



# Champlain Stay on Your Feet Program®

Fall Prevention Module for Regulated Health Professionals

# Course Outline- Fall Prevention (FP)

Who is it for:

Registered Health Professionals (RHP)

Duration:

The module will take approximately 40 minutes to complete.

Course Outline:

- Champlain F.P. screening & assessing FP with older adults
- Educating older adults on how to reduce their risk for Falls

Adapted with permission from Champlain Home and Community Care learning module for Regulated Health Professionals.

We are very grateful to HCC for their support and to all other organizations who have contributed including the Regional Geriatric Program of Eastern Ontario, Public Health, Heartwise Exercise and the Champlain Fall Prevention Steering Committee.

2020



# Learning Objectives

**This training  
will enable  
you to:**

- Understand why falls matter to both older adults & the health care system.
- Know the risks that contribute towards falls, and be prepared to start the conversation and share knowledge with older adults & caregivers about how to reduce the likelihood of falls.
- Know how to screen and assess, provide treatment and intervention, and refer clients using the Champlain F.P resources.
- Implement and use the Stay on Your Feet strategies & resources as necessary.
- Obtain resources @ [www.stopfalls.ca](http://www.stopfalls.ca)

# Fall Prevention- Definition

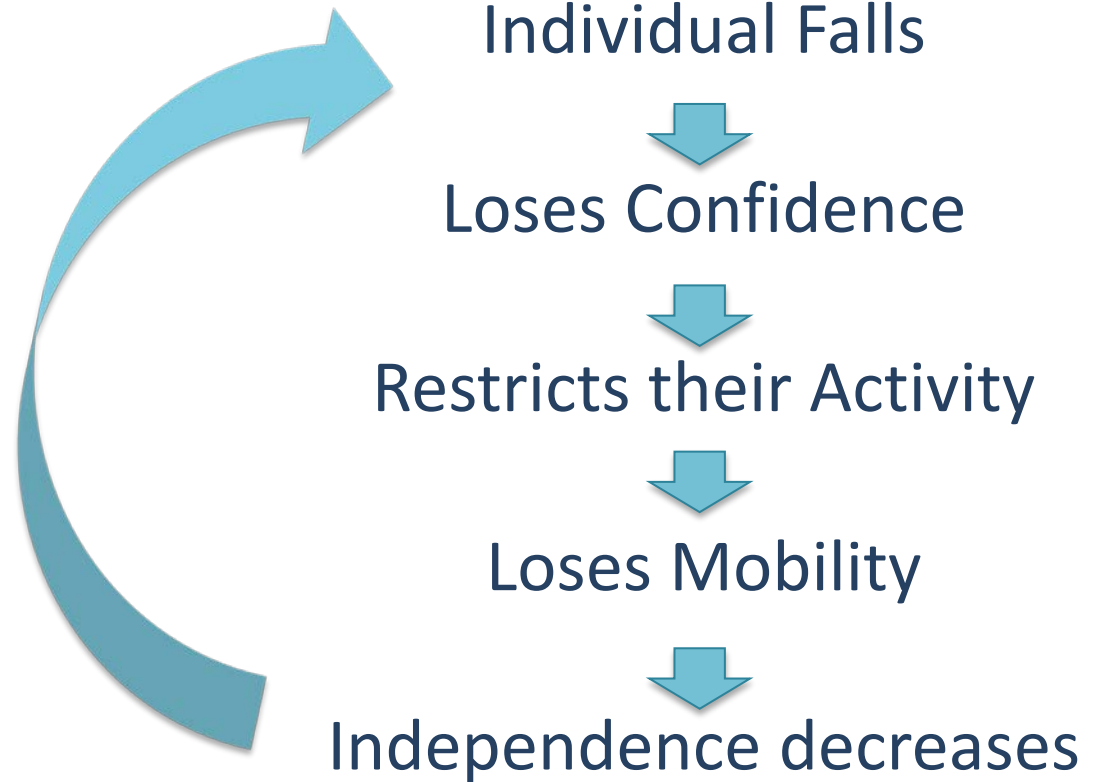
**A Fall is** "an event which results in a person coming to rest inadvertently on the ground or floor or other lower level with or without injury".

**Near Fall:** *when a potential fall is averted through purposeful actions*

World Health Organization. (2007, 2016) WHO Global Report on Falls Prevention in Older Age.

# Why is it important to prevent Falls?

## Post Fall Syndrome



Can be a vicious cycle!

*Think of all the people one fall can affect...*

# SENIORS' FALLS IN CANADA

FALLS are the LEADING CAUSE OF INJURY among older Canadians:  
20-30% of seniors experience 1+ falls each year.

## FALLS CAUSE:

85% of seniors' injury-related hospitalizations

95% of all hip fractures

\$2 Billion a year in direct healthcare costs

over 1/3 of seniors are admitted to LONG-TERM CARE following hospitalization for a fall



The average Canadian senior stays in hospital 10 DAYS longer for falls than for any other cause



Falls can result in chronic pain, reduced mobility, loss of independence and even death



50% of all falls causing hospitalization HAPPEN AT HOME

↑ INJURIES due to falls rose 43% between 2003 and 2008

↑ DEATHS due to falls rose 65% between 2003 and 2008

The good news is that falls are preventable and action can be taken by all.

READ THE FULL REPORT FOR MORE AT:

[www.publichealth.gc.ca/seniors](http://www.publichealth.gc.ca/seniors)



Canada



# More Fall Facts

# 1 in 3

adults 65 and older, and **half** of adults 80 and older fall at least once a year \*

**BUT...**Falls are not a normal part of aging **And there are things you can discuss to reduce the older adult's risk!**

# Independent Risk Factors

1

- Previous fall within the past year

2

- Major change in mobility, gait or balance

50%

of patients fall a second time within a period of a year after a fall.



# Helping Older Adults to Recognize their Fall Risk

## – Staying Independent Checklist (SIC)

### Are You at Risk for Falls?



Champlain Region  
Patient, Family and Caregiver  
Education Program

Falls are the main reason why older people lose their independence.



- ✓ Check your fall risk with the **Staying Independent Checklist**.
- ✓ Use this checklist every year and discuss changes with your doctor.

