

# Six Reasons Why Falls Occur



**F**alls can be complicated. The injuries that result from falls are many, and frequently are responsible for loss of independence. A reason for a fall may not be as simple as losing your balance. Balance is a critical part, but when we couple falls and illness, or we combine falls and the elderly, the question gets more complicated, and there may not be just one easy answer.

First, do not believe that people fall just because they are old. Living in Southwest Florida, I have had the personal experience of working with patients ranging in age from 70 to 100. It's not unusual to have patients in their 80s and 90s be independent, live alone, and continue to drive safely.

One thing I know for sure — there's always a reason that a person falls. A rare fall due to an actual loss of balance can happen to anyone. Whether you're the patient, caregiver or a therapist, you need to be a detective to figure out the potential reasons for a fall, and follow up with your doctors to define treatment options for your condition.

Balance is best understood by realizing that

our muscles provide our support system, and the reason we're able to keep our upright or standing balance is that our muscles work in concert with each other. Agonist and antagonist muscles act in opposite directions. When the agonist produces an action, the antagonist opposes the action. Stability is the result.

So in a perfect world, our muscles support our bones in harmony when we're standing, and adjust when we take on different postures — walking, moving forward to stand from a chair, getting out of bed, getting on and off the toilet, and so on.

Physical and cognitive problems influence balance and falls. Here are the six things you should consider before assuming someone is falling due to "old age."

**Vision.** Limitations in vision can impact accuracy of steps, determination of curb or threshold heights, and depth perception.

**Joint pain.** If you're having arthritic pain in a hip, knee, or ankle, you may be unconsciously or consciously shifting your weight to the stronger side to reduce pain. This causes a problem with balance, and can cause damage to the "good side" due to overuse and inflammation.

**Coordination.** If you are noticing a change in your coordination, a change in how you're walking, or a worsening of posture (more bent over), these things contribute to balance. When a person shuffles when they walk, or stops picking up their feet when they step, that could be a sign of a change in their neurological status. It could be as simple as sensory changes developing in the legs, or as complicated as an evolving change in their neurological condition. These changes need to be evaluated by a neurologist.

**Blood pressure.** Most people talk about high blood pressure, because it's common. Monitor your blood pressure at home. If you experience weakness in the legs, lightheadedness and/or dizziness while walking, check your blood pressure. It may be low, and it might be contributing to falls. Check blood pressure while sitting, and then stand. Wait 3-5 minutes before checking blood pressure in standing, so it will be more accurate. If you take it immediately upon standing, you won't

get an accurate reading of your blood pressure while being upright for a length of time. Report these problems to your doctor.

**Changes in metabolism and the endocrine system.** If you have diabetes or any other physiological condition that affects your balance of blood sugar and/or endocrine function, follow your physician's orders to maximize internal stability. You can become light-headed and dizzy, and fall when these systems are not under good control.

**Benign paroxysmal positional vertigo (BPPV).** BPPV is characterized by intense sensations of dizziness, or of a feeling that the inside of your head is spinning. Characteristically the sensations occur when the position of the head is changed. There are exercises that help, and treatment is usually very successful. Your physician can direct you to resources.

Successful management of any change in your medical status will require that you become a good "detective" for yourself and your loved ones. Pay attention to how someone loses their balance, and how they fall. For example, if someone consistently falls backwards, rather than forward or sideways, that is important for your neurologist to know.

If you feel you need to use medical equipment such as canes or walkers for support, keep in mind that you don't want to miss an opportunity to figure out why you're experiencing unsteadiness. Ask your doctor whether there's an underlying issue that can be treated. This also goes for people who must hold on to the backs of chairs or kitchen counters. If you have to reach out for something to stabilize yourself, ask yourself why.

Falls can be fatal, especially in the senior population. Get to the bottom of the reason for your unsteadiness. Don't let anyone tell you that your balance problems are "expected" in people "your age." Learn how to be your own advocate, and get some answers! ■

This handout was authored by Sally Thimm, OTR/L, president of Sallycares.com, an online resource for patients and caregivers.

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