Prevention of Falls

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Transforming patient information into patient understanding.

My Trauma surgery is focused on putting people back together after they have fallen and broken something. Even more valuable than repairing fractures would be to prevent fractures in the first place.

It is unrealistic to prevent all fractures because they have a huge number of different causes. Sometimes I think I have heard all the reasons people fall and then sure enough I hear a new one while taking the history of the injury (fall).

This is not an article about how I repair fractures. That’s up to me. It is far more important to try to prevent at least some of the injuries in the first place.

Increased Risk Of Falling

The list of reasons people fall is long and this list can not be complete. Trying to prevent falls starts with discussing the factors that contribute to or increase the risk of a fall. Falls are not simply caused by getting older. It is good to divide the factors into medical and environmental factors. Many of the medical conditions may be factors that the patient is not fully aware.

- Muscle weakness that is worse than you realize
- Altered gait pattern due to arthritis
- Heart rhythm abnormalities
- Low blood pressure when you stand
- Cognitive impairment
- Foot problems and poor footwear
- Neuropathy from diabetes and other causes
- Osteoporosis when a bone breaks and then you fall
- Cataracts
- Anemia
- Taking too many medications

Medical Management

I realize that most of these factors may not be identified by the older patient at risk for a fall.

So it appears that I am writing this for family members and other interested care givers who are committed to help our older patients prevent a fall (falls) that can have disastrous consequences. Many of the serious injuries from falls are difficult for the patient to recover. The injury often results in major loss of function and independence, never being able to leave a nursing facility and sometimes death.

Treatable Factors

- Medication
  
  I often see patients who have fallen and broken a hip who are on a huge number of medications. One provider needs to be aware of all medications and periodically review them.
- Treat cataracts
- Treat foot problems, wear good footwear
- Manage heart arrhythmias
• Treat arthritis with a walker, cane or even joint replacement
• Treat low Vitamin D or Vitamin B12 levels
• Balance training by a Physical Therapist can hugely decrease falls
• Exercise

All patients can have the risk of a fall decreased by basic fitness exercise as simple as more walking and less sitting.

Muscle strengthening exercises can be arranged on an individual basis by a Physical Therapist. PT can identify areas of imbalance or weakness and develop a plan to treat them.

**Bottom Line**

It is not hopeless although it often seems like it is.

I said earlier I believe if the patient is living at home it should be the interested family member or caregiver who recognizes the conditions that can lead to falls and initiates correction.

In a care facility a good interested staff can do the same as the family when the patient is at home. I will continue to fix things that are broken, but wouldn’t it be way better for the patient if the fall was prevented in the first place?

*My patients put their trust in me and what I do improves the quality of their lives.*

**Gratiot County Herald Archive and Office Website**

I sincerely appreciate all of you loyal readers and patients present and future and welcome to all newcomers!

Besides what you read today there is a huge treasure trove of Orthopaedic and musculoskeletal information at [www.orthopodsurgeon.com](http://www.orthopodsurgeon.com). It contains the 1) Website Library 2) Your Orthopaedic Connection 3) complete archive of every GCH article I have written.

I specialize in you. Be well.

Dr. Haverbush