**More information:**  
Your local public health agency,  
[champlainhealthline.ca](http://champlainhealthline.ca) or  
[stopfalls.ca](http://stopfalls.ca)

Primary Care Providers: for screening, assessment and program resources, please go to [stopfalls.ca](http://stopfalls.ca)

PED 7 (03/2019)

### Complete the Staying Independent Checklist

Please circle "Yes" or "No" for each statement below.		Why it matters
Yes (2)	No (0)	I have fallen in the last 6 months. People who have fallen once are likely to fall again.
Yes (2)	No (0)	I use or have been advised to use a cane or walker to get around safely. People who have been advised to use a cane or walker may already be more likely to fall.
Yes (1)	No (0)	Sometimes I feel unsteady when I am walking. Unsteadiness or needing support while walking are signs of poor balance.
Yes (1)	No (0)	I steady myself by holding onto furniture when walking at home. This is also a sign of poor balance.
Yes (1)	No (0)	I am worried about falling. People who are worried about falling are more likely to fall.
Yes (1)	No (0)	I need to push with my hands to stand up from a chair. This is a sign of weak leg muscles, a major reason for falling.
Yes (1)	No (0)	I have some trouble stepping up onto a curb. This is also a sign of weak leg muscles.
Yes (1)	No (0)	I often have to rush to the toilet. Rushing to the bathroom, especially at night, increases your chance of falling.
Yes (1)	No (0)	I have lost some feeling in my feet. Numbness in your feet can cause stumbles and lead to falls.
Yes (1)	No (0)	I take medicine that sometimes makes me feel light-headed or more tired than usual. Side effects from medicine can sometimes increase your chance of falling.
Yes (1)	No (0)	I take medicine to help me sleep or improve my mood. These medicines can sometimes increase your chance of falling.
Yes (1)	No (0)	I often feel sad or depressed. Symptoms of depression, such as not feeling well or feeling slowed down, are linked to falls.
<b>TOTAL</b> _____		<b>Add up the number of points for each "yes" answer.</b> <b>If you scored 4 points or more, you may be at risk for falling.</b> <b>Discuss this brochure with your doctor or health-care provider.</b>

This checklist was developed by the Greater Los Angeles VA Geriatric Research Education Clinical Center and affiliates and is a validated fall risk self-assessment tool (Rubenstein et al. J Safety Res; vol. 42, n°6, 2011, p. 493-499). Adapted with permission of the authors.

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Talking with an older person and encouraging them to complete the Staying Independent Checklist allows them to recognize potential risk factors.

Older Adult and/or family can make an appointment to see their primary practice with concerns.

**An older person's fall risk should be screened on a regular basis by direct health-care providers.**

**Further fall assessment depends on presenting symptoms.**

## **BEST PRACTICES SUGGEST SCREENING:**



on admission to the program, unit or service



once yearly review



following a fall



or significant change in health status



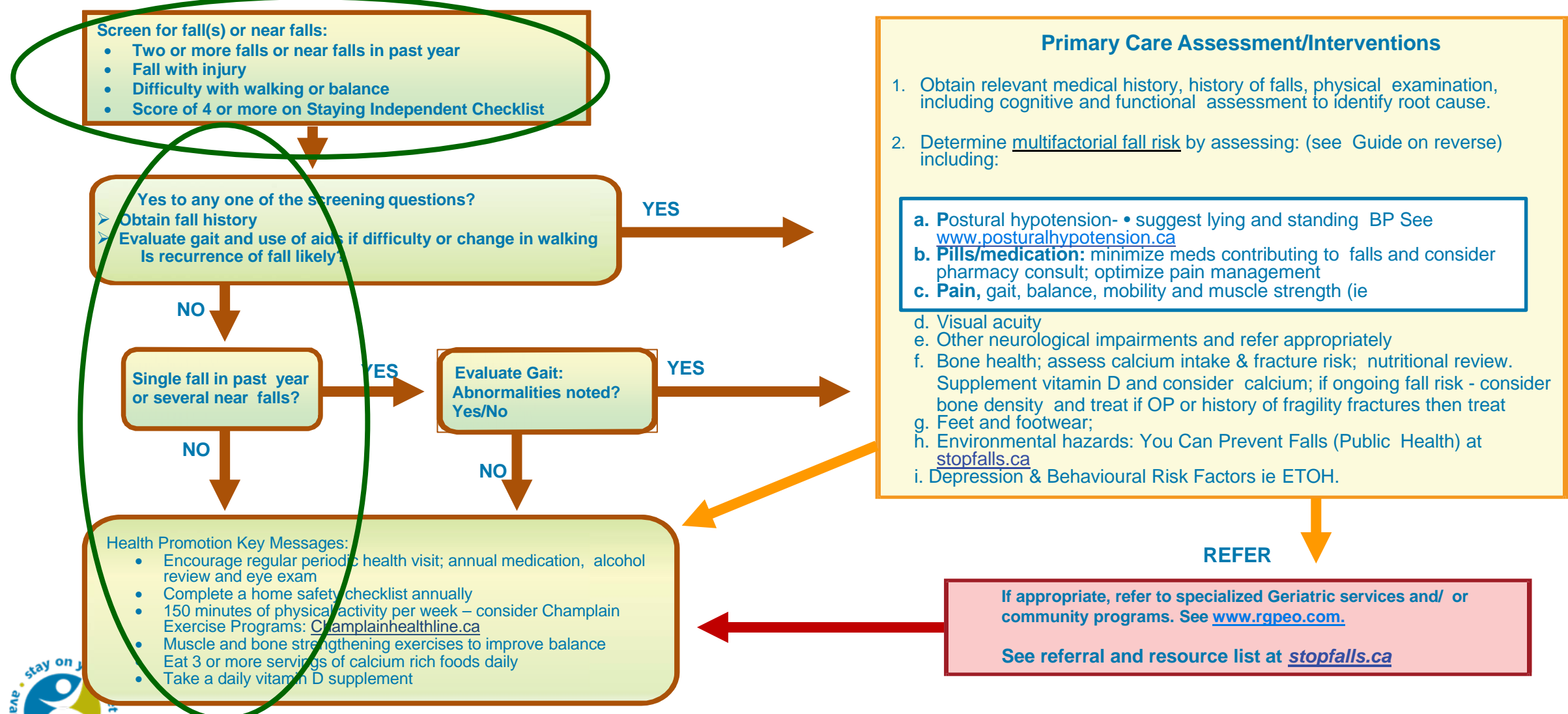
Use a validated and consistent screening tool

- = Community Health Agencies
- = Primary Care Providers
- = Specialized or Tertiary Care Providers

# Champlain Falls Prevention Strategy: Stay on Your Feet® Screening Algorithm



All adults 65+ should be screened for falls on an **annual basis** in community programs or with a Primary Care Practitioner. Consider a self-screening tool: "Staying Independent Checklist" \*



### Primary Care Assessment/Interventions

1. Obtain relevant medical history, history of falls, physical examination, including cognitive and functional assessment to identify root cause.
2. Determine multifactorial fall risk by assessing: (see Guide on reverse) including:
 

- a. **Postural hypotension**- • suggest lying and standing BP See [www.posturalhypotension.ca](http://www.posturalhypotension.ca)
  - b. **Pills/medication**: minimize meds contributing to falls and consider pharmacy consult; optimize pain management
  - c. **Pain**, gait, balance, mobility and muscle strength (ie

  - d. Visual acuity
  - e. Other neurological impairments and refer appropriately
  - f. Bone health; assess calcium intake & fracture risk; nutritional review. Supplement vitamin D and consider calcium; if ongoing fall risk - consider bone density and treat if OP or history of fragility fractures then treat
  - g. Feet and footwear;
  - h. Environmental hazards: You Can Prevent Falls (Public Health) at [stopfalls.ca](http://stopfalls.ca)
  - i. Depression & Behavioural Risk Factors ie ETOH.

