encouraged to engage in recreational activities. Yoga has been identified as an effective physical activity to promote mobility and balance for older adults. This study aims to systematically review the literature about yoga as a fall prevention intervention and synthesize the outcomes. Major databases (Ovid Medline & CINAHL) were searched for relevant articles. Studies were included if they met the criteria of 1) being a face to face yoga program, 2) aimed to recruit participants 50 years or older, and 3) reported at least one fall-related outcome (e.g., balance, mobility, fear of falling) as a result of the yoga program. 57 studies were identified: 32 from Ovid Medline and 25 from CINAHL. After removing the duplicates and applying a strict inclusion and exclusion criteria, 11 articles were included in the final analysis. A detailed synthesis of the results will be presented and quality assessment of included articles will be performed using the Modified Downs and Black checklist which appraises the methodological quality of both randomized and non-randomized studies. More research is needed to understand the impact of yoga in preventing falls among older adults at least 50 years of age. Additionally, research should establish a gold standard index that identifies which specific yoga programs (based on type- individual vs. group; hatha, iyengar, kundalini, ashtanga, and etc.; frequency, and duration) have an enhanced effect on fall prevention.

ASSOCIATION BETWEEN COGNITION AND FALL RISK BASED ON THE STEADI ALGORITHM: PROJECT VIBE

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Falls are a growing concern among older adults with estimates that one in four fall each year. Older adults who experience a fall are at higher risk for poor health outcomes that threaten independence and increase risk of death. Impairment in cognitive function is known to be associated with greater fall occurrence; however, cognitive testing is not an integral part of clinical fall risk assessment. The purpose of this study is to examine cognitive performance in relation to fall risk level and its components determined using the Stopping Elderly Accidents, Deaths, and Injuries (STEADI) algorithm. One hundred eight community dwelling older adults (mean age 79(SD 7.3) years, 76% women, and 56% college or higher education) were included. Cognition was assessed with the Montreal Cognitive Assessment (MoCA; >= 26 normal). The STEADI algorithm was used to assess fall risk (low vs. moderate/high) based on the Stay Independent screening (>= 4), impairment in gait (Timed Up and Go (TUG)), strength (30-second chair stand), and balance (4-stage balance), and number of falls (>= 2). Associations between cognition and fall risk and its components were assessed using logistic regression adjusting for age, gender, and education. Normal cognitive status was marginally associated with lower likelihood of moderate/high compared to low fall risk (OR 0.42, 95% CI 0.17-1.04), and with a lower likelihood of TUG impairment (OR 0.22, 95% CI 0.07-0.66). These results suggest cognitive status may contribute important information about older adults' fall risk and should be considered an integral part of fall risk assessment.

FALLS AND MOTOR VEHICLE COLLISIONS: A LONGITUDINAL INVESTIGATION OF OLDER DRIVERS

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Longitudinal research is needed to better understand mobility and aging, as falls and motor vehicle collisions (MVCs) are the top two leading causes of unintentional injury-related deaths for adults 65 and older in the United States. Using a longitudinal sample of older adults, prior falls were assessed as a predictor and moderator of the rate of subsequent MVCs over a 15 year time period. Using a 15-year longitudinal sample of 1,911 older adults recruited from three Maryland State Motor Vehicle Administration (MVA) sites, we conducted group differences and Generalized Estimating Equation (GEE) Poisson regressions. Individuals who reported a fall at baseline were more likely to be female, older, have poorer physical functioning, and reported more situational driving avoidance at baseline compared to those who did not report a fall. Females who reported a fall at baseline had a 2x greater risk rate of subsequently reporting a MVC over the 15 year time period than males. Furthermore, individuals, irrespective of gender, with a prior fall at baseline who drove more days per week over the 15-year time span had a 23% higher risk rate of a subsequent MVC. The current findings further the discussion on aging and mobility as it offers a longitudinal perspective on the association between falls and MVCS. These findings promote the utility of investigating non-traditional driver screening methods to identify drivers who may be at an increased rate for further driving difficulties.

FRAILTY IN REACH II CAREGIVERS: A SECONDARY DATA ANALYSIS

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Frailty, a reduction in reserve capacity in people who are otherwise considered healthy, affects between 9 and 13% of adults who are older. Frailty is a poorly understood syndrome; however, frailty is correlated with negative CV procedure outcomes, falls and institutionalization. Little is known about frailty in caregivers. A secondary data analysis was conducted using the REACH II publicly available dataset and the Groningen Frailty Index (GFI). At consent two percent of REACH II caregivers had difficulty going to the toilet while 11% had difficulty walking outdoors. More than 1/3 had hearing and vision losses. 75% felt sad or dejected. 82% were taking more than 4 medications. Based on their calculated GFI, between 61% and 64% of the REACH II caregivers were frail. Frail caregivers and their care recipient were less likely to go to the emergency