

Staying On Your Feet



Falls Prevention with Dr Hartley

Taking Care of Yourself

Using Your Eyes

Managing Medication

Maintaining Health

Dealing with the Outside World

Legal Aspects of Public Falls



Safe Footwear

Appropriate Exercise

Controlling Chronic Conditions

Making Home Safer

Drugs of Choice

Q&A session

Seminar word-for-word transcript and Handouts, etc.

Some handouts not included due to copyright.

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Program

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- Maintaining Health
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- Drugs of Choice
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Notes

Slide 1: Title slide

Slide 2: Who is your seminar author?

Poet Florence Welch wrote, “Sometimes I wish for falling / Wish for the release / Wish for falling through the air / To give me some relief / Because falling's not the problem / When I'm falling I'm in peace / It's only when I hit the ground / It causes all the grief”

Quoting from A.A. Milne’s ‘The House at Pooh Corner’ after Eeyore is rescued from the river:

“How did you fall in, Eeyore?” asked Rabbit, as he dried him with Piglet's handkerchief.

"I didn't," said Eeyore.

"But how—"

"I was BOUNCED," said Eeyore.

"Oo," said Roo excitedly, "did somebody push you?"

"Somebody BOUNCED me. I was just thinking by the side of the river—thinking , if any of you know what that means—when I received a loud BOUNCE."

"Oh, Eeyore!" said everybody.

"Are you sure you didn't slip?" asked Rabbit wisely.

"Of course I slipped. If you're standing on the slippery bank of a river, and somebody BOUNCES you loudly from behind, you slip. What did you think I did?"

Slide 3: Falls Awareness

Being aware that falls and their consequent injuries can become a problem both when we're young and as we age is the first stage in the process of preventing falls. The information in this seminar we hope will provide the second stage, by showing some of the ways we can help ourselves become safer and not falling.

Of course much of this you know already. I am reminded of a cameo that takes place in Janette Rallison's book 'Life, Love, and the Pursuit of Free Throws'

The teacher says to a clumsy student, "You need to be more careful, or you could hurt yourself."

The student is thinking, 'Right. Thank you, Mrs. Detweiler. I never would have come to that conclusion by myself. I was planning on incorporating a backflip into my next walk across the classroom but on second thought...'

As well as giving information, the third way we hope to decrease the number of us falling is to challenge the 'inevitability theory'.

Slide 4: Prevent falls by avoiding 'inevitability theory'

We will look at this first.

Although I haven't read Cassia Leo's romantic novel 'The Way We Fall', I did read a quote from it where she says, "This is the way we fall. First we lose our balance, teetering precariously on the edge of uncertainty, until, mercilessly, gravity takes over.

You can't outshine gravity."

Perhaps we should call the 'inevitability theory' the 'inevitability myth'. In the research for this seminar, your seminar author was struck by the high proportion (34%, in fact) of older people who said that falling was only to be expected, who actually accepted it as a natural and inevitable consequence of growing older. We think it is important to challenge this belief on two grounds. The first is that it operates as a self-fulfilling prophecy, in that if you believe you are likely to fall, you probably will fall.

And you almost certainly won't bother doing anything to make yourself safer. Young writer Kami Garcia in 'Beautiful Redemption' wrote about this self-fulfilling prophecy when she said, "Other people had flying dreams. I had falling nightmares."

And secondly it is important to challenge this belief because logic and reason show that falling is not inevitable. As an example, imagine two women crossing a highly-polished shopping-centre floor. One is wearing high-heeled sandals with smooth leather soles; the other is wearing flat lace-ups shoes with patterned rubber soles. One is likely to fall more than the other. It is not all as simple as that, however something as simple as that can make a big difference.

The seven main causes of falling are:

Foolish behaviour and risk-taking,

Unsafe footwear,

Eye disorders or changes in eyesight,

Poor balance and gait,

Inappropriate medication use (including drugs of choice such as alcohol),

Chronic health conditions,

Hazards in the home and in public places.

Any one of these presents a danger, but imagine how much worse it is when several are combined: an inebriated person dizzy also from a mixture of medications with ill-fitting shoes trying to negotiate a particularly bumpy footpath.

The first of these, foolish behaviour and risk-taking, will not be covered in this seminar as simply discussing it would be unlikely to change these behaviours. However for each of the other causes of falling we have some practical common-sense suggestions for making yourself safer, with the expectation that if you embrace at least some of them you will be increasing the likelihood that you will stay on your feet.

Slide 5: Prevent falls by taking good care of yourself.

In general terms, the better your overall health, the safer you you'll be from falling. For good health of course, you need to think not only about your physical but also your mental and social well-being.

Maintaining your best level of physical health is relatively straightforward.

You need:

A nutritious diet

Appropriate physical activity

Regular medical checks (including dental, podiatry, eyesight and hearing) and

A good balance of rest and activity

Slide 6: Prevent falls by maintaining a nutritious diet

Vitamin D is important because it...

Helps your body absorb calcium and phosphorus, two minerals needed for strong bones and teeth

- Protects against osteoporosis
- Keeps muscles stronger when you exercise

Vitamin D is found in sunshine and some foods but it is difficult to get enough vitamin D from these sources

Slide 7: Prevent falls by appropriate physical activity

We will talk in detail about this later.

