

Table 3. Study Analysis

Author	Aim and Study Period	Recruitment and Demographics	Randomization, Blinding, Cases and Controls	Inclusion and Exclusion Criteria	Outcomes
Arkkukangas et al. (2019)	Aim: To determine if home-based exercise program alone or in combination with motivational interviewing decreases the frequency of falls in the elderly Study period: October 2012 to May 2015.	Recruitment: Care managers, occupational therapists, and physiotherapists recruited participants who had contacted health centers or the municipality to obtain walking aids or home care. Demographics: Sample size: 175 participants Means age: 83 race/ethnicity: Sweden	Randomization: Yes, participants were randomized into the groups Blinding: Yes, single blinded study. The physical therapists measuring the physical performance, fall self-efficacy, balance, activity level, handgrip strength, adherence to the program, and fall frequency values were blinded. Cases: N/A	Inclusion: 75 years or older, have the ability to walk independently, and the ability to understand written and oral information in the Swedish language. Exclusion: Scoring less than a 25 on the Mini-Mental State Examination (MMSE), ongoing regular physical therapy treatment, or being in terminal care.	Primary: No significant difference in fall frequency between intervention and control groups. Secondary: No significant differences between the groups regarding physical performance, falls self-efficacy scale, balance, physical activity, in the Jamar handgrip and exercise adherence between intervention and control group. Researcher's conclusion: A short-term follow-up of a home-based exercise program with or without MI compared with standard care showed no significant differences between the groups in terms of physical performance, fall self-efficacy, balance, activity level, handgrip strength, adherence to the exercise, and fall frequency.
Barker et al. (2019)	Aim: To reduce falls in elderly aged	Recruitment: Adults aged 60-90 who	Randomization: Patients were randomized to receive the	Inclusion criteria: A short hospital	Primary: Significantly fewer falls but no

	60-90 years with at least one fall-related emergency room visit and subsequent discharge to their home. Study Period: 12 months	visited the Alfred and Royal Perth Hospitals emergency department after experiencing a fall between April 1, 2014 and June 29, 2015 were recruited after discharge to home. Demographics: Sample size: 430 Means age: 73 Race/ethnicity: no data	RESPOND intervention or the usual care. Blinding: Group assignment was not revealed to participant or assessor until the baseline assessment was complete. Collectors of outcome data were blind to group allocation. The statistician who conducted the outcome analysis was also blind to the group allocation. Participants of the intervention group and clinicians performing interventions could not be blinded. Cases: N/A	emergency room visit or admission equal to or less than 72 hours following an inadvertent fall to the ground or other lower level. Exclusion: Discharge to residential care, palliative care, terminal illness, cognitive defects, social aggression, psychosis, requiring assistance of another person to walk (mechanical aids are okay), non-English speaking, unable to use a phone, or residing >50 kilometers from trial site.	significant reduction in fall injuries per person-year over a period of 12 months when comparing the intervention and control groups. Secondary: Fewer fractures in the RESPOND group. No difference between groups in ED representation or hospitalizations. Researcher's conclusion: The RESPOND intervention reduced falls and fractures but not fall injuries in elderly presenting to the ED status post fall.
Iliffe et al. (2014)	Aim: determine if exercise programs were effective in increasing levels of physical activity 12 months after conclusion of program Secondary Outcomes: fall rates, fall risk, quality of life	Recruitment: First, primary care clinics were recruited; clinics were included if they committed to the duration period of 24 months and if they were a community-based clinic in London or Nottingham/Derby. Then, patients were recruited; practices with fewer than 450	Randomization: the primary care clinics were randomized to an intervention group, patients who did not elect to participate in exercise were allocated to the care as usual group Blinded: Only after all recruitment was completed, clinics were notified of their allocation to an intervention or care as usual group. Researchers were blinded to	Inclusion: ≥ 65 years who could walk independently both indoors and outdoors (with or without a walking aid and without help from another person), and who would be physically able to take part in a group exercise class, were eligible to participate in the trial.	Primary: Statistically significant increase in amount of exercise in FaME group compared to usual care. Secondary: Statistically significant reduction in falls in FaME group compared care as usual group There were fewer falls in group 2 compared with

