



## GERIATRIC EDUCATION SERIES FALLS

### FALLS CASE STUDY – MRS. FRIED

Mrs. Fried is an 82-year-old woman who lives alone in a bungalow. Her husband passed away 4 years ago and her son lives out of town. She goes out at least twice weekly “to run errands” and has close friends that she sees regularly. She is independent with ADLs and IADLs and still drives. Mrs. Fried walks with a cane but only when outside because she prefers to use her furniture to support her balance when at home. She fell once last winter after slipping on ice, resulting in a fractured wrist. She had a minor tumble when she bent down to wipe up a spill in her kitchen 3 weeks ago and bumped her head against a low cabinet drawer. “Luckily I have a hard head!” She has pain in her knees most days, especially if she walks too far or takes the stairs. She avoids walking if she can.

PAST MEDICAL HISTORY	MEDICATIONS
Hypertension	Perindopril 8mg 1 tablet daily Amlodipine 10mg 1 tablet daily Lasix 20mg 1 tablet daily
Type II diabetes	Metformin 500mg 1 tablet twice daily
Osteoarthritis (knees)	Celebrex 100mg 1 tablet daily Tylenol Nighttime PRN
Urinary urge incontinence	Tolterodine ER 4mg 1 tablet daily
Depression (4 years ago)	Celexa 20mg 1 tablet daily
Insomnia	Oxazepam 10mg 1 tablet at bedtime
Osteopenia (diagnosed 10 years ago)	
Mild Cognitive Impairment	
Presbyopia (wears bifocals)	
Cataract surgeries	
Non-smoker	
No regular alcohol intake	

#### DISCUSSION QUESTIONS

IDENTIFY	1. What do we know about Mrs. Fried’s history of falls? 2. What are her potential risk factors for falls?
SCREEN/ASSESS	3. What additional questions would you ask her? 4. What other formal assessments would you complete?
INTERVENE	5. What strategies and interventions would you recommend?
APPLY	6. How would you this apply to your work context?