

# Stroke and Falls

The information provided in this handout is to help you understand the general and specific aspects regarding falls in a person with stroke. Content of this handout is extracted from national and international stroke organizations, peer reviewed scientific research articles. If you or your family members have questions after reading this handout, please contact your doctor and or therapist in-charge.

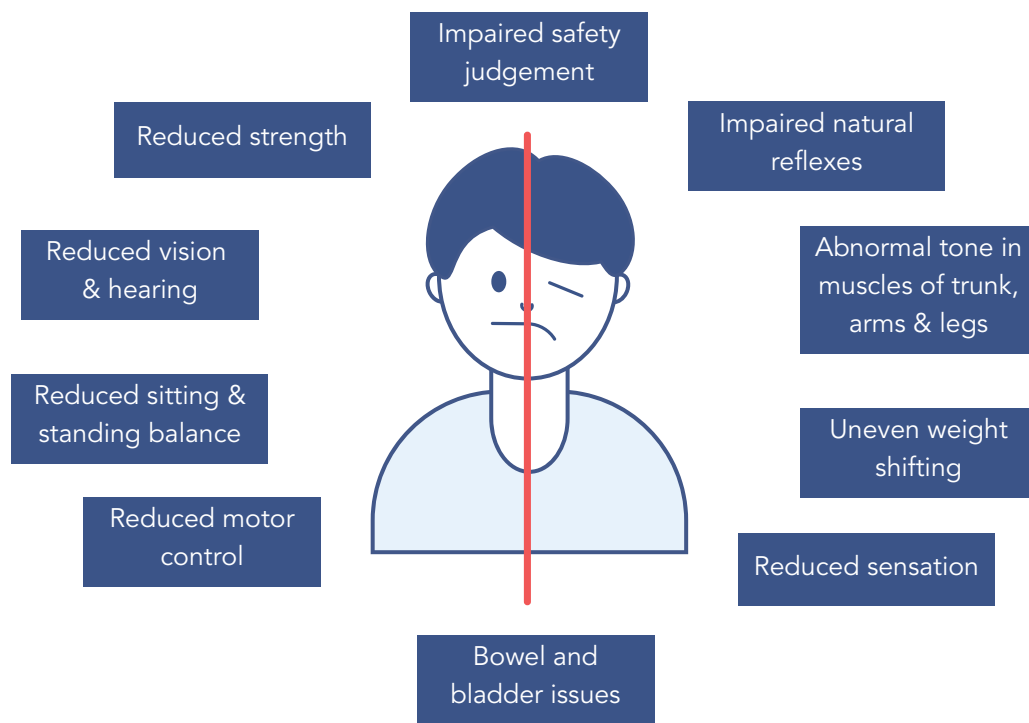
## **Falls in stroke**

Falling is one of the most common adverse events that can happen to stroke patients at any stage. As per current evidence, up to 65% of people with stroke fall at least once during hospitalization and up to 73% fall during the first six-months after discharged to home from hospital. Even at later stages after stroke, the risk of falling is higher than in similarly aged individuals.



## Understanding your risk of falling after stroke

Accidental falls can happen to any individual at any age. But the risk of falls increases with the individuals with stroke as they are more vulnerable with the underlying impairments. Stroke may lead to weakness or paralysis on one side of the body and you may develop many complications.



With above mentioned difficulties, you are at high risk of falling as your body may not move the way you wish to move, leading to a fall. Understanding your own impairments and difficulties is the first step to take appropriate measures to prevent a fall.

## When do falls happen?

### 1st week after stroke

- Majority of falls happen within the first week after stroke.
- Immediately after acute stroke, you may not have come to understand your impairments appropriately.
- Medical issues with blood pressure, medications, abnormal tone and sensations, altered body mechanics all makes you more vulnerable for a fall within the first week after stroke.



### During transition from acute stroke unit to rehabilitation

- People with stroke are more likely to fall in the early stages of rehabilitation.
- This is because your activity levels are increased and you might be trying different new tasks with different environment, setting and equipment.

### During transition from rehabilitation setting to home

- The first two-months after discharge to home from rehabilitation is another critical point.
- This is the time when you are adjusting your activities to the home environment, and getting out of home.
- With the existing impairments, you may still be at high risk of falling and not being able to break a fall.



## When, where and how do falls happen?

### When?

During day time: 10 - 11 am

Early evening: 5 - 6 pm



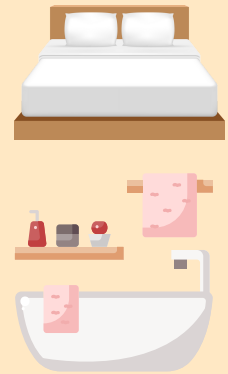
### Where?

Bedside

In the bathroom

Transfer

Walking



### How?

Fall towards the affected side

Fall forward



### Common reasons for falls

- Misjudgment (missing step height)
- Obstacle crossing
- Losing balance
- Turning



## What are the consequences of falls?

### Primary

- Fractures
- Soft tissue injuries
- Head injuries

### Secondary

- Development of fear of falling
- Self-limiting of activities, further leading to increased risk of falls.
- Increased stress on the caregiver or family member

## Is preventing a fall possible?

There is no single or a group of interventions that can effectively prevent falls in an individual with stroke.

A thorough understanding of the following will help to develop falls prevention strategies:

- One's own personal risk factors
- Common circumstances when a possible fall can happen
- Being mindful of the physical environment

Fall may be a matter of time and circumstances but improving one's own body strength and improving the ability to break a fall, can prevent future occurrences of falling.

Being affected by stroke, there could be multiple factors that may make you vulnerable for falls. Every individual with stroke is different and everyone needs a customised plan to prevent falls based on one's own impairments.

Interventions include:

- Exercises to improve strength and balance
- Modification of home environment
- Assistive devices, etc which can help preventing a fall.



All these interventions needs to be individualised based on the age, type of stroke, types of impairments, family and social support that you have.

Contributed by Physiotherapy, Rehabilitation, Allied Health Services

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Information shared is accurate as of April 2024 and subject to revision without prior notice.



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