

Session 2: Learning Skills to Reduce Falls and Related

Fall Prevention Overview—Risk factors & how to address them

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

1. Physical Mobility Risk Factors

Muscle weakness—especially in the legs.

- Assist client with prescribed exercises
- Encourage and assist client to stay physically active
- Assist with transferring, standing, etc.
- Observe, Record, and Report (ORR) signs of increasing weakness

Balance and gait

- Assist with transferring, standing, etc.
- Remind client to use cane or walker and ensure safe use of devices (if needed)
- ORR signs of balance or gait problems

Vision problems

- 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 when going back inside
- ORR problems with seeing or hearing

Dizziness—drop in blood pressure after standing up

- 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
- ORR signs of dizziness

Foot problems—pain, numbness, or wearing unsafe footwear

- 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

2. Medication management

- Stress some medicines or combinations of medicines have side effects that make you feel drowsy, dizzy, or light-headed and may cause you to lose balance or feel unsteady.
- The interaction of multiple medications can also increase the risk for falling.
- Encourage older adults to drink plenty of water because if they are dehydrated, the medications “build up” and have more likelihood of side effects.
- Ask doctor/pharmacist to review medicines—prescription and over-the counter (OTCs)—to identify medicines that may cause side effects or interactions.

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3. Transition home from hospital

Being hospitalized adds to the risk of existing risk factors.

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

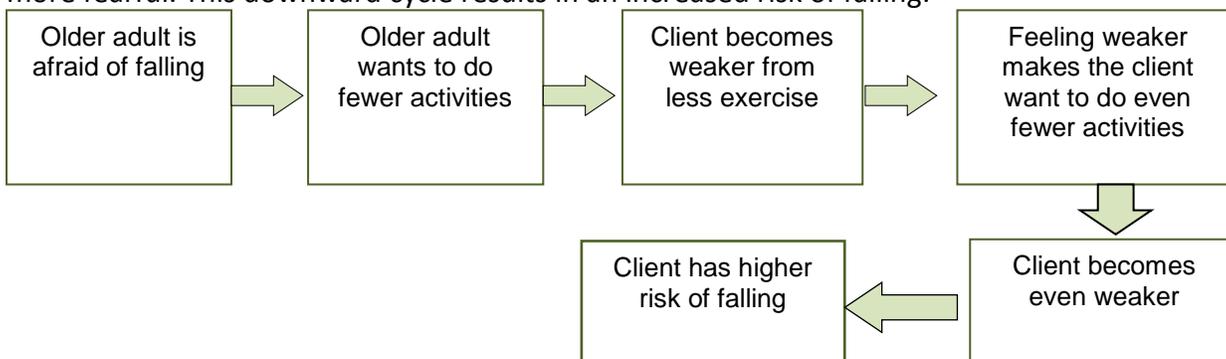
- Moving around the home may be more difficult than before if the client is weaker or has new assistive devices and/or new medications.
- The client may feel safer at home and eager to get back to the old routine.

Tips to help prevent falls after hospital discharge:

- 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)
- ORR all medications (including OTCs) 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

4. Fear of falling

When elders stop doing their usual physical or social activities, they become physically weaker and then more fearful. This downward cycle results in an increased risk of falling:



What can CHWs/promotores do to break the downward cycle?

- Encourage the client to stay active. Help the client identify activities they would like to do and make a plan to help them feel confident enough to do those activities.
- Help the client 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.

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5. Traumatic Brain Injury

- 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!
- After someone falls, observe for signs of TBI—especially if the head hits the ground or some hard object. 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.

6. Cognitive Impairment

- Cognitive Impairment" is a stage between the expected cognitive (ability to think & understand) decline of normal aging and the more serious decline of dementia.
- This can involve problems with memory, language, thinking and judgment that are greater than normal age-related changes.
- Often people describe this as a person whose memory or mental function has "slipped." This is often noticed by families and friends. Generally these changes aren't severe enough to interfere with day-to-day life and activities.
- CHWs should look for symptoms and be aware of possible cognitive impairment.

7. Home Safety Risk Factors

- Remove things you can trip over (papers, books, clothes, shoes) from 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 and 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 in the home by using brighter bulbs. Florescent bulbs are bright and 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.

