

Search Results

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Search History

1. MEDLINE; ACCIDENTAL FALLS/pc [Limit to: (Age Groups All Aged 65 and Over) and English Language] [pc=Prevention & Control]; 2428 results.
2. MEDLINE; prevention.ti,ab; 279581 results.
3. MEDLINE; 1 AND 2 [Limit to: (Age Groups All Aged 65 and Over) and English Language]; 771 results.
4. MEDLINE; (great AND britain).ti,ab; 5838 results.
5. MEDLINE; GREAT BRITAIN/; 160480 results.
6. MEDLINE; 1 AND 5 [Limit to: (Age Groups All Aged 65 and Over) and English Language]; 74 results.
7. CINAHL; *ACCIDENTAL FALLS/ [Limit to: (Age Groups Aged~ 65+ years) and (Language English)]; 2990 results.
8. CINAHL; GREAT BRITAIN/ [Limit to: (Age Groups Aged~ 65+ years) and (Language English)]; 823 results.
9. CINAHL; 7 AND 8 [Limit to: (Age Groups Aged~ 65+ years) and (Language English) and (Age Groups Aged~ 65+ years) and (Language English)]; 12 results.
10. BNI; exp ELDERLY : ACCIDENTS/; 592 results.
11. BNI; falls.ti,ab; 679 results.
12. BNI; 10 AND 11; 388 results.
13. BNI; ACCIDENT PREVENTION/; 535 results.
14. BNI; 12 AND 13; 124 results.
15. AMED; exp ACCIDENTAL FALLS/ AND exp AGED/ [Limit to: (Languages English)]; 626 results.
17. AMED; (great AND britain).af [Limit to: (Languages English)]; 1546 results.
18. AMED; 15 AND 17 [Limit to: (Languages English) and (Languages English)]; 1 results.
19. MEDLINE,BNI,AMED; Duplicate filtered: [1 AND 5 [Limit to: (Age Groups All Aged 65 and Over) and English Language]], [12 AND 13], [15 AND 17 [Limit to: (Languages English) and (Languages English)]]; 199 results.

1. Thinking falls - taking action: a guide to action for falls prevention.

Citation: British Journal of Community Nursing, August 2010, vol./is. 15/8(406-10), 1462-4753;1462-4753 (2010 Aug)

Author(s): Robertson K; Logan PA; Conroy S; Dods V; Gordon A; Challands L; Smith S; Humpage S; Burn A

Institution: Nottinghamshire Community Health Lings Bar Hospital. kate.robertson@nottscommunityhealth.nhs.uk

Language: English

Abstract: Clinical guidelines and research papers help clinicians measure and understand the risk of falling in their older clients but very few provide the assessor with recommendations as to which interventions they can use to reduce the risk of a fall. The Guide to Action for Falls Prevention tool (GtA) was developed to help professionals from a broad range of organizations to recognize factors that might increase falls risk and know which actions to take to lessen that risk. Twenty four professionals tested the GtA in a clinical setting and found it quick (15 minutes) and easy to complete. The GtA needs further evaluation to test whether it is a practical way of delivering a falls prevention intervention.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [*Accident Prevention/mt \[Methods\]](#)
[*Accidental Falls/pc \[Prevention & Control\]](#)
[Aged](#)
[Great Britain](#)
[*Guidelines as Topic](#)
[Humans](#)
[Risk Factors](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [EBSCO Host](#)

2. Handle older trauma patients with care.

Citation: Nursing, August 2010, vol./is. 40/8(24-30), 0360-4039 (2010 Aug)

Author(s): Bartley, M; Shiflett, L

Abstract: Immediate care of elderly trauma victims, focusing on the effects of falls. Patient resuscitation and assessment are described, and the importance of obtaining the patient's medical history following a traumatic event is stressed. Interventions to improve outcomes following trauma and ways to prevent injury in older people are discussed. 16 refs.

Subject Headings: [Elderly : Accidents](#)
[Accident and Emergency Nursing](#)
[Patient Assessment](#)
[Accident Prevention](#)

Source: BNI

3. Promoting evidence informed service development: a study of falls services in Cheshire.

Citation: Primary Health Care Research & Development, July 2010, vol./is. 11/3(222-32), 1463-4236 (2010 Jul)

Author(s): Beech, R; DeVilliers, R; Thorniley-Jones, H

Abstract: Research investigating 2 service interventions to prevent falls, introduced in order to inform the development and evaluation of falls services in Cheshire. The risk status of the local elderly population and their use of falls services were explored, and the

effectiveness of a multi-factorial falls programme in reducing risk factors and number of falls was evaluated. 33 refs.

Subject Headings: [Elderly : Accidents](#)
[Accident Prevention](#)
[Elderly : Services](#)
[Patients : Education](#)

Source: BNI

4. High impact actions: preventing falls and encouraging exercise.

Citation: Nursing Management UK, July 2010, vol./is. 17/4(22-5), 1354-5760 (2010 Jul)

Author(s): Lowton, K; Laybourne, A; Whiting, D

Abstract: 2nd in a series on the NHS Institute for Innovation and Improvement publication 'High Impact Actions for Nursing and Midwifery', focusing on the prevention of community-based falls. A falls prevention intervention developed by Southwark and Lambeth health care services and fire and rescue services is described, and the importance of exercise and physical activity for older people is explained. 24 refs.

Subject Headings: [Elderly : Accidents](#)
[Accident Prevention](#)
[Interprofessional Relations](#)
[Physical Fitness](#)

Source: BNI

Full Text: Available in *fulltext* at [EBSCO Host](#)
 Available in *fulltext* at [EBSCO Host](#)
 Available in *fulltext* at [ProQuest](#)

5. High impact actions: preventing falls and encouraging exercise.

Citation: Nursing Management (Harrow), July 2010, vol./is. 17/4(22-5), 1354-5760;1354-5760 (2010 Jul)

Author(s): Lowton K; Laybourne A; Whiting D; Martin F; Skelton D

Institution: King's College London, Institute of Gerontology.

Language: English

Abstract: This article, the second in a series on the NHS Institute for Innovation and Improvement's eight high impact actions, reviews the roles played by nurses and local organisations in preventing falls among older people through early intervention and the promotion of active lifestyles.

Country of Publication: England

Publication Type: Case Reports; Journal Article

Subject Headings: [*Accidental Falls/pc \[Prevention & Control\]](#)
[Aged](#)
[*Exercise Therapy/nu \[Nursing\]](#)
[Female](#)
[Geriatric Assessment](#)
[*Geriatric Nursing/og \[Organization & Administration\]](#)
[Great Britain](#)
[Health Planning Guidelines](#)
[*Health Promotion/og \[Organization & Administration\]](#)
[Humans](#)
[Life Style](#)
[Middle Aged](#)
[Nurse's Role](#)
[Nursing Assessment](#)

State Medicine/og [Organization & Administration]
Total Quality Management

Source: MEDLINE

Full Text: Available in *fulltext* at [EBSCO Host](#)
Available in *fulltext* at [EBSCO Host](#)
Available in *fulltext* at [ProQuest](#)

6. Prevention of unintentional injury in the community setting.

Citation: Nursing Standard, June 2010, vol./is. 24/42(50-6), 0029-6570 (2010 23 Jun)

Author(s): Muir, N; Bennett, C

Abstract: Continuing Professional Development, NS548. The role of the nurse in the prevention of unintentional injuries which occur at home or in the community. The main causes of unintentional injuries are examined in relation to specific age groups. The impact of falls in particular is considered and health promotion initiatives aimed at reducing risks are explored. 39 refs.

Subject Headings: [Open Learning : Materials](#)
[Accidents and Emergencies](#)
[Elderly : Accidents](#)
[Accident Prevention](#)

Source: BNI

Full Text: Available in *fulltext* at [EBSCO Host](#)
Available in *fulltext* at [ProQuest](#)

7. A critical analysis of the NSF for Older People standard 6: falls.

Citation: British Journal of Nursing, April 2010, vol./is. 19/8(505-10), 0966-0461;0966-0461 (2010 Apr 22-May 13)

Author(s): Kennedy A

Institution: Florence Nightingale School of Nursing and Midwifery, King's College, London.

Language: English

Abstract: As practitioners, we need to have an awareness and recognition of how policy affects our professional practice. The NHS has undergone major policy changes in recent years, many of them affecting older people. These include national policies and guidance intended to prevent and reduce falls in the older adult. The prevention and management of falls among older people is a priority in the Government's public health strategy, which aims to reduce falls by at least one fifth by the year 2010. Standard 6 of the National Service Framework for Older People was developed to reduce the number of falls in older adults and to ensure effective treatment and rehabilitation of those who have fallen. However, a recent national audit has highlighted inadequacies and deficiencies in fall prevention services. Falls in older adults have a significant impact not only on the individual but also on the NHS. Nurses have an active role to play in assessing older people who have fallen. They are also pivotal in implementing falls-prevention programmes and in influencing policy that will change practice. If falls prevention policies are to be effective, it is imperative that effective training systems are in place and healthcare professionals are trained and equipped to deliver the quality of care needed to help reduce falls in the older adult.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [*Accidental Falls/pc \[Prevention & Control\]](#)
[Accidental Falls/sn \[Statistics & Numerical Data\]](#)
[Aged](#)
[Clinical Audit](#)
[Forecasting](#)

[Great Britain](#)
[Health Planning Guidelines](#)
[Health Policy/td \[Trends\]](#)
[*Health Policy](#)
[*Health Priorities/og \[Organization & Administration\]](#)
[*Health Services for the Aged/og \[Organization & Administration\]](#)
[Humans](#)
[Nurse's Role](#)
[*Practice Guidelines as Topic](#)
[*State Medicine/og \[Organization & Administration\]](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [EBSCO Host](#)

8. Evaluating the effectiveness of falls prevention strategies in nursing care facilities and hospitals.

Citation: Nursing Times, April 2010, vol./is. 106/15(16), 0954-7762 (2010 20 Apr)

Author(s): Jayasekara, R

Abstract: Summary of a Cochrane review on effective strategies for falls prevention, to reduce the number of falls among older patients in hospitals and nursing homes. 1 ref.

Subject Headings: [Elderly : Accidents](#)
[Accident Prevention](#)

Source: BNI

Full Text: Available in *print* at [Bolton PCT](#)

9. The National Clinical Audit of Falls and Bone Health: secondary prevention of falls and fractures: a physiotherapy perspective.

Citation: Physiotherapy, March 2010, vol./is. 96/1(38-43), 0031-9406 (2010 Mar)

Author(s): Goodwin, V; Martin, F; Husk, J

Abstract: Web-based clinical audit investigating physiotherapists' use of guidelines and research evidence for patient assessment and exercise interventions, to prevent secondary falls and fractures. Barriers and possible solutions to improve practice and encourage use of evidence in practice are discussed. 42 refs.

Subject Headings: [Accident Prevention](#)
[Evidence Based Practice](#)
[Elderly : Accidents](#)
[Physiotherapy](#)

Source: BNI

10. An integrative review of Tai Chi research: an alternative form of physical activity to improve balance and prevent falls in older adults.

Citation: Orthopaedic Nursing, 2010, vol./is. 29/2(108-18), 0744-6020 (2010 Mar/Apr)

Author(s): Wooton, A

Abstract: Literature review of research evaluating Tai Chi as an intervention to improve balance and reduce falls among older adults. The effectiveness of Tai Chi in falls prevention is discussed. 28 refs.

Subject Headings: [Elderly : Accidents](#)
[Balance](#)
[Physical Fitness](#)
[Accident Prevention](#)

Source: BNI

Full Text: Available in *fulltext* at [ProQuest](#)

11. Fall risk: keep your patients in balance.

Citation: Nurse Practitioner, December 2009, vol./is. 34/12(46-51), 0361-1817 (2009 Dec)

Author(s): Doherty, M; Crossen-Sills, J

Abstract: Risk factors, preventative strategies and the use of collaborative multidisciplinary interventions in reducing older patient falls. Patient assessment and evaluation are discussed. 27 refs.

Subject Headings: [Elderly : Accidents](#)
[Accident Prevention](#)
[Patient Assessment](#)

Source: BNI

12. The long-term effect of a multifactorial fall prevention programme on the incidence of falls requiring medical treatment.

Citation: Public Health, December 2009, vol./is. 123/12(809-13), 0033-3506 (2009 Dec)

Author(s): Salminen, M; Vahlberg, T; Kivela, S

Abstract: Research in Finland by randomised controlled trial on the long-term effectiveness of a fall prevention programme with community-living older people. Participants in the intervention group, who had already experienced a fall, received the programme over 1 year. The effect on the number of falls requiring medical treatment after 3 years was compared to the control group. 28 refs.

Subject Headings: [Elderly : Accidents](#)
[Accident Prevention](#)

Source: BNI

13. Bridging the gap between research and practice: review of a targeted hospital inpatient fall prevention programme.

Citation: Quality & Safety in Health Care, December 2009, vol./is. 18/6(467-72), 1475-3898 (2009 Dec)

Author(s): Barker, A; Kamar, J; Morton, A

Abstract: Quantitative research in an acute hospital in Australia to establish the effectiveness of a fall prevention programme in reducing the incidence and consequence of falls in older in patients. An evidence-based fall prevention programme was developed and implemented by a committee including nursing, medical and allied health staff. The value of the intervention in high risk wards is discussed. 28 refs.

Subject Headings: [Elderly : Accidents](#)
[Accident Prevention](#)
[Balance](#)
[Elderly : Nursing](#)

Source: BNI

Full Text: Available in *fulltext* at [Highwire Press](#)

14. Procedural differences directly affect timed up and go times.

Citation: Journal of the American Geriatrics Society, November 2009, vol./is. 57/11(2168-9), 0002-8614;1532-5415 (2009 Nov)

Author(s): Bergmann JH; Alexiou C; Smith IC

Language: English

Country of Publication: United States

Publication Type: Letter; Research Support, Non-U.S. Gov't

Subject Headings: [Accidental Falls/pc \[Prevention & Control\]](#)
[Adult](#)
[Aged](#)
[*Disability Evaluation](#)
[*Exercise Test/st \[Standards\]](#)
[Female](#)
[Great Britain](#)
[Humans](#)
[Male](#)
[Middle Aged](#)
[*Mobility Limitation](#)
[Observer Variation](#)
[Reference Standards](#)
[Reproducibility of Results](#)
[*Walking](#)
[Young Adult](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [EBSCO Host](#)

15. Community-based intervention to optimise falls risk management: a randomised controlled trial.

Citation: Age & Ageing, November 2009, vol./is. 38/6(724-30), 0002-0729 (2009 Nov)

Author(s): Ciaschini, P; Straus, S; Dolovich, L

Abstract: Quantitative research using a randomised trial in Canada to evaluate the impact of a multifaceted community-based intervention for elderly patients at high risk of falls. The effects of the multi-component intervention including changes in the level of uptake of occupational therapy and physiotherapy services were discussed. 29 refs.

Subject Headings: [Elderly : Accidents](#)
[Accident Prevention](#)
[Occupational Therapy](#)
[Physiotherapy](#)

Source: BNI

Full Text: Available in *fulltext* at [Highwire Press](#)

16. Reducing falls among outpatients.

Citation: Am J Nursing, November 2009, vol./is. 109/11(41-2), 0002-936X (2009 Nov)

Author(s): Zant, W

Abstract: Introduction of a fall prevention programme for pulmonary rehabilitation patients at a hospital in the USA. The programme to reduce the number of falls among outpatients attending for exercise programmes by assisting them with transport to and from their vehicles on site is described. 6 refs.

Subject Headings: [Elderly : Accidents](#)
[Patients : Transportation](#)
[Balance](#)
[Accident Prevention](#)

Source: BNI

17. Older people and falls: health status, quality of life, lifestyle, care networks, prevention and views on service use following a recent fall.

Citation: Journal of Clinical Nursing, August 2009, vol./is. 18/16(2261-72), 0962-1067;1365-2702 (2009 Aug)

Author(s): Roe B; Howell F; Riniotis K; Beech R; Crome P; Ong BN

Institution:	Evidence-based Practice Research Centre, Faculty of Health, Edge Hill University, Ormskirk, UK. roeb@edgehill.ac.uk
Language:	English
Abstract:	<p>AIM AND OBJECTIVE: This study has investigated older people's experiences of a recent fall, its impact on their health, lifestyle, quality of life, care networks, prevention and their views on service use. BACKGROUND: Falls are common in older people and prevalence increases with age. Falls prevention is a major policy and service initiative. DESIGN: An exploratory, qualitative design involving two time points. METHOD: A convenience sample of 27 older people from two primary care trusts who had a recent fall. Taped semi structured qualitative interviews were conducted and repeated at follow up to detect change over time and repeat falls. Data were collected on their experience of falls, health, activities of living, lifestyle, quality of life, use of services, prevention of falls, informal care and social networks. Content analysis of transcribed interviews identified key themes. RESULTS: The majority of people fell indoors (n = 23), were repeat fallers (n = 22) with more than half alone when they fell (n = 15). For five people it was their first ever fall. Participants in primary care trust 1 had a higher mean age than those in primary care trust 2 and had more injurious falls (n = 12, mean age 87 years vs. n = 15, mean age 81 years). The majority of non-injurious falls went unreported to formal services. Falls can result in a decline in health status, ability to undertake activities of living, lifestyle and quality of life. CONCLUSIONS: Local informal care and support networks are as important as formal care for older people at risk of falls or who have fallen. Access to falls prevention programmes and services is limited for people living in more rural communities. RELEVANCE TO PRACTICE: Falls prevention initiatives and services should work with local communities, agencies and informal carers to ensure equitable access and provision of information, resources and care to meet the needs of older people at risk or who have fallen.</p>
Country of Publication:	England
Publication Type:	Journal Article; Research Support, Non-U.S. Gov't
Subject Headings:	<p>Accidental Falls/pc [Prevention & Control] Accidental Falls/sn [Statistics & Numerical Data] *Accidental Falls Activities of Daily Living/px [Psychology] Aged, 80 and over *Attitude to Health Comorbidity Cost of Illness Female Follow-Up Studies Great Britain/ep [Epidemiology] Health Care Surveys *Health Status Health Surveys Humans *Life Style Male Nursing Methodology Research Qualitative Research *Quality of Life/px [Psychology] Questionnaires Risk Factors Social Support</p>
Source:	MEDLINE
Full Text:	Available in <i>fulltext</i> at EBSCO Host

18. Safe and reliable care.

Citation: Am J Nursing, July 2009, vol./is. 109/7(70-1), 0002-936X (2009 Jul)

Author(s): Stefancyk, A

Abstract: Transforming Care at the Bedside series. 11th article in a series describing the experiences of a general medical unit in the USA with the Transforming Care at the Bedside (TCAB) initiative. Changes implemented within the unit to prevent falls including the implementation of structured nursing rounds and the daily tracking of falls are described. 1 ref.

Subject Headings: [Ward Organisation](#)
[Accident Prevention](#)
[Elderly : Accidents](#)
[Balance](#)

Source: BNI

19. Falls in the nursing home: a collaborative approach.

Citation: Nursing Clinics North America, June 2009, vol./is. 44/2(187-95), 0029-6465 (2009 Jun)

Author(s): Messinger-Rapport, B; Dumas, L

Abstract: Incidence, causes and consequences of falls among nursing home residents. 4 case studies are included, illustrating the problems of polypharmacy, vitamin D deficiency, urinary incontinence and delirium. Preventative strategies and approaches to reduce falls are reviewed. 34 refs.

Subject Headings: [Nursing Homes](#)
[Elderly : Accidents](#)
[Accident Prevention](#)

Source: BNI

20. The impact of falls on residents and staff: managing risk.

Citation: Nursing & Residential Care, May 2009, vol./is. 11/5(258-60), 1465-9301 (2009 May)

Author(s): Mitchell, E

Abstract: Prevention of falls among care home residents and the consequences of a fall for the individual concerned and the staff caring for them. The importance of education and training for staff on falls prevention is highlighted. 26 refs.

Subject Headings: [Elderly : Accidents](#)
[Nursing Homes](#)
[Professional Development](#)
[Accident Prevention](#)

Source: BNI

Full Text: Available in *fulltext* at [EBSCO Host](#)

21. Falls in somatic and dementia wards at Community Care Units.

Citation: Scandinavian J Caring Sciences, March 2009, vol./is. 23/1(2-10), 0283-9318 (2009 Mar)

Author(s): Fonad, E; Emami, A; Wahlin, T

Abstract: Research in Sweden to examine links between falls and fall risks, fractures, the use of physical restraints and medication among elderly patients on somatic and dementia wards. The value of the results in informing a falls prevention programme is highlighted. 57 refs.

Subject Headings: [Dementia](#)
[Elderly : Accidents](#)
[Accident Prevention](#)
[Balance](#)

Source: BNI

Full Text: Available in *fulltext* at [EBSCO Host](#)

22. Usability and acceptability of a website that provides tailored advice on falls prevention activities for older people.

Citation:	Health Informatics Journal, March 2009, vol./is. 15/1(27-39), 1460-4582;1460-4582 (2009 Mar)
Author(s):	Nyman SR; Yardley L
Institution:	Institute of Health Sciences University of Reading London Road, Reading RG1 5AQ, UK. s.r.nyman@reading.ac.uk
Language:	English
Abstract:	This article presents the usability and acceptability of a website that provides older people with tailored advice to help motivate them to undertake physical activities that prevent falls. Views on the website from interviews with 16 older people and 26 sheltered housing wardens were analysed thematically. The website was well received with only one usability difficulty with the action plan calendar. The older people selected balance training activities out of interest or enjoyment, and appeared to carefully add them into their current routine. The wardens were motivated to promote the website to their residents, particularly those who owned a computer, had balance problems, or were physically active. However, the participants noted that currently a minority of older people use the Internet. Also, some older people underestimated how much activity was enough to improve balance, and others perceived themselves as too old for the activities.
Country of Publication:	England
Publication Type:	Journal Article; Research Support, Non-U.S. Gov't
Subject Headings:	*Accidental Falls/pc [Prevention & Control] Aged Attitude to Computers Computer-Assisted Instruction Exercise/ph [Physiology] Exercise/px [Psychology] Great Britain Health Behavior *Health Promotion/mt [Methods] Health Services for the Aged Humans *Internet Interviews as Topic *Motivation *Motor Activity/ph [Physiology] *Patient Acceptance of Health Care/px [Psychology] Postural Balance/ph [Physiology] Self Care/is [Instrumentation] *Self Care/mt [Methods] User-Computer Interface
Source:	MEDLINE

23. Hip fractures after falls in hospital: a retrospective observational cohort study.

Citation:	Injury, February 2009, vol./is. 40/2(201-4), 0020-1383;1879-0267 (2009 Feb)
Author(s):	Johal KS; Boulton C; Moran CG
Institution:	Department of Trauma and Orthopaedic Surgery, Queen's Medical Centre, University Hospital, Nottingham NG7 2UH, UK. karanjohal@doctors.org.uk
Language:	English
Abstract:	OBJECTIVES: To compare the prevalence and characteristics of hip fractures sustained after inpatient falls (hospital subgroup) to those presenting with a fall in the community (control group). DESIGN: Retrospective observational cohort study. SETTING: University teaching hospital. PARTICIPANTS: 5879 hip fractures occurred over an

8-year period, 327 of these took place after a fall as a hospital inpatient. **OUTCOME MEASURES:** Comparison of 30-day and 1 year mortality, co-morbidities, length of post-fracture hospital stay, specific complication rates and cognitive function between the hospital and control group. Other specific data on those falling in hospital was also collected. **RESULTS:** There were significantly higher rates ($p<0.001$) of cerebrovascular, chronic obstructive airways and renal disease, diabetes, malignancy and polypharmacy in patients suffering falls in hospital. Mini-mental test scores (MTS) were also significantly reduced in this subgroup ($p<0.001$). 30-day and 1 year mortality rates were 9% and 26%, respectively in the control group and almost double this in the hospital subgroup, being 18% and 47%, respectively (30 days, 95% CI 2.00 (1.54-2.60): $p<0.001$; 1 year, 95% CI 2.04 (1.73-2.40): $p<0.001$). There was no statistical difference between post-operative complications or length of stay post-fracture. 55% of falls in hospital took place on medical/geriatric wards with an additional 14% occurring on psychiatric units. **DISCUSSION:** Patients suffering hip fractures after falls in hospital are frailer with impaired cognitive function and have more co-morbidities than those suffering a fracture in the community. These patients have increased mortality, with almost 50% dead within 1 year of the fall. The majority of hip fractures after falls occur in medical or geriatric wards, but the highest risk group appears to be elderly patients on psychiatric wards. Therefore, falls risk assessment and falls prevention schemes in hospital elderly patients are of paramount importance.

