



Welcome to How to Keep Your Residents Steady and On Their Feet



Handouts

- NCOA Falls Free: Fall Risk self-assessment: QR code
- CDC Home safety checklist
- Providence list of medications associated with increased fall risk
- Providence 6 steps to reduce fall risk



Overview of Event Schedule

- Presentation on fall risk factors, home safety and mobility
- Presentation on medications and medical issues related to fall risk



Our goals today

1. Learn what contributes to having a fall
2. Identify actions you can take to decrease your residents' risk for falls and stay healthy and active
3. Understand that falls are not an inevitable part of aging.

Falls are NOT an inevitable part of aging



What is a fall?

- A fall does not always mean falling to the ground
- It always involves an unexpected change in position



Risk Factors for Falling

You Can Change

1. Gait, strength, and balance issues
2. Hearing and vision problems
3. Behavior and choices, such as not staying active or alcohol use
4. Medications
5. Poor shoes
6. Need for walking aids
7. Home Safety
8. Needing caregiver help
9. Depression/Anxiety

You Cannot Change

1. Age
2. Age-related changes
3. Chronic health conditions
4. Severe illnesses/
acute
hospitalizations
5. Memory and learning issues*

Adapted from Phelan et al., Medical Clinic of NA, 2015

Falls are NOT an inevitable part of aging



Falls Free Screen

- National Council on Aging (NCOA) offers a free online version of the CDC's STEADI falls screen
- Screen can be completed by older adults or by proxy if older adult is not able to fill out on their own

[NCOA's Falls Free CheckUp](#)



Who Falls?

Women report
more falls than
men

Men more likely
to die from a fall

The longer we
live the more
likely we are to
have a fall



A Crisis that no one wants to talk about

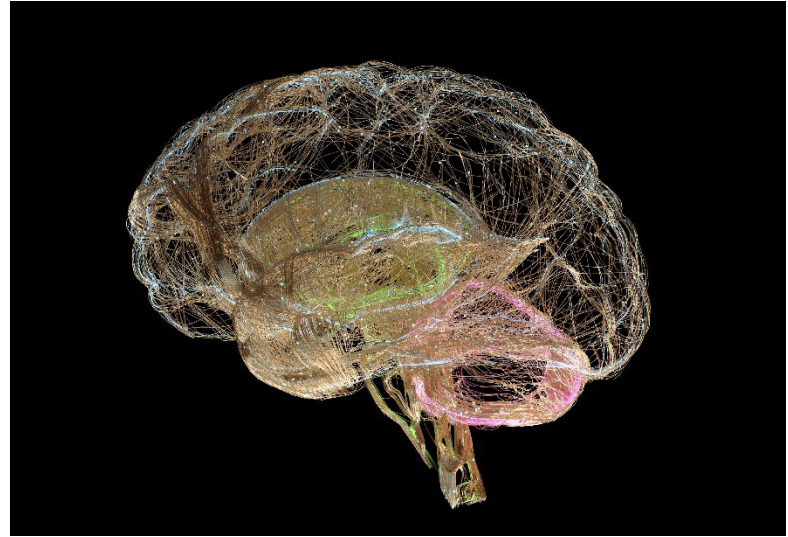
1 out of 4 adults
age 65 years and
older falls each year



But less than half talk to their healthcare provider
about it



Fall Related Injuries



1 out of 5 falls end up in a serious injury (broken bones/head injury)

Women are **3x more likely** to fracture a hip than men



The Cycle of Falling



Behavioral Health: Depression and Anxiety

- Depression increases fall risk (1.5x)
 - Poor sleep
 - Poor appetite and Nutritional deficiencies (Vit D)
 - Some medications to treat depression increase risk
 - Slowed movements and thinking
 - Decreased attention
- Fear of Falling/ Anxiety
 - Fear avoidance



Reducing Fall Risk Together

Other Health Team Members

Primary Care

Ask and
Tell

Meds

Home

Vision

Behavioral Health

Feet

Vitamin
D3

Blood
Pressure

Strength and Balance



Home Safety

- Majority of falls happen in the home.
- A home safety checklist included in your handouts.
- Your fall risk can be reduced by 1/3 with an in-person home safety assessment.
 - Occupational Therapist
 - Extra important if your resident has vision issues, trouble walking, a change in mobility, or impaired cognition.