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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

7. Safety factors outside the home

When going outside older adults should be aware of things such as:

- Items to they should have when leaving: Glasses, hearing aids, walkers, canes, or crutches
- Elevators: Block the doors when entering or exiting; control the open button until safely in or out
- Escalators—Assist or remind individuals to: Tie shoe laces; step to the middle of the stair; hold the hand rail
- Be aware of changes in light: Wear sunglasses or a hat; go slowly from dark to brightly lit areas, and vice versa— let the eyes (or glasses) adjust
- Notice the floors: Tile or marble floors are slippery when they're wet; deep pile carpet and transitions between rooms can be a tripping hazard
- Sidewalks: Uneven sidewalks and cracks; curbs and ramps
- Parking lots: Wet or icy road surface; cracks and bumps in the road surface

*Sources:

Centers for Disease Control and Prevention. (2012). *Falls Among Older Adults: An Overview*.

<http://www.cdc.gov/homeandrecreationsafety/Falls/adultfalls.html>

Module 13: Patient Safety [PowerPoint slides. Cherie Rosemond, PT, PhD, GCS]

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>

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Using Observe, Record, & Report to Reduce the Client’s Risk of Falls

Observe, Record, and Report (ORR) is an important part of CHWs’/promotores’ role in fall prevention.

Using your ORR skills can prevent falls or reduce injury from falls:

Observe: CHWs/promotores are the “eyes and ears” of the care team. Small changes that you notice about your client could reduce his or her risk of falling—or even save the client’s life!

Record: CHWs/promotores are trained to keep notes when they do the tasks that are listed on the care plan. In addition to noting what they do, CHWs/promotores note what they observe while doing those tasks and while spending time with the consumer.

Report: CHWs/promotores share their observations and notes with members of the client care team on a regular basis. This helps the care team to know how the client’s condition has changed. In terms of fall prevention, sometimes CHWs/promotores may notice changes that make them feel concerned that the client may be more likely to have a fall. In those cases, the appropriate person may need to be contacted immediately.

What should I observe?

- Changes in the client’s condition: physical, mental, emotional
- Changes in the environment, or home, that could lead to falls
- Changes in relationships with family and friends that could affect the consumer’s health

Using Observe, Record, and Report To Reduce the Client’s Risk of Falls

	Look for:
Changes in the client’s condition	<ul style="list-style-type: none">• Signs of physical discomfort• Changes in what the consumer can do• Changes in behavior• Changes in physical appearance
Changes in the client’s environment	<ul style="list-style-type: none">• Objects that could cause the client to trip or slip• Unsafe stairs, rugs, or floors• Poor lighting• Safety aids that become broken—for example, stair railings
Changes in social activities & relationships with family & friends	<ul style="list-style-type: none">• Family or friends who used to visit regularly and don’t anymore• Family or friends who suddenly start visiting regularly• Not going out of the house for shopping, or church, or visiting

How should I report what I see?

- Identify who needs to know about the situation.
- Figure out if you should report immediately or with your regular report.
- Report in writing or by phone, as required.
- Be clear, specific, and focus on facts: that is, record what you know to be true.
- Share your point of view about the situation based on factual observations.

*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>

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Session 2 ORR Case Study

As you read through the scenario, using ORR, 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. Garcia

You and a co-worker are asked to visit Mrs. Garcia to conduct a Falls Risk Assessment of her home. Mrs. Garcia has recently been discharged from the hospital due to a fall. This was her second fall requiring hospitalization within the past 3 years. Mrs. Garcia is a 76 year-old woman who lives independently in her own home. While introducing yourselves to her she 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 and had to go to hospital but doesn't remember specifics about how she fell or about her specific injuries. She says she wasn't hurt and didn't need medical attention but that her daughter—who lives four hours away—called the EMS when Mrs. Garcia called her and said she fell. She also said she doesn't remember falling and having to go the hospital a few years ago. The only time Mrs. Garcia goes to the doctor is when she needs to refill her prescriptions for high blood pressure. Mrs. Garcia 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 happened a few months ago. But this fall didn't stop Mrs. Garcia 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. Garcia has poor eyesight and requires glasses at all times. She also needs cataract surgery but has been putting it off. She also gets up several times during the night to use the bathroom across the hall from her bedroom. You and your co-worker count at least four cats inside her home. You also notice there are lights out in the living room and hallway.

