Falls Intervention

Name

Institution

**Applying Evidence Based Interventions for Fall Prevention and Management**

Studies estimated that millions of elderly with the age ranges of 65 and above experience fall with 1:3 ratio (CDC, 2015). Falls are proven to be the leading cause of non- fatal and fatal illnesses and injuries among elderly population causing head traumas, hip or limb fractures or even death (CDC, 2015). Additionally, another study indicated that 20- 30% individuals who undergo falls suffer from severe or moderate injuries encapsulating hip fractures, lacerations and head traumas and find it highly challenging to live independently and get around willingly (Tromp et. al., 2001). Due to these facts and figures falls are the great matter of concern for healthcare professionals. Following key interventions can be used to overcome this issue:

**Physical Mobility:** physical mobility after falls can be assured using assistive devices and arrangements for example, frictionless treads for bare-wood steps, grabbing bars for the shower or tub, hand rails for both sides of stairways, up- heaved toilet seat or one with armrests, durable plastic seat for the tub or shower and a hand-held nozzle of shower for taking bath while sitting down (NCOA, 2017).

**Home safety:** home safety can be accomplished through avoiding shoes with slick soles, floppy slipper and high heels because they increase the risk of falls by creating stumbling or slipping (FPCE, 2015). Another intervention may include removing the household hazards because hallways, bedrooms, kitchens and living room might add to the falls risk because of their arrangements. Newspapers, boxes, phone and electrical cords must be removed from the hallways. Spilled grease, liquid of food must immediately be removed and non- slipping mats must be used in the shower and bath tub (FPCE, 2015). Moreover, most of the accidents happen when there is not enough light in the night; there must be appropriate setup for illumination in the night (Spath, 2013).

**Patient Counseling:** along with the above mentioned measures, patient can be counseled before and after the fall experience. Before the event, he might be debriefed with the risks along with the possible consequences of falls so that he might take precautionary measures to eliminate this risk (Yoder-Wise, 2015). The basic aim of counseling is the development of motivation on the part of patient so that he could implement preventive measures effectively (AOTA, 2018).

**References**

Falls Prevention (2018). *The American Occupational Therapy Association,* Inc. (AOTA). Retrieved from <http://www.aota.org/Practice/Productive-Aging/Falls.aspx>

Exploring Practice in Home Safety for Fall Prevention: The Creative Practices in Home Safety Assessment and Modification Study (2017). National Council on Aging (NCOA). Retrieved from <http://www.ncoa.org/improve-health/center-for-healthy-aging/contentlibrary/Creative_Practices-Home_Safety_Report.pdf>

Resources for service providers, individuals, families, researchers, and educators (2015). *Falls Prevention Center of Excellence (FPCE)*. Retrieved from <http://stopfalls.org/>

Centers for Disease Control and Prevention. (2015, March 19). Falls Among Older Adults: An Overview. Retrieved from <http://www.cdc.gov/HomeandRecreationalSafety/Falls/adultfalls.html>

Tromp, A.M., Pluijm, S.M.F., Smit, J.H., et al. (2001). Fall-risk screening test: a prospective study on predictors for falls in community-dwelling elderly. Journal of Clinical Epidemiology, 54(8), 837–844.

Yoder-Wise, P. S. (2015). Leading and managing in nursing (6th ed.). St. Louis, MO: Mosby.

Spath, P. (2013). Introduction to healthcare quality management (2nd ed.). Chicago, IL: Health Administration Press.