Country of Publication: Netherlands

Publication Type: Journal Article

Subject Headings: [*Accidental Falls/mo \[Mortality\]](#)
[Accidental Falls/pc \[Prevention & Control\]](#)
[Aged](#)
[Aged, 80 and over](#)
[Cohort Studies](#)
[Comorbidity](#)
[Female](#)
[*Frail Elderly/sn \[Statistics & Numerical Data\]](#)
[Great Britain/ep \[Epidemiology\]](#)
[Health Status](#)
[*Hip Fractures/mo \[Mortality\]](#)
[Hip Fractures/pc \[Prevention & Control\]](#)
[Humans](#)
[*Inpatients/sn \[Statistics & Numerical Data\]](#)
[Male](#)
[Prevalence](#)
[Psychiatric Status Rating Scales](#)
[Retrospective Studies](#)
[Risk Factors](#)

Source: MEDLINE

24. Focusing on video surveillance to reduce falls.

Citation: Nursing, February 2009, vol./is. 39/2(20-1), 0360-4039 (2009 Feb)

Author(s): Goodlett, D; Robinson, C; Carson, P

Abstract: Patient Safety series. Development and implementation of a patient fall reduction programme in a hospital in the USA using 24 hour camera surveillance. The use of the system to reduce falls in at risk patients, including elderly people, when increasing staffing levels was not possible is described and evaluated. 3 refs.

Subject Headings: [Audio Visual Aids](#)
[Elderly : Accidents](#)
[Accident Prevention](#)
[Risk Management](#)

Source: BNI

25. Balancing integrity vs. risk of falling: nurses' experiences of caring for elderly people with dementia in nursing homes.

Citation: J Research in Nursing, January 2009, vol./is. 14/1(61-73), 1744-9871 (2009 Jan)

Author(s): Johansson, I; Bachrach-Lindstrom, M; Struksnes, S

Abstract: Research in Sweden and Norway with nurses and nursing assistants working with elderly people with dementia to investigate their perceptions on the factors that contribute to or reduce patients' falls. The ethical dilemma of balancing a patient's right to self determination while protecting them from falls is discussed. A commentary follows on p75-6. 41 refs.

Subject Headings: [Elderly : Accidents](#)
[Dementia](#)
[Nursing Homes](#)
[Accident Prevention](#)

Source: BNI

26. Interventions to reduce the incidence of falls in older adult patients in acute-care hospitals: a systematic review.

Citation: Int J Evidence-Based Healthcare, 2009, vol./is. 7/4(243-9), 1744-1595 (2009)

Author(s): Stern, C; Jayasekara, R

Abstract: Systematic review of evidence for the effectiveness of methods used to reduce incidence of falls in older hospital inpatients. Interventions reviewed include use of exercise, patient education, vitamin D supplement, targeted risk factor reduction, and targeted multifactorial intervention programmes. Interventions that could be introduced as evidence-based to reduce falls in acute hospitals are listed. 22 refs.

Subject Headings: [Elderly : Accidents](#)
[Balance](#)
[Accident Prevention](#)
[Patients : Welfare](#)

Source: BNI

Full Text: Available in *fulltext* at [EBSCO Host](#)

27. What do community-dwelling Caucasian and South Asian 60-70 year olds think about exercise for fall prevention?.

Citation: Age & Ageing, January 2009, vol./is. 38/1(68-73), 0002-0729;1468-2834 (2009 Jan)

Author(s): Horne M; Speed S; Skelton D; Todd C

Institution: Faculty of Medical and Human Sciences, School of Nursing, Midwifery and Social Work, The University of Manchester, UK. maria.horne@manchester.ac.uk

Language: English

Abstract: BACKGROUND: strategies to prevent falls often recommend regular exercise. However, 40% of over 50s in the UK report less physical activity than is recommended. Even higher rates of sedentary behaviour have been reported among South Asian older adults. OBJECTIVE: to identify salient beliefs that influence uptake and adherence to exercise for fall prevention among community-dwelling Caucasian and South Asian 60-70 year olds in the UK. METHODS: we undertook an ethnographic study using participant observation, 15 focus groups (n = 87; mean age = 65.7 years) and 40 individual semi-structured interviews (mean age = 64.8 years). Data analysis used framework analysis. RESULTS: young older adults do not acknowledge their fall risk and are generally not motivated to exercise to prevent falls. Those who had fallen are more likely to acknowledge risk of future falls. Whilst many of the beliefs about falls and exercise expressed were very similar between Caucasians and South Asians, there was a tendency for South Asians to express fatalistic beliefs more often. Conclusion: fall prevention

should not be the focus of strategies to increase uptake and adherence to exercise. The wider benefits of exercise, leading to an active healthy lifestyle should be encouraged.

Country of Publication: England

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings: [*Accidental Falls/pc \[Prevention & Control\]](#)
[Aged](#)
[Asian Continental Ancestry Group/eh \[Ethnology\]](#)
[*Asian Continental Ancestry Group/px \[Psychology\]](#)
[European Continental Ancestry Group/eh \[Ethnology\]](#)
[*European Continental Ancestry Group/px \[Psychology\]](#)
[*Exercise/px \[Psychology\]](#)
[Female](#)
[*Focus Groups](#)
[Geriatric Assessment](#)
[Great Britain](#)
[Humans](#)
[*Interviews as Topic](#)
[Male](#)
[Middle Aged](#)
[Risk Factors](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [Highwire Press](#)
 Available in *fulltext* at [ProQuest](#)

28. The Winchester falls project: a randomised controlled trial of secondary prevention of falls in older people.

Citation: Age & Ageing, January 2009, vol./is. 38/1(33-40), 0002-0729;1468-2834 (2009 Jan)

Author(s): Spice CL; Morotti W; George S; Dent TH; Rose J; Harris S; Gordon CJ

Institution: Department of Medicine for Older People, Portsmouth Hospitals NHS Trust, Queen Alexandra Hospital, Southwick Hill, Cosham, PO6 3LY, UK.
 claire.spice@porthosp.nhs.uk

Language: English

Abstract: BACKGROUND: the mortality and morbidity of falls in older people is significant, with recurrent fallers being at an increased risk. The most effective way to reduce falls in this group is not clear. OBJECTIVE: to determine the effectiveness of two interventions, one based in primary care and the other in secondary care, at preventing further falls in recurrent fallers. DESIGN: cluster randomised controlled trial. PARTICIPANTS: sixty-five years or over, living in the community, two or more falls in the previous year and not presenting to an emergency department with index fall. SETTING: Mid Hampshire, UK. INTERVENTION: eighteen general practices were randomly allocated to one of three groups. The primary care group was assessed by nurses in the community, using a risk factor review and subsequent targeted referral to other professionals. The secondary care group received a multi-disciplinary assessment in a day hospital followed by identified appropriate interventions. The control group received usual care. Follow-up was for 1 year. RESULTS: five hundred and five participants were recruited. Follow-up was completed in 83% (421/505). The proportion of participants who fell again was significantly lower in the secondary care group (75%, 158/210) compared to the control group [84%, 133/159, adjusted odds ratio (OR) 0.52 (95% CI 0.35-0.79) P = 0.002]. The primary care group showed similar results to the control group [87%, 118/136, adjusted OR 1.17 (95% CI 0.57-2.37) P = 0.673]. CONCLUSION: a structured multi-disciplinary assessment of recurrent fallers significantly reduced the number experiencing further falls, but a community-based nurse-led assessment with targeted referral to other professionals did not.

Country of Publication: England

Publication Type: Journal Article; Randomized Controlled Trial; Research Support, Non-U.S. Gov't

Subject Headings: *Accidental Falls/pc [Prevention & Control]
 Aged
 Aged, 80 and over
 *Day Care
 Female
 *Geriatric Assessment
 Great Britain
 Humans
 Male
 *Primary Health Care
 Recurrence
 Risk Factors

Source: MEDLINE

Full Text: Available in *fulltext* at [Highwire Press](#)
 Available in *fulltext* at [ProQuest](#)

29. Checks and balances.

Citation: Nursing Older People, October 2008, vol./is. 20/8(12), 1472-0795 (2008 Oct)

Author(s): Neno, R

Abstract: Comment on a research study on the impact of socio-economic status on falls among elderly people. The data from the English Longitudinal Study of Ageing concerning dizziness and balance, socioeconomic factors that affect the health of older people and the possible impact of the findings of falls prevention in older people are explored. 1 ref.

Subject Headings: [Elderly : Accidents](#)
 [Balance](#)
 [Accident Prevention](#)
 [Socioeconomic Factors](#)

Source: BNI

Full Text: Available in *fulltext* at [EBSCO Host](#)
 Available in *fulltext* at [ProQuest](#)

30. Development of a fall-risk checklist using the Delphi technique.

Citation: J Clinical Nursing, September 2008, vol./is. 17/17(2275-83), 0962-1067 (2008 Sep)

Author(s): Huang, H; Lin, W; Lin, J

Abstract: Research in Taiwan to develop a checklist of risk factors for falling among older people. A 3-round Delphi technique was conducted with experts in elderly care to identify intrinsic and extrinsic factors contributing to falls and strategies for prevention. The data were used to inform a checklist. 39 refs.

Subject Headings: [Elderly : Accidents](#)
 [Accident Prevention](#)

Source: BNI

Full Text: Available in *fulltext* at [EBSCO Host](#)

31. Older people's experience of falls: understanding, interpretation and autonomy.

Citation: Journal of Advanced Nursing, September 2008, vol./is. 63/6(586-96),
 0309-2402;1365-2648 (2008 Sep)

Author(s): Roe B; Howell F; Riniotis K; Beech R; Crome P; Ong BN

Institution: Evidence-based Practice Research Centre, Faculty of Health, Edge Hill University,
 Ormskirk, UK. brenda.roe@edgehill.ac.uk

Language: English

Abstract: AIM: This paper is a report of a study to explore the experiences of older people who suffered a recent fall and identify possible factors that could contribute to service development. BACKGROUND: Falls in older people are prevalent and are associated with morbidity, hospitalization and mortality, personal costs to individuals and financial costs to health services. METHOD: A convenience sample of 27 older people (mean age 84 years; range 65-98) participated in semi-structured taped interviews. Follow-up interviews during 2003-2004 were undertaken to detect changes over time. Data were collected about experience of the fall, use of services, health and well-being, activities of daily living, informal care, support networks and prevention. Thematic content analysis was undertaken. FINDINGS: Twenty-seven initial interviews and 18 follow-up interviews were conducted. The majority of people fell indoors (n = 23) and were alone (n = 15). The majority of falls were repeat falls (n = 22) and five were a first-ever fall. People who reflected on their fall and sought to understand why and how it occurred developed strategies to prevent future falls, face their fear, maintain control and choice and continue with activities of daily living. Those who did not reflect on their fall and did not know why it occurred restricted their activities and environments and remained in fear of falling. CONCLUSION: Assisting people to reflect on their falls and to understand why they happened could help with preventing future falls, allay fear, boost confidence and aid rehabilitation relating to their activities of daily living.

Country of Publication: England

Publication Type: Journal Article; Multicenter Study

Subject Headings: [*Accident Prevention](#)
[*Accidental Falls/pc \[Prevention & Control\]](#)
[*Activities of Daily Living/px \[Psychology\]](#)
[Aged](#)
[Aged, 80 and over](#)
[Fear/px \[Psychology\]](#)
[Female](#)
[Follow-Up Studies](#)
[Great Britain](#)
[*Health Services/ut \[Utilization\]](#)
[Health Status](#)
[Humans](#)
[Male](#)
[Personal Autonomy](#)
[Program Development](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [EBSCO Host](#)

32. Community-dwelling elderly fallers in Japan are older, more disabled, and more depressed than nonfallers.

Citation: Journal of the American Geriatrics Society, August 2008, vol./is. 56/8(1570-1), 0002-8614;1532-5415 (2008 Aug)

Author(s): Wada T; Ishine M; Ishimoto Y; Hirosaki M; Kimura Y; Kasahara Y; Okumiya K; Nishinaga M; Otsuka K; Matsubayashi K

Language: English

Country of Publication: United States

Publication Type: Comment; Comparative Study; Letter

Subject Headings: [Accidental Falls/pc \[Prevention & Control\]](#)
[*Accidental Falls/sn \[Statistics & Numerical Data\]](#)
[Activities of Daily Living/cl \[Classification\]](#)
[*Activities of Daily Living](#)
[Age Factors](#)
[Aged](#)
[Aged, 80 and over](#)
[Cross-Cultural Comparison](#)

[Cross-Sectional Studies](#)
[*Depressive Disorder/ep \[Epidemiology\]](#)
[*Disability Evaluation](#)
[Female](#)
[*Frail Elderly/sn \[Statistics & Numerical Data\]](#)
[Great Britain](#)
[Humans](#)
[Japan](#)
[Male](#)
[Risk Factors](#)

Source: MEDLINE
Full Text: Available in *fulltext* at [EBSCO Host](#)

33. Falls, part 1: causes and consequences.

Citation: Br J Healthcare Assistants, August 2008, vol./is. 2/8(381-4), 1753-1586 (2008 Aug)
Author(s): Nazarko, L
Abstract: 1st in a series on falls in elderly people. The increasing risk of falls in older people, their consequences and the effects on physical and mental well-being are described and the importance of reducing the risk of falls is highlighted. 28 refs.
Subject Headings: [Elderly : Accidents](#)
[Balance](#)
[Accident Prevention](#)
Source: BNI

34. The rise of falls research.

Citation: Nursing Older People, July 2008, vol./is. 20/6(8-9), 1472-0795 (2008 Jul)
Author(s): Neno, R
Abstract: Review of research into preventing falls in elderly people living in care homes. Incidence of falls and the cost to the health service are discussed. Preventive measures including bone scanning of residents, calcium and vitamin D supplements and improving the environment for patients to ease mobility are included. 4 refs.
Subject Headings: [Elderly : Accidents](#)
[Balance](#)
[Accident Prevention](#)
[Nursing Homes](#)
Source: BNI
Full Text: Available in *fulltext* at [EBSCO Host](#)
 Available in *fulltext* at [ProQuest](#)

35. Fall prevention is everyone's responsibility.

Citation: Nursing & Residential Care, June 2008, vol./is. 10/6(294-8), 1465-9301 (2008 Jun)
Author(s): Swann, J
Abstract: Definition, causes, guidelines and risk factors relating to falls in older people, focusing on the care home setting. The role of staff in risk assessment and incident recording, the need for staff training and the use of telecare and 'smart' devices are discussed and a safety checklist is included. 9 refs.
Subject Headings: [Elderly : Accidents](#)
[Nursing Homes](#)
[Accident Prevention](#)
[Risk Management](#)
Source: BNI

Full Text: Available in *fulltext* at [EBSCO Host](#)

36. Cluster randomised trial of a targeted multifactorial intervention to prevent falls among older people in hospital.

Citation: BMJ, April 2008, vol./is. 336/7647(758-60), 0959-8138 (2008 5 Apr)

Author(s): Cumming, R; Sherrington, C; Lord, S

Abstract: Research into the effectiveness of a falls prevention programme provided by a nurse and physiotherapist in elderly care wards in Australia. The falls prevention programme included risk assessment, medication review, patient and staff education, an exercise programme, modifications to ward environment and alarms for some patients. 5 refs.

Subject Headings: [Elderly : Accidents](#)
[Balance](#)
[Accident Prevention](#)
[Patient Assessment](#)

Source: BNI

Full Text: Available in *fulltext* at [Highwire Press](#)
Available in *fulltext* at [National Library of Medicine](#)

37. Stop falls: intervention works.

Citation: World Irish Nursing, April 2008, vol./is. 16/4(49-50), 1393-8088 (2008 Apr)

Author(s): Van der Kamp, S

Abstract: Need for integrated fracture liaison/falls services for older people combined with osteoporosis services in Ireland. Risk factors for falling are listed. 7 refs.

Subject Headings: [Elderly : Accidents](#)
[Fractures](#)
[Accident Prevention](#)
[Risk Management](#)

Source: BNI

Full Text: Available in *fulltext* at [EBSCO Host](#)

38. Downfall.

Citation: Nursing Older People, February 2008, vol./is. 20/1(6-7), 1472-0795 (2008 Feb)

Author(s): Agnew, T

Abstract: The effectiveness of falls prevention programmes for the elderly discussed with reference to a review which found no strong evidence that falls prevention programmes help to reduce falls-related injury. The efficacy of peer support groups for elderly people for falls prevention is highlighted. 1 ref.

Subject Headings: [Elderly : Accidents](#)
[Accident Prevention](#)
[Health Promotion](#)
[Balance](#)

Source: BNI

Full Text: Available in *fulltext* at [EBSCO Host](#)
Available in *fulltext* at [ProQuest](#)

39. Biomechanical study of an anthropometrically designed hip protector for older Chinese women.

Citation: Geriatric Nursing, 2008, vol./is. 29/1(64-9), 0197-4572 (2008 Jan/Feb)

Author(s): Sze, P; Cheung, W, Qin, L

Abstract: Design of hip protector pants for older Chinese women who are at high risk of falls and hip fracture. Research to investigate the suitability of various types of fabrics and to apply

anthropometric data to the design of hip protector pants and mechanical testing are described. 34 refs.

Subject Headings: [Hip Joint](#)
[Equipment and Supplies](#)
[Elderly : Accidents](#)
[Accident Prevention](#)

Source: BNI

40. Change of approach needed in fracture prevention.

Citation: Nursing Times, January 2008, vol./is. 104/4(23-4), 0954-7762 (2008 29 Jan)

Author(s): Hairon, N

Abstract: Comments on and summary of recent research on falls and fractures in older people, by Jarvinen, T., Sievanen, H., Khan, K., in BMJ. 2008. 19 Jan. 336. p124-6. The study argues that fracture prevention should focus on falls prevention rather than osteoporosis management. A National Patient Safety Agency report (2007) and NICE guidelines (2004) are also discussed. 5 refs.

Subject Headings: [Elderly : Accidents](#)
[Fractures](#)
[Osteoporosis](#)
[Accident Prevention](#)

Source: BNI

Full Text: Available in *print* at [Bolton PCT](#)

41. Multifactorial assessment and targeted intervention for preventing falls and injuries among older people in community and emergency care settings: systematic review and meta-analysis.

Citation: BMJ, January 2008, vol./is. 336/7636(130-3), 0959-8138 (2008 19 Jan)

Author(s): Gates, S; Fisher, J; Cooke, M

Abstract: Research into the effectiveness of multifactorial risk assessment and targeted interventions to prevent falls or fall-related injuries in the elderly. Randomised controlled trials of fall prevention interventions in emergency departments or the community were analysed for numbers of falls and injuries. 10 refs.

Subject Headings: [Elderly : Accidents](#)
[Accident Prevention](#)

Source: BNI

Full Text: Available in *fulltext* at [Highwire Press](#)
 Available in *fulltext* at [National Library of Medicine](#)

42. Falls prevention: a practical guide.

Citation: Nursing in Practice, 2008(24-9), 1473-9445 (2008 May/Jun)

Author(s): Nazarko, L

Abstract: Role of community nurses and other healthcare professionals in preventing falls in older people. The main risk factors of falls in the elderly are outlined including illness, visual problems, gait balance, mobility problems, postural hypotension, medication and environmental hazards. The contribution of healthcare professionals to preventing falls, reducing risk and improving quality of life in older people is discussed. 30 refs.

Subject Headings: [Elderly : Accidents](#)
[Balance](#)
[Accident Prevention](#)
[Community Nursing](#)

Source: BNI

43. The Short FES-I: a shortened version of the falls efficacy scale-international to assess fear of falling.

- Citation:** Age & Ageing, January 2008, vol./is. 37/1(45-50), 0002-0729;1468-2834 (2008 Jan)
- Author(s):** Kempen GI; Yardley L; van Haastregt JC; Zijlstra GA; Beyer N; Hauer K; Todd C
- Institution:** School for Public Health and Primary Care, Maastricht University, The Netherlands. g.kempen@zw.unimaas.nl
- Language:** English
- Abstract:** BACKGROUND: the 16-item Falls Efficacy Scale-International (FES-I) has been shown to have excellent reliability and construct validity. However, for practical and clinical purposes, a shortened version of the FES-I would be useful. OBJECTIVE: to develop and validate a shortened version of FES-I while preserving good psychometric properties. DESIGN: initial development of a shortened version using data from a UK survey (Short FES-I; n = 704), test of reliability and validity of the Short FES-I using data from a Dutch survey (n = 300). SETTING: community samples. METHODS: comparison of reliability and validity of the Short FES-I and the FES-I in a random sample of 193 people aged between 70 and 92. RESULTS: the internal and 4-week test-retest reliability of the Short FES-I is excellent (Cronbach's alpha 0.92, intra-class coefficient 0.83) and comparable to the FES-I. The correlation between the Short FES-I and the FES-I is 0.97. Patterns in differences with respect to mean scores according to age, sex, falls history, and overall fear of falling are similar for the Short FES-I and the FES-I. The FES-I had slightly better power to discriminate between groups differentiated by age, sex, falls history, and fear falling, but differences are small. CONCLUSIONS: the Short FES-I is a good and feasible measure to assess fear of falling in older persons. However, if researchers or clinicians are particularly interested in the distributions of specific fear of falling-related activities not included in the Short FES-I, the use of the full FES-I is recommended.
- Country of Publication:** England
- Publication Type:** Comparative Study; Journal Article; Research Support, Non-U.S. Gov't
- Subject Headings:** [*Accidental Falls/pc \[Prevention & Control\]](#)
[Aged](#)
[Aged, 80 and over](#)
[*Cross-Cultural Comparison](#)
[*Fear/px \[Psychology\]](#)
[Feasibility Studies](#)
[Female](#)
[Great Britain](#)
[Humans](#)
[Male](#)
[Netherlands](#)
[*Personality Inventory/sn \[Statistics & Numerical Data\]](#)
[Psychometrics/sn \[Statistics & Numerical Data\]](#)
[Quality of Life/px \[Psychology\]](#)
[Questionnaires](#)
[Reproducibility of Results](#)
[Risk Factors](#)
- Source:** MEDLINE
- Full Text:** Available in *fulltext* at [Highwire Press](#)
 Available in *fulltext* at [ProQuest](#)

44. The local falls and osteoporosis service: does it meet the needs of patients?.

- Citation:** Nursing Older People, December 2007, vol./is. 19/10(34-8; quiz 39), 1472-0795;1472-0795 (2007 Dec)
- Author(s):** Husk J; Jensen J; O'Riordan S
- Institution:** Clinical Effectiveness and Evaluation Unit, Royal College of Physicians.