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What to do if you or a client falls

What To Do If YOU Fall

If you slip or fall:

- Try to fall on your buttocks.
- Remain calm.
- Check yourself for signs of bleeding, severe pain, or other injury.
- If you are bleeding or having severe pain:
 - Move as little as possible.
 - Call 911 for help.
- If you are not bleeding or having severe pain:
 - Roll over; turn your head in the direction you're rolling.
 - If you can, crawl to a strong, stable piece of furniture—like a chair.
 - Approach the chair from the front and put both hands on the seat.
 - Slowly begin to rise.
 - Bend whichever knee is stronger; keep your other knee on the floor.
 - Slowly twist around and sit in the chair.

NOTE: If fall happens during work hours, call your supervisor for further instructions.

What To Do If Your Client Falls

**Check your agency's policy about assisting your client after a fall.
These steps may be different, based on those guidelines.**

If your client slips or falls in your presence:

- Do NOT attempt to move your client.
- Reassure your client and help him or her to remain calm.
- Observe for injuries without moving the client.
- Call 911.
- Call your supervisor for any further instructions

If you find your client after he or she has fallen, or if he or she complains of pain after falling:

- Do not move your client.
- Immediately call 911 if your client is unconscious.
- Ask what he or she is feeling.
- Listen carefully to what he or she is telling you.
- Make him or her comfortable without moving any body parts that hurt.
- Observe the position of the client's body.
- Look for signs of bleeding, broken limbs, or breathing problems.
- Call 911—let paramedics assess your client's condition.
- Call your supervisor for any further instructions.

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Developing & Implementing a Fall Prevention Plan

1. Assess one's risk of falling

These steps may be different, based on those guidelines.

- Determine one's risk for falling.
- There are numerous assessment tools that can be done by healthcare team or individuals. Assessment tools assess individual and environmental factors.
- Assessments identify the most important risks (such as vision problems, physical weakness, environmental factors, etc.)
- After conducting a fall risk assessment, the client and healthcare team need to set and prioritize goals and action steps. The plan should identify where and when activities will occur and who is involved in each activity.
- A fall prevention plan might include a: doctor, nurse practitioner, registered nurse, pharmacist, optometrist, physical therapist, occupational therapist, social worker, or CHW/promotora

2. Make appointments with members of the healthcare team

These steps may be different, based on those guidelines.

- Physical assessment—physician/medical care team
 - Evaluate muscle strength, gait, and balance.
 - Evaluate medical history, physical examination, cognitive and functional assessment.
 - Have you fallen before? Write down the details (when, where, how you fell). Be prepared to discuss instances when you almost fell but were caught by someone or grabbed hold of something just in time. These details may help your doctor identify fall-prevention strategies.
 - Could your health conditions cause a fall? Certain eye and ear disorders may increase your risk of falls. Be prepared to discuss your health conditions and how comfortable you are when you walk. Do you feel any dizziness, joint pain, numbness or shortness of breath when you walk?
- Medication review—physician/pharmacist
 - What medications are you taking? Make a list of your prescription and over-the-counter medications and supplements, or bring them with you to the appointment.
 - The pharmacist/doctor can review your medications for side effects and interactions that may increase your risk of falling.
- Vision assessment—optometrist
 - Check vision and other eye problems (cataracts, etc.)
- Possible interventions to reduce risk of falling suggested by the healthcare team might include:
 - Minimize medications
 - Tailored exercise program
 - Treat vision impairment
 - Manage postural hypotension
 - Manage heart rate & rhythm abnormalities
 - Supplement vitamin D
 - Manage foot and foot-ware problems
 - Assistive/mobility devices
 - Assess/modify home environment—social worker, occupational therapist, or CHW
 - Education and information about the risks of falling—CHW

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3. Keep moving—do exercises to build strength and balance These steps may be different, based on those guidelines.

- Physical activity can reduce the risk of falls by improving strength, balance, coordination, and flexibility.
- The fall prevention plan should include specific balance, strength training, coordination, and flexibility exercises.
- If you avoid physical activity because you're afraid it will make a fall more likely, tell your doctor. He or she may recommend carefully monitored exercise programs or refer you to a physical therapist. The physical therapist can create a custom exercise program.

