

Project UPRIGHT: NL Falls Prevention

Workshop Kit

This kit has been developed for use by seniors and others interested in falls prevention. The kit has been developed to provide the resources and information to provide a workshop on falls prevention. The overheads and handouts provide a guide for the workshop. There is a yes/no risk questionnaire and falls prevention plan that people attending the workshop can complete. There is also a power point copy of the overhead slides available if you have access to computer set up.

To help monitor and improve the project and the workshop presenters are requested to inform the Seniors Resource Centre of the number of people who attend a workshop and where the workshop was provided. Presenters are also requested to collect a list of names and telephone numbers of people who would be willing to have someone contact them about how they found the workshop. This is a way to help us to improve the workshop packages. Presenters may be asked to help identify someone in their area that could assist with follow up phone calls. This person would receive some training from the project evaluator and also receive an honorarium for their help. Please contact the Seniors Resource Centre (1 800 563 5599) soon after your presentation and ask to speak with Clarice Cole or Lisa Paton with Project UPRIGHT.

You may find that there are some questions that you are not sure how to answer please call the Seniors Resource Centre and we'll help you to find the answer. You may feel like you would like to have a resource person from the community such as a public health nurse or a therapist attend your presentation to offer their expertise or help with questions. If you need some assistance to arrange this please contact the Seniors Resource Centre and we will help you to identify an appropriate person.

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Planning Your Presentation

Factors to Consider:

1. Audience:

- know your audience to help you tailor your presentation.
- Find out how many people are expected to attend.
- Be aware if reading/vision or hearing is a problem for people attending.

2. Time Frames:

- Know the amount of time that you have for your presentation.
- Remember to include a little extra time for late comers.
- Include some time at the end for discussion, and questions.

3. Facilities:

- Find out what space is available.
- Find out if an overhead projector and screen or wall to project on are available.
- If there is not a screen or overhead projector available contact the Seniors Resource Centre and we will help you to see if a local agency can loan you one.



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Providing Your Presentation

Before you start your presentation make sure that you have all the materials that you will need.

Materials Required:

- Overhead Projector.
- Overhead Slides.
- Copies of the falls risk assessment for everyone in the group.
- Copies of the falls prevention plan for everyone in the group.

Start off and introduce yourself. You may want to explain to the group how you became interested in falls prevention or in Project UPRIGHT. You can use the first slide to explain the goals of the presentation. Early in the presentation check to make sure that everyone can hear you or if you are using an overhead, see the slides.

You may want to use some of your own examples or stories to help make the presentation more interesting or to emphasize a particular point. If you are enjoying yourself chances are so will your audience. Follow the overhead slides and you can refer to the presentation background information.

To close the presentation you may want to give a brief review of the key points discussed. Thank the audience and the person/s who invited you to speak. Collect a list of names of people willing to be contacted for feedback on the workshop. Be sure to emphasize how this helps to make the program as successful as possible. You can also advise people that if they have further questions they can contact the Seniors Resource Centre. Your feed back is important as well please contact the Seniors Resource Centre and let us know how you found this workshop kit.



Issues in Discussing Falls Prevention

Whether you are talking with an individual or a group about falls prevention the topic can be difficult to approach. There are a number of common attitudes that can make it difficult to talk about falls prevention. Some of these common attitudes and ways to address these concerns are outlined below.

Attitude: It doesn't apply to me

Often people may say things like.....

"It will never happen to me."

"I'm not really a senior yet so I don't need to think about it."

"I'll do something when I start to notice that I have been having trouble walking."

Response:

It can be helpful to point out that prevention starts before there is a problem. Everyone, regardless of age, has a risk of falling. Some preventive actions need to start before problems arise such as ensuring a good diet and regular exercise habits. Sometimes people realize in the most surprising ways that falls prevention actions can be helpful for themselves such as....

"I put in the grab bar for my mother when she was living with us and I find I use it myself all the time."

Attitude: There's nothing you can do about it

Often people will say things like...

"Most of the time the person breaks their hip and then falls."

Response:

It can be difficult to be 100% sure in any case if this is what has happened. In an otherwise healthy hip this is seldom ever the case.



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Falls prevention starts with maintaining healthy muscles and bones through good nutrition and exercise long before the fall.

