

# FALL PREVENTION CONVERSATION GUIDE

Talking with seniors about falls and fall prevention



## Introduction to Fall Prevention

Care Coordinators play an important role in helping Blue Plus members stay healthy and independent. As an extension of the care team, you are in a unique position to offer important education, motivation, and support to our most vulnerable members around the topic of fall prevention. Below, we have provided you with important information about falls and fall risks. In addition, we have developed a **Fall Prevention Conversation Guide** to help you initiate important conversations with older adults about how to reduce their risk of falling.

Falls are a growing concern. By 2030, an estimated 73 million older adults will fall each year unless we make a more serious commitment to providing effective intervention for fall prevention. Regardless of what many people believe, including seniors, falls are not a normal part of aging. They are largely preventable. Older adults, including their family members and caregivers, are often unaware of factors or behaviors that put them at greater risk of falling. Many fall risk factors are modifiable and simple measures can be taken to decrease accidental falls.

As you spend time with our Blue Plus members, we encourage you to have important conversations about falls and fall risks. You are a great resource and support person for older adults, and you provide another set of eyes and ears in the home to address fall risks. Our goal is to help older adults better understand and manage their fall risk so they can age safely in place, stay independent, and improve their overall health-related quality of life.

Together, we can become strong advocates for fall prevention through coordinated care and by promoting aging in place practices. Thank you for playing an important role on our fall prevention team.

Did you know...

- 30% of adults aged 65 and older will fall each year and rates increase to 50% for those 75 years and older. (Soriano T, 2007)
- 60-70% of all falls are experienced by women and the prevalence and seriousness of falls is most dangerous for those who live independently. (Moreland B, 2020)
- A fall is life changing – seniors don't "bounce back" quickly from a fall, and rarely, do they fully recover physically, psychologically, or financially.
- 20-33% of falls will result in a serious injury requiring an ED visit and hospitalization. (Choi N, 2019)
- 45% of patients initially hospitalized because of a fall are discharged to a skilled nursing facility; some are never able to live independently again. (James M, 2018)
- Minnesota's death rate from falls for adults 65 and older is among the highest in the nation, ranking 4th of all States. (CDC)
- Falls in older adults are usually multi-factorial; meaning, a combination of unique risks and contributing factors play a role, including SDOH.
- Many fall risk factors are modifiable and fall prevention works best when it's personalized to the individual.
- Providing awareness and education on falls to older adults helps to stimulate discussions about this important topic with their health care providers.
- As many as 72% of seniors do not tell their PCP about past or recent falls at the time of their Annual Wellness Visit. (Hoffman G, 2019)

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## Instructions

1. Review member's health assessment. Identify and check off each fall risk factor that is self-reported by the member, observed by you or a caregiver, or referred for follow-up from a provider.
  - A previous fall
  - Worried about falling
  - Takes 4 or more prescription medications or other medications that cause dizziness or drowsiness
  - Unsteady, poor balance, needs the support of walls or furniture to walk or move around the home
  - Uses a cane or walker
  - Home safety concerns such as loose rugs, cords, clutter – poor lightening – lack of grab bars in bathroom - etc.
  - Poor vision
  - Cognitive impairment
  - Bladder control problems
  - Depression
2. Utilize the **Fall Prevention Conversation Guide** to address each modifiable fall risk factor identified above to initiate important conversations about fall risks and fall prevention. Use the sample *conversation starters* to share facts and educate individuals about steps they can take to reduce their risk of falling.
3. Refer the member to resources and benefits available to support their well-being and to reduce their fall risk.
4. Provide reassurance and confidence to the member in their ability to successfully age in place, stay independent, and improve their quality of life.