Slide 8: Prevent falls by regular medical checks

It is particularly important to have your vision and hearing tested regularly and properly corrected if necessary. A simple thing like having earwax removed can improve your balance and therefore help keep you safer from falling.

Slide 9: Prevent falls by having a good balance of rest and activity

Sleep is vital and science tells us the amount of sleep we need is approximately five minutes more! In other words, most of us don't get enough sleep. I'll be talking more on this when we discuss medications.

Slide 10: Prevent falls by improving our mental well-being

Shawn Anchor recounts a personal heart-warming childhood story...

At the age of 7, entrusted to play “nicely” with his four-year-old sister (he suggests ‘combat’) she falls off the top bunk bed and plummets to the floor on all fours. As the shock sets in on her little face and the tears well up, young Shawn wracks his seven-year-old brain to save the day... “Amy, Amy wait don't cry! Did you see how you landed? No human lands on all fours like that. Amy... I think this means you are a unicorn”.

Our mental well-being is personal and individual. We have all heard the expression, “Healthy Mind: Healthy Body”, but the definition of a healthy mind varies from person to person.

Keeping our mind active will also vary from person to person. Some may enjoy crossword puzzles, chess or dominoes; others will seek further study at university or U3A. Whatever the form keeping our mind active will help in keeping us alert to danger and, in consequence, safer on our feet.

There is a particular aspect of falls by older people that needs to be mentioned. Whether it is an actual fall or the fear of falling or the expectation of falling, falls often have a very injurious effect on mental well-being. Among people who have fallen or who know someone else who has fallen, there will be some who will then withdraw from activities and social contacts, deciding that they will be safer if they stay quietly at home. This is not the case.

Not only will they become more isolated and lonely, but by becoming less active, they will actually cause their muscles and joints to weaken, thus increasing their susceptibility to falling.

This is the kind of situation where the support and encouragement of friends and family can be very helpful. Unfortunately, it is also the " kind of situation where well-meaning friends and family will often discourage an older person from being active and this can be very unhelpful. Friends and family may need to set their own fears and anxieties aside and concentrate rather on the well-being of the older person instead.

Slide overlay (Graphic)

Mental and social well-being are closely linked – since humans are basically social creatures it is clearly more difficult for a person who is isolated and lonely to maintain a positive healthy mental outlook than for one who has a lot of contact with other people. Staying in touch with life seems to be the key - taking part in activities and clubs, pursuing a hobby, joining a gentle exercise group, taking care of pets, continuing education, reading, listening to music, writing letters are just home of the possibilities.

Nevertheless, it must happen that there will be times of distress and depression as friends and-loved ones become ill or die, or your financial situation worsens or other life events which cannot be predicted or controlled take place. At these times of stress, you are less likely to be taking good care of yourself and so will be more vulnerable to some kind of accident. Try talking about your feelings with a friend. Often we think our problems will be a burden to our friends but this is only the case if we expect other people to fix the problem. If we ask only for a caring listening ear we are not placing a burden on another person and it is surprising how helpful simply talking can be. If you cannot talk to a friend, then you might try one of the caring, confidential, anonymous telephone services that are available. It is worth remembering that bottled-up feelings act like a pressure-cooker so letting them out in a safe way will be beneficial. Many older people have said that they had a fall

because their minds were on something else, they did not take enough care or they were too impatient to wait.

Slide overlay (graphic)

So, teach yourself to recognise risky situations and assess your capacities realistically. It may be possible to climb a ladder and fix the gutter but it may not be wise – weigh the risk against the inconvenience of waiting.

Slide 11: Prevent falls by wearing safer shoes

If the shoe fits, wear it. This is a parody of the well-known saying about hats, however this advice is even better for shoes than for hats because if the shoe really fits, it will be a safer shoe.

There are lots of points to look for in choosing a shoe to keep you from falling, and a good fit is the most important of them. Making a wise choice in shoes is probably the easiest of the steps you can take toward being safer from falling and one which can make a big difference.

As well as a good fit, here are some other points to look for:

Slide overlay: A large area of contact between the sole and the ground.

The more contact there is, the safer the shoe will be. Flat shoes are the wisest choice so this does not raise a difficulty for men but many women may feel reluctant to give up heels. Clearly high heels are not safe but that doesn't mean that women need give up heels altogether - there are lots of shoes about with wedge heels and you might like to consider them.

Slide overlay: A sole that is flexible and relatively soft.

This kind of sole will travel better over uneven surfaces than a hard, smooth sole.

Slide overlay: A sole that gives some grip.

The grip may be provided by the material used or by a pattern or both.

This means that a cheaper synthetic sole with a stud pattern, for instance, will be safer than an expensive leather sole.

Particularly when walking on a wet surface you will appreciate the extra security.

Slide overlay: A rounded edge to the heel.

Falls are often the result of a sharp heel edge striking a wet or shiny surface.

You'll have noticed that jogging shoes have a round edge at the back of the heel and it makes good sense to look for the same feature in your walking shoes.

When you're buying new shoes, consider looking for some of these safety features. There are more safer shoes appearing on the market, not necessarily with every possible safety feature, but the situation is certainly improving. Asking for safety features is a way of encouraging the manufacturers and retailers.

Slide overlay (graphic)

Many older people have said that although they know lace-up shoes are the best choice for fit, the laces can be difficult for people who have arthritis in the hands. Velcro fastenings are an excellent second choice in this case. When I entered a rehabilitation unit to learn to walk again after spinal neuro-surgery, I was issued with a pair of elastic laces made from lengths of black hat elastic.

Another point worth mentioning is the value of keeping shoes clean. We don't mean spit and polish! If you think how often you have to walk through public places that are not particularly clean, you will appreciate how oil, grease, fat, food scraps, dust and dirt all can play a part in causing falls. That is why we're

suggesting that it is a good idea to check your shoes, particularly the soles, to remove any of these dangerous substances that may have been picked up.

Having said all this, we believe that wearing the safest and cleanest possible shoes will not make you safe from falling if your feet are hurting.

Feet that are aching or swollen, bunions that are hurting or corns that need attention

Are all things can destroy any feeling of well-being and add to the risk of falling.

What can you do for your feet? Perhaps a massage – if self-massage is difficult, maybe you can make a mutual-help arrangement with a friend.

You might also check your local community health centre to find out if it provides a podiatry service. If you have trouble with your feet, if it is difficult for you to cut the nails or deal with corns for instance, a visit to a podiatrist may be the kindest thing you could do for yourself.

Slide 12: Prevent falls by making the most of your eyesight

It is stating the obvious to say that the better your vision, the safer you will be from falling. But it does seem worthwhile asking, “Do you take care of your eyesight as well as possible? Do you, in fact, make the most of your eyesight?”

Maybe there are problems that you could do something about. The known causes of eye problems, at any age, are poor nutrition, poor lighting, mental strain, wearing spectacles and not enough exercising of the eyes. So in order to conserve and maintain your eyesight as well as possible these are the main areas to consider.

Here are some tips on each.

Slide overlay: Nutrition

We know that green and yellow vegetables are vital for healthy eyes. Vitamins E & A are important, so a wholefood unrefined diet is indicated, and one including plenty of fruit and green leafy vegetables.

Slide overlay: Poor lighting

All eyes need adequate light so they can work without strain and this is especially so for older eyes. Skimping on lighting is false economy. If you are having problems, consider simply replacing a 60-watt globe with either a 75 or 100 watt (if you are using energy-efficient globes, the relative energy rating may be found on the packaging). More light will then reach the retina of your eyes and this may make a significant difference to your problem.

Slide overlay: Mental strain

There may be debate as to the extent of the damage mental stress does to the eyes but there is little doubt that it has some effect. Techniques that relax mind and body also help relieve eye strain. You may have noticed that when you are under stress, you blink less frequently than normally and your eyes become fixed and strained. It can help if you consciously make yourself blink every ten seconds or so, particularly if you are concentrating hard or doing close work or reading.

Slide overlay: Wearing spectacles

Some people claim that spectacles actually do more harm than good for most wearers. We are not suggesting you throw away your spectacles but do you sometimes find you are wearing them when you don't actually need them for the task in hand?

Slide overlay: Eye exercises

(Refer to handout)

Slide 13: Natural changes in eyesight

To deal first with age-related changes, it is normal and natural that eyesight slowly becomes less acute as people grow older.

Because the change is gradual, it does not have a particularly marked effect on most of the daily activities of older people. However, it does increase the risk of falling, as any worsening of vision must do. If you do not see clearly when you are dealing with potential hazards such as steps, carpet edges, kerbs, door thresholds and wet floors, the inherent danger in these things is magnified. When normal ageing changes interact with environmental factors like these, the result can be a greater risk of falling.

Another normal change in older eyes is that the pupils become smaller and respond more slowly to change. This means that their adjustment to different levels of light and dark takes longer. You may have noticed that nowadays your eyes need a little more time to adjust when you come inside on a sunny day, or when you go out into the sun.

Glare is also more of a problem for older eyes. They have become more sensitive to glare, so very bright or unshielded lights will be troublesome. You will probably find you need to take a little more care than previously in getting the balance right so that you have enough light in your house to enable you to see everything but not so much that you find it glary.

Another age-related change in eyesight is that it becomes more difficult to gauge height and depth. This can mean you have a problem negotiating steps or placing objects on shelves or benches and it explains why you may be helped by a marker strip on the edges of stairs for instance. The problem with height and depth is compounded when there is no contrast or shading – as, for example, in a flight of stairs carpeted uniformly from top to bottom, or low tables of similar colour and material as the floor they stand on.

Given that these natural changes are going to take place in your eyes as you grow older, and that they will make falling more of a possibility, what can you do to make yourself safer? Here are

some suggestions which have worked for other older people and which you also may choose to follow:

Provide plenty of lighting throughout your home, making sure if possible that the lights are shielded rather than bare.

Try to have switches ready to hand as you enter each room, just inside or outside the doorways.

Think about using night-lights in the bedroom and bathroom and on the route between them – not only to help you see at night but to ease the transition from dark to light.

Be aware that when you go from light to dark or vice versa your eyes will need time to adjust. It may be on entering a dark room or going from the house out into bright sunlight - perhaps on these occasions you could give yourself a moment or two of stillness to allow your eyes to catch up with your feet.