Language:	English
Abstract:	This articles examines a local evidence-based falls and osteoporosis service that used a pathway of screening, multi-factorial assessment and interventions. Patients were not asked whether the service met their needs so a questionnaire was developed and distributed to people aged 65 and over attending day hospitals or falls clinics in the south east of England for falls assessment. The study showed general satisfaction, but indicated that older people are not helped to understand services. Such understanding could be enhanced by discussing risk factors and their implications, and through the provision of written information.
Country of Publication:	England
Publication Type:	Journal Article
Subject Headings:	Accident Prevention *Accidental Falls/pc [Prevention & Control] *Aged/px [Psychology] Aged/sn [Statistics & Numerical Data] Aged, 80 and over Evidence-Based Medicine Female Geriatric Assessment Great Britain Health Services Accessibility Health Services Research *Health Services for the Aged/og [Organization & Administration] Humans Male *Needs Assessment/og [Organization & Administration] Nursing Methodology Research Osteoporosis/co [Complications] Osteoporosis/pc [Prevention & Control] *Osteoporosis/px [Psychology] Patient Satisfaction/sn [Statistics & Numerical Data] *Patient Satisfaction Quality of Health Care/og [Organization & Administration] Questionnaires Risk Assessment Risk Factors State Medicine/og [Organization & Administration]
Source:	MEDLINE
Full Text:	Available in <i>fulltext</i> at EBSCO Host Available in <i>fulltext</i> at ProQuest

45. Assess for fall risk, intervene - and bump up patient safety.

Citation:	Nursing, December 2007, vol./is. 37/12(24-5), 0360-4039 (2007 Dec)
Author(s):	Gustafson, S
Abstract:	Patient Safety series. Advice on how to perform a fall risk assessment of all patients (in particular the elderly) at admission. Interventions for patients at risk of falls and their inclusion in patients' care plans are discussed. 5 refs.
Subject Headings:	Elderly : Accidents Patients : Accidents Accident Prevention Patient Assessment
Source:	BNI

46. Older people who fall: why they matter and what you can do.

Citation: Br J Community Nursing, November 2007, vol./is. 12/11(500-7), 1462-4753 (2007 Nov)

Author(s): Oliver, D

Abstract: Practice framework for fall intervention strategies and research evidence for fall prevention practice development by community nurses. Statistics on elderly falls and fractures, the influence of drugs and alcohol, age related changes in the body, medical and environmental causes of falls, guidance on falls patient assessment and the NICE guidelines on fall prevention are discussed. 39 refs.

Subject Headings: [Elderly : Accidents](#)
[Accident Prevention](#)
[Balance](#)
[Patient Assessment](#)

Source: BNI

Full Text: Available in *fulltext* at [EBSCO Host](#)

47. Reducing the risk of falls in the care home.

Citation: Nursing & Residential Care, November 2007, vol./is. 9/11(524-6), 1465-9301 (2007 Nov)

Author(s): Nazarko, L

Abstract: How to minimise the risk of patient falls in care homes or hospitals. Improvements in the environment, including increased visibility and communication, non-slip flooring and other modifications, and the use of hip protectors are suggested. 21 refs.

Subject Headings: [Elderly : Accidents](#)
[Nursing Homes](#)
[Accident Prevention](#)

Source: BNI

Full Text: Available in *fulltext* at [EBSCO Host](#)

48. Older people who fall: why they matter and what you can do.

Citation: British Journal of Community Nursing, November 2007, vol./is. 12/11(500-7), 1462-4753;1462-4753 (2007 Nov)

Author(s): Oliver D

Institution: Elderly Care Medicine, University of Reading, Institute of Health Sciences, London Road, Reading. d.oliver@reading.ac.uk

Language: English

Abstract: The population is ageing in all developing nations. As treatments and survival rates improve for conditions affecting younger people, age-related problems linked to frailty, functional impairment and long term conditions will pose an ever larger challenge to health and social care systems. Falls and associated injuries or loss of function are such a problem. Effective falls intervention strategies mean that primary care and community nursing must play a central role, as many patients will never present to hospital services, nor could hospital services cope--for instance one in three people over 65 will fall in a given year and one in two women will sustain a fracture during their lifetime. Fall and fracture prevention has, until the past few years, been a low priority in service delivery, training and research. However, its importance as a public health challenge has been increasingly recognized in government policy and in clinical guidelines, though we are still a long way off delivering evidence-based interventions and assessments to those who would benefit. There is plenty that clinicians can do to reduce the chance of further falls and injuries, to optimize patients' confidence and ability to cope and to use falls as a 'case-finding' trigger to address a host of other, often unrecognized problems. There is plenty community nurses can do in initial assessment, intervention and monitoring. This article sets out the key practice points and in particular the key sources of evidence for practice development.

Country of Publication: England

Publication Type: Journal Article; Review

Subject Headings: [Accident Prevention](#)
[Accidental Falls/pc \[Prevention & Control\]](#)
[Accidental Falls/sn \[Statistics & Numerical Data\]](#)
[*Accidental Falls](#)
[Accidents, Home/pc \[Prevention & Control\]](#)
[Accidents, Home/px \[Psychology\]](#)
[Accidents, Home/sn \[Statistics & Numerical Data\]](#)
[Adaptation, Psychological](#)
[Age Distribution](#)
[Age Factors](#)
[Aged](#)
[Clinical Trials as Topic](#)
[*Community Health Nursing/og \[Organization & Administration\]](#)
[Evidence-Based Medicine](#)
[Fractures, Bone/ep \[Epidemiology\]](#)
[Fractures, Bone/et \[Etiology\]](#)
[Frail Elderly/px \[Psychology\]](#)
[*Frail Elderly/sn \[Statistics & Numerical Data\]](#)
[Geriatric Assessment](#)
[Great Britain/ep \[Epidemiology\]](#)
[Humans](#)
[*Nurse's Role](#)
[Nursing Assessment](#)
[Patient Education as Topic](#)
[Practice Guidelines as Topic](#)
[Primary Health Care/og \[Organization & Administration\]](#)
[Risk Assessment](#)
[Risk Factors](#)
[Self Efficacy](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [EBSCO Host](#)

49. Falls prevention for older people with dementia.

Citation: Nursing Standard, October 2007, vol./is. 22/6(50-5; quiz 56), 0029-6570;0029-6570 (2007 Oct 17-23)

Author(s): Chaabane F

Institution: Sussex Partnership NHS Trust, Worthing, West Sussex.
 fiona.chaabane@sussexpartnership.nhs.uk

Language: English

Abstract: This article discusses the issues that can lead to older people with dementia sustaining falls in mental health services. Strategies to reduce the likelihood of such events occurring are discussed.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [*Accidental Falls/pc \[Prevention & Control\]](#)
[Aged](#)
[*Dementia/pp \[Physiopathology\]](#)
[Education, Continuing](#)
[Great Britain](#)
[Hospitals, Psychiatric](#)
[Humans](#)
[Risk Factors](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [EBSCO Host](#)
Available in *fulltext* at [ProQuest](#)

50. Falls in older people.

Citation: Independent Nurse, October 2007(35-6), 1747-9800 (2007 1 Oct)
Author(s): Oliver, D
Abstract: Clinical Focus series. The implications, risks and causes of falls in older people in the community. Interventions to prevent falls and fractures are reviewed and the demand for services in secondary care are discussed. 10 refs.
Subject Headings: [Elderly : Accidents](#)
[Fractures](#)
[Accident Prevention](#)
Source: BNI

51. Developing an integrated falls prevention strategy.

Citation: Nursing Times, October 2007, vol./is. 103/41(30-1), 0954-7762 (2007 9 Oct)
Author(s): Pigford, C
Abstract: Integrated falls prevention strategy for older people in Sunderland Teaching PCT to meet the demands of the NSF. Its objectives and processes are described, including the appointment of a falls co-ordinator, risk assessment procedures and a falls register. The use of the Sunderland Falls Risk Assessment Tool and the development of falls resource packs and staff training sessions are discussed. 5 refs.
Subject Headings: [Accident Prevention](#)
[Elderly : Accidents](#)
Source: BNI

52. Improving education in falls prevention.

Citation: Nursing & Residential Care, September 2007, vol./is. 9/9(407-9), 1465-9301 (2007 Sep)
Author(s): Mitchell, E; Lawes, H
Abstract: The use of 'falls education audits' to reduce the incidence of falls among older people. An audit of falls prevention learning in 2 PCTs and care homes in Dorset is described, which identified weaknesses in current training and resulted in education being offered in a range of formats: on-line, an independent learning manual and group training sessions. 7 refs.
Subject Headings: [Elderly : Accidents](#)
[Accident Prevention](#)
[Professional Development](#)
[Education : Methods](#)
Source: BNI

53. A break in service.

Citation: Nursing Standard, September 2007, vol./is. 22/3(24-5), 0029-6570;0029-6570 (2007 Sep 26-Oct 2)
Author(s): Carlowe J
Language: English
Abstract: Despite an ageing population and the human and economic costs of falls and osteoporotic fractures, there is no incentive for GPs to identify people at risk. But there is renewed pressure for change.
Country of Publication: England

Publication Type: Journal Article

Subject Headings: [*Accidental Falls/pc \[Prevention & Control\]](#)
[Accidental Falls/sn \[Statistics & Numerical Data\]](#)
[Aged](#)
[Evidence-Based Medicine](#)
[*Family Practice/og \[Organization & Administration\]](#)
[Fractures, Bone/et \[Etiology\]](#)
[Fractures, Bone/pc \[Prevention & Control\]](#)
[Geriatric Assessment](#)
[Great Britain/ep \[Epidemiology\]](#)
[Health Services Accessibility](#)
[*Health Services for the Aged/og \[Organization & Administration\]](#)
[Humans](#)
[Nurse's Role](#)
[Nursing Assessment](#)
[Osteoporosis/ep \[Epidemiology\]](#)
[*Osteoporosis/pc \[Prevention & Control\]](#)
[Outcome Assessment \(Health Care\)](#)
[*Quality Assurance, Health Care/og \[Organization & Administration\]](#)
[Risk Assessment](#)
[*State Medicine/og \[Organization & Administration\]](#)

Source: MEDLINE

54. Assessing falls in older people.

Citation: Nursing Older People, September 2007, vol./is. 19/7(33-6; quiz 37), 1472-0795;1472-0795 (2007 Sep)

Author(s): MacIntosh G; Joy J

Institution: Division of Nursing and Health Care, University of Glasgow, Glasgow.

Language: English

Abstract: For an older person in hospital a fall can have devastating consequences, prolonging hospital stay and leading to loss of confidence. Falls cost the NHS between pounds 5340 and pounds 12,500 per patient in delayed discharge, and can cause nurses to question their own practice and blame themselves. Further, the efforts of clinicians and researchers implementing falls prevention interventions are hampered because of inconsistencies in assessing risk. The use of falls risk assessment tools varies throughout the U.K. In Scotland some hospitals use them while others do not. Unlike England and Wales, Scotland has no national guidelines. To deal with this problem, the authors conclude that it is important to develop an evidence-based guideline that covers the whole of the UK.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [*Accidental Falls/pc \[Prevention & Control\]](#)
[Age Factors](#)
[Aged](#)
[Aged, 80 and over](#)
[Environment Design](#)
[*Geriatric Assessment/mt \[Methods\]](#)
[*Geriatric Nursing](#)
[Great Britain](#)
[Humans](#)
[Length of Stay](#)
[Risk Assessment](#)
[Risk Factors](#)
[Safety](#)

Source: MEDLINE

55. Factors affecting adherence to use of hip protectors amongst residents of nursing homes--a correlation study.

Citation:	International Journal of Nursing Studies, July 2007, vol./is. 44/5(672-86), 0020-7489;0020-7489 (2007 Jul)
Author(s):	O'Halloran PD; Cran GW; Beringer TR; Kernohan G; Orr J; Dunlop L; Murray LJ
Institution:	School of Nursing and Midwifery, Queen's University Belfast, UK. p.ohalloran@qub.ac.uk
Language:	English
Abstract:	<p>BACKGROUND: Hip protectors are protective pads designed to cover the greater trochanter and attenuate or disperse the force of a fall sufficiently to prevent a hip fracture. Promising results from randomised controlled trials in nursing homes have resulted in hip protectors being widely recommended in the health care literature and in national guidelines. OBJECTIVES: The objectives of the study were to identify characteristics of individual residents, and the organisational features of the homes in which they live, which may affect adherence to wearing hip protectors. DESIGN: An observational, correlation study designed to identify factors related to adherence. SETTING: Forty nursing and residential homes in the UK. PARTICIPANTS: 1346 residents of the homes who were not confined to bed and with no pressure sore on the hip. METHODS: The introduction of an evidence-based policy to offer Safehip hip protectors to residents free of charge and with support from a nurse facilitator. Adherence to wearing the hip protectors was observed over 72 weeks. RESULTS: Initial acceptance of the hip protectors was 37.2%. Continued adherence was 23.9% at 24 weeks; 23.2% at 48 weeks; and 19.9% at 72 weeks. Greater adherence was associated with the following individual resident characteristics: a greater degree of dependency (95% CI 1.39-3.78) and cognitive impairment (95% CI 1.01-2.98); being male rather than female (95% CI 1.06-2.48). Greater adherence was also associated with the following organisational characteristics of homes: fewer changes of senior manager during the study period (95% CI 1.01-8.51), and being resident in a home with a resident profile showing a greater proportion of residents with a higher degree of dependency (95% CI 1.04-1.27). There was wide a variation in the degree of success in implementation between homes (adherence of 0-100% at 24 weeks). CONCLUSIONS: Those implementing a policy of introducing hip protectors into nursing and residential homes should consider targeting residents with cognitive impairment. Such residents are at greater risk of hip fracture and appear to be more likely to continue wearing hip protectors. Those charged with implementing changes in practice or policy should consider how the context for implementation can be optimised to increase the likelihood of success.</p>
Country of Publication:	England
Publication Type:	Journal Article
Subject Headings:	<p> *Accidental Falls/pc [Prevention & Control] Accidental Falls/sn [Statistics & Numerical Data] Activities of Daily Living/px [Psychology] Aged Aged, 80 and over Cognition Disorders/pc [Prevention & Control] Diffusion of Innovation Evidence-Based Medicine Female Geriatric Assessment Great Britain Hip Fractures/et [Etiology] *Hip Fractures/pc [Prevention & Control] Humans Logistic Models Longitudinal Studies Male Middle Aged </p>

[Nurse Administrators/og \[Organization & Administration\]](#)
[Nursing Homes/og \[Organization & Administration\]](#)
[*Nursing Homes](#)
[Nursing Methodology Research](#)
[Organizational Culture](#)
[Organizational Innovation](#)
[Organizational Policy](#)
[*Patient Compliance/px \[Psychology\]](#)
[Patient Compliance/sn \[Statistics & Numerical Data\]](#)
[Personnel Turnover](#)
[*Protective Devices/ut \[Utilization\]](#)
[Sex Factors](#)
[Time Factors](#)

Source: MEDLINE

56. Multi-modal exercise programs for older adults.

Citation: Age & Ageing, July 2007, vol./is. 36/4(375-81), 0002-0729 (2007 Jul)
Author(s): Baker, M; Atlantis, E; Singh, M
Abstract: Literature review studying randomised controlled trials of resistance, aerobic and balance-related exercise programmes to prevent falls in older people. Outcome measurements concerning function, physiology, psychology and quality of life, together with patient adherence and adverse effects are described. 30 refs.
Subject Headings: [Elderly : Accidents](#)
[Physical Fitness](#)
[Balance](#)
[Accident Prevention](#)
Source: BNI

57. Falls in the elderly: what can be done?

Citation: Int Nursing Review, June 2007, vol./is. 54/2(191-6), 0020-8132 (2007 Jun)
Author(s): Akyol, A
Abstract: Overview of causes and prevention of falls in the elderly, including the necessity of undertaking a full evaluation of the patient who falls including medications prescribed, physical assessment and other risk factors. A home safety checklist is included and a series of interventions is suggested which may reduce the risk of falling. 21 refs.
Subject Headings: [Elderly : Accidents](#)
[Risk Management](#)
[Accident Prevention](#)
Source: BNI

58. Recommendations for promoting the engagement of older people in activities to prevent falls.

Citation: Quality & Safety in Health Care, June 2007, vol./is. 16/3(230-4), 1475-3898 (2007 Jun)
Author(s): Yardley, L; Beyer, N; Hauer, K
Abstract: Development of recommendations by Prevention of Falls Network Europe (ProFaNE) to maximise the acceptability of falls prevention interventions in older people. The evidence-base for the interventions was assessed and recommendations were discussed emphasising raising awareness, publicity, social encouragement, the meeting of needs and preferences, and self management. 30 refs.
Subject Headings: [Standards and Guidelines](#)
[Elderly : Accidents](#)
[Accident Prevention](#)
Source: BNI

59. Internet provision of tailored advice on falls prevention activities for older people: a randomized controlled evaluation.

Citation:	Health Promotion International, June 2007, vol./is. 22/2(122-8), 0957-4824;0957-4824 (2007 Jun)
Author(s):	Yardley L; Nyman SR
Institution:	School of Psychology, University of Southampton, Highfield, Southampton SO17 1BJ, UK. l.yardley@soton.ac.uk
Language:	English
Abstract:	Falls are very common in older persons and can result in substantial disability and distress. By undertaking strength and balance training (SBT) exercises, older people can reduce their risk of falling. The Internet offers a potentially cost-effective means of disseminating information about SBT to older people and their carers. A particular advantage of using the Internet for this purpose is that the advice given can be 'tailored' to the needs of the individual. This study used a randomized controlled design to evaluate an interactive web-based program that tailored advice about undertaking SBT activities. The participants were 280 people with an age range of 65-97 years recruited by advertising the website by email and the Internet. Those randomized to the tailored advice were presented with advice tailored to their personal self-rated balance capabilities, health problems and activity preferences. Those in the control group were presented with all the advice from which the tailored advice was selected. After reading the advice, those in the tailored advice group (n = 144) had more positive attitudes ($p < 0.01$) than those in the control group (n = 136), reporting greater perceived relevance of the SBT activities, greater confidence in the ability to carry them out, and hence stronger intentions to undertake the activities. This study provides an initial indication that an interactive website might offer a cost-effective way to provide personalized advice to some older people. Further research is required to determine whether website-based advice on falls prevention changes behavior as well as intentions and whether the advice needs to be supplemented by other forms of support.
Country of Publication:	England
Publication Type:	Journal Article; Randomized Controlled Trial; Research Support, Non-U.S. Gov't
Subject Headings:	*Accidental Falls/pc [Prevention & Control] Aged Aged, 80 and over Female Great Britain Health Promotion Humans *Internet Male
Source:	MEDLINE

60. Falls prevention and assessment.

Citation:	Br J Healthcare Assistants, April 2007, vol./is. 1/1(10-4), 1753-1586 (2007 Apr)
Author(s):	Anthony, L
Abstract:	Risk factors for falls in older people in hospitals and the community, including intrinsic/personal and extrinsic/environmental factors. Falls assessment, assessment tools and the impact on the NHS and the individual are discussed and practical strategies are suggested for prevention of falls. 10 refs.
Subject Headings:	Elderly : Accidents Accident Prevention Risk Management
Source:	BNI

61. A multifactorial fall prevention programme in home-dwelling elderly people; a randomized controlled trial.

Citation: Public Health, April 2007, vol./is. 121/4(308-18), 0033-3506 (2007 Apr)

Author(s): Sjosten, N; Salonoja, M; Piirtola, M

Abstract: Research in Finland on the implementation and effectiveness of a risk-based falls prevention programme among people over 65 living at home. The impact of the 1 year intervention, which included individual assessment and guidance, exercise, group activities, lectures and home hazards assessment, was compared to the control group, who received only one-off counselling. 30 refs.

Subject Headings: [Accident Prevention](#)
[Elderly : Accidents](#)
[Physical Fitness](#)

Source: BNI

62. Mind your step! A falls prevention programme designed to reduce falls in those over 75 years.

Citation: Quality in Ageing, March 2007, vol./is. 8/1(10-22), 1471-7794 (2007 Mar)

Author(s): Conn, L

Abstract: Research to evaluate a falls prevention programme among the elderly. Risk factors including balance, visual impairment, impaired cognition or depression or postural hypotension in the older people studied were measured. Extrinsic risk factors such as the state of footwear, and risks in the home environment were included. 56 refs.

Subject Headings: [Elderly : Accidents](#)
[Accident Prevention](#)

Source: BNI

63. Flooring as an intervention to reduce injuries from falls in healthcare settings: an overview.

Citation: Quality in Ageing, March 2007, vol./is. 8/1(3-9), 1471-7794 (2007 Mar)

Author(s): Drahota, A; Gal, D; Windsor, J

Abstract: Literature review on flooring in healthcare settings and falls in the elderly. The status of research on floors in healthcare settings to reduce the incidence of injury resulting from falls in older people in hospital is reviewed. Current evidence on different types of flooring for injury prevention is discussed. 39 refs.

Subject Headings: [Elderly : Accidents](#)
[Accident Prevention](#)

Source: BNI

64. Reducing the risk of falls, part 1.

Citation: Nursing & Residential Care, March 2007, vol./is. 9/3(120-2), 1465-9301 (2007 Mar)

Author(s): Swann, J

Abstract: 1st of 2 articles on falls, especially among older people and in care homes. The impact of falling, in personal terms and costs to the NHS, is described and guidance on risk assessment and indicators is given. Factors contributing to falls, strategies for prevention and immediate management of the patient are discussed. 6 refs.

Subject Headings: [Elderly : Accidents](#)
[Risk Management](#)
[Accident Prevention](#)
[Nursing Homes](#)

Source: BNI

65. Falling targets.

Citation: Nursing Older People, March 2007, vol./is. 19/2(16-7), 1472-0795 (2007 Mar)

Author(s): O'Dowd, A

Abstract: The effectiveness of healthcare services dealing with falls. The work of the Royal College of Physicians in measuring how trusts in England are dealing with falls in the elderly, research on falls data by the National Patient Safety Agency and a protocol for assessing risk factors for falls are described.