**REFER**

If appropriate, refer to specialized Geriatric services and/ or community programs. See [www.rgpeo.com](http://www.rgpeo.com).

See referral and resource list at [stopfalls.ca](http://stopfalls.ca)



# Reinforce Health Promotion Key Messages

Encourage regular periodic health visit; annual medication, alcohol review and eye exam




Complete a home safety checklist and the Staying Independent Checklist annually

150 minutes of physical activity per week – consider Champlain Exercise Programs:  
[Champlainhealthline.ca](http://Champlainhealthline.ca)

Muscle and bone strengthening exercises to improve balance

Eat 3 or more servings of calcium rich foods daily

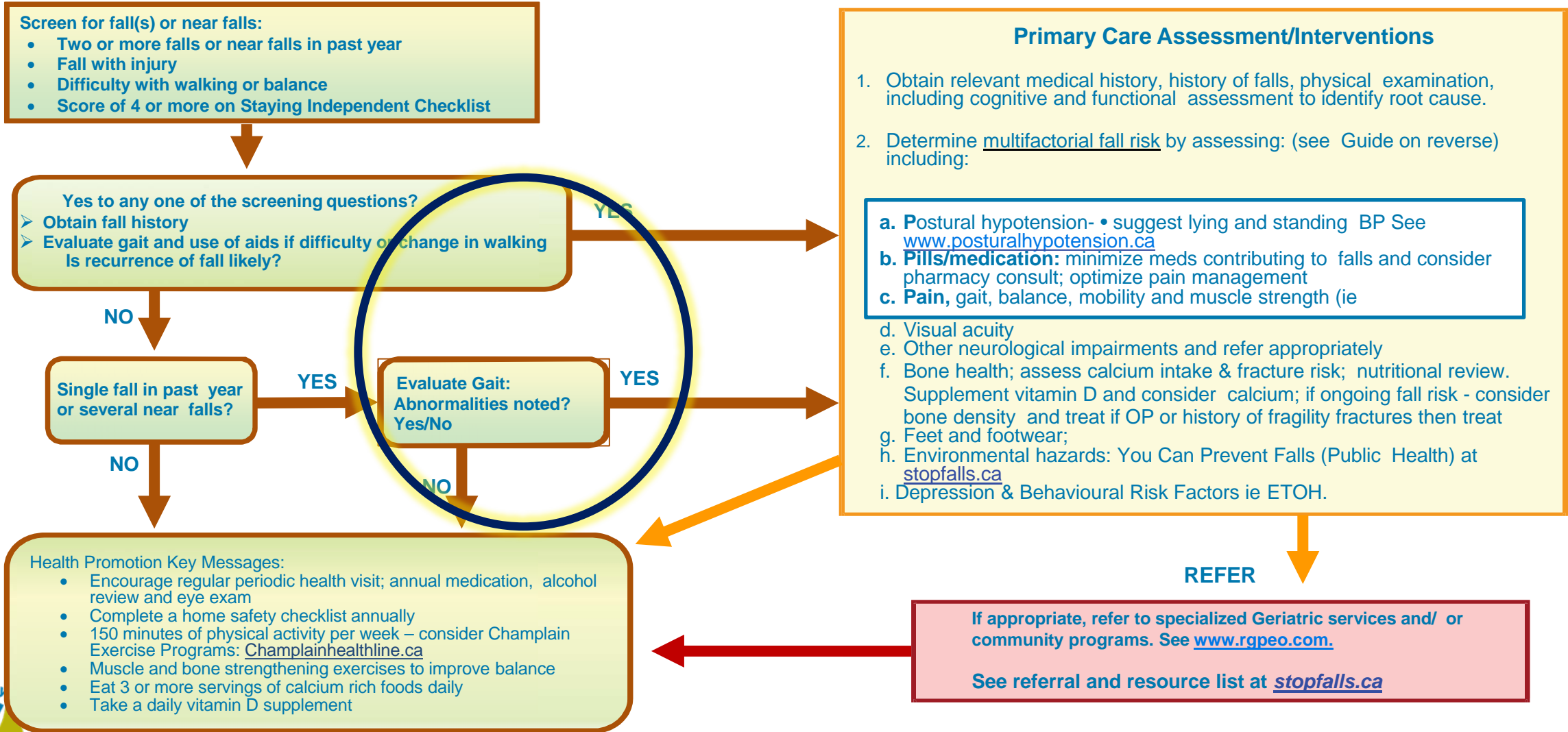
Take a daily vitamin D supplement

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# Gait, balance, and mobility TESTS

## **Timed Up and Go**

The above tests take a few minutes to set up but once set up can be used for an unlimited number of patients and only takes seconds

## **30 second Chair Stand Test**

If space not set up for above walking tests



# The 30-second Chair Stand Test

The purpose of the test is to assess leg strength and endurance

A below average rating indicates a high risk for falls.

## BELOW AVERAGE SCORES

AGE	MEN	WOMEN
60-64	< 14	< 12
65-69	< 12	< 11
70-74	< 12	< 10
75-79	< 11	< 10
80-84	< 10	< 9
85-89	< 8	< 8
90-94	< 7	< 4

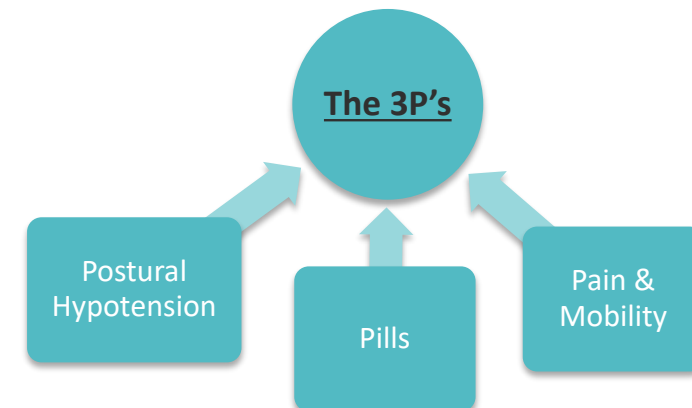
# Know the Fall Risks

## Intrinsic Risk Factors




- Previous fall
- Increasing age. \* Note: more falls in ♀
- Cardiovascular- **P**ostural Hypotension
- Perceptual- **P**ain
- Changes in Mobility
  - Neuromuscular- **M**obility; unstable joints
  - Orthopedic- balance & gait
- Psychiatric/Behavioural Disorders
  - Impaired cognition
- Sensation- incl. ↓ vision, neuropathy

## Extrinsic Risk Factors

- **P**olypharmacy / Pills / Medications
- Alcohol/ substance use (cannabis incl.)
- Environmental-
  - slippery floors,
  - poor shoes,
  - trips / slips outside- uneven ground
- Risk taking behaviours/choices



