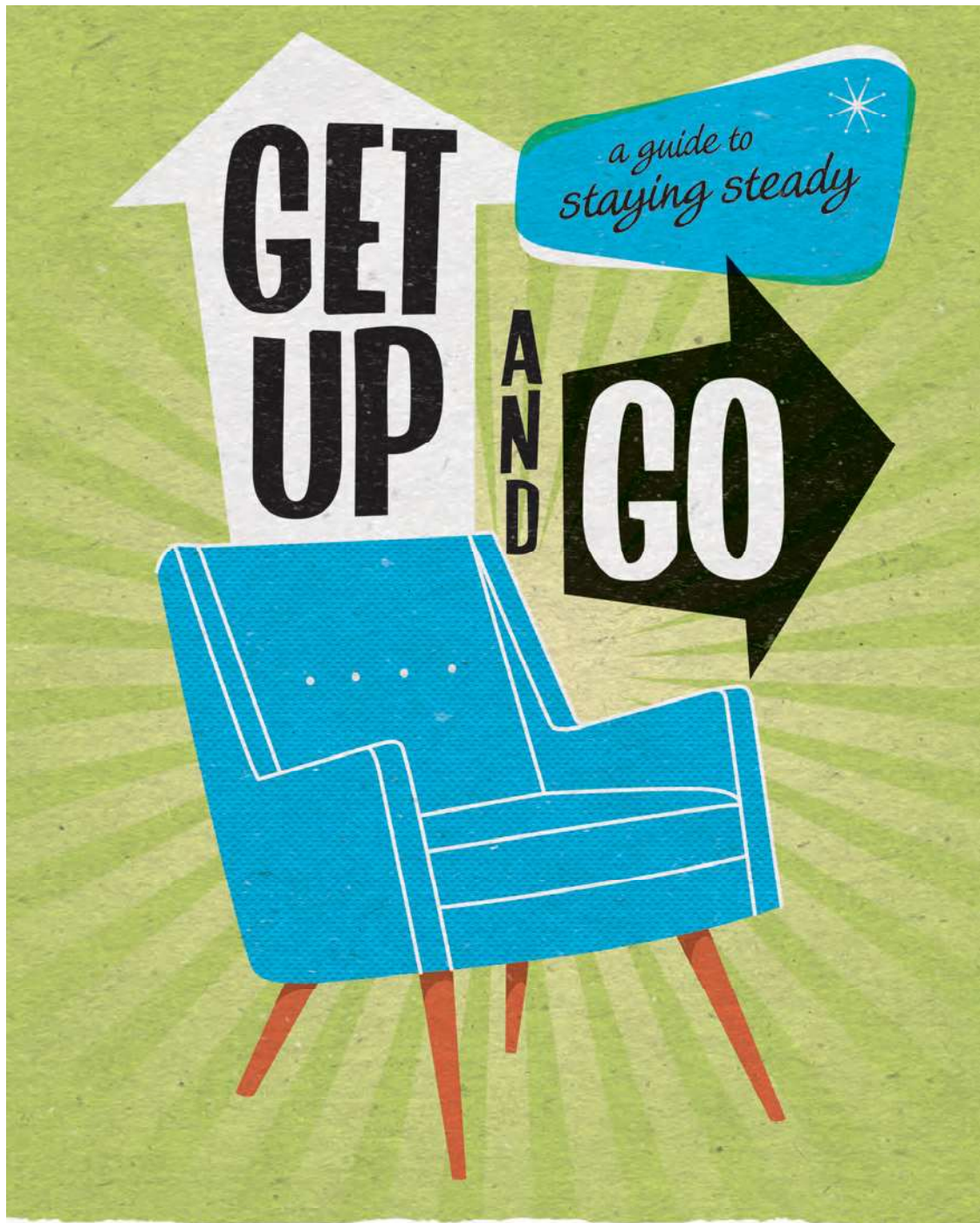




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to you by



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Test yourself!

Suspect you're slowing down? Take the timed online Get Up and Go test to see if you could be steadier on your pins.

Visit www.csp.org.uk/timedupandgo to find out more

Welcome

DON'T FALL FOR IT!

It's time to tackle some myths about falling

Only really frail or infirm people fall, don't they?

Not at all. One in three people over 65 – plenty of them in decent health – will have a fall this year. However it's true that our risk of falling increases as we age: half of all people over 80 will fall at least once a year.