If it is possible, could you have the edges of steps and stairs marked with paint or brightly-coloured adhesive?

If you notice any changes to your eyesight, it would be wise to talk to your doctor or an optometrist. It is in any case a good idea to have your eyes checked each year and it is worth noting that an eye-test from an optometrist does not cost anything to people with a Medicare card.

Slide 14: Eye Disorders

We come now to those eye disorders that many people may experience as they grow older. These, too, add to the risk of falling.

Some eye disorders may be temporary, the result of changes in blood pressure, of heart palpitations, an increase in pressure within the eyeball or insufficient arterial blood flow. Any of these conditions can reduce vision for 5 - 10 minutes, after which it gradually returns to normal.

There are other disorders that are more progressive and long-lasting. Conditions such as glaucoma and cataracts, as well as

nutritional disorders from Vitamin B12 and thiamine deficiency, can lead to symptoms such as a halo appearance around lights or smoky, hazy or cloudy vision. Because these problems progress slowly, they are often not noticed at first so this makes it even more important to have regular eye examinations.

Various treatments are available, ranging from eye-drops and vitamin supplements to surgical corrections and laser treatment. Apart from cataracts, it is fair to say that the earlier the condition is recognised, the less your eyesight will be affected.

For all these reasons you might consider having your eyes tested annually (your local optometrist will be listed under 'O' in the yellow pages). Services and clinics are also often provided in larger centres by the Royal Blind Society and some cities have an Eye Hospital.

Slide 15: Prevent falls by exercising appropriately to maintain your balance

Your body is constantly balancing and rebalancing itself as you change position, stand up, walk, sit down or bend. Human bodies are designed to maintain effective balance and movement and to do this they need help from pelvic and leg muscles that are as supple and strong as possible.

Most people have a sense of uneasiness when they suspect that something is not quite right with their bodies and this applies to balance as well as all our other functions. But just how can you tell whether your balance is adequate? A doctor or physiotherapist could check your balance for you, but there is a simple way of testing yourself at home that will give you a rough guide. We suggest you do the test with another person present or a chair or table handy to keep yourself safe.

Try standing on one leg, count to 30 then stand on the other leg and count to 30 again. If you can stand for 25-30 seconds, your balance is quite adequate so exercise for you would be a matter of maintaining that good level. If you can stand for 15-25

seconds, your balance is fair but would improve with appropriate exercise.

In the handout booklet are some exercises for you to use at home. As well as benefiting the muscles, exercise will benefit the heart, the lungs, the bones, the joints, the digestion and the nervous system. It will also aid weight control, promote better sleep, help the body fight off infection and promote a more positive outlook on life.

If you find that you are unable to stand on one leg for 15 seconds, we suggest that you do not undertake these exercises at this stage. It would be wiser to have a thorough test done by a doctor or physiotherapist to find out exactly what course of action to take. As well as those in private practice, many physiotherapists are employed at Community Health Centres so your local centre would be a good place to enquire for this service.

Slide 16: Prevent falls by managing your medicines

The best way to 'manage' medicines is to learn about them, learn what they are, what they can do, what they can't do and what side effects they might have. Because they often have long and involved scientific names, medicines can seem a bit mysterious and complicated but they also have common names and you may prefer to think of them that way.

Learning about medicines is not really so different from learning about the foods you eat.

It is quite okay to find out about the medicines you take, in fact it's better than okay, its wise and sensible. The more you know, the more opportunity you have to keep yourself safer from falling. Doctors and chemists are there to help you find out. In this seminar we can only give fairly general information. For instance, most medicines have side effects and some medicines can increase the likelihood of falling. But every person is an individual and each responds slightly differently to medications

so we cannot say what the effect of a particular medicine will be for a particular person. Also, since many people take a combination of medicines and since one medicine can affect another, it is impossible to make predictions about the effect of combinations.

So the responsibility rests with you to learn all you can about your own medicines, study your reactions to them and in particular watch out for any side effects.

You may like to know that medicines that can increase the possibility of falling include some drugs used to lower blood pressure or treat heart conditions, some used to relieve stress and anxiety (such as tranquillisers) and some used to treat sleeping problems (such as sedatives).

As well as the expected side effects from a medicine itself you need to be aware that there are also circumstances that are likely to cause side-effects. Some of these circumstances might be a change in the type or brand of medicine you are taking, a change in the number of tablets you are taking the addition of a new medicine to those you are already taking, minor illnesses like colds, flu or diarrhoea, and times when you are feeling unusually tired or worried or depressed.

If you notice that you are feeling dizzy or out of kilter then ask your doctor to see if the medicine can be causing the dizziness or adding to it.

Have a look at the handout “Visiting the GP”

These are questions you might ask your GP and either write down the answers or have them written for you. It just isn't reasonable to expect to hold all the information in your head, especially as you could be feeling quite stressed during your visit to the doctor.

Most pharmacists are giving up the instruction 'Take as directed' as this is recognised as being next-to-useless. Specific directions should be given on the label – the chemist can always get them from the doctor.