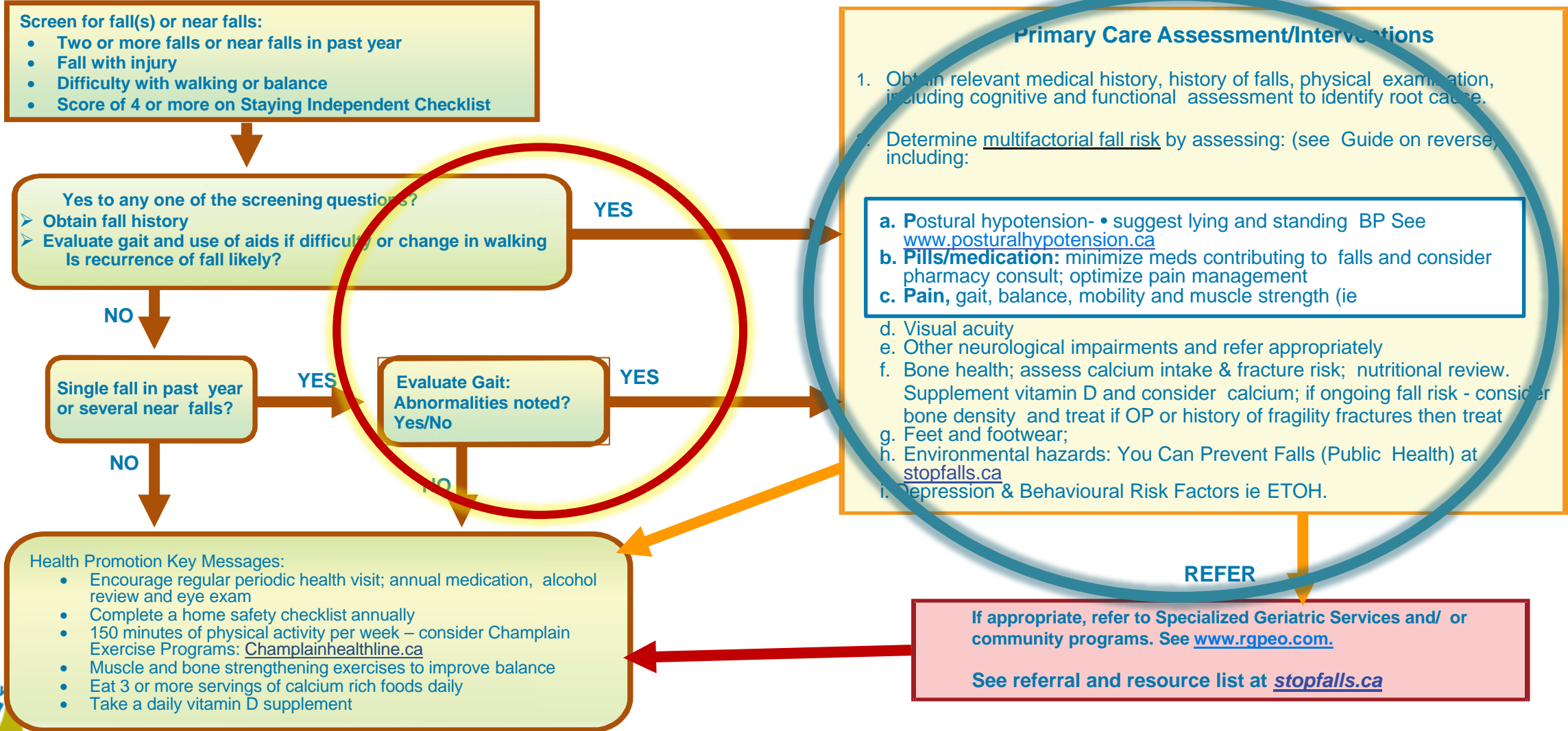


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All adults 65+ should be screened for falls on an **annual basis** in community programs or with a Primary Care Practitioner. Consider a self-screening tool: "Staying Independent Checklist" \*



AGS & BGS Guideline: [http://www.americangeriatrics.org/health\\_care\\_professionals/clinical\\_practice/clinical\\_guidelines\\_recommendations/prevention\\_of\\_falls\\_summary\\_of\\_recommendations/](http://www.americangeriatrics.org/health_care_professionals/clinical_practice/clinical_guidelines_recommendations/prevention_of_falls_summary_of_recommendations/)  
 ;RNAO (2017) Prevention of Fall & Fall Injuries in Older Adults: <https://rnao.ca/news/updated-bpg-preventing-falls-and-reducing-injury-falls> \*Staying Independent Checklist available online at [www.stopfalls.ca](http://www.stopfalls.ca). Health Canada <http://hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php>  
 Document reviewed / revised 2018



For full text go to  
[www.stopfalls.ca](http://www.stopfalls.ca)

## Multifactorial Fall Risk Summary

1. <b>History of Falls or Near Falls</b> - complete History of Frequency and Circumstances of the Fall(s)									
2. <b>Medical</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Acute or Fluctuating Medical Conditions/Symptoms (syncope, seizures, hypo/hyperglycemia, arrhythmia, dizziness, light-headedness, etc.)</li> <li><input type="checkbox"/> Chronic Medical Conditions (diabetes, urinary incontinence, cardiovascular disease, etc.)</li> <li><input type="checkbox"/> Impaired Vision (cataracts requiring surgery, exam &gt; 1 year ago, bifocals, macular degeneration, etc.)</li> <li><input type="checkbox"/> Neurological Impairments (Parkinsons, MS, stroke, peripheral neuropathy, brain injury, spinal stenosis, etc.)</li> <li><input type="checkbox"/> Inadequate Diet (progressive weight loss, dehydration, malnutrition, etc.)</li> </ul>									
3. <b>Objective Assessment</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Postural Hypotension</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Asymptomatic      <input type="checkbox"/> Symptomatic</li> </ul> </li> <li><input type="checkbox"/> <b>Pulse</b> (heart rate and rhythm problems) <ul style="list-style-type: none"> <li><input type="checkbox"/> Irregular      <input type="checkbox"/> Tachycardia or bradycardia (&gt; 150 bpm, &lt; 50 bpm)</li> </ul> </li> <li><input type="checkbox"/> <b>Pills/Medications/Substances</b> (prescription, over the counter, recreational) <ul style="list-style-type: none"> <li><input type="checkbox"/> Polypharmacy (&gt;4 medications)      <input type="checkbox"/> Alcohol intake</li> <li><input type="checkbox"/> Medications of concern: <table style="display: inline-table; vertical-align: middle; border: none;"> <tr> <td style="padding-right: 10px;">benzodiazepines</td> <td style="padding-right: 10px;">anticholinergics</td> <td style="padding-right: 10px;">anticonvulsants</td> </tr> <tr> <td style="padding-right: 10px;">antidepressants</td> <td style="padding-right: 10px;">analgesics</td> <td style="padding-right: 10px;">antidiabetics</td> </tr> <tr> <td style="padding-right: 10px;">antihypertensives</td> <td style="padding-right: 10px;">antipsychotics</td> <td></td> </tr> </table> </li> </ul> </li> <li><input type="checkbox"/> <b>Pain impacting on mobility</b></li> <li><input type="checkbox"/> <b>Problems with Gait, Balance or Mobility</b> (problems with transfers, endurance, balance, lower extremity strength, use of gait aid, etc.) <ul style="list-style-type: none"> <li><input type="checkbox"/> TUG &gt; 14 seconds      <input type="checkbox"/> Reduced muscle strength/deconditioned</li> <li><input type="checkbox"/> Romberg sign - present      <input type="checkbox"/> Unable to get out of a chair without using arms</li> <li><input type="checkbox"/> Five Times Sit-to-Stand Test &gt; 15 seconds      <input type="checkbox"/> Impact on ADLs</li> <li><input type="checkbox"/> Altered gait</li> <li><input type="checkbox"/> Problems with feet or footwear (edema, toe/nail deformities, ulcers, weakness, inappropriate footwear, etc.)</li> </ul> </li> </ul>	benzodiazepines	anticholinergics	anticonvulsants	antidepressants	analgesics	antidiabetics	antihypertensives	antipsychotics	
benzodiazepines	anticholinergics	anticonvulsants							
antidepressants	analgesics	antidiabetics							
antihypertensives	antipsychotics								
4. <b>Cognitive Impairment</b> (forgetfulness, decreased judgment, etc.)									
5. <b>Behaviour Risks</b> (impulsivity, low mood, apathy, changes in sleep, risk-taking behaviours, etc.)									
6. <b>Environmental Hazards</b> (in/outdoors)									
7. <b>Perceived functional ability/fear of falling</b> - contributing to deconditioning or curtailment of physical activities									
<b>Prevention and Protection</b> - At Higher Risk for Low BMD or Future Fractures based on: <ul style="list-style-type: none"> <li><input type="checkbox"/> History of low BMD      <input type="checkbox"/> Prior fractures      <input type="checkbox"/> Rheumatoid arthritis</li> <li><input type="checkbox"/> High alcohol intake (&gt;3 drinks/day)      <input type="checkbox"/> Smoking      <input type="checkbox"/> Glucocorticoid use</li> <li><input type="checkbox"/> Significant kyphosis (suggests vertebral fracture) (prednisone + steroid puffers)</li> </ul>									



# Assessment - 1) Postural Hypotension



New onset neurological symptoms 1-3 min after sitting or standing

Lightheadedness, perspiration, nausea, weakness, dizziness, headache, vision changes



American Academy of Neurology definition: A decline of >20 mm Hg in systolic BP and/or >10 mm Hg in diastolic BP on the assumption of an upright posture with or without an increase in PR



Measure BP and Pulse after the person has been lying for at least 3-5 minutes and 1 and 3 minutes after standing



Go to [www.posturalhypotension.ca](http://www.posturalhypotension.ca)

# Assessment- 2) Pills / Medication

A lot of discussion around medications may occur during your collection of the Best Possible Medication History

Prescription  
Drugs

Herbal  
Supplements

Vitamins

Over-the-  
counter  
drugs

Remember to assess ETOH  
& Cannabis consumption

# Assessment- 2) Pills / Medication

If your older adult is taking any drug with the following side-effects, they are at increased risk for falls:

- ✓ Drowsiness
- ✓ Dizziness
- ✓ Hypotension
- ✓ Parkinsonian effect
- ✓ Ataxia
- ✓ Vision disturbance

\*\* Older adults may be more sensitive to adverse drug effects because of alterations in the way the body absorbs, distributes and eliminates the drug.

# Beware! Medications Associated with Falls in the Elderly

(examples only, not comprehensive list) Review [www.stopfalls.ca](http://www.stopfalls.ca)

Quick Check review of medications that might affect falls in older adults.

Can be loaded onto a desktop for quick references if appropriate.

The 2019 Beers list is available at [https://www.ismp-canada.org/beers\\_list/](https://www.ismp-canada.org/beers_list/)

## Medications / Substance

### Alcohol Use

#### Narcotics

1. Codeine, meperidine,
  2. morphine, hydromorphone
- oxycodone, fentanyl

#### Benzodiazepines

- Diazepam, lorazepam,
- clonazepam, oxazepam,
- temazepam

#### Sedatives

- zolpidem, zopiclon

#### Antihistamines

- diphenhydramine, hydroxyzine,
- chlorpheniramine,
- dimenhydrinate

#### Antidepressants

- tricyclic antidepressants (TCA's) (amitriptyline, nortriptyline, doxepin)
- SSRI's (citalopram, paroxetine, fluoxetine, sertraline)
- SNRI's (venlafaxine, duloxetine)
- trazodone, mirtazapine

#### Antipsychotics

- Conventional- haloperidol, perphenazine, trifluoperazine
- Atypical - risperidone, olanzapine, quetiapine, loxapine

#### Anticonvulsants

- phenytoin, phenobarbital,
- carbamazepine, valproic acid, lamotrigine, topiramate,
- pregabalin, gabapentin

#### Antihypertensives

- beta blockers, ARBs,
- ACE Inhibitors, diuretics,
- calcium channel blockers,
- vasodilators

#### Muscle Relaxants

- methocarbamol,
- cyclobenzaprine, orphenadrine,
- baclofen

#### Antiparkinsonian

- levodopa, amantadine,
- enacapone, pramipexole, ropinerole

PDF Available @ [www.stopfalls.ca](http://www.stopfalls.ca)



# Assessment- 3) Pain affecting mobility

**It is important for the health care provider to talk about pain and pain control, and using appropriate aids for mobility and activities of daily living**

- Consult with OT or PT if an older adult would benefit from an assessment for specific devices to keep them safe when moving, or to make functional activities safer and less painful

# Reviewing Ambulatory Aids

It is important for the health care provider to talk with the older adult about the use of appropriate ambulatory aids.

**We can emphasize the need for personal mobility aids:**



- Should have been prescribed for the client
- The client needs to USE IT!
  - Improves gait, balance, stability and mobility
  - Reduces falls risk
  - Improves endurance
  - Reduces pain as it reduces the load on the affected joint
  - Improves function and quality of life



# Talk About Exercise .....Try 150 min/week

## The Amazing Benefits of Exercise

What do we know about the benefits of exercise in the elderly?

- A 12-week high intensity strength training program in <90 year olds **doubled** their strength.
- In 3 months, a 65-90 year old can rejuvenate **20 years** of lost strength!

