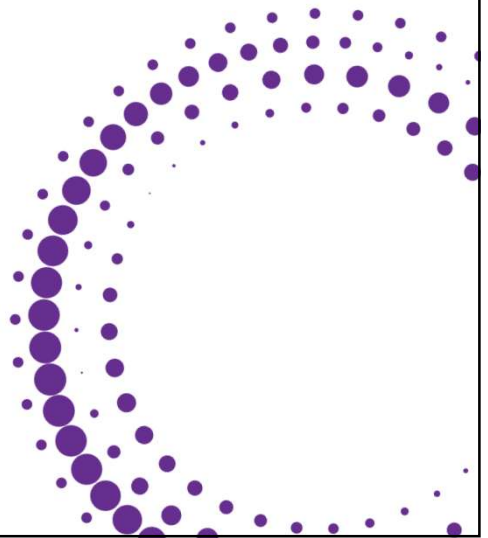




Staying Steady & Safe: An OT Approach to Fall Prevention

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What We'll Cover

- **Why falls matter**
- **Why falls happen in LBD**
- **How OT helps**
- **Resources**
- **Home changes**



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PART ONE

Why Falls Matter in LBD

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Why Falls Matter



1 in 4

older adults in the U.S. reports a fall each year (CDC)

Falls are the **leading cause** of injury-related death for adults 65 and older (CDC)

3 million

older adults are treated in emergency departments for a fall each year (CDC)

- **Falls can appear early in LBD.** Falls and postural instability can appear relatively early in LBD.
- **The consequences are serious.** Falls are a leading cause of hip fracture and traumatic brain injury in older adults (CDC) - and a fall or fall-related injury can add further functional challenges for someone already experiencing motor or cognitive change.
- **The cost is enormous.** In 2020, nonfatal falls among older adults accounted for an estimated \$80 billion in U.S. healthcare spending (Haddad et al., 2024).

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Six Threads That Lead to Falls in LBD



- **Movement changes.** Slowness, stiffness, shuffling steps, freezing, and unsteady turns.
- **Blood pressure dips.** Lightheadedness or a sudden collapse on standing up.
- **Fluctuating attention.** Alertness that shifts hour to hour, and difficulty doing two things at once.
- **Vision and perception.** Trouble judging depth, edges and contrast, plus hallucinations and misperceptions.
- **Sleep.** Acting out dreams, falls from bed, and the night-time walk to the bathroom.
- **Medications.** Antipsychotic sensitivity, sedatives, anticholinergics, and blood pressure medicines.

Falls often involve more than one of these factors at the same time. - a single fix may not address every contributor.

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Movement and Blood Pressure



- **Parkinsonism.** Slowness, rigidity, shuffling steps and reduced arm swing make walking less steady.
 - **Postural instability.** Backward falls are especially common.
 - **Freezing of gait.** Feet feel glued to the floor for seconds to minutes, often at doorways, in tight spaces, or when turning.
 - **Turning often increases the challenge.** Two or three steps becomes four, five or more, and automatic movement now takes conscious effort.
 - **Orthostatic hypotension.** Blood pressure drops on standing. It is common in DLB and can contribute to dizziness, fainting, and falls.
 - **Common triggers.** Getting up too fast, first thing in the morning, after meals, in heat or hot showers, after alcohol, and when dehydrated.
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Attention and Vision



- **Fluctuations.** Attention & alertness may vary noticeably across the day or from one period to another
- **Dual-tasking.** Talking, carrying a cup or scanning a room pulls attention away from balance.
- **Depth and contrast.** Judging distance, depth and edges gets harder - a stair edge or a step down may be difficult to navigate.
- **Patterns can deceive.** Bold flooring, dark rugs on light floors, shiny surfaces can read as holes or obstacles.
- **Hallucinations and illusions.** Well-formed hallucinations and misperceptions can cause difficulties.
- **Make important features easier to see:** Contrast, such as edges, seats, steps, thresholds, grab bars and light switches visibly different from their background.

