



FALL PREVENTION GUIDE

TOP 10 TIPS TO REDUCE FALL RISK AT HOME



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WELCOME (AND THANK YOU!)

As a physical therapist, I've had the privilege of helping thousands of people learn how to move better and feel better so they can stay independent and enjoy their lives.

Falls are one of the leading cause of injury and death for those over the age of 65. The tips shared in this Fall Prevention Guide are some of the most common tips I give to most of my clients to prevent falls in their home so they can maintain their independence and live their life to the fullest.

If you'd like to find more tips, you can check out my book [*Don't Fall! 101 Ways to Reduce Your Fall Risk at Home*](#)! I hope these tips help you learn how you can reduce your fall risk in the home. The people around you need your positive influence, and I want to help you share that.

Thank you for allowing me to be part of your life in this small way.

Please enjoy the tips!

Dr. Shawn Waller
Your PT (and *Don't Fall!*) Guy

DISCLAIMER

The contents of this PDF are not intended to replace the need for one-on-one medical care or treatment with your physician, physical therapist, and medical team. Be sure to consult with your physician for diagnosing and treating any medical condition. It is also important to always work with your physical or occupational therapist to determine the best strategies and plan of care for your own unique home environment and situation.

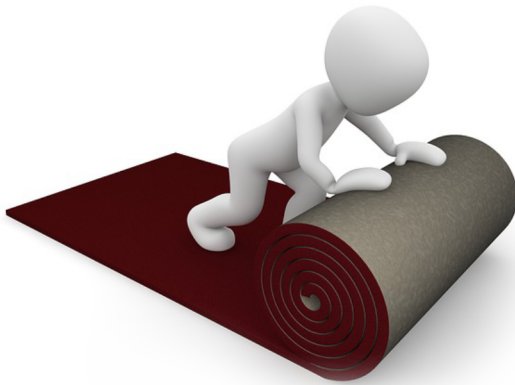
Please note that while I hope that these tips are helpful, they should not be taken as providing medical advice. Reading tips in a book or on the internet is no substitute for medical care and especially the individual care that you receive by working one-on-one with your physician and physical therapist. The information presented is for educational purposes only and is based on my years of experience as a physical therapist.

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1

REMOVE THROW RUGS



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One of the first and easiest things to do in the home to reduce fall risk is to remove throw rugs. Throw rugs are like little puppies that mysteriously appear from nowhere to nip at your feet, cause you to trip, and ultimately fall.

The reason throw rugs and floor mats are such a risk is because the edges will often wrinkle or a corner will curl up just enough to trip you when you step over them. The wrinkled, curled or slightly flipped corner often comes up most commonly with the back legs of rolling walkers, even with tennis balls or walker skis. This can also occur when you are not picking up your feet as much as you should or you are shuffling due to weakness, fatigue, or tiredness, especially in the middle of the night.

Many people decide to try and put rubberized matting down and even tape the throw rug to the floor. This is a temporary fix that has limited effectiveness; the problem will soon present itself again. The best thing to do is to remove throw rugs altogether.

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2

CLEAR ALL PATHWAYS



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Pathways should always remain clear of any objects that could cause falls.

Anyone with kids or grandkids know how painful it is to step on a seemingly harmless Lego or small toy left on the floor that you did not see. What happens next ranges anywhere from pulling your foot off quickly – which can throw you off balance – to rolling your ankle or worse, breaking your hip with a devastating fall. Unless you have excellent balance, you may be no match even for a little Lego.

The same goes for pet toys as well. Max's bone or Bella's chew toy can easily find its way unsuspectingly in your path when you least expect it – even buried underneath the edge of that area rug like a landmine.

Another option to consider is that whenever you need to use a walker or cane, the furniture placement is important. Oftentimes I will go into a home to help a client learn to maneuver with their assistive device, only to discover the arrangement of their furniture does not even allow enough space for them to easily use the very devices they need to reduce their risk of falling.

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3

INSTALL GRAB BARS IN BATHROOM



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Grab bars are an excellent way to provide additional support around the bathroom. If there is a wall next to your toilet, grab bars can be installed on the wall to assist you getting up from the toilet especially if you do not have railings on the toilet. They can even be installed from the ground in some cases.

Getting in and out of the shower is the place where the need for grab bars is greatest. I often suggest a vertical grab bar be installed just inside the entrance to the shower which you can hold onto with one or two hands while getting into the shower or tub. When you are in the shower, another grab bar on a diagonal angle upward towards the shower head is recommended. This angle gives the added bonus of being able to use it even if you are sitting on a shower chair, or when you stand up from the chair.

While there are grab bars that use suction to stick onto the wall or tile, I do not recommend them. They can and will frequently slide or fall off – even those “guaranteed to hold up to 350 pounds.” I recommend that you have them professionally installed to ADA guidelines if you use them, which can be done by any experienced handyman.

