

Physical Mobility

Risk Factors for Falling & what CHWs/Promotores Can Do To Help Reduce Risk

Risk Factors	What the CHWs/Promotores Can Do
Muscle weakness—especially in the legs.	<ul style="list-style-type: none"> • Assist client with prescribed exercises • Encourage and assist client to stay physically active • Assist with transferring, standing, etc. • Signs of increasing weakness
Balance and gait	<ul style="list-style-type: none"> • Assist with transferring, standing, etc. • Remind client to use cane or walker and ensure safe use of devices (if needed) • Signs of balance or gait problems
Vision problems	<ul style="list-style-type: none"> • Increase lighting in rooms; use night lights • If client wears glasses, remind him or her to use them and to keep them clean • Encourage client to wear sunglasses outside • Allow time for the client’s eyes (or glasses) to adjust to the change in brightness when going outside or back inside • Problems with seeing or hearing
Dizziness—drop in blood pressure after standing up	<ul style="list-style-type: none"> • Encourage client to get up slowly after sitting or lying down • Go slowly during transfers; wait to ensure client is not dizzy • Encourage client to drink plenty of water • Check client’s blood pressure • Signs of dizziness
Foot problems—pain, numbness, or wearing unsafe footwear	<ul style="list-style-type: none"> • Assist client to keep feet clean and dry • Ensure that client wears shoes with a low, sturdy heel, and non-slip soles • Encourage client to wear shoes inside as well as outside the house • ORR corns, calluses, numbness, or pain in client’s feet

*National Council on Aging, Paraprofessional Healthcare Institute. (2010). Fall Prevention Awareness: Enhance training curriculum for home health aides. Retrieved from <http://phinational.org/workforce/resources/phi-curricula/fall-prevention-awareness>

Examples of Medications that May Increase Risk of Falling

Medications, Classes and Indications	Common Medications
Antiarrhythmics- used to normalize heart rhythm	Quinidine, procaineamide (Procan SR), propafenone (Rhythmol), digoxin
Anticonvulsants-epilepsy, chronic neuropathic pain	Phenytoin (Dilantin), Carbamazepine (Tegretol), gabapentin (Neurontin), lamotrigine (Lamictal), valproic acid (Depakene), valproate (Depakote), topiramate (Topamax)
Antipsychotics medications, Schizophrenia, Bipolar Disorder, certain behavioral disorders association with dementia	Olanzapine (Zyprexa), risperidone (Risperdal), quetiapine (Seroquel), Aripiprazole (Abilify), Haloperidol (Haldol)
Anxiety or calming your nerves	Alprazolam (Xanax) Lorazepam (Ativan), Diazepam (Valium), Clonazepam (Klonopin)
Colds and/or allergies	Pseudoephedrine, diphenhydramine (Benadryl)
Depression	Fluoxetine (Prozac), Paroxetine (Paxil), Sertraline (Zoloft), Citalopram (Celexa), Amitriptyline (Elavil), Bupropion (Wellbutrin)
Insomnia (difficulty sleeping)	Diphenhydramine (Benadryl, Tylenol PM, Advil PM) Zolpidem (Ambien), Triazolam (Halcion), Eszopiclone (Lunestra), Zaleplon (Sonata)
Muscle relaxants	Cyclobenzaprine (Flexeril), methocarbamol (Robaxin), baclofen
Nausea and vomiting or motion sickness	Meclizine, dimenhydrinate (Dramamine)
Pain	Morphine, Hydrocodone/ acetaminophen (Vicodin), Propoxyphene (Darvocet), Codeine, Oxycodone (Percocet)

*Source: Minnesota Falls Prevention. "Know your Medications."

