

10 Myths and Facts about Falls

- Risk Factors
- Fall Protection
- Speak Up!

Are you concerned about the danger of falling? Especially if you've recently experienced a fall, you may worry about the possibility. But the good news is, plenty of research has been done on this very issue, and there's much we can learn from the studies. Being informed is the first step...because when it comes to falls, knowing myths from facts can help you lower your risk.

Myth #1: The topic of falls isn't an important issue for me. If I fall, I just get up. No big deal.

Fact: Each year, one in three people age 65+ experiences a fall *serious enough to require medical attention*. Falls lead to hip fractures and other serious injuries, and are the leading cause of death due to injury. In many cases, the resulting disability makes it impossible for a person to continue to live independently.

Myth #2: Falls are just a part of growing older, and I can't do anything about that.

Fact: Our bodies change over time, and some of those changes do increase the risk of falling.

Most older adults will experience problems with their eyesight, sense of balance, mobility, bone structure and reflexes. Medical conditions such as stroke, diabetes and Parkinson's disease also increase the risk. But there is much you can do to protect against falling.



How do medications affect our fall risk?

Myth #3: So long as I stick close to home, I can avoid falling.

Fact: Over half of all falls take place right in the person's home. One of the most important steps

you can take to cut your fall risk is to do a regular home safety inspection. Look for hazards, such as rough floor surfaces, clutter, throw rugs, and poor lighting. Make simple home modifications, such as grab bars in the bathroom, a second handrail on stairs, and non-slip paint on outdoor steps

Myth #4: If I have experienced a fall, the best way to prevent falling again is

to sit down most of the time and avoid physical activity.

Fact: This may be the biggest myth of all when it comes to protecting against falls! The truth is, inactivity actually increases the risk. Here's how it works: you experience a fall. Fear of falling causes you to reduce your level of activity. This reduces your reserve of energy, muscle tone and alertness...which makes it *more* likely that you will fall. Avoid this "cycle of inactivity" by asking your healthcare provider about a fall prevention exercise plan that's right for you.



Does exercise need to be strenuous to protect against falling?

Myth #5: For protecting against falls, only balance exercises are effective.

Fact: Four types of exercise all work together in an effective fall prevention exercise program:

- ✓ *Aerobic exercise*, which improves cardiovascular fitness and brings more oxygen to the brain
- ✓ *Strengthening exercises*, which build the muscles
- ✓ *Balance exercises*, which help improve "proprioception"—our sense of body placement
- ✓ *Flexibility exercises*, which help keep us

limber by stretching the ligaments.

Myth #6: Muscle strength and flexibility, once lost, can never be regained.

Fact: It is true that as we age, we lose 20 to 40 percent of our muscle tissue, and become less limber. But exercise can at least partially restore strength and flexibility. Even if you've been a "couch potato" your whole life, beginning an exercise program now will benefit you in many ways—not the least of which is protecting against falls.

Myth #7: To prevent against falls, exercise must be strenuous.

Fact: Every little bit helps! Even moderate activity can make a marked difference in muscle strength. Some of the most useful exercises, such as Tai Chi, are very gentle. Every older adult, no matter what his or her health status, can reap the benefits of an individualized exercise program.

Myth #8: Medications can't increase the risk of falling.

Fact: It's true that some medications help protect against falls by treating conditions that increase a person's risk of falling, such as arthri-

tis, osteoporosis and low blood pressure. But the side effects of some medications can actually put us at *greater* risk of falling. Side effects such as dizziness, fatigue, confusion or weakness should be discussed with your healthcare provider.

Myth #9: If I am concerned about falls, I shouldn't mention it to family members or my healthcare provider—they might just try to slow me down!

Fact: Fall prevention is a team effort...so make it the subject of conversation with your doctor, family, and anyone else who is in a position to help. People who care about you want to help you reduce your risk.

Myth #10: If I am worried about the fall risk of a parent, spouse or other older adult, I shouldn't bring it up because it might hurt their feelings. And it's none of my business!

Fact: The reality is, helping your loved one or friend reduce the risk of falling is a caring act that can help him or her maintain the highest degree of independence possible. Yes, it is ultimately up to the senior him- or herself, but you can be a cheerleader for removing hazards in the home, finding a fall protection program—in short, working on risk factors that something *can* be done about. Let the person know that you fully support this important goal.

My Notes: