

STEADY ON YOUR FEET



Information and Advice



Falls

The more details you can remember about a fall, the easier it is to pinpoint a cause so think carefully about:

- When it happened – Was it related to time of day? Were you doing something specific at the time?
- How it happened – Was it a loss of balance? Did you trip on something? Did you go dizzy? Did you blackout?
- Where it happened – is there a trip hazard you could remove? Have you fallen in this place before? If so, why could this be?

Often, rather than one specific reason, there may be a number of underlying risk factors which have played a part, many of which can be reduced by following some simple advice.

These issues may include:

- Muscle weakness
- Poor balance
- Dizziness
- Environmental hazards
- Vision and hearing problems
- Foot pain, deformity or numbness
- Badly fitting or unsupportive footwear
- Memory loss or confusion
- Poor nutrition
- Medications or poor pain control
- Bladder and bowel conditions
- Alcohol consumption
- Incontinence

Falling can have an impact on your confidence which may then lead to a vicious cycle of reduced activity and a further increase in falls risk.

Taking a pro-active approach, even if you haven't had a fall, will help you take control of the situation and allow you to remain active and independent for longer with an increased quality of life in the long term.

Other medical conditions and Falls

It is well known that some medical conditions, such as Parkinson's disease, multiple sclerosis and a history of a stroke can increase your risk of falls. If you are concerned about how your past medical history may be affecting your falls risk, please discuss this with your GP or an appropriate health professional, such as the Falls Management Service or specialist nurse who can help you manage your falls risk with your individual needs.

Useful links on falls and how to prevent them:

[Saga - Get Up and Go Guide](#)

[NHS Supporting Older People](#)

[NHS Falls Prevention](#)

[Age uk- staying steady links](#)

[RoSPA Home Safety Videos](#)



Blackouts

Blackouts can be difficult to identify, particularly if they are brief, but they should be suspected if you cannot recall the fall and / or have injuries to your face, as this suggests you did not put your hands out to save yourself.

Blackouts are very common and happen more often as we age. Common causes include:

- A drop in blood pressure when changing position (e.g. standing up from a chair)
- Heart disorders
- Anxiety / panic attacks / stress

If you think you may have had a blackout, it is important that you inform your GP so the cause can be investigated.

[More information can be found here](#)



Dizziness

It can occur for many reasons, e.g:

A drop in blood pressure when changing position (e.g. standing up from a chair)

- If you feel dizzy when you first stand up, change position slowly and exercise your arms and legs before rising
- Sit back down again if you feel dizzy and wait until it passes
- Stand still or walk on the spot when you first get up to give your blood pressure time to stabilise
- Don't rush
- Keep active- little and often is best

If your dizziness does not resolve, contact your GP. You may be asked to monitor your sitting and standing blood pressure, to see if a drop in your blood pressure is contributing to your falls risk.

How to monitor your postural blood pressure:

- Sit down for at least 5 minutes then take your blood pressure. Record this reading.
- Stand up and immediately take your blood pressure again. Hold on to furniture or a walking aid if you do normally. Record this reading and note any symptoms such as dizziness.
- You may be asked to take readings for 3 days. Take them all at a similar time in the day.

Medications

Dizziness is sometimes a side effect of various medications. If you think this is the cause discuss your symptoms with a community pharmacist if you are taking medication, particularly related to blood pressure.

Dehydration

- Make sure you drink plenty of fluids during the day (6-8 cups per day)
- Drink regularly throughout the day
- Reduce caffeine and alcohol intake
- Also make sure you eat regularly throughout the day, do not miss breakfast.

Inner ear disorders / vertigo

Vertigo is a condition affecting the inner, deeper part of the ear. This can cause a spinning sensation, like the world is moving or spinning. It can also be associated with nausea, vomiting and visual or hearing disturbances. It is often triggered by a change of position, such as reaching up over head or rolling in bed. Vertigo can also affect your ability to balance and increases your risk of falls. It can be managed by medications or with specialist manoeuvres or exercises that are prescribed by your GP and other health professionals.

Medical conditions (e.g. diabetes, COPD)

- Consider whether your condition is well managed, or if dizziness may be a side effect of this, and discuss with a health professional if you need further advice.

Anxiety

- Anxiety can give a sensation of light headedness. Try some relaxation techniques such as mindfulness or deep breathing . Contact your local mental health teams, such as changing minds IAPT (tel: 0300 999 1616/ www.nhft.nhs.uk/iapt) , about managing your anxiety or discuss with your GP if your symptoms are severe.



Medication

It is important to have your medications reviewed regularly by your GP or pharmacist so they can keep an eye on any side effects and alter dosage if necessary. This is particularly important as we age as our sensitivity can increase and dosages need to be adjusted accordingly.

DO not stop taking medications, or take self-purchased medications or herbal remedies without first consulting your GP or pharmacist.

Make sure you are taking your medications as prescribed by your GP. There may be specific instructions such as taking them at a certain time of day or on an empty stomach etc., that are important to the effectiveness.

Consider using a dossett box to help organise your medications and/ or alarms to prompt you to take them. Pre prepared dossett boxes from the pharmacist or by a family help if you struggle with the medication packaging, or there are small aids available for you to purchase in pharmacies, in catalogues or online to assist with the packaging.

Check with your pharmacist if you plan on drinking alcohol or taking over the counter medication as these can have an effect on other medications you are taking.

Your pharmacist may also be able to advise you of alternatives if struggling to swallow tablets.

Pain relief and falls

Pain can affect the way you mobilise, and poor gait pattern increases the risk of falls.

What I can do:

- Take pain relief as prescribed. Regular pain relief helps you remain active in a safe way. If you do not like taking pain relief regularly, make sure you take some before you are active, for example going out shopping or to an appointment
- Speak to your GP about your pain relief if you are concerned about taking it, or you do not feel it is effective
- Consider alternative forms of non-pharmaceutical pain relief such as heat, ice or TENS machines. They may not cure the pain but may make it more manageable

[Help from a Pharmacist](#)



Environment

Often this is because of hazards within the home or difficulty with daily activities such as getting in / out of bed, on / off a chair or toilet, or in / out of the bath.

Falls prevention in and around the home is often described as 'common sense', however, it isn't always easy to recognise the things that can cause trips, slips and falls.

Using our [home safety section](#) on the website will help you identify and remove hazards within your home.

[View Home Safety](#)

Useful Links:

[Age UK - Home Adaptation Tips](#)

[Age UK - Home Adaptation Guide](#)



Movement and Exercise

Between the ages of 50 and 70 we lose about 30% of our muscle strength and, as we age, our balance reaction times get slower which makes it harder to stay steady, especially if we are doing something quickly. Without physical activity, it is also difficult to maintain strong bones.

There is strong evidence that strength and balance exercise programmes are effective in preventing falls, regardless of age. Exercise classes designed for older people are particularly beneficial as they aim to improve balance and strength, making it easier to get in and out of chairs, on and off buses and up from and down to the floor.

However improving your activity to reduce falls does not just have to be about exercise, but falls risk can also be reduced by increasing daily activities such as walking, going up and down stairs, or hobbies such as dancing, bowling or DIY.

Generally speaking, physical activity is any movement that results in a small increase in your heart rate and breathing.

Exercising is safe and beneficial for the majority of people, but, if you experience chest pain or feel faint while exercising you should stop exercising immediately and contact your doctor.

To minimise the risk of adverse effects, if you are new to exercise, begin slowly and gradually build up to the recommended amount:

- Physical activity on most days adding up to 150mins moderate intensity exercise each week (e.g. walking, swimming, climbing up and down stairs)
- Strengthening exercises 2-3 times per week (e.g. gym, carrying heavy bags, yoga) Challenging balance activities 2-3 times per week (e.g. Get up & Go classes, Otago Classes, bowls, dancing)

Something is better than nothing, even if it is just breaking up long periods of sitting with regular walks around the house or doing some exercises in your chair.