4. Create a safe and supportive home environment These steps may be different, based on those guidelines.

- Take a look around your home. To make your home safer:
 - Remove boxes, newspapers, electrical cords and phone cords from walkways.
 - Move coffee tables, magazine racks and plant stands from high-traffic areas.
 - Secure loose rugs with double-sided tape, tacks or a slip-resistant backing—or remove them.
 - Repair loose, wooden floorboards and carpeting.
 - Store clothing, dishes, food and other necessities within easy reach.
 - Immediately clean spilled liquids, grease or food.
 - Use nonskid floor wax.
 - Use nonslip mats in your bathtub or shower.
 - Keep your home brightly lit to avoid tripping on objects that are hard to see.
 - Place night lights in your bedroom, bathroom and hallways.
 - Place a lamp within reach of your bed for middle-of-the-night needs.
 - Make clear paths to light switches that aren't near room entrances. Consider trading traditional switches for glow-in-the-dark or illuminated switches.
 - Turn on the lights before going up or down stairs.
 - Store flashlights in easy-to-find places in case of power outages.

5. Use assistive devices These steps may be different, based on those guidelines.

- Your doctor might recommend using a cane or walker and other assistive devices, including:
 - Hand rails for both sides of stairways
 - Nonslip treads for bare-wood steps
 - A raised toilet seat or one with armrests
 - Grab bars for the shower or tub
 - A sturdy plastic seat for the shower or tub and a hand-held shower nozzle for bathing
 - Your doctor or occupational therapist may recommend other fall-prevention strategies.

*Sources: 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>
eHow Health. "Patient Care Plan for Fall Prevention." http://www.ehow.com/way_5760313_patient-care-plan-fall-prevention.html#ixzz2T9ZZS7ym
Panel on Prevention of Falls in Older Persons, American Geriatrics Society and British Geriatrics Society. Summary of the Updated American Geriatrics Society/British Geriatrics Society clinical practice guideline for prevention of falls in older persons. *J Am Geriatr Soc* 2011;59:148–157.

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Fall Prevention Exercises

Strength exercises

1. Chair squats (3 sets of 8–15 reps)
 - Sit on the edge of a chair bench. Lean body forward and reach arms out in front of body.
 - Push through the heels and rise to a standing position.
2. Heel raises (3 sets of 10–15 reps)
 - From a standing position, push through the toes of both feet and raise the heels off the floor while maintaining an upright torso.
 - Pause for 1 second before slowly lowering the heels to the floor.
3. Bridge on stability ball (3 sets of 10–15 reps)
 - Lie supine on a mat with legs extended and heels placed on top of a stability ball. Arms are braced out to the sides of the body in a T position to assist with balance.
 - Tighten the buttocks and abdomen, and then push through the heels to raise the buttocks off the mat, creating a straight line from heels to shoulders.
 - Hold for 1–3 seconds, as tolerated, and then slowly lower back to the starting position.
4. Stability ball squats (3 sets of 10–15 reps)
 - Stand 11/2–2 feet in front of a wall, feet about hip width apart. Place a stability ball between the small of the back and the wall.
 - While keeping the knees pointed straight ahead, lower into a squatting position until thighs are parallel to the floor.
 - Hold for 1–3 seconds, then push through the heels and return to the starting position.

Exercises for agility & coordination

1. Front leg swings (3 sets of 8–15 reps per side)
 - Begin by standing tall next to a wall, using the hand closer to the wall to assist with balance.
 - Swing the leg farther from the wall forward, with knee straight, then back behind the body while maintaining an upright posture.
2. Side leg swings (3 sets of 8–15 reps per side)
 - Stand tall next to a wall, using the wall for balance.
 - Swing the leg farther from the wall out to the side while maintaining an upright posture.
3. Heel-toe walking (3 times, 1–2 minutes each)
 - Take a step forward, positioning the heel of one foot in front of the toes of the opposite foot. Try to have the toes touch the heel of the shoe each time a step is taken.
 - Ambulate forward or backward using this heel-toe pattern.
4. Crossover walking, or grapevine (1–3 reps, 2–3 minutes in each direction)
 - Stand with feet hip width apart. A wall or countertop may be used for support.
 - Cross the right foot in front of the left foot, then uncross the feet by abducting the left leg out to the side.
 - Repeat this crossover step, moving continuously to the left, then reverse directions.
 - Reverse to a “back” crossover, crossing the right foot behind the left foot.

