

Why are falls among the elderly such a concern?

Among older adults (those age 65 and older), falls are the leading cause of both fatal and nonfatal injuries.¹ Roughly 20-30% of falls result in moderate to severe injuries (e.g., hip fractures, broken bones, head injuries) that reduce mobility, independence, and increase the risk of premature death.² Most fractures among older adults are caused by falls, including over 95% of hip fractures.³

Even falls without a major injury can cause an older adult to become fearful or depressed, making it difficult for them to stay active.

How common are falls among the elderly?

Nearly 1 in 3 older Americans fall every year.⁴ As people age, their risk for falls increases. In 2009, adults 85 and older were almost four times more likely to fall than adults 65 to 74.⁵

What are some factors contributing to the risk of falling?

There are internal (physical and medical) factors as well as external (environmental) factors that could cause an older adult to fall.

- **Internal Factors** – Many older adults experience:
 - changes in their muscles and bones, weakness or loss of strength;
 - vision changes, such as adjusting to lightness and darkness, sensitivity to glare, and/or decreasing depth perception;
 - balance problems, automatic reflexes weakening;
 - cardiovascular (heart) difficulties, which can often lead to numbness in the limbs, or loss of blood to the brain, which can cause fainting;
 - medications that can affect their judgment and coordination;
 - chronic and acute diseases (e.g., heart disease, diabetes, arthritis), which a fall can reveal;

- depression and/or sleep deprivation, making them less alert.
- **External Factors** – An older adult's environment or circumstances can also increase the likelihood of falling, including:
 - clutter, unclear walkways, or lack of support systems, such as railings;
 - slippery floor surfaces;
 - lack of proper lighting;

Transitioning from another setting (e.g., their home, independent living apartment, or from the hospital) can also be stressful, especially for those living with dementia, as older adults figure out their new surroundings and daily routines.⁶

Where do falls happen?

Over half of falls take place in a person's home.⁷ Specifically, bedrooms and bathrooms are the most common places for falls.⁸

How can falls or the fear of falling impact quality of life?

A fall can cause a fracture, head injury, or other problem that can change a person's life.

Fractures caused by falls can lead to hospital stays and disability. They can also prevent a person from getting around, doing daily tasks, or socializing.⁹

At the same time, older adults with a fear of falling may limit their activities and social engagements. This can result in further physical decline, depression, social isolation, and feelings of helplessness.¹⁰

If my loved one lives in an assisted living community, why aren't falls prevented?

Falls are not always a reflection of an isolated event or lack of supervision, but often times a sign of other health problems. Generally, assisted living residents are older, have more complex, chronic conditions, and have more difficulty walking than older adults living in their own home. They also tend to have mental health or memory problems, have difficulty with

activities of daily living, and need help getting around or taking care of themselves. These health issues increase their risk for falls.

Ultimately, each resident in an assisted living community is unique with their own set of characteristics and conditions. If risk signs are noted in an assisted living resident, loved ones should talk to staff about conducting an evaluation.

What can residents do to manage their risk for falls?

Muscle weakness is the leading predictor of fall risk. Residents should regularly exercise to improve lower body strength and balance. Orthotics may be used to provide support for joints (i.e., knees, ankles).

Residents also should not shy away from using a walker or cane. Assistive devices are very important in helping many older adults maintain or improve their mobility. However, residents should make sure they use these devices safely. Have a physical therapist fit the walker or cane to each resident and instruct them in its safe use.

Additionally, footwear can influence balance and risk of falls. Residents should wear good-fitting shoes with low heels and firm slip-resistant soles.¹¹

Residents should speak up. If they're concerned about falling, they should bring it up with their doctor, nurses and family.

What can families do to help manage their loved one's risk for falls?

It is very important for the assisted living community to have accurate information on each resident. If they fell at home, chances are very likely they could fall again. Families can help provide staff a fall history and background of their loved one.

Assisted living communities want families to bring personal items to help residents feel more at home, but there are some items that pose a risk and should be avoided, including:

- throw rugs,
- general clutter, and
- overcrowding furniture.

Families should discuss with staff which items are appropriate.

Also, families should encourage their older loved ones to remain physically active. Let them know your concerns, ask for their ideas, and offer your support.

How do I balance my loved one's independence with wanting to protect them from falls?

Helping residents manage their risk of falling is a great way to help them stay healthy and independent as long as possible. Families should communicate with their loved one and their loved one's doctor about their desired independence and the risks that may be associated with this desire.

Disclaimer: The contents of this document may represent some preferred practices, but do not represent minimum standards, "standards of care," or industry-wide norms for assisted living communities.

¹ Centers for Disease Control and Prevention, "Falls Among Older Adults: An Overview": <http://1.usa.gov/1r3Drv1>

² Sterling DA, O'Connor JA, Bonadies J. Geriatric falls: injury severity is high and disproportionate to mechanism. *Journal of Trauma-Injury, Infection and Critical Care* 2001;50(1):116-9.

³ Hayes WC, Myers ER, Morris JN, et al. Impact near the hip dominates fracture risk in elderly nursing home residents who fall. *Calcified Tissue International* 1993; 52:192-198.

⁴ Tromp AM, Pluijij SMF, Smit JH, et al. Fall-risk screening test: a prospective study on predictors for falls in community-dwelling elderly. *J Clin Epidemiol* 2001;54(8):837-844.

⁵ Administration on Aging, "Fall Prevention Programs": <http://bit.ly/1zBTba8>

⁶ HealthCap Continuing Education Seminar. "Still Falling for You? A Modern Look at Fall Prevention."

⁷ National Institutes for Health Senior Health, "Falls and Older Adults, Causes and Risk Factors": <http://1.usa.gov/1xsH004>

⁸ HealthCap Continuing Education Seminar. "Still Falling for You? A Modern Look at Fall Prevention."

⁹ National Institutes for Health Senior Health, "Falls and Older Adults, Frequently Asked Questions": <http://1.usa.gov/1w3qcG5>

¹⁰ National Council on Aging, "Falls Prevention: Fact Sheet": <http://bit.ly/1wQkUJa>

¹¹ Menant, et. al. Optimizing footwear for older people at risk of falls. *Journal of Rehabilitation Research & Development*. Volume 45, Number 8, 2008. Pages 1167-1182.