



This shoe is a good choice because the Velcro closure allows the shoe to fit even on days with edema or swollen feet.

TIP: If you are diabetic, have bunions, hammertoes, have high tone, neuropathy or heart disease, you will need a shoe with ample width to prevent pressure and open sores.



This shoe is a good choice for those who have hammer toes or painful arthritic feet. The heel strap keeps the shoe in place so the resident does not trip or slip in this shoe. The buckles allow the shoe to adjust for edema or swelling.

TIP: A thin firm sole rather than a thicker sole such as plush slippers, provide better proprioceptive feedback which helps support balance. Thick soles can result in tripping, especially those individuals with shuffling gait or with a foot drag from a stroke.

Sizes vary between brands. Do not rely on what size shoe the resident used to wear. Many people are wearing the incorrect size shoe. Shoes should be as wide as your feet and longer. If the resident is unable to go to the store to be fit, trace **both** feet on a piece of paper while the resident is standing or leaning forward with weight through feet while sitting. When you make contact with the ground, your feet elongate. Take this drawing to the shoe store along with the old pair of shoes.



Inserts, orthotics and socks can affect the fit. Make sure you bring them along when buying shoes. Tell the shoe fitter the type of sock usually worn: nylon, TED hose, cotton or heavy athletic type. This will affect the fit of the shoe.

Let the nurse know you have purchased new shoes for your family member so they can do skin checks as appropriate.

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GOOD SHOES CAN PREVENT FALLS





THE FACTS:

- 1 in 3 adults 65 and older fall each year.
- Of those who fall, 20% suffer moderate to severe injuries.
- Many falls can be related to improper footwear.

GOOD SHOES WILL:

- ✓ Support your arches,
- ✓ Properly align your feet and ankles,
- ✓ Provide stability,
- ✓ Put your entire body in better balance.

GOOD SHOES	BAD SHOES
	
Offer arch support to enhance balance	No Support No Stability
Fit well to maximize support	Sloppy or loose fit resulting in tripping
Have ample width with adequate toe space	Tight toe space resulting in pressure or open sores
Have proper soles with good tread for safety	Crepe or slippery soles or high heels resulting in slipping
Have a heel strap or have heel enclosed which improves stability	Mules or slippers with open heel which promotes shuffling and tripping
Have elastic laces, or gussets, or Velcro to allow for swelling	Does not allow for swelling or edema resulting in poor fit
Have a good sole for carpet or tile surfaces	Gripper socks “stick” on carpet resulting in falls

Take a look at examples of good shoes



This shoe is a good choice because it has elastic gussets that allow for swelling. It also has a polyurethane sole which prevents sticking for those with a shuffling gait. **Look for this if you have Parkinson’s or have a foot drag from a stroke.**

TIP: Buy shoes that contrast with the bedroom floor like the shoe in this picture. The dark shoe on the light floor makes it easy to find.



This shoe is a good choice because **it is light weight and offers good support for ankle/foot stability.**

TIP: Elastic laces keep shoes fitting well and easy to slip on with a long handle shoe horn. This prevents bending, a fall risk. Ask the OT department for elastic laces or get them at any store that sells shoes.



This shoe is a good choice for those who refuse to wear shoes. It is comfortable yet offers support and protection. **It is washable for continence issues.**

TIP: It is important to protect the feet and have footwear that prevents the resident from slipping during transfers.



This shoe is a good choice because **it is available in extensive sizes and multiple widths for a proper fit.** You can usually find New Balance on “sale”. Look for a light weight cross trainer type shoe.

TIP: The type of sock you wear is important when buying shoes. Let the shoe fitter know if the resident usually wears nylons, TED hose, cotton or heavy weight athletic type of sock for proper shoe fit.

101 Things to do with a person with Alzheimer's and Dementia Disease

Provide existence with meaning. Make each activity success oriented, failure free, purposeful and meaningful.

