Stay Active & Independent for Life (SAIL)

An Information Guide for Adults 65+

DOH 341-013 April 2006

For persons with disabilities, this document is available on request in other formats. To submit a request, please call 800-525-0127 (TDD/TTY 800-833-6388).

Federal funds were used to develop this material under Cooperative Agreement #U17/CCU022310 from the U.S. Centers for Disease Control and Prevention (CDC), National Center for Injury Prevention and Control (NCIPC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC. This material is in the public domain and may be reproduced without permission. If you use or adapt this material, please credit the Washington State Department of Health, Injury & Violence Prevention Program.

Acknowledgments

Author — **Sally York, MN, RNC**

Technical Consultant — **Clare Morrison, MCSPT**
NorthWest Orthopaedic Institute
Tacoma, Washington

Senior Technical Consultant — **Anne Shumway-Cook, PhD, PT**
Division of Physical Therapy
Dept. of Rehabilitation Medicine
University of Washington
Seattle, Washington

Principal Investigator,
Senior Falls Prevention Study — **Ilene F. Silver, MPH**
Washington State
Department of Health
Olympia, Washington

Editor/Supporting Writer — **Tricia Spicer Bekey**

Graphic Designer — **Sally Porter**
Comprehensive Health
Education Foundation
Seattle, Washington

Thanks to all of the 453 adults age 65 and older in Pierce and Spokane County, Washington who participated in the Washington State Department of Health's Senior Falls Prevention Study from 2003–2005, and who provided invaluable feedback on this information to help others.

Thanks to the Senior Falls Prevention Study Advisory Committee for their review and consultation on the medication safety information.

Thanks to Erin Honda, BS; Roberta Wilson, PhD; and Steven Teeny, MD for their review and consultation on the exercise information.

Thanks to David McKay, coordinator of the *Feet First: The Scholl Story* exhibition, Rosalind Franklin University of Medicine & Science, for his time in contributing to the foot health and footwear information.

Introduction

The purpose of this guide is to provide information for adults age 65 and older that will help you stay active and independent for life, and help you prevent falls and fall-related injuries—a major threat to independent living.

Falls are the leading cause of injury-related hospitalization for older adults in Washington state. Many falls in adults age 65 and older are caused by gradual health changes due to aging, such as chronic health conditions, daily medication use, and changes in muscle strength, balance, vision, and walking ability. By learning to manage these health factors, you can learn to stay active and independent for life.

Many studies indicate that falls among adults age 65 and older can be reduced or prevented. From 2003 to 2005, the Washington State Department of Health conducted a study funded by the CDC (U.S. Centers for Disease Control and Prevention) involving 453 adults age 65 and older to demonstrate the effectiveness of a community program developed to prevent falls, which included:

- Identification of individual risk factors.
- Group strength, balance, and aerobic exercise classes.
- Group education classes on falls prevention, exercise, medication safety, home safety, and safe footwear, walkers, and canes.

We created this guide because the older adults in our group classes requested written information on these topics. We strongly encourage you to seek more information from your health care provider, local library, or county senior service agency on the specific topics mentioned in this guide that are important to you.

To obtain more information about your county senior service agency, contact the Eldercare locator, a public service of the U.S. Administration on Aging, at www.eldercare.gov or 800-677-1116 (Monday–Friday, 9:00 a.m. – 8:00 p.m. ET). This service links those who need information and assistance with state and local area agencies on aging, and community-based organizations that serve adults age 65 and older, their families, and their caregivers.

The four most important things you can do to prevent falls are:

1. **Begin a regular exercise program.**
2. **Make your home safer.**
3. **Have your health care provider review your medicines.**
4. **Have your vision checked.**

Table of Contents

Chapter 1. Building Your Exercise Plan

Exercise Is Important for Adults 65+ 1
Choose the Right Exercise Plan for You 1
Start Exercising and Stay with It 1
Exercise Should Not Be Painful 2
Stay Strong with Weights 2
Include Balance in Your Exercise Plan 3
Exercising in Group Classes 3
Resources for Exercising at Home 4
Are You Ready to Exercise? 5
Your Exercise Plan 7

Chapter 2. Understanding Your Health Issues and Exercise

Timing Is Everything 10
Returning to Exercise After a Break 10
Exercising After an Illness 10
Exercising After a Cold or Flu 11
Exercising After an Injury 11
Exercising After Surgery 11
Maintaining Your Eye and Ear Health 11
Protecting Yourself from Osteoporosis 12
Medicare Has You Covered 12

Chapter 3. Managing Your Health Care Needs

Use Your Medications Wisely 13
Beware of Medication Problems 13
Managing Your Medications 14
Talk with Your Doctor 14

Table of Contents (continued)

Talk with Your Pharmacist 15
Talk About Your Medication Costs 15

Chapter 4. Staying on Your Feet
Build a Stronger Foundation 16
Keep Your Feet Healthy 16
Choosing the Best Footwear 16
Assistive Devices Can Help 17
What You Need to Know About Canes 18
What You Need to Know About Walkers 19
For More Information 20

Chapter 5. Keeping Yourself Independent Through Home Safety
Make Your Home Work for You 21
Create Your Home Safety Plan 21
Your Home Safety Checklist 22
Use Ladders Safely 23
Stay Independent by Asking for Help 23

In Case of Emergency: What to Do If You Fall 24
My Falls-Free Plan 25

Chapter 1.
Building Your Exercise Plan

IN THIS CHAPTER

- Exercise Is Important for Adults 65+
- Choose the Right Exercise Plan for You
- Start Exercising and Stay with It
- Exercise Should Not Be Painful
- Stay Strong with Weights
- Include Balance in Your Exercise Plan
- Exercising in Group Classes
- Resources for Exercising at Home
- Are You Ready to Exercise?
- Your Exercise Plan

Exercise Is Important for Adults 65+

As we get older, doing regular strength, balance, and flexibility exercises protects our health and independence, and helps prevent falls. Regular exercise is a great way to relieve stress, sleep better, get more energy, and grow stronger.

Making exercise a regular habit takes motivation, commitment, and effort. It's okay if you can only exercise one or two times a week at first.

Choose the Right Exercise Plan for You

Always talk to your health care provider about what kinds of exercise are best for you and about specific exercise instructions, especially if new health problems occur.

To reduce falls, healthy older adults are encouraged to do strength, balance, and flexibility exercises three times a week and aerobic activities three to five times per week.

It's often easier to make exercise a habit if you have an exercise buddy or attend a class—experiment to find what works for you. If some exercises cause pain, talk to your exercise instructor and your health care provider.

If you have musculoskeletal health problems (back problems, arthritis, fibromyalgia, or injury), ask your health care provider for a physical therapy referral for evaluation and exercise instructions. Medicare covers this.

If you have a heart or lung problem, ask your health care provider for a cardiac or pulmonary rehabilitation referral to learn about exercise programs that are safe for you—many hospitals have outpatient rehabilitation programs.

You can learn how to exercise safely with most health conditions by working with your health care provider and by reading about your health conditions in expert-written health books, magazine articles, and Internet websites.

Use our **Are You Ready to Exercise?** quiz at the end of this chapter to evaluate yourself.

Start Exercising and Stay with It

Think of exercise and physical activity as fun and healthy. Make daily physical activity a routine habit, just like meals and medications. It's the best "health insurance" for keeping yourself healthy, active, and independent. Use the **Your Exercise Plan** form at the end of this chapter to create the plan that's right for you.