It's just an inevitable part of getting older, isn't it?

Not necessarily. Experts believe the vast majority of falls could be prevented with some fairly modest changes to our lifestyle and homes. Medically speaking, though, falls are often a warning sign that something isn't quite right – but it's often something quite treatable.

How do I know my risk?

Go through our checklist overleaf: you might be surprised by how many boxes you tick.

Then take a few minutes to read this booklet. With falls robbing many older people of their hard-won health and independence, – and costing us all £2.3 billion a year – it could be the most valuable time you spend today!



Share this with friends.
Download an online copy from our website at saga.co.uk/falls

Am I at risk of a fall?

Everyone is more at risk of a fall as they age; it's a big cause of hospital admissions and can result in serious injuries and long-term complications. Falling can also contribute to a loss of confidence and independence



Clearly we can't change our biological age, but by understanding what puts us at risk, we can take preventative action.

If you've fallen before, you're right at the top of the risk list for another one, so it's even more vital to take the steps outlined in this booklet.

So take a look at the checklist opposite and see how many you tick. Then read the following pages to find out why our fall risk increases as we age – and the many positive and easy steps we can all take to cut that risk and protect our freedom, whether we're 65 or 95!

Checklist

- ☐ I have had a fall but not seen anyone about it
- ☐ My GP hasn't reviewed my medication in the past year
- ☐ I often need to get up in the night to go to the loo
- ☐ I am probably not as active as doctors recommend (30 minutes moderate activity five times a week).
- ☐ I sometimes feel dizzy or light-headed on standing or walking
- ☐ I struggle with basic maintenance on my home
- ☐ I wear bi-focals or vari-focals
- ☐ I haven't had an eye test in the past 12 months
- ☐ I sometimes feel weak when I get up from a chair or the bed
- ☐ A bit of clutter has built up at home over the years
- ☐ I probably don't drink enough fluids (1.6 litres/3 pints a day for women; 2 litres/3.5 pints for men).
- ☐ My slippers have that 'lived-in' look
- ☐ Taking care of my feet is quite difficult these days
- ☐ I have a long-term condition such as Parkinson's, heart disease/stroke, arthritis, COPD, diabetes, dementia
- ☐ I save electricity by turning off unnecessary lights
- ☐ My alcohol intake is probably more than GPs' recommended limits (2-3 units a day for women, 3-4 for men)
- ☐ I don't get out as much as I'd like because I worry about tripping, I feel unsteady
- ☐ If I had a fall I would probably be too embarrassed to tell anyone
- ☐ I often get my feet tangled up in things that could trip me; my pets or grandchildren running around worry me sometimes: they make me feel wobbly!
- ☐ I am not always that warm at home

How to reduce your risk

Looking at photographs taken 30 years ago reveals how our bodies have changed on the outside – admittedly, not always a joyful lesson! But what about the changes on the inside?

We can't see them, but they can put us at greater risk of falling

We can't stop the ageing process, but we can counteract some of the effects with a few gentle tweaks to our lifestyle.

Previous falls (with or without injury) are one of the biggest independent risk factors for falling again; guidelines recommend that if you have or have had a fall you should get yourself reviewed if this has not been done automatically.

Mention it to your GP or physiotherapist at your next routine appointment. If you are not seeing someone regularly, make a specific appointment to see someone to discuss it.



Balance

We rely on our balance to stay upright when we over-reach for something or trip up. But as we age, our balance reaction times get slower and so do reflexes. That makes it harder to regain balance, especially when doing something quickly.

What can I do ?

It's surprisingly easy to improve your balance: see centre pages (16–17) for some simple regular exercises (no Lycra required!)



Muscle strength and joints

Between the ages of 50 and 70, we lose about 30% of our muscle strength, which isn't great news if we're trying to regain our balance or stop a fall.

What can I do ?

Regular physical activity strengthens muscles, whatever your age. The recommended activity level is 30 minutes, five times a week: gardening, vigorous housework, cycling and daily walks all count. Experts also advise twice-weekly

muscle-strengthening exercises for the over-65s.

Bones

Bones naturally become more brittle as we age, which makes a fracture more likely if we do fall. This is true for both men and women, but is especially true in post-menopausal women.

What can I do ?

Weight-bearing activities are also great for maintaining strong bones, and a healthy balanced diet will help ensure you get enough calcium to maintain bone strength.