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<p style="text-align: center;"><b>Previous Fall &amp; Fear of Falling</b></p>	<p><b>50% of older adults who have fallen will fall again within 90 days after their initial fall.</b> (Curran-Groom W, 2020)</p> <p><b>40-50% of older adults have a fear of falling</b> (Schoene D, 2019) <b>and most will restrict their activities</b> (Murphy S, 2003), <b>which can lead to physical weakness, social isolation, and depression –worsening their risk of falling.</b></p> <p><b>Up to 72% of older adults don't tell others, not even their own doctor, about a fall.</b> (Hoffman G, 2019)</p>	<p>A previous fall and fear of falling are two of the greatest predictors of a future fall.</p> <p>There is a stigma associated with being a “faller”, particularly with older adults, as it implies frailty, weakness, and a general inability to care for oneself. We need to de-stigmatize how people feel about falls and make it safe to have these important conversations to help improve self-efficacy, confidence, and quality of life.</p> <p>No one wants to hear from a family member that they should no longer live alone or drive. Seniors don't want to lose their independence or be a burden to others.</p>	<p><i>“Most people believe that falling is a normal part of aging. It's not. Falls are largely preventable. I don't want you to fall and get hurt which is why I'd like to help you.”</i></p> <p><i>“If you've fallen in the past, what do you think caused your fall?”</i></p> <p><i>“What, if any, concerns or worries do you have about falling?”</i></p> <p><i>“Are there any kinds of supports such as help from family or friends, or certain environments, which make you feel <u>less concerned</u> about falling?”</i></p> <p><i>“Is there anything that makes you <u>more concerned</u> or worried about falling?”</i></p> <p><i>“What have you done on your own, or with help from others, to gain more confidence and reduce your chances of falling?”</i></p>	<p><b>MSHO &amp; MSC+</b></p> <ol style="list-style-type: none"> <li>Schedule an appointment to see PCP for thorough fall risk evaluation and management if member has experienced: <ul style="list-style-type: none"> <li>1 fall that resulted in an injury</li> <li>2+ falls, but no injury</li> </ul> <p>Or, if member has:</p> <ul style="list-style-type: none"> <li>Unsteady gait or balance</li> <li>Fear of falling</li> </ul> </li> <li>Elderly Waiver (EW) members are eligible for <u>Personal Emergency Response System (PERS)</u> and <u>Environmental Accessibility Adaptions (EAA)</u></li> </ol> <p><b>MSHO Supplemental Benefits</b></p> <ol style="list-style-type: none"> <li><u>Personal Emergency Response System (PERS)</u> – Safety Aid Device</li> <li><u>Silver Sneakers (+ transportation)</u></li> <li><u>Juniper Health &amp; Wellness classes (+ transportation)</u></li> <li><u>Wheelchair or walker safety pouch/tote</u></li> <li><u>\$750 Safety Item benefit</u></li> </ol>

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<p style="text-align: center;"><b>Medications</b></p>	<p><b>Individuals taking 4 or more prescription medications are at higher risk of falling.</b> (Ziere G, 2006)</p>	<p>Many medications (prescription and OTC) can cause adverse effects that increase the risk of falling, especially those used to treat depression, anxiety, sleep, allergies, and hypertension. (Hartikainen S, 2007)</p> <p><u>Medications linked to falls</u></p> <p><u>What is Medication Therapy Management (MTM)?</u></p> <p><u>Pharmacy Programs for Members</u> (see page 87)</p>	<p><i>“Did you know that many medications can make you dizzy or drowsy, increasing your chances of falling? As a person gets older, these side effects can become more intense.”</i></p> <p><i>“Have you experienced any dizziness or drowsiness after taking a supplement, prescription, or over-the-counter medication? How many medications are you currently taking?”</i></p> <p><i>“Making a list of all your medications is helpful to your doctor, pharmacist, and the people who help care for you. If you haven’t created a medication list or updated it recently, is that something I can help you with?”</i></p> <p><i>“Would you be interested in completing a full medication review with a pharmacist to make sure your medications are not putting you at greater risk for a fall?”</i></p>	<p><b>MSHO &amp; MSC+</b></p> <p>A full medication review should be completed <u>at least once each year</u>, or:</p> <ul style="list-style-type: none"> <li>• Whenever there’s been a prescription change (new medicine or dosage), or</li> <li>• If new symptoms appear</li> </ul> <ol style="list-style-type: none"> <li>1. Complete <u>MTM Referral Form</u> if member takes             <ul style="list-style-type: none"> <li>• Medication that causes them to feel dizzy or drowsy</li> <li>• Medication to help them sleep or improve mood.</li> <li>• 4+ prescription medications</li> </ul> </li> <li>2. If member is not referred for MTM review, assist them with completing a <u>Medication Record Form</u> and encourage it be shared with their doctor, caregiver, and family.</li> </ol> <p><b>MSHO Supplemental Benefits</b></p> <ol style="list-style-type: none"> <li>1. <u>Post Discharge Medication Reconciliation</u> by Tabula Rossa</li> <li>2. <u>Medication Dispenser</u></li> <li>3. <u>Over the Counter Catalog (CVS OTCHS) – e.g., BP monitor</u></li> </ol>

