

**A MATTER OF BALANCE:
Managing Concerns about Falls
Lay Leader Model**

**Virtual Translation
(MOB-V)**



MOB-V Participant Workbook

2022

A Matter of Balance Volunteer Lay Leader Model
MaineHealth
Used and adapted by permission of Boston University

**A MATTER OF BALANCE:
Managing Concerns about Falls
Lay Leader Model**

**Virtual Translation
(MOB-V)**



MOB-V Participant Workbook

2022

A Matter of Balance Volunteer Lay Leader Model
MaineHealth
Used and adapted by permission of Boston University

A MATTER OF BALANCE: MANAGING CONCERNS ABOUT FALLS

A Matter of Balance: Managing Concerns about Falls

A Matter of Balance: Managing Concerns About Falls

This program is based on Fear of Falling: A Matter of Balance. Copyright© 1995 Trustees of Boston University. All rights reserved. Used and adapted by permission of Boston University.

Inquiries regarding the original program may be directed to Boston University, Health & Disability Research Institute, 53 Bay State Road, Boston, Massachusetts, 02215. A Matter of Balance was created with support from the National Institute on Aging.

A Matter of Balance Lay Leader Model was developed by a grant from the Administration on Aging (#90AM2780) for Southern Maine Agency on Aging, MaineHealth's Partnership for Healthy Aging, Maine Medical Center Division of Geriatrics and the University of Southern Maine, School of Social Work. All rights reserved, MaineHealth's Partnership for Healthy Aging.

A Matter of Balance Volunteer Lay Leader Model

Recognized for Innovation and Quality in Healthcare and Aging, 2006, American Society on Aging.

Working in partnership, Southern Maine Agency on Aging, MaineHealth's Partnership for Healthy Aging, Maine Medical Center Division of Geriatrics and the University of Southern Maine, School of Social Work were awarded Administration on Aging Grant No. 90AM2780. The purpose of the grant is to develop, evaluate and disseminate a volunteer lay leader model for A Matter of Balance. All rights reserved, MaineHealth's Partnership for Healthy Aging.

The Coach Handbook was adapted from the original Matter of Balance Manual for use by volunteer lay leaders. It contains all the activities, references and handouts necessary to coach the class.

For further information, please contact:

MaineHealth
110 Free Street
Portland, ME 04101
(207) 661-7120
Email: PFHA@mainehealth.org

Master Trainer sites shall at all times during the use of this handbook, and thereafter, defend and hold MaineHealth's Partnership for Healthy Aging, its trustees, officers, employees, agents and affiliates (together, "indemnitees") harmless from and against all claims, suits, demands, liability and expenses, including legal expenses and reasonable attorneys' fees, arising out of any negligent act or omission of the Master Trainer site pursuant to the use of this material.

	<u>Session Title</u>	<u>Meeting Date</u>
Session 1	Introduction to the Program	_____
Session 2	Exploring Thoughts and Concerns About Falling	_____
Session 3	Exercise and Fall Prevention	_____
Session 4	Assertiveness and Fall Prevention	_____
Session 5	Managing Concerns About Falling	_____
Session 6	Recognizing Fall-ty Habits	_____
Session 7	Recognizing Fall Hazards in the Home and Community	_____
Session 8	Practicing No Fall-ty Habits/ Fall Prevention: Putting it All Together	_____

Directions

Below are 12 statements that describe attitudes associated in some way with falls. Read each statement then check whether you “Agree” or “Disagree” in the box found to the right of the statement.

Fall-Related Attitudes Survey	Agree	Disagree
1. Falling should be accepted as a natural part of growing old.		
2. Most falls cannot be prevented.		
3. Reporting a fall to a doctor could lead to a restriction of my independence.		
4. If I report a fall to a doctor, s/he may think that I can't take care of myself.		
5. If I report a fall to a relative, s/he may think that I can't take care of myself.		
6. My doctor is a very busy person and shouldn't be bothered with my concerns about falls (if I should have any).		
7. My nurse is a very busy person and shouldn't be bothered with my concerns about falls (if I should have any).		
8. Falling is humiliating.		

Stop! Did you answer “Agree” to any of those questions? Answering “Agree” to questions 1-8 could be a reason for not reporting a fall to your health care provider. By not seeking help, or discussing the fact that you fell with a physician or nurse, you are denying yourself the chance to find out what really caused the fall. Knowing why a fall occurred is the first step in preventing future falls. Falls are preventable! Most health care providers will go to great lengths to provide you with a service that will allow you to stay safely in your home.

Fall-Related Attitudes Survey	Agree	Disagree
9. Even when it is not wet or slippery outside, I avoid leaving my home sometimes to avoid a possible fall.		
10. Almost every day I think about the fact that I could fall and hurt myself.		
11. I am generally nervous when I walk.		
12. There are things that I would like to do but don't do because I am afraid that I might fall.		

Stop! Did you answer "Agree" to questions 9- 12? This could mean that you are fearful of falling. Stress is your body's response to anything that leaves you feeling pressured or threatened. It is a demand on your body causing you to adapt, adjust, or respond to a particular stressor. Stress is not always bad. It often motivates us or pushes us to try a new way of doing things. Being concerned about falling could lead to a safer lifestyle. However, if your fear of falling is keeping you from doing the things you like to do, you need to talk about it with your healthcare provider.

Directions

For each statement to which you answered "Agree", go back and write a positive sentence that shows that you have control over fear of falling.

Example:

11. I am generally nervous when I walk.

"I am confident when I walk because I've taken steps to prevent a fall, such as exercising, wearing sensible shoes, etc."

Evaluating Thoughts About Falling

Your thoughts about falling affect your actions

To overcome your concerns about falling you need mental as well as physical skills. These concerns enter your life as the idea that something terrible can and probably will happen to you if you are not careful. When it is powerful, it cautions you against taking any risks. It can limit you. When this happens it is joined by ideas of helplessness, like, “I can’t protect myself from falling. I better not try to do much of anything.” Ideas of dependence, like “other people will have to take care of me” also come into the picture. You need to learn to recognize and challenge these ideas, or they can control you.

Concerns about falling can enter your life slowly and gradually—they can start creeping into your thoughts and get stronger as time goes on—or they can come on suddenly. This is especially likely if you have a bad and unexpected fall, or someone you know has. Fear directs your feelings and actions. Once it takes over, it can convince you to restrict your life in many ways. This can result in significant losses. You might stop visiting friends, taking walks, doing things that have brought you pleasure. It can interfere with the most basic activities, such as cooking, cleaning, taking showers. It can take away your

independence and lead you to become isolated and depressed. It blocks your attempts at problem-solving, and takes away the power you have to control your life. Worst of all, it can lead you to be so inactive that your muscles and bones become very weak. The tragedy of this is that you then are more likely to fall if you try to do something active.

Evaluating your fears

In order to manage your concerns about falling, the first step is to recognize them and the effects they have on your feelings and actions. You then need to evaluate how realistic your fears are, and whether they are preventing you from taking constructive action. Our fears are like warning signals that protect us from danger. Sometimes they flash red, telling us not to go any farther when they ought to be yellow, telling us to proceed with caution. With some practice you can turn a red light into a yellow one, or even into a green one, by talking back to the ideas of danger that pop into your head.

Example

Worries About Falling

“My balance is so bad I can’t do things on my own.”

Feelings:

Anxiety about moving without assistance. Insecure about being left alone.

Behavior:

Restricted activity; demanding of family.

List some worries you have about falling, and how these worries make you feel and behave.

<u>Worries</u>	<u>Feelings</u>	<u>Behaviors</u>

Replacing fears with constructive ideas

As you can see, fears can change your behavior. They get in the way of staying active and of doing what you can to prevent falls and cope with them if they do occur. One way of challenging your concerns is to replace them with more constructive, confidence-building ideas. People have come up with many creative ways to do this and thereby keep their fears in check.

Example

Bob has been invited to the neighbor's home for dinner. He has to climb some steps to get into their house.

- **Unhelpful thoughts**

"I can't go. I'll never make it up those steps without losing my balance. I could fall and break my hip."

- **Helpful thoughts**

Questions Bob can ask himself:

How likely is it that my concern will come true? How dangerous is this situation?

Although there is usually a possibility that our feared outcome could occur, there are often other more positive outcomes that could occur as well. It

is important to keep these in mind so you are not thinking solely of the worst possible thing.

In answering these questions, Bob might make the following statement :

"I'm nervous about those steps, but I've never fallen down steps before and I've climbed a lot of them in my life. It's possible I could do it."