Home Safety Modifications

Install grab bars



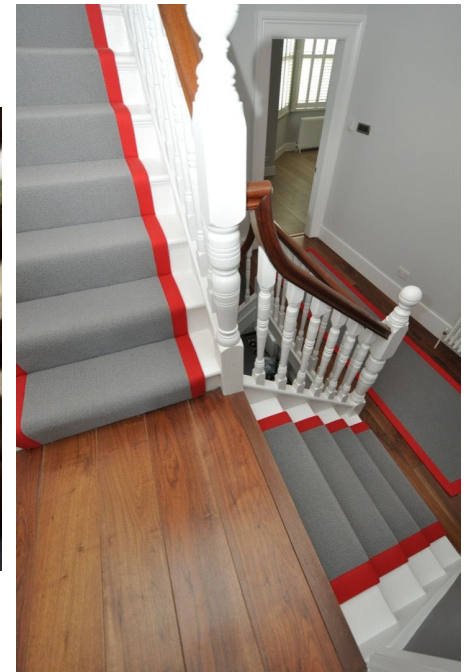
Home Safety Modifications: Lighting

- Make sure all areas of home are well lit
- Night lights are essential
- Take a travel flashlight with when visiting friends or family



Home Safety Modifications

Add contrast to any steps at your home



Home Safety Modifications: Floors



PATHWAYS

- Keep pathways clear of cords, shoes, toys, spills/fluid



RUGS

- Remove throw rugs! OR
- Use double-sided rug tape or have a non-slip backing



Know Their Limits

- Encourage slowing down
- Limit multi-tasking
- Listen to the little voice in your head!
- If you are unsure of their abilities or how to modify an activity, a physical or occupational therapist can help



Reduce Fall Risk – Daytime Strategies for People With Dementia

- Anticipate needs
- Ensure activities/exercise/especially in the AM
- Evaluate physical/functional reasons for incontinence (UTI and constipation are frequent culprits)
 - Use prompted/timed voiding as needed
- Minimize naps and caffeine to ensure quality sleep at night
- Manage pain proactively-consider scheduled Tylenol
- Promote adequate nutrition/hydration- schedule it
 - Both untreated pain and hunger/thirst can make people restless/aggressive



Reduce Fall Risk-Nighttime Strategies for People With Dementia

- **Anticipate** needs
- **Schedule** toileting before bed. Monitor pattern for nighttime awakenings to anticipate toileting needs
- **Manage** pain-evening Tylenol, topical muscle rub, heating pad, gentle stretches
- Adequate nutrition-nighttime snack
- Good nightlights and clear pathways to bathrooms
- No more than ~8 hours in bed; mimic prior sleep

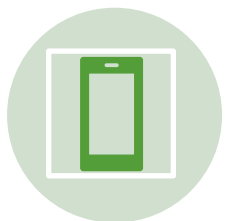


Know How to Help Your Residents Fall Safely

- Their risk is never zero!
- Be sure to bend your knees.
- Protect their head and your back.
- Guide them to land on the meat: buttocks, back, or thighs



Make a Safety Plan!



Keep their phone within reach or carry a cell phone and keep it charged.



Consider a medical alert device, there are many different types.



Work with a physical therapist if you are not sure you can get them up after a fall.



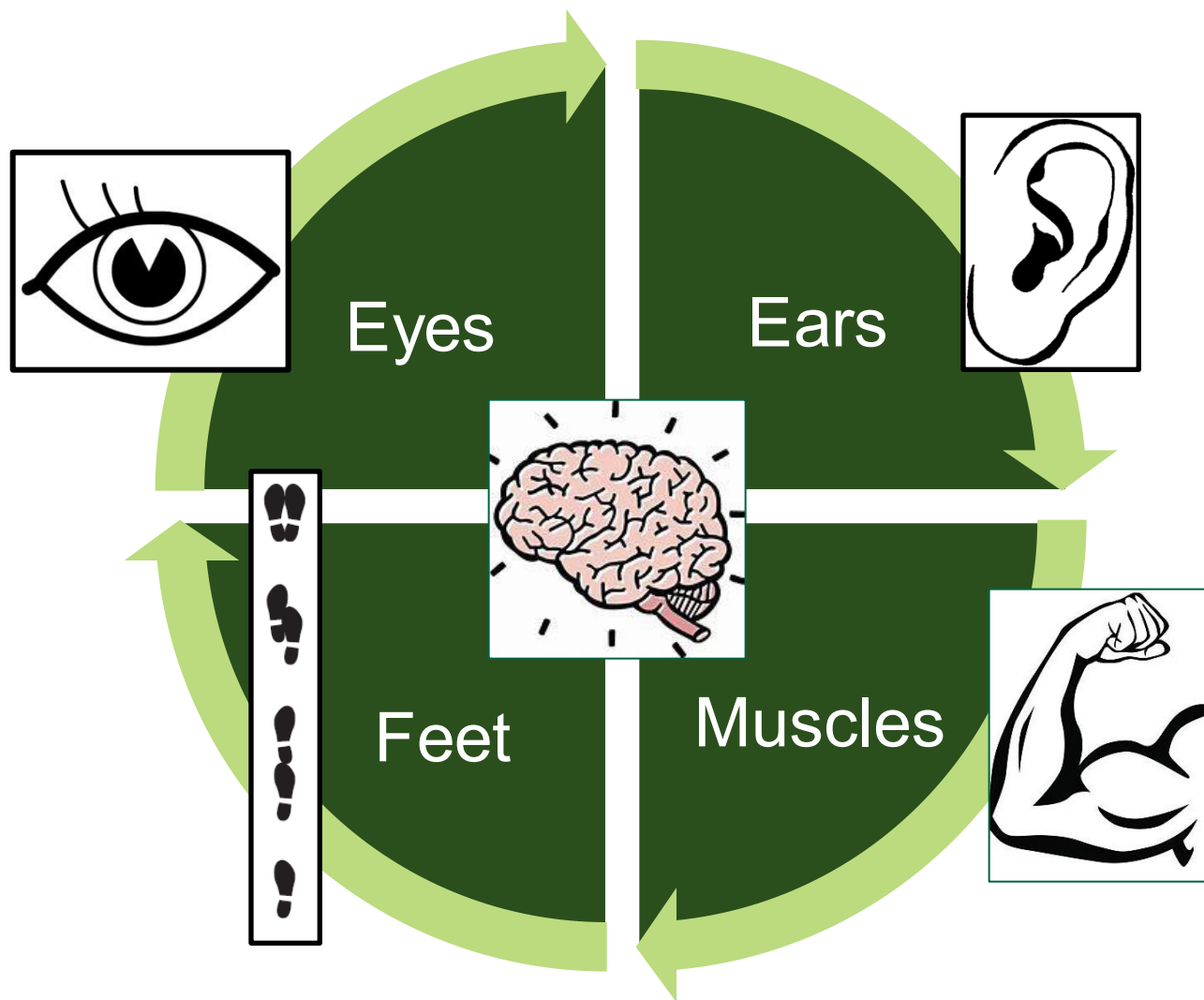
Keep emergency numbers handy and in large print.



Provide a flashlight at the bedside for use at night or in case of power outage.