Subject Headings: [Elderly : Accidents](#)
[Balance](#)
[Accident Prevention](#)
[Standards and Guidelines](#)

Source: BNI

66. Gender and the risk of falling: a sociological approach.

Citation: J Advanced Nursing, January 2007, vol./is. 57/1(69-76), 0309-2402 (2007 Jan)

Author(s): Horton, K

Abstract: Qualitative research into gender differences in the way older people perceive risk of falling and causes of falls. Older people in the South of England with a history of falls in the previous year were interviewed to determine the meaning of the risk of falling and actions to prevent falls, and influence of gender was studied. 34 refs.

Subject Headings: [Gender Issues](#)
[Elderly : Accidents](#)
[Accident Prevention](#)
[Balance](#)

Source: BNI

67. Strategies to prevent falls and fractures in hospitals and care homes and effect of cognitive impairment: systematic review and meta-analyses.

Citation: BMJ, January 2007, vol./is. 334/7584(82-5), 0959-8138 (2007 13 Jan)

Author(s): Oliver, D; Connelly, J; Victor, C

Abstract: Systematic review and meta analysis of the evidence for use of strategies to prevent falls in inpatients and care home residents. Strategies reviewed include single or multifaceted approaches involving use of hip protectors, physical restraint, fall alarm devices, exercises, consideration of types of flooring, and vitamin supplement. The impact of dementia on effectiveness of interventions was also considered. 20 refs.

Subject Headings: [Accident Prevention](#)
[Elderly : Accidents](#)
[Dementia](#)
[Fractures](#)

Source: BNI

68. Comprehensive fall prevention programs across settings: a review of the literature.

Citation: Geriatric Nursing, 2007, vol./is. 28/5(306-11), 0197-4572 (2007 Sep/Oct)

Author(s): MacCulloch, P; Gardner, T; Bonner, A

Abstract: Literature review on fall prevention and management. Risk factors for falls are discussed and interventions to decrease falls are examined. Information on national programmes and public policy in the USA relating to falls in the elderly is provided. 59 refs.

Subject Headings: [Elderly : Accidents](#)
[Balance](#)
[Accident Prevention](#)

Source: BNI

69. Strategies to reduce risk of fall-related injuries in rehabilitation nursing.

Citation: Rehabilitation Nursing, 2007, vol./is. 32/3(120-5), 0278-4807 (2007 May/Jun)

Author(s): Quigley, P; Bulat, T; Hart-Hughes, S

Abstract: Literature review on methods to reduce falls in at-risk patients, including the elderly. Interdisciplinary interventions, including exercise, environmental redesign, osteoporosis prevention and the use of hip protectors, are described, and the role of rehabilitation nurses in implementing these interventions is discussed. 46 refs.

Subject Headings: [Elderly : Accidents](#)
[Rehabilitation Nursing](#)
[Accident Prevention](#)
[Patients : Accidents](#)

Source: BNI

70. Fall prevention in assisted living: assessment and strategies.

Citation: Geriatric Nursing, 2007, vol./is. 28/6(349-57), 0197-4572 (2007 Nov/Dec)

Author(s): Mitty, E; Flores, S

Abstract: Causes and risk factors of falls in the elderly. A standard fall prevention programme, criteria for an occurrence report, quality improvement monitoring, and a formula to calculate the monthly fall rate within an assisted living residence are outlined. 30 refs.

Subject Headings: [Elderly : Accidents](#)
[Elderly : Services](#)
[Accident Prevention](#)

Source: BNI

71. Improvements in healthcare and cost benefits associated with botulinum toxin treatment of spasticity and muscle overactivity.

Citation: European Journal of Neurology, December 2006, vol./is. 13 Suppl 4/(27-34), 1351-5101;1468-1331 (2006 Dec)

Author(s): Esquenazi A

Institution: Department of Physical Medicine and Rehabilitation, Gait and Motion Analysis Laboratory, MossRehab and Albert Einstein Medical Centre, Elkins Park, PA 19027, USA. aesquena@einstein.edu

Language: English

Abstract: Spasticity is a widespread, disabling form of muscle overactivity affecting patients with central nervous system damage resulting in upper motor neurone syndrome. There is a range of effective therapies for the treatment of spasticity (e.g. physical, anaesthetic, chemodenervation and neurolytic injections, systemic medication and surgery), but all therapies must be based on an individualized, multidisciplinary programme targeted to achieve patient goals. Appropriate therapy should be based on the extent and severity of spasticity, but spasticity and its consequences, regardless of presentation or cause, are commonly treated with systemic agents. This may be ill-advised as systemic treatment is associated with many undesirable effects. In particular, elderly patients with post-stroke spasticity are at risk from the central adverse effects of systemic medication (e.g. sedation and gait disturbance), which make them more susceptible to falling, with an associated increased risk of fracture. The rising costs of fracture care and its sequelae are fast becoming an international problem contributing to high healthcare expenditure. Botulinum toxin type-A (BoNT-A) treatment is highly effective for some of the more common forms of spasticity and muscle overactivity, and has a favourable profile when compared with systemic agents and other focal treatments. Therefore, the clinical benefits of BoNT-A treatment outweigh the apparent high costs of this intervention, showing it to be a cost-effective treatment.

Country of Publication: England

CAS Registry Number: 0 (Botulinum Toxin Type A)

Publication Type: Journal Article; Research Support, Non-U.S. Gov't; Review

Subject Headings: [Accidental Falls/ec \[Economics\]](#)
[Accidental Falls/pc \[Prevention & Control\]](#)
[Aged](#)
[*Botulinum Toxin Type A/ec \[Economics\]](#)
[*Botulinum Toxin Type A/tu \[Therapeutic Use\]](#)
[Cost-Benefit Analysis](#)
[Drug Costs](#)
[Fractures, Bone/ec \[Economics\]](#)
[Fractures, Bone/et \[Etiology\]](#)
[Fractures, Bone/pc \[Prevention & Control\]](#)
[Great Britain](#)
[Humans](#)
[Muscle Spasticity/co \[Complications\]](#)
[*Muscle Spasticity/dt \[Drug Therapy\]](#)
[Muscle Spasticity/rh \[Rehabilitation\]](#)
[Physical Therapy Modalities/ec \[Economics\]](#)

Source: MEDLINE

72. Falls.

Citation: Nursing Older People, November 2006, vol./is. 18/10(16-8), 1472-0795;1472-0795 (2006 Nov)

Author(s): Short R

Language: English

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [*Accidental Falls/pc \[Prevention & Control\]](#)
[Aged](#)
[Geriatric Assessment](#)
[Great Britain](#)
[*Health Services for the Aged/og \[Organization & Administration\]](#)
[Health Services for the Aged/st \[Standards\]](#)
[Humans](#)
[Inservice Training](#)
[*Management Audit](#)
[Practice Guidelines as Topic](#)
[Risk Assessment](#)

Source: MEDLINE

73. Falls.

Citation: Nursing Older People, November 2006, vol./is. 18/10(16-8), 1472-0795 (2006 Nov)

Author(s): Short, R

Abstract: The provision of integrated falls services within NHS trusts. The Royal College of Physicians' 'National Audit of the Organisation of Services for Falls and Bone Health' (2006) and NICE clinical guidelines on falls (2004) are described with examples of good practice from Falkirk, King's College Hospital, and the Southwark and Lambeth Integrated Care Pathway for Older People with Falls. 7 refs.

Subject Headings: [Elderly : Accidents](#)
[Accident Prevention](#)
[Standards and Guidelines](#)

Source: BNI

74. Falls prevention.

Citation: Nursing & Residential Care, November 2006, vol./is. 8/11(498-502), 1465-9301 (2006 Nov)

Author(s): Nazarko, L

Abstract: The use of falls prevention services, with special reference to care homes. A 3 step guide to a falls prevention service is presented and risk factors, prevention and harm minimisation strategies are discussed. The implications of sedation, poor vision and inappropriate footwear or walking aids are reviewed. 27 refs.

Subject Headings: [Elderly : Accidents](#)
[Accident Prevention](#)
[Nursing Homes](#)

Source: BNI

75. Older people's views of falls-prevention interventions in six European countries.

Citation: Gerontologist, October 2006, vol./is. 46/5(650-60), 0016-9013 (2006 Oct)

Author(s): Yardley, L; Bishop, F; Beyer, N

Abstract: Research exploring the attitudes of community-dwelling 69 to 97 year olds living in the UK, Denmark, Germany, Switzerland and the Netherlands concerning falls-prevention interventions provided in those countries. Semi-structured interviews were used to identify motivations and barriers for participation in falls-prevention programmes and views on their usefulness. 46 refs.

Subject Headings: [Elderly : Accidents](#)
[Patients : Education](#)
[Accident Prevention](#)
[Patients : Attitudes and Perceptions](#)

Source: BNI

76. Reducing falls in the elderly.

Citation: Australian Nursing J, September 2006, vol./is. 14/3(31), 1320-3185 (2006 Sep)

Author(s): Bellew, M

Abstract: Description of the Canberra Hospital Falls and Balance Clinic where protocols have been implemented with the aim of reducing falls in older people. The clinic takes an evidence based approach to the management and treatment of falls and provides a multidisciplinary assessment of elderly people at risk of falling. It is reported that the clinic actively promotes falls prevention programmes. 1 ref.

Subject Headings: [Elderly : Accidents](#)
[Balance](#)
[Standards and Guidelines](#)
[Accident Prevention](#)

Source: BNI

77. Planning to improve the hospital experience for older inpatients.

Citation: Nursing Times, September 2006, vol./is. 102/39(30-1), 0954-7762;0954-7762 (2006 Sep 26-Oct 2)

Author(s): Lawson C

Institution: East Somerset NHS Trust.

Language: English

Abstract: It is estimated that by 2031 the number of people aged 65 and over will exceed 15 million and comprise 23% of the whole population (Central Office of Information, 2006). This population shift will have dramatic effects on healthcare provision and it is essential not only that the services are in place to meet this demand but also that nurses have the skills to care for this age group.

Country of Publication: England

Publication Type: Journal Article; Review

Subject Headings: [Accidental Falls/pc \[Prevention & Control\]](#)
[Activities of Daily Living](#)
[Aged/ph \[Physiology\]](#)
[*Aged/px \[Psychology\]](#)
[Aged/sn \[Statistics & Numerical Data\]](#)
[*Attitude to Health](#)
[Geriatric Assessment](#)
[Geriatric Nursing/ed \[Education\]](#)
[Geriatric Nursing/og \[Organization & Administration\]](#)
[Great Britain](#)
[Health Services Needs and Demand](#)
[*Hospitalization](#)
[Humans](#)
[Malnutrition/et \[Etiology\]](#)
[Malnutrition/pc \[Prevention & Control\]](#)
[Nurse's Role/px \[Psychology\]](#)
[Nursing Assessment](#)
[Patient Care Team/og \[Organization & Administration\]](#)
[Population Dynamics](#)
[Safety Management/og \[Organization & Administration\]](#)
[State Medicine/og \[Organization & Administration\]](#)
[*Total Quality Management/og \[Organization & Administration\]](#)

Source: MEDLINE

78. Taking steps to reduce falls.

Citation: Nursing Times, August 2006, vol./is. 102/31(16-7), 0954-7762;0954-7762 (2006 Aug 1-7)

Author(s): Vere-Jones E

Language: English

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [Accidental Falls/mo \[Mortality\]](#)
[*Accidental Falls/pc \[Prevention & Control\]](#)
[Accidental Falls/sn \[Statistics & Numerical Data\]](#)
[Aged](#)
[Cost of Illness](#)
[Geriatric Assessment](#)
[*Geriatric Nursing/og \[Organization & Administration\]](#)
[Great Britain/ep \[Epidemiology\]](#)
[Health Promotion/og \[Organization & Administration\]](#)
[Health Services Accessibility/og \[Organization & Administration\]](#)
[Health Services Needs and Demand](#)
[*Health Services for the Aged/og \[Organization & Administration\]](#)
[Humans](#)
[Nurse Clinicians/og \[Organization & Administration\]](#)
[Nursing Assessment](#)
[Risk Factors](#)
[*State Medicine/og \[Organization & Administration\]](#)

Source: MEDLINE

79. Older people's views of advice about falls prevention: a qualitative study.

Citation: Health Education Research, August 2006, vol./is. 21/4(508-17), 0268-1153 (2006 Aug)

Author(s): Yardley, L; Donovan-Hall, M; Francis, K

Abstract: Research to gain an understanding into the experiences and perceptions of the elderly regarding falls prevention advice and messages presented to them, and when advice is not helpful. The usefulness of falls prevention advice and the connotations of falls for the elderly are discussed. 34 refs.

Subject Headings: [Elderly : Accidents](#)
[Health Attitudes](#)
[Accident Prevention](#)

Source: BNI

80. Economic analysis of a community-based falls prevention program.

Citation: Public Health, August 2006, vol./is. 120/8(742-51), 0033-3506 (2006 Aug)

Author(s): Beard, J; Rowell, D; Scott, D

Abstract: Research in Canada analysing the cost-benefits of the 'Stay on Your Feet' community-based falls prevention programme, aimed at older people. The costs of the programme were compared with 2 estimates of the money saved by avoiding hospital admission. 21 refs.

Subject Headings: [Accident Prevention](#)
[Elderly : Accidents](#)
[Financial Management](#)

Source: BNI

81. Supporting older people: Promoting falls prevention.

Citation: British Journal of Community Nursing, June 2006, vol./is. 11/6(247-8, 250), 1462-4753;1462-4753 (2006 Jun)

Author(s): Holmes P

Institution: Help the Aged, London.

Language: English

Abstract: In this article, brought to you in association with Help the Aged, Pamela Holmes reviews the development of falls prevention programmes in the UK, and reinforces their importance to older people.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [Accident Prevention](#)
[*Accidental Falls/pc \[Prevention & Control\]](#)
[Accidental Falls/sn \[Statistics & Numerical Data\]](#)
[Activities of Daily Living](#)
[Aged/px \[Psychology\]](#)
[Aged/sn \[Statistics & Numerical Data\]](#)
[Attitude to Health](#)
[Charities/og \[Organization & Administration\]](#)
[*Community Health Nursing/og \[Organization & Administration\]](#)
[Geriatric Assessment](#)
[*Geriatric Nursing/og \[Organization & Administration\]](#)
[Great Britain/ep \[Epidemiology\]](#)
[Health Education/og \[Organization & Administration\]](#)
[*Health Promotion/og \[Organization & Administration\]](#)

[Humans](#)
[Mobility Limitation](#)
[Practice Guidelines as Topic](#)
[Program Development](#)
[Teaching Materials](#)

Source: MEDLINE

82. Taking a stand against falls.

Citation: Nursing Times, May 2006, vol./is. 102/19(16-7), 0954-7762 (2006 9 May)
Author(s): Vere-Jones, E
Abstract: Profile of a Nursing Times Award winning initiative to reduce falls among residents of nursing homes. A community nurse team devised simple but practical solutions to risk management and promoted awareness of the problem within the community.
Subject Headings: [Nursing Homes](#)
[Community Nursing](#)
[Elderly : Accidents](#)
[Accident Prevention](#)
Source: BNI

83. Take steps to protect your patient from falls.

Citation: Nursing, April 2006, vol./is. 36/4(24-5), 0360-4039 (2006 Apr)
Author(s): Jasniewski, J
Abstract: Healthier Aging series. Risk factors for falls in the elderly and interventions to prevent falls, including risk modification and fall assessment. 2 refs.
Subject Headings: [Elderly : Accidents](#)
[Elderly : Nursing](#)
[Accident Prevention](#)
[Patient Assessment](#)
Source: BNI

84. Evaluation of an integrated falls education group programme.

Citation: Nursing Older People, February 2006, vol./is. 18/1(21-4), 1472-0795 (2006 Feb)
Author(s): Mitchell, E
Abstract: The development and evaluation of a falls education programme for older people in the community in north and west Dorset. Programme content, outcomes and analysis are discussed. 28 refs.
Subject Headings: [Elderly : Accidents](#)
[Patients : Education](#)
[Accident Prevention](#)
Source: BNI

85. Prevention of falls and consequent injuries in elderly people.

Citation: Lancet, November 2005, vol./is. 366/9500(1885-93), 0140-6736 (2005 26 Nov)
Author(s): Kannus, P; Sievanen, H; Palvanen, M
Abstract: Literature review on injuries resulting from falls in older people, focusing on methods and programmes for prevention. Strategies include balance training, dietary supplements and hip protectors. 142 refs.
Subject Headings: [Elderly : Accidents](#)
[Accident Prevention](#)
Source: BNI

86. Four steps to safety: promoting falls prevention.

Citation: Nursing & Residential Care, November 2005, vol./is. 7/11(519-22), 1465-9301 (2005 Nov)

Author(s): Stanley, G; Donnelly, B; Witchard, S

Abstract: Development and implementation of an evidence-based framework to reduce falls and injuries in care homes. A care homes support team in South London designed the 'Four Steps to Safety' framework, based on training/falls assessment, hip protectors, promotion of exercise and supplementation of calcium and vitamin D to reduce osteoporosis. 18 refs.

Subject Headings: [Nursing Homes](#)
[Elderly : Accidents](#)
[Accident Prevention](#)

Source: BNI

87. Slips, trips and broken hips.

Citation: Nursing & Residential Care, November 2005, vol./is. 7/11(485), 1465-9301 (2005 Nov)

Author(s): Finucane, C

Abstract: Editorial on preventing falls and fractures in older people, with special reference to care homes. A website which has been developed to help older people prevent themselves falling is described. 1 ref.

Subject Headings: [Elderly : Accidents](#)
[Nursing Homes](#)
[Accident Prevention](#)
[Fractures](#)

Source: BNI

88. Randomised trial of prevention of falls in people aged >75 with severe visual impairment: the VIP trial.

Citation: BMJ, October 2005, vol./is. 331/7520(817-20), 0959-8138 (2005 8 Oct)

Author(s): Campbell, A; Robertson, M; La Grow, S

Abstract: Research by randomised controlled trial in New Zealand into the effectiveness of 2 strategies intended to prevent falls in elderly people with impaired vision. Physiotherapists delivered the home-based Otago exercise programme plus vitamin D supplementation, and numbers of falls and costs were compared with a home safety assessment and modification programme. 20 refs.

Subject Headings: [Elderly : Accidents](#)
[Accident Prevention](#)
[Visual Impairment](#)
[Physical Fitness](#)

Source: BNI

89. Adverse events and near miss reporting in the NHS.

Citation: Quality & Safety in Health Care, August 2005, vol./is. 14/4(279-83), 1475-3898;1475-3901 (2005 Aug)

Author(s): Shaw R; Drever F; Hughes H; Osborn S; Williams S

Institution: National Patient Safety Agency, London, UK.

Language: English

Abstract: OBJECTIVES: To conduct a multicentre study on adverse event and near miss reporting in the NHS and to explore the feasibility of creating a national system for collecting these data. DESIGN: Prospective voluntary reporting by staff with anonymised transfer of data was used by a national system to collect data from 18 NHS trusts. PARTICIPANTS: Staff

from 12 acute trusts, three mental health trusts, two ambulance trusts, and one primary care trust. MAIN OUTCOMES MEASURED: Number of incidents, date and time of incident, patient age and sex, clinical speciality, location, outcome, risk rating, type and description of incident. RESULTS: A total of 28 998 incidents were reported including 11 766 (41%) slips, trips and falls, 2514 (9%) medication management incidents, 2429 (8%) resource issues, and 2164 (7%) treatment issues. 138 catastrophic and 260 major adverse outcomes were reported. Slips, trips and falls (n = 11 766) were the most common type of incident. CONCLUSIONS: Voluntary reporting by staff when linked to a multicentre data collecting system can yield information on a large number of incidents. This provides support for the principle of creating a national IT system to collect and analyse incident data.

Country of Publication: England

Publication Type: Comparative Study; Journal Article

Subject Headings: [Accidental Falls/pc \[Prevention & Control\]](#)
[Accidental Falls/sn \[Statistics & Numerical Data\]](#)
[Adolescent](#)
[Adult](#)
[Aged](#)
[Aged, 80 and over](#)
[Child](#)
[Female](#)
[Government Agencies](#)
[Great Britain](#)
[Hospital Departments](#)
[Humans](#)
[Male](#)
[Medical Errors/pc \[Prevention & Control\]](#)
[Medical Errors/sn \[Statistics & Numerical Data\]](#)
[Middle Aged](#)
[Prospective Studies](#)
[*Quality Assurance, Health Care](#)
[*Risk Management](#)
[*Safety Management](#)
[*State Medicine](#)

Source: MEDLINE

90. Why modelling a complex intervention is an important precursor to trial design: lessons from studying an intervention to reduce falls-related injuries in older people.

Citation: Journal of Health Services & Research Policy, July 2005, vol./is. 10/3(133-42), 1355-8196;1355-8196 (2005 Jul)

Author(s): Eldridge S; Spencer A; Cryer C; Parsons S; Underwood M; Feder G

Institution: Department of General Practice and Primary Care, Queen Mary University of London, UK. s.eldridge@qmul.ac.uk

Language: English

Abstract: OBJECTIVES: To develop a cost-effectiveness model of a complex intervention from pilot study data in order to inform the viability and design of a subsequent falls prevention trial. METHODS: We used two models; the first estimated the probability of falling over a 12-month period based on a probability tree; the second used Markov simulation to assess the impact of the programme over time. RESULTS: The first model indicated that our intervention would reduce the proportion falling by only 2.8% over a 12-month period. The major reason for this small effect was that less than a quarter of older people at risk of falling were assessed using our screening tool. Even if policy-makers were willing to spend 30,000 pounds per quality-adjusted life-year gained, there is only a 40% chance that the intervention would be cost-effective. Sensitivity analyses showed that the only scenarios that produced a substantial increase in the effect of the intervention were those in which all older people are assessed. CONCLUSIONS: The model-building

approach described in this paper is vital when designing complex trials and where a trial is not possible. Information from the modelling can be used to re-design the intervention. The effectiveness of our proposed intervention appears very small due to its inability to reach those at risk of falling. It is most likely not to be cost-effective. If inability to reach the target group is a weakness common to other similar interventions, this suggests an area for further research.

Country of Publication: England

Publication Type: Comparative Study; Journal Article; Research Support, Non-U.S. Gov't

Subject Headings: [*Accidental Falls/pc \[Prevention & Control\]](#)
[Aged](#)
[Aged, 80 and over](#)
[Cost-Benefit Analysis](#)
[*Decision Support Techniques](#)
[Great Britain](#)
[Humans](#)
[Markov Chains](#)
[Pilot Projects](#)
[State Medicine](#)

Source: MEDLINE

91. Reducing falls among the elderly.

Citation: Independent Nurse, June 2005, 1747-9800 (2005 13 Jun)

Author(s): Wild, S

Abstract: Initiative co-ordinated by the National Falls Collaborative to reduce falls in older people in Northumberland. Examples of schemes are given, including the production of a video which involved elderly people and children.