Speaking of labels, you'll know they are sometimes so small that the print is almost impossible to read. Have you considered getting a magnifying glass and keeping it in your medicine cabinet? We keep one in there along with a pair of tweezers to help remove splinters.

Often older people have said that uncertainty over whether or not they have taken their medications has led to problems, You can feel very anxious not being able to remember and possibly miss altogether or take double the prescribed amount as a result. Some medications, even some available without prescription, can cause memory loss and some tranquillisers and tablets for high blood pressure cause memory problems.

Using a memory aid can be a help. Many people simply use an egg carton to set out their pills, others use a reminder box or similar product which can be bought from chemists or discount variety stores. These handy gadgets come in weekly or monthly sizes. The people who use them say that they work best when filling them is made a regular routine – Sunday evening seems to be a popular time. Certainly some kind of system like this appears to avoid a good deal of anxiety and stress.

For a modest fee, your chemist can pre-package tablets, capsules and pills in a disposable pack called a Webster® Pac that uses the same principle.

Many people have told us that they believe it is sensible to look for alternatives to drugs for some problems such as stress, sleeplessness or constipation.

While certainly drugs or pills will help in the short-term, you may like to consider whether you want to continue with them as a long-term solution.

Conditions like stress and sleeplessness are usually a symptom, a warning even, that something in life is not right and it may be helpful to look for that 'something' and try to put it right. Stress, for instance, can often be relieved by relaxation, meditation, talking with a friend, exercise, even perhaps by simply getting up earlier to give yourself more time to do the things you need to do.

If you have sleeping problems, have you looked at what might be causing the problems? Similarly with constipation or diarrhoea – if you can find the cause, sometimes a modification of the diet is all that is needed.

Here is some information on particular medicines for particular problems.

Slide 17: Blood pressure lowering medicines

Some of the medicines that lower blood pressure make it more difficult to adjust when changing your body position from lying to sitting to standing. If you are being treated for high blood pressure or a heart condition you will find it safer to change position slowly. For example, sit on the edge of the chair or bed for a moment or two before you stand up. Also take care when bending down to tie your shoe laces or pick up things from the floor.

There is a multitude of devices on the market to help you pick up things without having to bend down. Even something as simple as a length of string with a hook on one end and a magnet on the other.

Some examples of medicines that lower blood pressure are: Lasix, Moduretic, Aldomet, Inderal, Tenormin, Dyazide, Midamor, Betaloc, Adalat.

Slide 18: Medicines which induce sleep or reduce anxiety or stress

Many of the sedative type medicines can accumulate over a few days in the body. This may make you feel a little groggy. If this is happening to you, you can discuss it with your doctor as it

may be possible to change your medicine. You may find that there are alternatives such as relaxation techniques, counselling, exercise, or herbal remedies.

If you are taking medicine to help you sleep and you have to go to the bathroom during the night you will realise that extra care is needed.

Some examples of medicines prescribed for sleeplessness, anxiety and stress are: Serepax, Normison, Euhypnos, Mogadon, Ducene, Valium and Noctec.

Slide 19: Antihistamines

Many of the older antihistamine preparations tend to make some people feel sleepy or dizzy (there is usually a warning label to this effect on the packet). If you use them it is safer to take them close to retiring at night so that most of the side effects have worn off by morning.

Slide 20: Prevent falls by managing chronic conditions

The older people become, the more likelihood there is that some form of illness will develop. Some of these illnesses will be ones which cannot be completely cured or which continue over a long time. These are the illnesses or conditions that are referred to as 'chronic'. They result in problems which affect daily living and which may increase the possibility of falling. Some examples are chronic arthritis, Parkinson's disease, diabetes mellitus and some heart conditions.

First of all, there are those conditions that can affect consciousness by causing dizziness, light-headedness and/or a drop in blood pressure. These can sometimes result in a fall because of blacking out or fainting. Epileptic seizures, Meniere's disease (also called endolymphatic hydrops – a disorder of the inner ear that can affect hearing and balance to a varying degree), low or high blood sugar (diabetes) and blood-vessel

diseases that disturb blood flow to the brain are examples of these conditions.

Then there is a group of conditions including arthritis, rheumatism, Parkinson's disease, foot problems, spondylosis of the spine and paralysis due to stroke. These conditions can add to the risk of falling when they lead to symptoms such as stooped posture, muscle and joint stiffness, pain, shuffling, legs giving way or swaying of the body. This is mainly because these symptoms can result in unsteadiness and poor balance.

This not only increases the likelihood of a fall but also means that if you have a slip or trip you are less able to save yourself from falling.

As well as the often distressing physical effects of chronic illness, we need to give attention to the equally distressing emotional effects. People who have a chronic condition or who know of or care for someone who has suffered chronic ill-health for many years will be well aware of the difficulties and heart aches that have to be worked through.

Many people have reported that this is when they are most likely to become distracted. Chronic conditions can drain away energy and impair concentration, increasing the risk of a fall through lack of attention.

Slide 21: Prevent falls by making your home safer

There are quite a number of things that you can do, or can have done, to make your home safer. Many people, when they speak of falling tell of falls occurring on the street or in shopping centres or getting onto buses. In fact, quite a large proportion of falls take place at home, particularly as people move into the over-75 age bracket. Since you are the person most familiar with your own home and the way you use it, you are probably the person best placed to decide what safety measures you want to take.

