

# Caregiver Assistance News

“CARING FOR YOU... CARING FOR OTHERS”

## Watch Out! Slips, Trips and Falls

### Dementia and Falls

There are many reasons why older adults are at risk of falling—the effects of medications, slowed reaction times, brittle bones, stiffness, lack of flexibility, and impaired vision. But due to changes in the brain that are caused by Alzheimer’s disease (AD), people with AD are at *especially* high risk of falling. Slower reaction time, difficulty recognizing changes in the height or depth of a step, for example, can lead to tripping and falling.

Changes in balance and coordination combined with poor memory can make it difficult for a person with AD to get from one place to another *and* avoid hazardous objects at the same time. He may miss a step while looking for a door or trying to listen to someone’s conversation. You can reduce the risk of falling by modifying the environment. You can also try to help the person in your care remain as active and flexible as possible. It is also important to provide appropriate footwear and review medications with his doctor.

### The Fear of Falling

A person with AD—even in the early stages—may have subtle changes in walking ability that will become more severe as time goes on. This can create difficulty with balance. If the person has other illnesses, the problems may be more



severe. So, it is natural that he will fear falling.

To help the person in your care feel more confident, adaptive devices such as walkers or canes can be useful, but you will have to remind him to use them. Bring the cane or walker to the person when he has forgotten it.

Exercises that you can do with the person in your care may improve his balance. Remember, before starting any type of exercise routine, get advice from the doctor. Start slowly with only moderate effort. Give the care receiver time to build strength and stamina. *Any* amount of exercise helps reduce risk, and the benefits of exercise are cumulative, so find a way to make it easy and enjoyable to exercise. Exercise is also a particularly effective way to reduce depression.

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## In Case of a Fall

A good way to tell if a part of the body has been injured in a fall is to compare it with an uninjured part. For example, compare the injured leg with the uninjured leg. Do they look and feel the same? Do they move the same way?

When you suspect a *broken bone*, follow these steps until 911 help arrives:

- If the person *cannot* move or use the injured limb, keep it from moving. Do *not* straighten a deformed arm or leg. Support an injury in the position you find it.
  - Support the injured part above and below the site of the injury by using folded towels, blankets or pillows.
  - If the person is face down, roll him over with the “log rolling” technique (see illustration). **If you have no one to help you and the victim is breathing adequately, leave the person in the same position.**
  - If the person does not complain of neck pain but is feeling sick to the stomach, turn the person on one side.
  - If the person complains of neck pain, keep his neck steady by putting a few pillows on either side of his head. Keep the head flat.
  - Place a piece of cloth on the injury site and apply ice over the cloth.
  - Keep the person warm with a blanket and make the person as comfortable as possible.
  - Make a splint with cardboard or rolled-up newspaper.
- If an arm or shoulder is splinted, you might consider transporting the person by car. **For neck, hip, thigh, back, and pelvic injuries, use an ambulance because the person needs to lie flat.**

Source: *Caregiving in the Comfort of Home*



Log rolling technique

**NOTE** Always follow the guidance of your healthcare provider or agency in emergencies.

**TIP** If *you*, the family caregiver, fall, you may *not* be able to rely on a person with AD to help you or call for help. Consider enrolling *yourself* in a First Alert-type emergency signaling service that you can activate in such an emergency.

## Taking Care of Yourself—Add the Extra Positive Phrase

Silencing the critical voice in our head takes long-term practice. But try just adding one extra sentence to each negative, discouraging thought. For example, if the voice inside your head says, “My wife died, and I’m never going to love again,” you add, “in the way I loved her.” If the voice says, “I lost my job, and I’m never going to find another one,” you add, “exactly like the last one.” When you eliminate the depressing conclusion by adding a more positive (and maybe more realistic) one, you have a more positive approach.

Source: Oprah.com How To Get Over Anything Faster



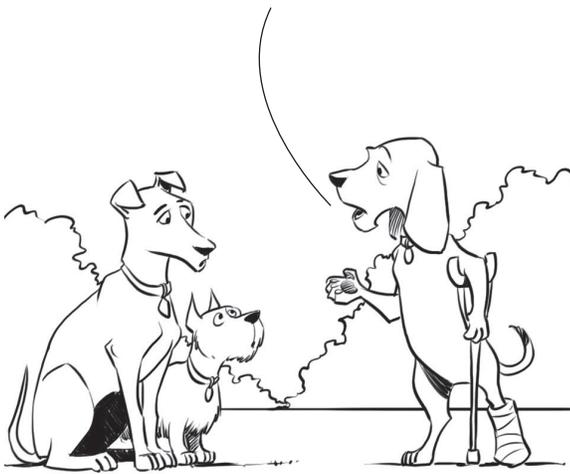
## Tell Your Doctor

Be sure to discuss any fall with your doctor. Write down *when, where, and how* you fell so you can discuss the details with your doctor. The doctor can assess whether a medical issue or other cause of the fall needs to be addressed. Knowing the *cause* can help you plan to prevent future falls. After a fall, your doctor might refer you to other health care providers who can help prevent future falls. A *physical* therapist can help with gait, balance, strength training, and walking aids. An *occupational* therapist can suggest changes in your home that may lower your risk of falls.



## Live Life Laughing!

Then she said, “Jump girl, you can make it.” The one time I wish I didn’t listen.



## Inspiration

Slow down and pay attention.

## Don’t Fall - Be Safe

In the U.S., falls are the leading cause of injury for people over 65. Every 17 seconds, someone in this age group is treated in an emergency room for a fall. Every 30 minutes, one senior will die from injuries caused by falling.

Source: CDC

## The Comfort of Home®

### Our Purpose

To provide caregivers with critical information enabling them to do their job with confidence, pride, and competence.

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## SAFETY TIPS—Getting Up From a Fall

Whenever it happens, a sudden fall is startling and upsetting. If you do fall, take several deep breaths to try to relax.

1. Remain still on the floor or ground for a few moments. This will help you get over the shock of falling.
2. Decide if you're hurt before getting up. Getting up too quickly or in the wrong way could make an injury worse.
3. If you think you can get up safely without help, roll over onto your side.
4. Rest again while your body and blood pressure adjust. Slowly get up on your hands and knees, and crawl to a sturdy chair.
5. Put your hands on the chair seat and slide one foot forward so that it is flat on the floor. Keep the other leg bent so the knee is on the floor.
6. From this kneeling position, slowly rise and turn your body to sit in the chair.



If you're hurt or can't get up on your own, ask someone for help or call 911. If you're alone, try to get into a comfortable position and wait for help to arrive.

Source: [NIHSeniorHealth.gov/falls](http://NIHSeniorHealth.gov/falls)