

Reducing your risk of falls as you age

Written by meg sibal, m.d.

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WITH age, taking a tumble can have greater consequences, including hip fractures and traumatic brain injuries — each year, one in three seniors falls, and one in five of those falls results in a serious injury, says the December 2015 issue of the Harvard Medical School Harvard Women’s Health Watch.

Dr. Jonathan Bean, an associate professor of physical medicine and rehabilitation at Harvard Medical School explains that falling is more than a way to get hurt; it may also be a sign that you’re losing skills needed to maintain mobility.

“That’s why falls are part of a larger concern, because they can set people down the path to disability,” he says.

Falls can result from several risk factors: some — like poor balance or poor vision — have to do with your physical condition; while others — like icy sidewalks or uneven terrain — come from the environment. But the good news is there is a lot you can do to reduce both types of risks.

To assess your risk of falling, health care providers have several tests they can do in the office.

For instance, a recent study of 755 Boston area adults over 70 indicated that a simple test

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called the “chair stand” is the strongest predictor of falls — it involves sitting in a straight-backed chair and rising to a standing position without using your arms.

Taking longer than 16.7 seconds to complete five repetitions of the exercise indicates an increased risk of falls, especially in individuals who have fallen previously.

You may be referred to a rehabilitation or exercise facility for strength and balance training, if you and your doctor determine that your risk of falling is high.

For mobility problems, research has shown that the most beneficial types of exercise are those that focus on progressive training for strength (force) and power (force plus speed) — this doesn't mean isolating specific muscle groups and performing exercises to strengthen them but finding exercises that work on several muscle groups required for the things you do in real life.

While a sturdy pair of legs will shore you up, having a robust torso is even more important.

Strengthening your abdomen, back and hip girdle — the core muscles — is not so much a matter of achieving a flat stomach as gaining ability to sit up for longer periods of time.

For many older adults, exercises need to be close to the kinds of activities you need to stay independent — getting out of a chair without using your arms, climbing stairs, or reaching a high shelf, says Dr. Bean.

While walking is great for improving aerobic capacity and lowering the risk of several degenerative diseases, it hasn't been shown to reduce the risk of falling — in fact, individuals who are at high risk of falling increase their risk of subsequent falls by taking walks.

On the other hand, some evidence has shown that activities like yoga and tai chi, which improve balance and coordination, as well as core strength, may help to prevent falls — many of the movements, such as lunging, stepping, turning and reaching, are similar to the movements we

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need to remain independent.

A few small studies show that learning tai chi also increases confidence and reduces the fear of falling.

Whatever exercise regimen you choose, it's important that it be progressive — once you reach the point where it takes only a 4 or 6 effort to complete an exercise (out of a 10 for your absolute limit), you should find ways to increase the effort, either by doing more of the exercises in the same time period or substituting a more challenging exercise, says Dr. Bean.

Factors that can increase your risk of falls include:

Health-related issues:

- **Chronic pain** — Pain is a risk factor for falling — painful joints, a sore back, or an aching neck can distract you from noticing hazards in your path, as well as hamper your mobility, throw you off balance, or make it difficult to maintain your balance. Talk to your doctor about pain medications that won't increase your risk of falls — over-the-counter pain relievers, such as nonsteroidal anti-inflammatory drugs (aspirin, ibuprofen and naproxen) or acetaminophen may be reasonable short-term options, says the health letter.
- **Poor vision** — This is a great impediment — it's easy to trip when you can't make out the edge of a stair or recognize an object in your path. Wearing reading glasses or new multifocal lenses when walking can increase your risk of falls by affecting your depth perception. Have your annual vision exam; if you need your distance vision corrected, consider single-vision lenses.
- **Foot problems** — As your contact with the ground, your feet are central in preserving your balance — a) If you have foot pain from the myriad conditions that commonly cause it, such as corns, calluses, bunions, arthritis, ingrown or fungal toenails, it's important to see a podiatrist; b) If you are at risk for falls, a comfortable, supportive shoe is essential and avoid high heels at all costs; and c) If you have neuropathy, a walking stick can help you "feel" the ground beneath your feet.

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- Medication side effects — Many types of drugs increase the risk of falling, so it's important to review all of yours with your doctor. Once you have fallen, it may be time to take stock of all medications — both prescription and over-the-counter — that you're taking: bag them up and take them to your next primary-care appointment.

Dealing with the environment:

- Improve lighting — a) Make sure every area is well-illuminated; b) Wall switches should be accessible; c) Use nightlights to mark hallways and bathrooms; and d) Ropes of LED lights can be used to outline stairs.

- Provide handholds — a) Install grab bars in the bathroom; and b) See that stair railings are secure.

- Remove obstacles and hazards — a) Clear clutter from the floor; b) Move furniture to create a wide berth when you pass from room to room; c) Keep cords and cables near the walls where you can't trip on them; d) Use double-sided tape to secure area rugs; and e) Stick on decals for traction in the bathtub.

- See to your soles — a) Shoes with ridges and treads on the soles are essential for outdoor activities — hiking boots and sneakers are good options and many dress shoes now have nonskid rubber soles; b) If you must walk on ice, consider getting a pair of crampons that attach to your shoes or boots; and c) Indoors, if you have wood or tile floors, it isn't a good idea to pad around in stocking feet — if you want to go shoeless, slip into a pair of slippers with textured soles and good support.

To assess your risk for falling, "Validating an evidence-based, self-rated fall risk questionnaire (FRQ) for older adults," Rubenstein LZ, et al, Journal of Safety Research (Dec 2011), Vol. 42, No. 6, pp493-9, Centers for Disease Control and Prevention, is offered:

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Question points for a 'yes' answer

- Have you fallen in the past year? — 2
- Do you use a cane or walker to get around safely? — 2
- Do you steady yourself by holding on to furniture? — 1
- Do you often have to rush to the toilet? — 1
- Do you have difficulty stepping onto the curb? — 1
- Are you worried about falling? — 1
- Do you need to push yourself out of a chair? — 1
- Have you lost some feeling in your feet? — 1
- Do you take medication that makes you feel lightheaded? — 1
- Do you often feel sad or depressed? — 1

If your score is 4 or higher, discuss your risk with your doctor, the health letter concludes.