Ready, Steady, Balance: Prevent Falls in 2016

Falls Prevention Presentation
Developed by AOTA and AGPT, a component of APTA

Are falls preventable?

Image courtesy of jannes at specipat.org

YES!

Falls are largely preventable!
Come learn how.

Today’s Discussion

- Definition of a fall
- Fear of falling
- Risk factors for falling
- Action steps to reduce YOUR fall risk

Image courtesy of Stew Halbreich, physical therapist
What is a fall?

- Landing on the ground or some other lower surface when you didn’t intend to be there
- Includes slips, trips, etc.

Have you had a fall?

- Have you had a fall in the past year?
- Were you hurt?
- Do you worry about falling?
- Do you feel unsteady when standing or walking?

Do you limit activities?

- **Fear of Falling** is a lasting concern about falling that may cause a person to stop doing activities s/he remains able to do.
  
  *Tennstedt & Powell, 1993*

Why does a fear of falling matter?

- May stop you from activities
- Legs weaken with inactivity
- Inactivity leads to falls
- May make the person feel alone
- May cause depression

*Boyd & Stevens, 2002; Dorethy, Cronin Savva, O’Riagel & Kenny, 2013; Painter et al, 2012*
**Types of Fall Risk Factors**

Most falls result from a number of risk factors:

- **Physical risk factors**: Changes in your body that increase your risk for a fall
- **Behavioral risk factors**: Things we do or don't do that increase our fall risk
- **Environmental risk factors**: Hazards in our home or community

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**Risk Factors**

**You CAN change**

- Physical inactivity
- Home environment
- Vision
- Medication Use
- Fear of falling
- Social isolation
- Weakness
- Improper use of assistive devices

**You CANT change**

- Age
- Gender
- Ethnic background

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**Exercise Recommendations**

- Talk to your doctor before starting an exercise program
- Begin with PT or fall prevention classes
- Be sure classes are for your age group or ability level
- Stick with it!

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**What can YOU do to prevent falls?**

- Exercise to improve your balance and strength
- Have your doctor or pharmacist review your medicines
- Have your vision checked
- Make your home safer
Home Safety Evaluation

- Identify and eliminate fall hazards in your home and community
- Check for Safety Brochure in CDC's STEADI Toolkit
- An occupational therapist can help identify safety issues and solutions
  
  CDC, n.d.

Medications and Falls Risk

- Side effects may make you dizzy
- Medication changes can increase fall risk
- Use one pharmacy
- Review your medications each year
- Be sure you can read your labels

Vision and Falls Risk

- Having annual eye exams after age 50 can help identify vision problems.
- Wearing multifocal lenses may blur or distort your vision looking down.
- Removing cataract(s) may reduce fall risk.

Blood Pressure and Fall Risk

- Check your blood pressure regularly.
- If you get dizzy when you stand up, see your doctor and have your “sit to stand” blood pressure checked.
- Some blood pressure medications increase fall risk; speak with your doctor.
**Chronic Conditions May Contribute to Your Fall Risk**

- Diabetes
- Arthritis
- Stroke
- Multiple Sclerosis (MS)
- Parkinson’s Disease

Chronic Pain
- Depression
- Chronic Obstructive Pulmonary Disease (COPD)

AGS & BGS, 2010; Panel on Prevention, 2011

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**Risk of Falling May Increase**

- Change in your medications
- Illness or infection
- Pain
- Lack of sleep
- Being sad or worried
- Reduced activity level
- Move to new home
- Change in use of cane or walker

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**Start Small**

- **Pharmacist & Doctor** — review medications for side effects that may cause you to fall
- **Occupational Therapist** — home assessment and recommendations to make your home safer
- **Physical Therapist** — help with physical activity, balance, strength, and moving safely

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**After a Fall Occurs …**

- Check for injury.
- Call for help, if needed.
- Seek medical attention right away if you might have hit your head.
- Call your doctor.
- Check for safety hazards.
- Learn how to get up safely.
Evidence-Based Fall Prevention Programs

Matter of Balance
- Eight weekly 2-hour sessions including peer group discussion, exercise, education, and some behavior modification
- All exercises can be done in sitting or supported standing
- Excellent for people who are fearful of falling

Great start for later Stepping On
Visit [http://www.mainhealth.org/mob](http://www.mainhealth.org/mob)

Otago Exercise Program (OEP)
- Done one-to-one with a trained PT and is delivered as part of a complete PT program
- Includes exercise and walking program designed for you
- If you or your physician feel you should begin with PT, be sure your PT includes the OEP
- Great start for later Stepping On® (SO) program

Stepping On® (SO)
- Seven weekly 2-hour classes including peer discussion, exercise, expert lectures
- Great follow-up to Otago (OEP)
- SO classes include standing exercises that are done by a chair independently
- You should feel safe standing and walking independently before you begin SO
- Visit [https://wihealthyaging.org/stepping-on](https://wihealthyaging.org/stepping-on)
Tai Chi

- Fantastic program for ongoing fitness and balance training
- Classes are usually ongoing and not limited to certain weeks
- Does not include educational component
- Participants should be able to stand on one leg for 5 seconds

Finding Evidence-Based Falls Prevention Programs

- Local Senior Center
- Area Agency on Aging [www.eldercare.gov](http://www.eldercare.gov) or 1-800-677-1116
- Hospitals or health clinics
- YMCA for programs like Tai Chi

REMEMBER

Move More!
Evidence-Based Resources

- National Council on Aging
  - Provides information on evidence-based falls prevention programs, state falls prevention coalitions, consumer material and the 2016 Falls Free® National Action Plan

- Falls Free® Initiative
  - Provides resources and evidence-based practice to reduce fall-related injuries and death among older adults

Thank You for Coming!

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References


Resources