Subject Headings: [Elderly : Accidents](#)
[Accident Prevention](#)

Source: BNI

92. A comparative study of the use of four fall risk assessment tools on acute medical wards.

Citation: Journal of the American Geriatrics Society, June 2005, vol./is. 53/6(1034-8), 0002-8614;0002-8614 (2005 Jun)

Author(s): Vassallo M; Stockdale R; Sharma JC; Briggs R; Allen S

Institution: Kings Mill Hospital, Sutton in Ashfield, United Kingdom.
 michael.vassallo@rbch-tr.swest.nhs.uk

Language: English

Abstract: OBJECTIVES: To compare the effectiveness of four falls risk assessment tools (STRATIFY, Downton, Tullamore, and Tinetti) by using them simultaneously in the same environment. DESIGN: Prospective, open, observational study. SETTING: Two acute medical wards admitting predominantly older patients. PARTICIPANTS: One hundred thirty-five patients, 86 female, mean age \pm standard deviation 83.8 \pm 8.01 (range 56-100). MEASUREMENTS: A single clinician prospectively completed the four falls risk assessment tools. The extent of completion and time to complete each tool was recorded. Patients were followed until discharge, noting the occurrence of falls. The sensitivity, specificity, negative predictive accuracy, positive predictive accuracy, and total predictive accuracy were calculated. RESULTS: The number of patients that the STRATIFY correctly identified (n=90) was significantly higher than the Downton (n=46; P<.001), Tullamore (n=66; P=.005), or Tinetti (n=52; P<.001) tools, but the STRATIFY had the poorest sensitivity (68.2%). The STRATIFY was also the only tool that could be fully completed in all patients (n=135), compared with the Downton (n=130; P=.06), Tullamore (n=130; P=.06), and Tinetti (n=17; P<.001). The time required to complete the STRATIFY tool (average 3.85 minutes) was significantly less than for the Downton (6.34

minutes; $P < .001$), Tinetti (7.4 minutes; $P < .001$), and Tullamore (6.25 minutes; $P < .001$). The Kaplan-Meier test showed that the STRATIFY (log rank $P = .001$) and Tullamore tools (log rank $P < .001$) were effective at predicting falls over the first week of admission. The Downton (log rank $P = .46$) and Tinetti tools (log rank $P = .41$) did not demonstrate this characteristic. CONCLUSION: Significant differences were identified in the performance and complexity between the four risk assessment tools studied. The STRATIFY tool was the shortest and easiest to complete and had the highest predictive value but the lowest sensitivity.

Country of Publication: United States
Publication Type: Comparative Study; Evaluation Studies; Journal Article
Subject Headings: [*Accidental Falls/pc \[Prevention & Control\]](#)
[*Acute Disease/th \[Therapy\]](#)
[Aged](#)
[Aged, 80 and over](#)
[Female](#)
[Great Britain](#)
[Humans](#)
[Length of Stay/sn \[Statistics & Numerical Data\]](#)
[Male](#)
[Middle Aged](#)
[*Patients' Rooms/sn \[Statistics & Numerical Data\]](#)
[Predictive Value of Tests](#)
[Prospective Studies](#)
[Risk Assessment/mt \[Methods\]](#)
Source: MEDLINE

93. Ask the experts.

Citation: Nursing Older People, May 2005, vol./is. 17/3(14-5), 1472-0795 (2005 May)
Author(s): Abley, C; Hayes, N; Webster, J
Abstract: A forum of nurse consultants debate best practice in falls and falls prevention services for older people. The role of NICE guidelines, falls risk assessment, awareness and risk reduction are discussed. 4 refs.
Subject Headings: [Elderly : Accidents](#)
[Accident Prevention](#)
[Balance](#)
Source: BNI

94. Ask the experts? Integrated falls service.

Citation: Nursing Older People, May 2005, vol./is. 17/3(14-5), 1472-0795;1472-0795 (2005 May)
Author(s): Abley C; Hayes N; Lewis D; Mansfield S; Morgan A; Nazarko L; Webster J
Institution: King's College Hospital NHS Trust.
Language: English
Country of Publication: England
Publication Type: Journal Article
Subject Headings: [*Accidental Falls/pc \[Prevention & Control\]](#)
[Aged](#)
[*Delivery of Health Care, Integrated/og \[Organization & Administration\]](#)
[Great Britain](#)
[Health Plan Implementation](#)
[*Health Promotion/og \[Organization & Administration\]](#)
[*Health Services for the Aged/og \[Organization & Administration\]](#)

[Humans](#)
[Practice Guidelines as Topic](#)

Source: MEDLINE

95. Falls prevention in older people.

Citation: Community Practitioner, April 2005, vol./is. 78/4(127-8), 1462-2815 (2005 Apr)

Author(s): Daniel, K

Abstract: Description of 2 projects, with Queen's Nursing Institute funding, to teach best practice in preventing falls in elderly people. In Northumberland, Intergenerational Falls is working to promote awareness with children, young mothers and older people still living at home. In a West Gloucestershire PCT pilot scheme, nurse advisers in the care of elderly people are providing training for care home staff. 3 refs.

Subject Headings: [Elderly : Accidents](#)
[Accident Prevention](#)
[Residential Care](#)

Source: BNI

96. A primary falls prevention programme for older people in Hong Kong.

Citation: Br J Community Nursing, April 2005, vol./is. 10/4(166-71), 1462-4753 (2005 Apr)

Author(s): Sze, P; Lam, P; Chan, J

Abstract: Research on the development, implementation and evaluation of a primary falls prevention programme in Hong Kong. The programme aimed to raise the awareness of older people living in the community and train staff and volunteers. Questionnaires assessed participants' increased knowledge. 25 refs.

Subject Headings: [Elderly : Accidents](#)
[Health Promotion](#)
[Accident Prevention](#)
[Professional Development](#)

Source: BNI

97. Falls prevention in older people.

Citation: Community Practitioner, April 2005, vol./is. 78/4(127-8), 1462-2815;1462-2815 (2005 Apr)

Author(s): Daniel K

Language: English

Country of Publication: England

Publication Type: News

Subject Headings: [*Accidental Falls/pc \[Prevention & Control\]](#)
[Accidental Falls/sn \[Statistics & Numerical Data\]](#)
[Aged](#)
[Child](#)
[Great Britain](#)
[*Health Education/mt \[Methods\]](#)
[*Health Services for the Aged/og \[Organization & Administration\]](#)
[Homes for the Aged/og \[Organization & Administration\]](#)
[Homes for the Aged/sn \[Statistics & Numerical Data\]](#)
[Humans](#)
[Intergenerational Relations](#)

Source: MEDLINE

98. Screening elderly women for risk of future fractures--participation rates and impact on incidence of falls and fractures.

Citation:	Calcified Tissue International, April 2005, vol./is. 76/4(243-8), 0171-967X;0171-967X (2005 Apr)
Author(s):	Barr RJ; Stewart A; Torgerson DJ; Seymour DG; Reid DM
Institution:	Department of Medicine and Therapeutics, University of Aberdeen, Aberdeen, UK.
Language:	English
Abstract:	<p>We have assessed the acceptability of a method for screening for risk of future hip fracture in elderly women. After receipt of an initial response to a mailed risk-factor questionnaire sent out to 5,306 women, women were randomly assigned to active or control groups. The active group was invited to participate in a screening visit that comprised a life-style questionnaire and a quantitative ultrasound heel scan. General practitioners (GPs) of women who were found to be in the lowest quartile of broadband ultrasound attenuation and/or who had two or more risk factors for hip fracture were advised to prescribe a calcium and vitamin D supplement. A second mailed questionnaire was sent to both groups 1 to 3 years later. Compared with the control group, the active group had a 56% lower risk of fracture (odds ratio [OR], 0.44; 95% confidence interval [CI], 0.24-0.81 adjusted age, weight, and treatment status). At follow-up, the proportion of fallers in the active group (25.3%) was lower than that in the control group (29.6%) (P = 0.064). The control group was found to have a higher rate of falls at follow-up than the active group (95% CI, 0.02-0.22); no difference was found at baseline (95% CI, -0.08 to +0.14). The screening method used was found to be acceptable to the majority of elderly women in this study. Screening the elderly in this way together with simple advice on treatment appears to reduce the age-associated increase in fall rates and the number of subsequent fractures. This form of screening may provide a cost-effective method to reduce falls and fractures in free-living elderly women. However, no such cost-effectiveness analysis has been performed to date.</p>
Country of Publication:	United States
Publication Type:	Clinical Trial; Journal Article; Randomized Controlled Trial; Research Support, Non-U.S. Gov't
Subject Headings:	*Accidental Falls/pc [Prevention & Control] Activities of Daily Living Aged Calcaneus/pp [Physiopathology] Calcaneus/us [Ultrasonography] Female Great Britain/ep [Epidemiology] Health Status Hip Fractures/ep [Epidemiology] *Hip Fractures/pc [Prevention & Control] Humans Life Style *Mass Screening/mt [Methods] Odds Ratio Osteoporosis, Postmenopausal/ep [Epidemiology] Osteoporosis, Postmenopausal/pp [Physiopathology] Osteoporosis, Postmenopausal/us [Ultrasonography] Patient Participation/sn [Statistics & Numerical Data] *Patient Participation Risk Assessment Risk Factors
Source:	MEDLINE

99. Prevention of falls: a time to translate evidence into practice.

Citation: Age & Ageing, March 2005, vol./is. 34/2(98-100), 0002-0729 (2005 Mar)

Author(s): Close, J

Abstract: Editorial on the increase of research into falls prevention in older people, and the impact of the NICE guideline 'Falls: the assessment and prevention of falls in older people' (2004) on clinical practice. 15 refs.

Subject Headings: [Elderly : Accidents](#)
[Accident Prevention](#)
[Evidence Based Practice](#)

Source: BNI

100. Research shows how we can prevent falls in old age.

Citation: Br J Nursing, March 2005, vol./is. 14/5(245), 0966-0461 (2005 10 Mar)

Author(s): Scott, H

Abstract: Editorial on new research into preventing falls in older people. The importance of positive falls prevention activities such as exercise to improve strength and balance, rather than negative interventions such as advice to refrain from certain activities, is emphasised. 1 ref.

Subject Headings: [Accident Prevention](#)
[Elderly : Accidents](#)
[Patients : Psychology](#)

Source: BNI

101. Reducing the impact of osteoporosis on older people.

Citation: Nursing & Residential Care, March 2005, vol./is. 7/3(110-4), 1465-9301 (2005 Mar)

Author(s): Flanagan, M

Abstract: Definition of osteoporosis and how it affects both men and women. Strategies for the prevention of osteoporosis and reducing the incidence of falls are discussed, with special reference to older patients in nursing homes. 18 refs.

Subject Headings: [Osteoporosis](#)
[Elderly : Accidents](#)
[Accident Prevention](#)
[Nursing Homes](#)

Source: BNI

102. Research shows how we can prevent falls in old age.

Citation: British Journal of Nursing, March 2005, vol./is. 14/5(245), 0966-0461;0966-0461 (2005 Mar 10-23)

Author(s): Scott H

Language: English

Country of Publication: England

Publication Type: Editorial

Subject Headings: [*Accidental Falls/pc \[Prevention & Control\]](#)
[Aged](#)
[*Geriatric Nursing/mt \[Methods\]](#)
[Great Britain](#)
[Humans](#)
[Patient Education as Topic/mt \[Methods\]](#)
[Voluntary Health Agencies](#)

Source: MEDLINE

103. Prevention of falls--a time to translate evidence into practice.

Citation: Age & Ageing, March 2005, vol./is. 34/2(98-100), 0002-0729;0002-0729 (2005 Mar)

Author(s): Close JC

Language: English

Country of Publication: England

Publication Type: Comment; Editorial

Subject Headings: [*Accidental Falls/pc \[Prevention & Control\]](#)
[Accidental Falls/sn \[Statistics & Numerical Data\]](#)
[Aged](#)
[Aged, 80 and over](#)
[*Evidence-Based Medicine](#)
[Great Britain](#)
[Humans](#)
[Outcome and Process Assessment \(Health Care\)](#)
[Periodicals as Topic/td \[Trends\]](#)
[*Practice Guidelines as Topic](#)
[Publishing/td \[Trends\]](#)
[Randomized Controlled Trials as Topic](#)

Source: MEDLINE

104. Are we falling at the first hurdle? Estimating under-recording of falls in Accident and Emergency.

Citation: Journal of Public Health, March 2005, vol./is. 27/1(33-5), 1741-3842;1741-3842 (2005 Mar)

Author(s): Atri J; Pugh RN; Bowden D

Institution: Department of Public Health Medicine, Walsall Teaching Primary Care Trust, Lichfield House, 27-31 Lichfield Street, Walsall WS1 1TE, UK. jyoti.atri@walsall.nhs.uk

Language: English

Abstract: BACKGROUND: Accident and Emergency (A and E) is the first port of call for most people who have experienced an injurious fall. This provides the potential for identifying patients who may benefit from preventative interventions. This study aims to estimate the percentage of falls attendances that are not recorded on computerised A and E records. METHODS: A retrospective cohort study design was used to study patients attending A and E with falls related injuries. RESULTS: The survey revealed poor recording of falls with 38 per cent (95 per cent CI +/- 8.82 per cent) of patient reported falls not recorded on computerised A and E records. More than half of those reporting a fall as the reason for attendance at A and E, reported previous falls, with 21 per cent reporting subsequent falls. CONCLUSIONS: A and E could play an important role in secondary falls prevention. Improving recording of falls in A and E is an essential prerequisite.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [Accidental Falls/pc \[Prevention & Control\]](#)
[*Accidental Falls/sn \[Statistics & Numerical Data\]](#)
[Aged](#)
[Cohort Studies](#)
[Documentation/sn \[Statistics & Numerical Data\]](#)
[Emergencies/ep \[Epidemiology\]](#)
[*Emergency Service, Hospital/ut \[Utilization\]](#)
[Forms and Records Control](#)
[Great Britain/ep \[Epidemiology\]](#)
[Humans](#)
[*Medical Records Systems, Computerized](#)
[Middle Aged](#)

Questionnaires
 Retrospective Studies
 Wounds and Injuries/ep [Epidemiology]
 *Wounds and Injuries/et [Etiology]

Source: MEDLINE

105. A pilot investigation of the efficacy of falls risk assessment tools and prevention strategies in an elderly hip fracture population.

Citation: J Orthopaedic Nursing, February 2005, vol./is. 9/1(27-34), 1361-3111 (2005 Feb)
Author(s): Jester, R; Wade, S; Henderson, K
Abstract: Research to investigate the predictive accuracy of the Fall Risk Assessment Scale for the Elderly (FRASE) and St. Thomas's Risk Assessment Tool (STRATIFY), and whether falls prevention strategies reduced the number of falls in hip fracture patients. A quasi-experimental design compared the incidence of falls between retrospective and prospective groups of hip fracture patients. The fall risk status of the sample and the inter-rater reliability of the 2 tools were tested. 18 refs.
Subject Headings: [Elderly : Accidents](#)
[Accident Prevention](#)
[Hip Joint](#)
[Risk Management](#)

Source: BNI

106. Reducing the risk of falls among older people.

Citation: Nursing & Residential Care, February 2005, vol./is. 7/2(67-70), 1465-9301 (2005 Feb)
Author(s): Nazarko, L
Abstract: Incidence and causes of falls in older people in all settings. Causes and risk factors are reviewed and strategies for prevention are suggested. 48 refs.
Subject Headings: [Accident Prevention](#)
[Elderly : Accidents](#)

Source: BNI

107. The Osteoporosis Nurse Initiative: past, present and future.

Citation: Nursing Older People, February 2005, vol./is. 16/10(22-4), 1472-0795;1472-0795 (2005 Feb)
Author(s): Upton J
Institution: National Osteoporosis Society, Bath.
Language: English
Country of Publication: England
Publication Type: Journal Article
Subject Headings: [Accidental Falls/pc \[Prevention & Control\]](#)
[Aged](#)
[Community Health Nursing/ed \[Education\]](#)
[*Community Health Nursing/og \[Organization & Administration\]](#)
[Education, Nursing, Continuing/og \[Organization & Administration\]](#)
[Female](#)
[Forecasting](#)
[Fractures, Bone/et \[Etiology\]](#)
[Fractures, Bone/pc \[Prevention & Control\]](#)
[Great Britain/ep \[Epidemiology\]](#)
[Home Care Services/og \[Organization & Administration\]](#)
[Humans](#)

Inservice Training/og [Organization & Administration]
 Male
 *Mass Screening/og [Organization & Administration]
 Nursing Audit
 Organizational Objectives
 Osteoporosis/co [Complications]
 *Osteoporosis/di [Diagnosis]
 Osteoporosis/ep [Epidemiology]
 *Primary Health Care/og [Organization & Administration]
 *Risk Assessment/og [Organization & Administration]

Source: MEDLINE

108. A volunteer companion-observer intervention reduces falls on an acute aged care ward.

Citation: Int J Health Care Quality Assurance, 2005, vol./is. 18/1, 0952-6862 (2005)
Author(s): Donoghue, J; Graham, J; Mitten-Lewis, S
Abstract: Research in Australia to evaluate the use of volunteers on an acute ward for the elderly to sit with frail or confused patients at-risk for falls, providing constant monitoring and calling on nurses to restrain patients as necessary. The study recorded effects on numbers of incidents of falls, and the experiences of the volunteers and nurses of the role of observer and companion to patients. 15 refs.
Subject Headings: [Elderly : Accidents](#)
[Accident Prevention](#)
[Voluntary Organisations](#)
[Elderly : Services](#)
Source: BNI

109. Incidence and risk factors for developing fear of falling in older adults.

Citation: Public Health Nursing, 2005, vol./is. 22/1(45-52), 0737-1209 (2005 Jan/Feb)
Author(s): Lach, H
Abstract: Longitudinal research to determine the incidence, prevalence and risk factors for developing a fear of falling in older people. Emerging issues, including number of falls experienced, feeling unsteady and poor self-rated health are explored and recommendations are made for community nurses' assessment and interventions with older people. 29 refs.
Subject Headings: [Elderly : Accidents](#)
[Accident Prevention](#)
[Community Nursing](#)
Source: BNI

110. Use of time studies for determining intervention costs.

Citation: Nursing Research, 2005, vol./is. 54/4(280-4), 0029-6562 (2005 Jul/Aug)
Author(s): Findorff, M; Wyman, J; Croghan, C
Abstract: The use of time studies to calculate the personnel part of an intervention. The process for conducting a time study for determining personnel costs is described and a step by step example from a falls evaluation and prevention programme for older, community-dwelling women is given. 14 refs.
Subject Headings: [Research Methods](#)
[Financial Management](#)
[Elderly : Accidents](#)
[Accident Prevention](#)
Source: BNI

111. Restraints use and falls prevention.

Citation: J Perianesthesia Nursing, December 2004, vol./is. 19/6(433-6), 1089-9472 (2004 Dec)

Author(s): Saufl, N

Abstract: Preventing falls in the elderly. Standards relating to the use of restraints in the USA are given, followed by examples of the risks to patients from the use of restraints. Alternatives to the use of restraints and methods of fall prevention in the elderly are explored. 6 refs.

Subject Headings: [Seclusion and Restraint](#)
[Accident Prevention](#)
[Balance](#)
[Elderly : Accidents](#)

Source: BNI

112. Older and wiser. Interview by Alexis Nolan.

Citation: Health Service Journal, December 2004, vol./is. 114/5935(18-9), 0952-2271;0952-2271 (2004 Dec 9)

Author(s): Philp I

Language: English

Country of Publication: England

Publication Type: Interview

Subject Headings: [Accidental Falls/pc \[Prevention & Control\]](#)
[Aged](#)
[*Delivery of Health Care, Integrated](#)
[Great Britain/ep \[Epidemiology\]](#)
[*Health Priorities](#)
[*Health Services for the Aged/og \[Organization & Administration\]](#)
[Humans](#)
[*Social Work/og \[Organization & Administration\]](#)
[Stroke/mo \[Mortality\]](#)
[Stroke/pc \[Prevention & Control\]](#)

Source: MEDLINE

113. Falls prevention in residential care homes: a randomised controlled trial.

Citation: Age & Ageing, November 2004, vol./is. 33/6(596-602), 0002-0729 (2004 Nov)

Author(s): Dyer, C; Taylor, G; Reed, M

Abstract: Research by randomised controlled trial of a falls prevention programme in residential homes for older people in Wiltshire. The programme consisted of identification of risk factors for falls, environmental modification, 3 months gait and balance training, medication review, podiatry and optometry. 15 refs.

Subject Headings: [Accident Prevention](#)
[Elderly : Accidents](#)
[Balance](#)
[Residential Care](#)

Source: BNI

114. Preventing falls and injuries in Care homes.

Citation: Age & Ageing, November 2004, vol./is. 33/6(532-5), 0002-0729 (2004 Nov)

Author(s): Oliver, D; Masud, T

Abstract: Editorial on recent and on-going research studies on the prevention of falls and injuries among elderly residents in nursing homes. It is suggested that there is enough evidence to progress with multifactorial interventions. 27 refs.

Subject Headings: [Nursing Homes](#)
[Elderly : Accidents](#)
[Accident Prevention](#)

Source: BNI

115. A falls prevention exercise programme in a primary care trust.

Citation: Quality in Ageing, November 2004, vol./is. 5/3(25-32), 1471-7794 (2004 Nov)

Author(s): Dobrzanska, L; Crossland, D; Domanski, M

Abstract: Development of a falls prevention exercise programme as part of a falls referral pathway at North Bradford Primary Care Trust, for people over 65. The programme includes talks about nutrition, continence advice, home safety checks, walks, games and exercise classes. 17 refs.

Subject Headings: [Elderly : Accidents](#)
[Physical Fitness](#)
[Community Health Services](#)
[Accident Prevention](#)

Source: BNI

116. Education for people with progressive neurological conditions can have negative effects: evidence from a randomized controlled trial.

Citation: Clinical Rehabilitation, November 2004, vol./is. 18/7(717-25), 0269-2155;0269-2155 (2004 Nov)

Author(s): Ward CD; Turpin G; Dewey ME; Fleming S; Hurwitz B; Ratib S; von Fragstein M; Lymbery M

Institution: University of Nottingham, UK. c.d.ward@nottingham.ac.uk

Language: English

Abstract: OBJECTIVES: To test the effects of a home-based educational intervention in reducing the incidence and the risk of falls and pressure sores in adults with progressive neurological conditions. DESIGN: Randomized controlled trial with 12 months follow-up. SETTING: Participants' homes in the City of Nottingham. PARTICIPANTS: One hundred and fourteen people with progressive neurological conditions recruited from general practices in Nottingham, including 53 with Parkinson's disease and 45 with multiple sclerosis. INTERVENTIONS: In the education group (EG), baseline data were reviewed by an expert panel which advised on actions most likely to promote each individual's physical, social and psychological well-being. An occupational therapist (OT) then visited EG participants to provide education and information and to discuss a personalized 12-month health action plan. The comparison group (CoG) received standardized printed information delivered to their home. MAIN MEASURES: Numbers of participants reporting falls and skin sores at two-monthly phone calls during the follow-up period of 12 months. RESULTS: The EG reported significantly more falls during the follow-up period and at 12 months (adjusted odds ratio 2.83 (95% CI 1.07-7.47), $p=0.036$) and significantly more skin sores (adjusted odds ratio 12.74 (95% CI 1.14-142.6), $p=0.039$) than the CoG. There was no difference between CoG and EG in the Nottingham Extended Activities of Daily Living score, but EG patients showed a significant rise in this score over the study period of 1.62 (95% CI 0.69-2.55, $p=0.002$). CONCLUSIONS: Our findings provide evidence that education for people with progressive neurological conditions can have negative effects.

