

# POST-POLIO HEALTH

SAINT LOUIS, MISSOURI

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## Fear of Falls, Risks and Practical Strategies

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**W**hen my students and I looked at falls in individuals with post-polio problems, the numbers were really staggering. About 85% of the participants in our study reported falling. Fear of falling was also a staggering and scary number—95% of the individuals with post-polio. Another interesting fact was that many individuals who were nonambulatory and who were in wheelchairs also were afraid of falling.

**What factors put you at risk for falling?** Review the list below to determine how many factors describe you. This short list is used for older adults, which some of us are, but can also be used by younger polio people.

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(Legters001@gannon.edu) received her doctor of science degree in neurologic physical therapy. Her research and publications in the recent past have been in the area of fall prevention and inner ear disorders. She is a polio survivor who contracted polio from the vaccine. Legters presented this information at PHI's Ninth International Conference on Post-Polio Health and Ventilator-Assisted Living: Strategies for Living Well in June 2005.

You may not experience some factors, yet experience others. And, some of them you may be able to change and some you may not. I'd like to expand on a few.

**Visual impairment:** Recognize that your ability to adapt to the change in light decreases as you get older, and remember that fact when you walk into a very bright room or a very dark room. Also, conditions such as glaucoma, cataracts and macular degeneration increase your risk for falls.

**Use of assistive devices:** The issue with assistive devices is the proper use of them. For example, if the legs of your quad cane are in your pathway, as opposed to properly being towards the outside of your pathway, you are at risk for falling.

**Decreased sensation in feet:** Decreased sensation in your feet puts you more at risk for falling because you don't know where your feet are. It may or may not be a result of post-polio. It could also be because you are diabetic.

**Urinary incontinence:** Nobody wants to talk about it, but if you are having to get up frequently in the middle of the night, that puts you more at risk for falling because you are not as alert and your pathway may not be well-lit. *continued on page 2*

### What factors put you at risk for falling?

- |                            |                          |                                 |                          |
|----------------------------|--------------------------|---------------------------------|--------------------------|
| Confused mental state      | <input type="checkbox"/> | Use of psychotropic medications | <input type="checkbox"/> |
| Visual impairment          | <input type="checkbox"/> | Balance difficulties*           | <input type="checkbox"/> |
| Decreased leg strength*    | <input type="checkbox"/> | Decreased sensation in feet     | <input type="checkbox"/> |
| Use of assistive device    | <input type="checkbox"/> | Use of multiple medications     | <input type="checkbox"/> |
| Environmental hazards      | <input type="checkbox"/> | Alcohol consumption             | <input type="checkbox"/> |
| Urinary incontinence       | <input type="checkbox"/> | BP↓s when standing              | <input type="checkbox"/> |
| Dizziness                  | <input type="checkbox"/> | Cardiac medications             | <input type="checkbox"/> |
| Decreased leg coordination | <input type="checkbox"/> | Abnormal walking pattern        | <input type="checkbox"/> |
| Low activity level         | <input type="checkbox"/> | Depression                      | <input type="checkbox"/> |

\*Risk factors of falling that have been investigated in those with post-polio syndrome.

**Dizziness:** Talk with your physician about any dizziness you may have because there are many, many causes of dizziness, including cardiac issues, blood pressure concerns, inner ear problems and medication issues. For example, psychotropic medications, and even cardiac medications, list dizziness as one of the side effects.

**Multiple medications:** The red flag number is four. If you are on more than four medications, you are considered at risk for a fall. I am not saying stop your medication. Instead, I am saying go to your physician and talk about all of your medications. You certainly may need all of them, but there may be other kinds that won't cause the side effect of dizziness.

**Blood pressure decreases when standing:** When this happens you will have a sensation of lightheadedness or dizziness. Discuss this with your physician, also.

As I look at the list, I know I can check off several and I am not an "older adult" yet. Therefore, I need to look at what strategies I can do so I am less at risk for falling.

The fear of falling issue has many causes and you don't have to *fall to have a fear of falling*. If you look at the diagram (see top of page 3), there are many things that contribute to your FOF and, unfortunately, it's a cycle.