Vitamin D, which helps the body absorb calcium, can be obtained from exposure to sunlight and from some foods.

Certain groups of the population are at risk of not getting enough vitamin D. The Government recommends people 65 years and over, those not exposed to much sun, and those with darker skin, all take a daily vitamin D supplement (10 micrograms). Sunlight exposure without sunscreen should be limited to 10 mins per day on the arms and face between May and September but NO burning!

Rushing for the loo

If you hurry, especially in the dark at night, it can make falls more likely. And 3-6 million people over 60 in the UK have urinary incontinence problems.

What can I do?

Incontinence can be improved and sometimes cured – talk to your continence nurse or physiotherapist. You can also refer yourself to a local continence clinic, which can recommend exercises and give advice. Some continence medications can also make you dizzy – let them know. csp.org.uk/conditions/incontinence

Multiple medications

The older we get, the more likely we are to be prescribed medications for several different health conditions; it's estimated that 36% of people over 75 are on four or more different drugs. Some common ones are associated with dizziness, drops in blood pressure when you stand up, or sleepiness – all of which can raise the risk of falling.

Talk to your GP if you are experiencing any of these problems and ask whether your medication should be adjusted.



"It was only when a new young GP started at the surgery that I had all my medication reviewed, and she reduced some of my doses. I feel much better and no longer feel so dizzy when I stand up."

What can I do?

Never stop taking any prescribed medication suddenly. If you suspect one or more of your medications is making you dizzy or faint, see your GP – and make sure the GP reviews your prescriptions every 12 months. (That's every six months if you are over 75 or taking four or more medications.) Watch out for alcohol intake: you may find you can't drink the same quantity you used to without feeling dizzy or ill, and it may interact with prescribed medications.

Eyesight changes

It's not just 'old-age long sight' that can cause vision problems. Ageing can decrease contrast sensitivity (making it harder to see the edge of steps and kerbs), alter depth-perception and cause visual field disturbances – all of which make you more likely to fall.

What can I do?

Have a sight examination yearly, even if you think you're fine (it's free for over-60s) as the optician is also checking for glaucoma, cataracts, macular degeneration and diabetic retinopathy. Don't rely on supermarket reading glasses long-term: it's rare for both eyes to require identical correction.

Alcohol

As we get older, drinking the same amount results in higher blood alcohol concentration. This is because fat replaces muscle as we age, and alcohol is not drawn into body fat as well as it is into muscle.

Older people are more likely to experience unsteadiness after drinking alcohol, and so are more susceptible to falls.



The risk of unsteadiness after drinking alcohol increases with age



Fall-proof your home

Six out of ten falls happen in the home or garden. Not surprising, as homes get old too: carpets get worn, clutter builds up and we may not stay on top of maintenance as we once did

Often we don't notice problems because we've lived with them so long. But clutter can present a very real risk for falls. So take a few minutes to look round your home with a critical eye, using the checklist below.

Lighting

- Did you know that 60-year-old eyes need three times more light than 20-year-old eyes? Consult a trusted, professional electrician about your lighting options – such as branched lights to replace single bulbs – to increase light without glare.
- Avoid trailing cables from lamps that could trip you.
- Consider installing two-way switches on the landing/hall and/or extra stair lighting. Wire

in a smoke alarm at the same time – one more hazard sorted!

- Always use your bedside light when getting up at night; if the switch is not easily accessible keep a good torch by the bed.
- Never walk about in the dark: if you regularly get up for the loo, keep a landing light on.

Living areas

- Check all rugs have a non-slip underlay and replace worn ones. Consider replacing frayed carpets, or ask someone to tack them down.
- Cable tidies and/or boxes will organise jumbled wires by the TV, computer or music centre. Tape any trailing extension leads to skirting boards.

"I always hated the idea of hand rails and non-slip mats everywhere – it was a sign you were getting old. But making a few little changes at home has actually given me more freedom and confidence, not less."

- Clear away clutter, especially in the hall/landing and doorways.
- Never store items on the stairs!
- A surprising number of people trip over their pets. Buy them a bright collar, and a bell to alert you to their presence.

Kitchen/bathroom

- Continually reaching up for things? Rearrange cupboards so that frequently used items are within easy reach.
- Clear up spills straight away.
- Always use a non-slip mat in the bath/shower.
- Consider installing grab rails in the bathroom.

