

Talking about Fall Prevention with Your Patients



Many fall prevention strategies call for patients to change their behaviors by:

- Attending a fall prevention program
- Doing prescribed exercises at home
- Changing their home environment

We know that behavior change is difficult. Traditional advice and patient education often does not work.

The Stages of Change model is used to assess an individual's readiness to act on a new, healthier behavior. Research on the change process depicts patients as always being in one of the five "stages" of change.

Behavior change is seen as a dynamic process involving both cognition and behavior, that moves a patient from being uninterested, unaware, or unwilling to make a change (precontemplation); to considering a change (contemplation); to deciding and preparing to make a change (preparation); to changing behavior in the short term (action); and to continuing the new behavior for at least 6 months (maintenance).

The Stages of Change model has been validated and applied to a variety of behaviors including:

- Exercise behavior
- Contraceptive use
- Smoking cessation
- Dietary behavior

Stages of Change model	
Stage of change	Patient cognition and behavior
Precontemplation	Does not think about change, is resigned or fatalistic Does not believe in or downplays personal susceptibility
Contemplation	Weighs benefits vs. costs of proposed behavior change
Preparation	Experiments with small changes
Action	Takes definitive action to change
Maintenance	Maintains new behavior over time

From: Prochaska JO, Velicer WF. The transtheoretical model of health behavior change. *Am J Health Promot* 1997;12(1):38-48.



When talking with a patient, applying the Stages of Change model can help you match your advice about fall prevention to your patient’s stage of readiness.

The following sections give examples of patient-provider exchanges for each of the first four stages and offer possible responses to help move the patient from one stage to another. The maintenance stage is not included because older adults are most often in the early stages of behavior change for fall prevention.

Examples of Conversations about Fall Prevention

Precontemplation stage	Patient says:	Provider says:
<p>The patient doesn’t view him or herself as being at risk of falling.</p> <p>Goal: The patient will begin thinking about change.</p> <p>To move the patient to the contemplation stage, provide information and explain the reasons for making changes.</p>	Falls just happen when you get old.	It’s true that falling is very common. About a third of all seniors fall each year. But you don’t have to fall. There are specific things you can do to reduce your chances of falling.
	Falling is just a matter of bad luck. I just slipped. That could have happened to anybody.	As we age, falls are more likely for many reasons, including changes in our balance and how we walk.
	My 92 year-old mother is the one I’m worried about, not myself.	Taking steps to prevent yourself from falling sooner rather than later can help you stay independent.
	It was an accident. It won’t happen again because I’m being more careful.	Being careful is always a good idea but it’s usually not enough to keep you from falling. There are many things that you can do to reduce your risk of falling.
	I took a Tai Chi class but it was too hard to remember the forms.	Maybe you’d enjoy taking a balance class instead.

Contemplation stage	Patient says:	Provider says:
<p>The patient is considering the possibility that he or she may be at risk of falling.</p> <p>Goal: Patient will examine benefits and barriers to change.</p> <p>To move the patient to the preparation stage, make specific suggestions, be encouraging, and enlist support from the family.</p>	<p>I'd like to exercise but I don't because I'm afraid I'll get too tired.</p>	<p>You can reduce your chances of falling by doing strength and balance exercises as little as 3 times a week. And you don't have to overexert yourself to benefit.</p> <p>You can do these exercises at home or I can recommend some exercise classes near you.</p>
	<p>My friend down the street fell and ended up in a nursing home.</p>	<p>Preventing falls can prevent broken hips and help you stay independent.</p>
	<p>I have so many other medical appointments already.</p>	<p>I have patients very much like you who do these exercises to prevent falls.</p> <p>These types of exercises only take a few minutes a day.</p>
	<p>I already walk for exercise.</p>	<p>Walking is terrific exercise for keeping your heart and lungs in good condition, but it may not prevent you from falling.</p>
	<p>I don't want to ask my daughter to drive me to the exercise class.</p> <p>Getting to the senior center is so hard now that I don't drive.</p> <p>I have to take care of my husband. I don't have time for this.</p>	<p>There are quite a few simple exercises you can do to keep yourself from falling.</p> <p>They don't take a lot of time and you don't have to rely on other people. You don't even have to leave your own home.</p>

Note: The National Institute on Aging has a free exercise book for healthy older adults to use at home. Go to: www.nia.nih.gov/HealthInformation/Publications/ExerciseGuide.

Preparation stage	Patient says:	Provider says:
<p>The patient considers him or herself to be at risk of falling and is thinking about doing something about it.</p> <p>Goal: Patient will begin to consider specific changes.</p> <p>To move the patient to the action stage, help the patient set specific goals and create an action plan. Reinforce the progress the patient has made.</p>	<p>I'm worried about falling. Do you think there's anything I can do to keep from falling?</p>	<p>Let's look at some factors that may make you likely to fall and talk about what you could do about one or two of them.</p> <p>Here's a brochure from the CDC about preventing falls. Why don't you go over it with your spouse?</p>
	<p>I read that some medicines can make you dizzy. Do you think any of mine might be a problem?</p>	<p>Many seniors say they'd prefer to take fewer medicines.</p> <p>Let's go over yours and see if we can reduce or eliminate any of them.</p>
Action stage	Patient says:	Provider says:
<p>The patient considers him or herself to be at risk of falling and is ready to do something about it.</p> <p>Goal: Patient will take definite action to change.</p> <p>Facilitate change. Provide specific resources, support, and encouragement to help the patient to adopt new behaviors.</p>	<p>I know a fall can be serious. What can I do to keep from falling and stay independent?</p>	<p>I'm going to fill out a referral form for a specialist who can help you [Increase your balance; improve your vision; find shoes that make walking easier].</p> <p>Someone from the office will call you in about a month to see how you're doing.</p>
	<p>I want to take a fall prevention class. What do you recommend?</p>	<p>I'm glad that you're interested in taking a class. Please see the nurse before you leave. She'll give you a list of recommended programs near you.</p>
	<p>I know I'd feel safer if I had grab bars put in my shower.</p>	<p>I'm glad that you're thinking of installing grab bars.</p> <p>Here's the CDC home safety checklist. It can help you identify home hazards and suggest ways to make other changes to prevent falls.</p>

Adapted from: Zimmerman GL, Olsen CG, Bosworth MF. A 'Stages of Change' approach to helping patients change behavior. *American Family Physician* 2000;61(5):1409-1416.