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Sleep and Medications



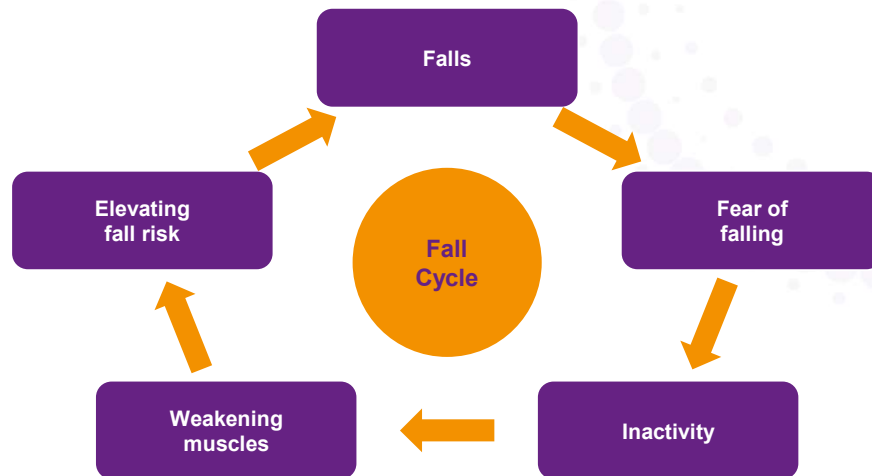
- **REM sleep behavior disorder.** Acting out dreams - talking, kicking, or leaping from bed - risks falls from bed and injury to either partner.
- **The night-time trip.** Grogginess, urgency, dim light, blood pressure dips all combine on the walk to the bathroom.
- **Sleep can affect the daytime.** Poor sleep at night worsens daytime alertness, and low alertness worsens balance.
- **Antipsychotic sensitivity.** People with LBD may experience severe worsening of movement, sedation, immobility, or other serious reactions to antipsychotic medications. Typical antipsychotics are generally avoided in LBD because of the risk of severe sensitivity reactions. Any antipsychotic use requires careful clinical assessment and monitoring.
- **Other meds to review** Sedatives, some sleep aids, anticholinergic medications, and medications that lower blood pressure may contribute to fall risk through sedation, confusion, or low blood pressure.
- **What to do.** Bring a complete medication list, including over-the-counter products and supplements, to every appointment and ask for a routine review.

Education, not medical advice - never stop or change a medication on your own.

****Make sure emergency and hospital teams know about the LBD diagnosis and medication sensitivity.*

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Falls Can Feed a Cycle



Adapted from WHO Step Safely and CDC STEADI fall-prevention frameworks. Tinetti et al., 1990, 1994; Delbaere et al., 2010

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PART TWO

The OT Approach

Occupational therapy targets the whole picture: the person, the activity, and the environment where your life happens.



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What an OT Looks At



Client factors and performance skills:

- **Functional mobility** - balance, strength, walking, and freezing
- **Transfers and safe mobility** with devices
- **Cognitive skills:** attention, fluctuations, processing speed
- **Visual-perceptual** skills and hallucinations
- **Autonomic factors:** blood pressure on standing
- **Endurance, sleep, and mood**
- **Occupational performance, self-efficacy and fear of falling**

The activity and the environment:

- The exact tasks that precede falls
- Transfers: bed, chair, toilet, car
- Flooring, lighting, contrast, and clutter
- Footwear and assistive devices
- Care partner capacity, technique, safety
- Routines, roles, and what matters most

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Measuring Fall Risk



- **Start with a log.** A history of falls can be a strong clues to future fall risk: how many, where, when, what happened just before, and was there dizziness.
- **Common performance measures.** Timed Up and Go, Berg Balance Scale, and 5x Sit to Stand are widely used to evaluate gait, balance and functional mobility
- **Gait is measurable.** In one cross-sectional study of 63 people with DLB, slower gait speed, shorter stride length and lower gait symmetry were associated with greater fall risk (Su et al., 2025).
- **Remember to check.** Lying and standing blood pressure, a medication review, vision screening, footwear check, and a look at the home itself.
- **Test on a typical day.** Because fluctuations are real, one snapshot is not the whole person – review what an "off" hour looks like.