“I just don’t go out in the winter its too slippery and I can’t take the chance”

Response:

Although caution and good judgement are still essential, it is important to maintain your activity level. Appropriate winter footwear and a walking companion may allow you to keep up your activity level in the winter months.

“I’m just a klutz I have always been that way”

Response:

If you feel you are clumsy maybe a gradual balance program such as Tai Chi could help you to increase your balance.

Attitude: Its inevitable

Often people say things like.....

“There really wasn’t anything that I could have done about it.”

“He was old, of course he fell often.”

Response:

Both of these explanations for falls are often the immediate response when someone falls. Often there is not just one factor to blame for a fall. Risk factors include eye sight, rushing, being distracted, hearing loss, medication side effects, blood pressure changes, lack of exercise, low balance, low coordination, and hazards such as cords, throw rugs, ice, and lighting. Falls are not due to aging effects alone, many seniors are successful in taking steps to avoid falls completely.



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Attitude: I don't want to talk about it

Often people say things like....

“I was so embarrassed about it I just got up and tried not to think about it again.”

“I felt so foolish. I was just going up the stairs and all of a sudden I was at the bottom again”

Response:

Letting people know how common falls are and that they can be prevented is the first step in helping people to take action on reducing their own risk for falling.

“I don't want to tell my son I need some help because he will put me in a nursing home if I tell him that I fell yesterday”

Response:

It is important to emphasize that in talking about falls prevention you are looking at ways for the person to remain independent. Unfortunately once a person has an injury due to a fall they often need considerable help before they can resume even basic day to day activities.

“My doctor told me to get a cane and I have tripped over it more than it has ever helped me”

Response:

Using a cane, walker, or grab bar can help ensure safety and independence in activities. People using new equipment should be trained in its use to be sure that it is being used safely. A community occupational therapist, physiotherapist or nurse can provide this training.



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“All I wanted was my light bulb replaced and next thing I knew my house was stripped clean of all my favourite things my cat, my slippers, my favourite hooked rug and I haven’t been able to find where they moved my telephone”

Response:

Often well meaning family and friends can jump to make changes that the person does not want to make. It may be helpful to sit down together and discuss what they see their own falls risk factors to be and the ways they would like to reduce their own risk. Find ways to compromise on the changes with reducing the range of risk factors as the goal.

Attitude: I don’t need to make any changes

Often people say things like...

“I have gotten so used to holding onto the towel rack and soap dish I don’t think that I need a grab bar”

Response:

It may be helpful to talk about the importance of grab bars being mounted securely in studs. Although a towel rack or soap dish may allow you to steady yourself if you needed to pull on it for support it may come off the wall.

“Once a week I walk to get my mail and that’s enough exercise for me”

Response:

Although once per week is better than not at all an exercise program needs to occur three times per week for the person to fully benefit from the exercise.



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REMEMBER.....

- Emphasize maintaining **independence** as the goal of falls prevention.
- Emphasize that **prevention** starts before there are problems.
- Emphasize that most falls are caused by a **combination** of a number of risk factors and its important to do as much as you can to reduce factors you have control over.
- Encourage the senior to identify for them self their own risk factors and the steps that they could see reducing their risk. Find ways to **compromise** on changes or to make it more of a natural change for the person.
- It may also help to disarm the situation by **sharing a personal experience** or story of a family member.



BACKGROUND INFORMATION FOR FALLS WORKSHOP

FEAR OF FALLING

- ~25% of falls result in the person restricting their usual activities due to fear of falling
- The fear of falling leads to decreased mobility and functional dependence. It can lead to depression and decreased independence and further increase your risk of falling

LOSS OF INDEPENDENCE

- 40% of admissions to nursing homes are related to falls
- Number of days of activity lost from home injuries is higher for seniors

INJURY

- Estimated 5-10% of falls result in injury
- Of those who fall, 20-30% suffer moderate to severe injuries
- 84% Of injury related hospital admissions are due to falls

DEATH

- Falls are the 6th leading cause of death in Canada
- Falls are the leading cause of accidental death for seniors

COSTS ASSOCIATED WITH FALLS

- Costs associated with falls are estimated to be \$2.4 billion annually in Canada
- Costs include treatment of fall-related injuries (hospital, nursing home care, physician, rehabilitation, community-based services, medical equipment, prescription drugs, home modifications)
- Direct costs **do not** account for the long term consequences of these injuries, such as disability, decreased productivity, or quality of life.