What positive results might occur if I try the feared activity?

Bob might make a statement like:

"I'd like to see my neighbors. I get bored and cooped-up inside. I'd feel good about getting there if I could."

What will happen if I give into my worries?

Bob might make a statement like:

"If I don't go, I'll get more lonely and unhappy, and I'll feel ashamed because I won't tell them the real reason I can't come. I'll make something up and they'll think I'm not interested."

What can I do to enable myself to try this?

Bob might make a statement like :

"I could ask one of my neighbors to give me a hand with the steps. Even

though I'm a little embarrassed, it would be worse to stay home."

By restructuring his thinking in this way, Bob can keep his fear from calling the shots and form a plan to overcome it. There is no one right way to come up with confidence-building ideas, and you may have your own useful possibilities.

Brainstorming confidence-building thoughts

- A. A relative gives you tickets to a show and you know you will have to climb stairs to get to your seat.
- B. You want to take your daily walk but it has rained and the sidewalk is wet and might be slippery.
- C. A celebrity you want to see is speaking locally but you know you will have to battle a crowd to get in.
- D. You want to take the subway downtown but one of your children has warned you not to do it because you might fall.
- E. You want to clean out and organize some shelves that are a little beyond your reach.
- F. Your friend invites you to go to see a movie at night but you have to walk in the dark both outside and inside the theater.

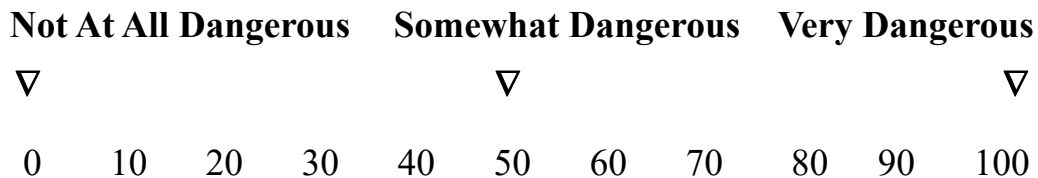
Directions

To challenge your fear of falling, let's first identify an activity that is meaningful to most of us that causes us to worry about falling. Next, a vote will be taken for the one activity that will be the subject of the next exercise. (Majority wins).

Note to group members: In this introductory exercise, this work sheet is being completed as a group. Once you get familiar with the process, you are encouraged to use the worksheet independently.

1. What am I afraid of doing because I might fall?

2. How realistic is my fear? Based on my experience, how dangerous is this situation? Circle your fear level on the scale below:



3. Is there any action I can take to make this safer and enable myself to try it?
If so, what is it?

4. What positive results might happen if I try to do this?

5. What will happen if I give in to my fear and don't try?

Directions

The log should be used to record what happens and what you think when faced with a situation where you are afraid you might fall.

Situation

Write a brief description of the situation or event that aroused some concern about falling. For example, your neighbor asks you to walk to the store a few blocks away with her. However, it has been raining, and the sidewalk is covered with leaves.

Fears or Worries About Falling

Write what you are worried about. For example, “I will slip on the wet leaves and fall down.”

Confidence Building Thoughts

Write a more positive—and realistic—thought. For example, “If I am careful, walk slowly, and use my cane, I can walk to the store safely.”

Outcome

Write what happened or what you did. For example, “Walked to the store and didn’t fall even though the leaves were slippery.”



**National Institute on Aging
U. S. Department of Health and Human Services, National Institutes of Health*

Exercise and Physical Activity: Getting Fit For Life

“My wife, Miki, and I have heart problems. About 2 years ago, we joined our local health club, where we do both endurance and strength-training exercises. On the off days, we walk near our house, stretch, and do a few balance exercises. Being active helps us feel better—and it’s good for our hearts!”

Bob and Miki know that exercise and physical activity are good for you, no matter how old you are. In fact, staying active can help you:

- Keep and improve your strength so you can stay independent
- Have more energy to do the things you want to do
- Improve your balance and prevent falls
- Prevent or delay some diseases like heart disease, stroke, type 2 diabetes, osteoporosis, and certain types of cancer
- Perk up your mood and reduce feelings of depression
- Sleep better at night
- Reduce levels of stress and anxiety
- Reach or maintain a healthy weight

You don’t need to buy special clothes or belong to a gym to become more active. Physical activity can and should be part of your everyday life. Find things you like to do. Go for brisk walks. Ride a bike. Dance. Work around the house. Garden. Climb stairs. Swim. Rake leaves. Try different kinds of activities that keep you moving. Look for new ways to build physical activity into your daily routine .

Four Ways to Be Active

To get all of the benefits of physical activity, try all four types of exercise—

1) endurance, 2) strength, 3) balance, and 4) flexibility.

1. Try to build up to at least 30 minutes of activity that makes you breathe hard on most or all days of the week. Every day is best. That's called an **endurance** activity because it builds your energy or "staying power." You don't have to be active for 30 minutes all at once. Try to be active throughout your day to reach this goal, and avoid sitting for long periods of time .

How hard do you need to push yourself? If you can talk without any trouble at all, you are not working hard enough. If you can't talk at all, you are working too hard.

2. Keep using your muscles. **Strength** exercises build muscles. When you have strong muscles, you can get up from a chair by yourself, you can lift your grandchildren, and you can walk through the park.

Keeping your muscles strong can help with your balance and prevent falls and fall-related injuries. You are less likely to fall when your leg and hip muscles are strong.

3. Do things to help your balance. Try standing on one foot, then the other. If at first you need support, hold on to something sturdy. Work your way up to doing the exercises without support. Get up from a chair without using your hands or arms. Try the heel-to-toe walk. As you walk, put the heel of one foot just in front of the toes of your other foot. Your heel and toes should touch or almost touch
4. Stretching can improve your **flexibility**. Moving more freely will make it easier for you to reach down to tie your shoes or look over your shoulder when you back the car out of your driveway. Stretch when your muscles are warmed up. Don't stretch so far that it hurts.

Who Should Exercise?

Almost anyone, at any age, can do some type of physical activity. You can still exercise even if you have a health condition like heart disease, arthritis, chronic pain, or diabetes. In fact, physical activity may help. For most older adults, brisk walking, riding a bike, swimming, weight lifting, and gardening are safe, especially if you build up slowly. If you have any symptoms that haven't been diagnosed, or if you have a chronic condition that is not being monitored by a doctor, check with your doctor before beginning an exercise routine. You can always talk to your doctor if it makes you more comfortable when starting to be active.

Safety Tips

Here are some things you can do to make sure you are exercising safely:

- Start slowly, especially if you haven't been active for a long time. Little by little build up your activities and how hard you work at them.
- Don't hold your breath during strength exercise. That could cause changes in your blood pressure. It may seem strange at first, but the rule is to breathe out as you lift something; breathe in as you relax.
- Use safety equipment. For example, wear a helmet for bike riding or the right shoes for walking or jogging.
- Unless your doctor has asked you to limit fluids, be sure to drink plenty when you are doing activities, even if you don't feel thirsty.
- Always bend forward from the hips, not the waist. If you keep your back straight, you're probably bending the right way.
- Warm up your muscles before you stretch. Try walking and light arm pumping first.

Exercise should not hurt or make you feel really tired. You might feel some soreness, a little discomfort, or a bit weary, but you should not feel pain. In fact, in many ways, being active will probably make you feel better.

For More Information on Exercise and Physical Activity

Local fitness centers or hospitals might be able to help you find a physical activity program that works for you. You also can check with nearby religious groups, senior and civic centers, parks, recreation associations, YMCAs, YWCAs, JCCs, or even area shopping malls for exercise, wellness, or walking programs. Looking for more information on how to begin an exercise plan and keep going?

Visit Go4Life® at <https://go4life.nia.nih.gov>. This exercise and physical activity website from the National Institute on Aging has exercise examples, tracking worksheets, workout videos, and tips to help you stay motivated.

The following resources have information about physical activity and exercise for older adults to help you get started .