Balance



Eyes

✓ Have vision checked regularly

🕶️ Keep glasses clean and up-to-date

🕶️ Wear sunglasses to reduce glare

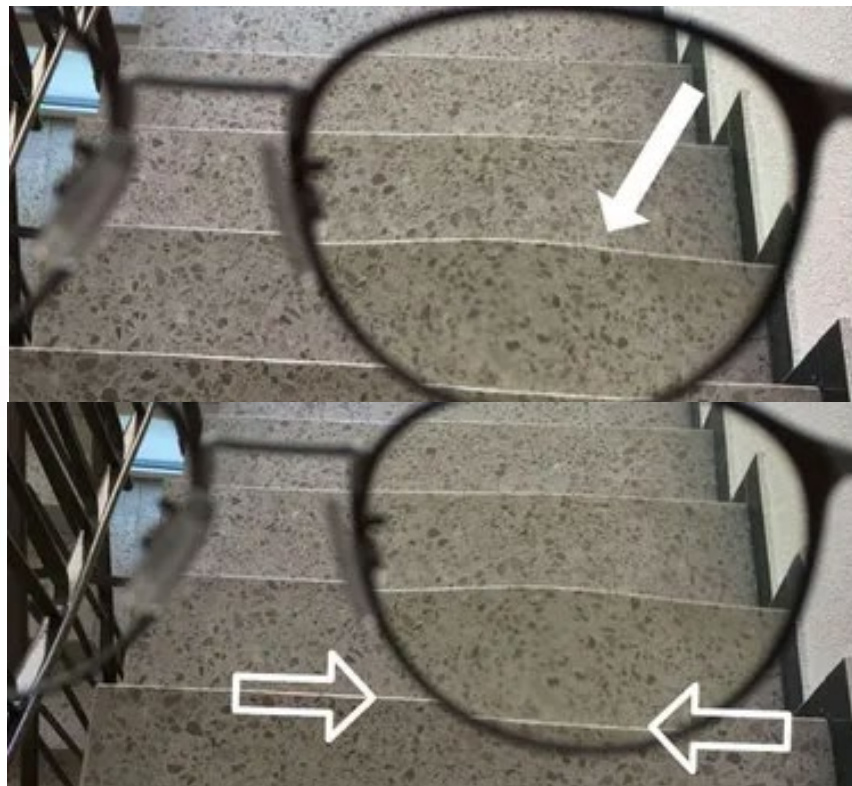
⏸️ Pause when coming in from outside

👣 Look a few steps ahead of you when walking

👨‍⚕️ Work with your doctor to treat cataracts as soon as possible



Multifocal lenses



Wearing bifocal or progressive glasses can make it difficult to see obstacles, curbs or contrasts in surfaces



If your resident wears multifocal lenses

Consider keeping a pair of single vision glasses for stairs and outdoor activities such as walking.



Ears



The inner ear gives you an internal sense of being upright



Vertigo is a treatable problem

Vertigo: A feeling of spinning and a loss of balance.

Tell your primary care provider or physical therapist.



