

Why are falls among the elderly such a concern?

Each year, more than one in four older adults age 65 and older experience a fall, resulting in about 3 million emergency department visits.¹⁴ Among this same group of older adults, falls are the leading cause of both fatal and nonfatal injuries.¹ Roughly 20-30% of falls result in moderate to severe injuries (e.g., hip fractures, broken bones, head injuries) that reduce mobility, independence, and increase the risk of premature death.² Based on 2019 data, approximately 88% of older adult hip fractures (those treated in the emergency department or hospitalized) were the result of a fall.³

Even falls without a major injury can cause an older adult to become fearful or depressed, making it difficult for them to stay active. Falls among adults 65 and older caused over 34,000 deaths in 2019, making it the leading cause of injury death for that age group.¹³

How common are falls among the elderly?

Nearly 1 in 3 older Americans fall every year.⁴ As people age, their risk for falls increases. Based on 2015 data, approximately 35% of nonfatal fall-related injuries in older adults treated in the emergency department were fractures or dislocations. In addition, nearly 26% of injuries sustained from a fall were related to head injuries.¹² Between 2000 and 2020, rates of deadly falls increased for all older adults, with the greatest increase among those age 85 and older.⁵

What are some factors contributing to the risk of falling?

There are internal (physical and medical) factors as well as external (environmental) factors that could cause an older adult to fall.

- **Internal Factors** – Many older adults experience:
 - changes in their muscles and bones, weakness or loss of strength;
 - vision changes, such as adjusting to lightness and darkness, sensitivity to

glare, and/or decreasing depth perception;

- balance problems, automatic reflexes weakening;
 - cardiovascular (heart) difficulties, which can often lead to numbness in the limbs, or loss of blood to the brain, which can cause fainting;
 - medications that can affect their judgment and coordination;
 - chronic and acute diseases (e.g., heart disease, diabetes, arthritis), which a fall can reveal;
 - depression and/or sleep deprivation, making them less alert.
- **External Factors** – An older adult's environment or circumstances can also increase the likelihood of falling, including:
 - clutter, unclear walkways, or lack of support systems, such as railings;
 - slippery floor surfaces;
 - lack of proper lighting.

Transitioning from another setting (e.g., their home, independent living apartment, or from the hospital) can also be stressful, especially for those living with dementia, as older adults figure out their new surroundings and daily routines.⁶

Where do falls happen?

Over half of falls take place in a person's home.⁷ Specifically, bedrooms and bathrooms are the most common places for falls.⁸

How can falls or the fear of falling impact quality of life?

A fall can cause a fracture, head injury, or other problems that can change a person's life. Fractures caused by falls can lead to hospital stays and disability. They can also prevent a person from getting around, doing daily tasks, or socializing.⁹

At the same time, older adults with a fear of falling may limit their activities and social engagements. This can result in further physical decline, depression, social isolation, and feelings of helplessness.¹⁰

If my loved one lives in an assisted living community, why aren't falls prevented?

Falls are not always a reflection of an isolated event or lack of supervision, but often times a sign of other health problems. Generally, assisted living residents are older, have more complex, chronic conditions, and have more difficulty walking than older adults living in their own home. They also tend to have mental health or memory problems, have difficulty with activities of daily living, and need help getting around or taking care of themselves. These health issues increase their risk for falls. Ultimately, each resident in an assisted living community is unique with their own set of characteristics and conditions. If risk signs are noted in an assisted living resident, loved ones should talk to staff about conducting an evaluation.

What can residents do to manage their risk for falls?

Muscle weakness is the leading predictor of fall risk. Residents should regularly exercise to improve lower body strength and balance. Orthotics may be used to provide support for joints (i.e., knees, ankles).

Residents also should not shy away from using a walker or cane. Assistive devices are very important in helping many older adults maintain or improve their mobility. However, residents should make sure they use these devices safely. Have a physical therapist fit the walker or cane to each resident and instruct them in its safe use.

Additionally, footwear can influence balance and risk of falls. Residents should wear good-fitting shoes with low heels and firm slip-resistant soles.¹¹

Residents should speak up. If they're concerned about falling, they should bring it up with their doctor, nurses and family.