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<p><b>Balance, Strength, and Mobility</b></p>	<p><b>Improving physical strength, balance, and mobility has been shown to reduce the incidence of falling by up to 40%.</b> (Lainie Van Voust Monicada, 2011)</p>	<p>Unsteadiness, needing support while walking or standing, and having difficulty stepping onto a higher surface or getting out of a chair are all signs of poor balance and muscle weakness – all major reasons for falling.</p> <p>Blue Plus offers fall prevention exercise programs that have been proven to help people reduce a person’s risk and fear of falling.</p> <p>A trained physical therapist can also help improve balance, strength, and gait through tailored exercises.</p>	<p><i>“As we age, most of us lose some strength, coordination, flexibility, and balance — primarily through inactivity, making it easier to fall.”</i></p> <p><i>“Staying active is one of the most important things you can do to stay independent, safe, and prevent yourself from falling. What have you explored or done recently to improve or maintain your strength and balance?”</i></p> <p><i>“Is there anything you’ve done that has helped you maintain good strength and balance?”</i></p> <p><i>“Is there anything that has gotten in the way or prevented you from staying active and strong?”</i></p> <p><i>“Blue Plus offers several programs to improve your balance, strength, and mobility. Is that something you’d be interested in?”</i></p>	<p><b>MSHO &amp; MSC+</b></p> <ol style="list-style-type: none"> <li>If needed or requested, assist member with applying for <a href="#">Disability Parking Certificate</a> (permit)</li> </ol> <p><b>MSHO Supplemental Benefits</b></p> <ol style="list-style-type: none"> <li><a href="#">Silver Sneakers</a> (+ transportation)</li> <li><a href="#">Juniper Health &amp; Wellness classes</a> (+ transportation)</li> <li><a href="#">Fitness Tracker</a> - FitBit wearable device</li> </ol> <p><b>MSC+</b></p> <ol style="list-style-type: none"> <li>Explore community-based exercise programs that may be available through a local senior or community center.</li> </ol>

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<p><b>Home Environment</b></p>	<p><b>More than 60% of all falls occur in the home.</b> (Fall-Proofing Your Home, 2017)</p>	<p>Most seniors have lived in their homes for decades and have made few changes to make the home safer and more functional to accommodate aging.</p> <p>Fall prevention starts with creating a safe living space. Look and assess for hazards that include:</p> <ul style="list-style-type: none"> <li>• Poor lighting</li> <li>• Loose rugs, cords, or clutter on floors</li> <li>• Lack of grab bars or handrails in the shower/tub/next to toilet</li> <li>• Wet or slippery floors</li> <li>• Poorly fitted or maintained wheelchairs</li> <li>• Poorly fitted canes or walkers</li> <li>• Beds that are set too high</li> <li>• Improper footwear such as socks or slippers</li> </ul>	<p><i>“Most falls happen at home. There are many small changes that can be made to the home environment to make it safer and to help prevent you from falling.”</i></p> <p><i>“Is there anything about your home (i.e., narrow doorways, stairs, slippery flooring, etc.) that makes you concerned about falling or more difficult to get around safely?”</i></p> <p><i>“Is there anything that makes you feel safer and more confident in moving safely in and outside of your home?”</i></p> <p><i>“Would you be interested in walking through a home safety checklist with me to identify potential safety and fall hazards in your home?”</i></p> <p><i>“In the event of a fall, do you have a neighbor or someone who lives close by that you could call for help?”</i></p>	<p><b>MSHO &amp; MSC+</b></p> <ol style="list-style-type: none"> <li>1. Home Safety Checklist: <a href="#">Safe and Healthy Housing Assessment</a></li> <li>2. Elderly Waiver (EW) members are eligible for home modifications referred to as <a href="#">Environmental Accessibility Adaptations (EAA)</a> and <a href="#">Personal Emergency Response System (PERS)</a></li> <li>3. Assist member with applying for <a href="#">Disability Parking Certificate</a> (permit) if needed</li> </ol> <p><b>MSHO Supplemental Benefits</b></p> <ol style="list-style-type: none"> <li>1. <a href="#">\$750 Safety Item benefit</a></li> <li>2. <a href="#">Personal Emergency Response System (PERS)</a> – Safety Aid Device</li> <li>3. <a href="#">Wheelchair or walker safety pouch/tote</a></li> <li>4. <a href="#">Caregiver Binder</a></li> </ol>

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<p><b>Mobility Devices</b></p>	<p><b>Of older adults who use a mobility device, 75% who fall are not using their device at the time of the fall.</b> (Luz C, 2017)</p>	<p>Social pressures and perceived stigma deter older adults from using their mobility aids, particularly within minority populations. Physicians have the greatest influence on their patient's decision to use a mobility device. (Resnik L, 2009)</p> <p>The role of a physical therapist (PT) and occupational therapist (OT) is not merely to treat and rehab a patient following an injury or surgery. They also provide necessary education and training to the older adult community to keep them safe, independent, and help to prevent injuries and falls.</p> <p>OTs special in providing proper instruction and training on how to best fit, use, and maintain a mobility device.</p>	<p><i>“Assistive devices such as a cane or walker can improve a person’s overall safety and independence. If not used properly, it could increase your risk of falling.”</i></p> <p><i>“Do you currently use, or have others suggested you use, a walking device or aid to help make getting around easier and safer?”</i></p> <p><i>“Is there anything that prevents you from using your mobility device?”</i></p> <p><i>“If you haven’t been fitted or received training on how to properly use your device, I can help you schedule an appointment to see an occupational therapist. He/she is a trained professional and can recommend any equipment modifications and provide training on how to properly fit and use your walking device to minimize your risk of falling.”</i></p>	<p><b>MSHO &amp; MSC+</b></p> <ol style="list-style-type: none"> <li>Schedule an appointment with an OT/PT if needed to receive training and assure proper device fit and use.</li> <li>Refer to Medical Assistance benefits in the <a href="#">Medical Supply Coverage Guide</a>; Details of specific equipment and supplies available can be found <a href="#">here</a>.</li> <li>Elderly Waiver members also qualify for <a href="#">Specialized Equipment and Supplies</a></li> </ol>

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<p><b>Visual Impairment</b></p>	<p><b>Poor vision more than doubles the risk of a fall.</b> (CDC)</p>	<p>A vision exam is recommended once every year, or more frequently, if the member is experiencing vision trouble or had a recent change in in a corrective lens.</p> <p>Visual impairment can include:</p> <ul style="list-style-type: none"> <li>• Loss of central vision</li> <li>• Loss of peripheral (side) vision</li> <li>• Blurred vision</li> <li>• Generalized haze</li> <li>• Extreme light sensitivity</li> <li>• Night blindness</li> </ul>	<p><i>“As we age, changes to the eye can make it harder to see contrasting colors, edges, obstacles in the room, and tripping hazards that could cause a fall.”</i></p> <p><i>“Have you experienced any recent changes to your vision that concern you?”</i></p> <p><i>“Have you received a new corrective lens prescription recently?”</i></p> <p><i>“When was the last time you had an eye exam?”</i></p>	<p><b>MSHO and MSC+</b></p> <ol style="list-style-type: none"> <li>1. <a href="#">MHCP Vision Benefits</a></li> <li>2. <a href="#">In-Person and Online Vision Loss Resources</a></li> </ol> <p><b>MSHO Medical Benefits</b></p> <ol style="list-style-type: none"> <li>1. <a href="#">Vision Exam and Eyeglasses</a>– member handbook</li> </ol> <p><b>MSC+ Medical Benefits</b></p> <ol style="list-style-type: none"> <li>1. <a href="#">Vision Exam &amp; Eyeglasses</a>– member handbook</li> </ol>



