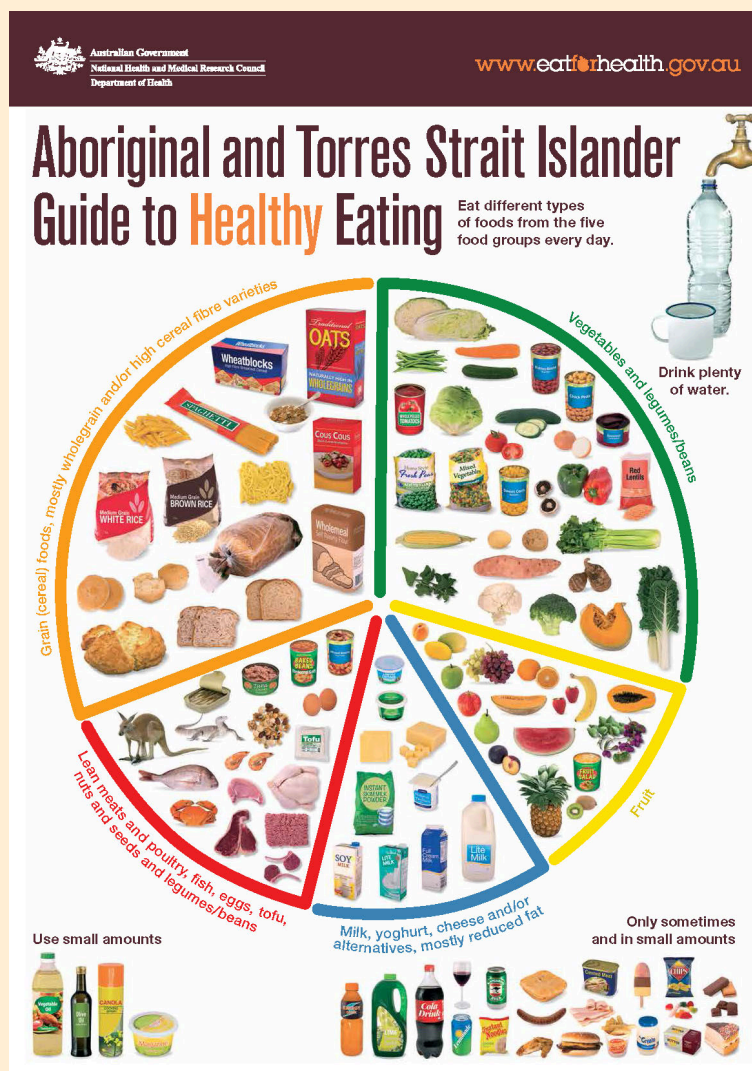
1. Eat For Health: <https://www.eatforhealth.gov.au>
2. Dementia Australia: <https://www.dementia.org.au/brain-health/reducing-your-risk-dementia/nutrition>
3. Caring for Spirit: <https://caringforspirit.neura.edu.au/research/reducing-risk-factors-and-preventing-dementia/>





Month 5: Education activity

In this activity, refer to the Aboriginal and Torres Strait Islander Guide to Healthy Eating.



Eating well protects your heart health, brain health, and overall health. Eating well can prevent high blood pressure, diabetes, heart disease and obesity. All of these conditions increase the risk of dementia.

Ask the yarning group: **What are some ways to achieve good nutrition everyday? What foods should we incorporate more of and what should we avoid?**

Examples include:

- Staying hydrated
- Having food high in fats and sugars in small amounts
- Limiting fried foods
- Adding less sugar to your tea and coffee
- Choosing reduced fat milk
- Have healthy snacks like fruit



Month 6: Education activity

This month's topic is **good medicine use for Elders**. The resource in the Participant Manual (page 15, poster below) is related to this topic.