- Think about it, talk about it with others, and then **make a plan**.
- **Identify your best time(s) of day** to exercise: morning, afternoon, or evening.
- **Identify the best place(s)** for you to exercise: home, neighborhood, senior center, community group, gym, etc.
- **Identify the best activities** for you, such as walking, swimming, biking, dancing, or exercise classes. Think about physical activities you enjoyed as a child, teenager, and young adult. How can you incorporate those activities into your life now?

- Put exercise on your schedule and **make it a priority**: walk the dog, dance, swim, etc.
- **Find others** who are interested in exercising—or are already exercising—to help you stay motivated.
- Talk about exercise with your friends and family. Find ways to **use exercise as a social activity** with them in addition to eating out, shopping, movies, etc.
- **Set personal goals** for the short term (daily, weekly) and long term (monthly, seasonally, yearly).
- **Start slowly**, progress slowly, be consistent, and plan ahead. It takes about a month to make exercise a new habit.
- Keep a record and **track your progress** (make an exercise calendar, journal, etc).
- **Be realistic about relapses**—it's normal to get off-schedule sometimes. Identify and understand the reason (health change, stressful event, schedule conflict, travel, change in season, etc.).
- Be easy on yourself. **Don't give up**—make a plan to start again!

Common Excuses for Not Exercising

- **Fear due to health problems**
- **Lack of interest in exercise**
- **Don't know how to get started**
- **Feeling overwhelmed**
- **Don't want to exercise alone; don't know anyone to exercise with**
- **Limited time, money, or transportation**
- **No safe or convenient place to exercise**

Exercise Should Not Be Painful

Exercise should not cause pain. Always listen to your body to know how long to exercise, how hard to exercise, and how many repetitions to do. If any new pain lasts more than one or two weeks, talk with your instructor and your doctor.

If you feel pain when you use weights, use less weight or stop. If you feel pain from an exercise class, talk with your instructor and your doctor. If the pain continues or increases, you may need a gentler form of regular exercise. There are many types of exercise available and it's worth it to find the one that's right for you.

Stay Strong with Weights

As we grow older, our muscles become thinner and weaker with age. The good news is that we can build and maintain muscle size and strength with strengthening exercises—exercises that use weights. There are several types of exercise weights: hand weights, strap-on ankle and wrist weights, and weight machines.

It's important to use weights regularly (at least 15 minutes, two or three times a week) for your arms, legs, and abdominal muscles to build and maintain your overall muscle strength, which helps your balance, flexibility, and walking ability, and helps prevent falls.

If you have never exercised with weights before, take the time to learn what type(s) of weights are best for you, and how to use them safely on a regular basis. You can get training from a fitness instructor, a trainer at a fitness center, or a physical therapist (with a referral from your health care provider). You can also get information from your local library or the resources listed in this chapter.

Include Balance in Your Exercise Plan

Balance is an important part of everyday activities, such as walking, getting out of a chair, getting dressed, leaning over to pick up a grandchild, or reaching up to put dishes or groceries onto shelves. Balance problems can reduce your independence in daily life activities, and lead to falls and a fear of falling. The good news is that exercise can significantly improve your balance and reduce your risk for falls.

Your balance is a system of parts that work together. The balance system involves three main parts:

1. your sensory systems (vision, inner ear, and sense of touch in your skin, muscles, and joints), which provide information about your body's position and movement in your environment;
2. your brain's ability to process this information;
3. your muscles and joints, which provide the flexibility, strength, and endurance to coordinate the movements required to safely maintain your balance.

To improve your balance, start doing balance exercises at least two or three times per week. Some of these exercises can be practiced at any time, as long as you have something sturdy (like a kitchen counter) to hold onto:

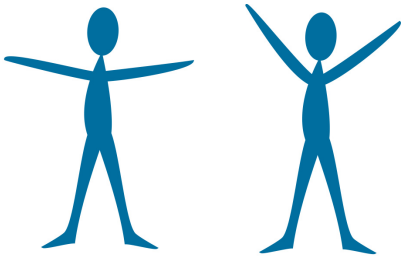
- Stand heel-to-toe. Put your heel in front of the toes of your other foot each time you take a step. Your heel and toes should touch or almost touch.
- Walk heel-to-toe. Position your feet as you did for standing heel-to-toe, but walk forward so that your heel almost touches the toes.
- Stand on one foot (while washing dishes, brushing your teeth, waiting in line at the grocery store or at the bus stop, etc.). Change feet.
- Stand up and sit down without using your hands.
- March in place, slowly lifting each knee up as high as you can.

You can also protect your balance by:

- Protecting your vision with vision exams at least every two years.
- Scheduling a hearing test at least every two years if you have any hearing loss.
- Doing regular muscle strengthening exercises at least two or three times a week with arm and leg weights, exercise classes that use weights, or weight machines at fitness centers. You can also lift weights at home.
- If you have hearing loss that can be treated with hearing aids, learn as much as you can about how to best adjust and use them. Wear hearing aids in both ears if your doctor or audiologist advises it, because this helps improve your balance.

Exercising in Group Classes

Group exercise classes are often more fun than exercising alone. They provide extra motivation from other people, more friends, and more support to keep exercising. If an exercise is difficult or painful, an instructor is available to help. You can often find group exercise classes at senior and community centers, YMCAs, parks and recreation facilities, churches, indoor malls, and community colleges.



Resources for Exercising at Home

Exercising at home can be very convenient. No travel is required, and the schedule is up to you. These resources can help you exercise safely on your own:

- ***Exercise: A Guide from the National Institute on Aging*** (free)
  120-page exercise guide with exercise diagrams

  To order: Call 800-222-2225 or download from www.nia.nih.gov.

  Video of the NIA Exercise Guide:
  Call 800-222-2225 for cost and availability.

- **AARP's *Physical Activities Workbook***
  (first copy free, extra copies $1 each)

  To order: Call 888-687-2277 (888-OUR-AARP).

- **AARP's *Step Up to Better Health***
  Walking program guide with progress log forms and a step counter (pedometer)
  Program free; pedometer $9

  To order: Call 800-861-0168 or visit http://aarp.com/walking.

- ***Sit and Be Fit* video series** (prices vary by title)
  Videotapes for general chair and stretching/toning exercises, and for exercising with health conditions such as arthritis, COPD, stroke, multiple sclerosis, osteoporosis, and Parkinson's

  To order: Call 509-448-9438 for a catalog or visit www.sitandbefit.org.

- ***Exercise and Your Arthritis*** (free brochure, $20 annual membership)
  24-page brochure from the Arthritis Foundation

  To order: Call 800-568-4045 or visit www.arthritis.org.

You can borrow exercise tapes from the library to figure out which one is right for you.

Another free option is the excellent television show *Sit and Be Fit*. Perfect for exercising at home—in a chair or on the couch—this 30-minute program airs on many PBS television stations Monday through Friday mornings.

For general exercise and health information, you can also contact AARP (888-687-2277 or www.aarp.org) or the Arthritis Foundation (800-568-4045 or www.arthritis.org).

The Five Stages of Exercise

1. **I am not exercising now, and I don't want to start!**
2. **I am not exercising now, but I am thinking of starting soon.**
3. **I am not exercising now, but I will start this month.**
4. **I am exercising now.**
5. **I have been exercising for the past six months.**

Where Are You?

