

**Donna Conkling**

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**From:** Phyllis Finkelstein <pfot@fbfinkelstein.com>  
**Sent:** Friday, January 19, 2018 9:09 AM  
**To:** Clerk's Department  
**Subject:** The Far-Reaching Effects of a Fall - The New York Times

Please include or attach this article to my letter to the Mayor and Board of Trustees previously received and posted on line by your office.

Thank you,

Phyllis Finkelstein OTR/L  
Occupational Therapist

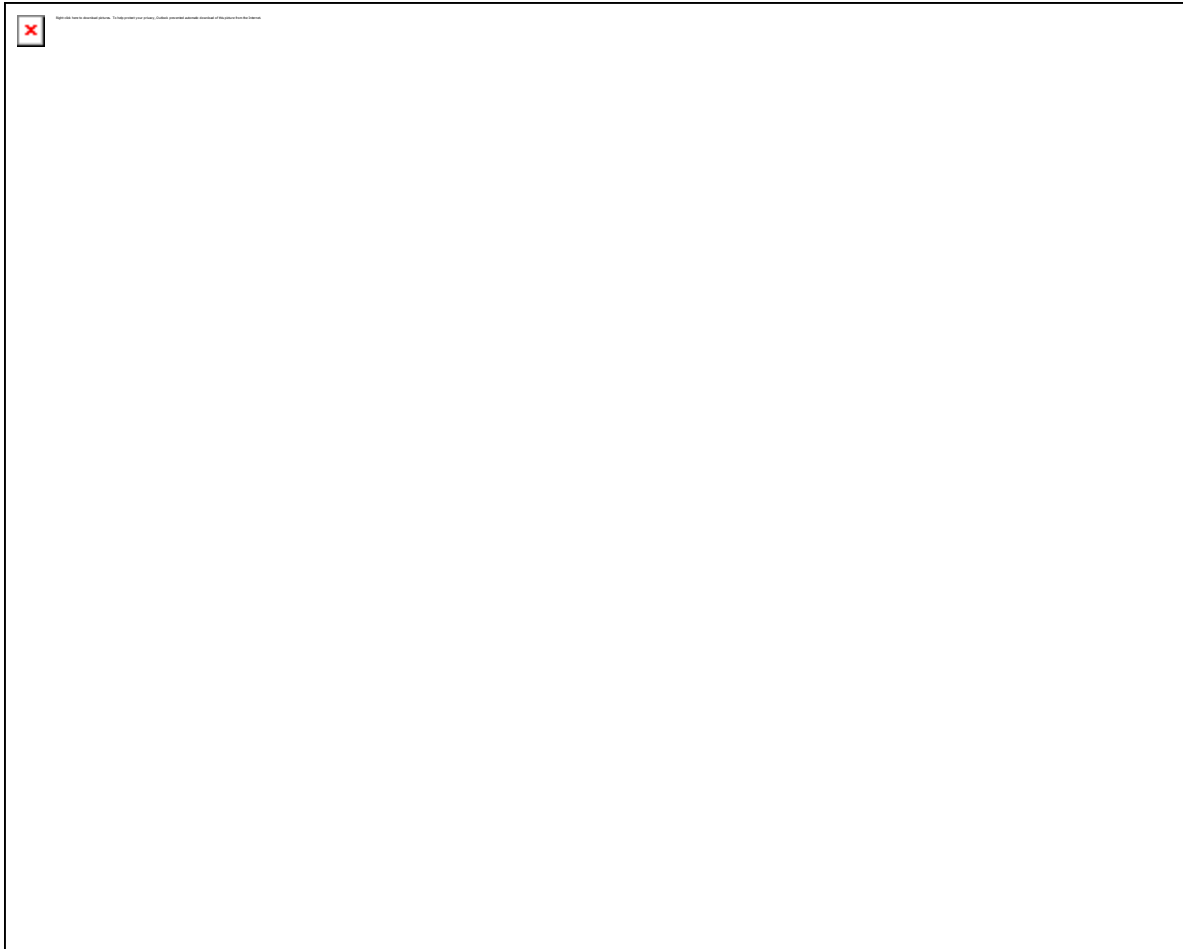
41 Fenimore Road

<https://well.blogs.nytimes.com/2015/03/09/the-far-reaching-effects-of-a-fall/?action=click&contentCollection=Well&module=RelatedCoverage&region=EndOfArticle&pgtype=article>

## **The Far-Reaching Effects of a Fall**

*By Jane E. Brody*

March 9, 2015 5:45 am



Giselle Potter

Although statistics show that most falls occur in the home and that older people, especially those with chronic illnesses or failing senses, are the most frequent victims, there is no shortage of such mishaps on wintry streets for both young and old. Especially not this winter, and especially not in cities and towns like Atlanta where experience negotiating ice and slush under foot is limited.