In addition, residents should consider taking the Falls Free CheckUp risk assessment where they will answer 13 simple questions to obtain their risk score and resources to prevent falls.¹⁵

What can families do to help manage their loved one's risk for falls?

It is very important for the assisted living community to have accurate information on each resident. If they fell at home, chances are very likely they could fall again. Families can help provide staff a fall history and background of their loved one.

Assisted living communities want families to bring personal items to help residents feel more at home, but there are some items that pose a risk and should be avoided, including:

- throw rugs,
- general clutter, and
- overcrowding furniture.

Families should discuss with staff which items are appropriate.

Also, families should encourage their older loved ones to remain physically active. Let them know your concerns, ask for their ideas, and offer your support.

How do I balance my loved one's independence with wanting to protect them from falls?

Helping residents manage their risk of falling is a great way to help them stay healthy and independent as long as possible. Families should communicate with their loved one and their loved one's doctor about their desired independence and the risks that may be associated with this desire.

Disclaimer: The contents of this document may represent some preferred practices, but do not represent minimum standards, “standards of care,” or industry-wide norms for assisted living communities.

- ¹ Centers for Disease Control and Prevention, “Keep on Your Feet—Preventing Older Adult Falls.” <https://www.cdc.gov/injury/features/older-adult-falls/index.html>
- ² Sterling DA, O’Connor JA, Bonadies J. Geriatric falls: injury severity is high and disproportionate to mechanism. *Journal of Trauma–Injury, Infection and Critical Care* 2001;50(1):116–9.
- ³ Moreland, B.L., Legha, J.K., Thomas, K.E., & Burns, E.R. (2022). Hip fracture-related emergency department visits, hospitalizations and deaths by mechanism of injury among adults aged 65 and older, United States 2019. *Journal of Aging and Health*, 0(0), 1-11. <https://journals.sagepub.com/home/jah>
- ⁴ Tromp AM, Pluijm SMF, Smit JH, et al. Fall-risk screening test: a prospective study on predictors for falls in community-dwelling elderly. *J Clin Epidemiol* 2001;54(8):837–844.
- ⁵ Centers for Disease Control and Prevention. National Center for Health Statistics. Unintentional Fall Deaths Among Adults Aged 65 and Over: United States, 2020. <https://www.cdc.gov/nchs/products/databriefs/db449.htm>
- ⁶ HealthCap Continuing Education Seminar. “Still Falling for You? A Modern Look at Fall Prevention.”
- ⁷ Everding, G. (2021). Fall-prevention program can help reduce harmful in-home falls by nearly 40%. Washington University School of Medicine in St. Louis. <https://medicine.wustl.edu/news/fall-prevention-program-can-help-reduce-dangerous-in-home-tumbles-by-nearly-40/>
- ⁸ HealthCap Continuing Education Seminar. “Still Falling for You? A Modern Look at Fall Prevention.”
- ⁹ Centers for Disease Control and Prevention, “Facts about falls.” <https://www.cdc.gov/falls/facts.html>
- ¹⁰ National Council on Aging, “Get the Facts on Falls Prevention.” <https://ncoa.org/article/get-the-facts-on-falls-prevention>
- ¹¹ Menant, et. al. Optimizing footwear for older people at risk of falls. *Journal of Rehabilitation Research & Development*. Volume 45, Number 8, 2008. Pages 1167–1182.
- ¹² Haddad, Y.K., Shakya, I., Moreland, B.L., Kakara, R., & Bergen, G. (2020). Injury diagnosis and affected body part for nonfatal fall-related injuries in community-dwelling older adults treated in emergency departments. *Journal of Aging and Health*, 32(10), 1433-1442. <https://journals.sagepub.com/home/jah>
- ¹³ Centers for Disease Control and Prevention. “Older Adult Fall Prevention.” <https://www.cdc.gov/falls/>
- ¹⁴ Centers for Disease Control and Prevention Foundation. “Preventing Older Adult Falls and Fall Injuries.” <https://www.cdcfoundation.org/programs/falls>
- ¹⁵ National Council on Aging. “Falls Free CheckUp.” <https://ncoa.org/age-well-planner/assessment/falls-free-checkup>