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<p><b>Cognitive Impairment</b></p>	<p><b>The risk of falling is 2-3x greater in older adults with cognitive impairment.</b> (Allali G, 2017)</p>	<p>Watch for signs of confusion, memory loss, or forgetfulness, in addition to difficulty performing every day, self-care activities.</p> <p>Activities of daily living (ADLs) and instrumental activities of daily living (IADLs) are often affected by cognitive impairment. Difficulties with ADLs and IADLs can be a sign of functional impairment and offer a glimpse into the severity of a person's cognitive challenges. Necessary steps can be taken to reduce fall risk.</p>	<p><i>“Have you noticed any changes to your memory or thinking that concern you?”</i></p> <p><i>“Do you have difficulty with tasks such as,</i></p> <ul style="list-style-type: none"> <li>• <i>Driving or other forms of transportation</i></li> <li>• <i>Managing your finances</i></li> <li>• <i>Grocery shopping and preparing meals</i></li> <li>• <i>Using or managing the telephone or your mail</i></li> <li>• <i>Completing daily household tasks such as preparing meals or scheduling appointments</i></li> <li>• <i>Keeping track of your medications”</i></li> </ul>	<p><b>MSHO &amp; MSC+</b></p> <ol style="list-style-type: none"> <li>1. Schedule a medical evaluation with the member's PCP if signs of cognitive impairment are observed or worsening.</li> <li>2. Refer to Medical Assistance benefits in the <a href="#">Medical Supply Coverage Guide</a>; Details of specific equipment and supplies available can be found <a href="#">here</a>.</li> <li>4. Elderly Waiver members also qualify for <a href="#">Specialized Equipment and Supplies, including Personal Emergency Response System (PERS)</a></li> </ol> <p><b>MSHO Supplemental Benefits</b></p> <ol style="list-style-type: none"> <li>1. <a href="#">Caregiver empowerment program by Ceresti</a></li> <li>2. <a href="#">Animatronic cat or dog</a></li> <li>3. <a href="#">Music therapy (nursing home only)</a></li> <li>4. <a href="#">Caregiver Binder</a></li> </ol>

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<p><b>Urinary Incontinence</b></p>	<p><b>Urgency urinary incontinence is associated with 1.5x greater risk of falling.</b> (Szab S., 2018)</p>	<p>Rushing to the toilet, especially in unfamiliar, cluttered, or dark areas increases fall risk.</p> <p>Urinary Incontinence (UI) is more than an annoyance, it can be life-changing, leading to social isolation, depression, physical and mental decline, and increased fall risk.</p> <p>UI can be a sign of weak or overactive bladder muscles/pelvic floor. It can also be associated with certain conditions, medications, or may be something more serious.</p> <p>UI is never easy to talk about. It can be embarrassing to discuss, but the topic should never be avoided by caregivers or healthcare providers.</p>	<p>Approach the conversation cautiously and don't force it; an individual may become defensive or try to avoid the topic.</p> <p><i>Start with: "How would you describe your general health at the moment?"</i></p> <p><i>Next you might ask: "I noticed from your assessment that you experience some urinary leakage. Are you comfortable talking with me about it?"</i></p> <p><i>"Urinary incontinence is not a normal part of aging as many people believe. Although it is more common in older people, especially women, it's treatable and seldom gets better without treatment. Diagnosis is important and treatment may be available."</i></p>	<p><b>MSHO &amp; MSC+</b></p> <ol style="list-style-type: none"> <li>Encourage member to talk about their urinary incontinence concerns with their PCP – a full exam and medical history is needed to diagnose and develop an appropriate treatment plan.</li> <li>Encourage a lifestyle that includes <ul style="list-style-type: none"> <li>Regular physical activity</li> <li>Blood pressure management</li> <li>Healthy body weight</li> <li>Healthy diet and limited use of alcohol and caffeine</li> </ul> </li> <li><a href="#">MHCP Incontinence Products</a></li> </ol> <p><b>MSHO Supplemental Benefits</b></p> <ol style="list-style-type: none"> <li><a href="#">Incontinence package – reusable pads</a></li> <li><a href="#">Over the Counter Catalog (CVS OTCHS) – e.g., fitted briefs</a></li> <li><a href="#">Juniper Health &amp; Wellness Classes (+transportation)</a></li> <li><a href="#">Silver Sneakers Fitness (+transportation)</a></li> <li><a href="#">Medically Tailored Meals &amp; Nutrition Education</a></li> </ol>

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<p><b>Depression</b></p>	<p><b>Certain chronic health conditions are significant predictors of a fall. Depression, specifically, is most strongly associated with fall risk and fall-related fractures.</b> (Paliwal Y, 2017)</p>	<p>Depression and falls have a significant and bidirectional relationship. Individuals who are depressed often experience excessive fear of falling, cognitive impairment, changes to gate, sleep, and diet, and are often prescribed anti-depressants - all risk factors associated with a fall.</p> <p>Look and listen for signs and symptoms including</p> <ul style="list-style-type: none"> <li>• feeling down, blue, or sad</li> <li>• loss of appetite and weight loss</li> <li>• Avoidance of leaving the home</li> <li>• Slowed reaction</li> <li>• Sleep difficulties</li> <li>• Dizziness, confusion, and drowsiness</li> </ul> <p>Be aware that in some cultures, depression may surface as aches or pains, headaches, or digestive problems.</p>	<p><i>“How are you feeling? I’m concerned about you and think you may need to talk to someone about depression.”</i></p> <p><i>“If you feel sad, blue, or down you’re not alone. Many people experience depression at some time in their life – it’s nothing to be ashamed of. Depression is treatable and getting help is the best thing you can do to get better.”</i></p> <p><i>“Let me help you figure out what is going on. We can start by making an appointment to see your doctor or I can help you find someone to talk to, like a counselor, therapist, or social worker.”</i></p>	<p><b>MSHO &amp; MSC+</b></p> <ol style="list-style-type: none"> <li>1. Schedule an appointment to see PCP or Behavioral Health specialist to address concerns of depression.</li> <li>2. Encourage a lifestyle that includes <ul style="list-style-type: none"> <li>• Regular physical activity</li> <li>• A healthy diet and limited use of alcohol and caffeine</li> <li>• Adequate sleep of 7-9 hours per night</li> <li>• Scheduled time to socialize with family, friends, community, or faith-based groups</li> </ul> </li> </ol> <p><b>MSHO Medical and Supplemental Benefits</b></p> <ol style="list-style-type: none"> <li>1. <a href="#">Outpatient Mental Health</a> – member handbook</li> <li>2. <a href="#">Juniper Health &amp; Wellness Classes (+transportation)</a></li> <li>3. <a href="#">Silver Sneakers Fitness (+transportation)</a></li> <li>4. <a href="#">Medically Tailored Meals &amp; Nutrition Education</a></li> <li>5. <a href="#">Short-term Case Management Form</a></li> <li>6. <a href="#">Music Therapy (nursing home only)</a></li> <li>7. <a href="#">Animatronic cat or dog</a></li> </ol> <p><b>MSC+ <a href="#">Mental Health Services</a></b> – member handbook</p>

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