It is all too easy to be taken unaware, as I discovered at 7:10 a.m. on a Sunday in January. The air temperature was above freezing, and when my friends and I started our exercise walk at 7, we were not deterred by light rain.

Suddenly, though, the ground beneath our feet was no longer terra firma but sheets of ice that formed when the rain hit the colder-than-air sidewalk. And suddenly I was on the ground, surrounded by black ice and unable to get up unaided.

I escaped with a bruised hip, but the next day I encountered two men who had broken arms when, unaware of the ice hazard, they ventured out to buy bagels for breakfast.

Even knowing of and being equipped for the risk of losing one's footing on slippery surfaces is no guarantee you will remain upright. I have tried shoes with every kind of sole, and finally resorted to a pair of ice cleats to attach to my boots when I trek over snow-covered ice so that puppy Max can run loose in the park every morning. (A word of warning: Those cleats are treacherously slippery on marble and tile floors.)

But it can be easy to fall even when streets are dry, as my friend Lynda Gould of Manhattan can attest. At 63, she tripped on a subway grate and broke her elbow. Two years later, while rushing to move her car, she caught her rubber-soled shoe on a slight bump in the pavement, fell and broke her hip. And four years after that on a dry day in mid-March, she caught her foot in a tree guard, fell and broke her shoulder.

“It had been a quiet winter weather-wise, and I remarked to the surgeon that business must be slow,” she said. “He replied, ‘It’s never quiet in New York; people are falling all the time.’”

“I tend to drag my feet and catch them on things on the sidewalk, especially when I’m tired. Also when I’m distracted,” as when a nattily dressed woman caught her eye, Ms. Gould, now 71, explained. “In addition, my balance is not good.”

She’s done some Tai Chi, which is excellent for improving balance, and has worked on a balance board with a physical therapist. At her doctor’s suggestion, she will now take lessons with a Pilates instructor.

And I hope she’ll take my advice as well: to stop rushing so much, consciously pick her feet up even when tired, and always – always — watch where she’s walking. Friends wonder why I often find money on the street. It’s because I keep one eye on the ground in front of me. And after tripping twice on the same broken sidewalk, I’ve learned not to carry packages that block my vision.

Despite her pain and suffering, Ms. Gould, a glass half-full type of person, sees a bright side to her many mishaps. “There were always people who stopped to pick me up and get the help I needed. People can be terrific – it renews your faith in humanity.”

Of course, young children fall more than any other age group, but the consequences are rarely more serious than a skinned knee or smashed ice cream

cone and thus don't get counted in official tallies. Fall injuries requiring medical attention rise almost linearly from age 18 on, [peaking at 115 per 1,000 adults 75 and older](#).

Statistics among older people are indeed daunting. Dr. Laurence Z. Rubenstein, chairman of geriatrics at the University of Oklahoma College of Medicine, reports that those 65 and older constitute about 13 percent of the population but account for three-fourths of all deaths caused by falls. About 40 percent in this age group fall at least once a year; one in 40 of them ends up in the hospital, after which [only half are still alive a year later](#).

Among the factors that account for these grim data are underlying ailments, including osteoporosis; age-related physiological changes like slowed protective reflexes; sensory losses like poor eyesight; medication side effects; a stiffer, less coordinated gait; loss of muscle tone and strength; and a drop in blood pressure upon arising, as well as environmental hazards like icy or uneven sidewalks and loose rugs.

Another factor is fear of falling, especially common among those who have already sustained a bad fall. [Fear can become a self-fulfilling prophecy](#) that, by curbing activity, can lead to a loss of muscle tone, balance and bone density and [increase the chance of a disastrous fall](#).

“In the short run, fear can be protective if it helps you avoid hazardous situations,” Dr. Rubenstein said. “But by limiting one’s activities and exercise, fear can result in weakness that actually increases the risk of falling.”

“In the worst-case scenario,” he added, “the fear can become a real neurosis where people are afraid to go out of the house and thus become isolated, weaker and ultimately more prone to falls indoors as well as out.”

Maintaining muscle strength with advancing years is critical to reducing the risk of falls, Dr. Rubenstein said. So is improving balance. “Some age-related loss of balance is inevitable, but some is reversible,” he said. He suggested a balance self-test: With someone ready to steady you if needed, stand with feet together and eyes closed. How long before you begin to lose your balance? Can you do it at all?

Or stand on one leg behind a chair without holding on. If you cannot remain stable for 30 seconds, you need help with balance. Now try it with your eyes

closed. A normal 25-year-old can do it for about 30 seconds, while a 65-year-old may last only 5 seconds.

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Phyllis