

FALL PREVENTION

OVERVIEW

- Falls are the leading cause of injury among older adults, but most can be prevented. Falling is **not** a “normal part of aging”.
- More than 1 in 4 people over age 65 experience a fall each year.
- Falls can lead to serious injuries, fractures, hospitalizations, and loss of independence.
- Risk factors include: home hazards, vision or hearing changes, certain medications, chronic conditions like arthritis, heart disease, diabetes, neuropathy, or vision and hearing loss.
- The good news: by staying active, making small changes at home, and knowing what to do if a fall happens, you can protect your independence and stay safe.



REDUCE YOUR RISK

- **Stay active:** Walking, strength, and balance exercises improve stability and confidence. Activities like tai chi or light strength training help muscles, coordination, and balance.
- **Check your health:** Review medications with your doctor, as some can cause dizziness. Get annual vision and hearing exams, and support bone health with calcium, vitamin D, and weight-bearing exercise. Take a fall risk assessment.
- **Make your home safer:** Remove clutter, secure rugs, and improve lighting with night lights or brighter bulbs. Install grab bars in bathrooms and railings on stairs to reduce hazards.
- **Choose safe habits:** Wear supportive shoes with good grip, rise slowly to prevent dizziness, and use canes or walkers when needed to maintain independence and safety.

IF YOU FALL

- **Stay calm.** Take a moment to assess if you are hurt.
- **Get up carefully.** Roll to your side, get onto hands and knees, and use sturdy furniture for support.
- **Seek help if needed.** Keep a phone nearby or consider a medical alert device (such as Life Alert or other personal emergency response systems) to quickly call for help.
- **Talk to your doctor.** Even if you are not seriously hurt, share the details so steps can be taken to reduce future risk.

Check Your Risk for Falling

Circle “Yes” or “No” for each statement below		Why it matters	
Yes (2)	No (0)	I have fallen in the past year.	People who have fallen once are likely to fall again.
Yes (2)	No (0)	I use or have been advised to use a cane or walker to get around safely.	People who have been advised to use a cane or walker may already be more likely to fall.
Yes (1)	No (0)	Sometimes I feel unsteady when I am walking.	Unsteadiness or needing support while walking are signs of poor balance.
Yes (1)	No (0)	I steady myself by holding onto furniture when walking at home.	This is also a sign of poor balance.
Yes (1)	No (0)	I am worried about falling.	People who are worried about falling are more likely to fall.
Yes (1)	No (0)	I need to push with my hands to stand up from a chair.	This is a sign of weak leg muscles, a major reason for falling.
Yes (1)	No (0)	I have some trouble stepping up onto a curb.	This is also a sign of weak leg muscles.
Yes (1)	No (0)	I often have to rush to the toilet.	Rushing to the bathroom, especially at night, increases your chance of falling.
Yes (1)	No (0)	I have lost some feeling in my feet.	Numbness in your feet can cause stumbles and lead to falls.
Yes (1)	No (0)	I take medicine that sometimes makes me feel light-headed or more tired than usual.	Side effects from medicines can sometimes increase your chance of falling.
Yes (1)	No (0)	I take medicine to help me sleep or improve my mood.	These medicines can sometimes increase your chance of falling.
Yes (1)	No (0)	I often feel sad or depressed.	Symptoms of depression, such as not feeling well or feeling slowed down, are linked to falls.
Total		Add up the number of points for each “yes” answer. If you scored 4 points or more, you may be at risk for falling. Discuss this brochure with your doctor.	

To check your risk online, visit: www.bit.ly/3o4RIW8

This checklist was developed by the Greater Los Angeles VA Geriatric Research Education Clinical Center and affiliates and is a validated fall risk self-assessment tool (Rubenstein et al. J Safety Res; 2011: 42(6)493-499). Adapted with permission of the authors.