



Impact of Falls Among Older Adults: A National Problem

Accidents (unintentional injuries including falls) rank among the top five leading causes of death for all ages with injuries due to falls killing more than 19,571 individuals per year.¹ An estimated one in three adults 65 years old and older experience a fall each year.² Among this population, falls accounted for 1.8 million emergency room visits and more than 433,000 hospital admissions. Nearly 60% of older adults who experience a fall injury visited an emergency room. Nearly one third needed help with activities of daily living and a half of these people were expected to need help for at least six months.³

Hip fractures alone, primarily the result of falls, account for more than 300,000 hospitalizations annually.⁴ About 20% of people who suffer a hip fracture will die within a year of the injury⁵ while 25% remain in a nursing home 1 year later.⁶ Nearly half of those who survive a hip fracture never regain full mobility, nor their former quality of life.

Injuries due to falls also have a significant impact on health care costs. For example, in 1994 the cost of falls for those age 65 years and older was \$27.3 billion annually with a projected increase to \$43.8 billion by 2020.⁷ This figure translates to an average of \$19,500 per person, excluding physician services and further burdens Medicare and Medicaid programs.⁸ Emergency response and acute medical care receive the most available health care funding and attention. It is critical to not only address the hip/wrist fractures, but also investigate and manage the cause of the fall to **prevent** subsequent fall and injuries. Safety, primary prevention and secondary prevention are critical elements to managing the escalating costs related to falls.

Where do falls occur?

The majority of falls – 60% – occur in the home, 30% occur in public places and 10% occur in healthcare institutions.⁹ This data is likely understated as falls may be unreported by patients or unrecognized by caregivers and family members. Seniors may not want to admit they have fallen as they perceive falls to be a sign of aging, diminishing competence, and dependence. Risk factors are categorized as intrinsic (within the individual such as a balance deficit, weakness, cardiovascular factors), extrinsic (imposed from outside such as medications, loose footwear, poorly fitted adaptive devices), or environmental (hazards such as loose rugs, unsafe bathroom fixtures, poor lighting). The risk of falling is 8% among older adults with no risk factors. This increases radically to 78% in older adults with four or more risk factors.¹⁰

Falls among seniors lead to a significant injury and suffering, loss of independence, financial cost, and in some cases death. **Risk reduction and prevention of falls are essential to promoting healthy aging due to the growing number of seniors, the desire of this population to remain independent, and the rising costs associated with their health care.**

The Physical Therapist's Role in Falls Prevention & Treatment

For older adults, falls and the resulting injuries can diminish the ability to lead active, independent lives. Falls are often the result of a complex, interdependent collection of factors, in which multiple causes interact to produce a fall. Falls and resulting injuries can be prevented. Strategies known to be effective in preventing falls among older adults include exercises and physical therapy to improve strength, balance, and flexibility; reductions or more careful management of medications that may affect balance and attention; and home modifications that reduce fall hazards such as installing grab bars, improving lighting, and removing clutter that may cause tripping.¹¹

Physical therapy is often an integral aspect of strategies and interventions to prevent falls. When patients are referred to physical therapy, thorough review of fall history and risk factors can effectively initiate referrals to other appropriate care providers. In addition to follow-up for medication issues, screening may indicate the need for vision or hearing checks, referral to a medical social worker or medical specialist such as a podiatrist. Physical therapists perform an assessment and evaluation to determine an individual's risk of falls and then design a treatment plan with interventions to improve their strength, mobility and balance. Through these interventions, physical therapists assist seniors and persons with disabilities with the ability to safely function in their homes and communities. Physical therapists also are actively involved in promoting public involvement in positive health behaviours and the prevention of impairments that limit an individual's quality of life.

The scope of the physical therapist's responsibilities in falls prevention may include any and all of the following:

- Screening of older adults in the community and at various points in the delivery of health care and skilled physical therapy services;
- Fall prevention awareness/education, to include all older adults who are receiving health care services;

- Focused skilled interventions (ie exercise, gait, balance training, vestibular rehabilitation);
- Referral to appropriate medical specialties (ie, vision testing, medication management, home safety assessment, community programs, bone density testing);
- Consultation regarding accessible and safe environments, both in the home and in the external environment (ie architects, community planning boards);
- Development, guidance/supervision and support of community programs that focus on physical activity and falls prevention, which can include working with area agencies on aging and other aging service providers, as well as other activity programs that are already in existence; and
- A focus on health promotion and prevention in addition to rehabilitative interventions.

A comprehensive physical therapist examination/evaluation includes a detailed history to identify specific circumstances contributing to a fall, as well as neurological/sensory, musculoskeletal, and vascular/cardiopulmonary systems reviews. Standardized tools that identify risk may include tests for gait, balance, neurological function, and home safety assessments.

A review of all medications provides an opportunity for the physical therapist to educate the patient and refer to the primary care provider if concerns are present. The side or adverse effects leading to increased risk of falls include blurred or impaired vision, postural hypotension, sedation, syncope, decreased alertness, confusion and impaired judgment, delirium, compromised neuromuscular function, and anxiety.

Strategies to reduce acute or reversible intrinsic factors such as muscle weakness, joint pain and instability, decreased range of motion, postural faults and gait deficits positively affect the cumulative deficits described above. Skilled physical therapy interventions would include gait training, appropriate use of assistive devices and choice of footwear, strengthening and flexibility exercise, and balance training targeted toward specific dimensions of functional deficits identified in the evaluation.