Please note that chair based exercises, while beneficial for many other things, DO NOT prevent falls – exercises must challenge your balance if they are to be effective.

If you are already reasonably active, you still need to ensure your strength, balance and bone health is at its best. Tai Chi and any form of dancing are great activities to help your bones, muscles and balance.

If you need help or advice about the best activities for you speak to the Falls Management Service, a physiotherapist or appropriately qualified exercise professional. If you have pre existing medical problems it will be beneficial to discuss with you GP or relevant health professional before implementing an exercise programme.

For further information regarding community exercise opportunities for older people please contact Northants sport on 01604 366976 or look for Get up & Go classes on their website, or contact the Falls Management Service-Falls@northamptonshire.gov.uk.

Increasing physical activity also has other benefits like:

- Improving mood and helping anxiety or depression
- Breathing
- Improving sleep
- Reducing constipation
- Helping posture and pain

Vision and Hearing

Vision

Good eyesight is important for mobility, balance and negotiating obstacles within the environment.

You may not notice that your vision is changing but, as we age, we become less able to adapt to changes in light and darkness, to tell colours apart and to accurately see depth and distance. This can cause problems with bifocals / varifocals, even if they have been worn for years. If you do wear this kind of lens, take care on steps, stairs and patterned or uneven surfaces.

The older we get, the more common eye conditions such as cataracts, glaucoma and macular degeneration become but, with 70% of visual problems being correctable, it is extremely important to ensure that you have regular eye tests. Remember that eye tests are free if you are 60 or over and many opticians can visit you at home if you are unable to go out and about.

When your eyes are shut e.g. when washing your face or standing under the shower, and when there is not enough light to see properly e.g. going to toilet at night in the dark, your balance is compromised, so holding on for support at these times or turning a light on can reduce your risk of falls.

Further information can be found here:

[NHS eye health advice](#)

[Age UK eye health advice](#)

[Find an optician](#)

[Royal National Institute of Blind People](#)

Hearing

Poor hearing can affect our orientation to the environment around us, increasing our risk of falls.

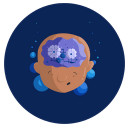
What I can do:

- Make sure you get your hearing tested if it deteriorates
- If you have hearing aids, make sure you wear them and they are in good working order. If you have NHS hearing aids, contact your local audiology department about their drop in maintenance sessions.
- Ensure devices such as doorbells and telephones are loud enough to hear

Poor hearing may be due to a wax blockage inside the ear. This can be resolved by using olive oil ear drops, available from chemists.

Assistive technology are pieces of equipment or software that are used to increase, maintain, or

improve an individual's ability to perform daily tasks or to communicate, learn and live independent, fulfilling and productive lives. It can aid you living at home independently when you have sensory, physical or cognitive difficulties. Services are available through the council or many items can be purchased independently.



Memory

This may just be a gradual, permanent deterioration in your cognitive/ brain function associated with ageing but can also be associated with temporary problems such as stress, poor sleep, infection, certain medications, excessive consumption or withdrawal from drugs or alcohol.

If your memory or cognitive function issues are minor, you may find that keeping your brain active with puzzles and games or using visual prompts and lists as reminders can help.

If cognitive function further deteriorates, or a diagnosis such as dementia or alzheimer's is made, this can result in impaired judgement, reasoning, orientation, coordination or insight which can then result in risk taking behaviours, which may lead to falls. The ability to recognise and interpret sight, sound and touch may also be affected which can lead to communication and movement difficulties.

We can help cognitive impairment by:

- Keeping distractions and instructions to a minimum
- Maintaining routine
- Reducing other falls risk factors, such as trip hazards and poor fluid intake
- Introducing assistive technology. Gadgets or devices that can help people with memory or cognitive function difficulties to live independently and safely. Local assistive technology services through Olympus, part of Northamptonshire adult social services, can advise and provide these products or multiple devices can be found online.

However introducing new equipment is often not appropriate for those with significant impairment as they are unable to learn a new skill, such as using a new walking aid safely. Increased support, monitoring and observation is a good management option.