You can get information and advice on all aspects of home safety from occupational therapists, physiotherapists and community health nurses (contact them through your Community Health Centre).

When looking over your house to see how it could be made safer, you need to consider overall factors such as lighting, flooring and furniture placement as well as looking carefully at each individual room.

Lighting needs to be bright but not glary. Light switches should be easy to reach and as near to the doorway as possible. And can you turn on a light before you get out of bed? Do you keep a torch beside your bed? Would you think about putting a night-light on a stairway or on the path between bedroom and bathroom?

Polished floors or tiles are surfaces to beware of as anything placed on them can act like a skateboard.

Glazed ceramic tiles are particularly hazardous especially in areas that may become wet. Unglazed ceramic tiles are less slippery, so you might consider them if new work is being done. With already-existing surfaces however, there is the possibility of using some of the liquid products that can be applied by brush, roller or spray.

Where there are floor coverings, often the edges begin to curl dangerously and can cause a trip. Have you thought about tacking them down? Sometimes people hide a worn patch with a small rug or mat and these too are best tacked down or given a non-slip backing.

Is it possible to arrange your furniture so that you can move freely about your house? It is particularly important to keep obstacles away from pathways that you use a lot.

Is your telephone in a place where you can reach it easily?
Having it on a wall makes it difficult to reach if you should fall or are simply feeling unwell.
You might consider having an extension socket or second phone installed, in your bedroom for example.

In the bathroom, consider having grab-rails installed in the bath, shower and near the toilet.. They need to be installed properly so that they will take the weight of a person. (Ordinary towel rails will not take this kind of weight).

Many people use a slip-resistant rubber mat in the bath or shower, making sure there is good suction between the mat and the bath or shower surface. There are also textured strips available that can be stuck on the bathtub, the shower recess or bathroom floor to prevent slipping.

Toilet seats are sometimes uncomfortably low for older people - do you know that there are elevated seats available? Enquire about suppliers from your local chemist or an Independent Living Centre.

Electrical wiring is best run along beside walls and cords to electrical appliances and phones should be kept clear of walk areas to avoid tripping.

In the kitchen, can you keep your most-used items at waist level? Is it possible to have most of your shelves and cupboards at a comfortable level so you don't have to stretch or lean too far? If you have a table and chairs, try to choose ones with four sturdy legs rather than 3-legged stools or pedestal tables. Many people use a rubber mat near the sink area in case of spills – and of course spills need to be cleaned up as quickly as possible and the mat needs a non-slip backing or good suction.

On the stairs, non-skid treads can be attached to each step to act as a highlight in dark areas and for people with reduced vision.

Firm hand-rails are a great help and are best placed on both sides of the stairs.

Good lighting on pathways to the house and in entry doorways will increase your safety in bad weather or at night. And it might also be wise to keep shrubbery trimmed back so that pathways are clear.

Outside paths covered in leaves are particularly dangerous when wet. Outside steps and stairs often become slippery when wet and rails nearby are a good safeguard. They may also become mossy and here too there are products available to kill moss, fungi and lichen making these areas less hazardous. Scrubbing a cement path with a diluted household bleach will discourage algae growth and pouring still-boiling water from a kettle will kill weeds on the path.

Slide 22: Prevent falls by dealing with the world outside your home

This is the most difficult area in which to put forward suggestions. The world outside our own homes – the streets, the shops, the shopping centres, the railway stations – is an environment which many people regard with apprehension and dismay. Many falls are caused by hazards in this environment – some of these hazards can only be 'managed' whereas others may possibly be 'changed'. It seems to us that management is something each individual can do and changing is probably best attempted collectively.

Here are some of the hazards that people have said are most worrying to them, together with some suggestions for dealing with them:

Slide overlay: Footpaths

Avoid if possible paths or walkways that have soft, loose or uneven surfaces such as gravel, cobblestone or brick. If the

public footpaths in your neighbourhood are pot-holed, bumpy and in need of repair, contact your local council. This is something you might do either alone or in co-operation with your neighbours.

Slide overlay: Roads

Here too if they need repair, contact your local council. Perhaps when crossing roads you can allow yourself extra time, especially in bad weather.

Slide overlay: Buses

The problem may be either that the bus stops too far from the kerb or starts off before you are safely seated. In either case, take your time. You are a paying customer! Having the fare ready can prevent you from losing your balance while fumbling for change. By not carrying too many packages you can keep one hand free to hold firmly to the handrail as you get on the bus. Use a shopping-bag hook if necessary or tie your bags together.

Remember to take a good look at each step before moving to the next. If you know that you are unsteady in the bus, it is your right to ask the driver to wait till you are safely seated before starting off. Getting on or off the bus can be a problem especially if it has stopped some distance from the kerb, or other people are jostling.

Again, take your time and hold firmly to the handrail.

Slide overlay: Railway stations

Often at the middle of the platform are handicapped symbols painted on the platform surface. At these points, station attendants can provide a ramp if required. Remember to wait behind the yellow line until the train has stopped and make use of handrails near the door if you feel unsteady.

Slide overlay: Shopping Centres supermarkets and shops.