Are You Ready to Exercise?

The purpose of this quiz is to help you decide whether it's safe for you to start an exercise program, or to return to exercise after a health-related absence.

Section 1. Rate Your Health

Please answer these questions first:

1. Has your doctor or other health care professional told you **NOT** to exercise, or told you that you must restrict your activity? O Yes O No
2. Is **PAIN** preventing you from exercising? O Yes O No
3. If you answered **YES** to question 2, please circle the number that describes your pain on a scale of 0 (no pain) to 10 (severe pain):

   0----------1----------2----------3----------4----------5----------6----------7----------8----------9----------10
   No pain *Medium pain* *Severe pain*

4. If you answered **YES** to question 2, did you rate your pain at 5 or higher? O Yes O No

If you answered YES to ANY of the questions in Section 1, you may not be ready to start or return to an exercise program. Please discuss exercise with your doctor.

If you answered NO to ALL of the questions in Section 1, please go to Section 2.

Section 2. Rate Your Abilities

Can your body do the following activities?

5. Can you dress and bathe/shower without the help of another person? O Yes O No
6. Can you prepare or obtain your own meals? O Yes O No
7. Can you do your usual household chores? (such as cleaning, laundry, gardening) O Yes O No
8. Can you use the telephone? (including looking up numbers, dialing, and answering) O Yes O No
9. Can you do your own errands and shopping? O Yes O No

If you answered YES to AT LEAST THREE of the questions in Section 2, please go to Section 3.

If you answered NO to AT LEAST THREE of the questions in Section 2 because of your health, you may not be ready to start or return to an exercise program. Please discuss exercise with your doctor.

Section 3. Rate Your Strength and Walking Ability

Please answer these last questions:

10. Can you walk without the help of another person? (It's okay to use a walker or cane.) O Yes O No

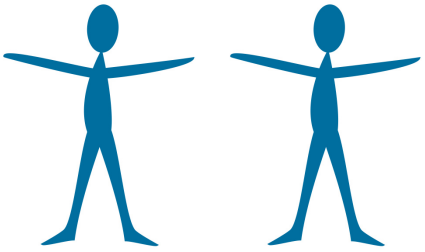
11. Can you get up from a chair that doesn't have arms without the help of another person? (It's okay to use a walker or cane.) O Yes O No

12. Can you drive or arrange your own transportation when needed? O Yes O No

13. Can you leave your home for one hour or more for an activity other than a doctor's appointment? (This includes social activities like visiting friends, going to a movie or restaurant, or shopping.) O Yes O No

If you answered YES to ALL of the questions in Section 3, it is safe for you start or return to regular exercise, at your own pace.

If you answered NO to ANY of the questions in Section 3, you may not be ready to start or return to a regular exercise program yet. Please talk with your doctor about what kinds of exercise you can do to get stronger safely.



Your Exercise Plan

Reasons Why You Should Exercise

List the benefits you would like to receive from exercising. Try to think of at least three.

_____

_____

_____

_____

Types of Physical Activity You're Doing Now

Activity	How Much Time (minutes)	How Often

Based on this, do you meet the Surgeon General's recommendations to be physically active for 30 minutes a day, at least 10 minutes at a time, on at least five days of the week? O Yes O No

Reasons Why You Sometimes Can't Exercise

List all of the possible reasons why you sometimes can't (or don't) exercise as much as you should.

_____

_____

_____

Types of Exercise You Want to Do

List all of the exercises you enjoy or would like to try, and are healthy enough to do.

_____

_____

_____

Places Where You Can Exercise

List all of the possible places where you can exercise, including your home.

_____

_____

_____

People You Can Talk with to Get Motivated and Stay Motivated

List any family, friends, neighbors, health care professionals, etc., who might be helpful.

_____

_____

_____

People You Could Exercise With

List all of the people who might be interested in exercising with you.

_____

_____

_____

Other Information You Need to Exercise

List any questions you have about the physical activities you want to do (health, exercise, locations, etc.).

_____

_____

_____

Places Where You Can Get the Information You Need

List all of the possible places where you might be able to get this information, such as the library, Internet, health care provider, senior center, etc.

_____

_____

_____

Your Exercise Goal(s)

Daily: _____

Weekly: _____

Monthly: _____

Your Exercise Plan

Based on how you answered these questions, what's your exercise plan?

Activity	How Much Time (minutes)	How Often

TIP:

Use your calendar to schedule your exercise plan, and find ways to reward yourself for reaching your goals!

Chapter 2.
Understanding Your Health Issues and Exercise

IN THIS CHAPTER

- Timing Is Everything
- Returning to Exercise After a Break
- Exercising After an Illness
- Exercising After a Cold or Flu
- Exercising After an Injury
- Exercising After Surgery
- Maintaining Your Eye and Ear Health
- Protecting Yourself from Osteoporosis
- Medicare Has You Covered

Timing Is Everything

It's important to discuss exercise with your doctor, especially if you're being treated for a health condition. Exercising too soon after a health problem can cause setbacks, but waiting too long can make it harder to get back on schedule. The more you know about how and when to exercise, the easier it will be for you to stay active and independent for life.

You can help prevent falls and stay active and independent by asking your doctor for a physical therapy referral and evaluation:

- if you are having ANY trouble walking due to medications or a balance, back, hip, knee, ankle, or foot problem; or
- if you are told to start using a cane or walker.

Medicare will cover physical therapy consultations, evaluation, treatment, and walker, cane, or crutch training if ordered by a health care provider.

Don't overlook the basics of staying healthy: eat well, drink lots of water, get enough sleep, try to limit and manage stress, and stay involved with people and interests you enjoy.

Returning to Exercise After a Break

If you've been away from your exercise routine for more than a week, starting exercise again as soon as possible can help you stay strong, healthy, and independent. If your absence was due to a medical condition, talking to your health care provider can help you decide how and when to safely return to exercise. You can also use our **Are You Ready to Exercise?** quiz at the end of Chapter 1 to evaluate yourself.

Resume exercising at your own pace—don't try to keep up with everyone else. It takes time to build up strength. It's okay to start with one or two times a week at first.

The longer you've been away, the more effort it takes to get back on schedule. The easiest way to get back to your exercise routine is to "just do it"! You can regain and maintain your strength if you exercise at least twice a week.

Be patient and don't give up. The worst thing that can happen after a break is never going back to exercise.

Exercising After an Illness

Illness is an energy drainer—recovering uses up a lot of energy, especially if it involves being in a hospital or nursing facility. It can take six to eight weeks (or more) to recover from a medical illness or a flare-up of a medical condition. If your illness required medical care, it's best to talk with your doctor about when to return to exercise—coming back too soon can be unsafe.

It takes time to get back into your exercise routine—start slowly. You can build up your strength by finding ways to be more physically active at home: take walks, go shopping, clean the house, or do some easy, gentle exercises. When you're ready, you can ease into your exercise routine as you build your strength.

Exercising After a Cold or Flu

The **symptoms of a cold** are cough, stuffy nose, and no fever. When you get a cold, it's a good idea to put your exercise routine on hold until all of your symptoms are gone and your strength has returned. Recovering from a cold can take one to two weeks or more.

The flu is a virus and it is very contagious. The **symptoms of the flu** are a fever of 100° to 104° F, fatigue, muscle aches, joint pain, loss of appetite, headache, and cough. When you get the flu, it's a good idea to put your exercise routine on hold until all symptoms are gone and your strength has returned. Be patient—recovering from the flu can take up to six to eight weeks.

Exercising After an Injury

If you have an injury that requires medical care, talk to your doctor about when to return to exercise. An injury to a muscle, bone, or joint can take six to eight weeks or longer to heal. Skin injuries can take four weeks or longer to heal.

Use your level of pain as a guide to what your body can handle and be ready to adapt. When you first return to your exercise routine, you may have to change an exercise to make it work for you, stop an exercise early, or do the exercise from a sitting position.

Exercising After Surgery

Always talk with your doctor about when to return to exercise after surgery. Recovering from surgery often takes at least six to eight weeks and returning too early can cause serious problems or setbacks.

Be patient with yourself as you build up your strength. You may have to change an exercise to make it work for you, stop an exercise early, or do the exercise from a sitting position.

Maintaining Your Eye and Ear Health

Your vision and hearing play a vital role in keeping your balance fine-tuned and preventing falls. Have your vision tested at least every two years—more often if you have eye problems.

The three most common eye conditions in older adults are cataracts, glaucoma, and macular degeneration. All of these conditions can develop slowly and gradually without symptoms until vision is impaired.

- A **cataract** is the thickening of the eye lens due to aging which causes gradual sight loss.
- **Glaucoma** is an increase in pressure inside the eye that causes gradual sight loss.
- **Macular degeneration** is the gradual loss of central vision.

Reduced depth perception due to bifocals, reading glasses, low lighting, and some eye conditions can cause falls. Reduced depth perception makes it difficult to accurately judge walkway changes like curbs, steps, and uneven ground, and can affect driving skills. In addition, a loss of depth perception makes it difficult to see objects in areas of shadow, low lighting, nighttime darkness, or excessive brightness.

Exercise Wisely

- **Don't try to keep up with everyone else. It's always best to exercise at your own pace.**
- **Listen to your body and know your limits.**
- **Remember that it takes time to build and regain strength.**
- **It's okay to change or stop an exercise.**
- **Stop or reduce using weights if they cause any pain.**
- **When in doubt, talk to your instructor or doctor so that you can learn how to keep exercising safely.**
- **Commitment and a positive attitude help, too.**

Have your hearing checked by a licensed audiologist every two years—especially if your family or friends tell you that you have a hearing problem! If the audiologist says that you should use hearing aids, learn as much as you can about them. There are many different types and it takes at least a few weeks of regular daily use to get used to using them comfortably.

Protecting Yourself from Osteoporosis

Osteoporosis is a major cause of fractures for people age 50 and older. It's a condition in which bone mass is lost and the bones become very fragile and break easily. The symptoms of osteoporosis include fractures, loss of height (more than one inch), a change in posture, and/or back pain.

If you're at risk for osteoporosis, getting tested and treated can help you stay active and independent. You're at risk if you:

- get a fracture after age 50; or
- have a personal or family history of fractures after age 50; or
- are a white or Asian thin, small-boned, post-menopausal woman; or
- smoke or drink a lot of alcohol.

If you're concerned about whether or not you have osteoporosis, discuss this with your doctor. Osteoporosis screening is done with bone density tests. Whole-body tests like the DEXA scan are best if you are at risk for osteoporosis.

The good news is that osteoporosis can be prevented—and treated—with weight-bearing, strength-training exercises and calcium with vitamin D. Treatment can also include prescription medications.

Medicare Has You Covered

Many people don't realize how much Medicare can help them with their goals of staying active and independent. At the time of publication, Medicare coverage includes:

- **Professional treatment of foot problems and foot care** for diabetes and other medical conditions (covered by Medicare and Medicare supplements).
- **Therapeutic footwear and inserts (orthotics)**, if prescribed by a doctor.
- **New purchases, repairs, and replacements of assistive devices** are covered with a doctor's prescription under "durable medical equipment" by Medicare Part B under the Original Medicare Plan, if the store accepts Medicare assignment. If you have a Medicare+Choice Plan, check the plan to get details about your durable medical equipment coverage.
- **Vision screening and care** by an ophthalmologist or optometrist.
- **Hearing screening and care** by an ear, nose, and throat doctor or licensed audiologist.
- **Bone density tests** every two years to diagnose or monitor osteoporosis.
- **Osteoporosis screening** by a primary care, family practice, or internal medicine physician, or a rheumatologist.
- A **podiatrist** for foot problems.
- An **orthopedic surgeon** for muscle, ligament, tendon, bone, joint problems.
- A **rheumatologist** for joint pain in two or more different joints or unexplained muscle pain.
- A **neurologist** for balance problems, dizziness.
- A **physical therapist** for walking problems, muscle or joint problems, and walker and cane training.
- An **occupational therapist** for assistive devices to help with daily activities.

Chapter 3.
Managing Your Health Care Needs

IN THIS CHAPTER

- Use Your Medications Wisely
- Beware of Medication Problems
- Managing Your Medications
- Talk with Your Doctor
- Talk with Your Pharmacist
- Talk About Your Medication Costs

Use Your Medications Wisely

Four out of five older adults take at least one prescription medication a day, and most take at least two prescriptions a day. Many adults don't realize that aging and new health conditions can change how medications affect them.

Learn as much as you can about your health conditions, medications, and prescription coverage from your doctor, pharmacist, local area agency on aging, public library, and credible Internet websites, such as governments (.gov) or universities (.edu).

Be informed, think it all through, and work together with your health care providers and pharmacist to manage the benefits and risks of your medicines safely.

Beware of Medication Problems

Using medications incorrectly can cause health problems and a need for more medications, doctors' appointments, and hospital and/or nursing home admissions. Medication problems can happen easily in adults who:

- live alone;
- take more than three medications daily;
- have more than one health care provider prescribe medications;
- have memory or vision problems; and/or
- have difficulty paying for the costs of prescriptions.

Medication misuse and abuse can lead to falls, especially with narcotics, alcohol, and medications for sleep problems and anxiety. Pain and/or depression can be treated safely if you work closely with your doctor(s).

Side effects can occur hours, days, or weeks after starting a medication. Common medication side effects include:

- dizziness, drowsiness, confusion;
- dry mouth;
- racing or irregular heartbeat;
- constipation or diarrhea;
- upset stomach; and/or
- any other unexplained health symptom.

Allergic reactions to medication usually include rash, hives, swelling, or difficulty breathing. **Medications can also interact** with food, alcohol, caffeine, tobacco, other medical conditions, other drugs, vitamins, and herbal supplements.

Older adults who use **four or more prescription medications daily** are at increased risk for falls because of medication interactions that can affect balance or cause drowsiness, dizziness, or weakness. The types of medications known to cause falls in older adults include:

- **Tranquilizers:** medications used for sleep, anxiety, or muscle spasms.
- **Antidepressants:** medications used for depression, sleep, or chronic pain.
- **Antihypertensives:** medications used to control blood pressure or heart rate.
- **Diuretics (water pills):** medications used to treat water retention, high blood pressure, or congestive heart failure.
- **Medications for pain, sleep, anxiety, stress, or depression** are often related to falls because of side effects.

If you are concerned about falls or have had a fall, it's important to review your medications with your doctor and pharmacist to explore whether they may have caused your fall.

Managing Your Medications

Prescription medications are ordered by a licensed health care provider and dispensed by a licensed pharmacist. They may have a generic name and a brand name.

Over-the-counter medications are bought without a prescription.

Vitamins, nutritional supplements, and herbal supplements are bought without a prescription.

Medication Safety Rules

Keep a current, dated list of ALL medications with you at all times in your purse or wallet. Include ALL prescription medications, over-the-counter medications, pain medicines, vitamins, supplements, herbal remedies, medical conditions, and allergies/previous drug side effects.

Follow your doctor's instructions for taking your medicines. Your health care providers expect you to (and assume that you will, unless you tell them otherwise) take the right prescriptions and the right doses at the right times to receive the maximum intended health benefit.

Be an informed consumer. Read and keep a copy of your prescription information at home for reference. Read all over-the-counter (OTC) medication labels carefully to learn as much as possible about the correct use, directions, and product information.

If you take more than one medication daily, create a system and regular routine for taking your medications. Talk to your pharmacist, look for ideas in the pharmacy, and find the solution that works for you, such as a chart, calendar, or medication organizer. If your medication list or routine is too complicated, ask your health care provider or pharmacist to help you simplify it.

Talk with Your Doctor

Provide a complete medical history to your health care providers—all medical conditions, illnesses that required a doctor's care, hospitalizations, and surgeries since birth. EVERYTHING is important!

Provide a complete list of all prescription medications, over-the counter medications, pain medicines, vitamins, nutritional supplements, herbal remedies, and special diet requirements. Provide a list of all medications that caused side effects or allergic reactions, with a description of the side effect or allergic symptom you had for each drug.

Tell your health care provider how you usually use your medications. If you're concerned about medication costs, provide a list of all medications with the cost for each and discuss it—never assume your doctor knows your medication costs!

Prepare for your appointments by writing down your current problems and concerns. List ALL symptoms of new health problems—don't leave anything out. Your doctor bases many health decisions on your health history.

When you receive a new prescription, ask what it is for and what side effects to expect. If you experience any unexplained symptom or health change, contact your health care provider and your pharmacist to determine if it is medication-related.

Take notes—we only remember 25% of what we hear. Ask for as much written information as possible.

Bring a trusted family member or friend with you—but make sure it's someone you feel comfortable being completely open with, so that you don't hide information from your health care provider.

If there's anything that you don't understand about what your health care provider is telling you, **keep asking questions until you do understand!**

Talk with Your Pharmacist

Get all of your prescriptions filled at the same pharmacy to increase your safety. This allows your pharmacist to identify any potentially dangerous drug interactions. Request large-print labels if you need them, and get as much written information as possible. Check new and refilled medication labels carefully before you leave the pharmacy.

Ask the right questions about new prescription and over-the-counter medications:

1. What is the name of the medication and what is it supposed to do?
2. How and when do I take it—and for how long?
3. What food, drinks, other medications, or activities should I avoid while taking this medication?
4. Are there any side effects, and what should I do if they occur?
5. Will this new prescription work safely with the other prescription and non-prescription medicines I'm taking?
6. Is there any written information available about this medicine?
7. What should I do if I miss a dose?
8. What's the best way to store this medication?

Talk About Your Medication Costs

Many adults don't have prescription coverage. High medication costs can lead to medication decisions that are unsafe or risky. An inability to afford prescriptions often results in increased health problems and hospitalizations.

Many adults don't feel comfortable talking about drug costs with the health care providers who order their prescriptions. If you don't tell your health care providers about your drug cost concerns, they won't know!

Common—and potentially unsafe—cost-cutting decisions that can cause health problems include:

- rotating which prescriptions to fill each month based on cost;
- stretching medications by skipping or reducing scheduled doses;
- stopping medications based on symptoms or lack of symptoms; and/or
- substituting over-the-counter medications for prescriptions.

NEVER do ANY of the above without talking with your health care provider or pharmacist FIRST!

Be very aware of the risks of obtaining prescription drugs outside of the U.S.—they are not always safe. Always show your doctor and pharmacist any drugs you purchase outside of the U.S. so they can check them for your safety.

Think Teamwork

When you think "medications," think TEAMWORK:

- **Health care providers who provide your prescriptions (doctor(s), physician assistants, nurse practitioners, hospital staff)**
- **Your pharmacist and pharmacy staff**

Chapter 4.
Staying on Your Feet

IN THIS CHAPTER

- Build a Stronger Foundation
- Keep Your Feet Healthy
- Choosing the Best Footwear
- Assistive Devices Can Help
- What You Need to Know About Canes
- What You Need to Know About Walkers
- For More Information

Build a Stronger Foundation

Making wise choices about foot care, footwear, walkers, and canes makes a big difference in your ability to stay active and independent and avoid falls. When you protect your balance and walking ability, you build a stronger foundation for your healthy life.

Keep Your Feet Healthy

Many people falsely believe that leg and foot pain is a normal part of aging and live with problems that could be treated. **If you have any foot or leg pain, discuss it with a doctor!**

Your feet are a mirror of your health: arthritis, diabetes, and circulation problems can cause changes in your feet that are often the first sign of these health problems. Untreated foot problems affect posture and walking ability, which affect balance and can cause falls.

- Always see a doctor if you notice these changes in your feet: increased skin dryness, brittle nails, discoloration, or feelings of burning, tingling, cold, or numbness.
- Arthritis can easily develop as the joints in your legs and feet wear out with age. Over half of all adults have arthritis in the hips, knees, or feet.
- Corns, calluses, bunions, ulcers, blisters, warts, weak arches, infections, flat feet, pain, cramping, arthritis problems, nail problems, ingrown toenails, and many other foot conditions can usually be successfully treated and managed with professional care.
- Regular foot care is especially important for diabetics and anyone with a circulation problem, as it can help prevent serious infections that can lead to toe or foot amputation. If you have diabetes, it is very important to work with your doctor to keep your blood sugar, blood pressure, and cholesterol close to normal to help prevent diabetes-related foot problems, as well as eye and kidney disease.

Not all serious foot problems cause pain, so it is important to check your feet regularly for cuts, sores, red spots, swelling, and infected toenails (use a mirror, if needed). Make sure to see your doctor right away if a foot cut, sore, blister, or bruise does not begin to heal after two or three days so that it can be treated promptly to prevent infection.

There are over 300 types of foot problems. Any foot problem should be evaluated and treated by your physician or a podiatrist (foot specialist).

Choosing the Best Footwear

Foot protection, comfort, function, and hygiene should be your priorities in choosing shoes. Poor-fitting shoes cause many foot problems.

Choose safe slippers. Smooth-soled slippers, socks, slip-ons, and bare feet are unsafe and can cause falls. When you buy slippers, look for the word "non-slip" on the package, an enclosed heel (no slip-ons), a tread on the bottom, and a snug fit.

When you buy shoes, try to shop in the afternoon, since feet tend to swell during the day. Your shoe size changes with age, so have both feet measured while standing. Get a proper fit for your largest foot and try on both shoes.

The best shoes should feel snug but not tight, with enough room to wiggle your toes and feel comfortable, sturdy, fully supported, and noticeably cushioned. Use the "pinch test" to choose sport or exercise shoes—if you can pinch the shoe over your last two toes, there's enough space between your foot and the side of the shoe. Remember, there's no such thing as "breaking in" shoes.

