

## Fear of Falling

Falling is probably not a hot item on your worry list – so long as you’re relatively young and healthy. For the frail and elderly, however, this particular fear charges to the front of the line. And for good reason. Research shows that 33 percent of long-term care residents over age 75 have fallen in the past 12 months.

What makes the frail and elderly prone to falling? And what (besides “restraining” an individual) can be done about it?

Why falls happen:

- Fear of falling (self-fulfilling prophecy)
- Poor-fitting shoes, loose slippers, leather soles, untied laces
- Conditions such as low blood pressure, depression, visual impairments
- Decreased strength, endurance, balance, reaction time
- Medication (visual changes, dizziness, drowsiness)
- Thin, brittle bones (“osteoporosis” causes bones to break unexpectedly, leading to falls)

Here are some of the ways Extendicare reduces the risk of falling. We:

- Evaluate each resident’s risk and if it’s high, alert staff so that added precautions can be taken
- Reduce dependencies on medications where possible
- Insist on safe footwear
- Promote residents’ strength and flexibility
- Purchase sturdy furniture and devices such as grab bars
- Train staff on effective transfer and lifting techniques
- Minimize anxiety by teaching residents safe walking and climbing techniques
- Provide good lighting, reduce glare, and use contrasting colours at the edge of steps, etc.
- Maintain a safe physical environment; e.g. treat and clean our floors to reduce slipperiness, and safely position furniture and equipment.

Those are the basics. Now let’s look at a related issue – an issue so emotionally charged that it pushes different hot buttons for residents, families and staff: the use of restraints; for example, wheelchair lapbelts.

*Let’s Talk Care* can’t do justice to such a complicated issue, but we can share these facts.

Facts about restraints:

- Extendicare tries to minimize the use of restraints wherever possible. Why? Because restraints fly in the face of something vitally important to an individual’s quality of life: freedom and dignity.
- Many residents – except perhaps those in the grip of severe dementia – dislike restraints, often intensely, and find them more frightening and upsetting than the fear of falling. During a discussion at an Extendicare nursing home, residents are on record as having made these comments about restraints: “I’d cut it up and throw it in the barn.” “I’d set it on fire.” “I’d still be glad if I broke a hip because I was free.” “We want our freedom.”
- Sometimes families request a restraint against the wishes of both residents and staff. Why do they do this? Out of care and concern. Families who fear the risk of falls sometimes see restraints as a solution.
- Restraints do not reduce the risk of falls.* The evidence shows that they can actually increase the risk. Why? Because restraints lead to depression and decreased muscle tone – two conditions known to lead to falls.

It’s a complex subject. Dignity, freedom, safety, fear: nothing black and white about it. What’s more, it’s true: not restraining an individual may indeed lead to a fall which may lead in turn to an injury and being confined in a wheelchair. Yet choosing to restrain also means confining an individual in a chair – it just happens sooner.

Families and staff have found that it often helps to weigh the risks and choices by listening to the voice of the resident.

We are here to support you in this very difficult decision.