The common problems here are slippery floors, undefined

Changes in levels, spills not cleaned up quickly, scraps of rubbish left lying about. The owners or occupiers have a legal responsibility to take reasonable care to keep their premises safe, so speak to them about your concerns. Even better, write them a note and keep a written record.

Shopping centre survival techniques that have been suggested include shopping at quiet times, using lifts rather than escalators, using a shopping buggy and making use of home delivery services.

Slide overlay: Bicycles & skateboards

Unless footpaths are designated as shared bicycle and pedestrian zones, it is okay to advise police, council or your local school if footpath rules are being breached.

Slide overlay: Driving

Age related changes will probably impair your driving ability to some extent. Your eyes will be more sensitive to glare and slower to adapt to changes between light and dark, your co-ordination will not be as good as it once was and your reaction time will be slower. You can compensate for these changes in a variety of ways, possibly by driving more slowly, driving less at night and less driving during rush hours. If you need to drive long distances, maybe you could allow yourself more time and make more stops on the way.

Here are some general points that we think are worth mentioning:

The outside world can be particularly dangerous if you are feeling rushed, distracted or not concentrating on what you are doing. Taking time and staying alert seem to be the best answers.

You need to be aware not only of your own movements but also those of pets, small children, other pedestrians, joggers, cyclists etc.

If you use glasses or a hearing aid it is as well to wear them when you go out.

If you use a walking aid such as a stick, crutches or a frame, these need to be fitted individually and need regular maintenance. Here again, remember to take them with you when you go out.

Wearing safe shoes will be a big help – they need to fit securely, have low broad heels and slip-resistant soles (try to avoid smooth leather soles).

Slide 23: Monitoring Drugs of Choice

Nowadays there are many so-called recreational drugs that a number of people take for a variety of reasons. Today we will use alcohol as an example, however the principles apply to any recreational drug.

Alcohol can cause irreparable damage to the brain and central nervous system and so increase the likelihood of falling. Even moderate drinking can slow down brain activity and lessen mental alertness, judgement, physical co-ordination and reaction time, thus contributing to a higher risk of falling.

For older people, there are very real consequences associated with alcohol that suggest that it is wiser to limit your intake.

Even a small amount of alcohol can disturb already impaired balance and reflexes.

Slide overlay (graphic)

Being a drug, it mixes unfavourably with many other drugs, both prescription and over the counter. As well, some prescription drugs may intensify the reaction to alcohol, leading to more rapid intoxication.

It can dangerously slow down performance skills like driving and walking and impair judgement.

It can reduce alertness when taken with other drugs such as tranquillisers, barbiturates, painkillers and antihistamines.

It can produce exaggerated responses to other drugs as it can cause them to be metabolised more quickly - in particular, anticonvulsants, anticoagulants and diabetes medication.

Aspirin can sometimes cause bleeding in the stomach and intestines – alcohol also irritates the stomach and may aggravate any bleeding if combined with aspirin.

Alcohol and diuretics can combine in some people to reduce blood pressure thus producing dizziness.

For all these reasons, we are suggesting that if you drink, even moderately, it would be wise to check with your doctor or pharmacist about possible interactions with any medication you are taking.

Slide 24: If you have a fall

Kylie Ladd in her book, ‘After the Fall’ wrote, “A fall is a surrender, you can’t help it, you didn't plan it. Maybe you could have been more careful, but its too late for that now – you might as well enjoy the swoop and the speed, the unnerving sensation of having your feet higher then your head.”

Here are some important things to do if you have a fall at home: The first is to stay quiet for a few moments to let the first shock pass so that you can think clearly.

The second is to remember to use a piece of furniture to help if you decide to try getting up.

It seems almost a natural instinct to try to get up immediately, but it really is worthwhile spending a few minutes being quiet and still before doing anything. You can then think out more carefully what your best course of action may be. If you have suffered an injury you may decide you are better off calling and waiting for help rather than trying to get up.

If you live alone, calling may not be very effective so instead of letting this be a worry, you might consider getting a personal alarm system. This can be worn around the neck or at the waist, so that you can summon help in an emergency. If you use a neck-worn device make sure the fastening has a breakaway link in case it becomes entangled in something. A man recently was asphyxiated when his neck-worn pendant alarm got caught in his wheelchair wheel.

If after a fall you decide it is safe and sensible to try to get up, here are some suggestions as to how you could go about it. One method is to slide or shuffle along the floor to the nearest chair, sofa, bed or the like. Then manoeuvre yourself into a side-sitting position, then a kneeling one and then lever yourself up gradually onto the furniture.

Another method is to roll onto your stomach, then raise yourself onto all fours and crawl to the nearest suitable piece of furniture. Place your hands on it and then you will be in the same kneeling position the first method and you can then raise yourself using the furniture for support.

In either cases, it is best to do everything slowly and carefully, remembering that even if you are not hurt, you will have suffered a shock in falling.

It may be that neither of these methods will work for you - perhaps your knees are too painful for crawling or your arms and shoulders not up to levering yourself onto a chair. So, if you decide not to try to get up, or are unable to, it is sensible to keep yourself warm and comfortable until help arrives. Maybe you can roll up in a carpet or pull a bedspread, coat or blanket over yourself. Maybe you can reach a cushion or pillow to put under your head or knees.

