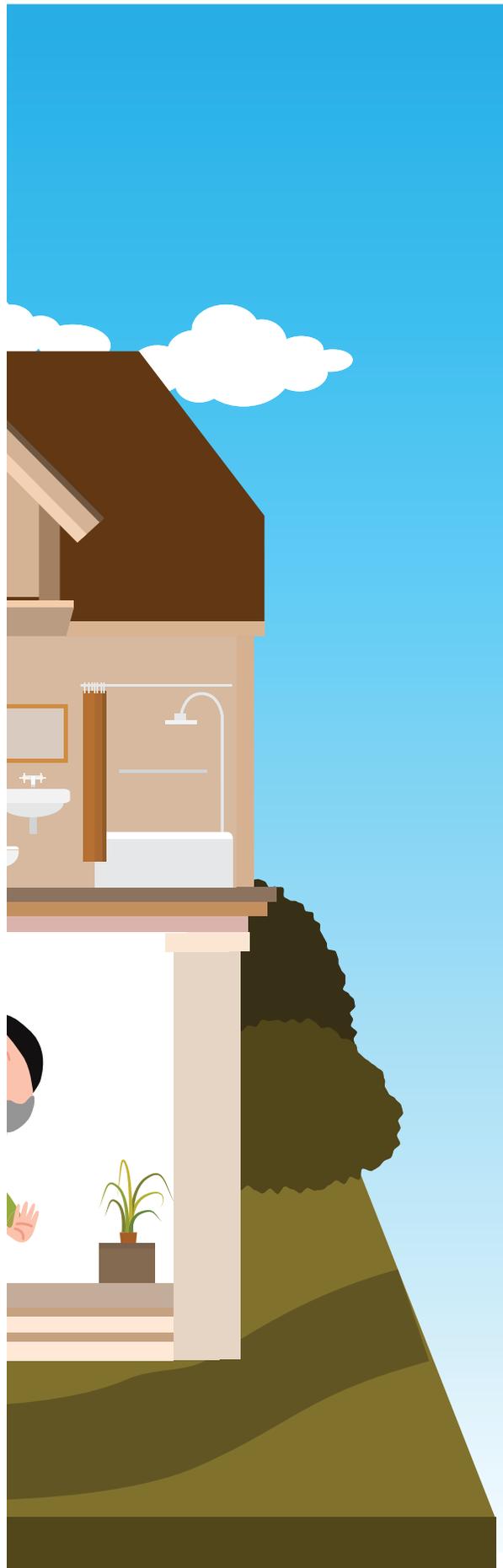


DON'T TAKE

THE FALL

BY RHONA LEWIS





Gitty Hoch's* elderly father-in-law was slowly getting weaker, when suddenly, one night, Mr. Hoch absolutely could not stand up and could not manage getting into bed. The Hochs made the trip to the emergency room of their local hospital in the New York area. "My father-in-law was in the beginning stages of dementia," says Gitty. "He couldn't remember having fallen, and complained of pain in his knees, so the doctors X-rayed his knees. They did not see anything extraordinary, but admitted him for observation," she says.

Mr. Hoch continued to deteriorate, but the medical team failed to find any cause.

After several weeks, Mr. Hoch was admitted into a nursing home. There, a doctor familiar with the family and Mr. Hoch's history ordered a hip X-ray, which showed that Mr. Hoch had broken his hip about five weeks earlier, most likely due to a fall. With no one around when it had happened and Mr. Hoch's inability to pinpoint the source of pain, the break had gone unnoticed. "My father-in-law, in pain and frustrated, grew weaker and weaker. Since he was no longer active, other complications set in. Sadly, he passed away in his hospital bed," says Gitty.

Unfortunately, Mr. Hoch's case isn't an isolated incident. "An older adult who falls down three or four stairs should be treated with the same concern as a 24-year-old in a traffic accident," says Dr. Lauren Southerland, an Ohio State University emergency physician who specializes in geriatric care. And yet, while there are thousands of emergency departments, there are only about 100 emergency physicians who specialize in geriatric care. So getting the right care isn't a given.

"Trauma surgeons claim that while 30 years ago most emergency room (ER) cases were accident- and violence-related, today, most cases center round falls in the elderly," says Dr. Southerland. In fact, according to The National Trauma Data Bank, falls cause 61 percent of deaths in adults aged 65 and older and are the most common cause of death in older adults. So what are we doing to prevent these falls from happening?

Denying Falls

"Most older adults want to stay at home as long as possible. They're afraid that if they admit to having fallen, their independence will be taken away. And so they deny falling," says Dr. Southerland, who is also president of the SAEM Academy of Geriatric Emergency Medicine. "Recently, my 92-year-old grandfather collapsed. Luckily, my mother was close enough to catch him and break his fall. Although they both fell, neither was injured. Later, in the emergency room, my grandfather denied having fallen. My grandfather suffers from short-term memory loss and this probably contributed to his denial. But part of his refusal to acknowledge the fall is rooted in his need to preserve his independence," she says in her gentle voice — a balm to every stressed patient.

Prevention Is Better Than Cure

"We need to educate the public to prevent falls from happening to our elderly," says Shoshana Lichtman, RN-BSN, director of Melabev Beit Shemesh, a day care center in Israel for the elderly and those experiencing cognitive impairment. "Aside from the physical suffering, falls can lead to negative psychological effects. When a person loses his independence because of a fall, he's very likely to also lose his self-esteem. The physical and mental deterioration come together and lead to the person's decline," she says.

A new finding by Dr. Southerland and other Ohio State researchers brings home another vital reason to stop these falls: "More than a third of older adults with minor head injuries end up back in the ER within 90 days," says Dr. Southerland. Why is that? "We need to identify the reason behind the fall," she says. Since ER providers rarely offer the falls prevention counseling that American Geriatrics Society guidelines recommend, the responsibility falls to the caregivers who are in daily contact with the older adult. "They are the champions in the position to monitor those in their care more carefully," says Dr. Southerland. "Is it a sudden drop in blood pressure? Does the person need to eat more regularly? Does his medication need adjusting? By pinpointing the cause for the fall, caregivers and physicians can work together to help prevent them from happening again."

"Caregivers should be aware that we have to take more precautions with the elderly because their sight, hearing and balance may be impaired," says Mrs. Lichtman. "Anyone who works with older adults should make sure that new volunteers know basics like the need to pull a wheelchair backward off the curb of a sidewalk. I am aware of a situation where a well-meaning caregiver pushed a senior citizen forward off a sidewalk. The result? The senior, who wasn't properly strapped into her wheelchair,

fell onto her face.”

While vigilance helps when it comes to preventing falls, equally important is the need to constantly reassess the changing abilities of an elder. At 93 and 89 years old, Chaim and Naomi Rabinowitz* are still an independent couple able to run their own home in England, albeit with a little bit of help from their daughter Mindy Blumenthal*. Recently, while Mr. Rabinowitz was out walking unaided, he stumbled, attempted to grab at the nearby hedge and then fell. “We’re not sure if the fall broke the neck of the femur (thigh bone) or if the bone crumbled,” says Mrs. Blumenthal. “My father, tall and slimly built, no longer has good balance. He also has limited spatial awareness and is simply less attentive to the things around him. My mother, on the other hand, is much more mindful of the sidewalk and potential pitfalls,” says Mrs. Blumenthal.

Even if you aren’t a newbie to elder care, be doubly cautious when you’re in a new situation. “Mr. Markovitch* was thrilled to be able to join the family at the hotel where everyone was gathered to celebrate the bar mitzvah of one of his grandsons,” says Mrs. Lichtman. “Unfortunately, in all the excitement, family members forgot that Mr. Markovitch was used to the added security of a bed rail. The result? A nasty fall out of bed.”

There are certain times when caregivers need to exercise additional caution. “In our daycare center, one of our biggest challenges comes when we are changing activities, like getting up from the breakfast table and moving to an arts-and-crafts activity. Since everyone gets up at the same time and it’s so easy to lose balance, we make sure that all our staff and volunteers are on hand at those pivotal times,” says Mrs. Lichtman.

Finding the Balance

As a person ages, he becomes more at risk. Simple acts like reaching for a *sefer* on a high shelf of the bookcase are no longer risk-free. “Recently, my father fell when he was bending over to pick up an item of clothing that had fallen on the floor. My mother, in contrast, would know not to bend over to pick it up and leave the chore for someone else,” says Mrs. Rabinowitz. “While we don’t want to take away my parents’ independence by bringing in a caregiver, we all have to be aware of what they can and cannot do. It’s a tricky balance,” she says. “My father’s fall resulted in surgery and a long round of therapy and the subsequent introduction of a mobility aid.”

Some of the hardest decisions to make center around the mobility of a senior. When should an elder start using a cane? A walker? A wheelchair? “A person has a natural tendency to shy away from using a mobility aid because they don’t

want to look old,” says Mrs. Lichtman. “You don’t want to suggest a wheelchair to a senior too soon, because, although it may prevent falls, it also takes away a person’s independence. So you need to make sure to take precautions and to find the best balance for each person,” she says.

Encouraging Physical Activity

The benefits of elderly parents exercising regularly far outweigh the risks. “If you don’t use it, you lose it,” says Mrs. Lichtman. Regular exercise (with proper supervision) provides a myriad of health benefits. For starters, a person’s immune function is improved because a healthy, strong body fights off infection more easily. Frequent physical activity lowers the risk of diabetes, obesity, colon cancer, heart disease and high blood pressure. It also protects against the loss of bone mass (reducing the risk of osteoporosis), boosts a person’s metabolism and promotes the efficient elimination of waste. Dr. Southerland recommends Tai Chi or other exercises that can strengthen legs and improve balance.

Exercise isn’t good only for the body; we’re all familiar with the good feeling that comes with a walk. When a person exercises, the body releases endorphins which interact with the receptors in the brain to both reduce the perception of pain and trigger a feeling of well-being.

Exercise is also good for the brain because it increases our ability to be focused and alert. Research in older adults has demonstrated relationships between brain structure and function, cardiorespiratory fitness, and cognitive performance in relation to exercise levels. Physical exercise actually lowers the risk of serious conditions such as Alzheimer’s disease and other forms of dementia. “Even a 90-year-old senior who has never exercised will benefit from supervised exercise,” says Mrs. Harriet Blank, director of geriatric services at OHEL Children’s Home and Family Services.

Up and About After the Fall

Where do occupational and physical therapy come in? Occupational therapy focuses on evaluating and improving a person’s functioning so that he can optimize his independence and accomplish his daily activities after an injury. While the two therapies can sometimes overlap, physical therapy focuses on

treating the actual injury. It reduces pain and swelling. It develops, main-
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House Calls — By the Police? *By Jenni Bergal*

Living alone can be tough for seniors. Some don't have family nearby to check on them, and they worry that if they fall or suffer a medical emergency and can't get to the phone to seek help, no one will know.

That's why hundreds of police agencies in small towns, suburbs and rural areas across the country are checking in on seniors who live alone by offering them a free automated phone call every day.

Police officials say the computerized calling systems, which are fairly inexpensive and easy to use, provide an important service to a growing senior population that is expected to reach 65 million by 2025. Already, nearly half of women, age 75 and older, live alone.

And advocates for older adults say telephone check-in programs can help seniors remain independent in their homes and give them, and their family members, peace of mind.

"It helps ensure for the elderly person or their family that a phone call is being made every morning, that everything is OK. We've gotten incredible feedback on this program," said Cmdr. Jack Vaccaro, of the Lighthouse Point Police Department in Florida.

Automated telephone reassurance systems for seniors began nearly three decades ago. They have grown in popularity in recent years and now are used by police departments from California to Massachusetts.

Some police agencies take a more personal approach, using volunteers or dispatchers to place the calls.

Police departments are becoming more sensitive in responding to the needs of older adults, said Sandy Markwood, CEO of the National Association of Area Agencies on Aging. For instance, she said, they are training officers in how to handle seniors with dementia. Telephone check-in programs are another way of doing that.

"I think we're seeing a trend with these types of programs, particularly in rural and smaller communities," she said. "It's a wise use of government dollars for first responders."

Participants get a computer-generated phone call every day — sometimes recorded by the police chief or sheriff — that asks them to press a certain number if they are OK. If they don't answer the phone, they'll get another computer-generated call, and sometimes additional ones.

If they still don't answer, police usually will try to get in touch with their emergency contact before dispatching an officer to the home to check on them.

Seniors who know they're going to be out when the phone rings at the specified time are supposed to notify police in advance. But sometimes they forget, and dispatchers end up sending out a unit on a false call. While that does happen, police officials say it's not a frequent occurrence so the personnel costs are minimal.

Some agencies, such as the Winter Park, Florida Police Department, also require participants to put a copy of their house key in a secured box similar to ones used by real estate agents, that is placed somewhere around the outside of the house. Emergency responders know the code and can open the box and enter the house, if necessary.

RUOK, the nation's largest telephone reassurance system, is used by hundreds of police agencies, according to Bruce Johnson, owner of the Minnesota company that developed and sells the software. It costs about \$1,000 to buy and set up and has no maintenance fees.

