fending off falls

know your internal fall risk factors

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Summary:**

Internal fall risk factors exist within the body and could potentially impact your ability to stay balanced and upright. This session focused on prevention and how you might avoid falls by being proactive with your health and aware of your internal risk factors. Some common examples of internal risk factors include vision, side effects from medication and chronic illnesses.

*“In order to carry a positive action, we must develop here a positive vision.”* -Dalai Lama

# NOTES:

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

fending off falls

Know your internal fall risk factors

# Fall Prevention Plan

Vision issues I would like to discuss with my doctor are:

|  |
| --- |
|  |
|  |

Medications I would like to discuss with my doctor are:

|  |
| --- |
|  |
|  |

Considering what I learned about internal risk factors, other things I would like to discuss with my doctor are:

|  |
| --- |
|  |
|  |

When thinking about being proactive with my health, I would like to:

|  |
| --- |
|  |
|  |

fending off falls

know your internal fall risk factors

# Fall History Assessment

|  |  |
| --- | --- |
| Have you had a fall in the past 24 months? |  Yes No |
| If yes, how many? |  |
| What was the context of your last fall? (trip, slip, dizziness, legs gave away, balance, etc.) |  |
| Description of the fall: |  |
| Were there injuries sustained during the fall? |  |
| If yes, please describe: |  |
| Where did the fall take place? (home, grocery store, church, etc.) |  |
| Did you experience anything concerning before the fall?(dizziness, lightheadedness, confusion) |  |
| Was an aide used at the time of the fall?  |  Yes No |
| Had you recently started a new medication before the fall? |  |
| Had you recently experienced any new vision impairments before the fall? |  |

fending off falls

Know Your Internal Fall Risk Factors

## 2M Step in Place2-Minute March​

**Primary focus:** Aerobic endurance​

**Why it’s important:** Practicing this movement more often can improve the aerobic strength of your heart. Endurance supports the activities you enjoy; shopping, visiting places, walking for a distance, and traveling.

**Steps to complete this exercise:**

1. Equipment needed: countertop and timer
2. Stand by the side of a countertop for safety and if you require additional support, this exercise can be modified by gently placing your hand on a countertop for balance. With repeated practice, you may find that over time, you are able to complete this exercise without the support of the countertop.
3. March in place for two minutes. Count the number of times your **right knee** is raised in the two minutes.
4. If you need to take a break, do so without stopping the timer and when you are ready, march again until the two minutes is up.
5. Practice the movement.
6. If the result feels good to you today, record it.
7. Enter the number of repetitions.

Date: \_\_\_\_\_\_\_\_\_\_\_ Number of repetitions: \_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_ Number of repetitions: \_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_Number of repetitions: \_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_Number of repetitions: \_\_\_\_\_\_\_\_\_\_

fending off falls

Know Your Internal Fall Risk Factors



## Chair Sit-and-Reach​

## **Primary focus:** Lower body flexibility. ***Do not test if you have pain bending forward, severe osteoporosis or recent knee or hip replacements.***

**Why it’s important:** This exercise helps maintain lower body flexibility, which is important for reducing lower back pain or preventing it and improving balance and posture.

**Steps to complete this exercise:**

1. Equipment needed: chair
2. Place chair against wall, make sure it is stable and sit at the edge of the chair.
3. Sit at the edge of the chair. Keep your left foot flat on the floor with your knee bent 90 degrees. Extend your right leg forward, keeping it straight. Make sure your heel is on the floor and your toes are pointed up.
4. Place one hand on top of the other with tips of the middle fingers lined up.
5. Exhale as you slowly bend forward. Never hold your breath and only stretch “to your edge.” That is, the furthest you can go where you feel a good stretch, but not pain or a burning sensation. Reach down your leg as far as you can without separating your hands.
6. Repeat this exercise with your left leg forward.
7. Practice the movement.
8. If the result feels good to you today, record it.

Circle below: **shin, ankle, toes, or reached beyond your toes**

|  |  |  |
| --- | --- | --- |
| **Date:** | **Right Location Reached** | **Left Location Reached** |
|  | shin/ankle/toes/reached beyond toes | shin/ankle/toes/reached beyond toes |
|  | shin/ankle/toes/reached beyond toes | shin/ankle/toes/reached beyond toes |
|  | shin/ankle/toes/reached beyond toes | shin/ankle/toes/reached beyond toes |
|  | shin/ankle/toes/reached beyond toes | shin/ankle/toes/reached beyond toes |

fending off falls

Session Three Kaizen Step

1) Goal I want to accomplish: (example: I want to develop a plan to address internal risk factors that may cause me to experience a fall.)

|  |
| --- |
|  |
|  |

2) One step I could take toward that goal: (example: I will schedule an appointment with an eye doctor.)

|  |
| --- |
|  |
|  |

3) Ways I can break this step (#2) into smaller actions: (List as many actions as you can think of.)

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |