

Single-factor Interventions Home Assessment: When older patients at elevated risk of falls are discharged from the hospital, an environmental home assessment should be considered. The use of antidepressants, sedatives, hypnotics, and benzodiazepines demonstrates a significant correlation to falls in older people. Studies demonstrate that home visits by occupational therapists can be instrumental in preventing falls among older people who are at an increased risk of falling.[13][14] Exercise Programs: Exercise programs help prevent falls with no differences between types of exercise interventions, including endurance, platform balance, tai chi, resistance, and flexibility.[15] Tai chi is a time-honored martial art that involves slow, rhythmic movements, including rotation of the trunk, shifting weight, coordination, and a gradual progression to narrowing the lower extremity stance. Patients with a history of fractures are unfortunately not candidates for participation in tai chi.[16] Balance focused exercises, specifically (1) walking heel to toe, and (2) standing on one foot, in combination with coordination exercises, are also proposed for fall prevention.[17] Medication Review: Several common medications have been implicated as important contributors to the risk of falling in older adults. In medicines that could be attributed to causing falls, the risks and benefits of continuance must be carefully evaluated, and any unnecessary medications should be discontinued.[18] Vitamin D Supplementation: Vitamin D has benefits for improved muscle strength and balance. It also offers multiple musculoskeletal and cardiopulmonary benefits.