Country of Publication: England

Publication Type: Clinical Trial; Journal Article; Randomized Controlled Trial; Research Support, Non-U.S. Gov't

Subject Headings: [*Accidental Falls/pc \[Prevention & Control\]](#)
[Activities of Daily Living](#)
[Adult](#)
[Aged](#)
[Aged, 80 and over](#)
[Female](#)
[Great Britain/ep \[Epidemiology\]](#)
[Humans](#)
[Male](#)
[Middle Aged](#)
[*Multiple Sclerosis/co \[Complications\]](#)
[*Nervous System Diseases/co \[Complications\]](#)
[*Parkinson Disease/co \[Complications\]](#)
[*Patient Education as Topic/mt \[Methods\]](#)
[Pressure Ulcer/ep \[Epidemiology\]](#)
[*Pressure Ulcer/et \[Etiology\]](#)
[Pressure Ulcer/pc \[Prevention & Control\]](#)
[Questionnaires](#)
[Social Class](#)
[Treatment Failure](#)

Source: MEDLINE

117. Preventing falls and injuries in care homes.

Citation: Age & Ageing, November 2004, vol./is. 33/6(532-5), 0002-0729;0002-0729 (2004 Nov)
Author(s): Oliver D; Masud T
Language: English
Country of Publication: England
Publication Type: Comment; Editorial
Subject Headings: [*Accidental Falls/pc \[Prevention & Control\]](#)
[Accidental Falls/sn \[Statistics & Numerical Data\]](#)
[Aged](#)
[Great Britain](#)
[*Homes for the Aged](#)
[Humans](#)
[Incidence](#)
[Risk Factors](#)
[Wounds and Injuries/ep \[Epidemiology\]](#)
[*Wounds and Injuries/pc \[Prevention & Control\]](#)

Source: MEDLINE

118. Program sustainability of a community-based intervention to prevent falls among older Australians.

Citation: Health Promotion Int, September 2004, vol./is. 19/3(281-8), 0957-4824 (2004 Sep)
Author(s): Barnett, L; Van Beurden, E; Eakin, E
Abstract: Qualitative research in Australia to investigate the sustainability and effectiveness of the Stay on Your Feet programme, a multidisciplinary strategy to reduce falls in older people living in the community. Elderly participants and community staff were examined for their recall of the programme and the effect on their practice or behaviour. 28 refs.
Subject Headings: [Elderly : Accidents](#)
[Accident Prevention](#)

Source: BNI

119. Fall-prevention programs for the elderly: a Bayesian secondary meta-analysis.

Citation: Canadian J Nursing Research, September 2004, vol./is. 36/3(49-64), 0844-5621 (2004 Sep)

Author(s): Lucke, J

Abstract: Comparison of 2 methods of data analysis: the Neyman-Pearson-Wald (NPW) and Bayesian statistical traditions. After describing and comparing these traditions, a meta-analysis of programmes to reduce falls in the elderly is carried out using the standard NPW method and 2 Bayesian methods, and conclusions drawn as to which is more effective. 34 refs.

Subject Headings: [Research Methods](#)
[Elderly : Accidents](#)
[Accident Prevention](#)

Source: BNI

120. Explaining about preventing falls.

Citation: Working with Older People, September 2004, vol./is. 8/3(7-9), 1366-3666 (2004 Sep)

Author(s): Duncan, S

Abstract: Description of Help the Aged's Preventing Falls programme which aims to reduce the risk of falls in older people and improve care for those who have fallen already. 4 refs.

Subject Headings: [Elderly : Accidents](#)
[Accident Prevention](#)

Source: BNI

121. Reducing the likelihood of falls in older people.

Citation: Nursing Standard, August 2004, vol./is. 18/49(33-40), 0029-6570 (2004 18 Aug)

Author(s): Kelly, A; Dowling, M

Abstract: Literature review of causes and prevention of falls. Different methods of patient risk assessment are described. 59 refs.

Subject Headings: [Elderly : Accidents](#)
[Patient Assessment](#)
[Accident Prevention](#)
[Balance](#)

Source: BNI

122. Using targeted risk factor reduction to prevent falls in older in-patients: a randomised controlled trial.

Citation: Age & Ageing, July 2004, vol./is. 33/4(390-5), 0002-0729 (2004 Jul)

Author(s): Healey, F; Monro, A; Cockram, A

Abstract: Research by randomised controlled trial to assess the effectiveness of a falls prevention programme in geriatric hospital wards. The programme included a pre-printed care plan, a summary of falls risk factors, and local advice such as optical testing arrangements. 9 refs.

Subject Headings: [Elderly : Accidents](#)
[Accident Prevention](#)
[Patients : Admission](#)
[Care Plans and Planning](#)

Source: BNI

123. Prevention of falls in hospital inpatients: agendas for research and practice.

Citation: Age & Ageing, July 2004, vol./is. 33/4(328-30), 0002-0729 (2004 Jul)

Author(s): Oliver, D

Abstract: Editorial on the need for, and difficulty in carrying out, research into ways of preventing falls among hospital patients. 19 refs.

Subject Headings: [Elderly : Accidents](#)
[Accident Prevention](#)
[Research and Development](#)

Source: BNI

124. Development and preliminary examination of the predictive validity of the Falls Risk Assessment Tool (FRAT) for use in primary care.

Citation: Journal of Public Health, June 2004, vol./is. 26/2(138-43), 1741-3842;1741-3842 (2004 Jun)

Author(s): Nandy S; Parsons S; Cryer C; Underwood M; Rashbrook E; Carter Y; Eldridge S; Close J; Skelton D; Taylor S; Feder G; Falls Prevention Pilot Steering Group

Institution: Department of General Practice and Primary Care, Queen Mary's School of Medicine and Dentistry, London.

Language: English

Abstract: BACKGROUND: There is no validated assessment of an older person's risk of falling that is easily applied in primary care. We aimed to develop a two-part tool for use in primary care or the community. Part 1 includes a rapid assessment of the individual's risk of falling for administration by clinical or non-clinical staff. Part 2 (for clinical staff) includes guidance on further assessment, referral and interventions. We assessed the predictive validity of part 1. METHODS: The tool was developed by an expert panel following the updating of an existing systematic review of community-based prospective studies identifying risk factors for falling and modified in accordance with the feedback from extensive piloting. We assessed predictive validity by a questionnaire survey sent at baseline and 6 months to a random sample of 1000 people aged over 65 in one Primary Care Group area. RESULTS: Five items were included in part 1: history of any fall in the previous year, four or more prescribed medications, diagnosis of stroke or Parkinson's disease, reported problems with balance, inability to rise from a chair without using arms. The presence of three or more risk factors had a positive predictive value for a fall in the next 6 months of 0.57 (95 per cent confidence interval 0.43-0.69). Less than three risk factors had a negative predictive value of 0.86 (0.82-0.89), and a specificity of 0.92 (0.88-0.94). CONCLUSION: The tool may be useful for identifying people who would benefit from further assessment of their risk of falling and appropriate intervention.

Country of Publication: England

Publication Type: Journal Article; Validation Studies

Subject Headings: [Accident Prevention/mt \[Methods\]](#)
[*Accidental Falls/pc \[Prevention & Control\]](#)
[Aged](#)
[Aged, 80 and over](#)
[Cohort Studies](#)
[Female](#)
[*Geriatric Assessment/mt \[Methods\]](#)
[Great Britain](#)
[Humans](#)
[Interdisciplinary Communication](#)
[Logistic Models](#)
[Male](#)
[Pilot Projects](#)
[*Primary Health Care/mt \[Methods\]](#)
[*Questionnaires](#)
[*Risk Assessment/mt \[Methods\]](#)
[Risk Factors](#)

Source: MEDLINE

125. Preventing falls in older people: evaluating a peer education approach.

Citation: Br J Community Nursing, May 2004, vol./is. 9/5(195-200), 1462-4753 (2004 May)

Author(s): Allen, T

Abstract: Research evaluating the effectiveness of a falls prevention programme for older people in Bradford using peer educators to present group sessions. Questionnaires examined reactions to the presentations and participants' falls history and knowledge about falls. 23 refs.

Subject Headings: [Accident Prevention](#)
[Elderly : Accidents](#)
[Health Promotion](#)

Source: BNI

126. Promoting a safe environment for confused older people at risk from falling in hospital.

Citation: J Orthopaedic Nursing, May 2004, vol./is. 8/2(72-6), 1361-3111 (2004 May)

Author(s): Walker, W

Abstract: Literature review on falls prevention in hospital, with reference to confused older patients. The causes of confusion, through delirium or dementia are identified and differentiated. Strategies for risk assessment and provision of a safe environment are suggested. 27 refs.

Subject Headings: [Elderly : Accidents](#)
[Dementia](#)
[Elderly : Mental Health](#)
[Accident Prevention](#)

Source: BNI

127. Prevention of falls in older people: the Weymouth and Portland project.

Citation: Nursing Older People, April 2004, vol./is. 16/2(14-6), 1472-0795 (2004 Apr)

Author(s): Mitchell, E

Abstract: Research in Dorset on the effectiveness of a new post to undertake community assessment of elderly patients identified as being at risk of falling. Pre- and post-intervention outcome measures were assessed to evaluate the effectiveness of the falls assistant in preventing falls and supporting patients. 22 refs.

Subject Headings: [Elderly : Accidents](#)
[Accident Prevention](#)
[Patient Assessment](#)
[Risk Management](#)

Source: BNI

128. Falls prevention.

Citation: Practice Nurse, February 2004, vol./is. 27/4(32-4), 0953-6612 (2004 27 Feb)

Author(s): Hayes, N

Abstract: Suggested interventions to achieve the National Service Framework for Older People standard to reduce falls in elderly people. The recently published NICE Fall Clinical Guidelines: First Consultation are discussed, and a list of clinically effective interventions from a recent Cochrane review are listed, including screening, home hazard assessment and muscle strengthening programmes. 14 refs.

Subject Headings: [Elderly : Accidents](#)
[Accident Prevention](#)
[Standards and Guidelines](#)

Source: BNI

129. The impact and management of falls in care homes.

Citation: Nursing & Residential Care, February 2004, vol./is. 6/2(63-5), 1465-9301 (2004 Feb)

Author(s): Kirby, C; Maher, N

Abstract: Causes, risk factors, prevention and consequences of falls. 21 refs.

Subject Headings: [Nursing Homes](#)
[Elderly : Accidents](#)
[Accident Prevention](#)

Source: BNI

130. Falls among older people: identifying those at risk.

Citation: Nursing Older People, February 2004, vol./is. 15/10(14-6), 1472-0795;1472-0795 (2004 Feb)

Author(s): Wang SY; Wollin J

Institution: School of Nursing, Queensland University of Technology, Kelvin Grove, Queensland, Australia.

Language: English

Country of Publication: England

Publication Type: Journal Article; Review

Subject Headings: [*Accidental Falls/pc \[Prevention & Control\]](#)
[Accidental Falls/sn \[Statistics & Numerical Data\]](#)
[Activities of Daily Living](#)
[Aged](#)
[*Geriatric Assessment](#)
[Great Britain/ep \[Epidemiology\]](#)
[Health Priorities](#)
[Health Services for the Aged/st \[Standards\]](#)
[Humans](#)
[*Nursing Assessment/mt \[Methods\]](#)
[*Risk Assessment/mt \[Methods\]](#)
[Risk Factors](#)
[State Medicine/st \[Standards\]](#)

Source: MEDLINE

131. The importance of accurately assessing orthostatic hypotension.

Citation: Geriatric Nursing, 2004, vol./is. 25/2(99-101), 0197-4572 (2004 Mar/Apr)

Author(s): Irvin, D; White, M

Abstract: Literature review of procedural inconsistencies in nursing assessment of orthostatic hypotension. The poor level of assessment in patients receiving psychotropic medications is discussed. Recommendations are given for obtaining accurate orthostatic measurements as part of preventing falls and fractures in the elderly. 24 refs.

Subject Headings: [Elderly : Accidents](#)
[Blood Pressure](#)
[Accident Prevention](#)
[Psychiatric Disorders : Drug Therapy](#)

Source: BNI

132. Effectiveness of home visit falls prevention strategy for Taiwanese community-dwelling elders: randomised trial.

Citation: Public Health Nursing, 2004, vol./is. 21/3(247-56), 0737-1209 (2004 May/Jun)

Author(s): Huang, T; Acton, G

Abstract: Research to test the effectiveness of an intervention designed to prevent falls in elderly people without dementia. The intervention consisted of individualised fall prevention teaching, assessment of risk factors and an individualised brochure. 42 refs.

Subject Headings: [Elderly : Accidents](#)
[Literature and Writing](#)
[Accident Prevention](#)
[Patients : Education](#)

Source: BNI

133. Effectiveness of home visit falls prevention strategy for Taiwanese community-dwelling elders: randomized trial.

Citation: Public Health Nursing, 2004, vol./is. 21/3(247-56), 0737-1209 (2004 May/Jun)

Author(s): Huang, T; Acton, G

Abstract: Research in Taiwan examining the benefits of home visits to assess the risks and check environmental and medication factors in order to reduce the possibility of falls among the elderly in the community. 42 refs.

Subject Headings: [Elderly : Accidents](#)
[Accident Prevention](#)
[Community Nursing](#)
[Home Care Services](#)

Source: BNI

134. Motion device: an alternative to physical restraints.

Citation: Geriatric Nursing, 2004, vol./is. 25/3(175), 0197-4572 (2004 May/Jun)

Author(s): Freeman, M

Abstract: Case report of the use of a motion device to detect any movement of the patient. The device is discussed as an alternative to physical restraints in nursing homes as a method of preventing falls in the elderly. 5 refs.

Subject Headings: [Nursing Homes](#)
[Elderly : Accidents](#)
[Accident Prevention](#)
[Seclusion and Restraint](#)

Source: BNI

135. An interdisciplinary approach to reducing fall risks and falls.

Citation: J Rehabilitation, 2004, vol./is. 70/4, 0022-4154 (2004)

Author(s): Hart-Hughes, S; Quigley, P; Bulat, T

Abstract: Research to evaluate an evidence-based multidisciplinary team approach to the assessment of falls risk and prevention planning at Veterans Falls clinics in the USA. 31 refs.

Subject Headings: [Elderly : Accidents](#)
[Accident Prevention](#)
[Multidisciplinary Teams](#)
[Risk Management](#)

Source: BNI

136. Up and at 'em.

Citation: Nursing Standard, January 2004, vol./is. 18/20(18-9), 0029-6570;0029-6570 (2004 Jan 28-Feb 3)

Author(s): Swinburne C

Language: English

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [Accidental Falls/mo \[Mortality\]](#)
[*Accidental Falls/pc \[Prevention & Control\]](#)
[Accidental Falls/sn \[Statistics & Numerical Data\]](#)
[Aged/px \[Psychology\]](#)
[Aged/sn \[Statistics & Numerical Data\]](#)
[Attitude to Health](#)
[Community Health Nursing](#)
[*Exercise Therapy/mt \[Methods\]](#)
[Great Britain/ep \[Epidemiology\]](#)
[Humans](#)
[Morbidity](#)

Source: MEDLINE

137. Risk awareness is a vital factor in fall prevention.

Citation: Nursing Times, December 2003, vol./is. 99/49(37), 0954-7762 (2003 9 Dec)

Author(s): Du Preez, G

Abstract: Continuing professional development reflection on article by Perdue, C. Falls in older people: taking a multidisciplinary approach. Nursing Times. 2003. 5 Aug. 99(31). p28-30, focusing on the need for fall prevention in nursing homes. 1 ref.

Subject Headings: [Nursing Homes](#)
[Elderly : Accidents](#)
[Accident Prevention](#)
[Risk Management](#)

Source: BNI

138. Partners in falls prevention.

Citation: Community Practitioner, November 2003, vol./is. 76/11(413), 1462-2815 (2003 Nov)

Author(s): White, E

Abstract: Following the success of 3 pilot projects to reduce the incidence of falls among the elderly, the Health Development Agency and National Primary Care Development Team have decided to make the scheme national. 1 ref.

Subject Headings: [Elderly : Accidents](#)
[Accident Prevention](#)

Source: BNI

139. The impact of falls on quality of life: empowering older women to address falls prevention.

Citation: Quality in Ageing, November 2003, vol./is. 4/3(5-13), 1471-7794 (2003 Nov)

Author(s): Weeks, L; Roberto, K

Abstract: Qualitative research into factors affecting the risk of falls in older women and precautions taken. Also examines the physical and psychosocial impact of a fall. 33 refs.

Subject Headings: [Elderly : Accidents](#)
[Health Psychology](#)
[Accident Prevention](#)

Source: BNI

140. Older people. Shifting the balance.

Citation: Health Service Journal, November 2003, vol./is. 113/5883(28-9), 0952-2271;0952-2271 (2003 Nov 27)

Author(s): Edwards N

Language: English

Abstract: Falls prevention pilots cut incidents by 60 per cent in three primary care trusts. Replication across the country would save 600,000 bed days a year. Pilots are expanding to eight PCTs and work is spreading to nutrition.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [Accidental Falls/ec \[Economics\]](#)
[*Accidental Falls/pc \[Prevention & Control\]](#)
[Accidental Falls/sn \[Statistics & Numerical Data\]](#)
[Aged](#)
[Cost Savings](#)
[Great Britain/ep \[Epidemiology\]](#)
[Humans](#)
[Outcome Assessment \(Health Care\)](#)
[Pilot Projects](#)
[Primary Health Care/og \[Organization & Administration\]](#)
[State Medicine/og \[Organization & Administration\]](#)

Source: MEDLINE

141. Risk awareness can contribute to optimal health.

Citation: Nursing Times, October 2003, vol./is. 99/40(33), 0954-7762 (2003 7 Oct)

Author(s): Dowse, J

Abstract: Continuing professional development, reflection on article by Purdue, C. (Spelt Perdue in original article). Falls in older people: taking a multidisciplinary approach. Nursing Times. 2003. 5 Aug. 99(31). p28-30, focusing on the value of falls prevention. 1 ref.

Subject Headings: [Elderly : Accidents](#)
[Accident Prevention](#)
[Risk Management](#)

Source: BNI

142. The prevalence of bedrail use in British hospitals.

Citation: Age & Ageing, September 2003, vol./is. 32/5(555-6), 0002-0729;0002-0729 (2003 Sep)

Author(s): Mildner R; Snell A; Arora A; Sims D; Wales E

Language: English

Country of Publication: England

Publication Type: Comment; Letter

Subject Headings: [Accidental Falls/pc \[Prevention & Control\]](#)
[Aged](#)
[*Beds/sn \[Statistics & Numerical Data\]](#)
[Great Britain/ep \[Epidemiology\]](#)
[Humans](#)
[*Restraint, Physical/sn \[Statistics & Numerical Data\]](#)

Source: MEDLINE

143. Falls and bone health services for older people.

Citation: Age & Ageing, September 2003, vol./is. 32/5(494-6), 0002-0729;0002-0729 (2003 Sep)

Author(s): Close JC; McMurdo ME; British Geriatrics Society Falls and Bone Health Section

Institution: King's College Hospital (Dulwich), East Dulwich Grove, London SE22 8PT, UK.
jacqueline.close@kcl.ac.uk

Language: English

Abstract: The evidence base for prevention of falls in older people continues to grow, yet implementation of successful strategies has been slow. Moreover, despite a reasonable knowledge base, non-evidence-based services are being developed and receiving funding. Excellent guidelines exist to inform commissioners and service providers alike. This paper serves to provide simple and digestible guidance on the key components of a comprehensive falls service as derived from the existing evidence base.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [*Accidental Falls/pc \[Prevention & Control\]](#)
[Aged](#)
[Evidence-Based Medicine](#)
[Fractures, Bone/et \[Etiology\]](#)
[*Fractures, Bone/pc \[Prevention & Control\]](#)
[*Frail Elderly](#)
[Great Britain](#)
[*Health Services for the Aged/st \[Standards\]](#)
[Humans](#)
[Osteoporosis/co \[Complications\]](#)
[Practice Guidelines as Topic](#)
[State Medicine/st \[Standards\]](#)

Source: MEDLINE

144. Falls in older people: taking a multidisciplinary approach.

Citation: Nursing Times, August 2003, vol./is. 99/31(28-30), 0954-7762 (2003 5 Aug)

Author(s): Perdue, C

Abstract: Causes and consequences of falls and multidisciplinary involvement in prevention. 17 refs.

Subject Headings: [Elderly : Accidents](#)
[Accident Prevention](#)
[Multidisciplinary Teams](#)
[Balance](#)

Source: BNI

145. Reducing the incidence of falls and hip fractures in care homes.

Citation: Nursing Times, June 2003, vol./is. 99/24(38-40), 0954-7762 (2003 17 Jun)

Author(s): Johnson, T; Binney, S

Abstract: Initiative on preventing falls by use of hip protectors, including staff awareness and training. 17 refs.

Subject Headings: [Elderly : Accidents](#)
[Accident Prevention](#)
[Hip Joint](#)
[Nursing Homes](#)

Source: BNI

146. A randomized controlled trial of an enhanced balance training program to improve mobility and reduce falls in elderly patients.

Citation: Journal of the American Geriatrics Society, June 2003, vol./is. 51/6(847-52), 0002-8614;0002-8614 (2003 Jun)

Author(s): Steadman J; Donaldson N; Kalra L

Institution: Department of Physiotherapy, Orpington Hospital, Bromley Hospitals NHS Trust, Orpington, United Kingdom.

Language: English

Abstract: OBJECTIVES: To evaluate the effectiveness of an enhanced balance training program in improving mobility and well-being of elderly people with balance problems. DESIGN: Prospective, single-blind, randomized, controlled trial. SETTING: District general hospital. PARTICIPANTS: One hundred ninety-nine patients aged 60 and older with a Berg Balance Scale (BBS) score of less than 45. INTERVENTIONS: Six weeks enhanced balance training consisting of a series of repetitive tasks of increasing difficulty specific to functional balance. The control group received physiotherapy conforming to existing practice in elderly patients with mobility problems. MEASUREMENTS: Ten-meter timed walk test (TWT), BBS, Frenchay Activities Index (FAI), Falls Handicap Inventory (FHI), and European Quality of Life questionnaire (Euroqol) measured at 6, 12, and 24 weeks after intervention. RESULTS: The mean age +/- standard deviation of subjects was 82.7 +/- 5.6, and baseline characteristics were comparable between the groups. Both groups showed improvements in TWT (intervention: 22.5-16.5 seconds, P = .001; control: 20.5-15.8 seconds, P = .054), BBS (intervention: 33.3-42.7, P = .001; control: 33.4-42.0, P < .0001), FAI (18-21, P = .02 in both groups), FHI score (intervention: 31-17, P = .0001; control: 33-17, P = .0001) and Euroqol score (intervention: 58-65, P = .04; control: 60-65, P = .07). There were no intergroup differences at any time. More patients reported increased confidence in walking indoors (36% vs 28%; P = .04) and outdoors (27% vs 18%; P = .02) in the enhanced balance-training group. CONCLUSION: Exercise programs significantly improve balance and mobility in patients with balance problems, independent of strategy. Enhanced balance training may, in addition, improve confidence and quality of life but needs further investigation.

