

## How to Avoid a Life-Changing Fall: Q&A with Alexandra Schwartz, MD

By Heather Buschman, PhD | January 07, 2015

**W**hat diagnosis might leave you with just one year to live? A brain tumor? Pancreatic cancer? What about falling and breaking a hip? As crazy as it might sound, it's unfortunately true for many people age 65 and older — 25 percent of those who fall and fracture a hip die within one year of their injuries. Additionally, 25-30 percent stay in a rehabilitation facility for at least a year after breaking a hip. Eighty percent who fracture a hip will always have difficulty walking.

"A hip fracture can be a life-changing injury," says [Alexandra K. Schwartz, MD](#), chief of Orthopedic Trauma and medical director of the Orthopedic Surgery Clinic.



We asked Dr. Schwartz to help us get to the bottom of these alarming statistics and learn how you and your loved ones can prevent a catastrophic fall.

**Question:** Why are falls and fractures so dangerous, particularly for adults over age 65?

**Answer:** Nobody knows exactly why the mortality rate is so high after a hip fracture but that statistic has stayed the same for about 15-20 years, despite medical advances. We think that it's because once they have experienced a fall, people lose their confidence and are afraid of falling again. As a result, they are less active and lose muscle mass. These problems can contribute to a slow downward spiral in general health — one that's difficult to overcome. For others, it may be that they are already in poor health and the fractured hip hastens their

decline.

**Q:** What's the most common story you hear from your patients?

**A:** The story I hear most often is that the patient fell at home, usually after getting up in the middle of the night to use the bathroom. Sadly, for those living alone, that can often mean he or she remains lying on the floor for hours until help comes, which is not only painful but can contribute to dehydration and delirium, making the problem worse and the recovery all that much harder.

**Q:** What are some factors that increase a person's risk for a fall?

**A:** The greatest predictor of a future fall is a previous fall, since the original injury can lead to loss of confidence and balance. Once a person falls and sustains a fracture, he or she should seek a bone density analysis if indicated, as [osteoporosis](#) may be an underlying issue.

Other factors in a person's likelihood to sustain a fall include poor vision, poor balance and certain medications — some sedatives, narcotics, anti-depressants and heart medications can cause dizziness and delirium.

**Q:** What can people do around their homes to prevent falls?

**A:** There are a number of measures that individuals can take to prevent falls in their homes. I recommend that everyone at risk for a fall:

- → Wear sturdy shoes, rather than just socks, sandals or bare feet
- → Install an elevated toilet seat Install nightlights or a "clap-on" light for nighttime trips to the bathroom
- → Keep a cane or walker by the bed for use at night and first thing in the morning
- → Clear walkways
- → Remove or secure loose rugs Store commonly used items at an easy-to-reach height
- → Keep a help button or wearable alarm system handy to get timely help when you need it



**Q:** What else can people do to minimize their risk for a fall or to recover more quickly afterward?

**A:** I recommend that my patients exercise to minimize risk, particularly exercises that improve balance and confidence. Many of my patients enjoy Tai Chi, a form of gentle exercise and meditation that can help improve muscle strength, coordination and flexibility.

Once a person has sustained a fall, social support is very important to his or her recovery process. The patients who have family and friends to aid them in their rehabilitation tend to do better than patients on their own.

**Q:** What fall prevention services does the UC San Diego Health offer?

**A:** We're fortunate to have a referral program for patients we feel would benefit from an in-home fall prevention analysis. A therapist visits a patient's home and recommends changes, such as clearing walkways, installing nightlights and removing loose carpeting. We also have an outpatient physical therapy program available for extended fall prevention and balance training, as well as conditioning exercises.

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