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Bone injuries and fractures can be major setbacks for people with MS. Fall-proofing both your home and your body can help you avoid them.

by Matt Alderton

“It’s not how many times you get knocked down. It’s how many times you get back up.” It’s a saying used for any number of life’s obstacles, from divorce to a job loss. But for people with multiple sclerosis, it has a literal meaning as well.

“There are several risk factors in people with MS that can increase the incidence of falls,” says MS-certified physical therapist Sara Migliarese, PhD, a professor in the Doctor of Physical Therapy program at Winston-Salem State University in North Carolina.

Migliarese says that while falls can be dangerous for anyone, they are especially perilous for people with MS, many of whom receive long-term steroid treatments that can reduce bone density.

“People with MS who fall have an increased risk of fracture — especially hip fractures, which can drastically change their mobility and may exacerbate their MS symptoms,” she says.

By taking steps to understand your risk factors, fall-proof your surroundings and make your body more resilient to accidents, you can mitigate their impact and perhaps prevent them.

Falling for MS

Falls are a major public health concern, especially among older adults. In the United States

alone, older adults experience approximately 36 million falls per year, according to the Centers for Disease Control and Prevention (CDC). That's one fall for every second of every day. Those falls result in more than 32,000 deaths and nearly 300,000 hip fractures per year, according to the CDC, which says falls are the leading cause of injury and injury death in seniors.

In the general population, an "older adult" is someone who is 65 or older. But in people with MS, older is often younger.

"Adults who have a condition like MS may start seeing the effects of aging earlier," Migliarese explains. "Someone in their 50s who has MS, for example, might have the same risk profile as a community-dwelling older adult who's in their 60s."



Weight-bearing exercises like walking, squats and chair stands can help slow bone loss in your hips. Photo by Sonya Revell

Although an individual's fall risk can hinge on myriad factors — for example, what type of MS they have, whether their MS is active and whether they're on any disease-modifying therapies (DMTs) — there are a few risk factors specific to people with MS.

First is the long-term use of steroids for MS treatment, which can increase your potential for having osteoporosis. Because it makes bones brittle and fragile, and therefore more susceptible to fractures and breaks, osteoporosis can turn even minor falls into major injuries. Challenging in their own right — especially when they involve head trauma or internal bleeding, both of which can be lethal — those injuries can be especially problematic for people with MS.

"Certainly, a broken hip can put anyone up in bed. But for folks with MS, their recovery might be longer," explains Migliarese, who says weak or healing bodies may be more prone to MS symptoms. "If you've had a fracture, that's going to decrease your strength and mobility,

making you less healthy in general, which indirectly could lead to increased exacerbations.”

Along with physical impacts, falls can have social consequences, according to MS-certified physical therapist Morgan Eppes, who practices at Sheltering Arms Institute Laburnum Center in Richmond, Virginia.

“If somebody’s fearful of falling, they may participate less in their community. And we know through research that community participation for people with MS can really improve their quality of life,” Eppes says.

Falls aren’t just more consequential for people living with MS — they might also be more likely.

“From spasticity, sensation loss and vision loss to dizziness, weakness and pain, there are many different MS symptoms that can lead to falling or gait and balance deficits,” Eppes says. “Fatigue and heat intolerance can lead to falls, too. For example, when it’s really hot and humid out, someone with MS may go to step up on a curb and their foot might not lift as high as it usually does.”

Even incontinence is a risk factor, says Migliarese.

“If someone gets up in the middle of the night to go to the bathroom, they might be in a hurry and forget to turn on the lights, increasing the risk of a fall.”

Brace yourself

If you’re concerned about falling, the first thing you should do is see a physical therapist who can assess your risk by evaluating your strength, balance and range of motion.

“Physical therapists are trained to identify what impairments can lead to falls, and through various treatments, we can decrease fall risk,” Eppes says.

While a physical therapist might prescribe an assistive device like a cane or walker, not everyone will need that kind of support. More commonly, a physical therapist will suggest that you:



Visual deficits are common in people with MS and can easily precipitate falls. If you haven't had an eye exam recently, it's a good idea to get one. Photo by Sonya Revell

Have your vision checked

Because visual deficits are common in people with MS and can easily precipitate falls, if you haven't had an eye exam recently, it's a good idea to get one, Migliarese recommends.

Put on your shoes

If you have trouble squatting or bending over, it might be difficult to put on shoes, in which case you might gravitate to slippers, sandals or slip-ons. Unfortunately, these footwear choices make it easier to fall, according to Migliarese, who recommends wearing "good, sturdy shoes" whenever possible.

Fall-proof your home

Most falls happen in the home, according to Migliarese, who says there are simple things you can do to make your home safer. Start by removing throw rugs and runners on which you might slip or trip. Make sure walking surfaces in and around your home are smooth and level; if there are cracks or uneven surfaces, have them repaired. Install motion-activated night lights that can shed light on late-night bathroom breaks; consider purchasing a smart speaker that can dial 911 for you if you fall, like an Amazon Echo or Google Home; and always pick up clutter from the floor, including kids' and pets' toys. Finally, install support wherever you might need it — handrails on stairs or in hallways, for example, and grab bars next to toilets and showers.

Learn how to fall safely

Not all falls can be avoided. If you do fall, however, you can protect yourself by falling the right way, according to Eppes, who often teaches the "tuck and roll" method of falling, wherein you tuck yourself into a fetal position when you fall and roll when you hit the ground, ultimately landing on your back. Doing so protects your head and distributes the force of your fall across your body instead of channeling it to a single direct point of contact, such as the hip or wrist. Although you don't have much time to think in the event of a fall, if you practice safe falling techniques with your physical therapist, they could become instinctive.

Strengthen your hips

In healthy adults, bone density remains stable until their mid-30s. After age 35, however, bone breakdown outpaces bone formation, which leads to a gradual decline in bone density that can make you vulnerable to injury. Fortunately, there are things you can do to slow bone loss and make your body more resilient to falls if they happen.

First and foremost is exercise, Eppes and Migliarese agree. For your hips, they recommend weight-bearing exercises like walking, squats and chair stands.

Diet also is key, adds Migliarese, who says it's a good idea to have your physician check your vitamin D and calcium levels, and to take supplements if you know you are deficient.

See an occupational therapist

If you have MS-related fatigue, an occupational therapist may be able to teach you new ways of doing daily activities — laundry, for instance — that help you conserve your energy and avoid fatigue-related falls, Migliarese suggests.

Under the best circumstances, falls are embarrassing. Under the worst, however, they can be lethal. The most important thing is to be proactive instead of reactive.

“You don't have to wait until you have a fall before you reach out for help,” Eppes says. “If you're fearful of falling — and you're not doing things you used to do because of it — it's OK to seek out a physical therapist referral and get evaluated. That way, we can intervene before a debilitating accident happens.”

Matt Alderton is a writer and editor in Chicago.

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