Fidatrone, 1990; Skelton 1995, 1996, 2005



# Talk About Exercise....Changing Attitudes

"I'm too old, it's too late to start"

"It won't make a difference"

"I might hurt myself or make things worse"



"It's never too late to start exercising. You can start by setting goals (like standing and sitting once every hour) and build from there"

"Exercise can help your ability to perform activities of daily life, which can improve your independence and sense of well-being"

"Exercise comes in many forms, and can be tailored to your interest and ability so that it is enjoyable and safe"

Older adults are advised to reduce their Sedentary Behaviour and avoid very long periods of sitting<sup>1</sup>

## Top Tips to break prolonged sitting

Some ways to reduce long periods of sitting & reduce total sitting time in a day:

- ⌚ Stand up during advertisement breaks while watching TV
- ⌚ Put the remote control next to the TV rather than next to you
- ⌚ Stand up after finishing a chapter of your book or a section of the newspaper
- ⌚ Set an alarm to remind you to move regularly if you are on the computer
- ⌚ Stand up and move around while talking on the phone
- ⌚ Stand up to read the mail

Other ways of being more physically active:

- 🚶 Park further away from the entrance to a shopping centre
- 🚶 Stand up on the bus/train for one stop or more
- 🚶 Walk to visit a neighbour instead of phoning them
- 🚶 Stand in the kitchen while the kettle is boiling
- 🚶 Try to get out of the house at least twice a day for a short walk around your neighbourhood



**Treat the seat as a treat**



**Feel the benefit of getting up more often**

Over time, by minimising the amount of time you spend sitting, standing up more during long periods of sitting (so strengthening your leg muscles), and doing a bit more activity each day, you will start to feel the **benefits to both body and mind.**

**Just before you sit down in the evening, ask yourself a few simple questions:**

- Have I been more active today than yesterday?
- Have I sat a lot today already?
- Is there something else I could do before I sit down?
- When will I next get up again?

<sup>1</sup> CMO (2011) Start Active. Stay Active. DoH.

Full PDF  
available as a  
resource at  
[www.stopfalls.ca](http://www.stopfalls.ca)

# CHAMPLAIN STAY ON YOUR FEET PROGRAM®

## WHICH EXERCISE PROGRAM IS BEST FOR YOU?

**It is recommended that you review the PaRQ+ or Get Active Questionnaire to determine your ability to participate in an exercise class. Please share any concerns you have with your instructor.**

Information can be found as follows:

PARQ+ Questionnaire <https://eparmedx.com/>

Get Active Questionnaire <https://store.csep.ca/pages/getactivequestionnaire>

<p><b>Level 1</b></p> <p><b>I have a LOW activity level</b></p> <p><b>if I answer YES to:</b></p> <p>I am afraid of falling</p> <p>I have difficulty with:</p> <ul style="list-style-type: none"> <li>• My balance [SEP]</li> <li>• Getting out of a chair [SEP]</li> <li>• Walking (I may need a walking aid like a cane or [SEP] a walker) [SEP]</li> </ul> <p><u>Goal:</u> To be more mobile, steady and able to be more independent</p> <p>Talk to your healthcare provider (e.g. your family physician) and complete the Staying Independent Checklist.</p>	<p><b>Level 2</b></p> <p><b>I have a MEDIUM activity level</b></p> <p><b>if I answer YES to:</b></p> <p>I am worried about my balance</p> <p>I can do all of the following:</p> <ul style="list-style-type: none"> <li>• Stand on one leg for 2 seconds [SEP]</li> <li>• Climb 10 stairs [SEP]</li> <li>• Stand for 20 minutes [SEP]</li> <li>• Walk 1 block without losing my breath or sitting down [SEP]</li> </ul> <p><u>Goal:</u> Improve strength and balance, so I can move around more easily</p>	<p><b>Level 3</b></p> <p><b>I have a HIGH activity level</b></p> <p><b>if I answer YES to:</b></p> <p>I have few worries about my balance [SEP]</p> <p>I am able to exercise at least twice a week which include:</p> <ul style="list-style-type: none"> <li>• Getting stronger [SEP]</li> <li>• Improving my balance and flexibility [SEP]</li> <li>• Increasing my endurance activities that increase my [SEP] heart rate (such as a brisk walk)</li> </ul> <p><u>Goal:</u> To maintain or improve fitness level [SEP]</p>
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# Talk About Exercise

**Heart Wise Exercise Corps à cœur**

**EXERCISE - IT'S GOOD MEDICINE**

Having a chronic health condition doesn't mean you can't exercise. Get Wise and help prevent your condition from progressing.

Find out who HWE programs are for and where you can join one.

# What To Do If You Fall

Try not to panic, rest for a moment

## If You Can Get Up



- Roll onto your side
- Push up into sitting position



- Turn onto your hands and knees
- Crawl to the nearest stable furniture, e.g. bed, chair, stool, toilet



- Place your hands on the seat



- Place one foot flat on the floor



- Lean forward and push up with your other foot



- Sit, rest, then tell someone you have fallen

Figures used with permission: Malvern Health Centre, Worcestershire, UK

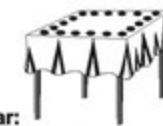
## If You Are Injured

DO NOT try to get up.



### Get Help

Drag yourself to a phone.  
Call 911 and stay on the line.



### Keep Warm

Use anything that is near:  
bedding, a coat, even a tablecloth.

### If You Are Wet

If your bladder "lets go" in the fall, move away from the damp area to keep warm.

### Move Your Limbs

Gently moving your arms and legs will help your circulation, and reduce pressure areas.

## BE PREPARED

- ✓ practice getting up before a fall occurs
- ✓ activate your personal alarm call system if you fall
- ✓ have your phone at table level for easier access
- ✓ find a daily telephone buddy



Reprinted with permission from the Hastings & Prince Edward Counties Health Unit.



# Looking at an Environmental Home Scan

## You CAN prevent Falls

CHECKLIST

Help identify and remove hazards with this checklist:

### Your Home

#### Exterior

- Keep front steps and walkway in good repair and free of snow, ice and leaves.
- Keep entrances well lit or install motion sensor lights.
- Put garden tools such as hoses and rakes away when not using them.
- Be mindful of pets when walking them.

#### Living Room and Bedroom

- Reduce clutter: clear away any loose wires and cords as well as any other obstacles.
- Consider using a cordless phone to avoid rushing to answer.
- Have good lighting throughout the house, install night lights or keep a flashlight by the bed.
- Make sure the path is clear between the bedroom and bathroom.
- Get rid of scatter mats or make sure they are non-slip.
- Get out of your bed or chair slowly; moving suddenly can make you dizzy.
- Keep pets, pet toys and dishes out of your path.

