Using Go to Webinar

Once you have joined the webinar, you will see the Attendee Control Panel and Grab Tab. The Control Panel contains panes that can be expanded or collapsed by clicking the Plus icon or Minus icon on the left side of each pane. Note: Viewing the Attendee List, raising your hand and asking questions are only available if the organizer has enabled these features.

- **Attendee List** - Displays all the participants in-session (if enabled by the organizer).
- **Grab Tab** - Allows you to open/close the Control Panel, mute/unmute your audio (if the organizer has enabled this feature) and raise your hand.
- **Audio pane** - Displays audio format. Click **Settings** to select Mic & Speakers devices.
- **Questions pane** - Allows attendees to submit questions and review answers (if enabled by the organizer). Broadcast messages from the organizer will also appear here.
- **Webinar details** - Provides a quick reference, and the Webinar ID can be given to someone to join through www.joinwebinar.com.

Thank you for your participation!

Housekeeping

- Proof of Continuing Professional Development Units will be emailed for those who **actively** participated in the Webinar within 2 weeks of the Webinar.
- Follow up by Email or Phone to MUI Office at 614-995-3810.

Thank you for your participation!
Fall Prevention is good for all!

- We can reduce the number of fall related injuries and deaths of those we serve.
- We can make our organizations safer for all employees.
- Our family and friends will benefit from fall prevention.
- Falls are the *number one cause of injury, hospital visits due to trauma, and death* from an injury among people age 65 and older.
- Each year, people we serve die from falls. Some could have been prevented.
- Even more people are injured, miss out on their activities, and become isolated.

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**Fall Related Significant Injuries**

<table>
<thead>
<tr>
<th>Year</th>
<th>Falls Reported as Significant Injuries</th>
<th>Total Significant Injuries Reported</th>
<th>% Falls Related Injuries</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>752</td>
<td>1763</td>
<td>45%</td>
</tr>
<tr>
<td>2011</td>
<td>733</td>
<td>1638</td>
<td>45%</td>
</tr>
<tr>
<td>2012</td>
<td>761</td>
<td>1635</td>
<td>47%</td>
</tr>
<tr>
<td>2013</td>
<td>764</td>
<td>1755</td>
<td>44%</td>
</tr>
<tr>
<td>2014</td>
<td>771</td>
<td>1691</td>
<td>46%</td>
</tr>
</tbody>
</table>

*Significant injury* means an injury of known or unknown cause that is not considered abuse or neglect and that results in concussion, broken bone, dislocation, second or third degree burns or that requires immobilization, casting, or five or more sutures. Significant injuries shall be designated in the incident tracking system as either known or unknown cause.

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**Percentage/Type of Injuries Due to Falls 2014**

- **Minor** - Did not affect day-to-day activities, e.g., broken toe, fingers, sutures, splint, wrap.
- **Moderate** - Did affect day-to-day activities, e.g., missed work, crutches, casts, adaptive equipment, bed rest.
- **Serious** - Injury required hospitalization, off weeks from work.
- **None** - no injury.
Fall Related Hospitalizations

Did you know that in 2014...

36 Ohioans with Developmental Disabilities were hospitalized due to fall-related injuries.

Think about the added challenges for those we serve when they are hospitalized...
communication, advocacy, coordination, needed supports, isolation, dietary needs, personal care needs and fear

Fall Related Deaths - 5 Year Review

While there has been a positive trend in the reduction of fall-related deaths of those we serve, we can never stop being vigilant in our efforts.

One fall-related death is too many

Falls Prevention

means looking at the whole person
Facts about Falls

• 1 out of 3 persons aged 65 years and older will fall each year

• Falls are the leading cause of Fatal and Non-Fatal injuries for people over 65

• Falls are the 2nd cause of Accidental deaths worldwide

3 Main Factors in Falling

• Medical Conditions

• Lifestyle

• Environmental Factors

Special Considerations for Individuals with DD

• Higher risk for falling at earlier age

• Degenerative changes occur earlier and last longer

• Prior history of falling more likely to recur

• Weakness-Spastic or Cerebral Palsy

• Gait balance deficits

• Also common in individuals with DD, stroke, diabetes
Special Considerations for Individuals with DD

Individuals experience the same type of events earlier in life.

For example, we begin to see falling in the third or fourth decade for someone with DD where other individuals don’t begin falling until the seventh decade of their life.