Assessment of the home environment for safety issues is essential. The physical therapist can complete a home assessment, by way of a home visit, as a component of home care services or, indirectly, by using a checklist inspection by the patient or caregiver. Elimination of hazards, both structural (stairs, doorways) and habitual (clutter, obstacles, lighting,

cords) and the addition of supportive features are important strategies in fall prevention. Specific instructions for hazard resolution, installation of safety equipment (i.e. elevated toilet seats, shower chairs) and resources for structural changes (i.e. grab bars) is needed. If the patient lives alone, recommending subscription to a personal emergency response service may be indicated. Additional education including coordination with evidenced-based community based programs regarding home safety, emergency preparedness and a plan for “what to do if you fall” will further help to reduce fall risk and fall injury.

Current Policy Challenges

The 2005 White House Conference on Aging defined falls as the number one national problem among older adults. Among the recommendations cited were raising public awareness of the problem and promoting effective adaptation to the conditions of aging to include the need for increased physical activity among the elderly.

APTA supports initiatives such as the *Elder Falls Prevention Act, and the Keeping Seniors Safe From Falls Act (Safety of Seniors Act)* which aim to prevent falls and improve the health status of our nation’s seniors and persons with disabilities through enhanced research and activities to reduce the harmful effects that falls have on these populations, their families, and their communities.

Preventive services benefit under Medicare

In general, through its current definition of “reasonable” and “necessary”, the Medicare program does not cover services unless they are directly related to injury and illness. This coverage policy leaves out preventive services, such as falls prevention activities. Recently Congress has recognized the importance of preventive services and has passed legislation to expand Medicare coverage for certain preventive services. Thus far, falls prevention has not been added to the list of such covered services. Passing legislation to add falls prevention to the list of covered services would **reduce the growing number of falls and falls-related injuries among older adults.**

Repeal of the Medicare therapy cap

Repeal of the Medicare therapy cap is essential to ensuring that Medicare beneficiaries receive the care that they require to stay active to prevent falls, and when it cannot be prevented, to maximize recovery from injury due to falls. Physical therapy care can effectively lower risk of injury

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from falls, reduce risk for development of chronic disease, and optimize return to productive life roles. Because an injury due to falls can affect individuals in diverse ways, placing an arbitrary cap on benefits, without consideration for severity, risks leaving the most disabled individuals without access to needed services.

Direct access to physical therapy for Medicare beneficiaries

Direct access would allow Medicare beneficiaries to directly access physical therapists for outpatient services as authorized by state law. Direct access eliminates the burden of unnecessary visits to physicians in order to access physical therapy. Beneficiaries would be able to get timely care to address physical limitations as they endeavor to lead an active, healthy lifestyle. Patients who have suffered a fall would be able to efficiently access their physical therapist as they learn to manage their disability.

Current Funding Challenges

Government funding aimed at keeping seniors safe from falls

Physical therapists are frontline health care providers in initiatives to reduce falls through interventions to improve mobility, strength, and balance. Physical therapists already are providing patient education, community outreach, research and programs to prevent falls and they would benefit from investment of the federal government in this public health initiative.

The Older Americans Act (OAA) authorizes the activities of the Administration on Aging and is the major vehicle for the delivery of a wide range of supportive services, as well as nutrition services and community service employment opportunities for older people. The OAA was reauthorized by Congress in 2006 and includes a number of provisions to require state and area agencies on aging to focus attention on planning home and community-based services to

assist older persons with long-term care needs. The reauthorization included language on implementing evidence-based health promotion programs within the aging services network that could include falls-prevention activities. Funding for these programs is a constant target as Congress goes through its appropriations process each year.

Several educational efforts are under way, but more needs to be done to address falls prevention and treatment. Current successful education initiatives also should be considered for expansion. For several years, the National Safety Council's (NSC) Safety and Health Policy Center has worked on a falls prevention project as part of a Healthy Aging Cooperative Agreement funded by the Centers for Disease Control and Prevention (CDC). NSC has developed educational materials, presented at a number of conferences around the country, and provided mini-grants to 19 chapters for local falls-prevention activities. The NSC has also worked with the Consumer Product Safety Commission (CPSC) on nationwide falls prevention outreach activities. In addition, the Administration on Aging and the National Center for Injury Prevention and Control have entered into a public-private partnership with the Archstone Foundation in collaboration with the National Council on Aging to promote the Falls Free™ Initiative and coordinating the Falls Free™ Coalition. APTA is a strong member organization and provides technical assistance to emerging to state and other coalitions addressing this issue.

Support for preventive health care

As the United States faces ever-escalating health care costs, increased support for preventive care is an investment worth making. Physical therapists are an untapped resource that could make a large impact on a nation-wide effort to enable Americans to achieve a physically active lifestyle. Physical therapists already have instituted many preventive

initiatives, but their services for prevention are not supported as part of medical reimbursements systems such as Medicare.

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Additional Web Resources:

- National Safety Council, <http://www.nsc.org/library.htm>.
2005 White House Conference on Aging. <http://www.whcoa.gov/>
National Center for Injury and Prevention Control, <http://www.cdc.gov/ncipc/>
National Council on Aging, <http://www.healthagingprograms.org>
Home Safety Council <http://www.homesafetycouncil.org/index.aspx>
Special Report: Emergency Room Injuries, Adults 65 and Older, <http://www.cpsc.gov/library/foia/foia05/os/older.pdf>

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