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4

**DO NOT HOLD BREATH
OR STRAIN ON THE
TOILET**



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As we age, it is common for our bowels to begin slowing down, especially if our diet is lower in vegetables and fiber. When we need to move our bowels, we can find ourselves holding our breath or straining to get our bowels moving. And it does help get the job done. However, another problem arises when we strain to have a bowel movement.

Picture a garden hose. If you bend or kink the garden hose, the pressure inside the hose increases sharply. When you unkink the hose, the water shoots out with a burst at first. Then the water slumps downward just as quickly and for a moment it barely comes out at all.

That is a picture of our blood pressures when we strain. Once we strain, our pressure spikes (which increases risk for a stroke). Then when we are finished, like that hose that just got un-kinked, our blood pressure plummets. Sometimes, people can even pass out on the toilet. Even if you do not pass out, your muscles will be profoundly weakened in this state and you may not be able to maintain the strength to stand for a brief period. This can contribute to a potential fall.

(For more information, see **Tip 6** on Orthostatic Hypotension.)

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Here are a few helpful actions you can take:

- While you try to avoid straining, attempt to maintain your breathing.
- Make sure your diet has more whole food fiber, which will help your bowels pass easier. These include beans, nuts, seeds, berries, and leafy greens. Work with your doctor if you have any dietary restrictions.
- Take extra time on the toilet if necessary. Consider catching up on your reading – maybe even books like this one to learn more safety tips!
- Consider using a Squatty Potty, which greatly helps you move your bowels quickly (and more completely).

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5

MAKE SURE DINING ROOM CHAIRS ARE NOT ON WHEELS



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Wheels or casters on dining room chairs make getting up more of a challenge. This may not be as much of an issue if you are stronger and have good balance and coordination. However, if you do not, consider switching to dining room chairs without wheels. If you are unable to do this, consider either removing the wheels or placing the back of your chair up against a wall so that it cannot slide backwards.

Chairs with wheels are also an issue if you need to reach outward or upward while sitting in the chair. Because it places you outside the chair's base of support, it can easily slide away from you.

Consult your therapist for additional suggestions that might help in your particular situation.

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6

STAY HYDRATED



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This common-sense tip is too often overlooked. Every single cell in our bodies needs water to survive and function at an optimal level. This goes for all of our body systems. Our brain and nervous system are comprised of 73% water. In addition, our heart consists of about 73% water. And our lungs are made up of 83% water⁶. Even the liquid component of our blood is made up of 82–90% water. The synovial fluids that lubricate our joints to help them move easier are composed primarily of water.

As we age, the area of our brain that controls whether we feel thirst begins to slow down some and does not function as it used to. We can actually be dehydrated and not even know it. As our thirst control center begins to respond more slowly, by the time an older adult actually feels thirsty, they are likely already dehydrated.

Chronic dehydration not only leads to a wide range of health and memory problems, it also contributes to lower blood pressure and, in turn, a greater risk of falls. Please note: Some people have medically-required fluid restrictions (e.g. due to kidney issues). Work with your physician to determine your individual fluid needs. With that said, for a normal, otherwise healthy adult, your daily water requirement (in ounces) is roughly one-half your body weight (in pounds). That is a good rough starting point or goal for your water intake.

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The lower blood pressure that occurs when you are dehydrated results in something called Orthostatic hypotension.

Ortho-what? **Orthostatic hypotension**, sometimes called postural hypotension, is a form of low blood pressure caused by standing up from a sitting or lying position. It is the type of low blood pressure where you become light headed or dizzy and can even cause you to pass out.

Think of your body as a large water pipe. When you are lying down, the water flows nicely through the pipe. When you sit or stand up, that water drops down to the bottom of the pipe and it is harder for the water to flow up against gravity in the now-vertical pipe. At the top of the pipe, is our brain. Our brain needs oxygen at all times. If the brain is deprived of oxygen from lack of blood for long enough, we become woozy and ultimately pass out. This is because God gave our brains a built-in protective mechanism that will shut everything down, including our muscles, so that we will not remain a vertical, upright pipe any longer. After passing out, as we are now lying down again, the brain gets oxygen again as the fluids begin flowing nicely through the pipe. This causes us to regain consciousness. One side effect of this protective mechanism, when everything shuts down when you pass out, is falling.

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When you sit up or stand too quickly after lying down or sitting for a prolonged period of time, you may begin to feel unsteady or faint. The best thing to do is sit or lie back down, then:

- First, move your legs around for a little bit to get the blood flowing.
- Next, sit up on the edge of the bed for about 30-60 seconds if you are able.
- Then, take in some deep breaths through the nose.
- Finally, stand up. Don't start walking yet – give your body a moment to adjust while taking some more deep breaths.

