

# Fall Prevention in the Home

# Statistics

- Falls are a leading cause of injury and death in the home, especially in adults over the age of 65.
- The age-adjusted fall death rate increased by 41% from 55.3 per 100,000 older adults in 2012 to 78.0 per 100,000 older adults in 2021
- One out of 10 falls results in an injury that causes the older adult to restrict their activities for a day or more or to seek attention from the healthcare system
- Each year, there are about 3 million emergency department visits due to older people falls
- In 2021, the total medical costs for falls totaled more than 50 billion

# Statistics cont'd

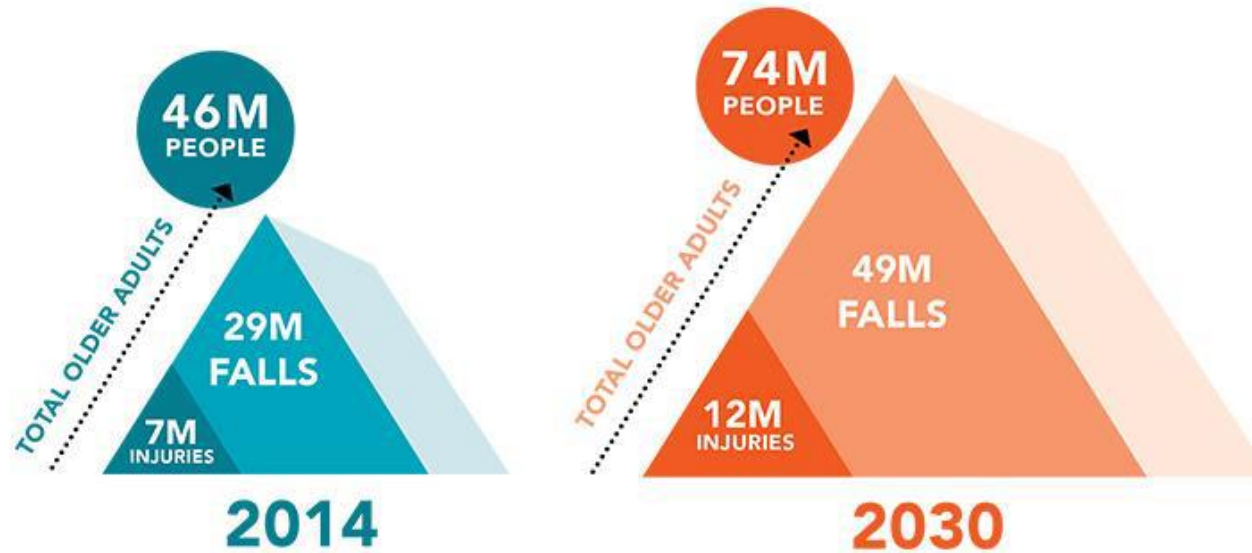
- Each year, there are about 1 million fall-related hospitalizations among older adults
- In 2019, 83% percent of hip fracture deaths and 88% of emergency department visits and hospitalizations for hip fractures were caused by falls
- Each year, nearly 319,000 older people are hospitalized for hip fractures
- Falls are the most common cause of traumatic brain injuries (TBI)

- Falls are defined as accidental events in which a person falls when he/her center of gravity is lost and no effort is made to restore balance or the effort is ineffective
- Falls are frequent in the elderly and affect mortality, morbidity, and loss of functional capacity
- Identification of risk factors is essential in the planning of preventative measures
- Syncope( fainting) is one of the major causes of falls
- Environmental barriers are responsible for 30-50% of falls
- Taking more than 4 drugs determined a higher risk of falling
- Number of people are living into older age and age is rising rapidly, managing falls is a substantial health issue and cost

- A growing prevalence of chronic diseases also increases elder fall risk
- Inability to make it to the bathroom or commode in a timely manner increases risk of falls
- Visual disturbances including macular degeneration, diabetic retinopathy, decline in visual acuity, visual field loss
- Impaired functional ability. This may include patients who need help with IADLS and ADLS or have gait or transfer problems, arthritis, pain, fear of falling, impaired sensations and coordination
- Environmental Hazards include equipment tubing, inappropriate footwear, pets, cluttered walkways
- Cognitive impairment includes dementia and poor judgement

# Growth of Adult Falls

## OLDER ADULT FALLS A Growing Burden



# Fall Cycles



# Conditions that make a fall more likely

- Lower body weakness
- Vitamin D deficiency
- Difficulties with walking and balance
- Use of medication (tranquilizers, sedatives, antidepressants)
- Vision problems
- Foot pain or poor footwear
- Home hazards ( broken or uneven steps, throw rugs, clutter)

Most falls are caused by a combination of risk factors. The more risk factors a person has , the greater chances of falling



