

5 STEPS TO PREVENTING FALLS

CLINICAL OPERATIONS

QUICK FACTS

- Two-thirds of those who experience a fall will fall again within 6 months
- Two-thirds of falls are preventable!
- At least one-third of all falls in the elderly involve environmental hazards in the home
- Most falls do not result in serious injury. However, there is often a psychological impact. 25% of community-dwelling people 75 or over unnecessarily restrict their activities because of fear of falling.

WHY DOES A FALL OCCUR?

The causes of falls are known as risk factors. It is important to understand that any individual fall occurs for more than one reason. The greater the number of risk factors to which an individual is exposed, the greater the probability of a fall. The good news – many of these risk factors are preventable. Some people believe that falls are a normal part of aging, they are not. Lack of knowledge leads to lack of preventative action, thus resulting in falls.

The most common risk factors for fall have been categorized as Intrinsic Risk (characteristics of the person) and Extrinsic Risk (circumstances of the fall). Below are five steps for assessment of risk factors with a listing of the preventative measure that should be taken.

REDUCING THE RISK OF A FRACTURE WITH A FALL

OSTEOPOROSIS

Osteoporosis is a condition wherein bones become more porous, less resistant to stress and more prone to fractures. This caused by a change in hormones, decreased calcium and vitamin D deficiency and a decreased physical activity.

- Make sure you are getting enough calcium through your eating habits or with combining with supplements. 1,500 mg of calcium is recommended
- Get sufficient vitamin D in order to enhance calcium absorption via exposure to sunlight. As little as 15 minutes a day.
- Regularly do weight-bearing exercises
- Talk with your doctor about bone mineral density (BMD) test.

EXTERNAL HIP PROTECTORS

Hip fractures generally result from direct trauma to the hip bone occurring as a result of the fall. Hip protectors assist by absorbing some the force to reduce the risk of fracture. Evidence and research is mixed however effectiveness for residents in facilities has been shown. Further research is needed to fully evaluate its effectiveness in decreasing the risk for fractures.

NEXT: 5 STEPS >



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5 STEPS TO PREVENTING FALLS (Cont'd.)

STEP ONE

Remove home hazards

At least one-third of all falls in the elderly involve environmental hazards in the home

Take a look around you—the most common hazard is tripping on objects on the floor. Other factors include poor lighting, loose rugs, and lack of grab bars or poorly located grab bars.

- Get an occupational therapy evaluation who is trained to identify risk factors and recommend appropriate actions
- Move coffee tables, magazine racks and plant stands from high-traffic areas
- Remove newspapers, electrical cords and phone cords from walkways
- Remove throw rugs, or use rubber backing or apply double-sided adhesive carpet tape to the backs to prevent slipping or remove them
- Install handrails on both sides of stairs. Make sure to have adequate light at bottom and top of stairs
- Store clothing, dishes, food within easy reach
- Install night lights in bedroom, bathroom, and hallways
- Install grab bars on bathroom walls
- Use greater than 100 W light bulbs
- Purchase portable phone that you can take with you or carry round neck

STEP TWO

Wear sensible shoes

Consider changing your footwear as part of your fall prevention plan

High heels, floppy slippers and shoes with extra-thick or slippery soles can make you slip, stumble and fall

- Buy properly fitting, sturdy shoes with thin non-slip soled shoes, not thick-soled jogging shoes or heels.
- Choose lace-up shoes instead of slip-ons, or Velcro shoes

STEP THREE

Vision: Get your vision checked regularly

Age-related vision diseases can increase the risk of falling.

Cataracts and glaucoma alter a person's depth perception, visual acuity, peripheral vision and susceptibility to glare. This can hinder the ability to safely negotiate around the home.

- Diminished vision can be corrected with glasses however often glasses are bifocal so that when the person looks down through the lower half of the glasses, the depth is altered. To prevent this, people who wear bifocals need to practice looking straight ahead and lowering the head.
- Use color contrast to balance aids like grab bars
- Add contrasting color or reflective strips to first and last steps
- Clean eye glasses regularly



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STEP FOUR

Medication: Make an appointment with your doctor

Have a review of your medication periodically by your physician from a perspective of fall prevention. Sedatives, anti-depressants, blood pressure medication and psychotropic drugs can contribute to falls by reducing mental alertness, alter balance, and cause drops in systolic blood pressure while standing. Also those taking more than four medications have a higher risk of falls

- Know the common side effects of all medications
- Talk with your physician or pharmacist about ways to reduce your chances of falling by using the lowest dosage, regularly assessing the need for continued medication, and the need for a physical therapy evaluation for walking aids while on certain medication
- Adverse effects of medications are a potentially reversible factor in reducing falls risk and should be included in multi-disciplinary falls interventions

STEP FIVE

Exercise: Keep moving!

Targeted balance and mobility exercises are most effective at reducing fall risk. There is good evidence of benefit from exercise in fall prevention. Failure to exercise regularly results in poor muscle tone, decreased strength, loss of bone mass, and decreased balance. Balance is a skill or can keep or recapture at any age!!

- Research shows that specific balance exercises has the strongest link to preventing falls
- Get a balance assessment as part of a 6-month check-up by your Physical Therapist
- Engage regularly in a custom exercise program (every day for 30 minutes) or a group exercise class



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