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FALLS RISK CHECKLIST

(Adapted from: Simon Fraser Health Region, 1999)

Do you ...

Circle "Yes" or "No"

1. Have vision difficulties?
Yes No
2. Have hearing difficulties?
3. Take three or more medications?
Yes No
4. Ever feel dizzy?
Yes No
5. Have foot problems?
Yes No
6. Have weak muscles or stiff joints?
Yes No
7. Regularly check your home and remove safety hazards?
Yes No
8. Require any special equipment or have difficulty with day to day activities?
Yes No
9. Experience shortness of breath?
Yes No
10. Experience difficulty with sleeping?
Yes No
11. Drink alcohol frequently?
Yes No
12. Have to rush to the bathroom?
Yes No



BACKGROUND INFORMATION FOR FALLS RISKS FACTORS

Question 1: Ever Feel Dizzy?

What Can Cause Dizziness?

- Standing up quickly from a chair
- Getting up quickly from lying down
- Low blood pressure
- High blood pressure
- Medication side effects
- Inner ear problems

What you can do

- Sit on the side of the bed for a few minutes before you stand up.
- After standing, pause and take one slow deep breath before you take a step.
- Have your blood pressure checked regularly.
- Tell your doctor if your medication is making you drowsy or dizzy.
- Have your ears checked.
- Attend blood pressure clinics.
- Get information on weight control.
- Perform mild balance related exercise programs.
- Consult with a doctor or nurse.

Question 2: Take three or more medications?

What Can Cause Medication Concerns?

- Taking over the counter (i.e., non-prescription) medications, herbal remedies or alcohol with prescription medications.
- Using someone else's medications.
- Not being sure what medications you are taking, how many you should take, and why you need to take them.
- Using outdated medication.
- Your doctor may not be aware of all the medications you are taking.
- Your doctor may not be aware of the side effects you have experienced.



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What you can do

- Never borrow medication from others.
- Keep a list of your medications in your wallet or purse and on the fridge.
- Throw out outdated medications.
- Ask your pharmacist or doctor before taking any over the counter medications or herbal remedies with prescription medications.
- Avoid alcohol when you are taking prescription medications.
- Review your medications with your doctor at least every six months and whenever any medication is added or stopped.
- Ask your pharmacist about medication side effects and possible drug interactions before taking any medication.
- Use the same pharmacy all the time.

Question 3: Drink alcohol frequently?

What Can Cause Over-Use of Alcohol?

- Using alcohol to aid sleep (alcohol is a central nervous system depressant which disturbs normal sleeping patterns).
- Using alcohol to relieve aches and pains (alcohol can cause greater aches and pains).
- Loneliness
- Sadness or depression
- Grief and loss
- Boredom
- Stressful situations

MYTH: "Alcohol tolerance is the same throughout life". In fact, aging **decreases** your tolerance and can cause major health problems.

What can you do

- Record how much and why you are using alcohol.
- Learn about how your body responds differently with age.
- Find out whether your feelings are common so you can find healthy ways to deal with them.
- Share your feelings with someone you trust such as a family member, friend or senior's peer counselor.



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- If you are feeling sad or nervous, do not feel like eating, or start losing interest in your activities, then talk with the community nurse, a peer counselor or your family doctor.
- Join a community group or activity.
- Tell your doctor about your aches and pains and discuss ways to manage the problem.
- Talk with societies or groups that are trained to counsel on alcohol misuse.

Question 4: Have foot problems?

What Can Cause Foot Problems?

- Poorly fitting shoes, slippers, boots
- Shoes with high narrow heels, slippery soles, “sticky” soles, no support
- Swollen feet
- Untreated foot problems, like calluses, bunions, corns, untrimmed toenails, or ingrown toenails
- Poor or very bad posture
- Loss of feeling in your feet as a result of some diseases, e.g. diabetes

“Those comfortable shoes are now worn out, so throw them out”

What can you do

- Wear proper fitting supportive shoes with low broad heels.
- Choose shoes that may offer better support than slip-ons.
- Make sure your footwear is in good repair.
- Talk with a nurse or doctor about calluses, bunions, corns, or ingrown toenails. Corn plasters are not recommended for people with diabetes, heart or blood vessel disease.
- If your shoes are loose and you can't afford a new pair, buy insoles or wear extra socks.
- Buy slippers that fit properly and are enclosed around the heels.
- Keep your feet up when sitting if they are swollen. Use a pillow underneath your feet if lying down to keep feet higher than your hips.
- Wear loose socks or stockings. Knee-highs can cut off your circulation in your legs and numb your feet.



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Question 5: Have weak muscles or stiff joints?

What Can Cause Weak Muscles and Stiff Joints?

- Lack of physical activity, including not walking.
- Unresolved injury, pain or discomfort.
- Conditions affecting the muscles and joints such as arthritis, osteoporosis, Parkinson's and stroke.
- Tight muscles.
- Energetic physical exercise.

What can you do

- Join an exercise program at recreational centers.
- Join a program for helping osteoporosis.
- Plan a regular activity and gradually increase it.
- See a physiotherapist for specialized exercises.
- Contact local support groups.
- Talk with your doctor about your discomfort or soreness, what time of day, what activity you are doing, when the discomfort is the worse, and what you do for the discomfort. It's a good idea to write all the information down and discuss it with your doctor, a physiotherapist, occupational therapist, or nurse.

Question 6: Have to rush to the bathroom?

What Can Cause Changes in Bladder & Bowel Control?

- Weakness of muscles controlling flow
- Changes in your eating and drinking habits
- Side effects of medications
- Infection
- Prostate problems
- Constipation can contribute to bladder problems.

MYTH: Along with aging comes loss of bladder and bowel controls.



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What can you do

- Go to the bathroom before going to bed.
- Avoid beverages that contain caffeine.
- For constipation; eat a high fiber diet (vegetable, fruit, whole grains), plenty of fluid, and exercise.
- For diarrhea; drink plenty of fluids, bland diet (e.g. rice, potatoes, and yogurt).
- Drink enough fluids so that your urine is light yellow in colour. Drinking too little fluids will cause irritation to the bladder and possibly urinary tract infection.
- Incontinence products for women and men are available at medical supply stores and pharmacies.
- For exercises to strengthen muscles that control urine flow, see your doctor, nurse, or physiotherapist.
- See your doctor with any changes in bladder and/or bowel control. Tell your doctor about any blood in your urine, foul smelling urine, difficulty or pain urinating, urinary frequency, difficulty getting to the bathroom on time, constipation or diarrhea.

Question 7: Have vision and/or hearing difficulties?

What Can Cause Vision Difficulties?

- Dirty or scratched eye glasses
- With age, eyes become sensitive to glaring light.
- Eyesight prescription has changed.
- Getting used to bifocals.
- Low lighting causing eye strain.
- Diseases of the eye such as cataracts, glaucoma, infections.

What can you do

- Clean glasses regularly. Use a non-glare cleaner and soft cloth.
- Wear sunglasses when in the sun.
- Wear special glasses that cut down on the glare.
- Pause and give your eyes time to adapt to changes in light.
- Use good lighting in halls, stairways, and bathrooms.



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- Use night-lights.
- Maintain good diabetic control.
- Bifocals; do not look through lower part of glasses when going up or down the stairs. Instead bend your head to use upper part of glasses.
- Remove reading glasses when walking.
- Check eyesight at the optometrist or ophthalmologists once a year.

What Can Cause Hearing Difficulties?

- Wax build up in ear
- Dirty hearing aids or old batteries in hearing aids
- Inner ear problems

What can you do

- Make sure your ears are clear of too much wax.
- Clean your hearing aids often and check batteries regularly.
- In a public place, choose to sit in the corner to reduce excess noise.

Question 8: Experience difficulty with sleeping?

What Can Cause Difficulties with Sleeping?

