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BC INJURY RESEARCH  
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BC FALLS AND INJURY  
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# Seniors' Falls Can Be Prevented

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admissions to  
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## INSIDE:

### What contributes to seniors' falls?

- Physical risks
- Indoor risks
- Outdoor risks
- Risky behaviours
- Social & economic

### What can I do to lower my risk of falling at home?

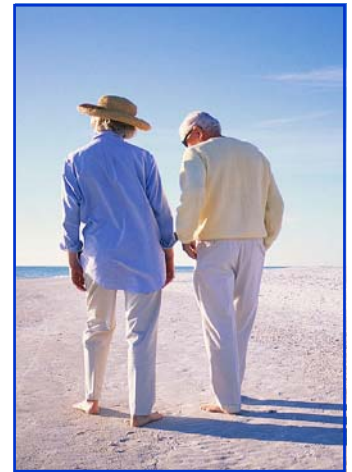
- Living areas
- Stairs and steps
- Bathroom
- Kitchen
- Bedroom

### What can I do to lower my risk of falling away from home?

- Actions to reduce risks in public place
- Personal actions to decrease risk

## Did You Know?

- One-third of people aged 65 years and over typically fall once or more each year
- Falls are the most common cause of injury and the 6<sup>th</sup> leading cause of death for seniors
- Canadians spend about \$3 billion a year on seniors' fall injuries
- Almost half of admissions to long-term care facilities are fall-related
- Half of the people who have a hip fracture never regain their pre-fall level of functioning
- Falls usually happen because of the combined effects of a number of factors, such as a loss of balance, side effects of medicine, impaired mobility or vision, and environmental hazards
- Most falls occur in seniors' homes, while doing usual daily activities
- 40 per cent of falls that require hospitalization involve hip fractures
- Women are 3 times more likely than men to be hospitalized for a fall
- Seniors may develop a "fear of falling"; causing them to restrict their activities which can increase their risk of falling due to weak muscles, stiff joints and poor balance



## What contributes to seniors' falls?

Falls are caused by a lack of balance or an inability to recover balance

There are many factors that can influence balance, including some age-related body, physical and mental health problems, and environmental trip hazards

The following pages highlight some of the risk factors known to increase the risk of falls and fall-related injuries among seniors living in the community...

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# What Contributes to Seniors' Falls?

## Physical risks include:

- Chronic illnesses or conditions, such as the effects of a stroke, Parkinson's disease, arthritis, heart disease, incontinence
- Acute illnesses like infections or unstable chronic diseases (e.g. diabetes, heart failure)
- Changes in mental alertness due to cognitive impairments, depression, delirium, side effect of medications, consumption of alcohol, poor nutrition, dehydration or lack of sleep
- Taking multiple medications, particularly those that are known to increase the risk of falling. Examples are inappropriate use of antidepressants, tranquilizers and anti-hypertensives
- Age-related sensory changes, such as poor eyesight or hearing, reduced sense of touch and ability to know the position or movement of a body part without looking
- Mobility problems, including slower reflexes, muscle weakness, impaired balance and poor gait that includes swaying side to side when moving



## Indoor risks include:

- Poorly lit stairs, ramps or doorways
- Slippery floors, throw rugs, loose carpets
- Stairs that are not uniform from top to bottom or those with narrow steps
- Walking surfaces cluttered with objects like cords, pet dishes or newspapers
- Stairs without handrails or marking on the edges of the steps
- Toilet seats that are too low or too high
- Lack of, or incorrectly installed, grab bars in bathrooms
- Poorly maintained or improper use of mobility aids and equipment
- Doors with raised sills

## Outdoor risks include:

- Uneven or cracked sidewalks
- Snow, ice, wet leaves on stairs or walkways
- Objects on sidewalks or walkways such as bike racks or garbage cans
- Stairs without handrails
- Unmarked curb edges or corners without curb ramps
- Controlled crosswalks with times too short for a safe walking pace
- Stairs without clear edge markings on all steps
- Long crosswalks without pedestrian islands
- Poor lighting: either not enough or too much glare

## Risky behaviours include:

- Wearing loose fitting or worn out shoes, or shoes with thick soles
- Consuming alcohol to the point of impaired judgment and/or balance
- Carrying heavy, awkward handbags that can affect balance
- Taking medications without a regular review for fall risk by a physician, pharmacist
- Trying to get objects that are out of reach rather than asking for assistance
- Not using assistive devices (walkers, canes, etc.) when needed or using them incorrectly

## Social and economic risks include:

- Living alone without a way to access help
- Lack of access or knowledge on how to acquire needed health care services or health promotion information
- Lack of social networks that lead to isolation and depression
- Poor eating habits, with low protein or inadequate fluids
- Insufficient income for safe living quarters or nutritional food



# What Can I Do to Lower my Risk of Falling at Home?

## Stairs and Steps

- Make sure you have light switches at the top and bottom of the stairs and that the stairs are well lit
- Make sure your stairs are in good repair and free of clutter and have a non-skid surface
- Mark the edge of all steps with contrasting coloured non-skid tape or paint, not just the top and last step
- Make sure runner mats, carpeting or other floor covering on your stairs are well fastened
- Make sure there are solid handrails or banisters on both sides of the stairway
- Remove your reading glasses when you go up and down the stairs
- Never rush up and down the stairs, it is a major cause for falls

## Kitchen

- Place frequently used items in an easy-to-reach location with heavy items in lower cupboards
- If you have good balance, use a stable step stool with a safety rail for reaching high places – otherwise ask for help. Do not stand on chairs or other unstable furniture
- Always wipe up any spills immediately to avoid slipping
- Avoid use of floor wax, or use the non-skid kind
- Ask for help with tasks that you feel you can't do safely

## Exterior

- Keep front steps and walkway in good repair and free of snow, ice and leaves
- Keep your front entrance well lit—consider motion-sensitive lights
- Put away all gardening implements such as hoses and rakes when not in use

## Living Areas

- Remove all throw rugs or scatter mats or use a non-skid backing with flat edges and make sure they are not in high traffic areas, or at the top or bottom of stairs
- Watch that your pets are not under foot. Put a bell on their collar so you know where they are
- Make sure all walking areas are clear of clutter, telephone or electrical cords and other obstacles
- Make sure all rooms, stairs and balconies are well-lit with non-glare lighting
- Make sure you have non-slip surfaces on stairs, balconies, porches and patios
- Remove raised door sills where possible
- Consider acquiring a personal alarm device that you wear around your neck or wrist to call for immediate help by just pressing a button



## Bedroom

- A light switch near your bedroom entrance is ideal. However, if this is not available try a motion-sensitive or “clapper” device that automatically turns on the light
- Make sure there is a clear path from your bed to the bathroom
- Have a cordless phone near your bed
- Have a lamp beside your bed. There are lamps that you just touch the base to turn on
- Place night lights in the halls and bathroom in case you get up in the middle of the night
- Sit on the edge of your bed for a minute before getting up after a rest

## Bathroom

- Use a rubber bath or shower mat, or a non-slip surface in your tub or shower
- Install grab bars by the toilet, bathtub and shower. Obtain the advice of an occupational or physical therapist on the correct type and placement of these devices
- Use a bath seat so you can take a shower or bath sitting down
- Keep an absorbent towel available to wipe up moisture or spills immediately

## What can I do to lower my risk of falling away from home?

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Public areas are not always designed with older pedestrians in mind. You can protect yourself by being aware of the most common contributors to falls in public places

### Actions you can take to reduce the risk of these hazards include:

Make a note of the location of any hazards and report them to the local authorities - usually your municipal engineering department



### What can I personally do to decrease my risks of falling?

- Maintain an active and healthy lifestyle through appropriate exercise, good nutrition, regular physical checkups, and eye and ear exams
- If you have difficulty with mobility outside the home, ask your physiotherapist for an in-home exercise program to fit your needs
- For those who are active outside of the home, exercises to promote balance, strength and endurance are best for reducing falls
- Avoid rushing or carrying too much
- Consult a physiotherapist on the appropriate use of mobility aids and safety devices, such as a cane with spiked ends or shoes with ice grips
- Wear footwear that provides good support, with soles that have non-slip treads and are not too thick
- Have your family doctor or pharmacist do a regular review of your medications
- Be socially active by joining a community group and getting together with friends or family



### If you do fall, do not ignore it or put it down to “just clumsiness or rushing”

Talk with your doctor about the circumstances of the fall to rule out any medical problems that caused the fall

Look for a fall prevention program in your community

*For more  
information on  
falls and injury  
prevention go to*

[www.injuryresearch.bc.ca](http://www.injuryresearch.bc.ca)



The BC Falls and Injury Prevention Coalition (BCFIPC) is a multisectoral collaborative of individuals representing regional/provincial organizations, academic institutions, professional associations and community agencies concerned with reducing falls and fall-related injuries among older persons in B.C.



BC Injury Research Prevention Unit provides secretariat role for the BC Falls and Injury Prevention Coalition