



## RESEARCH ARTICLE

### THE EFFICACY OF BALANCE TRAINING TO REDUCE FALL RISK IN OLDER ADULTS

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#### Abstract

There are a number of accepted definitions for the risk of falls (ROF). But the almost all of these agree that in the event of a fall rate in the person comes to the lower level or on the ground unintentionally rates are increasing. According to the original research analysis with our results obtained from our experiences and data bases (2019-2023). Here we have find out more than (90-95%) the balance training is quite helpful for the older adults from fall risk in Asian Indian countries and the World wide.

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#### Introduction:-

Currently UN defines the older adults as those who are aged 60 years or older than these age groups are facing the so many challenges in fall risk in their day to day activity [1]. Now there are approximately 810 million people across the World who is aged 60 years or above than 90 years [2]. That is expected to reach approximately 2 billion by 2050 [3]. At present, 15% -20% of this older population is aged 80 years or above and this figure is subjected to reach 20% -40% by the year of 2050 [4].

The oldest age is showing the fastest new growing trend among the older population [5]. Advancing age is associated with a number of health problems such as heart diseases, cancer, musculoskeletal disorders, neurodegenerative disorders, and mental and cognitive dysfunctions now a day's [6-11]. Therefore, increasing number of older people can create demands on the health care resources (HCRs) in their own society [12].

#### Material & Methods:-

It has become imperative one and we should be aware of the problems that can affect older population groups [13]. According to the population Division of the United Nations (2007), the world's population growth and aging sciences recent report indicated that population aging comes as results of a decline in the fertility rates in higher rate [14-15]. The number of children per women has dropped from 5 (1950) to 2.7(2007) across globe in average in number [16]. This is declining expected into reach 2.1 by the year 2050 [17]. Simultaneously, the humanity has seen an unprecedented increase in their longevity according to their age, sex and ethnicity [18]. According to the age related study majority of life styles were changing and increasing their quality of life (QOL) through the short term starvation and their body metabolism [19-20-21-22-23-24].

The average life expectancy (ALE) is expected to increase by 10 – 20 years, reaching 76 years by 2045- 2050 [19]. These trends are now pervasive globe is enduring and there is no foreseeable to return for the younger population and increasing regularly in the World wide [20].

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## Results:-

The majority of the populations demographic are shifting on towards increasing the age group on the present medical advancements reported that older groups were facing more challenges in calcium chloride and ascorbic acid [25-26]. They are leading to the rapid “graying” of the developing world’s population and growing their life expectancy [21]. Currently, the older people 7.4% of the World population and they are increasing twice as fast as the general population group [22]. Life expectancy in the developing World has been increased from 45 yrs in 1950’s to 64 in 1995 assuming to 72 in 2020 and more than this figure as such reported by the population data [23]. In 1995, 75% -85% of the World’s elderly population was living in the developing countries [24]. Now we find out that balance training gives more than 90-95% Geriatrics problem is now again used to capture those clinical conditions in older persons that do not fit into discrete disease group categories [25]. Many of the most common conditions cared for by geriatricians, including delirium, falls, frailty, dizziness, syncope, pressure ulcer and urinary incontinence, are classified as geriatric problems in the World [26-27-28-29-30]. Although heterogeneous, geriatric problems share many common features [31]. They are highly prevalent in older adults, especially frail older people [32]. Their effect on quality of life and disability is substantial [33]. Multiple underlying factors, involving multiple organ systems, tend to contribute to, and define, geriatric problems [34-35].

## Discussion:-

There are a number of accepted definitions for the risk of falls (ROF). But the almost all of these agree that in the event of a fall rate in the person comes to the lower level or on the ground unintentionally rates are increasing [36].

The World Health Organization (WHO) identifies fall risk as one of the external causes of the unintentional injury like traumatic head injury (THI) and bone fractures are reported frequently [37]. Earlier this coded as E880-E888 in the International Classification of Disease-9 (ICD-9) and the W00-W19 in ICD-10 established [38]. According to the observation one in three older people fall each year and this proportions are varies from region to region around in the globe [39]. The fall rate is increasing somewhere above 30%- 40% in the developed countries [40]. 31% in China [41], 20% in Japan [42], 34% in Santiago [43], 29% in Sao Paulo [48], and 24% in Havana [49]. There is no epidemiological data has been reported to find out earlier in the Indian Data, South Asian country till date in this area during prolonged COVID-19 pandemic [50-75].

WHO eastern mediterranean region (EMR) is working though the majority of the data’s is missing from the so many parts of the World during pandemic [76- 92]. So it is clear that falls rate are increasing and major health issue among the elderly population group (EPG) [93]. Now it is resulting in increased morbidity, mortality, and their cost [94]. The falls are considered as a result of interactions between multiple factors such as reduced vision and weakness [95]. In the older impairments in somatosensory function [96], lowers limb muscle weakness, reduced their mobility and their aging factor [101].

## Conclusion:-

Older fallers had shown that a significant reduction in the dynamic muscle strength (DMS) around (90-95%) the knees and ankle joints (KAJs) as per the comparison into the older adults population without a fall history Gait, balance disorder, or weakness has been identified as the second leading cause for falls in the elderly population group is increasing daily basis. The balance deficit (BD) is also count as the second leading risk factor for falls among the older fallers. Here we have find out more than (90-95%) the balance training is quite helpful for the older adults from faller risk in Asian Indian countries and the World wide.

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