Garden

- Keep paths free of moss and leaves. Repair any cracks in paving.
- Ensure your back/front doors and garage are well-lit.
- Consider installing safety rails on your steps.

Hot tip:

You can request a home hazard assessment for you or someone you're worried about. Ask your GP what's available locally, usually from your Occupational Therapy Service, local council or Fire and Rescue Service.

Stay safe out and about

12

There's no reason to curtail your activities away from home because you are worried about falling, but it makes sense to take some simple precautions

In the street

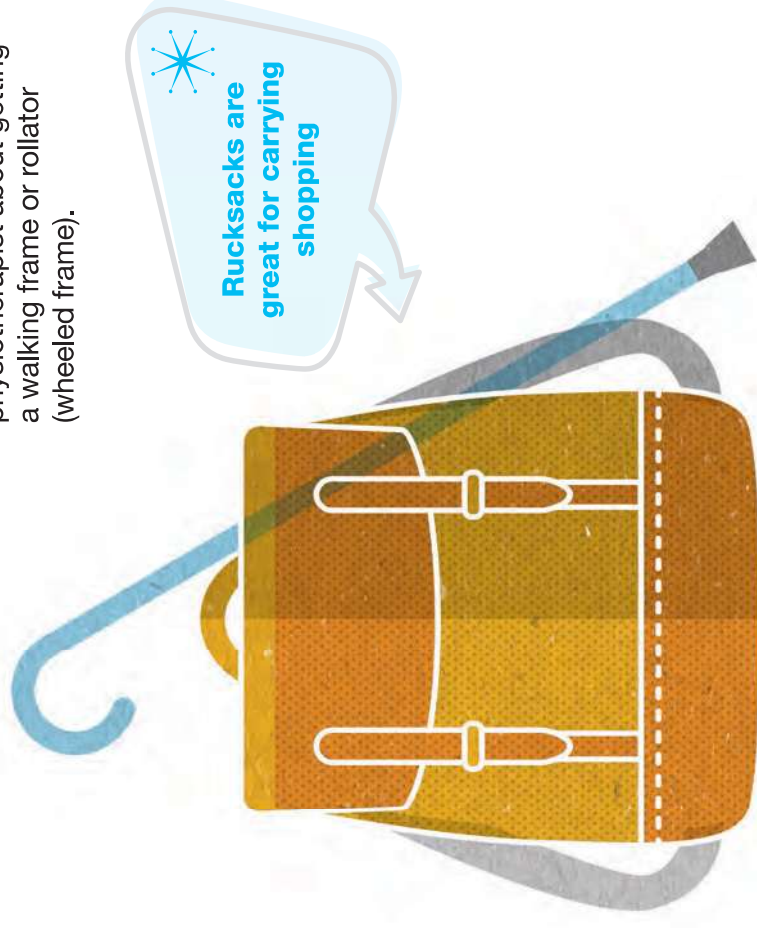
- Take your time and don't rush. Scan an area for trip hazards – cracked pavements, obstacles and uneven surfaces – before walking.
- Carrying shopping bags can obstruct your view of the pavement; consider using a rucksack instead (it's also better for your back).
- Watch out for shop entrances with 'lipped' door frames, especially if you're stepping inside out of bright light; give your eyes time to adjust to the darker conditions.
- Watch out for subtle changes of gradient, especially near pedestrian crossings.
- Keep your bus pass/money near to hand so you don't have to root around in your bag. That way you'll stand a better chance of boarding safely.
- Don't be afraid to ask the bus driver to wait until you're seated before moving off.
- Don't worry if you think you're being slow and inconveniencing others: staying safe is more important. Chances are that no one has noticed anyway.

13

Walking aids

Don't be embarrassed to use a walking aid if it helps you stay steady. It's important a stick is the right length: level with your wrist crease when your arm is down by your side. It should also have a rubber end ('ferrule') to stop it slipping; replace worn-out ones promptly. If a stick is no longer quite enough, talk to your physiotherapist about getting a walking frame or rollator (wheeled frame).

"I didn't really like the idea of a walking stick, so my son bought me a top-of-the-range mountaineering pole, which we've adjusted to the right length. It started as a bit of a joke but I wouldn't be without it now."



Keep moving for a balanced life

We've seen how ageing impairs balance, muscles and joints. And this is made worse if we spend long periods sitting down

The more active you can be – and the more you break up your day so you're not sitting for extended periods – the more you can offset the effects of ageing.



What can I do ?
When watching TV, roll your shoulders regularly and get up and walk about in every ad break or between programmes.

These activities are all fantastic for maintaining balance and mobility:

- ✓ Gardening
- ✓ Housework
- ✓ Walking to the shops rather than driving/getting the bus
- ✓ Strengthening and balance fitness classes
- ✓ Yoga
It's never too late to learn
- ✓ T'ai chi
The slow, gentle movements are proven to improve balance in older adults
- ✓ When sitting, keep your back as straight as possible to avoid developing a stooped posture – the enemy of good balance.



Managing your fears

Some people get so worried about falls that they restrict their movement and spend long periods sitting down. This harms balance, body strength and mobility, which in turn makes a fall even more likely. It's a vicious circle that damages confidence and independence.

If this is you, set yourself small, gradual goals taking the steps in this booklet. Enlist friends/relatives to help, stay positive, and practise relaxation exercises for anxious moments.

Speak to a physiotherapist for advice, or contact your local falls service; your GP will have contact details for these.

6 exercises for strength and balance

Try these six simple exercises two or three times a week – every day if you like – and you should soon notice improvements to your co-ordination and balance



- MAKE SURE THE CHAIR YOU USE IS STURDY
- WEAR SUPPORTIVE SHOES
- IF YOU EXPERIENCE CHEST PAIN, DIZZINESS OR SEVERE SHORTNESS OF BREATH, STOP AND CALL YOUR GP OR CALL 111
- A SLIGHT SORENESS THE DAY AFTER IS QUITE NORMAL



Heel Raises

Stand tall, holding the back of a sturdy kitchen-type chair or kitchen sink, then lift your heels off the floor, taking your weight onto your big toes. Hold for three seconds, then lower with control. Repeat 10 times.

Toe Raises

Stand tall holding the same support, then raise your toes – taking your weight on your heels. Don't stick your bottom out. Hold for three seconds, then lower with control. Repeat 10 times.



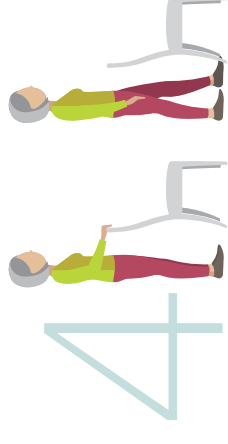
Sit to Stand

Sit tall near the front of a chair with your feet slightly back. Lean forwards slightly and stand up (with hands on the chair if needed). Step back until your legs touch the chair then slowly lower yourself back into the chair. Repeat 10 times.



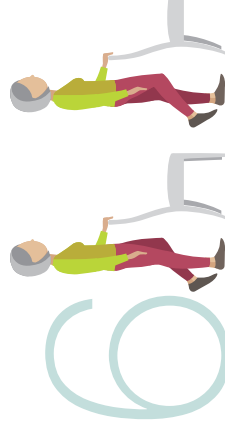
Heel-Toe Walking

Stand tall, with one hand on a support like a kitchen cabinet. Look ahead and walk 10 steps forwards, placing one foot directly in front of the other so that the feet form a straight line. Aim for a steady walking action. Take the feet back to hip width apart, turn around and repeat the steps in the other direction.



Heel-Toe Stand

Stand tall, with one hand on your support. Put one foot directly in front of the other to make a straight line. Look ahead, take your hand off the support and balance for 10 seconds. Take the front foot back to hip width apart. Then place the other foot in front and balance for 10 seconds.



One-Leg Stand

Stand close to your support and hold it with one hand. Balance on one leg, keeping the support knee soft and your posture upright. Hold the position for 10 seconds. Repeat on the other leg.



WHY NOT PULL OUT THESE CENTRE PAGES AND KEEP THEM ON THE FRIDGE?

Never step on a banana skin!

(and other ways to avoid slips and trips)

It's only cartoon characters who slip on banana skins – that risk is rather obvious to the rest of us. But how many other common slipping and tripping risks do we ignore?