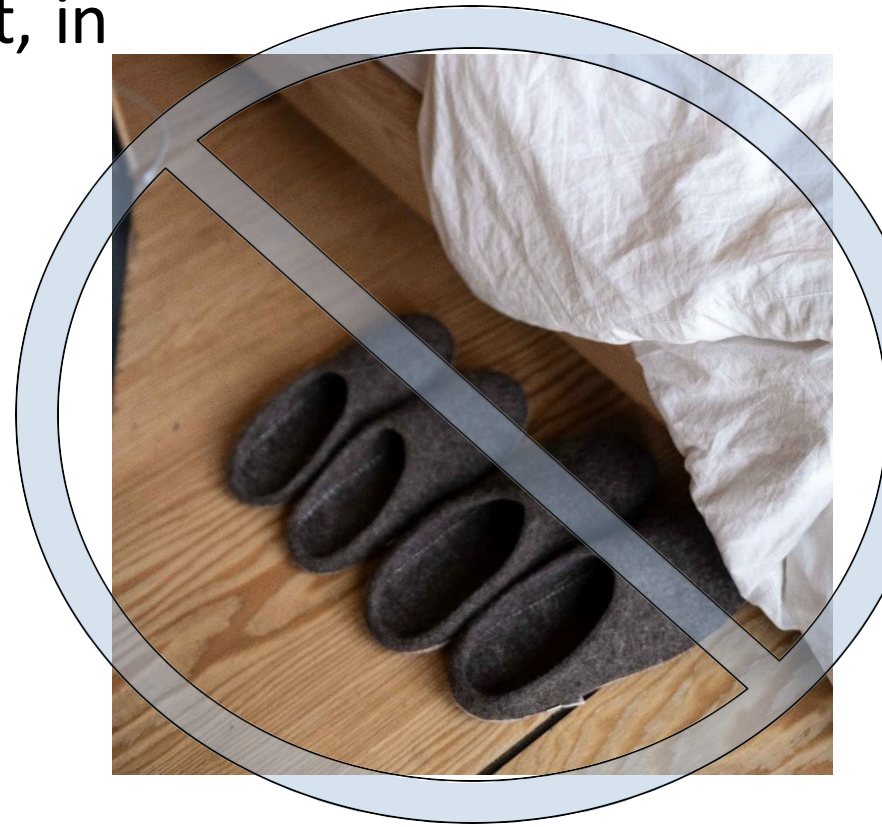
Hearing can also affect your balance

Get your hearing checked every 2 years or sooner if you notice a major change.



Feet: Wear Safe Shoes

- Older adults who walk barefoot, in socks, or flip flops FALL more.
- Wear good fitting shoes and slippers inside and outside of the house.
- All shoes and slippers should have a back and a sole.
- See a podiatrist for pain or sensation issues.



Benefits of Exercise

- Lessen symptoms of depression and anxiety
- Improve muscle strength
- Maintains and builds bone strength
- Reduces risk of falling
- Lowers risk of injury with a fall



A Complete Exercise Program: 3 Ingredients

Endurance + Strengthening + **Balance** = Decreased Fall Risk

1. Endurance activity

- walking

2. Strengthening

- Body weight exercise

3. Balance

- Yoga, Tai Chi



Therapy Experts are Here to Support You!



- Physical Therapists (PTs) and Occupational Therapists (OTs) can help with:
- Exercise for strengthening, flexibility, and balance
- Home safety evaluations and specialized equipment
- Evaluation for the 'right fit' for a walker or cane