	Study Period: 24 months	patients aged ≥ 65 years, all patients aged ≥ 65 years would be invited to participate. In larger practices random sampling would be used to identify 450 patients aged ≥ 65 years who would be invited to participate. Patients were then sent invitation letters about the trial by their usual GP. 43 primary care clinics recruited adults ≥ 65 years Sample Size: 1256 Participants (Group 1: 387, Group 2: 411, Group 3: 458) Mean Age: 73 (range 65-94) Race/ Ethnicity: 86% self-identified as white, 14% self-identified as non-white	group allocation until after taking the baseline assessment. Once the intervention was started, it was not feasible to blind the patient (doing exercise) or the data collector (inquiring about exercise). Clinics were notified which intervention group they were allocated to Cases: N/A	Exclusion: > 3 falls in the previous year, resting (BP) > 180/100mmHg; HR > 100 bpm, uncontrolled hypertension, orthostatic hypotension, psychiatric conditions which would prevent participation in an exercise class, uncontrolled medical problems which the GP considered would exclude patients from undertaking the exercise program, conditions requiring a specialist exercise program, residing in residential or nursing home, significant cognitive impairment, already receiving long-term physiotherapy, or already in an exercise program	group 3, but it was not statistically significant No statistically significant differences between intervention arms and the usual-care arm in quality-adjusted life-years, self-efficacy, mental health, social networks Researcher's Conclusions: 12 months of exercise classes lead to a statistically significant increase in the amount of physical activity that the older adult completed 12 months after the completion of classes and led to a statistically significant reduction in falls.
Boongird et al. (2017)	Aim: To determine the effect of a home-based	Recruitment: Performed at 2 primary care clinics	Randomization: Patients were randomized to either intervention or control group	Inclusion: Adults aged ≥ 65 years with mild-to-moderate	Primary: the rate of falls was lower in the intervention group than in

	exercise program on falls, physical functioning, fear of falling and quality of life Study Period: 12 months	(family medicine and internal medicine) in Thailand during August 2013 and March 2015 Sample Size: 439 participants (Intervention: 219, Control:220) Mean Age: 74 Race/Ethnicity: Thai	Blinded: Single-blinding of outcome assessors - the interviewers who collected data via telephone calls were blinded, the assessors who evaluated function were also blinded. Patients could not be blinded. Cases: N/A	balance dysfunction as determined by the need to use a gait aid or having at least one of the following: performing functional reach less than 26 cm, or taking more than 18 seconds for the five-times sit-to-stand test Exclusion: moderate to severe cognitive impairment, neurological conditions that severely influence gait and mobility, acute arthritis, unstable or terminal illnesses that impair ability to perform the planned exercises, inability to communicate in Thai, or established participation in regular strengthening exercise prior to trial.	the control group, but this was not statistically significant Secondary: Dynamic balance measured by the Timed Up and Go test and Berg Balance Scale also did not show a significant difference for the exercise vs. control group. No significant effect was found for muscle strength by the Timed Up and Go test.. The (EQ-5D) test found no significant difference between exercise and control groups The Thai fall efficacy scale showed that fear of falling decreased significantly in the exercise group Researcher's Conclusions: A home-based exercise program showed that exercise training reduced the rate of falls among elderly patients with mild balance dysfunction, though the reduction of falls was not statistically significant
Liu-Ambrose et al. (2019)	Aim: To investigate whether a home-based exercise	Recruitment: 344 participants were recruited over an 8-	Randomization: Yes, patients were randomized to control and intervention groups.	Inclusion: community dwelling adults aged ≥ 70 years who	Primary: number of self-reported falls over 12 months. Absolute

	program reduces falls for community-dwelling older adults who present to a fall-prevention clinic following a fall. Study Period: April 22, 2009 to June 5, 2018	year period from the Falls Prevention Clinic in Vancouver. Clinic participants consisted of older adults who had experienced a fall and were referred by family physicians. Sample Size: 344 (172 in exercise group, 172 in usual care group) Mean Age: 81.6±6.1 Race/Ethnicity: not reported	Blinded: Single-blinded (geriatricians blinded, patients were not) Cases: N/A	received care at the Falls Clinic after a nonsyncopal fall event in the past year. English speaking, high risk of future falls (based on Physiological Profile Assessment score, Timed Up and Go Test result > 15s, or a history of ≥2 nonsyncopal falls in the previous year), MME score greater than 24, and a life expectancy of more than 12 months. Exclusion: neuro-degenerative disease, dementia, history of stroke or carotid sinus sensitivity, and inability to walk three meters.	difference in fall incidence per person-year was 0.74 with a 95% CI and incident rate ratio was 0.64 with a 95% CI. Researcher's Conclusions: The use of the home-based Otago Exercise Program reduces falls for older adults who have previously fallen within the last year and present to a fall prevention clinic. Further studies are needed to apply findings to other clinical settings.
Siegrist et al. (2016)	Primary aim: to investigate if implementation of an exercise-based fall-prevention program in the Germany primary care setting consisting of 16 weeks of group exercise combined with an	Recruitment: Two level trial - general practitioners and patients. General practitioners in southern Germany were invited to participate. Patients from intervention practices who met the inclusion criteria were invited to	Randomization was performed by a biostatistician who was not involved in the study. General practices were randomized into the intervention or control group via computer-generated random numbers. Patients were then enrolled according to inclusion and exclusion criteria.	Inclusion: Community dwelling seniors aged ≥ 65 years with at least one of the following criteria for increased physical fall risk: one or more falls in the past year, low physical function [Timed-up-and-Go-Test or Chair-Stand-Test > 10s], or	Primary: Statistically significant reduction in the number of falls for participants in the fall prevention program. Incident rate ratio of falls per year was 0.54 with a 95% CI. Secondary: Statistically significant reduction in number of fallers and fall-

	individualized home-based training program, can significantly reduce the number of falls per individual in community-dwelling elderly adults at high risk of falls. Secondary aim: to explore the incidence of fall-related injuries and the effects of the training program on physical function and fear of falling. Study Period: 12 months	participate in a 16-week exercise program with a focus on fall prevention. Sample Size: 382 (222 in intervention group and 156 in usual care group) Mean age = 78.1±5.9 Race/Ethnicity: not reported	Blinding: Patients were unable to be masked as half participated in the exercise intervention and half were allocated to usual care. Cases: N/A	subjective or objective balance deficits or fear of falling Exclusion: Older adults who did not live independently or suffered from mental or physical limitation that interfered with the assessment of fall risk or participation in a structured exercise program.	related injuries. Odds ratio of falls per person-year was 0.52 with a 95% CI. Improved physical function and fear of falling. Incident rate ratio of fall-related injuries was 0.66 with a 95% CI. Researcher's Conclusions: An complex training and home-based exercise falls prevention program is effective in reducing falls and fall-related injuries in community dwelling older adults who are at risk for falls.
Mohammed et al. (2019)	Aim: To evaluate the effect of multifactorial, individualized interventions for fall prevention among elderly persons, which included a home-based exercise fall prevention program.	Recruitment: Participants were recruited from Fanara Family Medicine Center, in Ismailia Governorate, Egypt. Sample Size: 100 Mean Age: 65.1 Race/ Ethnicity: Egyptian Gender: 66% female	Randomization: No. In this quasi experimental study, all participants were exposed to the intervention and there was no control group for comparison. Blinded: No Cases: N/A	Inclusion: Community dwelling adults over the age of 60. Exclusion: Necessitating human assistance for performing ADLs and long-term care residents with a terminal disease or cognitive impairment as identified by Callahan Six-item Screener	Primary: A baseline to 12-month post intervention rate of falls reduction from 63.4 to 49.5%, and recurrent falls reduction from 40.8% at baseline to 25.8% post-intervention, both of which were significant. Secondary: Statistically significant improvements in home hazards (P = 0.029), functional status, muscle strength (P <

	The study period was January 2015 and May 2016.				0.001), balance ($P = 0.02$), and adherence to Otago exercises ($P < 0.001$). Researcher's Conclusions: The multifactorial fall prevention program, which included the Otago exercise program, was effective in reducing the rate of falls and most home hazards and improving functional performance and balance abilities in community dwelling older adults in 12
Dadgari et al. (2016)	Aim: This study was performed to determine the effectiveness of the home-based Otago exercise program on fall rates among community-dwelling older adults in Shahroud, Iran. Study period: 6 months	Recruitment: Senior citizens that had a history of at least one fall, from several public health centers and interviewed and examined them to ensure valid participation. Sample Size: 451 with 160 subjects in experimental group, and 157 subjects in control group Mean Age: 70 years old Race/Ethnicity: Iranian	Randomization: Block random sampling was used to assign each public health center into intervention and control groups. Blinded: General practitioners who performed medical tests to evaluate functional capacity and physical performance were blinded about the program and subjects in both groups. Cases: N/A	Inclusion: 60 years old or older, able to walk at least 10 meters, had permanent residency in an urban area in the previous 12 months had previous experience of falls, and had a female family member (to maintain homogeneity) as a caregiver who had health literacy. Exclusion: acute or chronic disease which may restrict exercise ability, unable to walk independently for 10 minutes, history of	Primary: Statistically significant decrease rate of falls ($P \leq 0.00$) after the implementation of the home based Otago exercise program Secondary: The secondary outcome was improved physical performance (Berg-Balance-Score with $P > 0.025$, and Timed-Up-GoTest with $P > 0.017$) and functional capacity (Arm-Curl-Test with $P > 0.00$ and Chair-Stand-Test with $P > 0.01$) after the implementation of the home-based Otago exercise program Researcher's Conclusions:

				hip replacement surgery or history of lower extremity fracture in the past 12 months, severe articular limitations, recommendations discouraging participation by an orthopedic surgeon, a high activity level in prior 12 months.	The home-based Otago exercise program as an effective method to reduce the frequency of falls among older adults who have a history of falls.
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El-Khoury et al. (2015)	Aim: To assess the effectiveness of a two year exercise program of progressive balance retraining reductions of falls causing injury among women aged 75-85 who are at increased risk of falls living in the community. Study Period: Two years	Recruitment: centrally organized (at Inserm CESP). Voter registration lists were used to identify all women aged 75-85 living in the community near the study sites. Women received letters inviting them to a free balance and health examination. Those who returned the prepaid reply coupon and were contacted by telephone to set up an appointment for the examination and were sent a questionnaire to be returned at the examination Sample Size: 706 women Control: 354 Intervention : 352 Mean Age: 79.7 Race/Ethnicity: unknown	Randomization: Yes Blinded: Single blinded (geriatrician was, patients were not) Cases: N/A	Inclusion: women aged 75-85 living in the community were eligible if they had diminished balance or gait capacities, which was assessed by the time they took to walk 6m and by the ability to do four consecutive tandem steps. Women who took more than 7 seconds to walk 6m or who were unable to walk four tandem steps were eligible for this study. Exclusion: Frailest women (those who took > 12.5 sec to walk 6 m or unable to stand for 10 sec with their feet together). Medical conditions involving neuromuscular, skeletal, or cardiovascular systems. Women who were expected to move away within the next 6 months or would have difficulty attending exercise classes regularly, as well as women already taking	Primary: Women in the intervention group performed significantly better on all physical tests and had significantly better perception of their overall physical function than women in the control group; however, the results were not statistically significant. Secondary: Outcomes included physical functional capacity, physical activity level, casual walking, walking for exercise, and total leisure physical activities. No differences between the two groups was detected for physical activity indicators. Researcher's Conclusions: Long term fall prevention exercise program is effective in reducing injurious falls among older at risk women
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				exercise classes	
Gallo et al. (2018)	Aim: To compare the efficacy of new	Recruitment: Participants were	Randomization: Yes	Inclusion: Community-dwelling	Primary: The number of falls do not change

	evidenced-based fall prevention recommendations with the usual physical therapy for reducing fall rates among older adults living in the community.	recruited from Rusk Rehabilitation at NYU Langone Medical Care Center after being identified as at risk for falling. Sample size: Thirty-five 22 participants in the usual care group (UCG) (9 male, 13 female) 13 participants in experimental group (10 males and 3 females) Mean age: Usual Care Group: 78.1 years (males) and 80.4 years (female) Experimental group 78.2 years (males) and 77.3 years (female) Race/Ethnicity: unknown	Blinded: Participants were randomly assigned to usual care and experimental groups by a blinded scheduler. Participants and testers for evaluation and follow-up sessions were not blinded to group assignment. Also selected physical therapists were not blinded to the participant's group allocation. Cases: N/A	adults 65 years who reported difficulty walking or instability, independent of their medical diagnoses, and who had the mental ability to consent and could write/read in English at the sixth-grade level. Those who were identified as a risk for falls on their initial evaluation were also included. Exclusion: adults who were non-community-dwelling, required assistance for ambulation and functional transfers, needed supervised ambulation or transfers but did not have a person to supervise activities, or were on physical therapy programs during the study period for less than 10 or greater than 32 session.	significantly for either group over time and at each point 2,4, and 6 months. Significant decrease in falls risk in both groups, more so in the experimental group. Results from the Poisson regression analyses showed the expected number of falls between the two groups did not differ over six months. $P > 0.05$ Secondary: Based on results, researchers suggest that exercising five times per week for 25 minutes per day will decrease the fall risk over 6 months. Also, results demonstrated that exercises at home do not require specific equipment to reduce falls but should be monitored by a physical therapist. Researcher's Conclusions: The experimental program is more effective in decreasing fall risk than usual care.
Suttanon et. al. (2018)	Aim: To evaluate the effectiveness of a home based falls prevention focusing	Recruitment: All participants were from several communities in urban	Randomization: Yes, the participants were randomized into the control or intervention group.	Inclusion: People aged 60 and over if they had the ability to walk outdoors with no	Primary: The intervention did not have a statistically significant impact on fall rates.

