



Patient Information

Preventing Falls

Falling is something that many people worry about as they get older. In the United States, about one in three people aged 65 and older falls each year, and falls are the leading cause of injury and injury-related deaths among older adults. Even when no serious injuries result, the experience of falling can be disturbing and can cause a person to avoid activities unnecessarily.

Although the risk of falls does increase with age, most falls are preventable and many factors that raise your risk are within your control. By understanding the factors that contribute to fall risk, talking with your doctor about your fall risk, and working with your doctor to reduce that risk, you can minimize the impact that falls have on your life.

What factors contribute to falls?

Some of the risk factors for falls relate to your health. These are known as *intrinsic* (in-**trin**-zik) factors. For instance, as you age, changes in your body can affect your sense of balance, your sense of your body's position in space, and your vision—all of which can increase the likelihood of a fall. Certain medical conditions also can raise your risk of falls by weakening your muscles, making moving or walking more difficult, impairing your balance or vision, or affecting your ability to think clearly. In addition, some medications—especially those used to treat mental health conditions—have unwanted effects that can contribute to falls. A drop in blood sugar or blood pressure, both of which can be caused by various medical

conditions or medications, can make you feel dizzy and lead to a fall. Also, if you take more than three medications or if you have fallen in the past, your risk of falling is greater.

Details of your surrounding environment, called *extrinsic* (ex-**trin**-zik) factors, also play a role in falls. These factors include poor lighting, loose rugs or other tripping hazards, slippery floors, and stairways that are too steep or have no handrails.

In addition, certain situational factors can make falling more likely. Examples include walking around in socks, wearing high-heeled shoes, and rushing to answer the telephone.

Most falls are caused by a combination of factors. The more risk factors you have, the greater your chances of falling repeatedly.

How will my doctor evaluate my risk of falling?

If you're aged 65 or older, your doctor should ask you about falls at least once a year. Be sure to mention any falls you've had, big or small. Every fall needs to be evaluated and, in some cases, treated. You also should tell your doctor about any times you have gotten dizzy, lost your balance, or almost fell and discuss any concerns you have about falling. This will help your doctor identify your risk factors, some of which can be modified.

If you've fallen in the past year, your doctor will need to test your balance and *gait* (**gate**)—or, how you walk. One test commonly used is the “Get Up and Go” test. In this test, you sit down in a

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chair (usually without armrests), get up, walk about 8 to 10 ft, turn, walk back to your chair, and sit down. The doctor will time how long it takes you to complete these tasks and watch to see if you are unsteady or have difficulty with any parts of the test.

If you have gait or balance problems, or if you fell more than once in the past year, you will need to undergo a more thorough fall evaluation. Your doctor will have you describe your most recent falls, including where you were, what you were doing, and how you felt before you fell. He or she will review your medical conditions and medications and test your lower body strength, neck and spine, blood pressure, heart rate and rhythm, and vision. You also may need further balance and gait assessment, blood tests, or other tests that check for specific conditions.

Based on the results of this evaluation, your doctor may need to change your medications or treat any conditions (such as an irregular heartbeat or low blood pressure) believed to be contributing to your fall risk. He or she also may refer you to a physical therapist or recommend an exercise program to improve your gait or balance or suggest that you use an assistive device (such as a cane or a walker).

What can I do to prevent a fall?

Although you may want to restrict your movement to avoid falling, doing so actually may put you at greater risk. Regular exercise, when done safely, can improve your strength, balance, and flexibility. Such activities as walking, water workouts, and Tai Chi are helpful for many people. Ask your doctor or physical therapist to recommend safe activities and help you design a personalized exercise plan.

Treatments to increase your flexibility and reduce joint and muscle pain can be performed by a physical therapist and include electrical stimulation (the use of mild electrical currents to make your nerves more active), ultrasound (high frequency sound waves that move and create heat deep inside your muscles), and massage.

Another important step you can take to prevent falls is eliminating hazardous conditions in your home. For example, use bright, soft light bulbs and a night light; remove clutter from your floors; place nonskid treads on the bottom of rugs; and keep items you use frequently in easy-to-reach places. In your bathroom, it may be helpful to install a raised toilet seat and to use a handheld showerhead, shower chair, and handrails while bathing. Avoid wearing shoes that could cause you to trip easily, such as those with very high heels or slippery soles. (If you need special shoes for diabetes or a foot condition, ask your doctor to check that you have the right kind and that they fit properly.)

More information about fall prevention is available on the internet, including the Falls and Older Adults page of the National Institutes of Health's Senior Health web site (<http://nihseniorhealth.gov/falls/toc.html>) and the Preventing Falls Among Older Adults section of the Centers for Disease Control and Prevention's web site (<http://www.cdc.gov/ncipc/duip/preventadultfalls.htm>). ●

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