Database Systems Corp., a Phoenix-based data management company that has sold its CARE Call Reassurance system to dozens of police departments, charges nearly \$11,000 for purchase, installation and the first year of maintenance, Vice President Jerry Pizet said. After that, most agencies do their own maintenance.

Winter Park Police Officer Randall Morrissey said his agency uses RUOK software that runs on an old laptop and was paid for with forfeiture funds. Running the program doesn't cost the department anything, he said, other than the cost of sending out an officer on a false call, which isn't often.

"A lot of the seniors who sign up are concerned that they could pass and not be discovered for days," Morrissey said. "With this program, it's comforting for them to know they could be found."



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- Police Officer Randall Morrissey

That was the reason the Belton Police Department in Texas launched its telephone check-in program in 2013, according to Detective Sgt. Kim Hamilton. The impetus: an incident in which officers found an elderly woman who had been dead on the floor of her home for at least two months without anyone knowing or checking on her.

The check-in programs are less common in big cities, where large numbers of people might sign up, potentially straining budgets because more officers would be needed to check on seniors who don't answer their phones.

But in small cities and towns, suburbs and rural areas, the programs can be more manageable.

"It's economy of scale," said Capt. Larry Murphy, of the Biloxi, Miss., Police Department. "With more people, the percentage of false alarms goes up and you've got to send out units there. If you're in a really large city, you'd have to add more and more resources."

In Biloxi, a city of about 44,000, only 14 seniors are registered for its telephone check-in program. While many police departments want to sign up as many seniors as possible, Murphy said he tries to limit its program to "people who really need it rather than those who just want it."

Murphy said the automated call system has experienced on and off outages in the last few years because

of lightning damage to the dispatch center. That means dispatchers sometimes have to personally call each senior, which is "resource-intensive but manageable" with a limited number of participants.

Some police agencies that once used automated check-in systems, such as those in Brentwood, Mo., and Amherst, Mass., have stopped using them. Agencies that choose to give up the systems usually do it because participants move away or die and not enough seniors sign up to replace them.

Police officials agree that for telephone reassurance programs to succeed in the long term, they need to be continuously marketed to new seniors. Some departments do that by publicizing them on websites, at senior centers, and in apartment complexes and churches.

Some police agencies go beyond automated check-ins and use staff or volunteers to dial up seniors and talk to them one-on-one.

Every weekday morning, a staffer at the Orangeburg County Sheriff's Office in South Carolina makes 50 to 60 calls to see if seniors in the telephone reassurance program are OK.

In Belton, Texas, 130 senior participants get an automated call every weekday except Wednesday, when they get a live call from one of dozens of volunteers, according to the police department's Hamilton. "Sometimes that's the only person the senior talks to that week," she said.

"Considering what the police have to deal with every day, this is totally the opposite end of the spectrum," said Pam Patterson, an area agency contract manager. "It gives them an opportunity to really help seniors."

And in Belton, as in some other parts of the country, police say the program has saved lives.

Belton police have had four "saves" so far, Hamilton said, including a man who fell to the floor in his house and stayed there from Friday, after his last check-in, until Monday, when his next call came.

In San Diego County, Calif., one of the bigger areas to run a call reassurance service, the sheriff's department's program goes far beyond automated calls. As part of You Are Not Alone, 452 senior volunteer patrol members call 334 older adults at least five times a week and visit them at least weekly, depending on their preference.

"We think the personal touch is a little bit better, in the event something else is going on," said Sgt. Monica Sanchez. "Our senior volunteers are trained to see if there is food in the fridge or if there are signs of neglect. An automated program would not work for us. We like to observe and report."

Sanchez said the volunteers have helped save people's lives, such as when they visited the home of an 86-year-old woman last year, got no response, and noticed her mail had been piling up. They contacted deputies, who climbed through an open window and found the woman on the floor, severely dehydrated.

"They were just in time to save her life," Sanchez said. (TNS)

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tains and restores a person's maximum movement and functional ability to make daily tasks and activities easier.

"Half of the older adults seen in the ER for injuries require an increase in home health services," Dr. Southerland reports. And that is exactly what organizations like The Federation of Jewish Services (The Fed) in Manchester do. "Our team visits individuals in their homes and discuss the options available to maximize their safety," says Sara Ogden-Thomson, who manages The Fed's All Age Service (AAS). "We have encountered issues with clients who have wanted to keep rugs on their floors and wear heeled slippers, both of which are very hazardous," she says. AAS workers will introduce walking sticks, grab rails, bed levers, perching stools, chair and bed raisers, adjustable trolleys and additional banister rails when these things will reduce the risk of falls.

