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SAFETY IN THE BALANCE: PREVENTING FALLS AND INJURIES IN ELDERS

BEYOND GRAB BARS: ADAPTING TO REALITY

By PAUL KLEYMAN

“Fall prevention is not as simple as home modification or grab bars,” stated former U.S. Assistant Secretary of Aging Fernando Torres-Gil. He added, “It’s really, in many ways, a total mind change.”

Torres-Gil, associate dean of the School of Public Affairs at the University of California, Los Angeles, spoke with special expertise: A post-polio survivor, he also recovered—and learned from—a damaging fall in 2004. In his address last fall at the California Fall Prevention Summit in Long Beach, Calif., he said, “One has to first go through the emotional, psychological and attitudinal change to say, ‘I am potentially vulnerable. I could fall. I have to accept the reality that it is not a safe world out there. I need to set aside my own pride and sense of independence, accept that vulnerability, begin to act on it and plan and do the necessary adaptations.’”

TOUGH TO ACCEPT

Torres-Gil said he has noticed in working with his mother, mother-in-law and other elders that older people often struggle to accept their new reality following a fall. This difficulty especially affects those who have been physically independent throughout their lives. “It’s tough for them to accept what a fall means, other than the immediate consequences. And it’s tough for them to resocialize their thinking toward how to avoid it, how to get beyond the fears of another fall.”

Frequently, he said, older people who suffer a fall—especially men—become so unnerved following the incident that they isolate themselves: “They’re afraid to get out of bed, afraid to get out of their homes—they’re afraid to go out and enjoy life—because they’re afraid of falling again.” He added that professionals in aging and public-education efforts on fall prevention need to emphasize that “one way or another, you can bounce back and it’s OK. In fact, one can learn and grow from that experience.”

As someone with a lifelong disability, Torres-Gil said, “I have a great advantage, and I’m really fortunate and grateful, which might sound weird.” He explained, “My advantage is that I have a lifetime of getting my head into that type of thinking.”

The challenge for each person who is vulnerable to falling, Torres-Gil said, is identifying the pieces of his or her puzzle: “My holistic puzzle was first to accept my limitations as a post-polio survivor, then to accept what my strengths and limitations are physically.” Restrictions for older adults might include a range of conditions from mobility limitations to sensory impairment, especially involving vision or hearing. Also, each person must adjust to particular surroundings. For example, Torres-Gil, who walks with the aid of a cane, noted that on arriving at the conference ballroom he first negotiated the steps to the stage so “there would be no surprises for me and that I could limit how much energy I would use to

get up here.”

More generally, he said, “I ensure that I stick to a good diet and keep my weight down because that’s an important part of maintaining balance.” Exercising “religiously,” he said, is also critical, whether one chooses Pilates or other forms. Torres-Gil offered that he practices tai chi and chigong, which contribute to his being as rested and stress-free as possible, besides improving his balance, strength and range of motion. In addition, his routine helps him regulate his breathing, which in turn aids his ability to manage his energy limits.

A crucial step for older people at risk of falling, he continued, is to accept the wisdom of asking for help, a step many people are reluctant to take. Again noting his experience as a conference speaker, Torres-Gil confided to the audience that he had asked one person to carry his binder and another to bring him a cup of water, so he could keep his own hands free. Furthermore, he said, accepting one’s initial vulnerability to falling also means anticipating that a chronic disability might eventually impair one’s ability to avoid falls and preparing accordingly.

PROPHETS

Torres-Gil, a former chair of the American Society on Aging board of directors, praised professionals in aging who have devoted their energy to fall prevention as “prophets in your own time.” He went on, “That is to say, you’re still in the wilderness, lonely voices trying to get this higher on the public agenda.”

He said that although fall prevention is a highly individual issue requiring recommendations tailored for each person, it is also a societal issue. “It is about the bottom line,” he stressed. “It is about avoidance of costs associated with the medical and health and long-term aftereffects. It is about avoiding the cost of the mental, emotional and psychological distress and anguish that comes with suffering a fall.”

The health and services community, Torres-Gil urged, needs to disseminate information on this issue and work with advocacy groups to get fall prevention on the front burner for public action. Until very recently, he observed, “the critical effects of falls on the lives of elders remained a largely unknown and little-understood topic.” When a few did raise this concern, he said, “there were many skeptics. The literature of the previous 20–30 years never really talked about the implications of falls.” Professionals in aging and related fields “didn’t think much about the obvious,” he said, “that if you fall, it does something, usually something very bad for one’s lifestyle, one’s quality of life. It was one of those things that never quite made it into the public consciousness, the literature, public policy or the mainstream.”

What’s more, Torres-Gil said, raising awareness about the need for public attention to and investment in fall prevention involves more than preparing for the aging of the boomers: “It’s also getting this into the public consciousness of those today who are facing this”—among them, many boomers who are caregivers.

Torres-Gil stressed, “If we do not make this a topic of public discourse, if we do not get the issue of falls prevention into the conventional wisdom, if we do not make it sexy and glamorous, then we will not be prepared for the inevitable falls of more than 75 million baby boomers, who are marching to their inevitable, actuarial destiny. They’re going to get old, they’re going to get frail, they’re going to wear down, they’re going to have their share of accidents, and then the full economic and medical and social and health implications of what it can do will certainly be on the front page of *USA Today*.” ♦