#### Kitchen

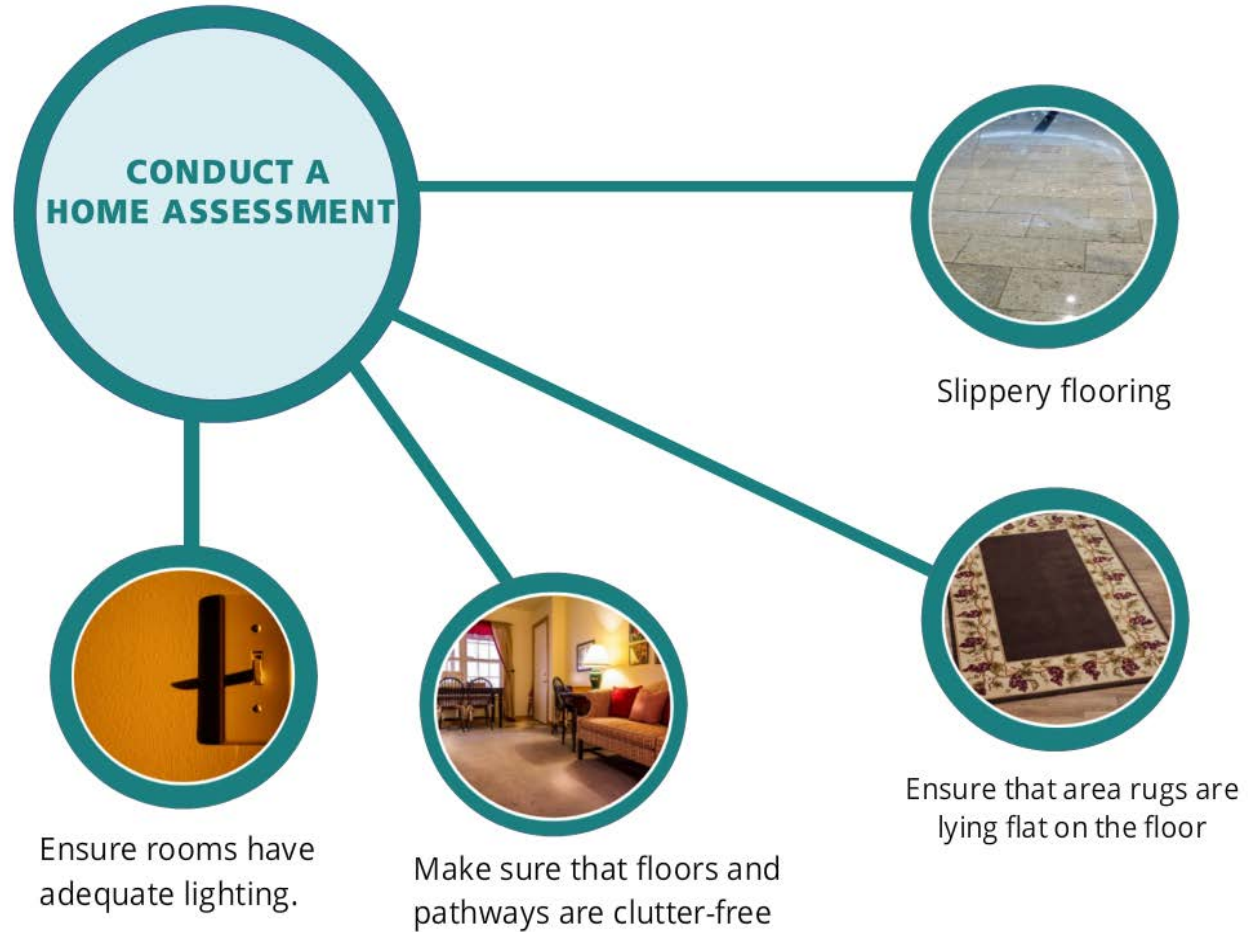
- Store kitchen supplies and pots and pans in easy-to-reach locations.
- Store heavy items in lower cupboards.
- Always wipe up any spills immediately to prevent slipping.
- If you use floor wax, use the non-skid kind.

#### Stairs

- Make sure your stairs are well lit.
- Install solid handrails on both sides of the stairway.
- Remove your reading glasses when you go up and down the stairs.
- Never rush up or down the stairs. It's a major cause of falls.

#### Bathroom

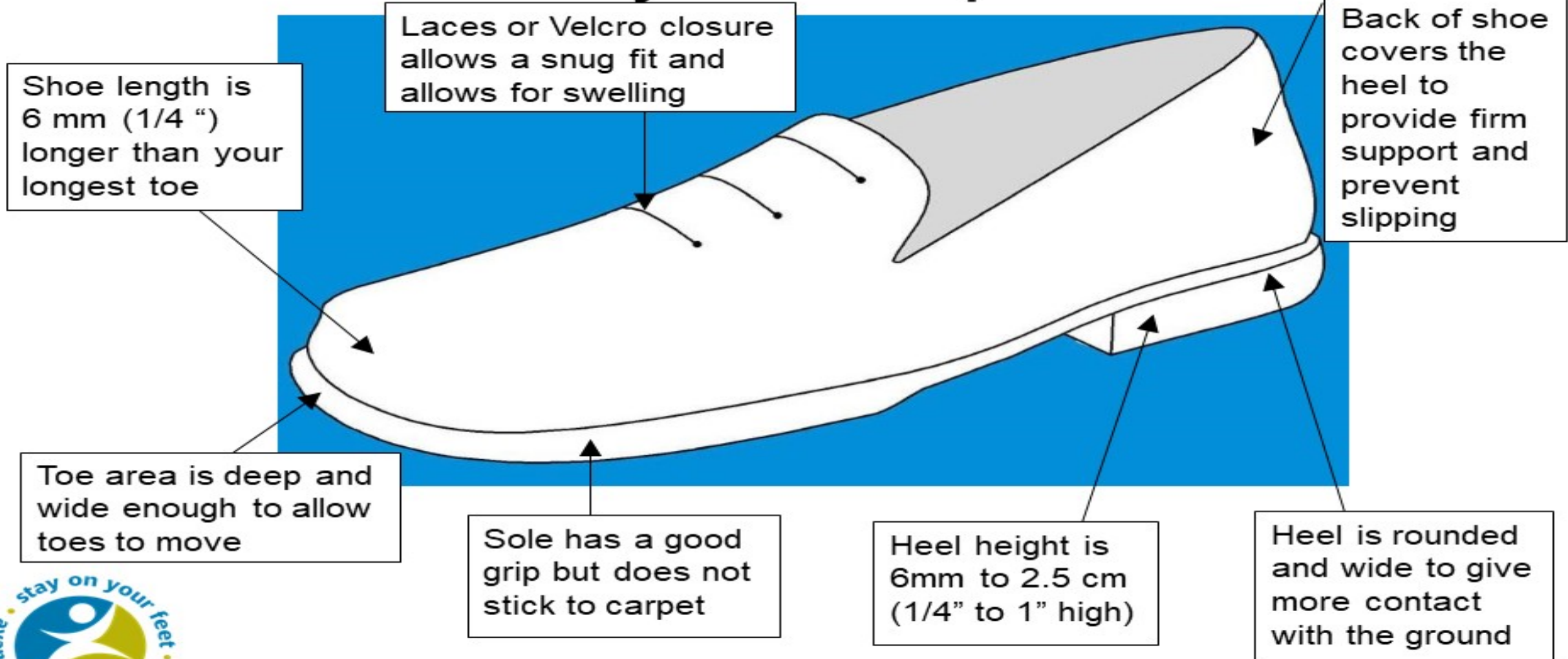
- Ensure you have non-slip surfaces for the tub and shower.
- Install well-anchored grab bars by the toilet and bath to help you sit and stand.
- Use a raised toilet seat, and a bath seat in the shower, if you need them.
- Keep the floor clear of water or obstacles.