If you or your friends and family have noticed a change in your memory or behaviour, it is important that you discuss this with your GP or other health professional. Lots of advice throughout this website advises on reducing falls risk, but specifically local services such as Northamptonshire carers or dementia connect can help support people looking after individuals with cognitive impairments.

For further information follow the links below:

[NHS information on memory loss](#)

[NHS information on Dementia](#)

[AgeUK Advice on Dementia](#)



Nutrition and Hydration

Poor nutrition can result in a weakened immune system, tiredness, difficulties absorbing medication, impaired wound healing and a reduction in muscle and bone strength which may then lead to an increase in falls. Even if your weight is normal, if you are eating a limited range of foods, you could still be malnourished.

Good hydration is equally as important as water makes up two thirds of our body and is vital to help digestion and flush out toxins. Being dehydrated can cause headaches, confusion, dizziness (due to a sudden drop in blood pressure) , constipation, urine infections, etc. which may all increase the risk of falls.

Signs that you are not drinking enough can include feeling thirsty, headaches, tiredness, dry mouth / lips, confusion, dark / smelly urine, constipation.

If you are unsure if you are eating a balanced diet or drinking enough fluid, try keeping a food / drink diary and comparing it to the guidelines below. There are many reasons that your diet may be poor such as small appetite, swallowing difficulties, difficulty sourcing or preparing food, illness and problems with dental health.

If you have difficulty shopping or preparing food, speak to family / friends who may be able to help or consider a meal or shopping delivery service. Contact social services if you are having particular difficulties preparing meals and other daily activities as they may be able to help.

Ensure your teeth or dentures are in good condition to help you eat and drink well.

If you are having problems with swallowing or choking on food please speak to your GP.

Try to eat a varied, balanced diet and maintain good hydration by eating / drinking:

- 2-3 portions of high protein foods every day such as meat, fish, eggs, nuts, beans, pulses, soya, tofu and other meat-free protein foods
- 2-3 portions of dairy foods every day such as cheese, milk and yoghurt or non-dairy alternatives like soya, almond or coconut milk
- 1 serving of starchy food at each meal (e.g. bread, cereals, potatoes, pasta or rice) Some fruit and vegetables every day (fresh, frozen, tinned, dried or juiced)
- If you enjoy fish, go for oily fish such as mackerel, salmon, herring, trout, pilchards or sardines as these are rich in omega-3 fatty acids. Aim for 2 portions a week
- At least 6-8 glasses/mugs of fluid every day
- keep caffeine intake low as this can worsen dehydration
- Reduce alcohol intake

If you have diabetes please consult your GP or the diabetes team about making any changes.

If you are concerned about your nutrition, Supporting independence team (SIP) can support you on

lifestyle advise. Contact SIP via www.northamptonshire.gov.uk.

Further information:

[NHS Eat Well](#)

[AgeUK Health Eating](#)



Bone Health

Osteoporosis is a condition which causes reduced bone density and increases susceptibility to fracture (breaking a bone). It is more common in women due to bone loss occurring more rapidly after menopause. The likelihood of having osteoporosis increases if you:

- Have ever broken a bone following a minor bump or fall (over the age of 50)
- Have a low BMI
- Have a family history of osteoporosis or hip fracture
- Are a current smoker or drink more than 3 units of alcohol per day
- Have taken oral corticosteroids (e.g. Prednisolone) for more than 3 months
- Have a diagnosis of Rheumatoid Arthritis
- Have Type I diabetes, untreated hyperthyroidism, chronic malnutrition/ malabsorption, chronic liver disease
- Have gone through a premature menopause (<45 years) without taking HRT

If you have broken a bone after a minor bump or fall and haven't discussed your bone health with another professional, it is important to see your GP, or relevant health care professional so your bone health can be assessed. Diet and lifestyle changes can help to keep your bones as strong as possible, regardless of whether you have osteoporosis or not:

- Stop smoking as this can damage the bone building cells in your body
- Keep your alcohol intake low — excessive alcohol can destroy bones and make you unsteady
- Try to take some sort of weight bearing exercise
 - If you have not broken a bone before, exercise which encourages moderate impact as jogging, jumping, stamping would be beneficial.
 - If you have had a previous fracture or are diagnosed with osteoporosis, The Royal Osteoporosis Society can guide you as to which exercises may be suitable for you. Alternatively speak to your physiotherapist
- Ensure your Vitamin D intake is sufficient. We get most of our vitamin D from sunlight and most people in the UK get enough vitamin D by spending 15 minutes in the sun three times a week. It is recommended to take Vit D supplements, particularly over the winter months or if you do not go outdoors. These are available in supermarkets or pharmacies
- Ensure you include plenty of calcium in your diet (1000mg a day)

[The Royal Osteoporosis Society](#)

Feet and Footwear

Trimming your toenails using a long handled file after bathing, when they are softer, can make them easier to manage independently.

If you struggle or you have foot problems that you cannot manage yourself, a podiatrist or chiropodist can help. This is especially important if you have diabetes or poor circulation.

Northamptonshire School of podiatry provides a nail care service, and applications can be made via the Northamptonshire university website.

If you have lost the feeling in your feet, you may have reduced balance. Consider the use of aids to support you, and good lighting to help your vision assist and with your balance further.

Try to wear footwear that protects and supports your feet with non-slip soles that are not too thick. Avoid high heels or backless footwear as they are more likely to cause you to trip. If you have lost the arches in your feet, have flat feet, wear some shoes with a small arch support or consider some insoles.

Sloppy slippers are known to increase the risk of falls, as they do not keep your feet in a good position to aid with balance, and can be a trip hazard. A supportive, fastening pair of house shoes is recommended to support your feet when you are in the house.

Always wear hosiery (socks, stockings, tights) with your shoes and slippers. This will not only help keep your feet warm, but will also prevent footwear rubbing against your feet. Make sure your socks are not too tight.

Keep your feet elevated if they are swollen.

Don't forget to keep the skin on your feet cleaned and well moisturised. Hardened skin or calluses can affect your balance.

For further information:

[What is Podiatry](#)

[Find a Podiatrist](#)



Bladder / Bowel

- Strong urge to urinate
- Urine infections
- Passing urine more than 10 times in 24hrs
- Having to go to the toilet more than twice nightly
- Constipation - having hard bowel movements less than 3 times a week
- Diarrhoea - loose watery faeces that need to be passed urgently
- Difficulty accessing toilet
- Undressing safely and quickly enough when going to the toilet. Or being able to dress again after, without hand support.

These issues can be exacerbated by poor hydration and high caffeine and / or alcohol intake.

How can I help manage incontinence:

You can help to keep your bladder and bowel healthy by drinking 6 to 8 cups of fluid per day and minimising any drinks containing caffeine or alcohol.

Eating a balanced diet with plenty of fibre e.g. wholegrain bread, cereals, peas and beans and fruit and veg, can help to ease constipation.

Maintaining a healthy pelvic floor (a 'hammock' of muscles located at the base of the pelvis, which support bladder and bowel control).

Gents should get a prostate check from the GP if you have a change in your bladder habits.

If you find it difficult getting to the toilet at night, a commode or urinal may be helpful. Speak to your GP or health professionals, such as the Falls Management service or Community Occupational therapy about a toileting assessment, if you are having on-going issues and require further support.

Consider your clothing and whether you can manage to dress or undress appropriately when going to the toilet, for example elasticated trouser tops are easier to manage than fastenings and belts.

If you have continence aids, such as pads, make sure you can manage them independently. If they are not suitable for you, please contact the continence service via the single point of access on 0300 777 0002/ Northamptonshire.spoa@nhs.net, or nursing teams about alternative products.

[Pelvic floor exercises](#)

Managing your Fear of Falling

The more worried you become, the less likely you are to keep active which, in turn, makes you more likely to fall again. You may find that you are more careful with your walking, start to slow down your pace or you begin to leave the house left often. These are very common behaviours and it may mean you've lost some of your confidence when getting around. It is important to remember that there are lots of things that you can do to reduce your risk of falling and improve your confidence. Working through the self-assessment tool on this website is a great start.