When you shop for shoes and slippers, look for:

- **Strong arch support**—you should be able to put your hand in the shoe and feel an arch.
- **Plenty of toe room**—the outside of the shoe should be as wide as the widest part of your feet.
- **Enough cushioning** to absorb shock, provide some "give," and make your feet feel very comfortable.
- **Tread patterns** should be slip-resistant and durable, so that they don't wear out too quickly. The heel and sole should "grip" to reduce risk of falls from slipping.
- The shoe should **completely enclose your foot** (no open heels or slip-ons).

Did You Know?

- **Foot problems take longer to heal because the feet are farthest from the heart and have less blood supply than other areas of the body.**
- **Elevating the feet above the level of the heart daily is very important in promoting healing after injury, surgery, or infection and reducing any foot and ankle swelling.**
- **Our feet change with age. We lose the fat padding that protects the toes, the ball of the foot, and the heels. Our skin becomes thinner and drier, and our feet grow bigger by spreading and flattening.**

- **Rubber-soled, low-heeled shoes** are best. Avoid leather soles, because they are slippery.
- **A flat or low-heeled walking base with a broad surface** that contacts the floor.
- **The fit should feel like a firm handshake**—not too tight and not too loose. Lace-up or Velcro-strap shoes should be secured tightly and snugly, or your foot will turn in the shoe and throw you off balance.
- **Ventilation and material that lets the feet "breathe"** to help prevent fungus or other infections.
- **Protection from indoor or outdoor walking surface hazards** that could cause you to trip. Bare feet, socks, sandals, and flip-flops can expose feet to injury-causing hazards.
- **The upper part of your shoe should be made of a soft flexible material** that allows the shoe to bend and conform to the shape of your foot.

If you have a foot condition, ask your podiatrist to suggest other special shoe features you might need. Orthotics can help improve posture, balance, weight distribution, gait, and foot, ankle, knee, hip, and back support.

Assistive Devices Can Help

"Assistive device" is the health care term for canes, walkers, and other devices designed to help people be independent when health problems interfere with their daily activities. Many adults who would benefit from an assistive device avoid using them due to appearance, denial, embarrassment, cost, lack of information, or because it makes them feel like they've lost independence.

Health care professionals view assistive devices as vital tools for helping people with health problems stay safe, active, and independent. Walkers and canes can reduce pain, improve balance and support, and increase the user's sense of security and physical safety. Hip protectors absorb the impact of a fall and reduce the risk of fracture by shunting

energy away from the hip. Other assistive devices can help with activities of daily living that can become difficult, such as bathing, dressing, meal preparation, and housework.

Pride comes before a fall—if you're having difficulty walking easily and safely, it's better to start using a walker or cane before you have a fall to prevent more serious injuries. If you're recovering from surgery, illness, or injury, you might benefit from temporary use of a walker or cane until you're fully recovered.

Signs that a walker or cane may be needed:

- dizziness;
- can't walk easily or steadily without holding onto furniture;
- frequent falls; and/or
- walking causes bone or joint pain.

Discuss these types of problems with your doctor. If you and your doctor decide that you need to use a walker or cane, ask for physical therapy sessions at the hospital, a physical therapy clinic, or exercises to do at home. Learn how to use the cane or walker correctly and get written instructions, too. Getting comfortable and confident with any assistive device takes professional instruction by a physical therapist, time, and lots of practice at home.

What You Need to Know About Canes

Canes support 20% of your weight and are useful when you're recovering from an injury or surgery, or if a health condition makes you feel unsteady, painful, or weak when you walk. Canes can provide a sense of security if you are concerned about falling or becoming fatigued.

Types of Canes

- **Adjustable or folding metal canes** can collapse if too much weight is put on them.
- **Wooden canes** can be cut to the correct size, if needed.
- **Metal canes** must be selected in the correct size.
- **Three- or four-pronged canes** give more stability and support, and can free your hand because they stand alone. But you have to walk slowly and place the prongs flat on the ground with each step to provide stability. Proper use and training is important to prevent tripping over this type of cane.

Some canes have a small folding seat attached.

Fitting a Cane Correctly

The height of the cane is the most important feature—it should be measured by a physical therapist or occupational therapist. If you have not had the height of your cane measured by a healthcare professional, your cane might be too high or too low, which can cause posture or balance problems, or lead to a fall.

To find the correct cane height, let your arm hang by your side and then locate the crease on the inside of your wrist. The top of the cane handle should not be higher or lower than this.

Types of Handgrips

Many types of handgrips are available, such as a U-shape, ball, or T-shape, and padded or unpadded. Try all of the handgrips at a medical supply store or with a physical therapist to see which is most comfortable for your hand and easiest to use.

The Cane Tip

The cane tip is the cheapest part of the cane to replace, but it has the most wear and tear. It should be a non-slip rubber suction type. The tip is the first thing to wear out and the last thing people notice—when it's worn through, it will slip and could cause a fall or scratch flooring.

Using a Cane

If you have a leg problem, the cane should be held in the hand opposite to the affected leg. Practice marching like a soldier with the cane and the injured leg touching the ground at the same time.

This can be difficult if you have to hold the cane in your non-dominant hand (your left hand if you're right-handed or vice versa), but you must get used to using it this way, or you may become unbalanced or put too much weight on the affected leg.

If you don't have a leg problem, just hold the cane in your dominant hand (your right hand if you're right-handed or vice versa).

Going Up and Down Stairs

An easy way to remember this is "up with the good leg, down with the bad leg."

- **When you're going up stairs**, the cane and "bad" foot stay down, the "good" leg goes up first, followed by the "bad" foot and the cane.
- **When you're going down stairs**, the cane and "bad" foot go down first, followed by the "good" foot.

What You Need to Know About Walkers

Walkers support 50% of your weight, and are often safer than canes when recovering after illness, injury, or surgery. They are helpful for people with balance or walking problems.

Types of Walkers

Walkers are usually made of aluminum or other lightweight material and can be customized with special hand or arm rests, if needed. The three most common types are two-wheeled, four-wheeled, or wheelless.

Two-wheeled walkers provide the best balance and safety for those recovering from a surgery or illness, using a walker for pain relief, or experiencing moderate to severe balance problems.

Four-wheeled walkers with or without seats are popular, but are usually best for those who have only mild balance problems. They can provide a sense of security and help increase endurance. Four-wheeled walkers are not appropriate for all health problems, especially during initial recovery from surgery or injury or illness. They can move out of your control very easily if you try to put your full weight on them—even if they have brakes.

Fitting a Walker Correctly

Hold the walker slightly in front of you while standing still. When you hold the handles, your elbows should be flexed 30 to 40 degrees and you should not need to bend or lean forward.

® Mayo Foundation for Medical Education and Research. All rights reserved.

Types of Handgrips

Try out different types of handgrips (or forearm rests, if needed) at a medical supply store. Half of your weight is now pressing on your hands, so the grip should be padded with foam. If the grip doesn't have enough padding, you can tape sponges or washcloths to the handles.

Check the Tips Regularly

Check the rubber tips on the bottom of each walker leg every week or two. Replace them when they wear out, or they will slip and could cause a fall or scratch the floor.

Walker Safety

It's very important to have walker fitting and training by a physical therapist to make sure you're using the size and type of walker that's best for you, and to learn how to use it safely to prevent falls.

Using a Walker

Move the walker forward approximately half an arm's length while leaning forward and place your weight on your hands, then step with your "bad" leg first, then your "good" leg. **The most common mistake is moving the walker too far forward**—this can cause you to lose your balance and fall.