<http://www.mnfallsprevention.org/consumer/medications.html>

Directions for My Medicine List

1. **ALWAYS KEEP THIS FORM WITH YOU.** You may want to fold it and keep it in your wallet along with your driver's license. Then it will be available in case of an emergency.
2. Write down all of the medicines you are taking and list all of your allergies. Add information on medicines taken in clinics, hospitals and other health care settings — as well as at home.
3. Take this form with you on all visits to your clinic, pharmacy, hospital, physician, or other providers.
4. **WRITE DOWN ALL CHANGES MADE TO YOUR MEDICINES** on this form. When you stop taking a certain medicine, write the date it was stopped. If help is needed, ask your doctor, nurse, pharmacist, or family member to help you keep it up-to-date.
5. In the “Notes” column, write down why you are taking the medicine (Examples: high blood pressure, high blood sugar, high cholesterol).
6. When you are discharged from the hospital, someone will talk with you about which medicines to take and which medicines to stop taking. Since many changes are often made after a hospital stay, a new list may be filled out. When you return to your doctor, take your list with you. This will keep everyone up-to-date on your medicines.



Preventing Falls in the Home after Hospital Discharge

The risk of falling increases after an elder comes home from the hospital. Think about the other risk factors and see how being hospitalized adds to the risk:

Physical Mobility

- Muscle weakness, balance, and gait are likely to be worse after a stay in the hospital.
- Client may have new assistive devices to get used to.
- Client may be experiencing new pain that may limit mobility.

Medication Management

- Client is likely to have new medications, with new side effects to manage.

Home Safety

- Moving around the home may be more difficult than before, if the client is weaker or has new assistive devices and/or new medications.
- At the same time, the client may feel safer at home and eager to get back to the old routine.

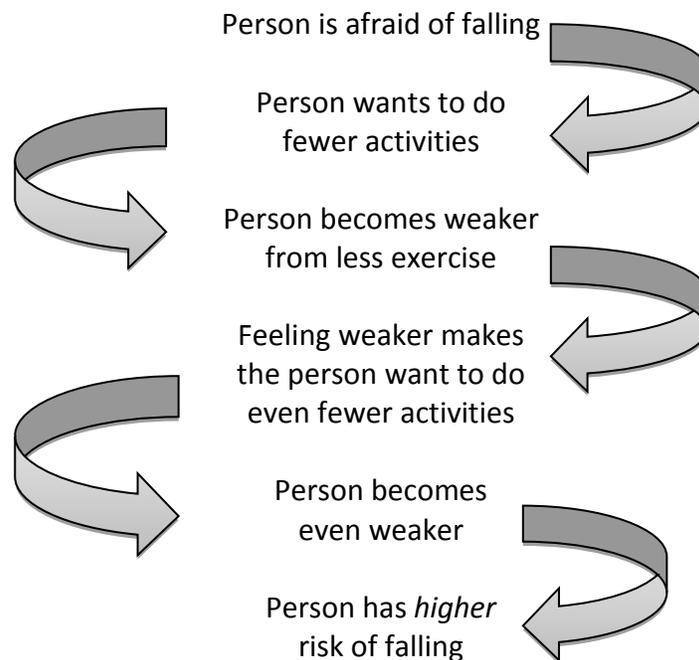
Tips to help prevent falls after hospital discharge:

- Observe, Record, and Report (ORR) problems with physical mobility
- Make sure client uses glasses and hearing aids (if needed)
- Make sure client uses cane or walker safely (if needed)
- Observe, Record, and Report (ORR) all medications (including over-the-counter) and possible side effects
- Encourage client to drink lots of water
- Encourage client to take Vitamin D and calcium (if approved)
- Do home safety checklist or re-do it

*National Council on Aging, Paraprofessional Healthcare Institute (2010). Fall Prevention Awareness: Enhance training curriculum for home health aides. <http://phinational.org/workforce/resources/phi-curricula/fall-prevention-awareness>

Fear of Falling

- Being afraid of falling is understandable, especially after a person has had a fall. It's good for older adults to be concerned about safety and to be more careful about moving around. However, **sometimes fear of falling makes elders stop doing things that they are still capable of doing.**
- When elders stop doing their usual physical or social activities, they become physically weaker and then more fearful. **This downward cycle results in them *increasing* their risk of falling:**



What can the home health aide do to break the downward cycle?

- Encourage the individual to stay active
- Help the individual identify activities they would like to do and make a plan to help them feel confident enough to do those activities
- Help the individual take concrete steps to reduce risk of falling: e.g., do a home safety survey, start an exercise program, have their vision checked, review their use of medications
- ORR signs of increasing weakness or lack of balance

*National Council on Aging, Paraprofessional Healthcare Institute. (2010). Fall Prevention Awareness: Enhance training curriculum for home health aides. <http://phinational.org/workforce/resources/phi-curricula/fall-prevention-awareness>

Traumatic Brain Injury

What is traumatic brain injury (TBI)?

- TBI is when a person has a head injury from falling or bumping the head. Parts of the brain don't work right afterwards.
- TBI can result in death!

Falls are the leading cause of TBI.

- After someone falls, observe for signs of TBI—especially if the head hits the ground or some hard object.
- **Report all falls** to your supervisor and to the family.

Signs of TBI may not appear for days or weeks after a fall.

- Someone with a TBI may look fine, even though he or she may act or feel differently.
- Watch the client for **changes in behavior** for days and weeks after a fall.
- Even small changes in behavior **need to be reported**.

Signs of mild TBI include:	Signs of moderate or severe TBI include:
<ul style="list-style-type: none"> ● Low-grade headache that won't go away ● Having more trouble than usual remembering things, paying attention or concentrating ● Having more trouble than usual organizing daily tasks, or making decisions and solving problems ● Slowness in thinking, speaking, acting, or reading ● Getting lost or easily confused ● Feeling tired all of the time, lack of energy or motivation ● Change in sleep pattern—sleeping much longer than before, having trouble sleeping ● Loss of balance, feeling light-headed or dizzy ● Increased sensitivity to sounds, lights, distractions ● Blurred vision or eyes that tire easily ● Loss of sense of taste or smell ● Ringing in the ears ● Change in sexual drive ● Mood changes like feeling sad, anxious, or listless, or becoming easily irritated or angry for little or no reason 	<p>Same as signs of mild TBI, but also:</p> <ul style="list-style-type: none"> ● A headache that gets worse or does not go away ● Repeated vomiting or nausea ● Convulsions or seizures ● Inability to wake up from sleep ● Dilation of one or both pupils ● Slurred speech ● Weakness or numbness in the arms or legs ● Loss of coordination ● Increased confusion, restlessness, or agitation
<p><i>Older adults taking blood thinners (e.g. Coumadin) should be seen immediately</i></p>	

*National Council on Aging, Paraprofessional Healthcare Institute (2010). Fall Prevention Awareness: Enhance training curriculum for home health aides. <http://phinational.org/workforce/resources/phi-curricula/fall-prevention-awareness>

Fall Prevention & Safety Tips for Older Adults

Older adults can remain independent and reduce their chances of falling by considering the following.

Home Safety

- Remove things you can trip over (like papers, books, clothes, shoes) where you walk.
- Keep emergency numbers in large print near each phone.
- Put a phone near the floor in case you fall and can't get back up.
- Think about wearing an alarm device that will bring help in case you fall & can't get up.
- Make sure outlets are in good, working condition, and not overloaded with cords.
- Remove small throw rugs or use double-sided tape to keep the rugs from slipping.
- Keep items you use often in cabinets you can reach easily without using a step stool.
- Make sure furniture is sturdy enough to give support.
- All exits should be unblocked and accessible.

Kitchen

- The stove should be free of grease with no objects sitting on top of it
- The refrigerator should be working properly
- Use skid-proof kitchen mats on the floor
- Take the trash out on a regular basis and don't let it pile up.

Lighting

- Improve lighting. Put in brighter light bulbs. Florescent bulbs are bright & cost less.
- It's safest to have uniform lighting in a room.
- Add lighting to dark areas. Hang lightweight curtains or shades to reduce glare.
- As a person gets older, they need brighter lights to see well.

Stair cases

- Paint a contrasting color on the top edge of all steps so you can see the stairs better.
For example, use light color paint on dark wood.
- Install handrails and lights on all staircases.
- Remove things you can trip over from stairs

Bathroom

- Use non-slip mats in the bathtub and on shower floors.
- Put grab bars inside and next to the tub or shower and next to their toilet.
- Make sure electrical appliances are a safe distance from the bathtub/shower

Exercise regularly.

