

## Falls Prevention, Part 1

### Workshop Guide

#### Starter Activity - Keeping Your Home Safe

Read each question in each section below and respond honestly by checking **YES** or **NO**.

### Outside

	Yes	No
• Do all your entrances have an outdoor light?	<input type="checkbox"/>	<input type="checkbox"/>
• Do your outdoor stairs, pathways or decks have railings and provide good traction (i.e. textured surfaces)?	<input type="checkbox"/>	<input type="checkbox"/>
• Are the front steps and walkways around your house in good repair and free of clutter, snow or leaves?	<input type="checkbox"/>	<input type="checkbox"/>
• Do the doorways to your balcony or deck have a low sill or threshold?	<input type="checkbox"/>	<input type="checkbox"/>
• Can you reach your mailbox safely and easily?	<input type="checkbox"/>	<input type="checkbox"/>
• Is the number of your house clearly visible from the street and well lit at night?	<input type="checkbox"/>	<input type="checkbox"/>

### Inside

	Yes	No
• Are all rooms and hallways in your home well lit?	<input type="checkbox"/>	<input type="checkbox"/>
• Are all throw rugs and scatter mats secured in place to keep them from slipping?	<input type="checkbox"/>	<input type="checkbox"/>
• Have you removed scatter mats from the top of the stairs and high traffic areas?	<input type="checkbox"/>	<input type="checkbox"/>
• Are your high traffic areas clear of obstacles?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you always watch that your pets are not underfoot?	<input type="checkbox"/>	<input type="checkbox"/>
• If you use floor wax, do you use the non-skid kind?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you have a first aid kit and know where it is?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you have a list of emergency numbers near all phones?	<input type="checkbox"/>	<input type="checkbox"/>

## Stairs

	Yes	No
• Are your stairways well lit and do you have light switches at the top and bottom of the stairs?	<input type="checkbox"/>	<input type="checkbox"/>
• Are your stairs in good repair and free of clutter?	<input type="checkbox"/>	<input type="checkbox"/>
• Do the steps of your stairs have a non-skid surface?	<input type="checkbox"/>	<input type="checkbox"/>
• Are there solid handrails on both sides of the stairway?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you remove your reading glasses when using the stairs?	<input type="checkbox"/>	<input type="checkbox"/>

## Bedroom

	Yes	No
• Is there a light switch near the entrance to your bedroom?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you have a lamp or a light switch near your bed?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you keep night lights or other sources of light on in case you get up in the middle of the night?	<input type="checkbox"/>	<input type="checkbox"/>
• Is there a clear path from your bed to the bathroom?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you have a phone and a list of emergency phone numbers near your bed?	<input type="checkbox"/>	<input type="checkbox"/>

### Keeping Your Home Safe

Review your “Keeping your home safe” quiz above and go through each section and identify any “No” responses. In the space below answer the following questions:

- Are there any patterns that you notice?
- What are the major problem areas identified by your quiz?

## Keeping Your Home Safe

In a group of 3-4, share your major problem areas or patterns and identify any common areas shared by everyone or most of the group. Select one question per heading and, as a group, come up with a solution to each problem that you can all implement to help prevent a potential fall. Record your ideas below.

## What is Postural Hypotension?

Fill-in-the-blanks below with the appropriate keywords.

- Postural Hypotension occurs when there is a \_\_\_\_\_ in your blood pressure when you stand up from sitting or lying down
  - it can happen when you get up from a chair or when you are standing
- Symptoms
  - feeling \_\_\_\_\_
  - feeling \_\_\_\_\_
  - blurred \_\_\_\_\_
  - \_\_\_\_\_
- This sudden change in blood pressure can lead to a \_\_\_\_\_

**Things you can do to help manage low blood pressure:**

Fill-in-the-blanks below with the appropriate keywords.

- After lying in a bed or sitting in a chair, change your \_\_\_\_\_ slowly
- Avoid \_\_\_\_\_ and \_\_\_\_\_ (hot showers, baths and weather)
- If you feel \_\_\_\_\_, sit down or lie down immediately. When the feeling goes away, get up \_\_\_\_\_
- Eat \_\_\_\_\_ small meals each day, rather than 2-3 larger meals
- Before you \_\_\_\_\_ or \_\_\_\_\_
  - squeeze and relax the muscles in your legs
  - squeeze and relax your entire body
  - bend forward with your arms crossed over your belly
  - squeeze and relax your fists as you squeeze and relax the muscles in your arms
  - squat
- Wear support stocking and/or abdominal binder
  - talk to your \_\_\_\_\_ about these options

## Additional Strategies to Avoid Falls

Fill-in-the-blanks below with the appropriate keywords.

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- Physiotherapists can assist with a falls prevention program and advise on programs run in the community
    - supervised resistance training to strengthen muscles
    - balance exercises, for example, heel-to-toe walking, Tai Chi

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- Ask your doctor to review any conditions or medications that may be causing your poor balance or dizziness
  - Your doctor may recommend a visit to an optometrist to correct your vision and/or a podiatrist for proper footwear
  - Ensure to maintain a regular dialogue with your doctor, including regularly reviewing your medication

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- Speak to your doctor about how you can improve your nutrition, including how to you ensure adequate calcium and vitamin D levels
  - Eat regular meals and snacks throughout the day
  - it is better to eat 5-6 smaller meals than 2-3 large meals

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- Occupational Therapists can conduct a home audit and suggest important changes to the home environment or recommend walking aids if needed
  - Use a “home checklist”
  - much like the checklist used in this workshop

### Cool-down Activity

Review your “Keeping your home safe” quiz from the starter activity and the solution you came up with as a group to correct any problem areas.

Create an action plan where you indicate 3 changes that you can implement in the next day, in the next week and in the next month that will help you prevent a fall before it happens.

In the next day

In the next week

In the next month