Typically, this is enough to help counter this lowering of the blood pressure, but sometimes you may need to have compression garments that help keep the pressure up in the pipe. Work with your physician to determine what is best for you if you have orthostatic hypotension.

It is also important to note that the fluid in those pipes is blood. Our blood is made up mostly of water. If you do not have enough water, you will not have enough blood volume. And if you do not have enough blood volume, your blood pressure will already be starting out low. If it drops any more, that increases your risk of passing out or falling. Try to stay well-hydrated. Again, some people are on fluid restrictions placed by their doctor. Work with your physician to determine your individual needs.

7

REACH BACK WITH YOUR HANDS WHEN SITTING DOWN



Whenever you start to sit down on a chair, couch, car seat, or toilet, always try to reach back to the seat (after placing both legs against the seat) before you sit. Using your hands helps you know for certain where the seat is located so you do not wind up on the floor. You can also lower yourself slowly, rather than plopping down quickly, which places your back at risk of injury.

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8

UNDERSTAND THE SIDE EFFECT OF DIZZINESS



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Dizziness is a very common side effect of many medications we take. Dizziness can also occur when multiple medications are taken at the same time. Certain medications even interact with supplements and other herbs. Be aware of this and discuss the medications that you are taking with your physician.

Did you know the medicines that you are taking today may not necessarily work the same way or to the same extent on your body as time goes by? Our bodies change so your physician may need to periodically adjust your medication and dosages. Be sure to discuss any symptoms of dizziness or concern with your physician.

It is important to always follow your physician's orders for all medicines including the type of medication, the dosage, and when you take them. Always work with your physician regarding any concerns you may have about your medications.

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9

USE AN ASSISTIVE DEVICE SUCH AS A CANE OR WALKER



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There may be times when you need a little extra support for added safety around the house, especially if your balance has been declining or if you have experienced a recent injury. A single point cane might provide just the assistance you are looking for.

If you observe the way that people walk, you will see that our arms usually move forward with the opposite leg. The left arm, for example, will swing forward while the right foot is stepping forward, vice versa for the other arm and leg. A cane essentially acts as an extension of your arm. It is like adding another “leg,” or pillar of support, downward to the ground to help maintain a bit more balance.

If you do not have any particular injury and are looking to use a cane to add more balance, use it in your dominant hand. However, if you have an injury or pain on a particular leg, use the cane in your opposite hand. This is because you can take weight off of the painful leg as you place the cane downward in the opposite hand at the same time.

Canes come in all shapes and sizes. Most are now adjustable. And soft grip handles are comfortable, ergonomic, and anti-slip – a significant improvement over traditional plastic grips.

Be careful using what are referred to as “quad

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canes” – canes with multiple legs on the bottom. They do offer a fair amount of support, especially for larger people, and they remain standing upright when not in use. However, the “feet” of the cane can be tricky because they are easy to trip on if you are not aware of how close you are to the cane. Your quad cane (or any cane) should be held out to the side of you enough that you do not trip over the cane.

Work with your therapist to determine if you need a cane and which would be best for you. Your therapist can also teach you how to properly use it.

You can download my free cane comparison guide located on the home page of my website www.yourptguy.com.

Walkers, on the other hand, are a step up from a cane in terms of providing increased stability. They do this by providing an increased base of support. When you use a walker, the base of support you are creating is greater than if you were just standing on your feet without using a device. The greater the base of support, the more steady you will be.

A physical therapist can determine your need of a walker (or cane) by assessing your fall risk with a variety of balance and mobility tests. Check

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with your physician and physical therapist to determine what is best and most safe for you.

There are various kinds of walkers and most of the current models have two wheels in the front. These are referred to as either front-wheeled or **2-wheeled rolling walkers**. The wheels in the front are usually on the outside of the walker but can sometimes be placed on the inside to help navigate in a narrow hallway or tight space like a bathroom (See **Tip 94** in my book *Don't Fall! 101 Ways to Reduce Your Fall Risk at Home*). A typical 2-wheeled walker folds up and fits easily into a car.

Many people place tennis balls on the back legs of the walker to help it glide more smoothly over tile floors. If you use the walker much on asphalt or concrete surfaces, the tennis balls will get chewed up quite quickly and you will need to replace them often. Another option is to purchase walker glides – small plastic “skis” that fit on the back legs of the walker and help it glide more smoothly on course surfaces.

There are also **4-wheeled rolling walkers** which can be exceptionally beneficial to those who become fatigued easily. These walkers usually have brakes and a seat to sit down on if you need to take a rest. However, they should never be used as a wheelchair!

