MY FALL FREE PLAN

As we grow older, gradual health changes and some medications can cause falls, but many falls can be prevented.

Use this to learn what to do to stay active, independent, and fall free.

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| **Check “Yes” if you experience****this** (even if only **sometimes**) | **No** | **Yes** | **What to do if you checked “Yes”** |
| Have you had **any falls in the last six months**? |  |  | Talk with your doctor(s) about your falls and/or concerns.Show this checklist to your doctor(s) to help understand and treat your risks and protect yourself from falls. |
| Do you take **four or more** prescription or over-the-counter medications daily? |  |  | Review your medications with your doctor(s) **and** your pharmacist at each visit, and with each new prescription.Ask which of your medications can cause drowsiness, dizziness, or weakness as a side effect.Talk with your doctor about anything that could be a medication side effect or interaction. |
| Do you have **any difficulty walking or standing**? |  |  | Tell your doctor(s) if you have any pain, aching, soreness, stiffness, weakness, swelling, or numbness in your legs or feet—**don’t ignore** these types of health problems.Tell your doctor(s) about **any** difficulty walking to discuss treatment. Ask your doctor(s) if physical therapy or treatment by a medical specialist would be helpful to your problem. |
| Do you use a **cane, walker, or crutches**, or have to hold onto things when you walk? |  |  | Ask your doctor for training from a physical therapist to learn what type of device is best for you, and how to safely use it. |
| Do you have to **use your arms to be able to stand up from a chair**? |  |  | Ask your doctor for a physical therapy referral to learn exercises to strengthen your leg muscles.Exercise at least two or three times a week for 30 min. |
| Do you ever feel **unsteady on your feet, weak, or dizzy**? |  |  | Tell your doctor and ask if treatment by a specialist or physical therapist would help improve your condition.Review all of your medications with your doctor(s) or pharmacist if you notice **any** of these conditions. |
| Has it been **more than two years since you had an eye exam**? |  |  | Schedule an eye exam every two years to protect your eyesight and your balance. |
| Has your **hearing gotten worse with age**, or do your family or friends say you have a hearing problem? |  |  | Schedule a hearing test every two years.If hearing aids are recommended, learn **how** to use them to help protect and restore your hearing, which helps improve and protect your balance. |
| Do you usually **exercise less than two days a week**? (for 30 minutes total each of the days you exercise) |  |  | Ask your doctor(s) what types of exercises would be good for improving your strength and balance.Find some activities that you enjoy and people to exercise with two or three days/week for 30 min. |
| Do you drink **any alcohol** daily? |  |  | Limit your alcohol to one drink per day to avoid falls. |
| Do you have **more than three chronic health conditions**? (such as heart or lung problems, diabetes, high blood pressure, arthritis, etc. Ask your doctor(s) if you are unsure.) |  |  | See your doctor(s) as often as recommended to keep your health in good condition.Ask your doctor(s) what you should do to stay healthy and active with your health conditions.Report any health changes that cause weakness or illness as soon as possible. |

The more “Yes” answers you have, the greater your chance of having a fall.

Be aware of what can cause falls and take care of yourself to stay independent and fall-free!

CALL SATELLTE BEACH FIRE DEPARTMENT Community Medic Program FOR A

FREE IN-HOME FALL RISK ASSESSMENT 321-773-4405 x302