American College of Sports Medicine

1-317-637-9200

publicinfo@acsm.org

www.acsm.org

American Council on Exercise

1-888-825-3636 (toll-free)

receptionist@acefitness.org

www.acefitness.org

American Physical Therapy Association

1-800-999-2782 (toll-free)

consumer@apta.org

www.moveforwardpt.com

Centers for Disease Control and Prevention (CDC)

1-800-232-4636 (toll-free)

1-888-232-6348 (TTY/toll-free)

cdcinfo@cdc.gov

www.cdc.gov

MedlinePlus

National Library of Medicine

www.medlineplus.gov

<https://medlineplus.gov/exerciseandphysicalfitness.html>

<https://medlineplus.gov/exerciseforolderadults.html>

National Council on Aging

1-571-527-3900

www.benefitscheckup.org

President's Council on Sports, Fitness & Nutrition

1-240-276-9567

fitness@hhs.gov

www.fitness.gov

For more information on health and aging, contact:

National Institute on Aging Information Center

1-800-222-2225 (toll-free)

1-800-222-4225 (TTY/toll-free)

niaic@nia.nih.gov

www.nia.nih.gov

<https://go4life.nia.nih.gov>

Visit www.nia.nih.gov/health to find more health and aging information from NIA and subscribe to email alerts.

Visit <https://order.nia.nih.gov> to order free print publications.

National Institute on Aging NIH...

Turning Discovery Into Health®

May 2019

Go4Life is a registered trademark of the U.S. Department of Health and Human Service.

**Sit in a sturdy Chair.
Do not play music during exercises so that everyone can hear the directions.**

This exercise prepares the mind and body for exercise.

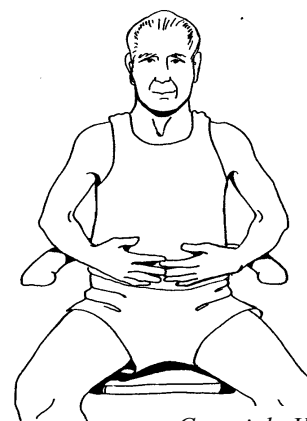
WARM-UP EXERCISES

Encourage safe footwear.

Deep Breathing

Place your hands on stomach and take a deep breath in, filling your diaphragm. Feel your hands move out as you fully breathe. Exhale and feel your hands return.

Coaching Tip: Sit in a sturdy, comfortable chair. Breathe evenly. Encourage participant to breathe normally throughout the exercise.



Copyright VHI 1993

Start with 3 to 5 repetitions for each of the warm-up exercises. Increase to 8 to 12 repetitions, as appropriate.

Good Morning Stretch

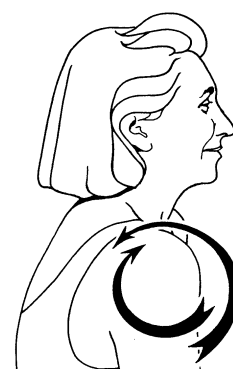
Stretch your arms wide. Take a deep breath and exhale, stretch some more, add a gentle turn to the left and then to the right. Move slowly and breathe deeply.

The Good Morning Stretch and Shoulder Rolls improve the range of motion of the shoulders and upper back and they are an excellent way to relieve muscle tension.

Shoulder Rolls

Roll your shoulders forward, making small circles for a count of 5. Then roll your shoulders to the back for a count of 5.

One set is 10 counts.



Copyright VHI 1993

Diagonal Arm Press Across the Body

Starting with your left arm, press to the right, away from and across your body. Alternate your right and left arm. Repeat 5 to 10 times.

Pause, take 2 or 3 deep breaths.

Coaching Tip: This is a good time to check-in with each participant with eye contact and conversation.

Foot Circles

Sit with both feet on floor. Raise one foot and gently circle (rotate) your foot in a clockwise direction 5 times. Change direction and repeat.

Switch to the other foot and repeat.



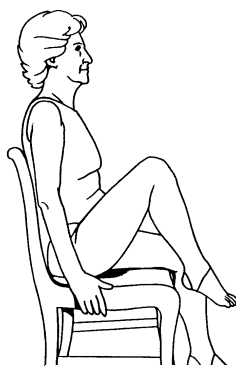
Copyright VHI

Seated Knee Raises (Seated Marching)

Lift your left knee and then lower it. Lift your right knee and lower it, as if you were marching.

Repeat 5 to 10 times.

Coaching Tip: Encourage a comfortable range of motion. More motion is not always better. For individuals with joint replacement or experiencing hip/back pain, encourage them to follow their physician/healthcare professional's recommendations.



Copyright VHI 1993

Pause, take 2 or 3 deep breaths.

This exercise warms the body and can improve your upper body range of motion, overall balance and physical endurance.

The ankle is one of the most important "balance" joints. The ankle joint "responds" to changes in terrain and "reports" to the brain and other muscles information necessary for adjustment and safety. Ankle rolls may improve range of motion and balance.

Seated Knee Raises improves hip stability and range of motion. May help physical endurance.

This exercise improves the range of motion in the shoulders and back. It may also improve physical endurance.

Diagonal Arm Press Across the Body and Toward the Floor

Starting with your left arm, press to the right, toward the floor and across your body. Alternate your right and left arm.

Repeat 5 to 10 times. Add a set as you get stronger.

Diagonal Arm Press Across the Body and Slightly Overhead

Starting with your left arm, press to the right, toward the ceiling and across your body. Alternate your right and left arm.

Repeat 5 to 10 times. Add a set as you get stronger.

Coaching Tip: Strength and balance exercises are diverse and are sometimes paced and rhythmic or very slow and controlled. Coaches should demonstrate each exercise according to the plan. All movements should be controlled and in a full range of motion. Suggestions regarding pace, range of motion and repetitions should be made according to an individual's ability.

This exercise improves the range of motion in the shoulders and back. It may also improve physical endurance.

Rowing Exercise

With both arms straight out in front of your body, pull arms in, as if you are rowing a boat. Try to pinch your shoulder blades together as you row.

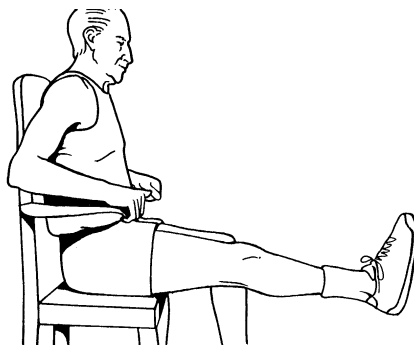
Repeat cycle 5 to 10 times. Add a set as appropriate.

Seated Leg Extensions

Slowly straighten your left leg and then return your left leg to the floor.

Slowly straighten your right leg and then return your right leg to the floor.

Alternate and repeat 5 to 10 times. Add a set as you get stronger.



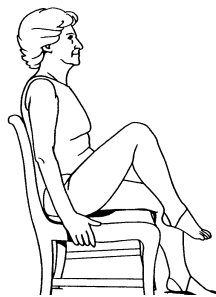
Copyright VHI 1993

Coaching Tip: Participants can do this exercise with the toe pointed or fixed toward the ceiling. The stretch felt in the calf muscle will vary depending on the position of the foot.

Seated Knee Raises (Not Alternating)

First, lift your left knee and then lower it. Repeat 5 to 10 times.

Second, lift your right knee and then lower it. Repeat 5-10 times.



Copyright VHI 1993

This exercise improves torso, hip and upper leg strength.

**Take a deep breath.
Remain seated.**

Side Stepping

Step your left foot to the left, then step your right foot to match your left foot.

Step your right foot back to the right, then step your left foot to match your right foot. Continue for 15 to 30 seconds.

(Left together, right together, left together, right together...).

Increase duration or add a set as appropriate.

The Box Step (Waltz)

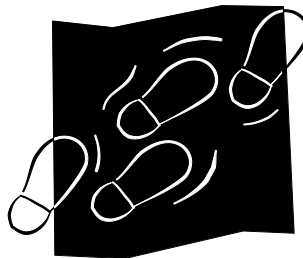
Right foot forward, then feet together.

Left foot to side, then feet together.

Left foot back, then feet together.

Right foot right, then feet together

Repeat cycle 3 to 5 times, increase as appropriate.



This exercise improves balance, coordination and physical endurance.

Coaching Tip: Check-in. Participants may be experiencing fatigue at this point. Continue if appropriate or sit down and continue with the seated exercises. Always encourage participants to exercise according to their own ability.

Take 2 or 3 deep breaths.

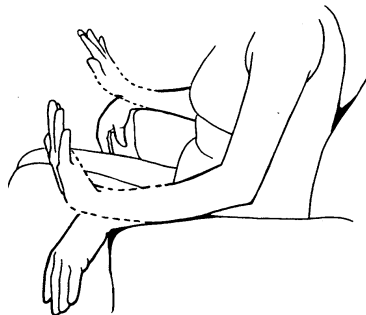
Wrist Rise & Fall

Place your arms on the armrest of the chair. Gently let your hand hang off the edge of the armrest.

(Use tabletop if armrests are not available).

Slowly bend the back of your hand, lift your fingers up toward the ceiling. Then gently lower your hand.