Country of Publication: United States

Publication Type: Clinical Trial; Journal Article; Randomized Controlled Trial; Research Support, Non-U.S. Gov't

Subject Headings: [*Accidental Falls/pc \[Prevention & Control\]](#)
[Aged](#)
[*Exercise Therapy/mt \[Methods\]](#)
[Female](#)
[Great Britain](#)
[Hospitals, District](#)
[Humans](#)
[Male](#)
[Middle Aged](#)
[*Movement/ph \[Physiology\]](#)
[Patient Satisfaction](#)
[*Postural Balance/ph \[Physiology\]](#)
[Prospective Studies](#)
[Questionnaires](#)
[Self Efficacy](#)
[Single-Blind Method](#)
[Treatment Outcome](#)

Source: MEDLINE

147. Preventing falls in older people: risk factors and primary prevention through physical activity.

Citation: Br J Community Nursing, May 2003, vol./is. 8/5(214-20), 1462-4753 (2003 May)

Author(s): Unsworth, J; Mode, A

Abstract: Including role of community nursing staff. 33 refs.

Subject Headings: [Elderly : Accidents](#)
[Accident Prevention](#)
[Physical Fitness](#)
[Community Nursing](#)

Source: BNI

148. Preventing falls in older people: a multi-agency approach.

Citation: Nursing Older People, April 2003, vol./is. 15/2(18-21), 1472-0795;1472-0795 (2003 Apr)

Author(s): Luxton T; Riglin J

Institution: Cambridge City Primary Care Trust.

Language: English

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [*Accidental Falls/pc \[Prevention & Control\]](#)
[Aged](#)
[Aged, 80 and over](#)
[Female](#)
[Geriatric Assessment](#)
[*Geriatric Nursing/og \[Organization & Administration\]](#)
[Great Britain](#)
[Health Services for the Aged/og \[Organization & Administration\]](#)
[Humans](#)
[Male](#)
[*Nurse's Role](#)
[Nursing Assessment](#)
[*Nursing, Team/og \[Organization & Administration\]](#)
[*Primary Prevention/og \[Organization & Administration\]](#)
[Program Development](#)
[Program Evaluation](#)
[Quality of Health Care](#)
[Risk Assessment](#)
[Risk Factors](#)
[Safety Management](#)

Source: MEDLINE

149. Fall management and prevention: a day hospital perspective.

Citation: Br J Therapy & Rehabilitation, March 2003, vol./is. 10/3(115-21), 1354-8581 (2003 Mar)

Author(s): McQueen, J

Abstract: Research to establish and evaluate a multidisciplinary programme to manage and prevent falls in the elderly. 22 refs.

Subject Headings: [Elderly : Accidents](#)
[Multidisciplinary Teams](#)
[Health Promotion](#)
[Accident Prevention](#)

Source: BNI

150. Managers and medicine. Give trips the slip.

Citation: Health Service Journal, March 2003, vol./is. 113/5848(35), 0952-2271;0952-2271 (2003 Mar 27)

Author(s): Moore A

Language: English

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [Accident Prevention](#)
[*Accidental Falls/pc \[Prevention & Control\]](#)
[Aged](#)
[Great Britain](#)
[*Health Services for the Aged/og \[Organization & Administration\]](#)
[Humans](#)
[State Medicine](#)

Source: MEDLINE

151. Care of the older person, part 6: prevention of falls and fractures.

Citation: World Irish Nursing, 2003, vol./is. 11/7(27-8), 1393-8088 (2003 Jul/Aug)

Author(s): Wright, S

Abstract: Continuing Education, module 9. Risk factors for falls, falls prevention and protection against adverse effects. 23 refs.

Subject Headings: [Elderly : Accidents](#)
[Fractures](#)
[Accident Prevention](#)

Source: BNI

152. Multifactorial intervention after a fall in older people with cognitive impairment and dementia presenting to the accident and emergency department: randomised controlled trial.

Citation: BMJ, January 2003, vol./is. 326/7380(73-5), 0959-8138 (2003 11 Jan)

Author(s): Shaw, F; Bond, J; Richardson, D

Abstract: Research in Newcastle to evaluate multiprofessional assessment as a means of preventing future falls. 14 refs.

Subject Headings: [Elderly : Accidents](#)
[Elderly : Mental Health](#)
[Multidisciplinary Teams](#)
[Accident Prevention](#)

Source: BNI

153. A pilot scheme for an integrated falls prevention service.

Citation: J Orthopaedic Nursing, November 2002, vol./is. 6/4(204-10), 1361-3111 (2002 Nov)

Author(s): Jackson, R; Fantom, J

Abstract: Research on introduction of specialist Falls Service for older people in Nottinghamshire. 42 refs.

Subject Headings: [Elderly : Accidents](#)
[Accident Prevention](#)

Source: BNI

154. Osteoporosis.

Citation: Nursing Times, November 2002, vol./is. 98/48(52-3), 0954-7762;0954-7762 (2002 Nov 26-Dec 2)

Author(s): Parrington J

Institution: National Osteoporosis Society, Bath.

Language: English

Abstract: In 2001 the National Service Framework for Older People was launched and included a standard to reduce the number of falls and their impact through strategies encompassing the prevention and treatment of osteoporosis (Department of Health, 2001).

Country of Publication: England

CAS Registry Number: 0 (Calcium, Dietary)

Publication Type: Journal Article; Review

Subject Headings: [Absorptiometry, Photon](#)
[Accidental Falls/pc \[Prevention & Control\]](#)
[Aged](#)
[Aged, 80 and over](#)
[Calcium, Dietary](#)
[Estrogen Replacement Therapy](#)
[Female](#)
[Great Britain/ep \[Epidemiology\]](#)
[Humans](#)
[Male](#)
[Mass Screening/mt \[Methods\]](#)
[*Osteoporosis/di \[Diagnosis\]](#)
[Osteoporosis/ep \[Epidemiology\]](#)
[Osteoporosis/et \[Etiology\]](#)
[*Osteoporosis/th \[Therapy\]](#)
[Primary Prevention/mt \[Methods\]](#)
[Risk Factors](#)

Source: MEDLINE

155. Caring for older people through the National Service Framework.

Citation: Professional Nurse, September 2002, vol./is. 18/1(43-6), 0266-8130;0266-8130 (2002 Sep)

Author(s): Nazarko L

Institution: Nightingale House, and South Bank University, London.

Language: English

Abstract: The National Service Framework for older people could be described as the most important of the Government's frameworks because it covers the greatest number of people. This paper summarises key aspects of the NSF's eight standards for caring for older people and discusses the implications for nursing practice in hospitals, residential care homes and the community.

Country of Publication: England

Publication Type: Journal Article; Review

Subject Headings: [Accidental Falls/pc \[Prevention & Control\]](#)
[Acute Disease/th \[Therapy\]](#)
[Aged](#)
[Great Britain](#)
[Health Care Reform/og \[Organization & Administration\]](#)
[Health Promotion/og \[Organization & Administration\]](#)
[*Health Services for the Aged/st \[Standards\]](#)
[Health Status](#)
[Humans](#)
[Mental Health](#)
[Patient-Centered Care/og \[Organization & Administration\]](#)
[*Practice Guidelines as Topic/st \[Standards\]](#)
[Prejudice](#)
[*State Medicine/st \[Standards\]](#)
[Stroke/th \[Therapy\]](#)
[Subacute Care/og \[Organization & Administration\]](#)

Source: MEDLINE

156. Randomised factorial trial of falls prevention among older people living in their own homes.

Citation: BMJ, July 2002, vol./is. 325/7356(128-31), 0959-8138 (2002 20 Jul)
Author(s): Day, L; Fildes, B; Gordon, I
Abstract: Research in Australia to test the effectiveness of group exercise, home hazard management, and eyesight care in reducing falls. 8 refs.
Subject Headings: [Elderly : Accidents](#)
[Balance](#)
[Accident Prevention](#)

Source: BNI

157. Trial by error.

Citation: Nursing Times, July 2002, vol./is. 98/30(22-4), 0954-7762;0954-7762 (2002 Jul 23-29)
Author(s): Carlowe J
Language: English
Country of Publication: England
Publication Type: Journal Article
Subject Headings: [Accidental Falls/pc \[Prevention & Control\]](#)
[Aged](#)
[Female](#)
[Great Britain](#)
[Humans](#)
[Informed Consent](#)
[Male](#)
[*Medical Errors/pc \[Prevention & Control\]](#)
[Medication Errors/pc \[Prevention & Control\]](#)
[*Nursing Staff, Hospital](#)
[Practice Guidelines as Topic](#)
[*Risk Management/og \[Organization & Administration\]](#)
[Risk Management/sn \[Statistics & Numerical Data\]](#)

Source: MEDLINE

158. A rationale for vitamin D prescribing in a falls clinic population.

Citation: Age & Ageing, July 2002, vol./is. 31/4(267-71), 0002-0729;0002-0729 (2002 Jul)
Author(s): Dhesi JK; Moniz C; Close JC; Jackson SH; Allain TJ
Institution: Clinical Age Research Unit, Department of Health Care of the Elderly, GKT School of Medicine, King's College Hospital, London, UK. jugdeep.dhesi@kcl.ac.uk
Language: English
Abstract: OBJECTIVE: to assess the prevalence of vitamin D insufficiency in a falls clinic population. To identify simple clinical predictors of vitamin D insufficiency. DESIGN: prospective observational descriptive study. PARTICIPANTS: 400 consecutive patients who attended a falls clinic taking referrals from a casualty department or general practitioners. RESULTS: Hypovitaminosis D is very common, affecting at least 72% of a falls clinic population. The number of times an individual goes out per week and serum albumin are independent predictors of hypovitaminosis D, but the predictive value is low. CONCLUSIONS: the prevalence of vitamin D insufficiency is high in a falls clinic population. It is difficult to predict which individuals are most at risk within this population. The benefits of vitamin D supplementation in older people are well recognized. Therefore in the absence of toxic effects, a pragmatic approach may be to supplement all attendees at a falls clinic.

Country of Publication: England

CAS Registry Number: 1406-16-2 (Vitamin D)

Publication Type: Journal Article

Subject Headings: [*Accidental Falls/pc \[Prevention & Control\]](#)
[Aged](#)
[Drug Prescriptions](#)
[Female](#)
[Great Britain/ep \[Epidemiology\]](#)
[Humans](#)
[Male](#)
[Predictive Value of Tests](#)
[Prospective Studies](#)
[Vitamin D/bl \[Blood\]](#)
[*Vitamin D/tu \[Therapeutic Use\]](#)
[*Vitamin D Deficiency/co \[Complications\]](#)
[Vitamin D Deficiency/ep \[Epidemiology\]](#)

Source: MEDLINE

159. Fall prevention among older adults: is London ready for the NSF?.

Citation: British Journal of Community Nursing, July 2002, vol./is. 7/7(352-8), 1462-4753;1462-4753 (2002 Jul)

Author(s): Hughes M

Language: English

Abstract: Fall prevention is a key standard of the National Service Framework for Older People (Department of Health, 2001). This article describes a study exploring the extent and nature of fall prevention initiatives among London primary care NHS services. It outlines fall prevention approaches used, considers the shortfalls of current practice and recommends ways to meet the demands of the national service framework.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [*Accidental Falls/pc \[Prevention & Control\]](#)
[Aged](#)
[Great Britain](#)
[*Health Promotion/og \[Organization & Administration\]](#)
[*Health Services for the Aged/og \[Organization & Administration\]](#)
[Humans](#)
[London](#)
[Questionnaires](#)
[Risk Factors](#)
[*State Medicine](#)

Source: MEDLINE

160. Going, going, gone: reducing falls.

Citation: Working with Older People, March 2002, vol./is. 6/1(19-24), 1366-3666 (2002 Mar)

Author(s): Easterbrook, L; Horton, K; Arber, S

Abstract: Literature review on falls among older people in the UK. 10 refs.

Subject Headings: [Elderly : Accidents](#)
[Accident Prevention](#)

Source: BNI

161. Preventing costly falls in long term care.

Citation: Nurse Practitioner, March 2002, vol./is. 27/3(83-5), 0361-1817 (2002 Mar)
Author(s): Greubel, D; Stokesberry, C; Jelley, M
Abstract: Falls in older people in nursing homes. 12 refs.
Subject Headings: [Elderly : Accidents](#)
[Nursing Homes](#)
[Accident Prevention](#)
Source: BNI

162. Slips, trips and broken hips.

Citation: Community Practitioner, March 2002, vol./is. 75/3(85-6), 1462-2815 (2002 Mar)
Author(s): Carlin, H
Abstract: Work of health visitors in falls prevention with older people. 1 ref.
Subject Headings: [Elderly : Accidents](#)
[Health Visiting](#)
[Accident Prevention](#)
Source: BNI

163. After the fall, the fallout.

Citation: Nursing Times, February 2002, vol./is. 98/6(14), 0954-7762;0954-7762 (2002 Feb 7-13)
Author(s): Akid M
Language: English
Country of Publication: England
Publication Type: Journal Article
Subject Headings: [*Accidental Falls/pc \[Prevention & Control\]](#)
[Accidental Falls/sn \[Statistics & Numerical Data\]](#)
[Aged](#)
[Great Britain](#)
[Humans](#)
[Practice Guidelines as Topic](#)
[Societies, Nursing](#)
Source: MEDLINE

164. Fall events among people with stroke living in the community: circumstances of falls and characteristics of fallers.

Citation: Archives of Physical Medicine & Rehabilitation, February 2002, vol./is. 83/2(165-70), 0003-9993;0003-9993 (2002 Feb)
Author(s): Hyndman D; Ashburn A; Stack E
Institution: Rehabilitation Research Unit, University of Southampton, Southampton, England.
dorit_@hotmail.com
Language: English
Abstract: OBJECTIVES: To describe the frequency and circumstances of falls among a community sample of people with stroke and to compare characteristics of fallers and nonfallers. DESIGN: Cross-sectional, observational study. SETTING: Community. PARTICIPANTS: Forty-one community-dwelling people with stroke (26 men, 15 women; mean age, 69.7 +/- 11.6y), of which 23 had right-hemisphere infarction, 16 left-hemisphere infarction, and 2 had a brainstem lesion. Time since onset of stroke ranged from 3 to 288 months (mean, 50mo). INTERVENTIONS: Not applicable. MAIN OUTCOME MEASURES: Standardized tests were used to measure mobility, upper limb function, activities of daily living (ADL ability), and mood. Information about fall events was collected by using a

questionnaire. RESULTS: Twenty-one participants (50%) were classed as fallers, of whom 10 had fallen repeatedly. No significant differences were found between fallers and nonfallers on any of the measures used. However, those who had 2 or more falls ($n = 10$) had significantly reduced arm function ($P = .018$) and ADL ability ($P = .010$), compared with those who had not fallen or experienced near falls ($n = 5$). Loss of balance, misjudgment, and foot dragging during walking, turning, and sit to stand were reported by fallers as the suspected causes and activities leading to falls. CONCLUSIONS: The high risk of falling among people with stroke was evident in this community-based sample. Repeat fallers had greater mobility deficits and significantly reduced arm function and ADL ability than those who did not report any instability. Copyright 2002 by the American Congress of Rehabilitation Medicine and the American Academy of Physical Medicine and Rehabilitation

Country of Publication: United States

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings: [Accidental Falls/pc \[Prevention & Control\]](#)
[*Accidental Falls/sn \[Statistics & Numerical Data\]](#)
[Activities of Daily Living](#)
[Adult](#)
[Aged](#)
[Aged, 80 and over](#)
[Analysis of Variance](#)
[Cross-Sectional Studies](#)
[Female](#)
[Great Britain](#)
[Humans](#)
[Male](#)
[Middle Aged](#)
[Risk Factors](#)
[Statistics, Nonparametric](#)
[Stroke/co \[Complications\]](#)
[*Stroke/rh \[Rehabilitation\]](#)

Source: MEDLINE

165. 'Guidelines for the prevention of falls in older persons': essential reading.

Citation: Age & Ageing, January 2002, vol./is. 31/1(13-4), 0002-0729 (2002 Jan)

Author(s): McMurdo, M

Abstract: Overview and appraisal of the guidelines. 3 refs.

Subject Headings: [Standards and Guidelines](#)
[Elderly : Accidents](#)
[Accident Prevention](#)

Source: BNI

166. Implementation of a patient falls risk-management strategy.

Citation: Professional Nurse, November 2001, vol./is. 17/3(168-71), 0266-8130 (2001 Nov)

Author(s): Simmons, M

Abstract: At Chesterfield and North Derbyshire Royal Hospital NHS Trust, with special reference to older people. 23 refs.

Subject Headings: [Patients : Accidents](#)
[Accident Prevention](#)
[Elderly : Accidents](#)
[Risk Management](#)

Source: BNI

167. National Service Framework for Older People: management of falls.

Citation: British Journal of Nursing, November 2001, vol./is. 10/20(1351-6), 0966-0461;0966-0461 (2001 Nov 8-21)

Author(s): Biley A

Institution: Cardiff Local Health Group, Cardiff.

Language: English

Abstract: The National Service Framework (NSF) for Older People was launched in England in the Spring of 2001. It sets out national standards and guidelines and with an increasingly ageing population is welcomed as a way forward to improving the care of older people across the health and social care spectrum. In Wales, work is underway in developing an 'Older persons' strategy', which is expected to reflect the main principles of the NSF. The NSF is underpinned by eight standards which are identified as priority issues. This article focuses on standard six: the prevention, treatment and management of falls. The implications and opportunities for health promotion that may arise from the standard are considered, in particular with reference to the development of an integrated falls service.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [*Accidental Falls/pc \[Prevention & Control\]](#)
[Aged](#)
[Great Britain](#)
[*Health Promotion/og \[Organization & Administration\]](#)
[*Health Services for the Aged/og \[Organization & Administration\]](#)
[Humans](#)
[Risk Factors](#)
[*State Medicine](#)

Source: MEDLINE

168. Occupational slip, trip, and fall-related injuries--can the contribution of slipperiness be isolated?.

Citation: Ergonomics, October 2001, vol./is. 44/13(1118-37), 0014-0139;0014-0139 (2001 Oct 20)

Author(s): Courtney TK; Sorock GS; Manning DP; Collins JW; Holbein-Jenny MA

Institution: Liberty Mutual Research Center for Safety and Health, Hopkinton, MA 01748, USA. theodore.courtney@libertymutual.com

Language: English

Abstract: To determine if the contribution of slipperiness to occupational slip, trip and fall (STF)-related injuries could be isolated from injury surveillance systems in the USA, the UK and Sweden, six governmental systems and one industrial system were consulted. The systems varied in their capture approaches and the degree of documentation of exposure to slipping. The burden of STF-related occupational injury ranged from 20 to 40% of disabling occupational injuries in the developed countries studied. The annual direct cost of fall-related occupational injuries in the USA alone was estimated to be approximately US\$6 billion. Slipperiness or slipping were found to contribute to between 40 and 50% of fall-related injuries. Slipperiness was more often a factor in same level falls than in falls to lower levels. The evaluation of the burden of slipperiness was hampered by design limitations in many of the data systems utilized. The resolution of large-scale injury registries should be improved by collecting more detailed incident sequence information to better define the full scope and contribution of slipperiness to occupational STF-related injuries. Such improvements would facilitate the allocation of prevention resources towards reduction of first-event risk factors such as slipping.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [Accidental Falls/pc \[Prevention & Control\]](#)

[*Accidental Falls/sn \[Statistics & Numerical Data\]](#)
[Accidents, Occupational/pc \[Prevention & Control\]](#)
[*Accidents, Occupational/sn \[Statistics & Numerical Data\]](#)
[Adolescent](#)
[Adult](#)
[Aged](#)
[Causality](#)
[Data Collection/mt \[Methods\]](#)
[Disabled Persons/sn \[Statistics & Numerical Data\]](#)
[Female](#)
[Great Britain/ep \[Epidemiology\]](#)
[Humans](#)
[Male](#)
[Middle Aged](#)
[Registries/sn \[Statistics & Numerical Data\]](#)
[Sweden/ep \[Epidemiology\]](#)
[United States/ep \[Epidemiology\]](#)
[*Wounds and Injuries/ep \[Epidemiology\]](#)
[Wounds and Injuries/pc \[Prevention & Control\]](#)

Source: MEDLINE

169. Falls and older people.

Citation: J Community Nursing, September 2001, vol./is. 15/9(10-4), 0263-4465 (2001 Sep)
Author(s): Thomas, S
Abstract: Why falls occur and fall prevention in the community. 8 refs.
Subject Headings: [Elderly : Accidents](#)
[Accident Prevention](#)
Source: BNI

170. Falls prevention and the role of home exercise programmes.

Citation: Journal of the Royal Society for the Promotion of Health, September 2001, vol./is. 121/3(143), 1466-4240 (2001 Sep)
Author(s): Robertson MC; Campbell AJ
Language: English
Country of Publication: England
Publication Type: News; Research Support, Non-U.S. Gov't
Subject Headings: [*Accidental Falls/pc \[Prevention & Control\]](#)
[Activities of Daily Living](#)
[Aged](#)
[Aged, 80 and over](#)
[*Exercise Therapy](#)
[Frail Elderly](#)
[Great Britain](#)
[Homebound Persons](#)
[Humans](#)
[*Primary Prevention](#)
Source: MEDLINE

171. Falls in accident and emergency departments.

Citation: Nursing Standard, August 2001, vol./is. 15/50(33-7), 0029-6570 (2001 29 Aug)
Author(s): Reeson, C; Wafer, M

Abstract: Research into who was at risk of falling and whether assessment and treatment of older people could reduce the risk of falls. 19 refs.

Subject Headings: [Elderly : Accidents](#)
[Accident Prevention](#)
[Accident and Emergency Services](#)

Source: BNI

172. Reducing falls risk.

Citation: Professional Nurse, April 2001, vol./is. 16/7 Suppl(S9), 0266-8130;0266-8130 (2001 Apr)

Author(s): Crawford M; Wood S

Institution: King's College Hospital NHS Trust, London.

