Table 5: Comparison of mean scores on balance tests between baseline and 4-week follow-up visit for all participants (n = 94).

Measure	Pre-test	Post-test	Mean difference	Significance
Berg Balance Scale[1]	47.1 (17–56)	48.8 (13–56)	1.7	.001
Single leg standing (R)	13.1 (0–109)	18.6 (0–149)	5.5	.009
Single leg standing (L)	9.9 (0–138)	12.6 (0–120)	2.8	.147
ABC Scale	80.5 (23–100)	82.3 (25–100)	2.1	.034

Means were compared using a paired samples t-test. For all tests, a higher score indicates better function.
[1] For the Berg Balance Scale, n = 93; one patient did not perform this test at the follow-up due to an acute episode of dizziness.

Results

Recruitment, enrollment and attrition

As shown in Table I, advertising in the local senior newspaper supplied almost half (46%) of the participants. The smallest proportion of participants was recruited through radio advertisements (2%). Word-of-mouth and clinic/intern referrals contributed 16% and 11% of participants, respectively. Participants recruited from the word-of-mouth method frequently reported the major influence for their participation in this study to be the positive comments of satisfaction with the research staff expressed by their referring friends or family members. Several walk-in participants (10%) enrolled as a result of referrals from other participants; that is, they visited the research facility with friends or family members who were already enrolled.

Although recruitment from presentations at senior centers yielded approximately 7% of the participants, it proved to be an invaluable networking resource. Activity directors often requested that information about our study be faxed to them to display in their centers and refer participants. Transport was arranged for some participants by one senior center, and on those occasions the research center provided lunch.

Recruitment costs were as follows: 1) materials for posters and flyers, approximately $10; 2) travel and time for research staff preparing materials, making presentations at senior centers and talking with directors on the phone (estimated by an examination of schedules and calendars), approximately 25 person-hours, which is equivalent to approximately $500; 3) the chief cost was the $50 compensation provided to all participants who completed the study for time and travel; this totaled $4700.

A total of 101 participants were enrolled in the study; 94 completed both visits (93%). Explanations for the 7 participants who did not return involved the following: separation from husband combined with a loss of interest in the study (1), conflict with work schedule (2), scheduling problems with a social group leader in an ethnic community who wanted to bring in a group of non-English speaking people (1), lack of transportation (1), debilitating illness (1), and unknown reason/no response (1).

Of the 94 participants who completed both visits, 79% (74) said they were interested in participating in a future study involving chiropractic care for balance problems. Considering only the 26 participants with a baseline BBS score <45, 23 expressed an interest in participating in the future study.

Sample characteristics

The majority of participants were female (67%), white (86%) and the average age was just over 73 years (Table 2). Participants were well-educated, with 94% having at least a high school diploma and 70% having at least some college education. Only 25% were retired, with 13% still employed full time.

Our participants reported very healthy lifestyles; only 2% reported current tobacco use and 3% daily alcohol use (Table 3). Most reported engaging in some form of regular exercise, with over half reporting exercising 3 or more times each week.

As shown in Table 4, we found a potential for depression, but very little disability in this group of community-dwelling seniors. The median number of days participants reported having restricted activity due to poor mental or physical health was 0; 71% reported 0 days. Many of the participants experienced musculoskeletal symptoms, with 53% reporting arthritis and 43% reporting low back pain. Those who reported having low back pain had significantly (p = .003) fewer days when they felt healthy and full of energy (entire question is shown in Table 4), although there was no difference in their days of restricted activity, compared to those without low back pain. The same observation held true for those reporting arthritis. Many reported other health conditions commonly associated with aging, including hypertension (35%), osteoporosis in the women (34%), prostate problems in the men (27%) and diabetes in both sexes (15%).

Medication use

About one-third of patients (32%) forgot to bring their medications with them, so their medication use was self-reported rather than recorded directly by the RA. Fourteen percent of participants reported taking no prescription medications and 12% reported taking no nonprescription