Learning outcomes of this session:

1. Understand safe medicine practices

Resources for educator:

1. NPS Medicine Wise: <https://www.nps.org.au/consumers/managing-your-medicines>
2. NACCHO Safe Use of Medicines in Older People: <https://www.naccho.org.au/medicines-pharmacy/medicines-information/>
3. Medicines safety for older people: <https://www.healthdirect.gov.au/medicines-safety-for-older-people>

5 tips to good medicine use for Elders
DAMPAA Brain Health Program

- KNOW YOUR MEDICINES**
Have a yarn with your doctor and ask why you are taking this medicine. Let them know if you are taking any bush medicine.
- KEEP A LIST OF YOUR MEDICINE**
Keep a list of all your medicines from your doctor and healer in your bag or pocket.
- BE SAFE**
Ask your doctor how to take your medicine safely.
- GOOD STORAGE**
Keep your medicine in a safe place away from kids. Do not leave them in the sun or in a place that can get hot, like a car or window. Some medicines, such as insulin, need to be refrigerated or kept cool.
- LOOK OUT FOR SIDE EFFECTS**
Tell your doctor if you have any health problems from your medicine and keep in contact with your healer.



Month 6: Education activity

In this activity, discuss ways to use medicines safely. Refer to the poster on page 15 in the Participant Manual and refer to the resources linked in the previous page for further information on the topic.

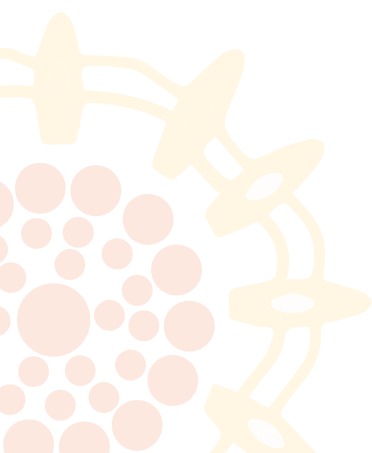
As we get older, the chances of problems with medicines increases. This is due to the changes in how our bodies work as we age and that we are more likely to take multiple medications as we get older.

The changes in our body may cause us to be more sensitive to medicines and our bodies may not be able to process or get rid of medicines as easily. This can increase the risks of experiencing more side effects to the medicines we are taking or the risks of our medicines negatively interacting with one another.

Ask the yarnning group: ***What are some steps we can take to ensure we are using our medicines safely?***

Examples include:

- Keeping a list of current medications, including any supplements and bush medicines
- Keep a list of the amounts of each medicine that you take
- Ensuring family members have a copy of the medicine list
- Asking your doctor or healthcare worker about your medicines, its side effects, how to take them
- Asking for a medicine review from your doctor or healthcare worker
- Organising medicines using a weekly dosing aid container to help with remembering which medicines you have taken everyday
- Storing medications properly
- Discussing any side effects with your doctor or healthcare worker
- Ensure your doctor or healthcare worker is aware of all the medicines you are taking





Medical protocol

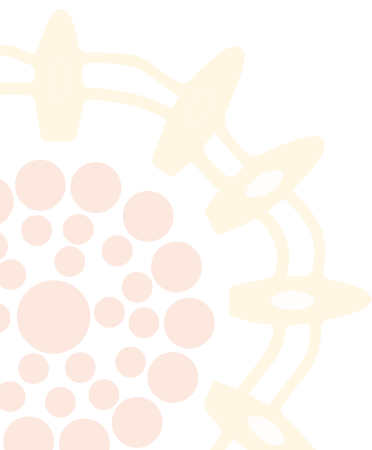
Please note that if a participant becomes unwell at any point during either the screening process, assessment appointment or exercise session, the following course of action should be taken:

1

If the participant is unconscious or unable to move/be moved due to injury or clinical condition (chest pain/dyspnoea), please alert the staff who will arrange for a triage nurse to immediately assess the patient. If the patient requires immediate resuscitation, please ask the receptionist to activate the duress bell.

If the patient is able to be moved, transfer the person to the Clinic reception and request an urgent appointment.

2

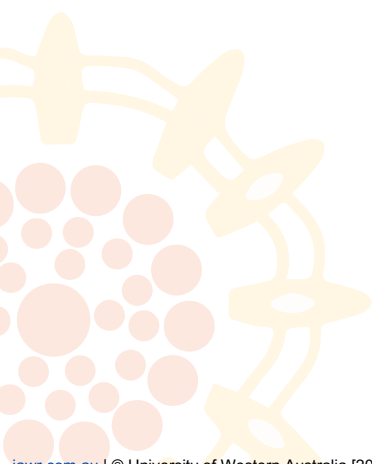




Prescribed exercises: Session template

Follow this template when selecting from the exercises in the following pages for each face to face session.

