

Ready



Hands

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Home Care Services for Seniors

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News for Clients and Friends

To Our Clients and Friends...

In this issue we feature the all-important topic of falls in older people. Falls account for hundreds of thousands of injuries annually and are a major reason for institutionalization in the elderly. We hope that clients, family caregivers and senior serving professionals alike find this information of value.

Read the article on this page for a general overview. Then turn to page 2 for an infor-

mative quiz, as well as helpful tips on using a cane and additional resources on falling and fall prevention.

As we enter the new year we would like to extend our warmest thanks and best wishes to all the clients, families and friends who made 2003 such a success for us!

Granger Benson, M.D.

Sue Benson, R.N.

What You Should Know About Falling in Older People

Every year one out of three community-dwelling people over 65 falls at least once. Although most falls don't cause serious injury, many seniors fall repeatedly as the result of ongoing risk factors, thus multiplying the potential for harm. Recurrent falling is a major reason for loss of independence and admission to extended care facilities. Why is falling such a problem?

Normal aging is only part of the answer. Certainly loss of muscle mass and blunted neurological functions (e.g., balance and position sense) are common with age. But more important are certain age-related medical conditions like dementia, neurological disorders, inner ear disorders, urinary incontinence, visual loss, heart arrhythmias and arthritis.

Some drugs are also major culprits because of side effects like low blood pressure, dizziness, drowsiness and confusion. Pain medications, antidepressants, sleeping pills, antihistamines, blood pressure drugs and diuretics are just a few examples.

Fortunately, a number of studies have shown that much can be done to reduce falls. The first priority is a medical evaluation directed at discovering and treating medical conditions that contribute to falling. This step is too often ignored.

Exercise is indispensable in any fall prevention strategy. Supervised exercise targeted at improving balance is the best bet. There is also good evidence that Tai Chi, the oriental exercise consisting of slow, coordinated movements and relaxation, reduces falls

and improves confidence in seniors. Many senior centers offer Tai Chi classes.

Well-fitting shoes with thin, non-slip soles are a prudent measure for all seniors and a must for those at increased risk for falls. Of course, assistive devices like canes or walkers can be indispensable. A physical or occupational physical therapist can help seniors get the most from these aids. (Also see page 2 for tips on how to use a cane properly.)

Finally, modification of the home environment is worth doing, but not to the exclusion of the foregoing measures. Some simple steps include making sure rooms are well-lit, avoiding clutter, eliminating throw rugs, tacking down carpets and placing non-slip mats in tubs and in front of sinks. It may also be desirable to take steps like installing grab bars in bathrooms or solid railings on both sides of a stairway. But don't assume that home modification is all that's needed; by itself, it won't be enough.

Studies show that Tai Chi exercise reduces the risk of falls. Tai Chi classes are offered at Fairfax County Senior Centers and at other sites throughout our area.



Choosing and Using a Cane

A cane can be an invaluable aid to reduce falls in someone with unsteady gait or weakness on one side, but it pays to choose carefully and use it correctly. Here are some tips:

Design

The traditional crook-shaped cane (A) is still around, but many handle styles and shaft designs offer greater comfort and stability, such as the flat-handle cane in figure B. A quad cane (C) offers the most stability, but may be cumbersome for some people.



Regardless of design, any cane should be light in weight and adjustable in length. Make sure the rubber tip(s) is in good condition and replaceable.

Length

To adjust a cane to the proper length, stand upright with shoes on, letting your hands hang at your sides. The top of the cane's handle should come up to the crease on the inside of your wrist. Now hold the cane as if using it. Your arm should be slightly bent at the elbow (about 20 degrees).

Using a Cane

- ⇒ If you have a “bad” side that needs more support, hold the cane in the *opposite* hand.
 - ⇒ Start by placing the cane one small stride ahead and step with your weaker leg, finishing with your better leg. As you walk, your weaker leg and the cane should strike the ground at the same time.
 - ⇒ To climb stairs, grasp the handrail (if possible), step first with the cane and your stronger leg, then bring your weaker leg up. To descend stairs, step down first with the weaker leg, then with the cane and the stronger leg.
- (The foregoing tips are not meant to replace the advice and instruction of a trained physical or occupational therapist)

Test Your Knowledge About Falling in Older People

Try your hand at this quiz, then check your answers at the bottom of the page.

1. True or False: To avoid falling injury, older people with unsteady gait should not venture out of their homes unnecessarily.
2. Who are more likely to sustain a fracture from a fall—men or women?
3. What percentage of falls take place in the home?
a) 20% c) 60%
b) 40% d) 80%
4. What proportion of falls among seniors result in serious injury?
a) 10% c) 50%
b) 30% d) More than 50%
5. Which is more important for reducing falls: reducing hazards in the home, or addressing health factors?
6. Which of the following has been shown to increase the chances of a fall?
a) Thick-soled or poorly fitting shoes.
b) Multifocal lenses (bifocals, trifocals).
c) Fear of falling.
d) All of the above.
7. True or False: Roughly 12 million people over age 65 fall each year.
8. True or False: Hip fractures often occur in the upright position, thus actually causing one to fall.

Where to Learn More:

- ⇒ The National Center for Injury Prevention and Control, (770) 488-1506. Web: www.cdc.gov/ncipc
- ⇒ The American Academy of Orthopaedic Surgeons, (800) 346-AAOS. Web: www.aaos.org.
- ⇒ The American Geriatrics Society. Web: www.americangeriatrics.org. (See their clinical guideline for professionals, “Prevention of Falls in Older Persons.”)

ANSWERS TO QUIZ:

1. False. There is convincing evidence that isolation and withdrawal from activities increases the risk of falling.
2. Women, because osteoporosis is much more prevalent.
3. About 60% (c.)
4. About 10% (a.) This figure varies depending on how one defines “serious”. Roughly 20% of falls result in injuries that require some kind of medical intervention.
5. Addressing health factors by identifying and treating underlying causes. Although all authorities also advise hazard reduction in the home, well-designed trials have yielded inconsistent results.
6. All of the above (d.) Well-fitting shoes with thin, hard, slip-resistant soles help reduce falls. Multifocal lenses approximately double the risk of falling due to impaired ground-level depth perception. And, excessive fear of falling has been shown to be an aggravating factor.
7. True. There are almost 35,000,000 seniors 65 or over in the U.S., and about one third experience a fall each year.
8. False! This myth persists among some people. All but a tiny number of hip fractures result from the fall impact.