Here's our top five:

- 1 **Badly fitting shoes.** Our feet change shape as we age and lose some feeling and flexibility, so a well-fitted shoe is vital; what fitted 10 years ago may not be right any more. See the buying guide opposite.
- 2 **Trailing clothes.** Always take time to tie belts or cords on clothes and dressing gowns – or remove them altogether. Hem trousers that are too long.
- 3 **'Shuffly' walking.** It's easy to get into the habit of not lifting your foot as high as you used to when walking, but it increases your chance of tripping. The exercises on page 16-17 will help.
- 4 **Worn-out slippers.** They may be like old friends, but it's time to say goodbye to your slippers if they have holes in their soles, frayed uppers, broken-down backs or the fit is 'sloppy'. Slippers should fasten, stay on and provide grip.
- 5 **Walking in socks/tights on hard floors.** Never, ever do it (wear the new slippers instead!)

How to choose shoes

Soles should be thin enough for you to feel and 'read' the ground under your feet, but have enough cushioning for shock-absorption, as well as tread for gripping.

Heels should be low and broad for maximum stability.

Choose a round or square-toed style to give your toes more space – and enough depth so you can wriggle them inside.

Shoes should be long enough so your toes don't touch the end and should provide support around the middle part of your foot.

Go for styles with fastenings such as laces to give support. Avoid ballet pumps and flip-flops!

Hot tip:

Don't buy shoes in the morning – they may feel tight in the afternoon when your feet have swollen a bit.

"I'm only 65 so hardly consider myself old, but I went flying after tripping over a cracked paving stone I've walked on every day for years. I think I'd got into the habit of not concentrating or lifting my feet up properly."



Taking care of your feet

See your GP if you have painful, swollen or tingling feet that are hampering mobility; it's possible something can be done to help.

Trim toenails regularly (straight across only) and keep your feet well-moisturised to avoid painful cracking.

Use a pumice stone on hard skin. If footcare is becoming tricky, see a podiatrist.

Getting up from a fall

If you should fall, lie still for a minute, stay calm and check for injuries. If you are unhurt and think you can get up, follow the steps opposite (rest between each one if you need to). If you know you can't get up, or feel pain in your hips or back if you move, see overleaf for ways to summon help



1

Roll on to your side, then push up on to your elbows.



2

Use your arms to push yourself on to your hands and knees.



3

Crawl to a very stable piece of furniture (a sturdy chair or bed) and hold on to it for support.



4

Slide or raise the foot of your stronger leg forwards so it's flat on the floor.



5

Lean forwards and push up using your arms and front leg, slowly rising to standing position.



6

Turn around and sit down. Sit for a minute or two to rest.

Hot tip:

If you can't get on to all fours, bottom-shuffle or roll to a low surface like the bottom stair or sofa. Sit with your back to it, put your arms behind you on to the surface and push up with your hands and feet, lifting your bottom onto the surface. If using the stairs, go up to the next step before standing up.



"I slipped in the kitchen and couldn't get up. Afterwards, my daughter suggested I practised while she was there to help. I felt silly crawling around the house, but now I feel much more confident about getting up on my own."

If you fall and can't get up

Follow these steps – and they will be a lot easier if you've already done a bit of forward planning

To get help

- Use your pendant alarm if you have one or call nearby neighbours on your phone – put them on speed dial now.
- Use your phone to call 999.

- Bang on the wall, radiator or floor.

- Stay warm. Cover yourself with anything you can find – tablecloth, blanket, rug or coat.
- Put a cushion under your head or roll up an item of clothing.

- Keep moving. Roll from side to side and move your limbs as pain allows to help keep you warm and maintain circulation.

- Keep your fluids up if you can reach a drink.

Planning ahead

It makes sense to prepare yourself and your home just in case the worst happens. Then you can get on with enjoying life, knowing that you've done the groundwork.

- Make sure you've read pages 10-11 of this guide and made your house as fall-proof as possible.
- Place cushions and blankets around the house at floor level so that, if you do fall, you can keep warm and comfortable while waiting for help.
- Use your common sense on placement: they need to be easily accessible but should be stored so they don't cause a hazard in themselves!

- Put a bottle of water with the cushions so you can stay hydrated while waiting.
- If you have a cordless landline phone, carry it in your pocket.
- Get a mobile phone if you don't already have one and keep it (switched on) in your pocket or on a belt. Programme in the phone numbers of neighbours or friends/relatives nearby who could help if you fell.
- Consider getting a community alarm. You wear it like a pendant, or on your wrist, and

when you press a button the control centre will telephone your nominated key holder(s) so they can check on you.