Exercise Type	Repetitions	Sets
Light Warm Up Walk	5 minutes	
Stretch - select 4	30 seconds each	1 each side
Balance - select 4	As per instruction on balance summary	As per instruction on balance summary
Main activity - Walking	20-40 minutes	
Strength Exercises - select 4	As per instructions on strength exercises summary	As per instructions on strength exercises summary
Light Cool Down Walk	3-5 minutes	
Stretch - select 4	30 seconds	1 each side





Summary of exercises: Stretching program

The flexibility program will include upper and lower body stretches. Stretches will be held for 30 seconds.

Exercise	Repetitions	Sets	Notes
Calf stretch	30 seconds	1 each side	
Standing hamstring stretch	30 seconds	1 each side	Seated: alternate
Standing hip abduction stretch	30 seconds	1 each side	
Shoulder adduction stretch	30 seconds	1 each side	Seated: alternate
Chest stretch (arms out)	30 seconds	Both sides together	Seated
Forearm stretch	30 seconds	1 each side	Seated/standing
Ankle Circles Seated	30 seconds	1 each side	Seated
Neck movements	30 seconds	1	Seated
Trunk movements	30 seconds	1	Seated/standing



Summary of exercise: Balance training

The balance training is comprised of **10 balance activities** from the most frequently prescribed exercises of a program used by *Yang et al. (2012)* adapted from the home-based strength and balance retraining Otago program (<http://www.acc.co.nz>). The exercises were further modified for use in this cohort of middle-aged and older Aboriginal participants.

Three to five activities performed for **8-10 repetitions or 10 steps; repeated 4 times** are selected for each session and repeated for the weeks sessions. Each week one activity is dropped and another rotated in until all activities are completed. The sequence is then repeated or modified according to the participant's individual needs.

Exercise	Repetitions	Sets	Notes
Single leg balance	30 seconds	2 each side	Eyes open
Single leg balance	30 seconds	2 each side	Eyes closed
Heel to toe stand	30 seconds	2 each side	Eyes open
Heel to toe walk	10 steps	4 sets	
Heel walk	10 steps	4 sets	
Toe walk	10 steps	4 sets	
Backward walking	10 steps	4 sets	
Sit to stand	5-10	4 sets	
Heel to toe walk backwards	10 steps	4 sets	
Sideways walking	10 steps	4 sets	



Summary of exercise: Strength training

Exercises for the muscle strength training program are also selected from the program from *Yang et al. (2012)* with additional exercises for upper and lower body strength.

The program comprises a range of 10 activities with **3 to 5 activities** performed for **8-10 repetitions repeated 4 times** are selected for each session and repeated for the weeks sessions. As for the balance program one activity is dropped and another rotated in each week until all activities are completed.

The sequence is repeated or modified according to the participant's individual needs.

Exercise	Repetitions	Sets
Calf raises	10-12	4 sets
Seated Leg Extension	10-12	4 sets
Standing Hip Abduction	10-12	4 sets
Squat	10-12	4 sets
Upright Row	10-12	4 sets
Wall push ups	10-12	4 sets
Bent over row	10-12	4 sets
Bicep curl	10-12	4 sets
Standing hip extension	10-12	4 sets
Upright row	10-12	4 sets



Exercise Instructions: Stretching program

Exercise

Instructions

Calf stretch



In a standing position, hold on to a table or chair for support and step your leg back behind you. Keep your heel on the floor and the toes pointing forwards. Bend your front knee, moving your body forwards, until you feel a stretch in the back of the calf. Make sure your heel does not come off the floor and that your back knee does not bend.

Standing hamstring stretch



Place the foot of your affected leg onto a chair or step. Keep your knee straight and foot pointing ahead. Keeping your back straight, tip forwards from your hips, pushing your buttocks out behind you until you feel a stretch down the back of your thigh. Hold this position.