For example, it's really difficult for me to walk outside if I am not using my crutch, or if it's at the end of my work-day. So, I make the choice not to go out with my friends or family and I stay home. Then, my friends and family

stop asking me to go out because they know I always say no. With this restriction of my social activities, I possibly lose strength and because of the weakness, I lack coordination, which makes me more at risk for falling, and I continue this cycle.

We, as polio survivors, have some power to intervene in this cycle and to make some changes. For example, do more difficult chores in the morning after a good night's rest. Here are other strategies we all can use.

**Assess your home environment.** Do a home safety check to be sure that you are rid of environmental hazards in your home. For example, get rid of clutter, do not use throw rugs, remove electrical cords in your path, use cordless phones, clear outdoor walkways, repair uneven walkways, use handrails, put a non-skid surface or reflective marking on steps, improve lighting, use nightlights, store frequently used items within easy reach, put grab bars in the bathroom, use a shower seat, and adjust the toilet, bed and chairs to the proper height.

**Assess yourself.** Have you had annual vision and hearing examinations? Are your feet and toes pain-free? Do your shoes fit? Do they have flat, low, wide heels with non-skid soles? Do you avoid walking without your shoes and in your sock feet? Do you wear clothing that doesn't drag? Have you had a physical to check for unstable/low blood pressure, or to seek help in reducing frequent trips to the bathroom in the middle of the night, or to discuss with your physician if you are on more than four medications?

"Safety For Older Consumers Home Safety Checklist," CPSC Document #701, is available at [www.cpsc.gov/cpsc/pub/pubs/older.html](http://www.cpsc.gov/cpsc/pub/pubs/older.html).

**Know yourself and your post-polio syndrome problems.** Pay attention to your body's signals—pain, fatigue, time of day, level of activity for that day or the day before—only do “risky” tasks at times when you are at your best. If you don't know your fatigue level during the day, I suggest you keep a log and record the time of day when you are having more difficulty and/or record a particular activity that makes you more fatigued.

**Be as active as you can be, given your post-polio symptoms.** If you are able to exercise your feet and legs, do so. They are the key to good balance.

**Take your time.** Remember to move at speeds that are consistent with your energy and ability. Rushing to the phone is not worth a fall. They will call back or leave a message. Also, remember to have your cordless phone with you at all times.

**Pay attention to changes in your health.** DO NOT assume that every change in your health is related to post-polio. It may not be. Any new symptoms need to be appropriately investigated by your physician.

**Seek expertise and education.** In our survey results, less than one third of us as post-polio survivors seek the assistance of health care professionals and that concerns me as a polio survivor and a health professional.

Health care professionals have a lot of information but you need to be willing to talk with them. If we don't ask you the right question, tell us anyway. I will guarantee you as a physical therapist that our profession and the occupational therapists are trained to be very

## FACTORS THAT CONTRIBUTE TO FEAR OF FALLING (FOF)



The factors that contribute to FOF in older adults are multi-factorial. The prevalence of FOF in those with post-polio syndrome (PPS) far exceeds that of the community dwelling older adult. Those with PPS report FOF when they are *tired*, when they are *outside* and when they are *weak*. Falls in those with PPS are most frequent while *walking*, when *outside* and often involve an *environmental hazard*.

good listeners. Find professionals in your area who can assist you with appropriate exercises to improve your balance, the proper fitting of orthotics and assistive devices, a home assessment, a lesson on how to get up from a fall, and information about new adaptive equipment for the home.

Older adults are hesitant—and I think we can lump ourselves as people with post-polio in that group—to talk about fears but it is important that we do.

I want to finish with two ideas. If you are in a situation where there are not a lot of people in and out of your home and you are at risk for falling and/or have fallen, remember that there are several personal alarm systems (Lifeline®, 800-380-3111) available on the market. You may not think you are old enough, but I encourage you to explore this option.

There is a fair amount of research that supports the use of hip protectors (Posey Hipsters, ProtectaHip). A hip protector is a garment that you wear under your clothes that has extra padding in the hip area. The padding provides additional protection to the hip area and lessens the chance of a fracture when you fall. ●