

**The Congress theme ‘Occupational R-Evolution’ will explore the continuing advancements in occupational therapy.**

**Maximum 50 words**

**Enter the FULL TITLE of your abstract. The title should be as brief as possible but long enough to clearly reflect the nature of your abstract. This title may appear in Congress information (includes print, website, App and social media).**

The title should be written in sentence case (not be all caps). Capital letters should only be used at the beginning of the title, for a proper noun or after a colon.

**Please enter abstract**(max 250 words).  
The abstract should not repeat the title, authors and affiliations. (Abstracts will be anonymously reviewed).  
  
WFOT requires a structured abstract organised under the following headings (Tip: Copy & Paste these headings below into your abstract):  
**Introduction / Rationale:  
Objectives:  
Method / Approach:  
Results and or Practice Implications:  
Conclusion:**

• The Introduction / Rationale should provide clear background for the rest of the abstract and reinforce in conclusion

• The Objectives must outline the aims or expectations of the project / presentation

• Provide a clear explanation of the Methods / Approach and ensure it is appropriate to the objectives and rationale of the project / presentation.

• The Results / Implications must indicate the findings of the project / presentation and ensure they are consistent with the methodology and objectives

• The Conclusion must be consistent with the rationale and objectives so the information is complete

**The relevance of sensory processing abilities to fall risk among older adults in the community.**

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**Main Topic**: Interventions for enhancing resilience /Resilience programmes

**Background:** The proportion of older people is growing faster than any other age group. Hence, society is obligated to enhance older people’s health resilience and quality of life. One of the main health problems in older people, worldwide, are falls, also due to a decrease in sensory processing abilities. Nevertheless, the research about sensory processing as reflected in daily life and its relation to fall risk in older adults is limited.

**Objective:** To examine the relative contribution of sensory processing as reflected in daily life, to the prediction of fall risk among older adults living in the community.

**Methods:** 123 older adults, 65+, living in the community. 71.5% were in low risk of falls and 28.5% were in high risk. All participants completed a fall risk questionnaire, the ‘Timed Up and Go’ test and the Adolescent/Adult Sensory Profile (AASP).

**Results:** Lower ability to sense and register sensory input from daily environment

was related to high risk of falls.

**Conclusion:** Fall risk in older adults may be associated with difficulties to process sensory input from the environment. Therefore, it is an important area which Occupational therapists should asses and treat**,** while screening for risk falls among older adults in the community.