Another suggestion we have heard is that if you live alone and can't get up you could try sliding along the floor and out your front door to summon help. While clearly this makes more sense than lying helplessly for hours waiting for help, we can all appreciate that in today's world there are risks involved with this course of action.

Instead, you may prefer to keep a bell or whistle handy, on the floor under a chair for insurance and arrange with a neighbour to come if you sound either of them.

You may prefer to place the telephone, together with emergency numbers, in an accessible place like a low table or stool, or to have a personal or house alarm that is easily activated. These

alarm services are listed in the Yellow Pages under Alerting Systems and/or Services

If you fall in public, again, to stay quiet and still and give yourself time to think is the best advice we can offer. Remember, it is better to suffer a small embarrassment than a big injury. Trying to scramble to your feet too quickly may mean the difference between a bruise and a break.

Slide 25: Legal Aspects of Public Falls

Traditionally, the law has held property rights to be more important than personal rights so that the owner or occupier of premises was in a stronger position than a member of the public. It also favoured someone in a contractual arrangement over someone in a more general situation – for example, a carpenter working in a supermarket would have been more favourably regarded than a shopper.

However, the law has changed in recent years to take account of the notion of an occupier's liability – the occupier of the premises is required to take reasonable care to ensure that the premises are safe for people to enter, regardless of their reason for doing so. Remember that what we are sharing here is for your general information and cannot be applicable to any particular situation and so we recommend that you seek professional legal advice before undertaking any course of action.

If you have a fall in a public place there are a number of useful steps you can and should take. You will probably need to show that the occupier has not exercised 'reasonable care' so it is very important to take note of every possible detail, difficult though this may be if you are shocked or injured.

Did you fall because of something on the floor?

Is it there still or on your shoe?

Did you fall because of the nature of the floor itself?

Is it particularly highly polished?

If such a floor is wet, your case will probably be very much strengthened.

Are there witnesses to your fall? Take their names and addresses if possible.

Where exactly did the fall occur, and when?

Accurate details will add to the strength of your case.

Make sure the owner or occupier knows about your fall – if they have a record of it they cannot later deny knowledge.

If at all possible, find out if anyone has made a complaint about the premises – if a hazard has been there for some time and people have complained, then the law would say the owner or occupier knew of the danger and failed to take ‘reasonable care’.

See a doctor and tell the doctor just how your fall occurred – insurance companies require an accurate history of any injury.

Seek legal advice – do not assume you have no rights. You have rights and in fact, claims are much easier to bring now than a few years back. If you are not happy with a particular solicitor, you have every right to change to another.

Remember always that property owners may try to deny liability – they will nevertheless very often settle a claim for commercial reasons (to get it out of the way quickly and cheaply and avoid embarrassment).

You may be able to claim compensation for medical bills in case of injury and also for pain and trauma associated with your fall.

Slide 26: Housekeeping

Finally, Noor Iskandar, a multidisciplinary artist based in Singapore wrote something very profound. He said, “If all else fails, [when] we ... factor [falling] into our equation. And pray hard, someone factors [catching us] into theirs.”

Overlay & Discuss: Survey form

Overlay & Discuss: Certificate of attendance Request

Overlay & Discuss: Newsletter Subscription Request

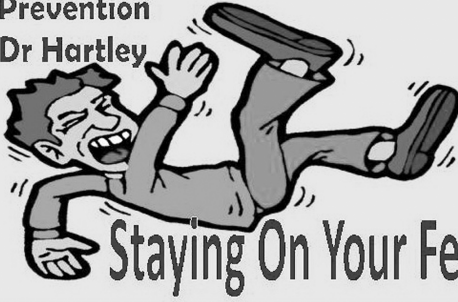
Overlay & Discuss: Future programs

Overlay: Question and Answer session

Slide 27 Blank

Slide 28 Focus

Falls Prevention
with Dr Hartley



Eye Exercises



Many people believe that we allow our eyes to become lazy - and it is certainly true that eyes often respond well to simple exercises. Your optician can help you with eye exercises but here are several we have tried -

- 1** move your eyes up and down, round and round, side to side for a couple of minutes, at any time of the day. Rest them in between exercises.
- 2** hold a pencil or toothbrush a comfortable distance away and bring it slowly toward to your nose, keeping your eyes on the point all the while. Do this several times.
- 3** hold a finger fairly close to your face and look intently at it, then look away to an object across the room. Repeat this close-distant exercise several times, rest a few seconds and repeat.

www.lrhartley.com/falls

Falls Prevention
with Dr Hartley



Visiting the G.P.

When you visit your GP do you make sure you take with you all the information that is needed or useful? It is a good idea to have on hand

- a list of all the medicines, both prescribed and over-the-counter, that you are currently taking and in what quantity and strength
- a list of all your symptoms

Some of the questions you might ask about your medicines are:

- Is there an alternative to medicine? Would a change in diet be helpful? Or exercise and relaxation? Would counselling be a good idea?
- What is the name of the medicine and what is it for?
- How often and when should I take it?
- What can I expect in the way of results and of side-effects?
- What should I do if I have side-effects, especially dizziness?
- How will this medicine interact with others I'm taking?

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