improved participation. Therefore, Blue Goji developed a Virtual Reality (VR) treadmill to improve PA through fitness gamification with cognitive involvement in postural control to improve balance. Feasibility testing was done with seven older Veterans and one spouse, mean age of 81.3 years who participate in the VA Gerofit program & were near the 50th percentile (by age & gender) in strength, balance and endurance. Even those with lower levels of fitness, balance or chronic conditions (i.e., kyphosis or vision impairment) strongly supported this for enjoyment, benefit, comfort, safety and strongly recommended this (mean of 4.65 out of 5). The Gamification approach supports anti-ageism and intergenerational fitness activities. Further study on the additive effect on exercise intensity and improvement in fitness, balance and cognition is needed.

### SENSOR-BASED ASSESSMENT OF FALLS RISK OF THE TIMED UP AND GO IN REAL-WORLD SETTINGS

Charlene C. Quinn,[1] Barry R. Greene,[2] Killian McManus,[2] Stephen J. Redmond,[3] and Brian Caulfield[4], *1. University of Maryland School of Medicine, Baltimore, Maryland, United States, 2. Kinesis Health Technologies Ltd, Insight Centre for Data Analytics, Dublin, Dublin, Ireland, 3. School of Electrical and Electronic Engineering, Dublin, Dublin, Ireland, 4. Insight Centre for Data Analytics, Dublin, Dublin, Ireland*

Falls are the leading cause of older adult injury and cost $50bn annually. New digital technologies can quantitatively measure falls risk. Objective is to report on a validated wearable sensor-based Timed Up and Go (QTUG) assessment detailing 11 measures of falls risk, frailty and mobility impairment in older adults in six countries in 38 clinical and community settings. Second objective is to generate individual targeted falls prevention programs. 14,611 QTUG records from 8,521 participants (63% female) (72.7±10.7 years) available for analysis. QTUG time was 13.9±7.4 s; gait velocity was 101.9±32.5 cm/s. 25.8% of patients reported falling in previous 12 months; 26.2% of patients were at high fall risk. 21.5% not reporting a fall, were high fall risk. Participants had slow walking speed (29.8%); high gait variability (19.8%); problems with transfers (17.5%). Easily captured and interpreted sensor data is useful in a population-based approach to quantify falls risk stratification.

### VALIDITY AND RELIABILITY OF REMOTE, SMARTPHONE-BASED ASSESSMENT OF DUAL-TASK STANDING AND WALKING IN OLDER ADULTS

Brad Manor,[1] Wanting Yu,[2] On-Ye Lo,[2] Hao Zhu,[2] Thomas G. Travison,[2] Lewis Lipsitz,[2] and Junhong Zhou[2], *1. Hinda and Arthur Marcus Institute for Aging Research, Harvard Medical School, Boston, Massachusetts, United States, 2. Hinda and Arthur Marcus Institute for Aging Research, Roslindale, Massachusetts, United States*

Dual task walking assessments provide valuable insights into cognitive-motor function in aging. To date, such assessments have been limited primarily to laboratory-based settings. We thus created a smartphone App utilizing multi-media instructions and the phone's motion sensors to record movements during normal and dual task walking, with the phone placed in the user's pants pocket. Thirty younger and older adults completed two lab visits, during which walking data were simultaneously acquired by the App and the GAITRite mat. Participants also completed App-based assessments in their homes on three separate days. Across all detected strides in laboratory trials, gait metrics derived from the App correlated closely with those derived from the GAITRite mat ($r2>0.96$). Across trials, gait metrics demonstrated excellent test-retest reliability, both within and between laboratory visits and home-based assessments (ICC: 0.79–0.90). Remote, smartphone-based dual task walking assessments may therefore be feasible for relatively healthy younger and older adults.

## SESSION 535 (SYMPOSIUM)

### HARNESSING THE POWER OF PROFESSIONAL NETWORKS: IDENTIFYING FACILITATORS AND BARRIERS TO CAREERS IN GEROPSYCHOLOGY

Chair: Rebecca S. Allen, *The University of Alabama, Tuscaloosa, Alabama, United States*
Discussant: Brian Carpenter, *Washington University in St. Louis, St. Louis, Missouri, United States*

This symposium presents data from a mixed method study designed to explore how to harness the power of professional networks to increase the pipeline of trainees pursuing careers in academic and clinical geropsychology. Participants were recruited through professional websites, listserves, announcements at annual meetings, and emails from directors of clinical training at pre-and post-doctoral training sites. A total of 107 geropsychologists completed the survey, including 28 graduate students/interns and 76 post-doctoral psychologists ranging from early to late career. The mean age of respondents was 39.18 (SD = 12.05). The sample was largely female (71.7%) and Caucasian (88.7%), paralleling previous work. The first paper describes attractive and unattractive aspects of clinical and academic career options, including gender differences in perceptions of the feasibility of changing career foci. The second paper examines perceptions of clinically-focused and academic jobs, and discrepancies between professional psychologists' actual and ideal job activities. Examining content analysis of 28 qualitative transcripts, the third paper focuses on VA training and the convenience and comfort of transitioning into a VA job after training within this system, identifying benefits and challenges of work in the VA. The fourth explores these 28 transcripts to identify perceptions of mentorship and supervision during training, including time spent in the training sites (graduate school vs internship) and observations of how working environments impact future career choices. Discussion will address the critical shortage of geropsychologists in academic and clinical settings and strategies to improve the professional pipeline to increase the numbers of trainees pursuing these careers.

### THE PIPELINE OF GEROPSYCHOLOGY: INTEGRATION OF CLINICAL AND ACADEMIC CAREER TRAJECTORIES

Hillary Dorman,[1] Jessica V. Strong,[2] Caitlan A. Tighe,[3] Benjamin T. Mast,[4] Rebecca S. Allen[5], *1. University of Alabama, Tuscaloosa, Tuscaloosa, Alabama, United States, 2. VA Boston Healthcare System, Brockton, Massachusetts, United States, 3. VA Pittsburgh Healthcare System, Pittsburgh, Pennsylvania, United States, 4. University of Louisville, Louisville, Kentucky, United States, 5. The University of Alabama, Tuscaloosa, Alabama, United States*