

Evidence-based components of an effective fall prevention program for older adults and the elderly

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Abstract

Falls among the elderly aged 65 years and older can lead to serious injuries such as hip fractures, trauma-related hospital admissions, and even death. Falls can occur in various settings to include nursing homes, hospitals, and in the community. Fall risk assessments, pharmacy consultation and medication review, laboratory review to include vitamin D levels, Tai Chi exercises, and a comprehensive falls education program are primary factors to reduce fall rates. Although significant, an appreciable change in fall rates may still not occur. According to the literature, an estimated 90 million Americans will experience dizziness in their lifetime; dizziness can lead to loss of balance and falls. Health care professionals are often unaware of falls in patients with undiagnosed inner ear dysfunction when there is no prior injury or report of a recent fall. Therefore, the author, after in-depth research and consultation with fall prevention specialists, critically evaluated the need for an evidence based protocol to include visual, vestibular, proprioception; as well as muscular and psychological components. The expanded protocol identifies individuals at-risk for falls as well as screen for those individuals who have not fallen and have not been identified as a fall risk. The author discusses in detail the protocol shift that not only focuses on remediation of falls but also fall prevention through medical diagnostics of balance and vestibular disorders, balance and vestibular rehabilitation training, sensory-processing techniques, and psychological screening for fear of falling.

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Biography

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