- Exercise makes you stronger and improves your balance and coordination.
- Lack of exercise can lead to weak legs and this increases your chances of falling.
- Exercise programs like Tai Chi can increase strength and improve balance, making falls much less likely.
- It is important that the exercises focus on increasing leg strength and improving balance, and that they get more challenging over time. Tai Chi programs are especially good.

Fall Prevention & Safety Tips for Older Adults

Review Medication

- Ask your doctor or pharmacist to review your medicines—both prescription and over-the-counter—to identify medicines that may cause side effects or interactions such as dizziness or drowsiness.

Vision

- You should have your vision checked at least once a year by an eye doctor.
- Poor vision can make it harder to get around safely.
- To help make sure you're seeing clearly, you should wear glasses or contact lenses with the right prescription strength.
- Consider getting a pair with single vision distance lenses for some activities such as walking outside.

Other Tips

- Get up slowly after you sit or lie down.
- Wear shoes both inside and outside the house. Avoid going barefoot or wearing slippers.
- Make sure there is a person who will check on you if you will be alone for an extended period of time.

To lower their hip fracture risk, older adults can:

- Get adequate calcium and vitamin D—from food and/or from supplements.
- Do weight bearing exercise.
- Get screened and, if needed, treated for osteoporosis.

*National Council on Aging, Paraprofessional Healthcare Institute (2010). Fall Prevention Awareness: Enhance training curriculum for home health aides. <http://phinational.org/workforce/resources/phi-curricula/fall-prevention-awareness>

A Home Fall Prevention Assessment for Older Adults

Name: _____

Date: _____

Check for risks in the following places by answering **No** or **Yes** to the question. If the answer is **Yes**, consider the recommendation to address the risk and reduce the likelihood of falling.

FLOORS: Look at the floor in each room.			
When you walk through a room, do you have to walk around furniture?	No	Yes	If Yes: Ask someone to move the furniture so your path is clear.
Do you have throw rugs on the floor?	No	Yes	If Yes: Remove the rugs or use double-sided tape or a non-slip backing so the rugs won't slip.
Are there papers, books, towels, shoes, magazines, boxes, blankets, or other objects on the floor?	No	Yes	If Yes: Pick up things that are on the floor. Always keep objects off the floor.
Do you have to walk over or around wires or cords (like lamp, telephone, or extension cords)?	No	Yes	If Yes: Coil or tape cords and wires next to the wall so you can't trip over them. If needed, have an electrician put in another outlet.
STAIRS AND STEPS: Look at the stairs you use both inside and outside your home			
Are there papers, shoes, books, or other objects on the stairs?	No	Yes	If Yes: Pick up things on the stairs. Always keep objects off stairs.
Are some steps broken or uneven?	No	Yes	If Yes: Fix loose or uneven steps.
Are you missing a light over the stairway?	No	Yes	If Yes: Have an electrician put in an over-head light at the top and bottom of the stairs.
Do you have only one light switch for your stairs (only at the top or at the bottom of the stairs)?	No	Yes	If Yes: Have an electrician put in a light switch at the top and bottom of the stairs. You can get light switches that glow.
Has the stairway light bulb burned out?	No	Yes	If Yes: Have a friend or family member change the light bulb.
Is the carpet on the steps loose or torn?	No	Yes	If Yes: Make sure the carpet is firmly attached to every step, or remove the carpet and attach non-slip rubber treads to the stairs.
Are the handrails loose or broken?	No	Yes	If Yes: Is there a handrail on only one side of the stairs? Fix loose handrails or put in new ones. Make sure handrails are on both sides of the stairs and are as long as the stairs

A Home Fall Prevention Assessment for Older Adults

KITCHEN: Look at your kitchen and eating area.			
Are the things you use often on high shelves?	No	Yes	If Yes: Move items in your cabinets. Keep things you use often on the lower shelves (about waist level).
Is your step stool unsteady?	No	Yes	If Yes: If you must use a step stool, get one with a bar to hold on to. Never use a chair as a step stool
BATHROOMS: Look at all your bathrooms.			
Is the tub or shower floor slippery?	No	Yes	If Yes: Put a non-slip rubber mat or self-stick strips on the floor of the tub or shower.
Do you need some support when you get in and out of the tub or up from the toilet?	No	Yes	If Yes: Have a carpenter put grab bars inside the tub and next to the toilet
BEDROOMS: Look at all your bedrooms.			
Is the light near the bed hard to reach?	No	Yes	Place a lamp close to the bed where it's easy to reach.
Is the path from your bed to the bathroom dark?	No	Yes	Put in a night-light so you can see where you're walking. Some night-lights go on by themselves after dark.