- Lack of physical activity
- Poor sleeping environment
- Lack of sunlight
- Having coffee, tea, cola, alcohol or chocolate in the evening.
- Napping in the late afternoon and early evening.
- Stress
- Feeling nervous, anxious or worrying.
- Sadness or depression
- Medication and alcohol use
- Age-related intolerance to sleeping pills
- Aches and pains
- Grief and loss



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What can you do

- A normal sleeping pattern for older adults is six hours per night, awakening twice during the night, with 20 minutes to go back to sleep.
- If you can't sleep after 20 to 40 minutes, get up and do something quiet like read a book or listen to music.
- Avoid foods and drinks with caffeine after 4:00 pm, try warm milk instead.
- Do not nap in late afternoon or early evening.
- Keep bedroom cool and quiet.
- Ensure mattress is firm and comfortable.
- Learn relaxation techniques.
- Increase exercise during the day. Try to go outside and walk for 20 minutes a day.
- Limit alcohol as it reduces the amount of restful sleep you get.
- Talk with someone you trust about feeling anxious or sad.
- Check with a health care professional, your community nurse, pharmacist or family doctor.

Question 9: Experience shortness of breath?

What Can Cause Shortness of Breath?

- Smoking
- Lack of physical activity
- Obesity
- Pollution
- Lung, respiratory infections or chronic diseases such as bronchitis, emphysema
- Allergies/asthma
- Heart problems

What can you do

- Cut down or stop smoking with help from family, friends, education programs.
- Try to stay away from places where air is polluted (e.g. smoking areas).
- Get your annual flu shot and one time pneumonia vaccine to prevent severe respiratory infections.



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- Gradually get more physical activity, walk a block or join a fitness program.
- Eat healthy nutritious meals.
- Talk with your doctor about shortness of breath and why it is occurring, when it happens, how it limits your activities.

Question 10: Regularly check and remove safety hazards in your home?

Why don't people remove hazards?

- Procrastination
- Difficulty making changes (need assistance to move items)
- People may be reluctant to ask for assistance
- People don't always stop and think about the safety of their home

What can you do

- Plan a time to review your home.
- Have an occupational therapist review your home for recommendations to improve help you remain safe and independent.
- Ask for assistance to make repairs or renovations.
- Check with local services if assistance is available.

Question 11: Require special equipment or have difficulty with day to day activities?

Why don't people have the assistance they may need?

- Often people do not want to appear that they are in need of special assistance.
- People think that special equipment or asking for assistance will make them less independent.
- Your ability to complete tasks independently can vary day to day if they are having a change in health status.
- Difficulty making the required changes (need assistance to move items)
- People don't always stop and think about the safety of their actions



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What can you do

- If you notice a significant change in your ability to complete activities ensure that your medical status is reviewed.
- Ensure that special devices are kept within close reach.
- Remind yourself that using special equipment or getting assistance will help you to remain more independent by avoiding a serious injury.
- Ensure that you receive training in the use of any special equipment from an occupational or physiotherapist to be certain that you are using it safely.



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My Falls Prevention Plan

Action	Time Line	3 month follow up	6 month follow up	12 month follow up
1. Have my vision checked.		completed	<input type="checkbox"/> completed	<input type="checkbox"/> completed
2. Have my hearing checked.		<input type="checkbox"/> completed	<input type="checkbox"/> completed	<input type="checkbox"/> completed
3. Have my medications reviewed by my doctor or pharmacist.		<input type="checkbox"/> completed	<input type="checkbox"/> completed	<input type="checkbox"/> completed
4. Have my blood pressure checked.		<input type="checkbox"/> completed	<input type="checkbox"/> completed	<input type="checkbox"/> completed
5. Take better care of my feet and review the shoes I have to ensure they are safe and appropriate.		<input type="checkbox"/> completed	<input type="checkbox"/> completed	<input type="checkbox"/> completed
6. Participate in a regular exercise program.		<input type="checkbox"/> completed	<input type="checkbox"/> completed	<input type="checkbox"/> completed
7. Review my home for safety hazards.		<input type="checkbox"/> completed	<input type="checkbox"/> completed	<input type="checkbox"/> completed
8. Learn more about home independence and safety equipment.		<input type="checkbox"/> completed	<input type="checkbox"/> completed	<input type="checkbox"/> completed
9. Other: _____ _____ _____ _____ _____		<input type="checkbox"/> completed	<input type="checkbox"/> completed	<input type="checkbox"/> completed

ADDITIONAL NOTES