Specialty Therapy Experts

- Vestibular for dizziness or vertigo



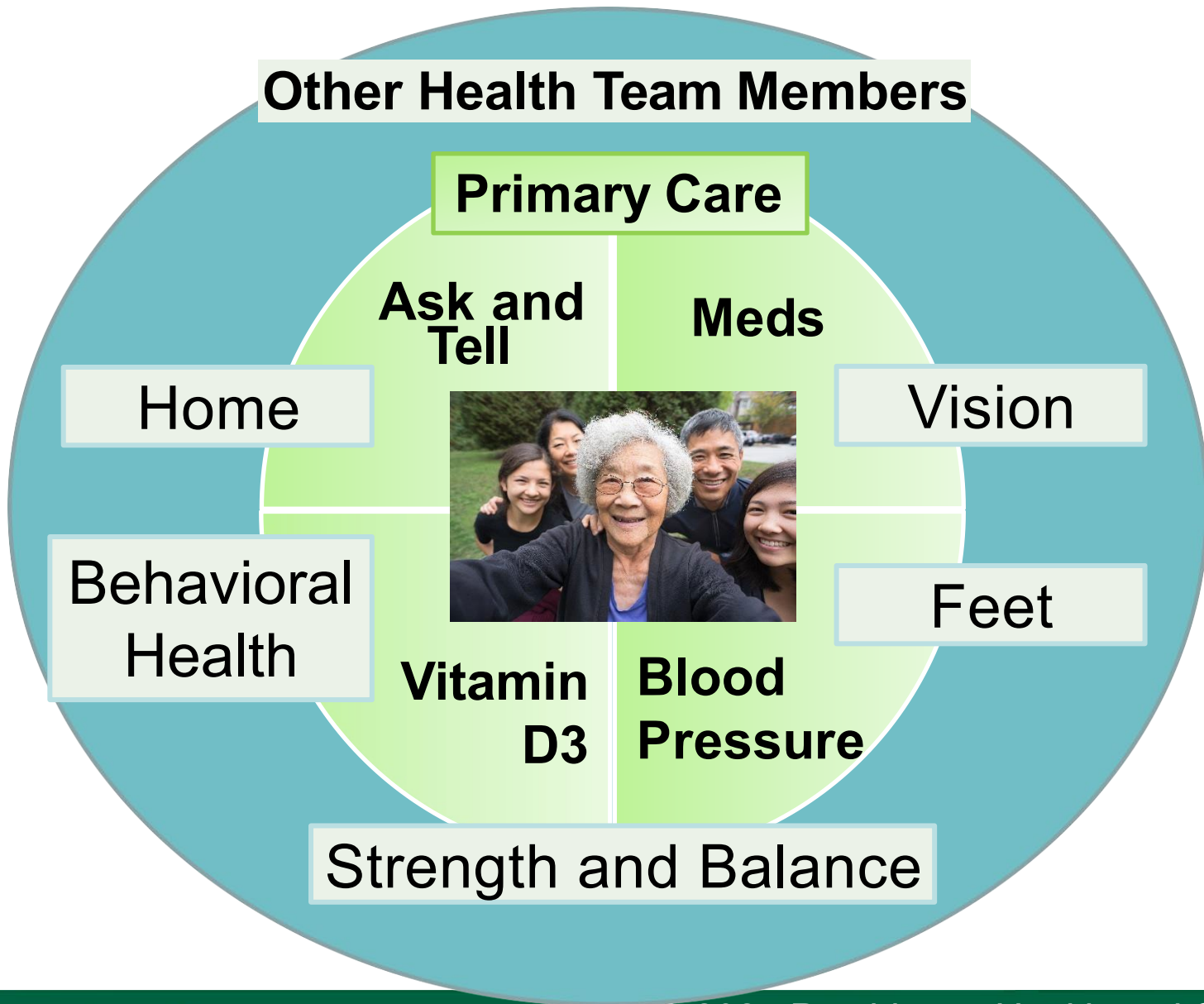
- Pelvic health therapy for men and women to target core strength and incontinence or leaking



- Cognitive therapy if memory or attention is leading to falls



Reducing Fall Risk Together



Best Practices

- **Keep track of falls** or “near misses”
- Make sure to keep an **updated medication list** and review with provider periodically (every 90 or 180 days)
- **4+** medications increase risk of falls



High Risk Medications

Slow down reaction time, cause confusion, dizziness, lower blood pressure.

OTC

- “PM” products
- Benadryl, ZZZquil

Nausea pills

- Meclizine
- phenergan

Pain pills

- Oxycodone, morphine, Norco

Anxiety & older antidepressant pills

- benzodiazepines

Muscle Relaxants

- Cyclobenzaprine
- Tizanidine
- methocarbamol

Bladder Control

- Oxybutynin

Sleeping Aid

- Zolpidem

Alcohol



Scenarios that Increase Bleed Risk

May cause drowsiness, sedation



↙ ↘ May interact with other medications



May cause movement disorders and affect blood sugars/weight



Falls can increase bleed risk if on anticoagulants (“blood thinners”) -apixaban, rivaroxaban, warfarin, aspirin 81 mg



Alcohol increases fall risk!

- Decreases coordination, mobility, balance, reaction time
- Worsens blood pressure, memory issues, mood, diabetes, digestive issues, osteoporosis, liver damage
- Interacts with prescribed drugs



5 oz at 12% ABV



12 oz at 5% ABV



1.5 oz at 40% ABV


Recommended limit:

2 drinks daily for men, **1** drink for women




Blood Pressure changes

- As you age, blood pressure can drop from sit to stand
 - Bigger change with the more medications



Measure and keep track of BP values
(if ordered)




Symptoms of low BP: lightheaded, dizzy, blurred vision, fatigue

Change positions slowly



Drink 50-60 oz of fluids (limit after 5pm)



Blood sugar changes



Low blood sugars can cause falls!

- Low blood sugar (below 80)
 - insulin, glipizide, glimepiride
- Symptoms: irritable, shaking, sweating, headache
- Have a reliable way to check blood sugar: glucometer + strips
 - Faster than checking continuous glucose monitor on arm
- Fast- acting sugars (hard candies, juice, regular soda)
- Recheck sugar –report to pharmacist or provider



Insulin Administration

- Fast acting Insulin (“mealtime insulin”)
 - Examples: lispro (Humalog), aspart (Novolog), glulisine (Apidra)
 - When to give: with meal – **eat meal within 5 minutes** of injection
 - When to check sugar: **before meal**
- Long acting Insulin (“basal insulin”)
 - Examples: glargine (Lantus), degludec (Tresiba)
 - When to give: in morning or before bed
 - When to check sugar: in morning **before any food**
- Always voice questions, clarifications, or concerns over insulin orders!



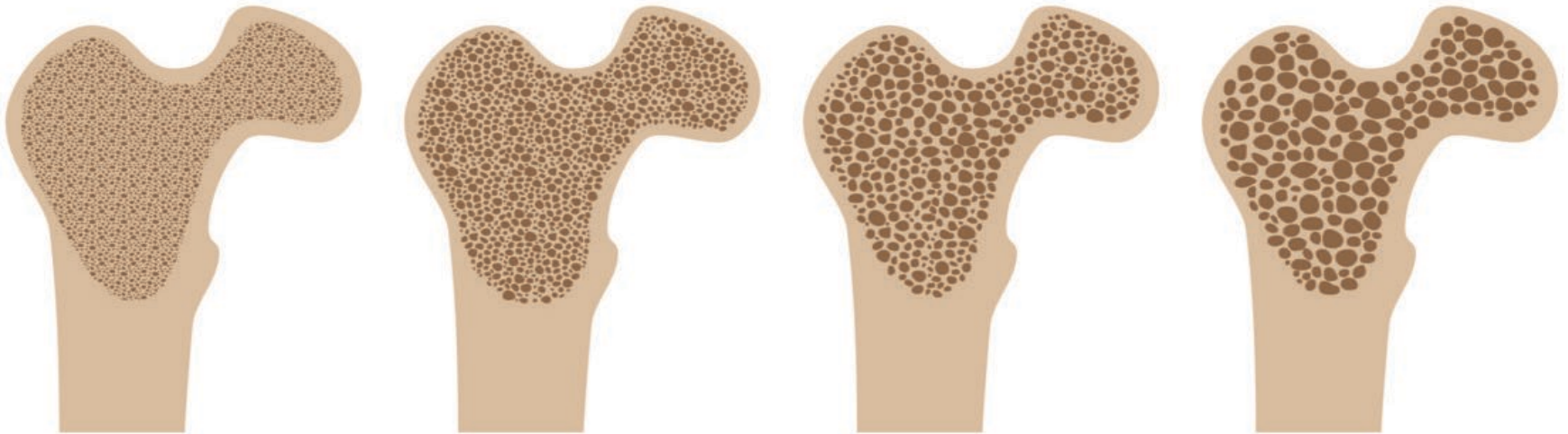
Osteoporosis

Fragile bones can break (fracture) easily

Osteoporosis medications can lower fracture risk

- Half of women >50 years will have a fracture due to osteoporosis

- Alendronate, ibandronate
- Vitamin D & Calcium



Protective Medications

Vitamin D3 & Calcium

- Increase muscle strength
- May decrease falls/fracture
- VitD helps the body absorb Calcium better
- Best source of Ca is from diet

Bisphosphonate (alendronate, ibandronate)

- Taken once weekly
- Empty stomach – 30 min before food & medications!
- Upright for at least 30 min (sitting, standing, walking)



In Summary

- Medications can increase risk of falls
 - Affect reaction time, increased sedation
 - Low blood pressure, low blood sugar
- You & your team can make a huge difference!
 - Daily interactions, observations
 - See something, say something!



Thank you for listening!



Email for questions or comments: orseniorhealthprogra@providence.org