Walkers are not recommended on stairs, escalators, or revolving doors.

Going Up and Down Steps

When you're going up, start with your weight on your "good" leg, lift your walker up onto the curb, then hop up onto the curb with your "good" leg.

When you're going down, lower the walker down from the curb, then hop down with your "good" leg.

For More Information

Medical supply stores are the best source for assistive devices and assistive device information. They can bill Medicare directly if you have a doctor's prescription. Pharmacies have a limited selection of foot care and assistive devices.

You can also check the selection of other types of personal assistive devices for eating, dressing, bathing, etc. in the Sammons Preston Enrichments Catalog (800-323-5547 or www.sammonspreston.com).

You can get non-slip footwear and foot care products from:

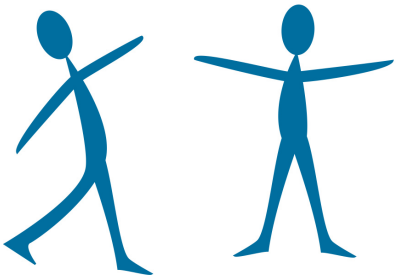
- Therapeutic shoe stores
- Online retailers (Use the browser on your computer to find non-slip footwear.)

Foot care information is available from:

- **American Diabetes Association:** 800-DIABETES or www.diabetes.org
- **National Diabetes Education Program:** 800-438-5383 or www.ndep.nig.gov
- **American Podiatric Medical Association:** 800-FOOTCARE or www.apma.org

The National Osteoporosis Foundation (www.nof.org) has osteoporosis information.

For Medicare information, call 800-MEDICARE (800-633-4227) or visit www.medicare.gov. Booklets on durable medical equipment and preventive services are available on request.



Chapter 5.
Keeping Yourself Independent Through Home Safety

IN THIS CHAPTER

- **Make Your Home Work for You**
- **Create Your Home Safety Plan**
- **Your Home Safety Checklist**
- **Use Ladders Safely**
- **Stay Independent by Asking for Help**

Make Your Home Work for You

How we live in our homes changes with each stage of life. In early and middle adulthood, we use our homes to take care of our families. In older adulthood, we use our homes to take care of our own changing needs. Physical aging after the age of 30 gradually changes our vision, muscle strength, balance, and flexibility—which increases our risk for a fall after age 65.

One-third of adults age 65 or older who live in their own homes fall at least once in a year; 50% or more of those age 75 or older will have a fall. About one out of ten falls will result in a serious injury and hospitalization, such as a hip fracture or head injury. Injuries from falls are a major threat to independence.

Most of us don't think about making our homes safer until we have had a fall, a major surgery, or a hospital stay. It's easy to put home safety changes on hold if we're worried about the cost, feeling overwhelmed, or think it's too soon for that.

Living independently means taking care of ourselves and creating a home that will help us feel comfortable and safe. In this chapter, we'll show you how to compare your home to your current state of health and make your home work for you.

Create Your Home Safety Plan

If you want to feel more confident and secure in your home, check your home for safety and make an improvement plan.

1. Compare your home to the home safety checklist in this chapter.
2. Make a list of what you need to do to improve your home's safety.
3. Prioritize your list. Making changes one at a time is easier than trying to do it all at once.
4. Identify what you can do yourself for free or for very little money:
   - Remove clutter from floor/stairs.
   - Rearrange furniture/cords.
   - Put frequently-used items on lower shelves within easy reach.
   - Place phones within reach of the floor.
   - Replace burned-out light bulbs and install nightlights.
   - Purchase non-slip rubber mat or self-stick strips for tub or shower.
5. Identify changes that you may need another person to help with, such as grab bars or repairs.
6. Identify the cost of home repairs or modifications and determine what you can afford.
7. Check with your local area agency on aging (800-677-1116) for senior home repair and modification programs that offer financial assistance, if needed.

Pet Safety

- **Hold leashes with your fingers, not your wrist—easier to let go if the dog pulls or bolts.**
- **Be aware of where your pets are when you're walking.**

Your Home Safety Checklist

Compare your home to the items on this list. Note the areas that need improvement to keep your home working for you.

Lighting

- ☐ Light bulbs should be 60–75 watts in all rooms and stairways.
- ☐ Replace burned-out bulbs promptly.
- ☐ Keep several flashlights in the house and check the batteries regularly.

Floors and Walkways

- ☐ Arrange furniture so that you have plenty of room to walk without obstacles.
- ☐ Keep walkways free of cords, furniture, clutter, and other obstacles.
- ☐ Remove throw rugs or secure them with double-stick tape or tacks.
- ☐ If you have hardwood floors, consider carpets. Hardwood floors have a greater risk of fractures.
- ☐ Use non-slip or non-skid floor wax—or none at all.
- ☐ Don't "leave it for later." Take care of spills and dropped objects promptly.

Steps and Stairways

- ☐ All stairs and steps should have secure handrails on both sides.
- ☐ Check the condition of the stairs for loose carpet, loose steps, or uneven steps.
- ☐ Stairways should be well lit with light switches at the top and bottom.
- ☐ Keep stairways free of clutter.

Living Room

- ☐ Make sure your furniture is easy for you to get in and out of (knee height or higher is easiest).
- ☐ Keep a phone on a low table within reach of the floor.
- ☐ Arrange the room to create clear walking spaces.

Bedroom

- ☐ Keep a light/flashlight and a phone within reach of your bed.
- ☐ Make sure there are nightlights between your bedroom and bathroom.

Kitchen

- ☐ Keep regularly-used items within comfortable reach.
- ☐ Never climb on chairs—only use stepstools with a handlebar on the back.

Bathrooms

- ☐ Put grab bars by the toilet and in the shower or tub to give you extra support.
- ☐ Put a non-slip mat or non-slip adhesive strips in the shower or tub to help prevent slips.

Yards, Outdoor Stairs, and Walkways

- ☐ Keep outdoor stairs and walkways well-lit and free of breaks and cracks.
- ☐ Make sure there are handrails on both sides of stairs.
- ☐ Look out for uneven ground, stones, branches, pets, garden hoses, or tools.
- ☐ Factor in the weather—any type of wet or icy walkways can cause slips.

Stay Safe

- **Clear, dry walkways reduce slips and trips.**
- **Good lighting improves vision and balance.**
- **Stairs with railings on BOTH sides are safest.**
- **Keep items within your reach at waist level.**
- **Wear footwear with a tread to grip the floor.**

Use Ladders Safely

If you use a ladder (indoors or outdoors), please be safe:

- Check the ladder for loose or broken parts and clean off any mud or liquids.
- Place the ladder on a firm, level, non-slippery surface and set the ladder locks or braces before you climb.
- Be safe and careful when climbing; get someone to hold the ladder and stay with you.
- To keep your balance and avoid falls, don't lean too far to one side and be cautious about pushing, pulling, or leaning back.
- Never sit or step on the top step or bucket shelf—it isn't designed to hold your weight.

Stay Independent by Asking for Help

If you need help to make your home safe, ask for it. Asking for help is a sign of wisdom and strength. Talk with your **family, friends, and/or health care providers** about your changing needs, even if it's temporary (a short-term medical issue, for example).

Your **local senior services agency** (800-677-1116) has a wealth of information and resources for getting skilled help and/or financial assistance for home repairs or modifications and other needs. They can also provide information and/or financial assistance on chore services and meal delivery services. Veterans and their dependents can check with their **local veterans affairs** center.