Note: To increase the balance challenge, perform heel-toe walking and crossover walking on a slightly uneven surface, such as a floor mat.

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Fall Prevention Exercises

Exercises with an elastic band

Standing four-way hip kicks work for strength and balance and target hip flexion, abduction, extension and adduction. For the following exercises, begin with resistance tubing secured around the base of a pole or exercise machine. Tie an ankle loop around the other side of the tubing and slip one foot into the loop.

1. Hip flexion (3 sets of 12–15 reps on each leg)
 - Face away from the tubing attachment point and, while maintaining an upright posture, kick the secured leg forward against the resistance.
 - Bring the leg back to the starting position with a slow, controlled movement.
2. Hip abduction (3 sets of 12–15 reps on each leg)
 - After performing the hip flexion exercise above, turn 90 degrees counterclockwise so that the free leg is next to the tubing attachment point and the secured leg is on the far side. Make sure the free leg is behind the tubing.
 - Kick the secured leg out to the side against the resistance of the tubing while keeping an upright posture.
 - Bring the leg back to the starting position with a slow, controlled movement.
3. Hip extension (3 sets of 12–15 reps on each leg)
 - Turn 90 degrees counterclockwise again to face the tubing attachment point.
 - Keeping an upright posture, kick the secured leg straight back.
 - Bring the leg back to the starting position with a slow, controlled movement.
4. Hip adduction (3 sets of 12–15 reps on each leg)
 - Turn 90 degrees counterclockwise one more time so that the secured leg is next to the tubing attachment.
 - Kick the secured leg across the front side of the body.
 - Return the leg to the starting position with a slow, controlled movement.

Balance exercises

1. Single-leg stance, level 1 (3 reps per side)
 - Stand next to a wall or countertop, using a hand to maintain balance.
 - Stand on one leg and hold for up to 10 seconds.
2. Single-leg stance, level 2 (3 reps per side)
 - Stand next to a wall or countertop, using a hand to maintain balance.
 - Keep the eyes closed while standing on one leg.
3. Single-leg stance, level 3 (5–10 reps per side)
 - Stand next to a wall, facing the seat of a chair placed 1–2 feet in front of you.
 - Stand on one leg, then bend the waist and reach forward to tap the chair seat.
 - Return to starting position & repeat without placing the lifted foot back down on floor.

*Logan, C. (2006). A Fall Prevention Program. IDEA Fitness Journal, 3:8. Retrieved online May 10, 2013, <http://www.ideafit.com/fitness-library/fall-prevention-program>.

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Fall Prevention Action Plan

Action Plan Date: _____ Person Initiating Plan: _____

Client Details: _____

Risk Factor	Action Required	Person responsible	Location	Completion Date
Chronic Illness				
Cognitive impairment				
Environment				
Foot pain/foot-ware				
Gait/balance				
General health				
Incontinence				
Medications				
Speech/communication difficulties				
Vision impairment				
Other:				

Comments: _____

Session 2 Fall Prevention Action Plan Case Studies

As you read through the scenarios, use ORR, open-ended questions, and tailored communication strategies to address fall risk factors and to develop a fall prevention plan for the client.

CASE STUDY 1 – Mrs. Ramos

You are assigned to work with Mrs. Ramos who was recently discharged from the hospital after having a mild stroke, which caused her to fall. She is 75 years old and lives alone in a cluttered one-bedroom apartment with her two cats. Her Plan of Care says that she has some weakness on her right side, needs ambulation assistance including using a new walker and that she appears confused at times. Your task is to develop a fall prevention plan to reduce Mrs. Ramos risk of falling again.

Day 1 - Scene 1:

You arrive at Mrs. Ramos's home at 8:30a.m. Her daughter lets you into the apartment and leave shortly thereafter for work. Mrs. Ramos is still resting so you take time to walk through the apartment to observe for any home safety issues you need to address.