Repeat 5 times, increase as appropriate.



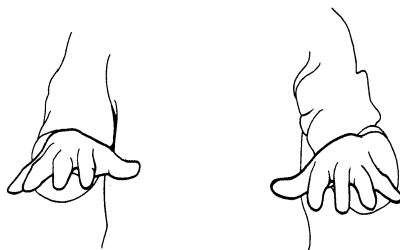
Copyright VHI 1993

This exercise may improve dexterity, coordination and range of motion.

Finger Spread

Spread fingers of both hands far apart, keeping fingers straight. Then relax hands and fingers into a gentle fist.

Repeat 5 times, increase as appropriate.



Copyright VHI 1993

This exercise helps chest/ back flexibility and torso range of motion. It is very good for posture.

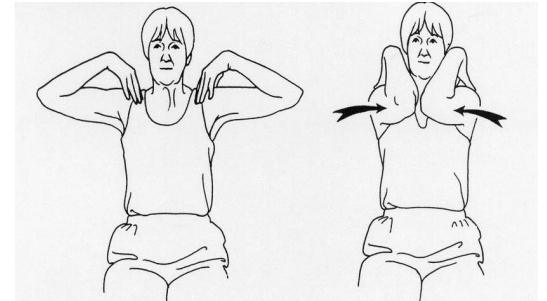
Wrist Rotation

Spread fingers of both hands far apart (like the finger spread.) Then, rotate your hand, palm up, palm down.

Repeat 5 times, increase as appropriate.

Touch Elbows Stretch (front and back)

Stretch Front: Place your fingertips on your shoulder. Raise elbows to shoulder level. Gently move your elbows together (toward your body's mid-line). Try to get them as close as possible, while still remaining comfortable. Hold for 3-5 seconds.



Copyright VHI 1993

Repeat 3-5 times.

Take two or three deep breaths.

COOL-DOWN

Ear to Shoulder

Bring left ear to left shoulder and hold for 10 seconds.

Repeat to the right.

Repeat cycle 3 times.

Coaching Tip: This is an exercise that can be done anywhere, at anytime. It is a good exercise for the range of motion in the neck and releasing tension.

This exercise can also be done anywhere, and anytime. It improves neck range of motion. It is helpful in maintaining your ability to look left and right when driving.

Look Left, Look Right

Look to the left, look to the right. Move slowly.

Repeat 5 times.



Copyright VHI 1993

A relaxing stretch for the entire body.

Good Morning Stretch

Stretch arms open wide and yawn, if you like.

Take a deep breath, stretch some more, add a gentle turn to the left and then to the right.

Move slowly and breathe deeply.

Repeat cycle 2 to 3 times.



Giant Bear Hug Stretch

Wrap your arms around your body. Try to reach your hand behind your back (like a big bear hug) Squeeze and stretch and relax.

You did it - Congratulations!



**Take two or three deep breaths.
Relax! Good job!**

Information from the National Institute on Aging/ National Institute of Health

www.nia.nih.gov/health/prevent-falls-and-fractures

Prevent Falls and Fractures

A simple thing can change your life—like tripping on a rug or slipping on a wet floor. If you fall, you could break a bone, like thousands of older men and women do each year. For older people, a break can be the start of more serious problems, such as a trip to the hospital, injury, or even disability.

If you or an older person you know has fallen, you're not alone. More than one in three people age 65 years or older falls each year. The risk of falling—and fall-related problems—rises with age.

Many Older Adults Fear Falling

The fear of falling becomes more common as people age, even among those who haven't fallen. It may lead older people to avoid activities such as walking, shopping, or taking part in social activities.

But don't let a fear of falling keep you from being active. Overcoming this fear can help you stay active, maintain your physical health, and prevent future falls. Doing things like getting together with friends, gardening, walking, or going to the local senior center helps you stay healthy. The good news is, there are simple ways to prevent most falls.



*National Institute on Aging
National Institutes of Health, U. S. Department of Health and Human Services*

Causes and Risk Factors for Falls

Many things can cause a fall. Your eyesight, hearing, and reflexes might not be as sharp as they were when you were younger. Diabetes, heart disease, or problems with your thyroid, nerves, feet, or blood vessels can affect your balance. Some medicines can cause you to feel dizzy or sleepy, making you more likely to fall. Other causes include safety hazards in the home or community environment.

Scientists have linked several personal risk factors to falling, including muscle weakness, problems with balance and gait, and blood pressure that drops too much when you get up from lying down or sitting (called postural hypotension). Foot problems that cause pain and unsafe footwear, like backless shoes or high heels, can also increase your risk of falling.

Confusion can sometimes lead to falls. For example, if you wake up in an unfamiliar environment, you might feel unsure of where you are. If you feel confused, wait for your mind to clear or until someone comes to help you before trying to get up and walk around.

Some medications can increase a person's risk of falling because they cause side effects like dizziness or confusion. The more medications you take, the more likely you are to fall.

Take the Right Steps to Prevent Falls

If you take care of your overall health, you may be able to lower your chances of falling. Most of the time, falls and accidents don't "just happen." Here are a few tips to help you avoid falls and broken bones:

Stay physically active. Plan an exercise program that is right for you; www.nia.nih.gov/health/exercise-physical-activity. Regular exercise improves muscles and makes you stronger. It also helps keep your joints, tendons, and ligaments flexible. Mild weight-bearing activities, such as walking or climbing stairs, may slow bone loss from osteoporosis.

Have your eyes and hearing tested. Even small changes in sight www.nia.nih.gov/health/aging-and-your-eyes and hearing www.nia.nih.gov/health/hearing-loss-common-problem-older-adults may cause you to fall. When you get new eyeglasses or contact lenses, take time to get used to them. Always wear your glasses or contacts when you need them. If you have a hearing aid, be sure it fits well and wear it.

Find out about the side effects of any medicine you take; www.nia.nih.gov/health/safe-use-medicines-older-adults. If a drug makes you sleepy or dizzy, tell your doctor or pharmacist.

Get enough sleep; www.nia.nih.gov/health/good-nights-sleep . If you are sleepy, you are more likely to fall.

Limit the amount of alcohol you drink; www.nia.nih.gov/health/getting-help-alcohol-problems. Even a small amount of alcohol can affect your balance and reflexes. Studies show that the rate of hip fractures in older adults increases with alcohol use.

- **Stand up slowly.** Getting up too quickly can cause your blood pressure to drop. That can make you feel wobbly. Get your blood pressure checked when lying and standing.
- **Use an assistive device if you need help feeling steady when you walk.** Appropriate use of canes and walkers can prevent falls. If your doctor tells you to use a cane or walker, make sure it is the right size for you and the wheels roll smoothly. This is important when you're walking in areas you don't know well or where the walkways are uneven. A physical or occupational therapist can help you decide which devices might be helpful and teach you how to use them safely.
- **Be very careful when walking on wet or icy surfaces.** They can be very slippery! Try to have sand or salt spread on icy areas by your front or back door.
- **Wear non-skid, rubber-soled, low-heeled shoes, or lace-up shoes with non-skid soles that fully support your feet.** It is important that the soles are not too thin or too thick. Don't walk on stairs or floors in socks or in shoes and slippers with smooth soles. **Always tell your doctor if you have fallen since your last checkup, even if you aren't hurt when you fall;** www.nia.nih.gov/health/doctor-patient-communication/talking-with-your-doctor . A fall can alert your doctor to a new medical problem or problems with your medications or eyesight that can be corrected. Your doctor may suggest physical therapy, a walking aid, or other steps to help prevent future falls.

What to Do If You Fall

Whether you are at home or somewhere else, a sudden fall can be startling and upsetting. If you do fall, stay as calm as possible.

Take several deep breaths to try to relax. Remain still on the floor or ground for a few moments. This will help you get over the shock of falling.

Decide if you are hurt before getting up. Getting up too quickly or in the wrong way could make an injury worse.

If you think you can get up safely without help, roll over onto your side. Rest again while your body and blood pressure adjust. Slowly get up on your hands and knees, and crawl to a sturdy chair.

Put your hands on the chair seat and slide one foot forward so that it is flat on the floor. Keep the other leg bent so the knee is on the floor. From this kneeling position, slowly rise and turn your body to sit in the chair.

If you are hurt or cannot get up on your own, ask someone for help or call 911. If you are alone, try to get into a comfortable position and wait for help to arrive.

Carrying a mobile or portable phone with you as you move about your house could make it easier to call someone if you need assistance. An emergency response system, which lets you push a button on a special necklace or bracelet to call for help, is another option.

