diagnosis is established. Orthostatic changes in blood pressure and pulse should be recorded. Medications (including over-the-counter) should be reviewed, reevaluating benefits and burdens of medications that might increase fall risk. Treatment of cataracts and avoidance of multifocal lenses could be considered for patients whose falls result from vision impairment. A home visit to look for environmental hazards can be helpful. A variety of modifications may be recommended to improve safety, including improved lighting, installation of grab bars and nonslip surfaces, and use of adaptive equipment.

Home- and group-based exercise programs focusing on leg strength and balance, physical therapy, and use of assistive devices reduce fall risk in individuals with a history of falls or disorders of gait and balance. Rehabilitative interventions aim to improve muscle strength and balance stability and to make the patient more resistant to injury. High-intensity resistance strength training with weights and machines is useful to improve muscle mass, even in frail older patients. Improvements realized in posture and gait should translate to reduced risk of falls and injury. Sensory balance training is another approach to improving balance stability. Measurable gains can be made in a few weeks of training, and benefits can be maintained over 6 months by a 10- to 20-min home exercise program. This strategy is particularly successful in patients with vestibular and somatosensory balance disorders. The National Institute on Aging provides online examples of balance exercises for older adults. A Tai Chi exercise program has been demonstrated to reduce the risk of falls and injury in patients with Parkinson's disease. Cognitive training, including dual-task training, may improve mobility in older adults with cognitive impairment.

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FURTHER READING

AMERICAN GERIATRICS SOCIETY, BRITISH GERIATRICS SOCIETY, AMERICAN ACADEMY OF ORTHOPEDIC SURGEONS PANEL ON FALLS PREVENTION: