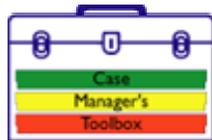


## SELF ASSESSMENT OF RISK FACTORS FOR ACCIDENTS AND FALLS

Please indicate Y for yes and N for no to each question.

I am over 70 years of age.                    Y     N  
 I have fallen in the past year.            Y     N  
 I have problems with the following:  
 (Mark all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Dizziness                     | <input type="checkbox"/> High blood pressure   |
| <input type="checkbox"/> Poor balance                  | <input type="checkbox"/> Poor circulation  |
| <input type="checkbox"/> Arthritis                     | <input type="checkbox"/> Joint limitations   |
| <input type="checkbox"/> Fatigue                       | <input type="checkbox"/> Diabetes  |
| <input type="checkbox"/> Paralysis                     | <input type="checkbox"/> Heart Disease (including<br>congestive heart disease,<br>irregular pulse) |
| <input type="checkbox"/> Seizures                      | <input type="checkbox"/> Neurological disease  |
| <input type="checkbox"/> Vision                        | <input type="checkbox"/> Hearing   |
| <input type="checkbox"/> Incontinence                  | <input type="checkbox"/> Sleeping  |
| <input type="checkbox"/> Osteoporosis                  | <input type="checkbox"/> Thyroid   |
| <input type="checkbox"/> Feet                          | <input type="checkbox"/> Postural hypotension  |
| <input type="checkbox"/> Loss of sensation or numbness |  |
| <input type="checkbox"/> Other _____                   |  |



# PREVENTING FALLS AND FRACTURES



**Long Term Care Authority of Tulsa**

## WHAT YOU CAN DO



- ▶ **Medical checkups**
- ▶ **Exercise**
- ▶ **Home safety**
- ▶ **Common sense**

## MEDICAL CHECKUPS

- ▶ Chronic diseases
- ▶ Acute illness
- ▶ Vision check
- ▶ Hearing check
- ▶ Medications
- ▶ Assistive devices – canes, walkers, wheelchairs



## EXERCISE



- ▶ General fitness
- ▶ Strength training
- ▶ Flexibility
- ▶ Tai Chi
- ▶ Physical Therapy

# HOME SAFETY

## Lighting

- ▶ 100-200 watt bulbs
- ▶ Reduce glare – halogen or fluorescent bulbs, lamp shades, polarized glass
- ▶ Light pathways and stairwells with switches at both ends
- ▶ Bedside lamp
- ▶ Night lights, flashlights



# HOME SAFETY

## Flooring

- ▶ Avoid highly polished surfaces such as glazed tiles and smooth vinyl
- ▶ Carpet should be low pile and tightly woven in a solid color that contrasts with walls
- ▶ No loose edges on any flooring
- ▶ No throws or area rugs



# HOME SAFETY

## All living areas

- ▶ Free of clutter
- ▶ Pathways free of cords
- ▶ Storage areas easily reached without tip-toeing or climbing
- ▶ Sturdy step stools with handles and slip resistant tread
- ▶ Thresholds do not present trip hazard
- ▶ Rails on both sides of all stairs and steps

# HOME SAFETY

## Furniture

- ▶ Out of pathways
- ▶ Couches and chairs easy to get in and out of
- ▶ Chairs have armrests
- ▶ Chairs do not have wheels
- ▶ Avoid pedestal tables



# HOME SAFETY

## Bathrooms

- ▶ Grab bars
- ▶ Elevated toilet seat or safety frame
- ▶ Non-skid mats, abrasive strips or carpet on all surfaces that can get wet
  - ▶ Shower chair



## Bedrooms

- ▶ Bed side lamp
- ▶ Bed side telephone
- ▶ Bed height so that both feet are firmly planted when seated on the edge
- ▶ Wheels removed or locked
- ▶ Clear pathway to bathroom

# HOME SAFETY

## Outside

- ▶ Lighted pathways and steps
- ▶ Doorways, porches, walkways, steps, and railings in good repair and free of plants and debris
- ▶ Ladders used safely (or better yet, not at all)
- ▶ Non-skid surfacing in areas that could get wet

## General Tips

- ▶ Sturdy non-slip shoes or slippers
- ▶ Frequently used items at waist level
- ▶ Reachers or grabbers to get things above your head
- ▶ Limit alcohol

## COMMON SENSE

- ▶ Follow medical advice
- ▶ Avoid slippery surfaces
- ▶ Do not climb
- ▶ Get up slowly
- ▶ Keep nighttime temperatures in the home above 65 degrees
- ▶ Carry a cordless telephone
- ▶ Never move about the house in the dark
- ▶ If you live alone, consider Lifeline



## IF YOU FALL. . .

- ▶ Call 911 if you suspect serious injury
- ▶ Report ALL falls to your doctor:

### SPLATT

**S**ymptoms at the time of fall  
**P**revious number of falls or near falls  
**L**ocation of fall  
**A**ctivity engaged in at time of the fall  
**T**ime of the fall  
**T**rauma from the fall