

## ‘Do’s and Don’ts’ for reducing falls

If you care for someone over the age over 65 who is looking to age safely and independently at home, I am sure you have thought about – maybe even agonized over – their risk of falling. And with good reason: falls are the leading cause of unintentional injury among senior citizens and the result of more than 2.8 million emergency room visits, according to the U.S. Centers for Disease Control and Prevention.

Those odds may sound scary, but, as a licensed physical therapist and educator with Partners in Care, affiliate of the Visiting Nurse Service of New York, I can assure you that falls are not an inevitable or natural part of aging, and can be significantly reduced – even prevented – by implementing some practical lifestyle adjustments.

One lifestyle change, utilized by one-quarter of senior citizens in America, is the addition of an assistive mobility device into one’s daily routine. Assistive devices run the gamut - from simple canes and rollators (a rolling walker or walker with a seat) to sophis-

ticated scooters - and if used properly, can help our aging loved ones live mobile, independent lives. However, it should be noted that without proper device education for users and caregivers alike, assisted devices could actually increase the likelihood of falls.

To commemorate Healthy Aging Month (September) and National Falls Prevention Week (September 22 - 28), I am sharing some helpful falls prevention “do’s and don’ts” related to mobility devices, that I share with clinicians, home health aides and family caregivers.

**DO** find the appropriate device for your needs: Walkers, canes and rollators come in a variety of styles and sizes for people who need increased stability and support. If shopping for a cane, ask yourself: Does it have a sturdy, comfortable grip? Is it a good length, with or without my regular walking shoes on? These details will prove critical in ensuring your safety.

**DON’T** forget that your needs change over time: As people heal from injury or



grow frailer with age, their mobility – and with that, their recommended device – changes. For example, if a patient who normally uses a rollator is experiencing increasing balance issues, a home health aide or nurse care manager assessing the situation would likely switch them to a standard walker, trading in slightly less mobility for more overall stability.

**DO** consider your environments: It is not uncommon for people to change up the devices they use in dif-

ferent situations. For example, one of my clients uses a two-wheeled walker (with slit tennis balls on the back legs) to get around the house, but switches to a four-wheeled rollator for neighborhood strolls. While his rollator expends less energy than his walker, allowing him to cover more ground more quickly outside, the large device is much too unwieldy for him to use inside his apartment.

**DON’T** let comfort override safety: Whenever possible, people should be able to maintain

a natural gait when using a mobility device, and for devices that offer seating, users should exercise caution. For example, rollator users, need to engage brakes before sitting and reach behind the seat to ensure it is firmly in place before sitting down. Caregivers should never push or pull the walker when someone is seated.

**DO** thoroughly review guidelines: A mobility device can be dangerous if both the user and caregiver do not understand how it works. Elements that vary from device to device, such as brake and safety use and collapsibility, will require close supervision of the caregiver. Speak to a device company professional, clinician or trained pharmacist to have the device properly fitted to the patient and for a review of best practices.

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