*Centers for Disease Control and Prevention. (2012). *Falls Among Older Adults: An Overview*. Retrieved from <http://www.cdc.gov/homeandrecreationalafety/Falls/adultfalls.html>

A Home Safety Assessment

Name: _____

Date: _____

There are several features which should be carefully checked for safety in your patient’s home. These include, but are not limited to:

	Yes	No
If needed, are there handrails beside the tub and toilet?		
Are there skid proof mats on the floor and in the bathtub/shower?		
Are electrical appliances a safe distance from the bathtub/shower?		
Is the stove free of grease with no objects sitting on top of it?		
Is there baking soda on hand in case of a grease fire?		
Is the refrigerator working properly?		
Is food being stored properly?		
If there are mats on the kitchen floor, are they skid proof?		
Is the trash being taken out on a regular basis and not piling up?		
If there are throw rugs throughout the house or in the bedroom, are they backed with a rubber, non-skid backing?		
Are outlets in good, working condition, and not overloaded with cords?		
Are there night lights in the hallway, bathroom, and bedroom?		
Is furniture sturdy enough to give support to the patient?		
Are the rooms in the home clutter free?		
Are all exits unblocked and accessible?		
Are there working smoke detectors in the home?		
Is there a fire extinguisher in the home?		
Are emergency phone numbers listed somewhere visible?		
If the patient will be alone for an extended period of time, is there a person who will come and check on him/her?		

Check Your Risk for Falling

Please circle “Yes” or “No” for each statement below.			Why it matters
Yes (2)	No (0)	I have fallen in the last 6 months.	People who have fallen once are likely to fall again.
Yes (2)	No (0)	I use or have been advised to use a cane or walker to get around safely.	People who have been advised to use a cane or walker may already be more likely to fall
Yes (1)	No (0)	Sometimes I feel unsteady when I am walking.	Unsteadiness or needing support while walking are signs of poor balance
Yes (1)	No (0)	I steady myself by holding onto furniture when walking at home.	This is also a sign of poor balance.
Yes (1)	No (0)	I am worried about falling.	People who are worried about falling are more likely to fall.
Yes (1)	No (0)	I need to push with my hands to stand up from a chair.	This is a sign of weak leg muscles, a major reason for falling.
Yes (1)	No (0)	I have some trouble stepping up onto a curb.	This is also a sign of weak leg muscles
Yes (1)	No (0)	I often have to rush to the toilet.	Rushing to the bathroom, especially at night, increases your chance of falling.
Yes (1)	No (0)	I have lost some feeling in my feet.	Numbness in your feet can cause stumbles and lead to falls
Yes (1)	No (0)	I take medicine that sometimes makes me feel light-headed or more tired than usual.	Side effects from medicines can sometimes increase your chance of falling.
Yes (1)	No (0)	I take medicine to help me sleep or improve my mood.	These medicines can sometimes increase your chance of falling
Yes (1)	No (0)	I often feel sad or depressed.	These medicines can sometimes increase your chance of falling
Total:		Add up the number of points for each “yes” answer. If you scored 4 points or more, you may be at risk for falling. Discuss this brochure with your doctor.	