Keep Your Bones Strong to Prevent Falls

Falls are a common reason for trips to the emergency room and for hospital stays among older adults. Many of these hospital visits are for fall-related fractures. You can help prevent fractures by keeping your bones strong.

Having healthy bones won't prevent a fall, but if you fall, it might prevent breaking a hip or other bone, which may lead to a hospital or nursing home stay, disability, or even death. Getting enough calcium and vitamin D can help keep your bones strong; www.nia.nih.gov/health/vitamins-and-minerals. So can physical activity. Try to get at least 150 minutes per week of physical activity; www.nia.nih.gov/health/exercise-physical-activity.

Other ways to maintain bone health include quitting smoking; www.nia.nih.gov/health/quitting-smoking-older-adults and limiting alcohol use; www.nia.nih.gov/health/getting-help-alcohol-problems, which can decrease bone mass and increase the chance of fractures. Also, try to maintain a healthy weight. Being underweight increases the risk of bone loss and broken bones; www.nia.nih.gov/health/maintaining-healthy-weight

Osteoporosis; www.nia.nih.gov/health/osteoporosis is a disease that makes bones weak and more likely to break. For people with osteoporosis, even a minor fall may be dangerous. Talk to your doctor about osteoporosis.

Learn how to fall-proof your home. <https://www.nia.nih.gov/health/fall-proofing-your-home>

Read about this topic in Spanish. Lea sobre este tema en español: www.nia.nih.gov/health/prevenca-caidas-fracturas

Institute on Aging has exercises, success stories, and free video and print materials.

For More Information About Falls and Falls Prevention

Centers for Disease Control and Prevention (CDC)

1-800-232-4636 (toll-free)

1-888-232-6348 (TTY/toll-free)

cdcinfo@cdc.gov

www.cdc.gov

National Resource Center on Supportive Housing and Home Modifications

1-213-740-1364

homemods@usc.edu

www.homemods.org

Rebuilding Together

1-800-473-4229 (toll-free)

info@rebuildingtogether.org

www.rebuildingtogether.org

National Falls Prevention Resource Center

1-571-527-3900

www.ncoa.org/center-for-healthy-aging/falls-resource-center/

Content reviewed: March 15, 2017

Prevention of Falls: Some Practical Suggestions*

**Prevention of Falls: Some Practical Suggestions* is a publication of the Department of Rehabilitation, Physical Therapy, The Medical Centers at University of California, San Francisco.

Getting Out of Bed _____

Lie on your back with both knees bent and feet flat.

Roll onto your side towards the direction you will get out of bed.

Bring your legs forward over the edge of the bed and lower them as you push your body up with your arms.

Getting from Sitting to Standing _____

Scoot to the edge of the bed/chair.

Place the stronger leg slightly in back of the weaker leg.

Place hands on armrests or on the edge of the bed.

Lean trunk forward and press down on arms to stand up.

If it is a very deep chair, slide to the edge of the chair before attempting to stand.

If sitting in a recliner, bring chair to fully upright position.

If your chairs are low, add pillows to raise the seat level.

Stairs _____

Always turn on the stairwell light.

Going up:

Go up with the stronger leg first, then bring the weaker leg up onto the same step, then cane (if you use one).

Going down:

Go down with the weaker leg first, then lower the strong leg onto the same step. If you use a cane, it should go down first.

Use a handrail when available.

Follow these guidelines when getting on or off a bus or streetcar as well.

Hills _____**Going up:**

Lead with the stronger leg.

Going down:

Lead with the weaker leg.

Attempt going sideways if the hill is steep.

Walk down hill in a diagonal manner, similar to switchbacks.

Getting up from the Floor _____

Get into a kneeling position. Bring one foot in front to a half-kneeling position; then rise to a standing position. You may need to push down on a sturdy object, e.g. a chair, beside you to stand up.

Assistive Devices _____**Cane**

With cane tip four inches in front and four inches to the side, the cane should come up to your hip joint. The cane may need to be shorter for your elbow to be bent about twenty degrees.

When using a cane, always hold it in the opposite hand than your weaker side.

Walker

Adjust height as with cane (see above).

Place walker firmly on ground with all four legs in contact with the floor.

Keep walker within comfortable arms distance with elbows slightly bent. Stand tall and avoid walking bent over.

Use a “walker bag” to carry your objects.

Resources for Fall Prevention

Organizations

Administration on Community Living

Eldercare Locator

The Eldercare Locator is a public service of the U.S. Administration for Community Living/Administration on Aging that connects older Americans and their caregivers with sources of information on senior services. The service links those who need assistance to state and local area agencies on aging and community-based organizations that serve older adults and their caregivers.

Call: 1-800-677-1116

www.eldercare.gov

Arthritis Foundation

Online guidelines on how to protect joints during exercise along with range of motion exercises for joint mobility.

Arthritis Foundation

1355 Peachtree St. NE suite 600

Atlanta GA 30309

404-872-7100

www.arthritis.org

www.arthritis.org/living-with-arthritis/exercise/

National Council on the Aging

Healthy Aging– Empowering older adults to live healthier

Fall Prevention Information

NCOA

251 18th Street South

Suite 500

Arlington, VA 22202

Phone: 1-571-527-3900

Fax: 1-202-479-0735

TDD: 1-202-479-6674

www.ncoa.org

National Institute on Aging

The National Institute on Aging publishes a collection of fact sheets that offer practical advice on health related topics (including falls) for older adults. The fact sheets are called “Age Pages”. Another available resource is called *Talking with Your Doctor: A Guide for Older People*.

To order publications call:

1-800-222-2225

1-800-222-4225 (TDD)

www.nihseniorhealth.gov/

Health Videos: www.nihseniorhealth.gov/

The health videos offer up-to-date medical information, tips for healthy living, and inspiring stories of older adults who are coping with diseases or conditions of aging

Videos and Exercise

Go 4 Life – National Institute on Aging at NIH : <https://go4life.nia.nih.gov/>

Go4Life, is an exercise and physical activity campaign from the National Institute on Aging at NIH, is designed to help you fit exercise and physical activity into your daily life.

Exercise Book available: <https://go4life.nia.nih.gov/free>

The easy-to-read Guide, available in English, Spanish, and an audio version online is filled with useful information, sample exercises, and real-life success stories.

Exercise & Physical Activity: Your Everyday Guide from the National Institute on Aging

Improve strength, balance, flexibility, and endurance with the **Go4Life Everyday Exercises from the National Institute on Aging** video. On line videos feature strength, balance, and flexibility exercises that can be done at home, at work, at the gym--almost anywhere.

Exercise programs

To explore exercise programs suitable for older adults, call your local YWCA, YMCA or JCC. Some communities may have an Agency on Aging, senior center, university or hospital that may also be able to offer additional resources.

Personal Emergency Response Systems

A Personal Emergency Response System (PERS) is an electronic device designed to let you summon help in an emergency.

For more information contact:

Federal Trade Commission for the Consumer.

1-877-FTC-HELP (1-877-382-4357) ; TTY: 1-866-653-4261

<http://www.ftc.gov/bcp/edu/microsites/whocares/emergency.shtm>

Goal

To develop and carry out a plan for regular exercise.

Action

Exercise regularly.

Materials/Physical Assistance Needs

Possible Problems

Solutions

Improving Your Balance*

**Improving Your Balance* is a publication of Health Promotion and Exercise for Older Adults, ©1990 Aspen Publishers, Inc.

Do

1. Stretch and move as often as possible. When watching television, stand up, and move your hips during commercials (this will keep you more flexible).
2. Make sure your house is well-lit (poor lighting can cause you not to see a potential hazard).
3. Focus on a far object when you walk (this will help your visual balance).
4. Lean into forces. For example, if the wind is blowing, lean into it (this will give you balance advantage).
5. Do the exercises daily, and be patient (you may not see results for at least three months).

Don't

1. Do not get up too quickly (getting up quickly can cause dizziness).
2. Do not go out into bright sunlight from a dark area without sunglasses (glare can affect your balance). Take sunglasses off when entering a building.
3. Do not push yourself if you feel tired (pushing yourself when you are tired can overexert your system and cause you to fall).

