



## FALL MANAGEMENT PROGRAM





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### **Elderly Falls: Ages 85 years and Older**

- **Injury related deaths: 57% caused by a fall**
- **Over 46% fall annually (1)**
  - **Over 41% have severe injuries with hospitalization**
    - + **43% are hip fractures (2)**
    - + **31% are head, and spinal injuries (3)**
    - + **18% are leg, arm, rib and other fractures**
    - + **8% are other injuries**

Notes: (1) 65 to 85 years old: over 33% fall annually  
(2) 20% die in the first twelve months  
(3) upto 30 % die in the first six months

Sources: National Center for Injury Prevention and Control Website



## Severe Fall Injuries

Who's at risk?  
Experienced a severe injury?  
Want to reduce the risk?

## Fall Management Program

Causes and Reducing Risk  
Safe "Home" Safety Checklist  
Fall Risk Analysis and Assessment  
Assessment Results



## **FALL RISK AID FOR THE CLIENT/CARE RECIPIENT/FAMILY MEMBERS**

### **Causes**

While it is impossible to prevent the elderly from falling and being injured, some falls are preventable! Understanding the causes of falling is the first step towards fall reduction. There are three categories of risk factors (or, at risk of falling factors) – intrinsic, extrinsic and caregivers.

**Intrinsic Risk Factors** (internal or physiological) – the family, client and care recipient have limited ability to control them:

- decreased strength
- foot problems
- decreased vision
- medical conditions
- medications

**Extrinsic Risk Factors** (environmental or external to the body) – the family, client and care recipient have significant control of most of them:

- uneven or slippery surfaces
- poor lighting
- general activity level
- timing demands (rushing or in-a-hurry)

**Caregiver Risk Factors** include (in all facilities and with under utilized caregivers at home):

- not enough time and assistance given the client
- toileting schedule not maintained
- client's needs are not anticipated
- calls from clients are not answered promptly
- night-time assistance not available

Ongoing, the family, client and care recipient can reduce the risk of falling, as follows:

- Exercise-Exercise-Exercise
- Annual Vision Check-up
- Annual Medication Review with Health Provider
- Environmental Review and Modification -  
See the "Safe Home Safety Checklist"

## **Reducing Risk**

- 1) **Regular Exercise Program:** Proven many times in many different studies, exercise is one of the most important ways to reduce risks of falling. It makes you stronger and helps you to feel better. Exercises are intended to improve balance, strength, flexibility and mobility – these are the most useful.
- 2) **Annual Vision Examination (check-up):** Our eyes also experience significant changes as we age. We become more susceptible to cataracts and glaucoma which when left untreated can severely limit vision. Poor vision, uncorrected, will increase chances of falling. Annual vision examination is just as important as an annual physical examination.
- 3) **Annual Medication Review:** Doctors need to review all medicines prescribed on an annual basis (including ones that do not need prescriptions, such as cold medicines). As seniors age, the way some medicines work in the body can change. Some medicines can induce drowsiness or light-headedness which will lead to a fall. When warranted, a medicine review, by the doctor, should occur when these symptoms occur, at any time.
- 4) **Environmental Review and Modifications:** The design, layout and cleanliness of the home are important in fall prevention. Our “Safe Home Safety Checklist” (page 3) is yet another way the family can provide a safe environment for their family member.

## **Safe Home Safety Checklist**

**Bathrooms.** All bathrooms should have the following items installed:

1. Grab bars in the showers.
2. Non-slippery surface or non-slip mats in the showers.
3. Bath bench always available to eliminate the need to stand in the shower.
4. Hand-held shower to make bathing easier.
5. Grab bars and raised toilet seats with arms.
6. Night light which is always left on.
7. Non-slip flooring.
8. All lighting will use 75 watt bulbs or more.

**Bedrooms.** All bedrooms should have the following items installed:

1. Night light which is always left on.
2. All lighting will use 75 watt bulbs or more.

**Hallways.** All hallways should have the following items installed:

1. Night light which is always left on.
2. All lighting should use 75 watt bulbs.

### **General Safety Implementations:**

1. Access to stairs should be removed throughout the home.
2. Carpets should be securely fastened down throughout and around all edges.
3. Throw rugs should not be used.
4. Area rugs should not curl up on the ends; they should have rubber backing to prevent slipping and tapped down around the entire underneath outer edge.
5. Any burned-out light should be replaced within 24 hours unless the light is the only light in a now darkened area – it should be replaced immediately.
6. Low profile chairs and couches should not be used.
7. All walkways, living areas and in general, all rooms, should be free of clutter at all times.
8. Step stools should not be used by clients.
9. Non-slip shoes should be worn by clients and caregivers at all times (shoes with rubber soles are the only type recommended).

## Fall Risk Analysis and Assessment

Group	Risk Factor Element	Weight	Yes	No
1	General Muscle Weakness	4.4	_____	_____
1	History of Falls	3.0	_____	_____
1	Gait Deficit	2.9	_____	_____
1	Balance Deficit	2.9	_____	_____
		Total		
			Yes	
2	Use Assistive Devices	2.6	_____	_____
2	Vision Deficit	2.5	_____	_____
2	Arthritis	2.4	_____	_____
2	ADL Deficit	2.3	_____	_____
2	Depression	2.2	_____	_____
		Total		
			Yes	
3	Cognitive Deficit	1.8	_____	_____
3	4 or More Medications	1.7	_____	_____
3	Age Above 80 Years	1.7	_____	_____
		Total		
			Yes	

Fall Risk

Assessment: High Risk \_\_\_\_\_ Elevated Risk \_\_\_\_\_ Minimal Risk \_\_\_\_\_

Date \_\_\_\_\_.

Evaluation By: \_\_\_\_\_  
Print Name
Signature

High Risk:           a) existence of any risk factor elements from Group 1  
                           b) existence of any two (2) risk factor elements from Group 2  
                           c) any two (2) risk factor elements from Group 3 and any one (1) risk factor element from Group 2

Elevated Risk :    a) existence of one (1) risk factor element from Group 2 only  
                           b) existence of two (2) risk factor elements from Group 3 only

Minimal Risk: a) existence of any one (1) risk factor element from Group 3 only

## Assessment Results

- High Risk: Anytime the care recipient is mobile, someone should always be immediately next to the care recipient to provide any immediate assistance that may be needed. **A high fall risk client should never be mobile without this level of assistance.**
- Elevated Risk: Care recipient should only be mobile when someone is in the same room.
- Minimal Risk : Care recipient may be mobile at anytime without someone in the same room. But, someone should be in the home with the care recipient.

The Fall Risk Aid is for information purposes only. The information contained herein is readily available in libraries, the internet and other sources in the public domain. This document is for information only for the client, care recipient and the family.

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