HEALTHY AGING AND FALLS

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According to recent studies, falls are the leading cause of injury-related death among people ages 64 and older. One out of every 200 falls results in a hip fracture among people aged 65 to 69, and that number increases to one out of every 10 for those 85 years and older. Each year, millions of people ages 65 and older are treated in emergency departments because of falls. More than 700,000 patients a year are hospitalized because of fall-related injuries, most often because of a broken hip or head trauma. In recent studies, direct medical costs of falls have reached more than $34 billion a year. Fall injuries are among the 20 most expensive medical conditions with an average hospital cost of $35,000 per stay. Medicare pays for about 78 percent of the costs of falls per incident. 1, 2

Annually, falls are reported by only one-third of all people over the age of 65.1,2 Many people fear that reporting a fall will affect their insurance and will possibly cost them their independence at home. However, it is always important to see a primary care physician after a fall, both for an assessment and to discuss fall prevention as two-thirds of those who fall will do so again within six months. Sometimes a simple medication change, home safety assessment or referral to physical therapy can decrease your chances of a fall. Some intrinsic factors that increase the risk of falling are history of two or more falls in the past six months, reduced vision, unsteady gait, a change in mental status or chronic illnesses. Extrinsic risk factors include medications, equipment without support, furniture design, uneven ground surfaces, poor lighting in the home, improper footwear or outdated assistive devices. Fear of falling can also increase your fall risk. Fear can cause you to cut down on everyday activities. When you become less active, you become weaker, thereby increasing your chances of falling. In addition, decreased activity levels puts you at higher risk for social isolation, depression and feelings of helplessness.

Falls in individuals over the age of 65 are unfortunately common; however, understanding the risks is the first step in fall prevention and the promotion of healthy aging.

References:

FALL PREVENTION STRATEGIES

By: Joseph R. Caccavo Jr., P.T., DPT – Kessler Institute for Rehabilitation

Although falls in older adults are unfortunately common and costly, the good news is that falls can be prevented. There are many simple things you can do to keep yourself from falling.

First, make sure you always communicate with your doctor or health care professional. Ask your medical providers to evaluate your fall risk and talk with them about specific strategies for prevention. Ask your pharmacist to review your medicines—including prescription and over-the-counter medications—to see if any might make you dizzy or sleepy. Making sure your health care professionals know how you feel can go a long way in preventing falls.

You should also perform a routine of strengthening and balance exercises. Do exercises that make your legs stronger and improve your balance. Consider joining an exercise group as doing exercise with others motivates you
and makes it more fun. Tai Chi is a good example of a balance/strengthening exercise that can be performed in a group.

Eye health is another essential element in preventing falls. Have your eyes checked by an optometrist or ophthalmologist at least once a year, and be sure to update your eyeglasses if needed. If you have bifocal or progressive lenses, be aware that these types of lenses can make things seem closer or farther away than they really are. Therefore, you may want to get a pair of glasses with only your distance prescription for outdoor activities, such as walking.

Lastly, make your home safer. Rid your home of any tripping hazards. Area and throw rugs can be dangerous, especially if you use an assistive device. Make sure you have the edges of the rugs taped down, or simply remove them completely. Ensure your home has lots of light by adding more or brighter light bulbs. Increased lighting will improve your vision and decrease the risk of falls. Add grab bars inside and outside your tub or shower and next to the toilet to increase safety. Also, make sure to use only rubber backed bath mats and even rubberized decals inside your tub to prevent slipping. Finally, having railings on both sides of stairs can help with stair negotiation.

With a little prevention, it is easy to limit the risk of falls and the associated health complications.

CHEMOTHERAPY INDUCED PERIPHERAL NEUROPATHY AND BALANCE IMPAIRMENTS

By: Julie Satterwhite, P.T., DPT – Baylor Institute for Rehabilitation

Potential side effects of chemotherapy treatment may include numbness, tingling or burning in both the legs and/or feet. These symptoms have been identified as being indicative of Chemotherapy Induced Peripheral Neuropathy (CIPN). This term is used to describe damage to the peripheral nervous system caused by chemotherapeutic agents known to be neurotoxic or toxic to your nervous system. Variations in symptoms are dependent on both the specific chemotherapy agent and the particular nerves that are involved. In general, the numbness, tingling or burning sensations commonly felt in the legs and feet can contribute to weakness and disuse atrophy. These sensory disturbances can also cause tripping or stumbling while walking as well as a generalized feeling of instability that can place an individual at a high risk for falls and fall-related injuries such as fractures or head trauma.

Your body uses information from three systems to maintain balance; they are visual, proprioceptive and vestibular. Visual input is used to help tell you where your body is in space compared to objects around you; this is why you may feel more unsteady walking around at night or in the dark. Proprioceptive input is used to describe an unconscious spatial awareness and perception of movement. The vestibular system refers to balance organs located in the inner ear that communicate head movement and positioning to the brain. Your brain incorporates input from all three systems and utilizes previous experiences to determine the best response to maintain balance. With CIPN, it is the proprioceptive component that is most likely to be impacted.

It is important to recognize that impaired mobility and increased fall risk do not have to be accepted as a new “normal.” Physical therapy can help reduce your risk for falls and fall-related injuries by addressing associated balance impairments and improving integration of input from the visual, proprioceptive and vestibular systems. In the event of CIPN, a physical therapist can evaluate you to identify your fall risk and create a treatment plan that allows you to return to normal activity without compromising your safety. Treatment programs are individualized but generally consist of static and dynamic balance training and overall strengthening and conditioning. The ultimate goal of rehabilitation: increased function and improved quality of life.

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