1. What would you look for in conducting the "home safety" survey? What assessments or tools might you use?
2. What might be some safety risks to look for as you survey the apartment?

Day 1 - Scene 2:

When Mrs. Ramos awakens, she says to you that she'd like to take her customary morning shower.

3. What risk factors do you need to observe for and address to prevent a fall as Mrs. Ramos goes to bath?

Day 3 - Scene 1:

In Mrs. Ramos' Plan of Care, the healthcare team lists the need for Mrs. Ramos to be more active.

4. What are TWO open-ended questions you could use to encourage Mrs. Ramos to improve her muscle strength and be more active?

Day 3 - Scene 2:

As you're leaving Mrs. Ramos' apartment – one of her very frisky cats rushes around your feet to run out the door causing you to fall on the floor. You're not seriously hurt.

5. What is the proper technique for safely getting up (unassisted) from a fall?
6. What information might you report about your fall – and to whom?

Final Scene - Day 10

Mrs. Ramos has been recovering nicely in her first two weeks at home and has regained much of her muscle strength. She's walking throughout her apartment with minimal assistance and you've noticed no signs of confusion in the past few days. She's mentioned several times that she misses her regular visit with her friend who owns a nearby grocery store and you and her daughter have encouraged her do so. Despite her interest – whenever you've planned to go with her, she offers last minute excuses for staying in the house.

7. What do you make of Mrs. Ramos' behavior (i.e. why is she acting the way she is)?
8. What are TWO open-ended questions to explore her reasons for not visiting her friend?
9. What would you record in your notes and to whom would you report your observations?
10. Develop a fall prevention plan for Mrs. Ramos.

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Session 2 Fall Prevention Action Plan Case Studies

CASE STUDY 2 – Mr. Jackson

You are assigned to work with Mr. Jackson who was recently discharged after having hip replacement surgery. He lives with his wife who works part-time. Before he had the surgery, he enjoyed staying active – going to church on weekends, sitting with friends in front of his building and going to the local senior center whenever possible. Your task is to develop a fall prevention plan for Mr. Jackson.

Day 1 - Scene 1:

You arrive for your afternoon assignment with Mr. Jackson just as his wife is leaving for her job. He's sitting comfortably in his favorite chair in the living room -watching his regular TV show. After introducing yourself to Mr. Jackson and explaining your duties, you decide to give him time to finish watching his show while you walk through the apartment to observe for any home safety issues you need to address and review his medications schedule. You notice several prescription medications on the bedside table including one for pain that was just filled after his release from the hospital yesterday afternoon.

1. What would you look for in conducting the "home safety" survey? What assessments or tools might you use?
2. What might be some safety risks to look for as you survey the apartment?
3. What steps will you take to be sure that Mr. Jackson manages his medications properly?

Day 1 - Scene 2:

Mr. Jackson has just finished watching his TV show and you offer to serve his dinner on a tray table. He tells you he'd prefer to eat at the dining table instead. After his meal, he asks you to bring him a vitamin packet that he takes daily.

4. What risk factors do you need to observe for and address to assist Mr. Jackson in moving safely to the dining room? What transfer and ambulation techniques will you use to prevent a fall?

Day 3 -Scene 1:

During yesterday's home visit, Mrs. Jackson reports that her husband complained that the exercises the doctor told him to do made his hip "sore" and that he said he felt a little dizzy when he got up from the bed this morning. Mr. Jackson decided to take a late morning nap while Mrs. Jackson got ready for work, and wants to move now to watch TV in the living room.

5. What physical mobility signs would you look for when you help him move to the living room?
6. What are TWO open-ended questions you could ask Mr. Jackson to get more information about the situation Mrs. Jackson reported to you?

Day 8:

You need to escort Mr. Jackson to his follow-up doctor's appointment today. When you left yesterday, Mr. Jackson was really looking forward to getting out of the apartment finally. He lives on the 2nd floor of an elevator apartment building and he needs to take a bus that stops across the street from the building. Although it poured rain last night, it's a bright, sunny spring day today. When you return to the apartment building, the elevator isn't working and you need to use the stairs.

