

What the Experts are Saying about Falls

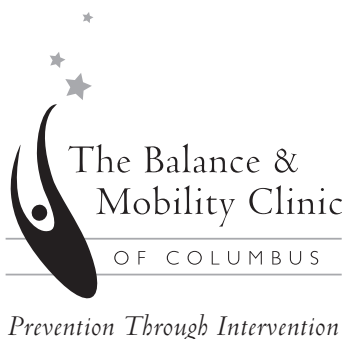
Nationally recognized organizations and federal agencies are addressing the seriousness of falls and their consequences. Below are what a few of the experts have to say...

AARP

"You juggle many activities, responsibilities, and people in your life with grace. But sometimes you can be physically tossed off balance by a wet floor or uneven pavement. Falls can occur anytime, anyplace and to anyone while doing everyday activities such as climbing stairs or getting out of the bathtub.

As we age, our sight, hearing, muscle strength, coordination and reflexes change, weakening our balance. Also, some health conditions, such as diabetes, heart disease, and circulation problems, affect balance. Even some medications have been known to make people dizzy.

Falls don't have to be part of getting older. You have the power to stay securely on your feet and decrease your chance of experiencing a fall."
http://www.aarp.org/health/staying_healthy/prevention/better_balance_prevents_falls.html



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American Academy of Family Physicians

"Falls are the leading cause of injury-related visits to emergency departments in the United States and the primary etiology of accidental deaths in persons over the age of 65 years. The mortality rate for falls increases dramatically with age in both sexes and in all racial and ethnic groups, with falls accounting for 70 percent of accidental deaths in persons 75 years of age and older. Falls can be markers of poor health and declining function, and they are often associated with significant morbidity. More than 90 percent of hip fractures occur as a result of falls, with most of these fractures occurring in persons over 70 years of age. One third of community-dwelling elderly persons and 60 percent of nursing home residents fall each year. **Risk factors for falls in the elderly include increasing age, medication use, cognitive impairment and sensory deficits.** Outpatient evaluation of a patient who has fallen includes a focused history with an emphasis on medications, a directed physical examination and simple tests of postural control and overall physical function. Treatment is directed at the underlying cause of the fall and can return the patient to baseline function."
<http://www.aafp.org>

American Academy of Orthopaedic Surgeons

"Falls are not natural occurrences. You can prevent falls. There is a pattern to falls among the elderly – the fear of falling, then the injury, followed by hospitalization, decreased independence and mobility and often relocation to a nursing or residential institution. **Falls can be a major life-changing event that robs you of your independence.**"
<http://orthoinfo.aaos.org>

Centers for Disease Control, National Center for Injury Prevention and Control

"Falls among older adults are a major health problem. **Falls are a leading cause of injuries, hospitalizations, and deaths among the elderly.** In the United States, one of every three adults aged 65 or older falls each year. The majority of falls happen in the home. Many falls can be prevented by following these guidelines:

- Maintain a regular exercise program. Exercise improves strength, balance, and coordination. Talk with your health care provider about the best type of exercise for you.
- Make your home fall-proof. Remove tripping hazards such as papers, books, and shoes from floors and stairs. Remove throw rugs that may slip or secure them with double-sided tape. Use non-slip mats in bathtubs and showers. Have grab bars and/or a bath chair installed in bathrooms. Make sure that your home is well lit and that staircases have handrails.
- Have your health care provider review your medicines to reduce side effects and avoid drug interactions.
- Have your vision checked by an eye doctor. Poor vision can increase the risk of falling."
<http://www.cdc.gov/ncipc/duip/preventadultfalls.htm>

Center for Healthy Aging

"Fall prevention is an exceptionally important issue because **falls are an enormous threat to the health and well-being of older adults.**

The loss of independence that follows a serious fall may lead to institutionalization, contributing to escalating health care costs and an incalculable human cost. Yet many falls can be prevented."

www.healthyagingprograms.org



National Institutes of Health

"Falls are not an inevitable part of life, even as a **person gets older.** You can take action to prevent falls. Your doctor or other health care providers can help you decide what changes will help.

Sensory problems can cause falls, too. If your senses don't work well, you might be less aware of your environment. For instance, having numb feet may mean you don't sense where you are stepping."
<http://www.nlm.nih.gov/medlineplus/falls.html>

U.S. Administration on Aging

"Falls occurring among the elderly is a serious problem that may be symptomatic of untreated chronic health conditions including but not limited to osteoporosis. Rehabilitation is especially difficult when a bone fracture occurs in the hip or pelvic structure and mobility is impaired. **A fall with fracture is a frequent precursor to long term residence in a nursing home.**"

http://www.aoa.dhhs.gov/prof/notes/notes_falls.asp

U.S. Surgeon General on Fall Prevention

"**Inform health care providers about any fall, even those that do not result in serious injury.**

Providers should ask their older patients at least once a year about falls.

Those who have fallen one or more times should ask their health care providers about an evaluation. Those who need medical attention after a fall or who have fallen several times in the past year should have a fall assessment. This evaluation should include taking a history related to the circumstances of the fall and performing an examination of vision, balance, walking, muscle strength, heart function, and blood pressure. A specialist, such as a geriatrician, may be needed for this evaluation.

Health care providers should consider prescribing a program of physical activity and balance training, with an emphasis on those activities that may help reduce risk of falling. Patients can also seek these programs on their own."

<http://www.surgeongeneral.gov/>