

Stand or fall



Reduce your risk of falling—and get back to enjoying your life.

by Laurie Budgar

Debra Frankel, MS, OTR, is vice president of Programs, Services and Clinical Care for the National MS Society. She spoke with us recently about programs that help people with multiple sclerosis prevent—and recover from—falls.

Why is it so important to educate people about fall prevention?

A: Research shows that more than half of people with MS fall in a given year, and more than half of those fall more than once. Some falls are really serious, where you don't just bruise your shin; you can break bones or have a head injury. Fear of falling can start curtailing your activities, so you don't go out as much anymore. And the less active you are, the more deconditioned you become, creating a vicious cycle.

Free from Falls

Six months after participants complete the Free From Falls program:

- **91%** are more conscious of potential hazards
- **69%** are engaged in a regular exercise program
- **48%** make modifications to their homes
- **38%** are using a mobility device more regularly/effectively

What MS symptoms contribute the most to fall risk?

A: Problems with balance and coordination; fatigue; weakness and spasticity; sensory problems, like numbness in your feet; problems with proprioception (being able to tell where

your body is in space); vision problems, like double or blurry vision or a reduced field of vision.

Cognitive problems can also contribute to falls. People can be less attentive to terrain changes, like going from grass to gravel. MS medications can also play a role—some may make you drowsy or dizzy. Behavioral and environmental risks also lead to falls. Sometimes people are overconfident and think, “I don’t need to bring my cane with me.” Or their house may not be safe, due to poor lighting, clutter, electrical cords and so on.

What is the Society’s Free From Falls program?

A: Free From Falls is an eight-week curriculum geared toward people who are ambulatory, but who perhaps use a cane or walking stick. (A similar program for people who are less ambulatory is being developed. Call 1-800-344-4867 for more information.) It involves learning about risk factors and how to minimize them, and includes an exercise component. The group support is significant, too. If someone lives in an area where an in-person program isn’t available, we offer a brochure and a DVD with information and tips about fall prevention. Many communities also offer fall prevention programs. They’re not MS-specific, but most of the material is going to be relevant and useful.

What role does exercise play in fall prevention?

A: Exercise improves your overall conditioning, body awareness and fitness level. It can improve your endurance and balance, and lessen fatigue. In our program, we try to make the exercise very functional—not just lifting weights. We challenge people with things like changing direction quickly or walking in a very narrow place—things that might increase risk for falling. We saw improvements in balance after the first eight weeks.

In the class, you teach a strategy called ‘scan and plan.’ What is that?

A: That’s a way of being more attentive and intentional as you move through your environment. If you’re leaving your home or office, stop for a moment and take note of the environment—maybe there’s a curb cut at the street crossing, or the road goes into shadow so you can’t see how steep it is. Stop, scan and plan what you’re going to do.

You also address home modifications that can help reduce fall risks. What are a couple of those?

A: Lighting is a big one. A lot of people with MS get up at night to go to the bathroom and don’t want to wake their partners, so they grope around in the dark. We talk about possible solutions for that, such as plugging night lights in sockets low to the floor along the path to the bathroom. Clutter is another—we talk about how to move furniture to make things more open. It’s not just at home, either. We also talk about workplace risks like computer cords, or keeping files on shelves that are too high.

What are some of the most surprising things people learn in the class?

A: How to get up if you do fall. We know that completely eliminating falls may not be realistic. Also, many people use their mobility devices incorrectly, which can contribute to

falls.

What do people who've gone through the class say are their top takeaways?

A: I think people leave with much more confidence. Six months after completing the course, 35 percent of people said they were participating in more activities because they had less fear of falling. Because of the group support, many said they also feel less embarrassed about falling. And most importantly, they had a significant decrease in the number of falls they experienced.

Watch Free From Falls videos

Laurie Budgar is the editor of Momentum.

To request the "[Free from Falls](#)" DVD and brochure, or to find out if the Society offers the eight-week course in your area, call 1-800-344-4867.