"I can't tell you how humiliating and miserable it was lying on the floor, waiting two hours until my home help found me. Now I carry a simple old-style mobile phone - my grandson jokes that it's 'Grandpa's brick' - and I feel much safer."



Help prevent other people falling

People at risk of falls are often reluctant to discuss it because they fear their independence will be taken away from them. It's up to us – their friends, relatives and neighbours – to persuade them that the opposite is true: that by taking positive steps to prevent falls they will preserve their health and independence for longer

Use your detection skills to spot the risk factors for falls



Be sensitive and empathetic if introducing the topic. Start with “You seem a bit unsteady, which must be annoying. I hear you can do something about that...”

Turn detective to find out why they may be falling or are at risk. The earlier potential problems are spotted, the better the outcome.

- Has their vision become markedly worse recently? Suggest an eye test.
- Are they dizzy? Ask the GP to check their medications.
- Are they shuffling when they walk? They may need to do flexibility and strength exercises so they can lift their feet higher.
- Are they walking very slowly? Perhaps a fear of falling is slowing them down, or do you find that the person is getting forgetful or muddled (which is linked to a higher falls risk)?

Encourage them to talk to their GP about dealing with any medical problems. In some cases they could be referred to a local falls clinic. A physiotherapist can

“I’m a private person and the thought of exercise classes always filled me with dread. But I have to confess I love the fitness class in our local church hall. I’m fitter and have made good friends – we have such a laugh together and I feel more positive about life generally.”

give advice about strengthening and balance exercises.

Give them a copy of this booklet and encourage them to carry out the actions recommended in it. Ask if they would like you to look round their home to see if you can spot and remove any obstacles or fall risks. See pages 10-11 and 28-29 for advice on fall-proofing their environment.

The exercises on pages 16-17 are especially useful. If they seem unmotivated and/or depressed, could you do the exercises with them? Is there a local older people’s exercise group they could join? Research shows group exercise has huge physical and social benefits.

How to help if someone has fallen

- 1 Don't try to get them up straight away – unless it was a quick slip or trip and you know they're fine. They will need a few minutes, just to get over the immediate shock and for the body to signal any injuries.
- 2 Make sure the person is as comfortable as possible – putting a pillow (or rolled up coat if outside) under their head and finding something warm to keep them covered. Get them to take slow, calm breaths.
- 3 Call for help, by dialling 999 if necessary.
- 4 If you think they are uninjured and can get up, see how much of it they can do themselves using the technique on page 21. This is both safer for you, and also good practice for them in case they fall again when alone.
- 5 Your ability to help will depend on your physique and health and on their strength and balance. The safest way is the technique described on page 21: be there to guide them, or assist only enough that risks no injury to either of you.
- 6 Try not to lift them, but if you have to and there is no other help around – and if you are fit enough – you are best off standing behind them, bending your knees, with your arms around their middle (not under their arms). Count to three together, then both stand up at the same time.
- 7 When they're seated and you can both rest, scan them again for injuries. Tell their GP about the fall so they can give advice and assistance on cutting future risks.

Do you know someone who falls regularly?

There are some useful products that may help – a physiotherapist or occupational therapist at a falls clinic will be able to advise on them.



Motion-activated lights could be a great addition to the home



Summary: our key messages to YOU

Falls aren't an inevitable part of ageing. Most can be prevented – without you having to stay indoors or cut back on your normal activities

Ageing affects balance, muscle strength and bones – it's the same for everyone. But we can all protect our independence for longer by taking simple steps.

A few regular exercises and stepping up daily activity helps balance and muscle strength.

Fall-proofing your home needn't be costly; it's mostly about spotting small risks that can be easily and quickly sorted out.

Practising how to get up from the floor if you do fall could turn out to be a life-saver.

Worry less and enjoy life more by taking these few simple preventative measures!

Checklist

I'll do it today

- ☐ Make a GP appointment to review my medication (if it hasn't been done for 12 months) or to talk about my dizziness or unsteadiness.
- ☐ Make an eye-test appointment.

- ☐ Put a torch by the bed, keep landing/hall lights on at night.
- ☐ Remove/tape down frayed carpet, replace worn-out slippers and clear clutter, especially in passageways, bedroom and round doorways.

I'll do it today and every day

- ☐ Keep my mobile phone on me, charged and switched on.
- ☐ Increase exercise levels – and get up and walk/stretch every 20 minutes while sitting.
- ☐ Tear out the p16-17 exercises, stick them on the fridge, and do them!

- ☐ Aim for 2-3 servings of calcium-rich food a day.
- ☐ Ask my pharmacist about vitamin D supplements and get 10 minutes in the sun from May-September.
- ☐ Accept I may not be able to drink as much alcohol as I used to.

- ☐ Tell my GP if I fall.

I'll investigate now, and aim to complete this month

- ☐ Get properly fitting shoes.
- ☐ Reorganise kitchen cupboards to avoid reaching up so often.
- ☐ Get a bell and/or bright collar for my cat or dog.
- ☐ See the GP about any urinary incontinence problems, or refer myself to the continence clinic.

- ☐ Find a podiatrist and book an appointment if necessary.
- ☐ Locate a strength and balance or t'ai chi class nearby.
- ☐ Make a fall plan, putting water, cushions and blankets in key locations.
- ☐ Order hand-rails/non-slip mats for the bathroom.
- ☐ Ask for a home hazard assessment. Seek any help needed with structural changes to house/garden to improve safety.
- ☐ Think: is my home warm enough? If not, investigate how this can be improved.
- ☐ Find a qualified electrician if I need to change lighting. Plus a local approved handyman for odd jobs such as changing bulbs and fitting rails etc.
- ☐ Investigate walking aids and other helpful equipment as appropriate. (Age UK and the Citizens Advice Bureau have information on financial help.)



WHY NOT CUT OUT THIS CHECKLIST AND KEEP IT NEAR YOU?

Useful Contacts

Saga

Free information on all kinds of health and wellbeing over 50
saga.co.uk/magazine

The Chartered Society of Physiotherapy

You can be referred to a physiotherapist by your GP, self-refer in some areas or find a local private physio at
physio2u.co.uk

Agile

Physiotherapists specialising in working with older people
agile.csp.org.uk

Age UK

Information on falls prevention, exercise classes, and handyman services in some areas. Call free on 0800 169 6565 or see
ageuk.org.uk/falls

NHS choices

Find this leaflet and other resources at
nhs.uk/healthy-bones
nhs.uk/conditions/falls

British Association of Occupational Therapists

cot.co.uk/

Later Life Training

Exercise classes
www.laterlifetraining.co.uk
(Click on LLT Instructor Locator)

The NHS in Wales

nhsdirect.wales.nhs.uk/
localservices
Helpline: 0845 4647

The NHS in Scotland

www.nhsinform.co.uk/falls
Helpline: 0800 224488

The NHS in Northern Ireland

nidirect.gov.uk/keeping-mobile-and-preventing-falls

National Osteoporosis Society

nos.org.uk
Helpline: 0808 800 0035

Parkinson's UK

parkinsons.org.uk
Helpline: 0808 800 0303

RNIB

For advice on improving the lighting in your home
rnib.org.uk
Helpline: 0303 123 9999



Falls Services

These services, and how to access them, vary depending on where you live. Your GP is the best person to contact for local advice. See also
nhs.uk/Service-Search.

You can ask for a free home hazard assessment. Occupational therapists usually carry them out, so check with your GP and/or local authority Social Services department.

In some areas, the Fire Service offers a free Falls Prevention home safety check. It's a new service but is gradually expanding. So ring your local fire service's non-emergency number (not 999) to see whether they offer it.



About

Physiotherapy

Physiotherapy improves physical and mental health, reverses dependency and enhances quality of life for older people with a wide range of conditions. Not only does it prevent ill health, it helps people to stay active and recover from falls, illness and injury.

To find out how physiotherapy can help you, visit csp.org.uk/livelong or ring the CSP on 020 7306 6666.



Did you find this guide useful?

If so, find a wide range of authoritative health news and advice on Saga's website saga.co.uk/health

Plus you'll find more informative health features in *Saga Magazine* every month. For a free copy, ring **0800 056 1057*** quoting code FG015.

*Offer is available to UK residents only and subject to availability. Your free magazine will be posted within two weeks. Lines are open weekdays Monday to Friday, 9am-5pm.



Need a little help at home?

Saga Healthcare is designed to help older people stay independent but still get the support they need – from help with a trip to the shops to specialist healthcare and night-time assistance.

Just ring **0800 145 5566** to find out more

