

Clinic helps seniors regain balance to keep from falling

By Katie Foutz - For Sun-Times Media - Last Modified: Mar 9, 2011 02:17AM

Retired Naperville mechanic Dan Scanlon fixed his eyes on the far wall and navigated the obstacle course: a couple of foam squares, an inches-tall speed bump, more foam pads and flat carpet.

It's meant to simulate things he might have to step over at home, such as rugs, extension cords and pets — things that could make Scanlon, at age 78, fall and hurt himself.

Geriatrics experts say that given their frequency and consequences, falls are as serious of health risks to seniors as heart attacks and strokes.

A recent study in the Journal of the American Geriatrics Society found falls among seniors are common, with as many as 40 percent of people age 65 and older falling each year. Falls can lead to serious injuries, such as a fractured hip or concussion.

Mike Bearce, executive director of Fall Prevention Clinics of America in Naperville, said seniors often overestimate their abilities and underestimate their fall risks, in part because of fear of losing control over their independence — and they believe reduced activity will help.

“The opposite is true, since reduced activity leads to withdrawal, depression and muscle weakness, which all contributes to falls,” he said.

Before seeking help, Scanlon took two or three falls, once pulling the rotary cuff in his shoulder. His primary care physician first recommended Fall Prevention Clinics about three years ago but didn't convince him to get a falls risk assessment until January.

“I'm a stubborn Irishman,” Scanlon said with a laugh.

He underwent the clinic's usual course of action: an evaluation by Dr. Afshan Hafiz, a geriatrics specialist; an evaluation by Lisa Prather, doctor of audiology; and an evaluation by a physical therapist.

Scanlon's treatment includes physical therapy twice a week for eight weeks.

Theresa Jaquinde, a physical therapist assistant at the clinic, helps clients regain their confidence through posture and balance exercises.

On a recent Monday morning, after she led Scanlon through an hour of obstacles, marching, leg lifts, reaches and more, she asked about any changes he's noticed. Scanlon answered with a comparison from his years in the U.S. Army.

“It's like in the service — you go in, you're way out of shape, and you have to do all these calisthenics,” he said. “It just kills you. ... I used to take big steps, but that kind of throws you off. I take smaller steps (now). It takes longer, but it's easier.”

“It's safer,” Jaquinde said. “Can you pick things up off the floor?”

“My wife always says, ‘I'll get it.’ I'll get it,” Scanlon said, thumping a finger to his chest. “I'm always picking up pennies.”

Prather calls their approach “balance correction training,” a combination of traditional physical therapy and rehabilitation of the vestibular system that connects the inner ear to the brain. Exercises for the eye, head, neck and balance muscles help retrain the brain to keep the body upright, she said.

She hopes primary care physicians become more aware of falls risks, especially among their older patients.

“A lot of patients are coming to us after a fall,” Prather said. “If they come in earlier, we can maybe help them prevent getting hurt.”