Language: English

Abstract: A multidisciplinary working group in a London hospital set up a questionnaire system to reduce patient falls. The framework it put in place is now a way of life at the hospital and could provide the basis for a wider Clinical Governance project.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [*Accident Prevention](#)
[*Accidental Falls/pc \[Prevention & Control\]](#)
[Aged](#)
[Great Britain](#)
[Health Services for the Aged/og \[Organization & Administration\]](#)
[Hospital Units/og \[Organization & Administration\]](#)
[Humans](#)
[*Risk Management/mt \[Methods\]](#)
[State Medicine](#)

Source: MEDLINE

173. Care of older people: Falls in late life and their consequences-implementing effective services.

Citation: BMJ, April 2001, vol./is. 322/7290(855-7), 0959-8138;0959-535X (2001 Apr 7)

Author(s): Swift CG

Institution: Department of Health Care of the Elderly, Guy's, King's and St Thomas's School of Medicine, London SE22 8PT. i.philp@sheffield.ac.uk

Language: English

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [*Accidental Falls/pc \[Prevention & Control\]](#)
[Accidental Falls/sn \[Statistics & Numerical Data\]](#)
[Aged](#)
[Fractures, Bone/ep \[Epidemiology\]](#)
[Fractures, Bone/rh \[Rehabilitation\]](#)
[Great Britain/ep \[Epidemiology\]](#)
[*Health Services for the Aged/st \[Standards\]](#)
[Health Services for the Aged/sd \[Supply & Distribution\]](#)
[Humans](#)
[Quality of Health Care](#)
[Risk Factors](#)

Source: MEDLINE

174. Falls prevention.

Citation: Age & Ageing, March 2001, vol./is. 30 Suppl 1/(4-6), 0002-0729;0002-0729 (2001 Mar)

Author(s): McMurdo ME

Institution: Department of Medicine, Ninewells Hospital and Medical School, University of Dundee, Dundee DD1 9SY, UK. m.e.t.mcmurdo@dundee.ac.uk

Language: English

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [*Accidental Falls/pc \[Prevention & Control\]](#)
[Aged](#)
[Exercise](#)
[*Frail Elderly](#)
[Great Britain](#)
[Humans](#)
[Randomized Controlled Trials as Topic](#)
[Safety](#)

Source: MEDLINE

175. What is the prevalence of environmental hazards in the homes of dementia sufferers and are they associated with falls.

Citation: International Journal of Geriatric Psychiatry, October 2000, vol./is. 15/10(883-6), 0885-6230;0885-6230 (2000 Oct)

Author(s): Lowery K; Buri H; Ballard C

Institution: Clinical Research Nurse, Medical Research Council, Newcastle upon Tyne, UK.

Language: English

Abstract: OBJECTIVES: To examine the frequency of environmental hazards in the homes and care environments of patients with dementia and their associations with falls. METHOD: Falls were prospectively assessed in 65 dementia patients using carer diaries, and the safety of the environment assessed by an occupational therapist using a home hazard checklist. RESULTS: Hazards were found in 20 (95%) of patients' own homes and 31 (74%) of residential or nursing home environments (care environments). Patients' homes had a mean of 5.4 hazards compared to a mean of 1.8 hazards in care environments, with two or more hazards in 90% of patients' homes and 52% of care environments. Common hazards included low chairs, an absence of grab rails (toilet area), toilets too low and a missing second banister on the stairs. There was no significant association between the number of hazards and the number of falls, although 13 (10%) falls could be attributed to a specific hazard. CONCLUSION: Rigorous assessment of the patient's environment revealed multiple rectifiable risks that were contributory to a significant minority of falls. Copyright 2000 John Wiley & Sons, Ltd.

Country of Publication: ENGLAND

Publication Type: Journal Article

Subject Headings: [*Accidental Falls/pc \[Prevention & Control\]](#)
[Accidental Falls/sn \[Statistics & Numerical Data\]](#)
[*Accidents, Home/pc \[Prevention & Control\]](#)
[Accidents, Home/sn \[Statistics & Numerical Data\]](#)
[Aged](#)
[Aged, 80 and over](#)
[Dementia/px \[Psychology\]](#)
[*Dementia](#)
[*Environment Design](#)
[Female](#)
[Great Britain](#)

[Humans](#)
[Male](#)
[Pilot Projects](#)
[Prospective Studies](#)
[*Residential Facilities/sn \[Statistics & Numerical Data\]](#)
[Risk Factors](#)
[*Safety Management/mt \[Methods\]](#)

Source: MEDLINE

176. Preventing falls in older people.

Citation: J Community Nursing, August 2000, vol./is. 14/8(23-4), 0263-4465 (2000 Aug)

Author(s): Vernon, S

Abstract: 22 refs.

Subject Headings: [Elderly : Accidents](#)
[Accident Prevention](#)
[Balance](#)

Source: BNI

177. Orthopaedic surgery in the elderly.

Citation: Hospital Medicine (London), June 2000, vol./is. 61/6(417-9), 1462-3935;1462-3935 (2000 Jun)

Author(s): Trembl J; Kroker PB

Institution: Imperial College School of Medicine, Chelsea.

Language: English

Abstract: Demographic estimations for the UK predict an increase in the number of major orthopaedic surgical procedures in elderly people. The two major indications for surgery are osteoporotic fractures and severe osteoarthritis of weight-bearing joints. Coexisting medical disease makes elderly patients a surgical high-risk group, and mortality and morbidity after emergency surgery remains high.

Country of Publication: ENGLAND

Publication Type: Case Reports; Journal Article; Review

Subject Headings: [Accidental Falls/pc \[Prevention & Control\]](#)
[Aged](#)
[Aged, 80 and over](#)
[Demography](#)
[Female](#)
[Fractures, Bone/et \[Etiology\]](#)
[*Fractures, Bone/su \[Surgery\]](#)
[Great Britain/ep \[Epidemiology\]](#)
[Health Care Costs/td \[Trends\]](#)
[Humans](#)
[Male](#)
[*Orthopedic Procedures/ae \[Adverse Effects\]](#)
[*Osteoarthritis/co \[Complications\]](#)
[*Osteoporosis/co \[Complications\]](#)
[Osteoporosis/pc \[Prevention & Control\]](#)
[Postoperative Complications/mo \[Mortality\]](#)
[Postoperative Complications/pc \[Prevention & Control\]](#)
[*Postoperative Complications](#)
[Risk Factors](#)
[Treatment Outcome](#)

Source: MEDLINE

178. Campaign. Avoiding slips, trips, broken hips.

Citation: Nursing Times, June 2000, vol./is. 96/25(12-3), 0954-7762;0954-7762 (2000 Jun 22-28)

Author(s): Gaze H

Language: English

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [*Accidental Falls/pc \[Prevention & Control\]](#)
[Accidental Falls/sn \[Statistics & Numerical Data\]](#)
[*Accidents, Home/pc \[Prevention & Control\]](#)
[Accidents, Home/sn \[Statistics & Numerical Data\]](#)
[Aged](#)
[*Community Health Nursing/mt \[Methods\]](#)
[Great Britain/ep \[Epidemiology\]](#)
[*Health Education/og \[Organization & Administration\]](#)
[Hip Fractures/ep \[Epidemiology\]](#)
[Hip Fractures/et \[Etiology\]](#)
[Hip Fractures/pc \[Prevention & Control\]](#)
[Humans](#)
[*Safety Management/og \[Organization & Administration\]](#)
[Wounds and Injuries/ep \[Epidemiology\]](#)
[Wounds and Injuries/et \[Etiology\]](#)
[Wounds and Injuries/pc \[Prevention & Control\]](#)

Source: MEDLINE

179. Older people can stay on their feet: final results of a community-based falls prevention programme.

Citation: Health Promotion Int, March 2000, vol./is. 15/1(27-33), 0957-4824 (2000 Mar)

Author(s): Kempton, A; Van Beurden, E; Sladden, T

Abstract: Research in Australia. 28 refs.

Subject Headings: [Elderly : Accidents](#)
[Accident Prevention](#)

Source: BNI

180. Catch-all solution.

Citation: Nursing Times, January 2000, vol./is. 96/3(32-3), 0954-7762 (2000 20 Jan)

Author(s): Smith, S

Abstract: Award-winning general practice-based nurse-led project to prevent and manage falls in the elderly.

Subject Headings: [Elderly : Accidents](#)
[Balance](#)
[Accident Prevention](#)

Source: BNI

181. A strategic approach to falls prevention.

Citation: Clinical Performance & Quality Health Care, 2000, vol./is. 8/3(136-41), 1063-0279;1063-0279 (2000)

Author(s): Carson M; Cook J

Institution: NEW Norwich Primary Care Groups, Norwich, UK.

Language: English

Abstract: As part of the Trust's clinical governance arrangements and to facilitate a systematic approach to clinical governance a risk assessment was conducted. This assessment identified that falls were a significant risk of patients, both during episodes of in-patient care and in their own homes. There is little evidence nationally to guide good practice; therefore a multidisciplinary steering group was set up to develop a comprehensive approach to falls prevention. This resulted in the development of evidence based falls prediction tools, Trust policy and guidelines and extensive staff training programmes. Information leaflets have been provided to patients and additional services such as falls groups have been developed.

Country of Publication: ENGLAND

Publication Type: Journal Article

Subject Headings: [*Accidental Falls/pc \[Prevention & Control\]](#)
[Aged](#)
[Forms and Records Control](#)
[Great Britain](#)
[*Hospitals, Public/st \[Standards\]](#)
[Humans](#)
[Medical Audit](#)
[Risk Assessment](#)
[*Risk Management](#)

Source: MEDLINE

182. Preventing domestic accidents in the elderly.

Citation: Community Nurse, September 1999, vol./is. 5/8(27-8), 1351-1416;1351-1416 (1999 Sep)

Author(s): Bolter V

Language: English

Country of Publication: ENGLAND

Publication Type: Journal Article; Review

Subject Headings: [Accidental Falls/mo \[Mortality\]](#)
[*Accidental Falls/pc \[Prevention & Control\]](#)
[Accidental Falls/sn \[Statistics & Numerical Data\]](#)
[Aged](#)
[*Community Health Nursing/mt \[Methods\]](#)
[Female](#)
[Geriatric Assessment](#)
[*Geriatric Nursing/mt \[Methods\]](#)
[Great Britain/ep \[Epidemiology\]](#)
[Humans](#)
[Male](#)
[Nursing Assessment/mt \[Methods\]](#)
[*Patient Education as Topic/mt \[Methods\]](#)
[Risk Factors](#)

Source: MEDLINE

183. Falling down on our job?.

Citation: Int J Nursing Practice, June 1999, vol./is. 5/2(57), 1322-7114 (1999 Jun)

Author(s): Pearson, A

Abstract: Editorial on preventing falls among older patients in hospital. 2 refs.

Subject Headings: [Patients : Accidents](#)
[Elderly : Accidents](#)
[Accident Prevention](#)

Source: BNI

184. Prevention of falls in people over 65.

Citation: Nursing Times, August 1998, vol./is. 94/32(62-3), 0954-7762 (1998 12 Aug)

Author(s): Bateman, M

Abstract: Scheme to decrease likelihood of falls.

Subject Headings: [Elderly : Accidents](#)
[Accident Prevention](#)

Source: BNI

185. Exploring seniors' views on the use of assistive devices in fall prevention.

Citation: Public Health Nursing, August 1998, vol./is. 15/4(297-304), 0737-1209;0737-1209 (1998 Aug)

Author(s): Aminzadeh F; Edwards N

Institution: Regional Geriatric Assessment Program, University of Ottawa, Canada.

Language: English

Abstract: Falls are a common barrier to independent living among elderly persons. In recent years, growing awareness of the incidence of falls has led to the development of many community-based fall prevention programs for older adults. However, the potential impact of these programs is diminished by the lack of research on factors that may influence older persons' decisions to adopt or reject fall prevention behaviors. This exploratory descriptive study employed a focus group approach to elicit qualitative data on seniors' views on the use of assistive devices in fall prevention. Four focus group interviews were conducted with a convenience sample of 30 community-living older adults from Italian- and British-Canadian backgrounds in Ottawa, Canada. The interviews documented personal experiences with and the meaning of falls, aging, and assistive device use for older adults. The findings have important implications for the public health nursing practice in the realms of individual counseling, social marketing, and policy change to prevent falls among elderly persons. The study also provides direction for future research on this topic.

Country of Publication: UNITED STATES

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings: [*Accidental Falls/pc \[Prevention & Control\]](#)
[Aged/px \[Psychology\]](#)
[*Aged](#)
[Aged, 80 and over](#)
[Ethnic Groups/px \[Psychology\]](#)
[*Ethnic Groups](#)
[Female](#)
[Focus Groups](#)
[Great Britain/eh \[Ethnology\]](#)
[Health Knowledge, Attitudes, Practice](#)
[Humans](#)
[Italy/eh \[Ethnology\]](#)
[Male](#)
[Ontario](#)
[*Orthopedic Equipment/ut \[Utilization\]](#)
[*Self-Help Devices/ut \[Utilization\]](#)

Source: MEDLINE

186. Can falls in patients with dementia be prevented?.

Citation: Age & Ageing, January 1998, vol./is. 27/1(7-9), 0002-0729;0002-0729 (1998 Jan)

Author(s): Shaw FE; Kenny RA

Institution: Institute for the Health of the Elderly, Department of Medicine (Geriatric Medicine), Royal Victoria Infirmary, Newcastle upon Tyne, UK.

Language: English

Country of Publication: ENGLAND

Publication Type: Journal Article

Subject Headings: [*Accidental Falls/pc \[Prevention & Control\]](#)
[Accidental Falls/sn \[Statistics & Numerical Data\]](#)
[Aged](#)
[Aged, 80 and over](#)
[Dementia/ep \[Epidemiology\]](#)
[*Dementia/rh \[Rehabilitation\]](#)
[Female](#)
[Great Britain/ep \[Epidemiology\]](#)
[Humans](#)
[Male](#)
[Risk Factors](#)

Source: MEDLINE

187. Clinical nursing judgment related to reducing the incidence of falls by elderly patients.

Citation: Rehabilitation Nursing, 1997, vol./is. 22/3(124-30), 0278-4807 (1997 May/Jun)

Author(s): Turkoski, B

Abstract: Research into nurses' clinical decision making to prevent falls. 40 refs.

Subject Headings: [Elderly : Accidents](#)
[Accident Prevention](#)
[Patient Assessment](#)

Source: BNI

188. Preventing injurious falls.

Citation: Lancet, January 1997, vol./is. 349/9046(150), 0140-6736 (1997 18 Jan)

Author(s): Sattin, R

Abstract: Editorial. Considers issues arising from the Harstad Norwegian study. 8 refs.

Subject Headings: [Elderly : Accidents](#)
[Accident Prevention](#)

Source: BNI

189. Preventing falls and subsequent injury in older people.

Citation: Quality in Health Care, December 1996, vol./is. 5/4(243-9), 0963-8172;0963-8172 (1996 Dec)

Author(s): Oakley A; Dawson MF; Holland J; Arnold S; Cryer C; Doyle Y; Rice J; Hodgson CR; Sowden A; Sheldon T; Fullerton D; Glenny AM; Eastwood A

Institution: Social Science Research Unit, University of London, UK.

Language: English

Country of Publication: ENGLAND

Publication Type: Journal Article; Review

Subject Headings: [*Accidental Falls/pc \[Prevention & Control\]](#)
[Aged](#)
[Australia/ep \[Epidemiology\]](#)
[Diet](#)
[Exercise Therapy](#)

Great Britain/ep [Epidemiology]
 *Health Promotion
 Humans
 North America/ep [Epidemiology]
 Protective Devices/ut [Utilization]
 Risk Factors
 Wounds and Injuries/ep [Epidemiology]
 Wounds and Injuries/pc [Prevention & Control]

Source: MEDLINE

190. Preventing falls and further injury in older people.

Citation: Nursing Standard, August 1996, vol./is. 10/47(32-3), 0029-6570 (1996 14 Aug)

Author(s): Sowden, A; Dickson, R

Abstract: Critical appraisal of a systematic review. 2 refs.

Subject Headings: Research and Development
 Elderly : Accidents
 Accident Prevention

Source: BNI

191. Developing outcome indicators in continuing care: part 1.

Citation: Nursing Standard, August 1996, vol./is. 10/46(41-5), 0029-6570;0029-6570 (1996 Aug 7)

Author(s): Heath H; McCormack B; Phair L; Ford P

Language: English

Abstract: In the first of two articles, the authors describe the development of outcome measures for nursing older people in a continuing care setting. They describe why such a process was initiated and the framework which guided the project, including current nursing and government policy and theories of knowledge and expert practice. The second article will appear next week.

Country of Publication: ENGLAND

Publication Type: Journal Article

Subject Headings: Accidental Falls/pc [Prevention & Control]
 Aged
 *Geriatric Nursing/st [Standards]
 Great Britain
 Health Knowledge, Attitudes, Practice
 Health Policy
 Humans
 *Long-Term Care/st [Standards]
 *Outcome Assessment (Health Care)
 Societies, Nursing

Source: MEDLINE

192. Accidents involving older people: a review of the literature.

Citation: Age & Ageing, July 1995, vol./is. 24/4(346-65), 0002-0729;0002-0729 (1995 Jul)

Author(s): Lilley JM; Arie T; Chilvers CE

Institution: Department of Health Care of the Elderly, Queen's Medical Centre, Nottingham.

Language: English

Country of Publication: ENGLAND

Publication Type: Journal Article; Research Support, Non-U.S. Gov't; Review

Subject Headings: Accident Prevention

[Accidental Falls/mo \[Mortality\]](#)
[Accidental Falls/pc \[Prevention & Control\]](#)
[*Accidents/mo \[Mortality\]](#)
[Accidents, Traffic/mo \[Mortality\]](#)
[Accidents, Traffic/pc \[Prevention & Control\]](#)
[Aged](#)
[Burns/mo \[Mortality\]](#)
[Burns/pc \[Prevention & Control\]](#)
[*Cause of Death](#)
[Cross-Sectional Studies](#)
[Geriatric Assessment](#)
[Great Britain/ep \[Epidemiology\]](#)
[Humans](#)
[Incidence](#)
[Risk Factors](#)
[Wounds and Injuries/mo \[Mortality\]](#)

Source: MEDLINE

193. Prevalence of low vision in elderly patients admitted to an acute geriatric unit in Liverpool: elderly people who fall are more likely to have low vision.

Citation: Gerontology, 1995, vol./is. 41/5(280-5), 0304-324X;0304-324X (1995)

Author(s): Jack CI; Smith T; Neoh C; Lye M; McGalliard JN

Institution: Department of Geriatric Medicine, University of Liverpool, UK.

Language: English

Abstract: The prevalence of visual impairment among elderly patients admitted to hospital is unknown. This group of patients may be particularly at risk from poor vision which could jeopardise their independence. A prospective study of visual impairment and its aetiology in acute geriatric admissions assessed after the acute illness had settled was performed. Subjects were all patients aged 65 years or over, excluding those chronically confused, admitted to the Department of Geriatric Medicine at the Royal Liverpool University Hospital with an acute medical illness. After the acute illness had settled visual impairment, as defined by the American criteria (best acuity 6/18), was assessed on the ward with a Snellen chart read at 6 m using binocular vision and current glasses. Those patients identified with impaired vision on initial screening were formally assessed in the ophthalmology department to identify the cause. 200 patients were examined. 101 patients (50.5%) had impaired vision. In these patients, correctable refractive errors were present in 40%, cataract in 37% and senile macular degeneration in 14%. Of the 101 patients with impaired vision 79% had a reversible cause. Comparing these results with a recent study in the community showed a much higher incidence for patients admitted to hospital. There was a particularly high prevalence in those elderly patients who were admitted with falls (76%, $p = 0.0003$). In conclusion, elderly patients, especially those presenting with falls, admitted to hospital have a high prevalence of visual impairment. Visual impairment may be compounding or causing falls.(ABSTRACT TRUNCATED AT 250 WORDS)

Country of Publication: SWITZERLAND

Publication Type: Journal Article

Subject Headings:
[Accidental Falls/pc \[Prevention & Control\]](#)
[*Accidental Falls/sn \[Statistics & Numerical Data\]](#)
[Age Distribution](#)
[Aged](#)
[Aged, 80 and over](#)
[Female](#)
[*Frail Elderly/sn \[Statistics & Numerical Data\]](#)
[Geriatrics](#)
[Great Britain](#)
[Hospital Departments](#)

[Humans](#)
[Male](#)
[Prevalence](#)
[Sex Distribution](#)
[*Vision, Low/ep \[Epidemiology\]](#)

Source: MEDLINE

194. Falls in older people.

Citation: J Royal Society Medicine, August 1994, vol./is. 87/8(435-6), 0141-0768 (1994 Aug)

Author(s): Morris, J

Abstract: Editorial. 11 refs.

Subject Headings: [Elderly : Accidents](#)
[Accident Prevention](#)

Source: BNI

195. Risks, dignity & responsibility in residential homes for the elderly: freedom or restraint.

Citation: Journal of the Royal Society of Health, August 1992, vol./is. 112/4(199-201), 0264-0325;0264-0325 (1992 Aug)

Author(s): Hibbs PJ

Institution: City and Hackney Health Authority, St Bartholomew's Hospital, West Smithfield, London.

Language: English

Country of Publication: ENGLAND

Publication Type: Journal Article

Subject Headings: [Accidental Falls/pc \[Prevention & Control\]](#)
[Accidental Falls/sn \[Statistics & Numerical Data\]](#)
[Aged](#)
[Great Britain/ep \[Epidemiology\]](#)
[Homes for the Aged/lj \[Legislation & Jurisprudence\]](#)
[*Homes for the Aged/st \[Standards\]](#)
[Humans](#)
[Patient Advocacy/lj \[Legislation & Jurisprudence\]](#)
[*Patient Advocacy](#)
[Restraint, Physical/lj \[Legislation & Jurisprudence\]](#)
[*Restraint, Physical](#)

Source: MEDLINE

196. High quality long-term care for elderly people. A summary of a report of the Royal College of Physicians and the British Geriatrics Society.

Citation: Journal of the Royal College of Physicians of London, April 1992, vol./is. 26/2(130-3), 0035-8819;0035-8819 (1992 Apr)

Author(s): anonymous

Language: English

Country of Publication: ENGLAND

Publication Type: Journal Article

Subject Headings: [Accident Prevention](#)
[Accidental Falls/pc \[Prevention & Control\]](#)
[*Aged](#)
[Drug Therapy](#)
[Fecal Incontinence/th \[Therapy\]](#)

Great Britain
 Humans
 *Long-Term Care
 Patient Care Planning
 Pressure Ulcer/pc [Prevention & Control]
 *Quality of Health Care
 Urinary Incontinence/th [Therapy]

Source: MEDLINE

197. Snow-and-ice fracture in the UK, a preventable epidemic.

Citation: Lancet, March 1988, vol./is. 1/8585(589-90), 0140-6736;0140-6736 (1988 Mar 12)

Author(s): Ralis ZA; Barker EA; Leslie IJ; Morgan WJ; Ross AC; White SH

Language: English

Country of Publication: ENGLAND

CAS Registry Number: 0 (Ice)

Publication Type: Comparative Study; Letter; Research Support, Non-U.S. Gov't

Subject Headings: *Accident Prevention
 Accidental Falls/pc [Prevention & Control]
 *Accidental Falls
 Adolescent
 Adult
 Aged
 Child
 Child, Preschool
 *Fractures, Bone/ep [Epidemiology]
 Fractures, Bone/pc [Prevention & Control]
 Great Britain
 Humans
 *Ice
 Middle Aged
 *Snow
 *Weather

Source: MEDLINE