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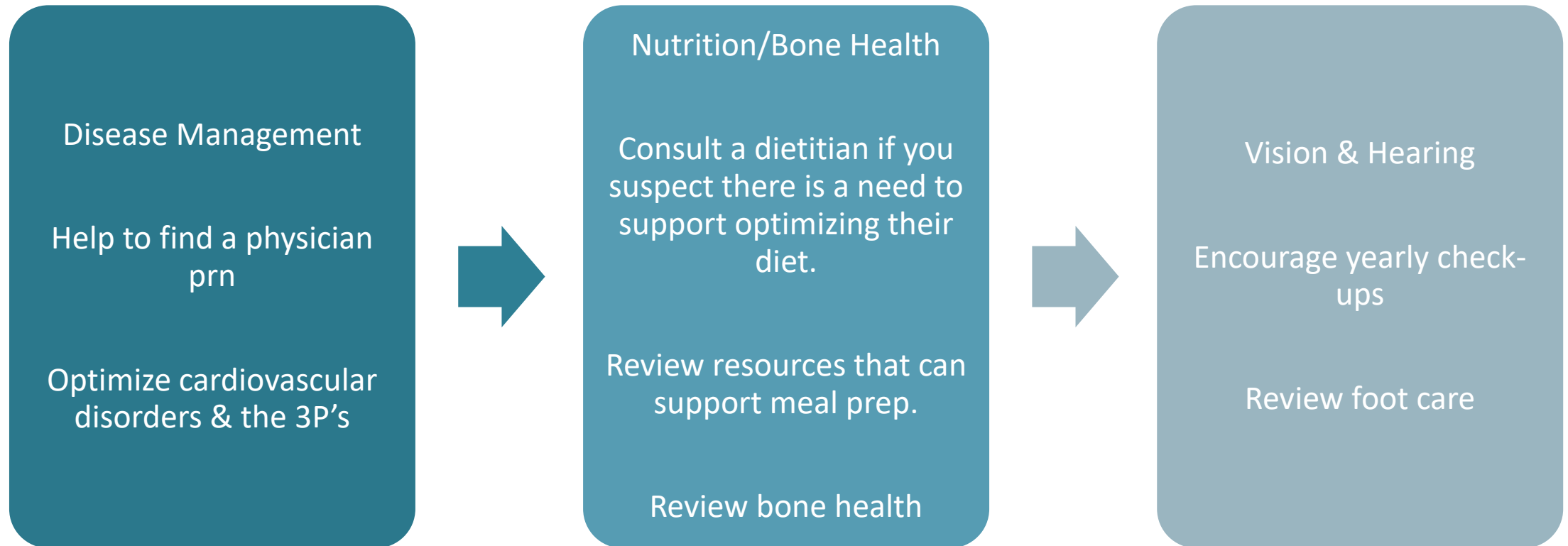
# What YOU can do!

## Footwear: Why is it Important?





# OTHER MULTIFACTORIAL APPROACHES TO CONSIDER



[www.ontario.ca/page/find-family-doctor-or-nurse-practitioner](http://www.ontario.ca/page/find-family-doctor-or-nurse-practitioner)

[www.ottawapublichealth.ca/en/public-health-topics/healthy-eating-for-older-adults.aspx](http://www.ottawapublichealth.ca/en/public-health-topics/healthy-eating-for-older-adults.aspx)

# Assessing Older Adults for Falls is a multifactorial assessment

**The Champlain Fall Prevention Steering Committee can offer you:**

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an algorithm to follow

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assessment questions you can use or adapt

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tools and resources you can use to give to your clients for self screening, for choosing exercise classes, for home safety advice and much more

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All resources are also available at [www.stopfalls.ca](http://www.stopfalls.ca)

Thank you for assessment guide to the Geriatric Assessment Outreach Services of Eastern Ontario



# Regulated Health Professionals

- Understand the physiological aspects of aging changes
- Review aging changes as required
- *One resource you may think of is: “Step Ahead to Fall Prevention E-Learning Module” @ Toronto Public Health*
- <https://www.toronto.ca/community-people/health-wellness-care/health-programs-advice/injury-prevention/fall-prevention/step-ahead-to-fall-prevention-in-older-adults/>

# Fall Prevention Education Module for Regulated Health Professionals Quiz



# 1. Why do falls matter to the Health Care System

## Which of these statements are true

- a) 4/5 injury-related hospitalizations were due to falls in older adults
- b) Every 11 seconds in the USA, an older adult is treated in the emergency room for a fall
- c) Every 19 minutes in the USA, an older adult dies from a fall
- d) Older adults hospitalized for a fall remained in hospital an average of 10 days longer than those hospitalized for any cause.



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### ANSWER:

- 1) A & B
- 2) C & D
- 3) All the above



## 2. Why do falls Matter to Older Adults?

### Which of these statements are true

- a) Falls are the root cause of injuries that lead to death in the older adult
- b) Falls are the leading cause of traumatic brain injury
- c) Falls seem to make the older adult feel “old”
- d) Falls can represent a significant but unrecognized underlying illness.



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- d) Falls can represent a significant but unrecognized underlying illness

### ANSWER:

- A
- A & B
- All of the above





# 3. Why do falls Matter to Older Adults?

## Are these statements true or false?

- Falls can cause loss of mobility, independence, dignity and confidence.
- ***Falls affect quality of life such as;*** Reluctance to go outside, Decreased strength, balance, Unable to enjoy visits and hobbies



### 3. Why do falls Matter to Older Adults?

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**ANSWER:**

True

False



## 4. Screening and Assessment:

Which of the following are **Intrinsic** risk factors for falls?

- a) Medications
- b) Orthopedic- balance & gait
- c) Pain
- d) Alcohol/ substance use



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- a) Medications
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- d) Alcohol/ substance use

**ANSWER:**

B & C

A, C & D

All of the above



## 5. Screening and assessment

Would you encourage screening an older adult of 75 years who presented with fatigue, feeling weak, breathlessness, no fall?



## 5. Screening and assessment

Would you encourage screening an older adult of 75 years who presented with fatigue, feeling weak, breathlessness, no fall?

**ANSWER:**

Yes

No



## 6. Screening and assessment

**A patient with bruising and some pain around his shoulder. He is reluctant to discuss how this happened. Would you:**

- a) Ignore the issue and just assess and treat the injury.
- b) Advise him to stay in bed as he is at risk of fracturing a hip and being admitted to LTC
- c) Discuss with him and his family or caregiver that many falls can be prevented
- d) Leave him and / or a family member with a Staying Independent Checklist and You Can Prevent Falls, encourage him to fill it out and alert other team members to continue the conversation

## 6. Screening and assessment

**A patient with bruising and some pain around his shoulder. He is reluctant to discuss how this happened. Would you:**

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**ANSWER:**

- A & B
- C & D
- All of the above



# Thank You!

- Thank you for all you do
- Thank you for taking part
- Please go to [www.stopfalls.ca](http://www.stopfalls.ca) for information mentioned in this presentation and other information
- For questions email [rgpeo@toh.ca](mailto:rgpeo@toh.ca)