7. What are some outdoor risk factors to reduce Mr. Jackson's risk of falling outside his home?
8. What are some medical equipment factors to consider to help Mr. Jackson reduce his risk?
9. What ambulation techniques will you use to ensure Mr. Jackson's safe use of the stairs?
10. Develop a fall prevention plan for Mr. Jackson.

Session 2 Fall Prevention Action Plan Case Studies

CASE STUDY 3 – Mrs. Chu

Mrs. Chu is a long-term care client and you assist her each week. You've recently become concerned that she's at risk of falling while bathing. She lives alone in a two bedroom house.

1. Name at least two observations that give you reason to be concerned about Mrs. Chu's risk of falling. These observations can be the client's behavior, physical condition, or the home environment.
2. What would you report from these observations and to whom?
3. What else do you need to know in order to develop a fall prevention plan?
4. What might you include on your fall prevention plan?

CASE STUDY 4 – Mr. Zabar

Your client, Mr. Zabar, was recently released from the hospital after shoulder surgery due to a fall. He lives in an upstairs apartment and has three small dogs. You've been working with him for one week. Despite taking his prescribed meds, he still seems to be in a lot of pain. The other day you heard him ask his daughter to give him some Advil. You're concerned that he may be at risk of falling again.

1. Name at least two observations that give you reason to be concerned about Mr. Zabar's risk of falling. These observations can be the client's behavior, physical condition, or the home environment.
2. What would you report from these observations and to whom?
3. What else do you need to know in order to develop a fall prevention plan?
4. What might you include on your fall prevention plan?

CASE STUDY 5 – Mrs. Wright

Your client, Mrs. Wright, is recovering from a fall that resulted in a simple ankle fracture. Mrs. Wright lives on the third floor of an older walk-up apartment building that has repairs going on in the hallways and outdoors. She has several cats that live with her inside the apartment. She also has high-blood pressure and is on medication for it. She has responded well to physical therapy but her ankle hasn't healed completely yet. She insists that she wants to start her outdoor walking exercise again on your next visit—even though the doctor has asked her to wait several more weeks.

5. Name at least two observations that give you reason to be concerned about Mrs. Wright's risk of falling. These observations can be the client's behavior, physical condition, or the home environment.
6. What would you report from these observations and to whom?
7. What else do you need to know in order to develop a fall prevention plan?
8. What might you include on your fall prevention plan?

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CASE STUDY 6 – Mr. Ramos

Two weeks ago, your long-term care client, Mr. Ramos, slipped on the outdoor steps leading into his house. He bumped his head on the handrail and went to the emergency room. The ER doctor said the bruise on his head was minor and he simply needed to rest. In the past few days, however, you've noticed some changes that make you concerned that Mr. Ramos might be at risk of falling again.

1. Name at least two observations that give you reason to be concerned about Mr. Ramos' risk of falling. These observations can be the client's behavior, physical condition, or the home environment.
2. What would you report from these observations and to whom?
3. What else do you need to know in order to develop a fall prevention plan?
4. What might you include on your fall prevention plan?

CASE STUDY 7 – Mrs. Walker

Your long-term care client, Mrs. Walker, had a foot fracture from a fall a year ago. She has used a cane ever since. Lately she's started visiting a man who has moved into her building, and she likes to dress up when she goes to see him. You're happy for her but you have concerns that she may be increasing her risk of falling again.

1. Name at least two observations that give you reason to be concerned about Mrs. Walker's risk of falling. These observations can be the client's behavior, physical condition, or the home environment.
2. What would you report from these observations and to whom?
3. What else do you need to know in order to develop a fall prevention plan?
4. What might you include on your fall prevention plan?

CASE STUDY 8 – Mrs. Yolanda

Your client, Mrs. Yolanda, has a friend who recently fell during her regular morning walk and broke her hip. Mrs. Yolanda has had no change in her health status but, after recent visits to her friend, you notice that there are certain behaviors that make you think she's increasing her risk of falling.

5. Name at least two observations that give you reason to be concerned about Mrs. Yolanda's risk of falling. These observations can be the client's behavior, physical condition, or the home environment.
6. What would you report from these observations and to whom?
7. What else do you need to know in order to develop a fall prevention plan?
8. What might you include on your fall prevention plan?

*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>