After Mrs. Blumenthal's father fell and his subsequent discharge from the hospital, an occupational therapist visited his house and pointed out the modifications that could be carried out to improve his quality of life and prevent future falls. "We put a rail alongside the stairs and grab bars and a chair in the bathroom and grab bars in the shower. We also raised the armchairs to make it easier to get in and out of them," says Mrs. Blumenthal. In addition, for six weeks, Mr. Rabinowitz had weekly visits from a physiotherapist who worked with him and left him with exercises to do before her next visit. She also taught him to use a walking stick, which he now uses both in and out of his home.

A tip given by a privately hired physiotherapist has proven particularly successful. "The OT taught my father a tactic that makes it less likely for him to get knocked off balance by others. When a person locks their knees by straightening their legs, they automatically gain a measure of stability. 'Lock your knees, Daddy,' has become my refrain in crowded places," says Mrs. Blumenthal.

Depending on where a person lives, different options are open to seniors. After the physiotherapist ended her home visits, Mr. Rabinowitz was enrolled in a "Falls Class" — an 8-12 week program that focused on balancing and strengthening exercises.

"Participants walked round a circuit that had stations where they practiced ball throwing, walking sideways, and even walking along a floor that tilted. Part of the program also taught participants how to get up onto their knees and then their feet if they were to fall. These skills are harder for some people to catch and my father was one of those people! Thankfully, by the end of the program, there was some improvement," says Mrs. Blumenthal. The OT also suggested a "stop falls" class for Mr. Rabinowitz, but those classes were bigger, without the one-on-one supervision that he had learned to value. He didn't benefit from those classes as much as hoped.

OT and PT will help one reach a plateau after a fall. "When you reach that plateau, you should still engage in supportive physical therapy to maintain and strengthen what you have," says Mrs. Blank.

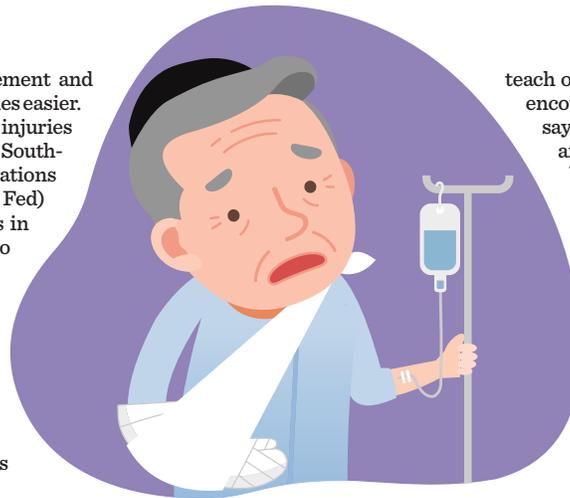
Overcoming the Fear of Falling

"The fear of falling leads to more falls," says Dr. Southerland. And Mrs. Blank concurs. "After an older adult falls, he develops a fear of falling again. The person is afraid that if he falls, he will become incapacitated and lose his independence. The fear can be so paralyzing that he may avoid moving much," says Mrs. Blank. "This fear of falling can have worse consequences than a fall for another reason, too — it may lead to anxiety and depression," she explains.

As an aside, Rabbi Elimelech Biderman, a well-known *maggid* descended from the *Lelov Admorim*, explains that when a person fears something, he will diminish himself under that fear, become subservient to that fear and disregard Hashem's ability to direct events. As a result, he will cause that which he is afraid of happening, to actually happen. Conversely, strengthening our belief that Hashem does what is good for us, gives a person the merit to protect him from harm. (Rabbi Biderman on *Chiddushei Aggados* of the *Maharsha*, p. 114; *Bava Metzia* 33.)

"In addition, some clients become hesitant to leave the nursing home because they are afraid of falling if they go back home," says Mrs. Blank. That's where OHEL's Project Heal steps in. "We send social workers into rehabilitation units and then follow our clients in the community to help them overcome their fears," she says. Clients throughout Brooklyn, Queens and Staten Island benefit from OHEL's English-, Hebrew-, Spanish- and Russian-speaking professionals.

