

Preventing Falls in Older Adults

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As nurses in rehabilitation settings, we often look around at our patients and think “Who is not at risk for a fall?” Fall risk-assessment tools often place our patients at risk. We know that our patients with obvious motor deficits have an increased risk of falling, but what about those with less obvious problems?

People who are 65 and older frequently consult physicians because of falls. The number of falls reported for this population is a bit alarming; every year 30% of people in this age group fall while in the community and 50% fall while in facilities. The number of injuries associated with falls increases with age and is the leading cause of traumatic death in those over the age of 65. Preventing falls in the elderly is important because approximately half of those who suffer hip fractures will not return home; they will remain in facilities because of a loss of independence caused by a fall. Although fall-prevention protocols can seem familiar to experienced caregivers, the knowledge that every hour an older adult dies from a fall should encourage us to become reacquainted with best practices.

Prevention is the name of the game when it comes to falls. The assumption that we will fall as we age because of a loss of strength and flexibility is being proven wrong over and over again. The phrase “use it or lose it” summarizes the prevailing attitude about aging and strength. Those who actively work on strength and balance training fall less often. The “Frailty and Injuries: Cooperative Studies of Intervention Techniques” has validated the effectiveness of balance-training exercises, the use of force platforms, and participation in tai chi to reduce falls among ambulatory people.

Falls are defined as an unplanned descent to a lower level. A mainstay of prevention is to manage as many internal and external factors as we can to prevent falls—before the patient actually falls. A coordinated approach to prevention may involve many team members. Falls occur as often from internal factors as from external factors. The internal factors that affect the incidence of falls include motor skills, cognition, medications, and general health. Physicians need to assess the impact of medications. Nurses and other team members need to address responses to medications, nutrition, hydration, fatigue, and cardiopulmonary response to activity.

Objective physical assessment can bolster the evaluation of risk and guide care providers to the best preventive strategies. Several reliable and easy-to-administer tests of mobility are available to guide therapeutic interventions for reducing falls in those who are ambulatory (with or without a device). These include


- the Berg Balance test
- the Tinetti test
- the Functional Reach test
- the Get Up & Go test or the Timed Up & Go test.

Although these tests are most often administered by physical therapists, they are easy to perform and require little equipment. Tests like the Get Up & Go are easy to use in any care setting, including the home.

Simply observing gait and balance problems of patients when they are walking, sitting, standing, and turning can provide critical safety information. When deficits are found, the physical therapist can assess patients more thoroughly and assist with improving their balance, flexibility, and reaction time. Elderly persons in the community can pursue strength and balance training through community programs and can be encouraged to participate in tai chi classes. Walking, practicing weight shifts, directional changes, turns, standing on heels and toes, and doing activities or games that improve coordination decrease fall risk.

External factors affect how patients manipulate their environments. It is important to address hazards in the environment, such as slippery surfaces, and provide safeguards, such as adequate hand rails or grab bars and removing trip hazards. Wearing hip pads and good supportive shoes are also helpful for protecting against injuries from falls. In addition, pets should be taught to not jump on people. Many sources of lighting exist that are economical, effective, and remain plugged into the wall to provide illumination when power is lost.

Creative approaches are necessary to take fall prevention to the next level. A program in Australia found that falls decreased as much as 95% when they recruited, trained, and retained a group of 50 volunteers who were dependable and willing to stay with elderly persons who were at risk. Volunteers provided companionship, facilitated diversionary activity, and pursued assistance for at-risk persons when they needed care from the nursing staff. The volunteers were very proud to serve as patient advocates.

Another important feature of any fall-prevention program is the post-fall assessment that occurs when a patient falls despite preventive actions. This assessment includes a root-cause analysis of the incident and the factors that contributed to the individual’s fall, in addition to a physical assessment. Weaknesses in the prevention plan should be addressed because it is well known that those who fall once will likely fall again. We can keep patients safer with focused, creative, and preventive care—something rehabilitation nurses have a reputation for providing. 

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