	on balance exercise programs for community dwelling adults in Thailand Study Period: One year	and suburban areas had already participated in another study Sample Size: 277 Intervention N = 131 Control N = 146 Mean Age: Control group -72.92 Intervention group - 72.18 Race/Ethnicity: Thai	Blinded: The research assistant was blinded. Cases: N/A	more support than a single point stick, having no serious orthopedic conditions and neurological disorder. Exclusion: People with severe level of cognitive impairment that could limit participation.	Secondary: A significantly slower mobility during TUG and TCS test was found in the intervention group and the home environmental hazard was higher in the intervention group. Researcher's Conclusions: Falls prevention programs focusing on exercise could be implemented safely in the community dwelling older people in Thailand however the lack of effectiveness of the program might be addressed by increasing the intensity and challenge of the exercise program and involving multidisciplinary team.
Patil et al. (2015)	Aim: To investigate the effects of long term supervised multicomponent exercise on physical functioning and fall related injuries in community dwelling women aged 70-80. Study Period: 24 months	Recruitment: Invitation letters were sent out and a health history questionnaire was sent out to those who were willing to participate in the city of Tampere, Finland. Sample Size: 409 Intervention N = 205 Control N = 204 Mean Age: 75	Randomization: Yes Blinded: No Cases: N/A	Inclusion: women 70-80 years who had fallen at least once during the past 12 months, did not use vitamin D supplements and had no contraindication to exercise. Exclusion: > 2 hours of moderate to vigorous exercises per week, regular use of	Primary: No significant difference between groups in the total falls ratio. However there were fewer medically attended fall injuries in the exercise group. Secondary: Mean physical performance scores in the exercisers improved during the intervention with the greatest improvements

		Race/ Ethnicity: Finnish		vitamin D or calcium supplements, recent fracture, cognitive impairments, Parkinson's disease or marked decline in the basic activities of daily living.	achieved between 12-18 months. At the end of the 2 year intervention there were no significant changes in ADL and mobility scores. Researcher's Conclusions: The study showed that a multimodal exercise program enhanced physical functioning and prevented age related functional decline in older community dwelling women. The program also significantly reduced the number of medically attended fall injuries. The exercise training program was feasible with good adherence and fewer adverse events making it suitable for wider implementation in society.
Voukelatos et al. (2015)	Aim: Study the impact of a 48 week self-paced walking program on falls in older people Study Period: August 2009 through October	Recruitment: Paid advertisements and editorials in community papers, personal and professional referrals and sampling from the Australian electoral roll	Randomization: Yes Blinded: Double blinded Cases: N/A	Inclusion: community dwelling people ≥ 65 years old in the greater Sydney area who were mobile (able to walk at least 50 meters without aid), inactive (did <120 minutes of exercise a week), and	Primary: There were no significant difference in fall rates between the 2 groups Secondary: Non statistically significant increase in self-reported quality of life for the walking group at retest. Intervention group

	2012	Sample Size: 385 (intervention group= 191 Control group= 194) Mean Age: 73.2 Race/ Ethnicity: Australian		able to communicate in English Exclusion: any medical condition that precludes participation in the study (dementia, Parkinson's, stroke, debilitating arthritis, severe vision impairment) or were participating in another research study	participants significantly increased the median amount of time spent walking for exercise and in planned exercise activity. Researcher's Conclusions: A walking program is ineffective in preventing falls supports previous research and questions the suitability of recommending walking as a fall prevention strategy for older people. Walking, however, increases physical activity levels in previously inactive older people.
Gill et al. (2016)	Aim: Evaluate effect of routine structured moderate intensity physical activity on fall rates in elderly people with some functional limitation Study Period: February 2010 and December 2013	Recruitment: targeted mass mailings to the community Sample Size: 1635 (intervention group= 818 Control group= 817) Mean Age: n/a Race/ Ethnicity: Mostly Non-Hispanic White	Randomization: participants were randomized to either intervention or control group Blinded: Blinded staff performed follow up assessments at predetermined intervals Unblinded staff collected fall related data for safety monitoring purposes Cases: N/A	Inclusion: Adults aged 70-89 if sedentary (reported <20 min/week in past month performing exercise, and <125 min/week of moderate physical activity, had functional limitations, (physical performance battery score 9 or less out of 12), could walk 400 m in 15 minutes or less without the help of someone or a walker; had no major cognitive impairment and could safely participate in the	Primary: Structured moderate intensity physical activity did not significantly change rates of falls with serious injury sedentary older people with functional limitations. Secondary: The participants in the intervention group had better mobility and independence at the 2.5 year follow up Researcher's Conclusions: The results do not support the benefit of a structured moderate intensity exercise

				intervention as determined by medical history, physical exam, and electrocardiography Exclusion: Not listed	program for prevention of serious falls.
Li, et al (2018)	Aim: To compare the effectiveness of 2 proven frequently used fall prevention interventions; tai chi and multimodal exercise against stretching. Study Period: February 20,2015 to January 30, 2018	Participation required referral from a healthcare provider and a provider acknowledgement that it is safe for the patient to participate in exercise. Recruitment: promotions at local senior or community centers, senior meal sites, medical clinics, statewide senior falls prevention networks, targeted mass mailings, and local newspaper advertisements. Sample Size: 670, (TJQMBB= 224, MME=223 Control group= 223) Mean Age: 77.7 Race/ Ethnicity: 617 white, 31 African	Randomization: Yes Blinded: participants were not blinded to intervention group allocation, class instructors(interventionists) were blinded to the study's hypothesis Cases: N/A	Inclusion: participants were 70 years or older and met one of the following primary criteria: prior fall within the past year, HCP referral indicating high risk of falls, impaired mobility (via TUG test)18 result greater than 13.5 seconds. Other inclusion criteria were as follows: (1) ability to walk 1 or 2 blocks, with or without the use of an assistive device; (2) ability to exercise safely as determined by a health care practitioner; and (3) willingness to be randomly assigned to and complete a 6-month intervention. Exclusion: individuals	Primary: Although both the TJQMBB and MME groups showed a significantly lower incidence of falls (11 per 100 person/month for TJQMBB and 16 per 100 person/month for MME) compared with stretching exercise groups (27 per 100 person/month, $P<.001$) the incidence of falls was significantly lower in the TJQMBB group (total falls [mean(SD)] 152 [0.68(1.30)] than the MME (218[0.98(1.8)])($P=.04$) There were no between-group differences on moderate injurious falls (TJQMBB, 88 falls [0.39 (0.9)]; multimodal exercise, 109 [0.49 (1.2)]; and stretching exercise, 156 [0.70(1.7)]) ($P = .05$), but TJQMBB had a lower incidence of injurious falls than stretching exercise (TJQMBB, 8 [0.04

		American		who had (1) participated in daily or structured vigorous physical activity or walking for exercise that lasted 15 minutes or longer or muscle-strengthening activities on 2 or more days a week in the previous 3 months, (2) severe cognitive impairment (Mini-Mental State Examination20 score, ≤20 on a range of 0 to 30), or (3) major medical or physical conditions determined by their healthcare practitioner to preclude exercise	(0.2)]; stretching, 25 [0.11 (0.4)] (P = .008) Secondary: At 6 months, the participants in both the TJQMBB and multimodal exercise groups performed significantly better than those in the stretching exercise group on secondary outcomes of physical performance (functional reach, Short Physical Performance Battery, and Instrumented TUG and its subdomain scores [sit-to-stand, turning, turn and stand to sit]) and global cognitive function measures Researcher's Conclusion: Among older adults with high risk of falling, a 24-week therapeutically developed a tai chi balance training intervention resulted in a significant reduction in the incidence of falls compared with a stretching exercise modality and a multicomponent exercise program
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