



## Reversing the Risk of Senior Falls

Among older adults, falls are the leading cause of injury deaths (CDC 2004 Fact Sheet). Most authorities agree that many of these falls are preventable. Where weakness, imbalance, or poor gait are present, practitioners can call on the services of **Combined Therapy Specialties** to help prevent falls.

Falls present a serious threat to seniors, both physically and emotionally. More than a third of seniors age 65+ fall each year, and 20% to 30% of them suffer moderate to severe injuries that reduce mobility, reduce independence, and increase the risk of premature death.<sup>1</sup> **Elderly persons who fall are three times more likely to be committed to a nursing home.**<sup>2</sup> One quarter of elderly patients who have fallen report that fear of falling again causes them to avoid essential activities such as mobility in the home, bathing, and dressing.<sup>3</sup> The literature shows strong consensus that family practitioners should assess for risk of falls after a fall has already occurred. However, given that fall injuries present such a pervasive and serious threat to the elderly, many seniors may appreciate fall risk assessments as part of routine physical exams. Just as seniors who have never experienced a heart attack understand the importance of lowering blood pressure, patients with a demonstrated risk for falls may appreciate recommendations for early intervention.

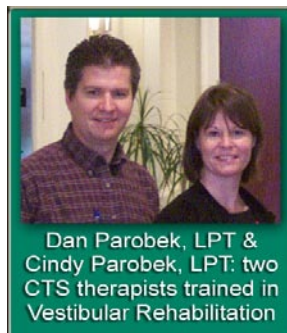


Dr. Steinweg states, **“Although falls are common in the elderly and the incidence rises with age, this should not discourage physicians from properly assessing elderly patients who have fallen. Instead, it should trigger an organized approach to fall prevention.”** (Kenneth K. Steinweg, MD, East Carolina University School of Medicine, Greenville, NC)<sup>4</sup>. Steinweg describes various intrinsic factors as having a cumulative effect on a senior’s risk of falls, and states that risk can be minimized by modifying a few intrinsic factors. Lower extremity weakness has been identified as the second most common cause of falls (behind “accidents”).<sup>5</sup> Patients with leg weakness have roughly five times the risk of falling. Gait and balance disorders triple the likelihood of a fall. Practitioners can prescribe fall risk evaluation and/or fall prevention therapy from **Combined Therapy Specialties** when patients demonstrate a risk of falls. Utilizing the Berg Balance Test and/or the Tinetti Fall Risk Assessment, Combined therapy can objectively evaluate risk for falls and quantitatively chart progress made toward reducing that risk.

**A number of studies have shown prescriptions for physical therapy to reduce falls among seniors.**<sup>6-8</sup> A fall prevention program at **Combined Therapy Specialties** could include:

- Gait Training (including retraining on foot height and stride length)
- Balance Training – Proprioceptive Training
- Transfer Training
- Strengthening (lower & upper extremities)
- Initial and ongoing assessment & testing
- ROM (lower & upper extremities)
- Falling Techniques to reduce injury from a fall
- Evaluation for and training with adaptive equipment
- Vestibular Rehabilitation

### Correct Vertigo in Two Treatments



Left unaddressed, occasional dizziness or disequilibrium can lead to fall injuries, auto accidents, work accidents, or fear of performing normal activities of daily living. Having special training in vestibular rehabilitation, Combined Therapy Specialties can provide effective treatments and rehabilitation for most cases of peripheral and central vestibular disorder. Research has shown the techniques used at Combined to correct benign paroxysmal positional vertigo (BPPV) in one or two treatments 96% of the time. Combined usually sees resolution of BPPV in two visits, and usually reaches therapy goals for other vestibular disorders in approximately 15 visits.

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#### REFERENCES

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