Role-play 1	Negative Response	Role-play 1	Positive Response
	I'll slip, so I can't go.		You don't know for sure that you're going to slip.
	There's no guarantee I won't.		That's true but there are things you can do to make it less likely.
	I'd rather not try. I don't want to take a risk.		Would you rather sit at home? If you do, you'll run the risk of falling because your muscles will become weak.
	I don't want to sit at home and get weaker. What can I do?		You can use your walker. Or you can ask someone to go with you.
	I guess I could try.		You'll feel a lot better if you do.
Role-play 2	Negative Response	Role-play 2	Positive Response
	These crowds make me nervous.		People typically give other pedestrians space. They won't bump you.
	Those kids really move fast.		You keep your path straight. It is their responsibility to make way for you. They can change their direction more quickly than we can.
	We're probably both going to get knocked over.		Here, take my arm. We'll form a "block" and people will move around us. Besides, we're friends, it would be nice to hold your arm.
	I don't want to feel like a weakling.		It's not your legs that are weak. It's your confidence. I think we would both feel better if we dealt with this crowd together.
	Okay give me your arm. I feel better already.		

Role-play 3 Negative Response	Role-play 3 Positive Response
I can't believe there are no seats left on this bus. I guess I should get off.	You know it is your right to ask for a seat. Here is a seat reserved for a senior citizen.
I can't ask that young lady to move.	Think about the consequences if you don't. We'll both either have to get off the bus or we'll be worried sick.
What if that lady says she won't move?	Then it is time to talk to the bus driver; but she'll move if we ask her.
I don't want to be pushy.	There is a difference between being pushy and being assertive.
Actor #1 speaks to a third person and asks her to move.	
Role-play 4 Negative Response	Role-play 4 Positive Response
I can't believe it! I'm going to have to take sponge baths! I almost slipped getting into the bathtub last night.	All you need is a grab bar.
My landlord will never go for that.	He doesn't have to. It's your right as a tenant to make your home accessible. It's the law.
If I push the book at him, he'll make my life miserable.	Tell him you need to make the apartment safer, and that you understand that if he wants to move the bars out when you leave, you'll be responsible for the cost of removing them. Your relationship with the landlord has always been fine. He will understand.
I never knew laws like that existed. I never know where to find out anything like that.	You have lots of resources available: the library, the senior center, the Area Agency on Aging. Once you have some information, you'll feel more confident and you will be able to make a straightforward request.
Well, my landlord has never been unreasonable before. Will you help get a copy of some information to explain tenants' rights?	I'd be glad to help, and I bet your landlord will be glad to help, too.

Directions

Following is a list of things a person can do to prevent falls. Read each statement and then check your response (“Always,” “Sometimes,” “Never”) in the box found next to these statements.

No Fall-ty Habits	Always	Sometimes	Never
I wipe up any spills quickly.			
I avoid walking around in floppy slippers or “flip-flops.”			
When carrying things, I leave one arm free to hold on to railings or stable furniture for support (even though this may mean twice the number of trips).			
I pick up anything I have dropped on the floor.			
I take my time getting to the phone when I hear the phone ring.			
I take my time going to the door when I hear the doorbell or a knock.			
I use my cane, walker, or other pieces of adaptive equipment as prescribed by my doctor or therapist.			
I use my grab bar when I get in and out of the tub or shower.			

HANDOUT 5.4**MANAGING CONCERNS ABOUT FALLING
NO FALL-TY HABITS**

No Fall-ty Habits	Always	Sometimes	Never
I take time out to exercise.			
I have a friend, relative, or neighbor who checks on me daily (in person or by phone).			
I take my time when moving from a sitting to a standing position.			
I take my time getting out of bed.			
I pay close attention to whatever I am doing.			
I take it easy on those days when I don't feel "like myself."			
I use an elevator (instead of the stairs) if an elevator is available.			
I avoid walking on wet or slippery surfaces and take other paths if necessary.			
I turn on a light when I enter a dark room.			
When I leave a doctor's office, I understand instructions clearly.			
I know whether or not the medicines I am taking increase my risk of falling.			

No Fall-ty Habits	Always	Sometimes	Never
I take my medicine as prescribed, on the right day, at the right time, and in the right amounts.			
I feel comfortable talking about falls with my family.			
I feel comfortable talking about falls with my doctor.			
I talk with my doctor about how drinking alcohol could increase the risk of falling.			
I feel comfortable asking for help when I need it.			

Review your answers. The items to which you answered “Always” are “no fall-ty” habits, or habits which, if practiced regularly, will help prevent a fall. Carefully consider the statements to which you answered “Sometimes” or “Never.” Are there ways you could change your behavior to make your days safer? For example, if you find that you are always running to the phone, could you ask family and friends to let the phone ring at least ten times? Would being checked on regularly make you feel safer? Perhaps you could discuss this with a neighbor and develop a “buddy system” whereby you check on each other daily, in person or by phone.

Please list habits not mentioned on the survey that you feel increase your chances of falling. We will discuss ways to change these habits later in the session.

Directions

Review items from *Handout 5.4 No Fall-ty Habits*. On this form, write down any behaviors or habits that you think increase your chances of falling, noting where they happen. Then write down how you could change this behavior. Check- off how easy or hard it would be for you to change this behavior.

Fall-ty Habit #1

Description and location of fall-ty habit/behavior:

How would you change this habit/behavior?

How easy or hard would it be for you to change the habit/behavior described?

☐ Easy to Do

☐ Medium

☐ Hard to do

Fall-ty Habit # 2

Description and location of fall-ty habit/behavior:

How would you change this habit/behavior?

How easy or hard would it be for you to change the habit/behavior described?

☐ Easy to Do

☐ Medium

☐ Hard to do

Fall-ty Habit #3

Description and location of fall-ty habit/behavior:

How would you change this habit/behavior?

How easy or hard would it be for you to change the habit/behavior described?

☐ Easy to Do

☐ Medium

☐ Hard to do

Home Safety Checklist*

***Home Safety Checklist** is adapted from Safety for Older Consumers—Home Safety Checklist that is a publication of the U.S. Consumer Product Safety Commission.

It's Time to Mention Fall Prevention...Checking for Fall Hazards in the Home

This checklist can be used to spot environmental hazards in your home that could cause you to fall. Check “Yes” or “No” to answer each question. Then go back over the list and take action to correct those items that may need attention.

This checklist is organized by area of the home. However, there are some potential hazards that need to be checked in more than one area of your home. These hazards are reviewed at the beginning of the checklist.

Keep the checklist as a reminder of safe practice and use it periodically to re-check your home.

All Areas

- ☐ Yes ☐ No **1. Are lamp extension and telephone cords placed out of the flow of traffic?**

Cords stretched across walkways may cause someone to trip.

Recommendations:

- Arrange furniture so that outlets are available for lamps and appliances without the use of extension cords.
- If you must use an extension cord, place it on the floor against the wall where people cannot trip over it. Replace frayed or damaged cords.
- Move the phone so that telephone cords will not lie where people walk.

☐ Yes ☐ No **2. Are small rugs and runners slip resistant?**

Recommendations:

- Remove rugs and runners that tend to slide.
- Apply double-faced adhesive carpet tape or rubber matting to backs of rugs and runners.
- Purchase rugs with slip-resistant backing.
- Check rugs and mats periodically to see if backing needs to be replaced.
- Place rubber matting under rugs. Rubber matting that can be cut to size is available

Note: Over time, adhesive on tape can wear away. Rugs with slip-resistant backing also become less effective as they are washed. Periodically, check rugs and mats to see if new tape or backing is needed.

☐ Yes ☐ No **3. Are carpets and rugs in good repair?**

Recommendations:

- Torn rugs should be repaired or replaced.
- Rugs should be taped on edges or tacked down to prevent curling.

☐ Yes ☐ No **4. Are all floors even, without abrupt elevation changes?**

Especially in older houses, unexpected rises on floors, decks, or walkways can throw a person off balance.

Recommendation:

- Install a slight ramp with a slip-resistant surface to “even out” floors.

- ☐ Yes ☐ No **5. Are rooms and passageways kept clear and uncluttered?**

Furniture, boxes, or other items could be an obstruction or tripping hazard.

Recommendations:

- Rearrange furniture to open passageways and walkways.
 - Remove boxes and clutter.
-

- ☐ Yes ☐ No **6. Are floors unwaxed?**

Waxed floors are more slippery than unwaxed floors.

Recommendations:

- Do not wax floors.
 - If you must wax floors, use non-slip wax. Buff paste wax thoroughly.
-

- ☐ Yes ☐ No **7. Are all rooms and hallways lit?**

Shadowed hallways can impair your ability to see the pathway clearly.

Recommendations:

- Use maximum recommended wattage bulbs in all light fixtures.
 - Add lighting fixtures.
-

- ☐ Yes ☐ No **8. Are light switches accessible on entering the room?**

Having accessible light switches reduces the risk of falling when walking across a darkened room.

Recommendations:

- Install light switches close to entryways.

- Install floor lamps or night lights close to entryways if it is not possible to install light switches.

- ☐ Yes ☐ No **9. Are emergency numbers posted on or near the phone?**

In case of emergency, telephone numbers for the police and fire departments, along with a neighbor's number, should be readily available.

Recommendation:

- Write the numbers in large print and tape them to the phone, or place them near the phone where they can be seen easily.

- ☐ Yes ☐ No **10. Do you have access to a telephone if you fall (or experience some other emergency which prevents you from standing and reaching a wall phone)?**

Recommendation:

- Have at least one telephone located where it would be accessible in the event of an accident which leaves you unable to stand.

Kitchen

- ☐ Yes ☐ No **1. Do you have a rubber mat on the floor in the sink area?**

A rubber mat can prevent slipping on wet floors.

Recommendation:

- Place a rubber mat in sink area.

- ☐ Yes ☐ No **2. Are “on” and “off” positions clearly marked on gas range dials?**

Clearly marked dials may prevent falls due to gas asphyxiation especially if your sense of smell is impaired.

Recommendation:

- Clearly mark the “on” and “off” positions on your gas range dials.

☐ Yes ☐ No **3. Are frequently needed kitchen items out of reach (placed too high or too low)?**

Recommendations:

- Store frequently used items at convenient heights (waist level) so that climbing or stooping is not necessary.
- Install shelves, cupboards at any easy-to reach level.

☐ Yes ☐ No **4. Do you have a step stool that is stable and in good repair?**

The use of step stools to reach high shelves is *not recommended*. However, if you must use a step stool, take the following precautions:

Recommendations:

- Choose a step stool with a handrail that you can hold onto while standing on the top step.
- Before climbing on any step stool, make sure it is fully opened and stable.
- Tighten screws and braces on the step stool.
- Discard step stools with broken parts.

Bedroom

☐ Yes ☐ No **1. Are lamps or light switches within reach of each bed?**

Lamps or switches located close to each bed will enable people getting up at night to see where they are going.

Recommendations:

- Rearrange furniture closer to switches or move lamps closer to beds.
 - Install night lights and keep a flashlight nearby.
-

☐ Yes ☐ No **2. Is furniture arranged so that you can move around the room easily?**

Recommendation:

- Rearrange furniture so that you can move around - especially around the bed - without bumping furniture.
-

☐ Yes ☐ No **3. Is there something sturdy to hold on to next to the bed to help you get in and out of bed?**

Recommendations:

- Place a heavy piece of furniture next to the bed.
 - Install a grab rail on the wall.
 - Use a three-pronged cane or walker for support.
-

☐ Yes ☐ No **4. If you frequently need to use the toilet after you have gone to bed, is your bathroom close enough to your bed so you can avoid walking hurriedly to the toilet?**

Recommendations:

- Use a night light to provide a lighted path from bedroom to bathroom.
- Keep a telephone within reach of your bed, in case of an emergency.

Bathroom

- ☐ Yes ☐ No **1. Are bathrooms and showers equipped with nonskid mats, abrasive strips, or surfaces that are not slippery?**

Wet, soapy tile or porcelain surfaces are especially slippery and may contribute to falls.

Recommendations:

- Apply textured strips or appliqués on the floors of tubs and showers.
- Use non-skid mats in the tub or shower and on the bathroom floor.
- If you are unsteady on your feet, use a stool with nonskid tips as a seat while showering or bathing.

-
- ☐ Yes ☐ No **2. Do bathtubs and showers have at least one (preferably two) grab bars?**

Grab bars can help you get into and out of your tub or shower, and can help prevent falls.

Recommendations:

- Check existing bars for strength and stability, and repair if necessary.
- Attach grab bars, through the tile, to structural supports in the wall, or install bars specifically designed to attach to the sides of the bathtub. If you are not sure how it is done, get someone who is qualified to assist you.

-
- ☐ Yes ☐ No **3. Is the water temperature 120 degrees or lower?**

Water temperature above 120 degrees could cause a bather to jump and fall. Water temperature above 120 degrees can also cause water scalds.

Recommendations:

- Lower the settings on your hot water heater to “low” or 120 degrees. If you are unfamiliar with the controls on your water heater, ask a qualified person to

adjust it for you. If your hot water system is controlled by your landlord, ask him to consider lowering the setting.

- Note: If the water does not have a temperature setting, you can use a thermometer to check the temperature of the water at the tap.
- Always check water temperature by hand before entering bath or shower.

☐ Yes☐ No

4. Are showers equipped with temperature-regulating valves to keep the water in the bath a constant temperature?

Without temperature-regulating valves, a sudden change in the water temperature, brought on by someone using water in another part of the house, could cause a bather to jump and fall.

Recommendations:

- Install temperature regulating valves.
- If your water is subject to temperature changes brought on by the use of water in other parts of the house, tell the other people in your house when you will be showering so they can plan not to use the water at that time.

☐ Yes☐ No

5. Does your bathroom floor have a nonskid surface, or at least rugs to soak up puddles?

Recommendation:

- Install a nonskid bath mat by the tub or shower and sink.

☐ Yes☐ No

6. Is your toilet seat too low? (Is it difficult to stand up from the toilet?)

Recommendations:

- Install an elevated toilet seat.
- Fix grab rails into wall studs next to toilet.

- ☐ Yes ☐ No 7. **Are bathroom door locks the type that can be opened from both sides of the door?**

Recommendations:

- Avoid locks on bathroom doors.
 - Only use locks that can be opened from both sides of the doors to permit access by others if a fall occurs.
-

Medications

- ☐ Yes ☐ No 1. **Are all medicines stored in the containers that they came in and are they clearly marked?**

Taking the wrong medicine or missing a dose of medicine you need, may result in physical problems that can cause falls.

Recommendations:

- Install brighter lighting in the area where you prepare your medicines.
 - Keep a magnifying glass nearby, if needed.
 - Store medicines beyond the reach of children.
-

Chairs and Tables

- ☐ Yes ☐ No 1. **Are chairs and tables sturdy, without casters?**

Furniture must be stable enough to support the weight of a person leaning on it.

Recommendations:

- Avoid tripod or pedestal tables. Tables should have four sturdy legs of even length.
- Remove casters from chairs and tables. If casters are essential, place chairs/tables with casters against the wall.

- ☐ Yes ☐ No **2. Are frequently used chairs equipped with arm rests and high backs?**

Using arm rests makes it easier to sit down into or to stand up from a chair. High backs provide support for the neck and also provide support when transferring weight.

Recommendation:

- Frequently used chairs should be equipped with arm rests and high backs.

-
- ☐ Yes ☐ No **3. Are frequently used chairs high enough to ensure ease in standing?**

Getting up from a low chair can be difficult.

Recommendations:

- Frequently used chairs should have higher seats.
- Place pillows or firm cushions in chairs with low seats.

The Entry

- ☐ Yes ☐ No **1. Are walkways to your home or building free from cracks or holes?**
- ☐ Yes ☐ No **2. Is there adequate lighting at the doors to the building or house?**
- ☐ Yes ☐ No **3. Are doors in good repair and easy to open/close?**

- | | | | |
|------------------------------|-----------------------------|----|---|
| ☐ Yes | ☐ No | 4. | If there is a door mat, is it in good repair and does it lie flat? |
| ☐ Yes | ☐ No | 5. | Is the building entrance protected from rain by a roof or awning, or are there non-skid strips/safety treads? |
| ☐ Yes | ☐ No | 6. | If there is an elevator, do the doors close slowly enough to allow you time to get in and out? |
| ☐ Yes | ☐ No | 7. | If there is an elevator, does the elevator stop so that it is level with the floor of the lobby or hallway? |
| ☐ Yes | ☐ No | 8. | Do outdoor stairs have sturdy, easy-to-grip railings? |

Recommendation:

- For residents of apartment buildings, the building management is responsible for these things. Problems should be brought to their attention, with an explanation of their risk to residents' safety.

Porches

- | | | | |
|------------------------------|-----------------------------|----|--|
| ☐ Yes | ☐ No | 1. | Are railings on porches and decks sturdy enough to bear the weight of several people leaning against them? |
|------------------------------|-----------------------------|----|--|

Recommendation:

- Keep all railings on porches and decks in good repair.

Stairs

- | | | | |
|------------------------------|-----------------------------|----|--------------------------|
| ☐ Yes | ☐ No | 1. | Are stairs well lighted? |
|------------------------------|-----------------------------|----|--------------------------|

Stairs should be lighted so that each step, particularly the step edges, can be clearly seen while going up and down stairs. The lighting should not produce glare or shadows along the stairway.