Having a falls plan in place can help to reduce anxiety and will reduce the likelihood of being on the floor for a long time.

If you are hurt or unable to get up:

- Summon help by using your pendant alarm, calling out, crawling to a telephone, using a mobile phone, emergency pull cords (if available), or banging on a wall
- Make sure there are blankets in each room so that you can keep warm
- Move to a softer surface if you are able
- Change position regularly if you are able

If you are unhurt and feel you can get up:

- Rest a few moments, take a few deep breaths and allow the shock to ease
- Roll over onto your hands and knees
- Crawl to a stable piece of furniture such as an armchair and use this to assist you with getting up, or get someone to bring something to you
- Raise your stronger leg, lean some weight onto your arms, and push through your leg, and arms to raise yourself
- Turn and sit on a chair or bed and rest for a while

If you cannot kneel to get up, bottom shuffle/ bottom walk to the bottom of the stairs and gradually raise your bottom up the steps, until you are high enough to stand.

Alternatively, if you have no stairs, gradually raise up onto furniture by pulling the sofa cushion off the base, sit on it, then raise yourself onto the sofa base, then move across to the sofa with the cushion. Rest before you try and stand up.

If you are worried about falling when you are alone at home, you might want to get a pendant alarm to enable you to call for help even if you can't reach the telephone.

There are also telecare sensors available such as falls detectors for people who would not be able to press a pendant alarm.

Alternatively carry a mobile phone with you at all times- but keep it charged and make sure you know how to use it.

Remember

- If you have had a fall, try not to worry about it too much. There are plenty of things you can do to minimise your risk of it happening again
- If your worries are not going away, try talking to someone about it
- Try relaxation exercises if you feel anxious. This may include listening to music, reading a book, deep breathing exercises or imaging a pleasant and relaxing place or scene
- Set yourself small goals to build back up to your usual activities – e.g. walk for a short distance first
- Think about all the times you haven't fallen and try to maintain your usual levels of activity

Complete a self-assessment and develop an action plan

Sleep and Falls

What I can do:

- Limit your daytime sleep
- Be as active as you can during the day
- Have a set bedtime routine
- Milky drinks before bedtime may help
- Tea and coffee later in the day are likely to keep you awake. Try switching to decaffeinated versions of your favourite drinks
- Play music you enjoy or that is especially good for relaxation before going to bed
- Try not to worry about the things you cannot change

It is important to sleep in bed whenever possible as it helps to improve circulation, to reduce swelling in limbs, and ensures all muscles in the body are in a relaxed state when lying in bed.

Sleeping pills are a common risk factor for falls, especially if you find yourself falling in the night or in the morning. If you are on regular sleeping pills, you may wish to speak to your GP about this.

Fatigue and boredom can also affect how alert we feel, which can increase falls risk. Keep to a good routine and try to keep your mind active by doing crosswords, reading the paper etc. Avoid sleeping for too long during the day, and pace yourself to manage fatigue.

Rolling out of bed

If you are rolling out of bed as you are asleep consider;

- Changing the side of bed you sleep on, or sleep more centrally in the bed.
- Review night time sedatives (sleeping tablets) as this could contribute to this.
- Place a small towel under the edge of the fitted sheet to create a small barrier to alert you to being near the edge of the bed.
- Elevate the edge of the mattress

If you are falling from the bed when you are trying to get in or out, consider:

- Adapting the height of the bed- if it is too low it is easy to get in but hard to get out off
- If the bed is too high- it will be hard to get in, and you may 'slide' out. Remove casters, or invest in a shallower mattress
- The sheets are too slippery.
- The edge of the mattress is too soft.

Bed handles to assist with bed transfer, for this speak to Occupational therapy or other health professionals for advice.

**STEADY ON
YOUR FEET**

www.steadyonyourfeet.org