*Centers for Disease Control and Prevention. (2012). Falls Among Older Adults: An Overview. <http://www.cdc.gov/homeandrecreationalafety/Falls/adultfalls.html>

Session 1 Case Studies

As you read through each scenarios consider the following questions:

1. *What risk factors for falling did you identify? Why is this a risk factor for falling?*
2. *How did you identify these risk factors? Did you use any particular tool/method?*
3. *How would you address these risk factors?*
4. *Is there anything else you would recommend for this person?*

CASE STUDY 1 – Mrs. Booker

You and a co-worker are asked to visit Mrs. Booker to conduct a Falls Risk Assessment of her home. Mrs. Booker is a 76 year-old woman who lives independently in her own home. While introducing yourselves to her she immediately tells you that she has fallen several times in the last 6 months but she can't remember exactly when each time was. However, she does remember that she fell the previous week but says she wasn't hurt and so she didn't seek medical attention. The only time she has to go to the clinic is when she needs to refill her prescriptions for seizures. Mrs. Booker also recalls walking with a friend, they were talking and she wasn't looking where she was going, and she tripped over a crack in the sidewalk. This was her first fall 6 months ago. But this fall didn't stop Mrs. Booker from walking about 2 miles each day around her neighborhood. She feels steady when walking at all times, even when out of doors. She tries to avoid potholes and usually watches out for cracks in the sidewalk so she won't trip. She's not afraid of falling. Walking is her only form of exercise. Mrs. Booker has poor eyesight and requires glasses at all times she also has urinary incontinence and must get up several times during the night to use the bathroom across the hall from her bedroom.

CASE STUDY 2 – Mr. Ying

You and a co-worker are asked to visit Mr. Ying to conduct a Falls Risk Assessment of his home. Mr. Ying is an 84 year-old Asian male who lives in an apartment that adjoins his son's house. Mr. Ying's apartment has its own kitchen, bathroom, living room, and bedroom so he can live independently. During your meeting with him you also have the chance to speak to his son. The son tells you that his father is not as outgoing and social as he once was; he has recently has been limiting his outside activities. Mr. Ying says it's because he feels unsteady when he is walking and is worried he might fall and hurt himself or someone else around him. He stated that for the past year he has felt dizzy when he stands up after sitting or lying down and that he often needs to "catch himself" on furniture or walls shortly after standing. His dizziness does not happen every time but at least 3-4 times per week and he's not sure why. Mr. Ying visited the clinic recently to make some changes in his medications. His son also mentions that he often sees his father "teetering" and has begun to get concerned for his father. Mr. Ying requires help with bathing. He has been advised to use a cane but doesn't like to use it inside and tends to leave it at home when he leaves his apartment. When asked about previous falls, he says he hasn't fallen. However, he says his elderly neighbor recently fell and is now in a nursing home. Now he's fearful about falling and becoming a burden to his family.

Session 1 Case Studies

CASE STUDY 3 – Mrs. White

You and a co-worker are asked to visit Mrs. White to conduct a Falls Risk Assessment of his home. Mrs. White is an outgoing 81 year-old white woman who lives in an assisted living facility. Her son is visiting her during your visit and informs you that she was just seen in the hospital emergency room a week ago because she fell when she was getting out of the shower. She fell backwards and bumped the back of her head against the wall. Her son remarks that in the past year his mother has had “too many falls to count.” Mrs. White agrees that she falls a lot but she’s fatalistic. “Old people fall, that’s just how it is,” she says, though she does admit she is sometimes afraid of falling. Mrs. White also admits that she has been told to use a walker, especially since she sometimes struggles to step up onto a curb. She previously had a front-wheeled walker but couldn’t get used to it so she stopped using it. Mrs. White has a history of high blood pressure, diabetes, and other heart problems. She also mentions she has to use the bathroom frequently and is often rushing to get to it. Mrs. White reports that she used to walk “just fine,” but about two years ago, she began falling for no apparent reason. Sometimes she’ll trip on a carpet, other times she just loses her balance when she’s walking or turning. Once she fell off a chair face first into a wall. Another time she rolled out of bed. Mrs. White has fallen indoors both during the day and at night. Sometimes she’s fallen at night when she’s gotten up to go to the bathroom. She used to go to the Silver Sneakers exercise classes at her local gym but stopped going about five years ago when she developed numbness in her feet and knee pain. She used to enjoy walking but says she hardly ever goes outside now because she’s so afraid of falling and breaking her hip.