If your doctor orders it, **Medicare** covers home health care visits by an RN, physical therapist, occupational therapist, or bath aide if you are housebound due to a health problem or after being discharged from the hospital or a nursing facility. On your doctor's orders, Medicare will also cover outpatient occupational therapist evaluations (home safety and learning new skills for independent living) and physical therapist evaluations (treatment for musculoskeletal problems due to weakness, injury, arthritis, or surgery).

Assistive devices help make everyday home tasks easier to do. Call the Sammons Preston Company (800-323-5547) for a free Enrichments Catalog.

Home medical alert systems are very helpful for adults who have frequent falls and/or fear of falls; limited mobility and/or difficulty walking; medication concerns; or medical conditions. They provide immediate help to call police, fire, and specified family members or friends, and are especially helpful for those who live alone. Users report a very high rate of satisfaction.

At the time of publication, three of the available medical alert systems are:

- **ADT Companion Services:** 800-238-9030 or www.adt.com
- **Lifeline:** 800-380-3111 or www.lifelinesys.com
- **Link-to-Life:** 888-337-5433 or www.link-to-life.com

Most home medical alert services have an installation fee and a monthly monitoring fee. Ask about discounts or financial assistance programs.

Take It Slow

Change positions slowly. When you have been lying down for a while, sit up for a few minutes before standing. Taking it slow helps you avoid dizziness or lightheadedness, especially if you are on blood pressure medications.

In Case of Emergency: What to Do If You Fall

1. Try to remain calm. **Check yourself for serious injuries**, such as bleeding, sprains, strains, dislocations, or fractures. If you are bleeding, apply firm pressure.

2. If you think you are injured and someone is nearby, **call for help**.

3. If no one is nearby, **try to get up or crawl to a telephone** to call for help. There are several ways to get up from a fall, which method is best for you will depend on your health and your injuries.

   - **Roll and Crawl:** Roll onto your stomach, get up on all fours, **crawl to a nearby piece of furniture**, place your hands on it, and bring one foot forward—putting it flat on the floor—and stand up.
   - **Shuffle:** If painful knees prevent you from crawling, **shuffle on your bottom to a nearby piece of furniture**, pull yourself onto your knees, and stand up.
   - **Using Stairs:** Shuffle on your bottom to the stairs, then **gradually move up one step at a time** until you reach a height that makes it possible for you to stand.

     If you can get up, take a few moments to **recover and then call for help**.

4. If you cannot get up, **try to keep warm**. Pull any nearby rugs, coats, or blankets over and under you, if possible.

✦✦✦✦✦

Please try to practice these techniques before you need them, so that you can be prepared. You can also safeguard yourself by doing a home safety check, placing a telephone on a low stool or shelf you can reach from the floor, and arranging for someone to call or check in on you daily.

My Falls-Free Plan

As we grow older, gradual health changes and some medications can cause falls, but many falls can be prevented. Use this to learn what to do to stay active, independent, and falls-free.

Check "Yes" if you experience this (even if only **sometimes**)	**No**	**Yes**	**What to do if you checked "Yes"**
Have you had **any falls in the last six months**?			☐ Talk with your doctor(s) about your falls and/or concerns. ☐ Show this checklist to your doctor(s) to help understand and treat your risks, and protect yourself from falls.
Do you take **four or more** prescription or over-the-counter medications daily?			☐ Review your medications with your doctor(s) **and** your pharmacist at each visit, and with each new prescription. ☐ Ask which of your medications can cause drowsiness, dizziness, or weakness as a side effect. ☐ Talk with your doctor about anything that could be a medication side effect or interaction.
Do you have **any difficulty walking or standing**?			☐ Tell your doctor(s) if you have any pain, aching, soreness, stiffness, weakness, swelling, or numbness in your legs or feet—**don't ignore** these types of health problems. ☐ Tell your doctor(s) about **any** difficulty walking to discuss treatment. ☐ Ask your doctor(s) if physical therapy or treatment by a medical specialist would be helpful for your problem.
Do you use a **cane, walker, or crutches**, or have to hold onto things when you walk?			☐ Ask your doctor for training from a physical therapist to learn what type of device is best for you, and how to safely use it.
Do you have to **use your arms to be able to stand up from a chair**?			☐ Ask your doctor for a physical therapy referral to learn exercises to strengthen your leg muscles. ☐ Exercise at least two or three times a week for 30 min.
Do you ever feel **unsteady on your feet, weak, or dizzy**?			☐ Tell your doctor, and ask if treatment by a specialist or physical therapist would help improve your condition. ☐ Review all of your medications with your doctor(s) or pharmacist if you notice **any** of these conditions.
Has it been **more than two years since you had an eye exam**?			☐ Schedule an eye exam every two years to protect your eyesight and your balance.
Has your **hearing gotten worse with age**, or do your family or friends say you have a hearing problem?			☐ Schedule a hearing test every two years. ☐ If hearing aids are recommended, learn **how** to use them to help protect and restore your hearing, which helps improve and protect your balance.
Do you usually **exercise less than two days a week**? (for 30 minutes total each of the days you exercise)			☐ Ask your doctor(s) what types of exercise would be good for improving your strength and balance. ☐ Find some activities that you enjoy and people to exercise with two or three days/week for 30 min.
Do you drink **any alcohol** daily?			☐ Limit your alcohol to one drink per day to avoid falls.
Do you have **more than three chronic health conditions**? (such as heart or lung problems, diabetes, high blood pressure, arthritis, etc. Ask your doctor(s) if you are unsure.)			☐ See your doctor(s) as often as recommended to keep your health in good condition. ☐ Ask your doctor(s) what you should do to stay healthy and active with your health conditions. ☐ Report any health changes that cause weakness or illness as soon as possible.

The more "Yes" answers you have, the greater your chance of having a fall.
Be aware of what can cause falls, and take care of yourself to stay independent and falls-free!

Injury & Violence Prevention Program
DOH 341-013 April 2006

Washington State Department of Health

Dear Colleague,

The Washington State Department of Health (DOH) provides print-ready files (PDFs) of health education materials. To ensure that the original quality of the piece is maintained, please read and follow the instructions below and the specifications included for professional printing.

- **Use the latest version**. DOH materials are developed using the most current information available, are checked for clinical accuracy, and are field tested with the intended audience to ensure they are clear and readable. DOH programs make periodic revisions to educational materials, so please check this web site to be sure you have the latest version. DOH assumes no responsibility for the use of this material or for any errors or omissions.

- **Do not alter**. We are providing this artwork with the understanding that it will be printed without alterations and copies will be free to the public. Do not edit the text or use illustrations or photographs for other purposes without first contacting us. Please do not alter or remove the DOH logo, publication number or revision date. If you want to use a part of this publication for other purposes, contact the Office of Health Promotion first.

- **For quality reproduction**: Low resolution PDF files are intended for black and white or color desktop printers. They work best if you are making only one or two copies. High resolution PDF files are intended for reproducing large quantities and are set up for use by professional offset print shops. The high resolution files also include detailed printing specifications. Please match them as closely as possible and insist on the best possible quality for all reproductions.

If you have questions, contact:
Office of Health Promotion
P.O. Box 47833 Olympia, WA 98504-7833
(360) 236-3736

Sincerely,
Health Education Resource Exchange Web Team