<ol style="list-style-type: none">1. Make collage from magazine2. Put together nuts and bolts3. Bake cookies4. Read paper5. Invite children to visit6. Read a letter out loud7. Listen to music8. Parachute game9. Color/Paint10. Make lemonade11. Wipe off table12. Talk about gardening13. Make Pigs-in-a-Blanket14. Spelling bee15. Readers Digest16. Fold clothes, sort socks17. Pet visit18. Cut out cards19. Wash silverware20. Bake bread21. Sort objects22. Sing Christmas songs23. Life Review24. Put silver away25. Make a Valentine's collage26. Sing songs27. Look out window, what do you see?28. Make a pie29. Read a poem30. Dye Easter eggs31. Sort socks32. Take a walk33. String fruit loops34. String cranberries35. SNOEZELEN ®36. Look at photos37. Reminisce38. Clip coupons39. Sort poker chips40. Count things41. Fold towels42. Afternoon Tea43. Reminisce/Inventions44. Play a game45. Paint46. Cut out paper dolls47. Identify states and capitols48. Make a family tree49. Color American Flag50. Cook hot dogs51. Grow magic rocks52. Water house plants	<ol style="list-style-type: none">53. Reminisce - first kiss54. Play horseshoes55. Dance56. Sing a hymn57. Make ice cream58. Plant bulbs59. Make cards60. Sort cards by suit61. Write a letter62. Dress in team colors-talk sports63. Pop popcorn64. Name the U.S. Presidents65. Give a manicure, hand massage with scented lotion66. Music, Movement & Props67. Plant or weed68. Make a may basket70. Finish a famous saying71. Feed the ducks72. Mold dough73. Picture books74. Put a simple puzzle together75. Sand wood76. Rub on hand lotion77. Decorate place mats78. Arrange fresh flowers in a vase79. Remember famous people80. Rake leaves81. Make a fruit salad82. Sweep the patio or room83. Talk about famous events84. Nursery Rhymes. You start85. Make sandwiches86. Dust furniture87. Cut up paper/ Tear paper88. Take care of bird cage/fish tank.89. Trace/cut leaves90. Simple trivia questions91. Finish Bible quotes92. Paint with string93. Cut out pictures94. Read/listen to a short story95. Put coins in a jar96. Sew sewing cards97. Put seed in bird feeder98. Clean out pumpkin99. Roll yarn100. Reminisce about vacation101. Make a cake
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101 Things to do with a person with Alzheimer's and Dementia Disease

Provide existence with meaning. Make each activity success oriented, failure free, purposeful and meaningful.

FSI -- Fall Scene Investigation Report

Facility Name:

Resident Name: _____

Med. Rec. # _____

Room # _____

7. What did the resident say they were trying to do just before they fell?

CONTRIBUTING FACTORS TO HELP IDENTIFY ROOT CAUSE OF FALL:

8. Describe resident's mental status prior to fall:

How does this compare to the resident's usual mental status?

9. Describe resident's psychological status prior to fall:

How does this compare to the resident's usual psychological status?

10. Footwear at time of fall:

- Shoes
- Bare feet
- Gripper Socks
- Slippers
- Socks
- Off load boots
- Amputee

11. Gait Assist devices at time of fall:

- None
- Has device and was in use
- Has device but was not in use

12. Did vision or hearing contribute to fall?

- Yes
- No

Explain:

13. Alarm being used at the time of the fall?

- Yes
- No

If yes, was it working correctly?

14. Time last toileted or Catheter emptied:

_____ AM /PM

Continence at above time:

- Wet Soiled
- Dry

15. Did fall occur?

- Next to transfer surface (assess postural hypotension)
- 10 ' from transfer surface (assess balance)
- > 15 ' from transfer surface (strength /endurance)

16. Medications given in last 8 hours prior to fall (check all that apply):

- Anti-anxiety
- Anticoagulant
- Antidepressant
- Antipsychotic
- Cardiovascular
- Diuretic
- Laxative
- Narcotic
- Seizure
- New meds/changed dose within last 30 days

FSI -- Fall Scene Investigation Report

Facility Name:

Resident Name: _____ Med. Rec. # _____ Room # _____

What appears to be the initial root cause(s) of the fall?

Describe initial interventions to prevent future falls:

Care Plan Updated

Nurse Aide Assignment updated

NURSE COMPLETING FORM:

Printed Name: _____

Date and Time:

Signature:

Falls Team Meeting Notes:

Summary of meeting: Systemic or operational conditions that may contribute to falls? Any patterns or trends to the residents' falls?

Conclusion:

Additional Care Plan / Nurse Aide Assignment Updates:

Signatures with Date and Time:

The negative impact of personal alarms on the lives of residents in skilled nursing homes has been studied by professionals. Their findings reveal:

“By keeping people from moving, restraints adversely affect people’s respiratory, digestive, circulatory and muscular systems, contribute to depression and isolation, and inhibit sleeping.”

“However, just as restraints cause harm by keeping people from moving, so do personal alarms. There is no evidence to support alarms’ usefulness in preventing falls and injuries. Unfortunately, in spite of that, staff and sometimes families, gravitate to the use of alarms.”

*~ “Rethinking the Use of Personal Change Alarms.”
Quality Partners of Rhode Island, state Quality Improvement Organization, under contact with the Centers for Medicare & Medicaid Services, 2007.*

Our goal is to provide the best quality of care for our residents. We work to ensure that their safety, well-being and quality of life are what they wish it to be.

If you have any questions or concerns regarding our goal to reduce the use of personal alarms on our residents, please contact our director of nursing, administrator and/or social services at your convenience.



The False Assurance of Resident Alarms



A growing concern to us has been the continued use of personal alarms that attach to or are placed next to the body of the resident.

We find this practice to be intrusive and undignified to the quality of life of our residents.

We strive to maintain the safest environment possible, but the use of personal alarms has not assisted us in meeting this goal.

Personal alarms are alerting devices that emit a loud warning signal when a person moves.

The most common types are:

- Pressure sensitive pads placed under the resident while they are sitting on chairs, in wheelchairs or when sleeping in bed
- A cord attached directly on the person's clothing with a pull-pin or magnet adhered to the alerting device
- Pressure sensitive mats on the floor
- Devices that emit light beams across a bed, chair or doorway



Many states are now moving towards having “alarm-free” nursing homes:

“The noise produced by alarms agitated residents so much that residents fitted with alarms did not move at all to avoid activating the alarm. This put them at a greater risk for decline. Residents with dementia experienced an increase in agitation when fitted with an alarm.”

~ Case Study, MASSPRO a Massachusetts Quality Improvement Organization

“Alarms contributed to a lack of sleep; they wake both the resident using one and the roommate. After staff removed all restraints, including alarms, falls decreased.”

~Director of Nursing, Oakview Terrace Nursing Home, Freeman, South Dakota

“Falls management: the next step is moving beyond the use of alarms.”

~ Indiana State Department of Health, Falls Management Conference, 2007

It has been proven:

Alarms can contribute to the immobility, discomfort, restlessness, agitation, sleep disturbance, skin breakdown and incontinence of residents.



In light of this recent evidence and to improve the lives of our residents, we will conduct a systematic and careful assessment and evaluation for the successful removal of personal alarms in our care center.

Why are we very concerned about falls?

Falls are a major health risk for our elderly population. One out of every three older Americans falls every year. Only 1/2 of all elderly people can live alone or independently after sustaining injuries from a fall. Falls are a significant source of fractures and soft tissue injury. Falls are the most common cause of severe injury in older adults.

Who is at the highest risk for falling?

Falls are most likely to occur in elderly persons who have:

- ~ Recently fallen
- ~ Difficulty balancing, walking or standing up straight
- ~ Difficulty getting in and out of a chair, car, bed or on and off of a toilet
- ~ Dizziness
- ~ Pain
- ~ Weak bones & muscles
- ~ Multiple medications
- ~ Vision and/or hearing loss
- ~ Memory loss or confusion

Our goal is to provide a safe and healthy environment.

Our staff has been trained to reduce the risk of falling for you and your family member.

We are working to identify the causative factors of falls.



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Family & Friends:

Fall Prevention

How You Can Help!



I look forward to meeting with you to discuss Fall Safety.

Name _____.

Here's how you can contact me:

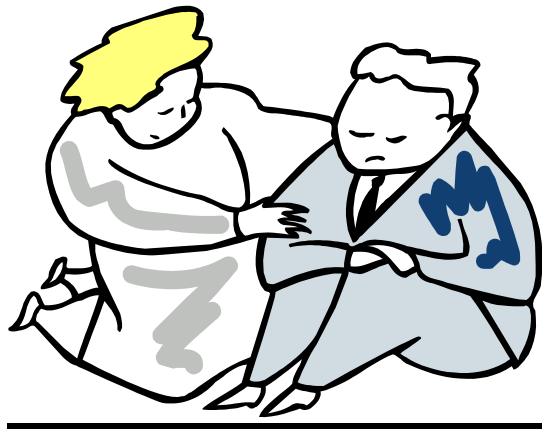
Phone _____

E-mail _____

Fall Management Program

A fall can happen to anyone at anytime. Illness, surgery, weakness, tests, medication, medical equipment, noise and new surroundings can all contribute to a fall at any age.

We need your help!



Would you please help us to manage and hopefully reduce falls?

Here's what you can do:

- If your loved one fell or has a history of falling prior to admission, let us know.
- If your loved falls when out of the facility with you, please tell us.
- Learn how to properly transfer and move a resident, we will show you how to do this safely.
- Have them wear non-skid, low heeled, fully enclosed shoes.
- Instruct and help them to stand up slowly from a lying or sitting position to prevent dizziness.
- Encourage them to walk often, using their cane or walker, even inside of an apartment, home or in their room.
- Tell us when you are leaving after your visit, so we can make sure safety measures are in place.
- Talk with their nurse or doctor if they experience any of these side effects from medications: dizziness, unable to balance, or a change in their ability to walk.



And here's what we will also do:

1. We will work with you and your loved one to identify their risks for falling.
2. We will conduct a post fall investigation and assessment to identify the possible causes of their fall.
3. Physical, Occupational and Recreational Therapies will provide programs and services to help keep them strong, oriented and active.
4. We will talk with their doctor and pharmacist to determine if any medications, medical actions, or treatments need to be changed or taken.
5. We will take action by putting interventions into place to reduce the likelihood of future falls from occurring.
6. We will provide equipment and safety devices to reduce their risks for falling.

PT Fall Risk Assessment Form

Date	INITIAL		MID		Discharge	
	YES	NO	YES	NO	YES	NO
Fall past 90 days						
Timed up and Go ≥20 sec Y < 20 sec N						
Berg ≤45 Y > 45 N OR						
Tinetti ≤23 Y >23 N						
+ Romberg Y						
Functional Reach <10 " Y ≥10" N						
Contrast Sensitivity Depth Perception Y-Deficit noted N- OT consult						
Tachycardia at rest						
Strength hip <4-/5						
knee						
ankle						
ROM						
Kyphoscoliosis						
deficit hip						
knee						
ankle						
Pain						
Vestibular dizzy change in pos						
dizziness head turn						
Walk and Talk Deficit Y						

TOTAL # OF RISKS			
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Recommendation for Ther Rec Program * Static Balance : front reach while upright * Dynamic Balance : kick, bend, reach overhead, retro gait	*Static balance <input type="checkbox"/> hands free <input type="checkbox"/> 1 hand support <input type="checkbox"/> 2 hand support <input type="checkbox"/> Assist by staff <input type="checkbox"/> seated programming only	*Dynamic balance <input type="checkbox"/> hands free <input type="checkbox"/> 1 hand support <input type="checkbox"/> 2 hand support <input type="checkbox"/> Assist by staff	AD indoors _____ AD outdoors _____ I A gait I A curb I A stair with rail I A van/bus step w/c only for activities
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Precautions: _____

Name _____ Med Record# _____ Room _____