# Interventions

- Teach safe exercise programs
- Teach ambulation techniques
- Teach safe transferring techniques
- Teach safe use of assistive devices
- Evaluate stair climbing ability
- Ensure adequate pain management
- Ensure proper hydration eating properly
- Remove throw rugs and clutter
- Annual vision exam
- Review of medication and doses frequently

# Actions to take when problems observed

- Notify your supervisor and primary clinician about your concerns
- Remind patient to wear his/her glasses and hearing aides- make sure the glasses are clean and hearing aids work
- Remind patient to do his/her exercises, and provide assistance
- Remind the patient to use assistive devices and reinforce if necessary.
- If assistive devices are not being used properly inform your supervisor and primary clinician
- Remind patient to wear proper footwear and assist with applying footwear if needed
- If proper footwear is not available in the home notify your supervisor and primary clinician

# Actions Cont'd

- Remind patient of the risk of falling if clutter, cords or other trip hazard are visible. Move items out of the way
- Remind the patient that a sturdy chair available with arms that is safest for him/her to sit in.
- Always use proper mechanics when transferring and assisting patients
- Refuse to shower a patient if he/she does not have proper equipment or is he/she is too weak or unsteady
- If patient does not have proper shower equipment notify your supervisor and primary clinician
- Report to your supervisor and primary clinician any supplies that the patient needs but does not have. Such as incontinent products, non-skid footwear and non-skid bath mat
- Know how to assist client after a fall. Discuss with your supervisor
- Report any changes in behavior, ability or status to your supervisor and primary clinician immediately including the following:
  - Eating habits
  - Changes in ability to move around
  - Increased shortness of breath
  - Skin changes

# Guide to Choosing Footwear

- Choose footwear with high arch support. You should be able to put your hand in shoe and feel an arch
- Plenty of toe room. The outside of the shoe should be as wide as the widest part of your feet
- Enough cushioning to absorb shock, provide some give, and make your feet feel comfortable
- Tread patterns should be slip-resistant and durable so they do not wear out quickly. The heel and sole should grip to reduce risk of falls from slipping
- A flat or low heeled walking base with a broad surface that makes contact with the floor
- The fit should feel like a firm handshake, not too tight and not too loose. Lace-up or Velcro strap shoes should be secured snugly or the foot will turn in the shoe and throw off balance
- Ventilation and material that lets the feet “breathe” to help prevent fungus or other infections
- Protection from indoor and outdoor or outdoor walking surface hazards that could cause tripping,
- Bare feet, socks, sandals and flip flops can expose feet to injury causing hazards
- The shoe upper should be made of soft flexible material that allows the shoe to conform to the shape of the foot

# Bath and Shower Safety

- Always place rubber or non-skid mat in the tub before patient enters
- Be sure bathroom floor is dry to prevent falls and slips
- Do not add oil to water, apply oil to client skin after shower
- Be sure water is the proper temperature. This is important to prevent burn injuries with hot water, especially if the patient you are assisting can not feel the water temperature as with paralysis, neuropathy.  
Adjust water pressure/temperature before giving/assisting with shower
- Stay near or in bathroom while patient is showering
- Use good body mechanics
- Be sure bath/shower chair have rubber suction cups at ends of legs; these will steady the chair and prevent it from sliding

# Bath and Shower safety ( cont'd)

- Have patient use grab bars, if present. Do not allow patient to use towel bar or tile soap dish as an aide
- Make sure there is a non skid bath mat so patient can exit shower safely
- Feet should be dried and non skid slippers worn when exiting shower

## **Exercise regularly**

To build strength and improve your balance and coordination. Ask your doctor about the best physical exercise for you.



## **Take your time.**

Being rushed or distracted increases your chance of falling. Get out of chairs slowly. Sit a moment before you get out of bed. Stand and get your balance before you walk.







