STAYING VERTICAL:

Balance and Falls Reduction



SECTION ON GERIATRICS

American Physical Therapy
Association

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Balance and Falls Prevention

- Related to Osteoporosis
- Need to work on higher bone density and reduce risk of falling

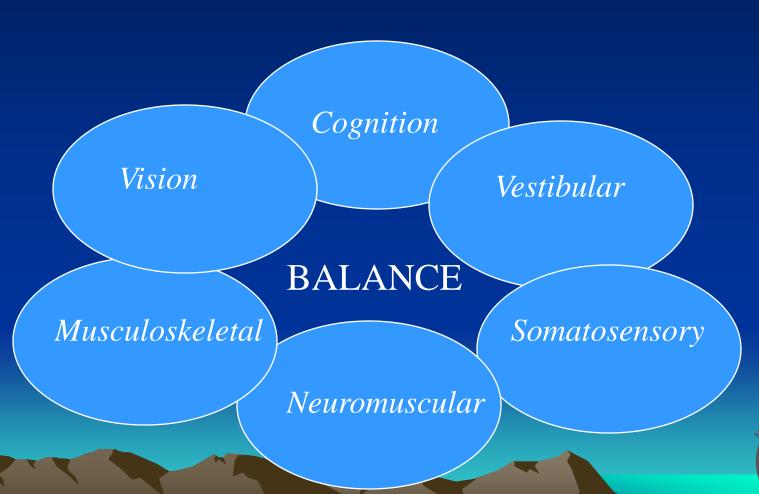




- The ability to control and maintain your body's position as it moves through space
- Requires coordination of sensory systems (vision, proprioception and vestibular), neurological and muscular response
- Balance is a skill a learned motor pattern… you can keep it or relearn it by PRACTICING IT!!!











Typical Changes with Aging

- Reduced flexibility in the lower extremity joints
- Decreased strength of the ankles, knees and hips
- Less control of momentum
- Decreased coordination and
- Decreased reflexes and increased reaction time
- Vision and sensory changes
- Gait: slower speed, shorter step, wider base of support



- Leading cause of death from injury in elderly persons
- Greatly increased risk with advancing age
- Estimate 40% of those over 80 and 66% of institutionalized elders fall each year
- Major source of disability through fractures, activity restriction, fear





Interaction of multiple factors





Fall Factors

INTRINSIC:

- ♦ Vision, hearing
- **↓**Strength
- **▶**Balance

Medications (4+)

Lack of sleep

Mental status

Chronic disease

EXTRINSIC:

Stairs

Clutter

Wet surfaces

Loose rugs/carpets

Cords

Poor lighting

Hurrying/rushing



Medications

- Anti-hypertensives
- Anti-depressants
- Levodopa
- Antipsychotics
- Any sedative drugs including some muscle relaxants
- Long-term steroids proximal muscle weakness





Fear of Falling

- 60% of fallers express "fear of falling"
- 33% indicate restriction of activities due to fear
- Fear of falling also indicated by non fallers





 If a person is unable to balance 5 seconds they are at risk for INJURIOUS falls.



One-Leg Balance Is an Important Fredictor of Injurious Falls in Older Persons; Vellas B. et al; JAGS,45 (6)-1997,735-8





Assessment

- Screens
 - History of Falls
 - Tandem Stand or Walk
 - Single leg stand
 - Stand and Reach Less than six inches highly predictive of falls
 - Timed Up and Go (TUG)



Detailed Assessment Often done by a Physical Therapist

- Tinetti Scale
- Berg Balance Scale
- FEMBAF Fast Evaluation of Mobility,
 Balance, and Fear
- Dynamic Gait Index
- Activities Balance Confidence Scale



What can YOU do to prevent falls?

- 1. Begin a regular exercise program
- 2. Review your medications with your health care provider or pharmacist
- 3. Make your home safer
- 4. Have your vision checked



- PTs are able to develop an exercise program for you that will be appropriate for your condition
- PTs will evaluate your posture, your strength, your range of motion, and your conditioning status and will develop a balance program which should help keep you fit as well as safe
- PTs can answer your questions or refer you to others who will





Change Activities

- Allow for Dizziness
- Reduce High Risk Behaviors
- Use Assistive Devices if Recommended





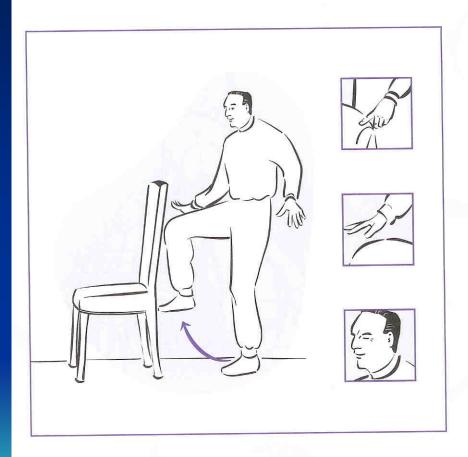
Balance Exercises

- Tai Chi
- Slow movements emphasizing one legged balance





Strength/Balance Exercises



Exercises

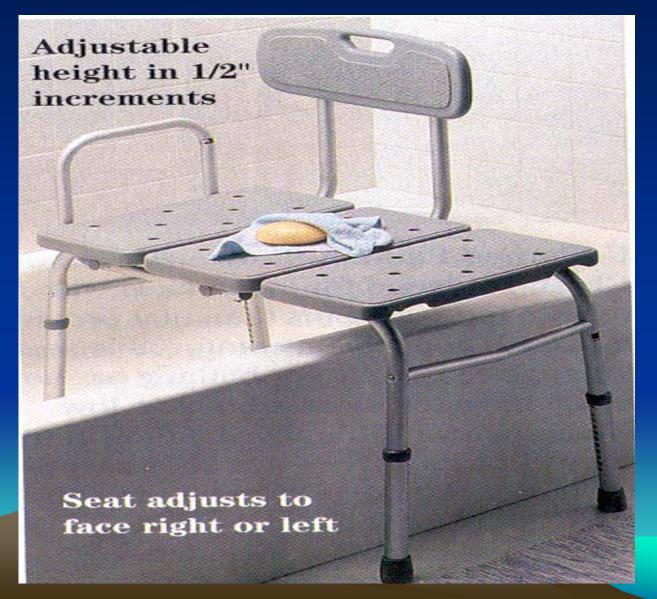




- ☐Exercise regularly
- ■Wear proper footwear
- □Look where you walk!
- □Correct common home safety hazards loose throw rugs, poor lighting, slippery bathtubs & showers, clutter and obstacles in walkways, loose cords, unstable stools/chairs, hazardous steps or curbs

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Example of Tub Seat





Example of Toilet Supports











It's never too early and it's never too late!

Remember,
Ginger Rogers
did everything
Fred Astaire did,
but she did it
backwards and in
high heels!





See a Physical Therapist for More Details



QUESTIONS?