Standing hip abduction stretch



Take a large step out to the side and keep both feet flat on the floor with the toes slightly turned out. Shift your weight to one side, bending this knee. You will feel a stretch down the inside of the thigh on the straight leg. Hold this position.

Shoulder adduction stretch



Stand upright and prepare to start your shoulder stretch exercise. This exercise stretches the muscles in your upper arm, upper back and shoulder and can be performed either sitting or standing. Move your arm across your chest at the height of your shoulder. Use your other hand to gently hold your elbow and pull the arm a little further across. You should feel the stretch across the back of your arm and shoulder. Hold this position and return to the start position and repeat to the other side.

Chest stretch



Stand sideways to a door frame, one arm's length away. Hold the frame around chest height and take a small step forward on the leg closest to the wall. Keeping your chest up, rotate your body away from the wall until you feel a stretch across your chest and upper arm. Hold this position.

Forearm stretch



Clasp your hands together with your good hand over your affected hand. Let your top hand assist in rotating your other arm, pulling your thumb up towards the ceiling. You will feel this exercise in your forearm.



Exercise Instructions: Stretching program

Exercise

Instructions

Ankle Circles Seated



The ankle circles help with flexibility of your ankles, this is important for walking and balance.

Sit upright with your back supported before straightening your leg to do the ankle circles. Lift your leg up and begin making large slow circles with your foot in one direction for the required number of repetitions.

Switch legs and make circles with the other ankle in the same direction. Switch legs again and reverse the direction of the movement, perform the required number of repetitions firstly with one ankle and then repeat with the other.

Try to stretch your ankle as much as you can as you feel the stretch in your ankle, foot, and in your lower leg.

Sitting Trunk Side Flexion/Bend Stretch



Sit straight in a chair. Cross your arms over your chest. Lean your upper body out to one side and hold and then lean to the other side and hold. Relax and repeat.

Neck Stretch Seated



Sit with your arms in a comfortable relaxed position and your gaze looking forward. Drop your chin onto to your chest and hold this position.

Bring your head slowly back to the starting position and then continue to move your head upwards until you are looking at the ceiling.

You should feel a stretch along the front of your neck. Relax any tension you feel in your throat and hold. Bring your head back to the starting position and repeat the sequence twice more in both directions.



Exercise Instructions: Balance training

Exercise

Instructions

Single leg balance
(eyes open or eyes
closed)



Stand with your legs straight at shoulder width apart. Now lean slightly to the side and at the same time bend your opposite knee. You can make this more difficult by bending further but only within the limits of your mobility. Stand next to wall or chair for support and safety.

Try to stand on one leg for 30 seconds and not let the other leg touch the ground. Then try standing on your other leg. Complete twice on each side for 30 seconds.

Heel to toe stand



Stand facing forward with one foot in front of the other. Try to keep your balance and minimise any swaying. Hold onto a wall or chair for support if you feel that your balance is challenged and you can't stand still in the heel to toe position.

Heel to toe walk



Stand up straight with a clear path in front of you. Imagine a straight line on the floor extending away from you, or place a straight line of tape along the floor. Walk along this line on the floor as if you are walking a tightrope. Try to step each foot just in front of the toes of the other foot. Try to maintain your balance, and keep your feet stepping in the middle of the line.

Backward walking



Stand up straight and ensure you have a clear route behind you. Walk slowly backwards taking slightly larger steps than usual. Aim to get your toes to touch the floor first with each step.

Sit to
stand



Sit in a chair with your feet flat on the floor. Cross your arms in front of your chest so you are not tempted to push off of your thighs for momentum. Stand up, then slowly sit back down and repeat a number of times.