Medical Conditions

Musculoskeletal Conditions

A lack of safe gait can be caused by different musculoskeletal conditions
Medical Conditions
Musculoskeletal System

• Arthritis
  Hip, knee, ankles, feet and spine

• Muscle Weakness
  Lack of conditioning, MS and Myasthenia Gravis

• Post-Surgical
  weak, pain, hip replacement

Medical Conditions
Heart Related Disorders

• Congestive Heart Failure (CHF)
• Cardiomyopathy
• Blood Pressure Drops when standing
• Postural Hypotension

Medical Conditions
Respiratory Conditions

Chronic Obstructive Pulmonary Disease (COPD)
Medical Conditions
Neurologic Disorders

- Vertigo/balance-inner ear
- Stroke
- Seizure disorders
- Sensory imbalance
- Peripheral Neuropathy (Lack of Feeling)
- Confusion

Medical Conditions
Neurologic Disorders

- Parkinson’s Disease
- Tremors, small shuffling gait, trouble turning
- Slower reflexes
- Alzheimer’s Disease - cognitive impairment

Medical Conditions
Endocrine Conditions

- Diabetes
- Autosomal dysfunction
Medical Conditions
Fluids and Electrolytes
- Dehydration
- Adrenal
- Thyroid
- Diabetes
- Osteoporosis

Medical Conditions
Vision/Special Senses
- Difficulty judging distance
- Macular degeneration
- Cataracts, Glaucoma, impaired vision
- Eye disease
- Wearing multifocal glasses

Medical Conditions
Hematological Conditions
- Anemia
  *Anemia is a condition that develops when your blood lacks enough healthy red blood cells or hemoglobin*

  *Do you know the symptoms of anemia?*
Medical Conditions
Renal Conditions

- Renal
- Dialysis
- Generalized weakness

Physical Conditions
Medications

- Tricyclic anti-depressant, others
- Atypical antipsychotic
- Anticholinergic such as Benadryl or Cogentin
- Person is on 4 or more medications is
- Sedatives-such as Benzodiazepine and others

I HATE FALLING

I HATE FALLING: A Mnemonic for Key Physical Findings in the Elderly Patient Who Falls or Nearly Falls

I
- Inflammation of joints (or joint deformity)
H
- Hypotension (orthostatic blood pressure changes)
A
- Auditory and visual abnormalities
T
- Tremor (Parkinson’s disease or other causes of tremor)
E
- Equilibrium (balance) problem
F
- Foot problems
A
- Arrhythmia, heart block or valvular disease
L
- Leg-length discrepancy
L
- Lack of conditioning (generalized weakness)
I
- Illness
N
- Nutrition (poor, weight loss)
G
- Gait disturbance

ADAPTED WITH PERMISSION FROM: SLOAN J P. MOBILITY FAIL URE. IN: PROTOCOLS IN PRIMARY CARE GERIATRICS. NEW YORK: SPRINGER, 1997: 3-8. AMERICAN FAMILY PHYSICIAN.
Lifestyle Factors
• Sedentary life
• Lack of exercise
• Decondition
• Person is taking 4 or more medications

Environmental Factors
• Loose carpet
• Wires
• Clutter
• Dark stairways and corridors

*Did you know that most falls occur at home...*
### Home Safety Checklist

<table>
<thead>
<tr>
<th>Bathroom</th>
<th>Outdoors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remove slip rag.</td>
<td>Remove tripping hazards.</td>
</tr>
<tr>
<td>Secure toilet seat.</td>
<td>Remove clutter from walkway.</td>
</tr>
<tr>
<td>Remove objects on the floor.</td>
<td>Make sure pathways are clear.</td>
</tr>
</tbody>
</table>
| Reduce moisture. | Use safety treads.
| Remove cords and wires on the floor. | Install handrails or non-slip strips. |
| Check lighting for adequate illumination. | Ensure that sidewalks and driveways are clear. |
| Secure carpet or rugs on stairs. | Run water faucets. |
| Install handrails on stairways. | Ensure that steps are not slippery. |
| Store items that are too heavy to lift in and get out of easily. | Ensure that the mailbox is clear of obstacles. |
| Bed floor was clean. | Ensure that the pathway is clear of debris. |

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### Outcomes from Falls

- Lacerations
- Fractures — spine, hip, leg, hand, ankle and pelvis
- Traumatic Brain Injury (TBI) — Falls are the leading cause
- Fear of falling which limits activities
- Loss of independence
- Isolation
- Loss of wages from missing work
- Hospitalizations
- Death

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### Falls Prevention Overview

- Organized group exercise
- Medication review
- Eye check up and treatment
- A follow-up by Occupational Therapist (OT) to do a walkthrough of the home to identify risks
- Reduce home hazards by installing grab bars, tubs, railings on stairways and adequate lighting

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*Falls can be prevented!*
Falls Evaluation

- Age
- Medical conditions
- Diagnosis - Seizures, Dementia, Neurological Impairment
- Medications
- Alcohol and drug use
- Surgical history
- Assistive devices
- Current functional ability
- Living environment

Upcoming Falls Prevention Webinars

Part 2 on May 12, 2015 1:00 PM-2:00 PM
Part 3 on Jul 24, 2015 10:00 AM-11:00 AM
Part 4 on Oct 15, 2015 1:00 PM-2:00 PM

Please join us on May 12, 2015. Our Webinar presenters will include:

Anne Grossman, MPH
Injury Prevention Coordinator
Grant Medical Center

Tia L. Gulley, MA
Program Manager – STEADY U/A Matter of Balance Elder Connections Division Ohio Department of Aging

Thank you for participating!