**Take your time: you're more likely to fall when you're rushed or distracted.**

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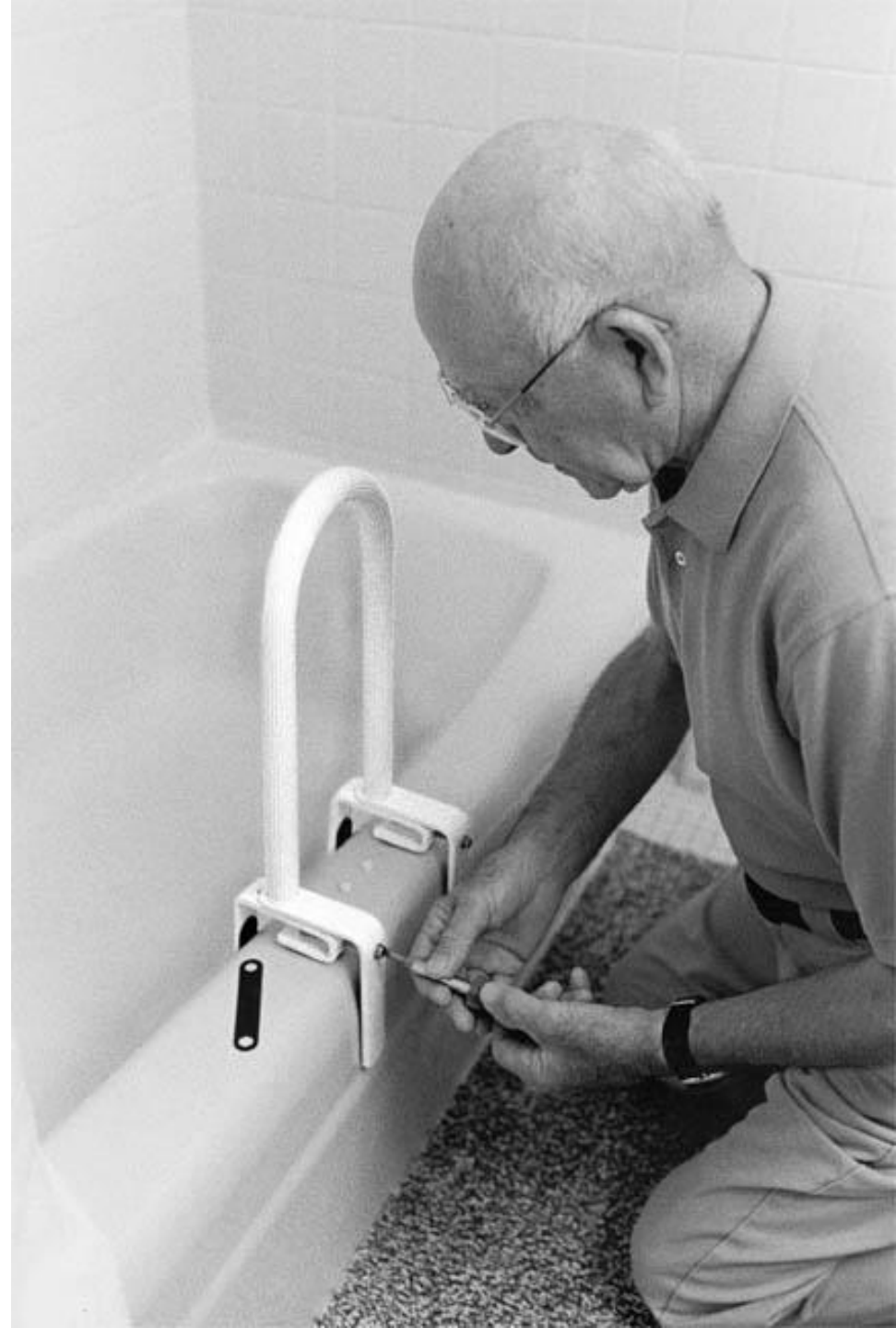
## **Look out for yourself.**

See an eye specialist once a year. Poor vision can increase your chance of falling. Improve the lighting in your home. Use night lights to light the path between your bedroom and bathroom. Turn on the lights before using the stairs.



## **Slippery when wet.**

Use non-slip mats in the bathtub and on shower floors. Install grab bars on the wall next to the bathtub, shower, and toilet. Wipe up spilled liquids immediately.





## **Throw rugs can throw you.**

Use only throw rugs with  
rubber, non-skid backing.  
Always smooth out wrinkles  
and folds in carpeting.



## **Tread carefully.**

Stairways should be well lit from both top and bottom. Have easy-to-grip handrails installed along the full length of both sides of the stairs.



## **Best foot forward.**

Wear sturdy. Well-fitted, low-heeled shoes with non-slip soles. These are safer than high heels, thick-soled athletic shoes, slippers, or stocking feet.





# A Patients Perspective

- His life was altered for six months due to periods of dizziness which resulted in several falls, as well
- as a constant fear of falling. This from a man who has bungee jumped, skydived, crashed in a hot
- air balloon, traveled frequently, and enjoyed other adventurous “bucket list” activities, all since he
- turned 65. At 80 years old, he was fearless. As a result of a few falls, his life quality and satisfaction
- have been reduced significantly due to pain from fall injuries and fear of an unsteady balance
- when walking. He stopped walking his dog and visiting friends in nursing homes. After one
- particular fall that resulted in an injury to one knee and the other ankle, he said, *“It’s one thing*
- *when one leg is bad, but when both are, you can’t do anything. This is not living.”*
- Physicians continued to tell him it was part of the
- normal aging process. But when stopping his
- anticoagulant due to the risk of bleeding from the falls’
- injuries was considered, the decision was made to try a
- 2-week biometric patch to assess his cardiac rhythm.
- At the end of the 2-week period, significant pauses
- were noted and a pacemaker was ordered.
- Immediately after the pacemaker, he felt like a new
- man with renewed strength and confidence and lost
- the constant fear of falling. Within days, he was taking
- short walks with his dog and performing his regular
- activities... back to living and not just existing.