Exercise Instructions: Balance training

Exercise

Instructions

Heel to toe walk backwards

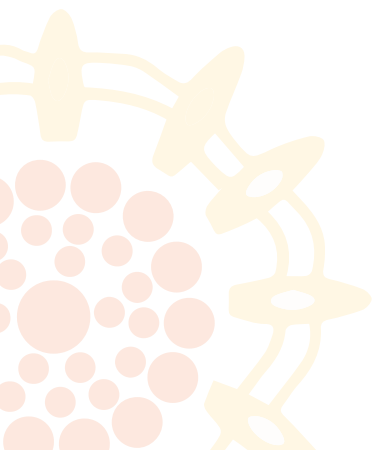


Stand up straight and ensure you have a clear route behind you. Imagine a straight line on the floor extending away from you, or place a straight line of tape along the floor. Walk backwards along this line on the floor as if you are walking a tightrope. Try to maintain your balance and keep your feet stepping in the middle of the line. Make sure you do not allow your posture to stoop.

Sideways Walking



Stand up straight with your feet hip width apart and a clear path to your side. Take a slightly larger than usual step to one side with one leg. Step your other leg toward your first leg, ending with your legs hip width apart again. Continue with side stepping in one direction. When you reach the end, stay facing the same way to step back in the other direction.





Exercise Instructions: Strength

Exercise

Instructions



Calf raises



Stand with both legs straight and at hip-width apart. Hold on to a wall or a supportive object for balance. Rise up onto your toes, keeping your legs straight, and control the movement back down to the start position.



Seated
leg
extension



Start in a seated position with your legs stretched out. Stretch out your knee as far as possible. Hold, and then return to the starting position.



Standing
hip
abduction



Stand in front of a chair and hold on firmly. Raise one leg to the side and then return back to the starting position. Complete one set, then repeat with your other leg.



Squat



Stand behind a chair. Reach your hands forward onto the back rest. Bend both knees into a squatting position, allowing your hands to slide over the back rest. Push through your legs and return to standing. Repeat. Return to the starting position.

Upright row



Hold a weight in each hand and hold them by your side. Lift your elbows up towards the ceiling, making sure your elbows stay higher than your hands at all times. Your hands will draw up in front of your body. Control the movement back to the start position, making sure you do not allow your shoulders to hunch at any point. You can use water bottles or cans as substitute for weights.

Wall Push-Up



Stand facing a wall, about one large stride away. Place your hands on the wall at the same height as your shoulders but slightly wider. Lean against the wall, keeping a straight line from your head to your feet. Bend your elbows, bringing your chest and hips in towards the wall and pushing your elbows outwards.

Make sure your body stays straight. Push on your hands to straighten your arms back out again. Continue this movement. Note: the further away your feet are from the wall, the harder the exercise will be.



Exercise Instructions: Strength

Exercise

Instructions

Bent over row



Stand hinged over at the waist holding a dumbbell in each hand. Keeping your back flat, slide your shoulder blades back and down towards your buttocks.

Pull the dumbbells upwards towards the side of your rib cage. Lower the weights back to the starting position. Replace weights with cans or water bottles if required.

Bicep curl



Stand with your feet shoulder-width apart holding a set of dumbbells in each hand.

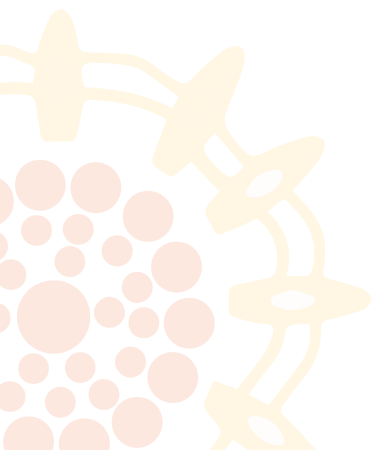
Flex your arms simultaneously and bring the weights up towards your shoulders, curling from your elbows. Lower the dumbbells back down until your elbows are fully extended.

Ensure the movement remains within your arms and you are not using your hips or shoulders. Complete using water bottles or cans instead of weights if not available.

Standing hip extension

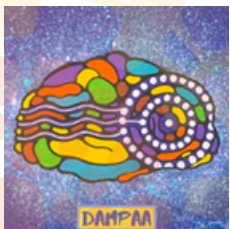


Stand behind a chair and hold onto the back rest. Move your leg backwards and then return back to the starting position. Complete one set and then repeat with your other leg.



Keeping Memories Strong

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THE UNIVERSITY OF
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