"We use one-on-one and group CBT (Cognitive Behavioral Therapy) to



"The fear of falling leads to more falls," says Dr. Southerland.

teach older adults how to cope with their fear. We also encourage them to engage in activities that they enjoy," says Mrs. Blank. "The client, his family, the OT, PT, and mental health professionals work as a team to build an action plan that includes safeguards to decrease the likelihood of falling and equips the client with steps to follow if they do fall. Fostering movement while keeping in mind the risks can be a tricky balance."

Similarly, AAS workers work closely with public services that provide rehabilitation services or intermediate care. Here, older adults benefit from rehabilitation and exercise that aim to build confidence and strength and teach safe mobility to help people regain their independence.

"Sometimes, however, even when everything is in place, a person still falls. One client who was in the advanced stages of dementia stood up and suddenly fell, despite the presence of his aide, because he simply couldn't remember how to walk," says Mrs. Blank. That's where medical alert systems come in.

Empowering the Older Adult

Medical alert systems are products used by seniors living at home to notify emergency services that help is needed. They are push-button devices worn around the neck or wrist that summon help by signaling a call-center operator through a home phone line or mobile phone line. Help buttons can be mounted throughout the home. Some offer motion-sensitive pendants that can detect a fall and place a call for help. "When you suggest a medical alert system to an older adult, you need to frame your suggestion correctly. A person will shy away from something if he thinks it makes him look old or compromises his independence. Show your client how a medical alert system will actually foster his independence. I tell my clients: 'If you're attacked, you can immediately call for help. You aren't vulnerable.' This approach has guaranteed a 90-percent success rate. The seniors feel empowered in their own environment," says Mrs. Blank.

Medical alerts won't work, however, if the older adult won't use them. "Some seniors are so kind and considerate that they will lie on the floor after a fall in the night for as long as ten hours rather than disturb someone by calling for help in the middle of the night," says Dr. Southerland. "As well as the pain suffered, the person can then suffer from dehydration and skin eruptions from lying on the floor for so long."

"Safety devices such as a bed sensor or a falls detector pendant (which doesn't require the individual to trigger it to call for help) are also available," says Mrs. Ogden-Thomson. Motion sensors such as those provided by Just Checking, an easy-to-use activity monitoring system, creates a clear summary of daily living activity that you can view online.

It's All About Support

"When my 85-year-old mentor fell, she used her medical alert to call for help," says Mrs. Blank. "Without it, she could have remained unaided for days. At the rehabilitation center, she worked with an OT and PT even though she had never exercised before. When she realized that she was afraid to go home in case she fell again, she decided to move closer to her family, so that she would have a support system in place. Over the next five years that she gained, her experiences led her to fiercely advocate about the benefits of therapy and medical alerts."

What happens when you can't help yourself? "After a fall, you need the necessary cognitive skills to relearn how to hold a spoon and walk. When these skills are diminished or impaired, rehabilitation is a harder challenge," says Mrs. Blank. Here's where the family and medical support need to work as a team. "When a person isn't cognitively intact, physical and occupational therapists can teach family members to work with their relatives and enjoy positive moments. One of our clients was so impaired that she could not recognize her daughter. Guided by a weekly visit by a physical therapist, her daughter learned to help her mother exercise. Using exercise, the daughter touched and communicated with her mother in a loving manner. As well as benefiting physically (she never had a bed sore), her mother had a daily meaningful and pleasant experience. And she never fell.

So when it's our turn to care for those who cared for us, let's take the practical steps to protect them and help them if they do fall.

**Name changed to protect privacy*

10 WAYS TO “FALL-PROOF” YOUR HOME

More than one in three people age 65 years or older fall each year. The risk of falling — and fall-related problems — rises with age. Each year, more than 1.6 million older U.S. adults go to emergency departments for fall-related injuries. Falls are not an inevitable part of life, even as a person gets older. You can take action to prevent falls.

Clip and Keep



Poor lighting can increase your risk of falls. Make sure you have enough lighting in each room, at entrances, and on outdoor walkways.

Store often-used items (food boxes, cans, dishes, clothing, and other everyday items) within easy reach so that you don't stand on a stool to get them.

Put non-slip strips or a rubber mat on the floor of your bathtub, shower, floors and steps.

Install a grab bar near the bathtub and toilet.

Add a contrasting color strip to the bottom step of a staircase.

Avoid wet floors and clean up spills right away.

Install a handrail along a stairway.

Arrange furniture to give you plenty of room to walk freely.

Secure carpets to the floor and stairs. Remove throw rugs.

Remove clutter and electrical or phone cords that you could trip over.

Graphics: R.Alyeshmeh/Hamodia, Source: NIH Senior Health