

Canada's chiropractors.
Here to help.

Canada's chiropractors are committed to reducing injury and disability from falls. A Doctor of Chiropractic can test your strength, steadiness and balance – and give you advice on exercise, nutrition and prevention.

Top Tips for Preventing Falls

- Reduce clutter and loose rugs in the home
- Ensure easy transfers in and out of the shower or bath
- Wear supportive, non-slip footwear
- Have your eyesight and hearing checked every year
- Exercise regularly
- Have your medications evaluated
- Have your strength and balance tested

You can obtain tip sheets developed by the Canadian Chiropractic Association that provide straightforward advice on how to reduce hazards in your home and how to improve your strength and balance. Ask your chiropractor or visit www.ccachiro.org for public education materials.



Falls are preventable.

For more information, contact:

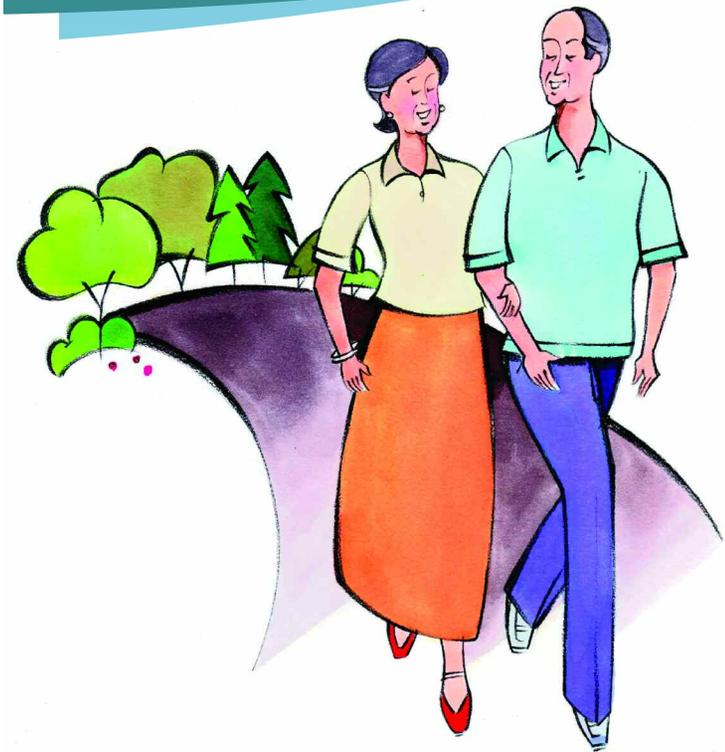
The Canadian Chiropractic Association
1-877-222-9303
www.ccachiro.org

or

The Public Health Agency of Canada
1-613-952-7606
www.phac-aspc.gc.ca/seniors-aines



Don't let a fall get you down.



The Canadian Chiropractic Association





Don't let a fall get you down.

Take this quiz to evaluate your risk of falling.

Independence.

It's something we all value, especially as we grow older and health concerns may begin to limit our activities. One simple way you can help protect your independence is by reducing your risk of slips and falls.

Older Canadians have a high risk of falling. Every year, one in three Canadians over age 65 will fall – often with serious consequences. Injuries such as hip, wrist and pelvic fractures are common in this age group and can have a lasting impact on quality of life.

There are easy things you can do to help prevent falls. Most falls happen in the home so that is the first place to start taking precautions. Your physical health is also important. Talk to a health professional, such as a chiropractor, about evaluating your health risks. A few steps of prevention can help you stay safely on your feet.

Your Physical Health

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Are you over age 65? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you take prescription medications? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you take pills to help you sleep? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you slipped, tripped or fallen in the past year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has it been more than a year since you had your eyes checked? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has it been more than a year since you had your hearing checked? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you ever feel dizzy, lightheaded or weak? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have stiff joints, foot problems or weak muscles? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you lose your balance or feel unsteady when reaching or getting out of a chair? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are you afraid of falling? | <input type="checkbox"/> | <input type="checkbox"/> |

Your Activities

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Do you wear slippers with leather or cloth soles in the house? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you reach or climb for things that are not easily at hand? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have a pet such as a cat or dog? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you rush to get things done? | <input type="checkbox"/> | <input type="checkbox"/> |

Your Household

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Does your home have loose rugs, scatter mats or exposed extension cords? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have to walk around furniture on the way to the bathroom from your bedroom? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are there rooms or hallways in your home that are not well lit? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are there staircases that are steep or don't have handrails? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is the house cluttered? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have difficulty getting in or out of the bathtub or shower? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have difficulty getting on or off the toilet? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered YES to any of these questions, you have an increased risk of falling. The more you answered YES, the greater your risk of falling.