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These walkers are also known as “rollators,” and are much more quick than their two-wheeled counterparts. As such, they are not always the best choice for those who have coordination problems or other movement disorders. Sometimes these walkers can “get away” from you when you are walking and, in turn, create an even greater risk of falling.

As with a cane, work with your therapist to determine if you need a walker and, if so, which one would be best for you to use. Your therapist can adjust it for your individual needs and teach you how to properly use it.

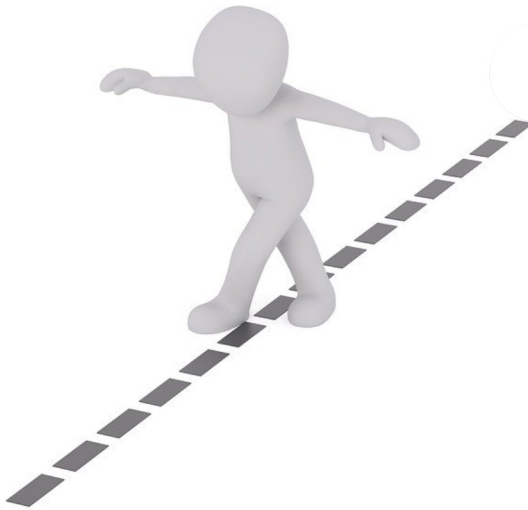
You can download both my free walker and free cane comparison guides located on the home page of my website below:

WWW.YOURPTGUY.COM

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10

**IMPROVE YOUR
BALANCE**



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It goes without saying that you need balance to reduce your risk of falling. Think of balance as a four-legged stool. Each of the legs contains a component of balance.

- The first leg is made up of **muscle strength**.
- The second leg is your **sensory system** – the ability to feel the ground and where you are in space.
- The third leg is your **vision**.
- The fourth leg is your **vestibular** system, or inner ear.

In order to have a fully “balanced” system, you need to have each of the four legs of the stool intact and functioning well. If any leg of the stool becomes weak or “broken”, it is more difficult to stay balanced. You may be able to stay balanced on a three-legged – or even a two-legged – stool for some time, but sooner or later, you will not be able to maintain your balance.

The components of our balance system all decline slowly as we age and we often do not realize it until it is too late. Your physician and physical therapist can help you determine which components of your balance system may need to be improved. If you have not seen a physical therapist yet, please do so. Physical therapists can screen you for any components of balance that may have become weaker without you realizing it.

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BONUS TIP 1

LEARN MORE IN MY BOOK

*Don't Fall! 101 Ways to Reduce
Your Fall Risk at Home*

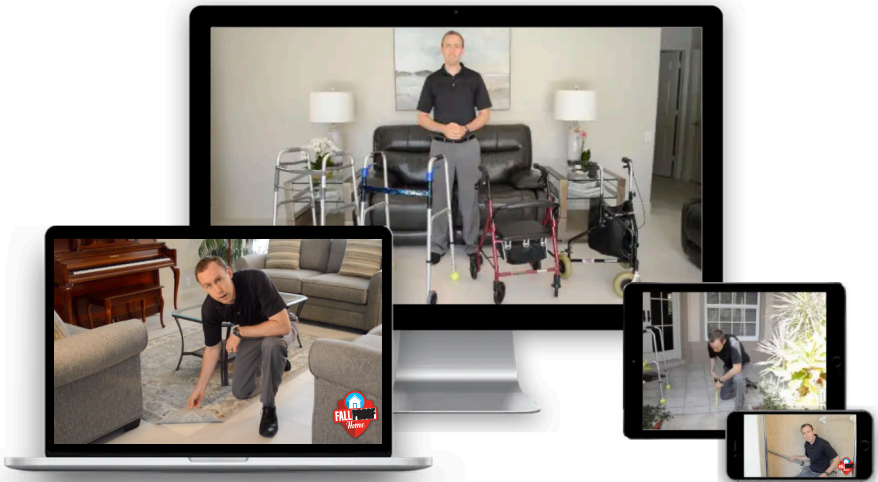


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I absolutely love teaching.

Every day I meet with my clients, and one of the things I love most is that I have the privilege and pleasure of helping them learn to move better and live an active lifestyle. I hope that you have benefited from these tips as well.

Please share these tips with your family and friends. If you would like to learn more and access even more helpful tips and resources, like my exclusive *Fall Proof Life* online video courses, visit my website. The courses include hours of in-depth video training, and walking you through, step-by-step, the fall prevention strategies listed in these tips.

In addition to *Fall Proof Home*, the *Fall Proof Body* portion of the program teaches how to improve your balance so that your body complements your home. This is the Fall Proof Formula that creates a *Fall Proof Life*. You can find the courses and additional content and guides at my website:

WWW.YOURPTGUY.COM

Thank you.

-Shawn
Your PT (and *Don't Fall!*) Guy