Recommendations:

- Use the maximum wattage bulb allowed by the light fixture. (If you do not know the correct wattage, use a bulb no larger than 60 watts.)
- Reduce glare by using frosted bulbs, indirect lighting, shades or globes on light fixtures, or partially closing blinds and curtains.
- Have a qualified person add additional light fixtures. Make sure that the bulbs you use are the right type and wattage for the light fixture.

☐ Yes ☐ No **2. Are light switches located at both the top and bottom of inside stairs?**

Even if you are very familiar with the stairs, lighting is an important factor in preventing falls. You should be able to turn on the lights before you use the stairway from either end.

Recommendations:

- If no other light is available, keep an operating flashlight in a convenient location at the top and bottom of the stairs.
- Install night lights at nearby outlets.
- Consider installing switches at the top and bottom of the stairs.

☐ Yes ☐ No **3. Are sturdy handrails fastened securely on both sides of the stairway?**

The handrail should provide a comfortable grip and should always be used when climbing up or going down the steps.

Recommendations:

- Repair broken handrails.

- Tighten fixtures that hold handrails to the wall.
- If no handrails are present, install at least one handrail (on the right side as you face down the stairs).

☐ Yes ☐ No **4. Do the handrails run continuously from the top to the bottom of the entire flight of stairs?**

If the handrail doesn't extend continuously the full length of the stairs, people who are not aware of this might think they have come to the last step when the handrail stops. Misjudging the last step can cause a fall. A handgrip should be available for even one step.

Recommendations:

- While using the stairs, try to remember that if the handrail begins beyond the first step or ends before the last step, you must be especially careful.
- Replace a short handrail with a longer one.

☐ Yes ☐ No **5. Do the steps allow secure footing?**

Worn treads or worn or loose carpeting can lead to insecure footings resulting in slips or falls.

Recommendations:

- Try to avoid wearing only socks or smooth-soled shoes or slippers when using stairs.
- Make certain the carpet is firmly attached to the steps all along the stairs
- Consider refinishing or replacing worn treads, or replacing worn carpeting.
- Paint outside steps with paint that has rough texture, or use abrasive strips.

- ☐ Yes ☐ No **6. Are steps even and/or the same size and height?**

Even a small difference in steps' surfaces or riser heights can lead to falls.

Recommendation:

- Mark any steps that are especially narrow or have risers that are higher or lower than the others. Be especially careful of these steps when using the stairs.

-
- ☐ Yes ☐ No **7. Are coverings on the steps in good condition?**

Worn or torn coverings or nails sticking out from coverings could snag your foot or cause you to trip.

Recommendations:

- Repair torn coverings
- Remove coverings if repair is not possible.

-
- ☐ Yes ☐ No **8. Can you see the edges of the steps?**

Falls may occur if the edges of the steps are blurred or hard to see.

Recommendations:

- Paint edges of outdoor steps white to see them better at night.
- Add extra lighting.
- If you plan to carpet your stairs, avoid deep pile carpeting or patterned or dark colored carpeting that can make it difficult to see the edges of the steps clearly.

Smoke Detectors

- ☐ Yes ☐ No 1. **Do you have properly located, working smoke detectors?**

Smoke detectors provide an early warning and can wake you in case of a fire.

Recommendations:

- Make sure detectors are placed near bedrooms, either on the ceiling or 6-12 inches below the ceiling on the wall. Locate smoke detectors away from air vents.
- Check and replace batteries according to the manufacturer's instructions.
- Note : Some fire departments will provide assistance in acquiring or installing smoke detectors.

Goal

To eliminate an environmental fall hazard in the home.

Hazard to be addressed:

Action

Materials/physical assistance needs

Possible problems

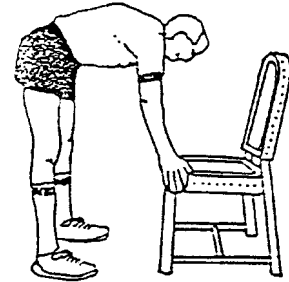
Solutions

Solutions to Fall Hazards in the Home

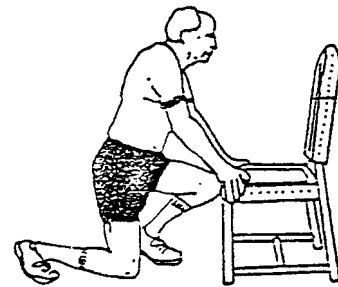
This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Follow this procedure to help you get down to the floor and back up more easily.

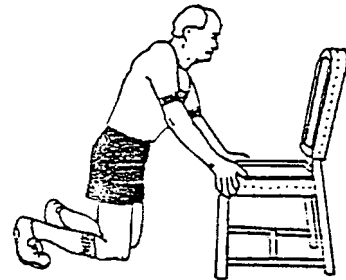
1. Stand in front of your chair, bend at the waist with knees bent slightly and grasp the edge of your chair, supporting yourself. (Make sure your chair is secure and won't slip, and is heavy enough to support you without tipping over.)



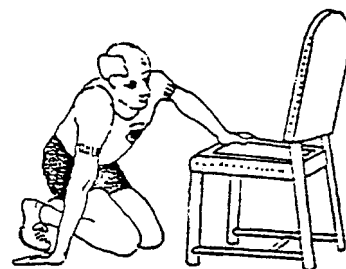
2. Use your arms and the chair to support your weight. Lower one knee slowly and gently to the floor. Do only one knee at a time.



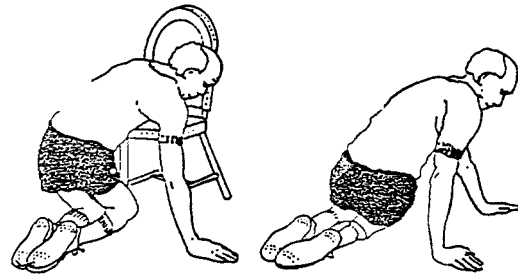
3. After one knee is firmly on the floor, you can then lower your other knee, but continue to hang onto the chair for support.



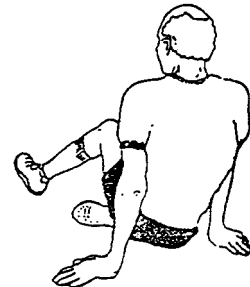
4. Hang onto the chair with one hand while you lift your other hand off the chair and place it onto the floor at your right side.



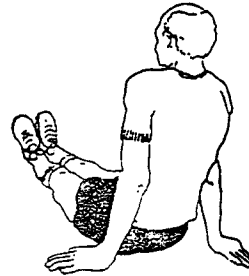
5. Support your weight with one arm. Bring your other hand over near your body so that both hands and arms support you. Lower your hips gently down to the floor near your hand.



6. Support yourself with your arms and hands. Lean back slightly raising one leg straight out in front of you.



7. Then unfold your other leg and straighten it out alongside the first leg. You should be sitting on the floor with both legs in front leaning on your arms.



Getting up again

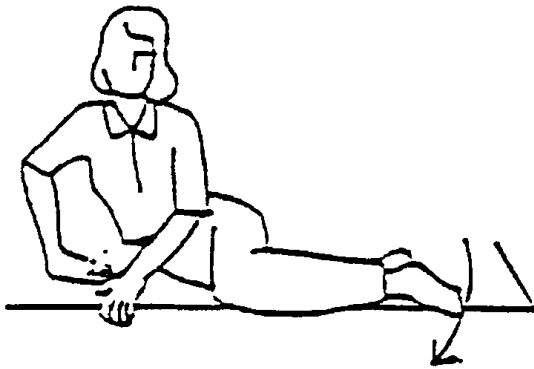
- In order to get up again, simply get on your hands and knees in front of the chair, position 3.
- Then raise your leg up to position 2.
- Push up with your arms and legs and slowly stand.

Practice

At first, practice steps 1, 2, and 3 several times, getting up and down. Then go on to steps 4,5,6, and 7. Practice the whole procedure several times in order to be familiar with it.

Getting out of bed more easily

- Lie on your back with both knees bent and feet flat on the bed.
- Roll onto your side towards the direction you will get out of bed.
- Push your body up with your arms. Bring your legs forward over the edge of the bed and lower your feet to the floor.



- Sit on the edge of the bed for a few minutes before standing up.

Goal

To reduce activities/behaviors which place one at great risk for fall.

Behavior to be addressed:

Action

Materials/physical assistance needs

Possible problems

Solutions