



Alzheimer's Care Specialists
More than just in-home care

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Fall Risk Reduction Interventions

<p>RISK FACTOR Postural Hypotension</p>	<p>INTERVENTIONS: Behavioral: Ankle pumps or hand clenching Elevation of the head of the bed Phased position changes Pressure stockings/Abdominal binder Medications: Discontinue or decrease medications contributing to hypotension Consideration of medications to increase blood pressure vascular tone</p>
<p>Use of benzodiazepine and other sedative-hypnotic drugs</p>	<p>Education about appropriate use of sedative-hypnotic drugs Nonpharmacologic treatment of sleep problems - sleep restriction, caffeine restriction, etc...</p>
<p>Use of 4 or more prescription meds</p>	<p>Collaboration with physician and pharmacist to review meds Discontinue/decrease meds contributing to falls</p>
<p>Environmental hazards</p>	<p>Home Safety Assessment: removal of hazards recommendation of safer furniture installation of grab bars and/or handrails improved lighting</p>
<p>Gait Impairment</p>	<p>Gait training Use of appropriate assistive device Balance, range of motion, or strengthening exercises</p>
<p>Balance or Transfer Impairment</p>	<p>Balance exercises: Tai Chi Transfer training Environmental modifications (ie. installation of grab bars, raised toilet seat)</p>
<p>Upper/Lower Extremity Weakness</p>	<p>Strengthening exercises with resistance 2-3 times weekly (ie. weights, resistive bands, putty) Progress resistance when patient is able to complete 10 repetitions w/good form through the full range of motion</p>
<p>Inappropriate Footwear</p>	<p>Functional reach and timed mobility scores higher in subjects with walking shoes vs. barefoot Static and dynamic balance better in low-heeled vs. high-heeled shoes Static balance best in hard-soled shoes with flared sole</p>
<p>Incontinence</p>	<p>Toileting programs: Timed voiding program Habit training strategies Prompted voiding program</p>

Nocturnal Incontinence

Bedside commode
Absorbent products
External catheter