CDC's STEADI framework offers free screening tools and patient handouts for community and clinic settings.

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How to Approach Fall Prevention



- **No single fix.** Multicomponent approaches may be more effective than relying on a single strategy alone. Ex) Movement, home safety changes, and education.
- **Home fall-hazard may reduce falls.** About a 38% lower rate of falls in higher-risk older adults at home, through individualized plans built by OTs or other trained professionals.
- **What that means for you.** Ask for an OT referral and a home visit - a plan made for your home and routine, revisited as things change.

Falls are multifactorial - so the plan has to be too.

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Movement: Why It Helps and What Works



- **Movement helps.** Exercise can support strength, balance and mobility in dementia.
- **Practice what matters.** Sit-to-stands, step-ups, heel raises and turning - in the actual room, at the actual time of day and working with your PT on this.
- **Consistency over intensity.** A safe, realistic routine.

Ask for an OT and PT referral - and for regular check-ins as things change.

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Cueing Strategies for Freezing and Turning



- **Why cueing may help.** An external rhythm, visual target, or brief verbal or movement cue may help some people initiate or continue movement during freezing.
- **Rhythmic cues.** Count aloud, march to a steady beat, use a metronome or a familiar song's rhythm.
- **Visual cues.** A visual target placed on or projected from a mobility device, when recommended and trained by an OT or PT.
- **The freezing reset.** "Stop, stand tall, shift weight side to side, then step big"
- **Turn wide.** Take a wide arc, use marked steps, and avoid pivoting on the spot or crossing one foot over the other - especially in the bathroom.
- **Remember:** Cueing strategies vary from person to person, so it helps to identify and practice the cue that works for that individual with an OT or PT.

One instruction at a time, spoken slowly, with time to respond -

Several instructions at once may make movement more difficult to initiate or organize

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Transfers, Bathroom, and Bedroom Safety



Getting up and down:

- Scoot to the edge, feet back, nose over toes
- Push from the chair arms, do not pull up from a walker or device
- Pause upon standing before the first step
- Firm, armed chairs at the right height
- Line body up to chair before sitting – no chair dive or plop

Rooms that need attention:

- Grab bars by toilet and in the shower
- Shower chair or transfer bench and handheld shower head
- Raised toilet seat or elevated toilet
- Bedside commode or urinal for the night
- Well-lit, clutter-free bed-to-bathroom path

Where to find Equipment:

Local loan closets, DME stores, online – work with your OT/PT for your priorities & best solutions.

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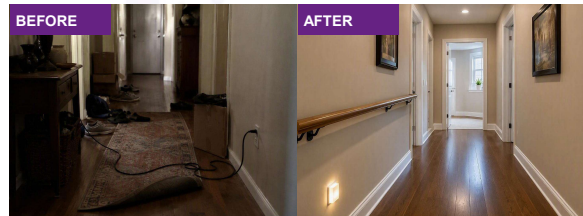
Safety Devices & Equipment



Tub transfer bench



Toilet safety frame with floor legs



Cluttered vs. clear hallway
- remove rugs, cords, and clutter

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Living Well With Blood Pressure Changes



- **The slow-rise rule.** Sit at the edge of the bed, move the ankles, and pause before standing. Stand with stable support and wait before walking. If dizziness continues, sit back down and seek assistance.
- **Hydration and diet.** Fluids through the day and discuss solutions for you before implementing: salt or compression garments
- **After meals.** Some people notice more symptoms after larger meals. If this is a pattern, discuss meal size, timing, and safe activity after eating with the healthcare team.
- **Know the amplifiers.** Hot showers, hot weather, straining, prolonged standing, alcohol, dehydration, and large meals may worsen orthostatic symptoms for some people.
- **Head of bed.** Raising the head of the bed slightly at night is sometimes recommended - check with the care team first.

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Care Partner Education and Coaching



- **Understanding LBD.** Knowing that fluctuations, freezing and blood pressure dips are the condition - not a reflection of effort.
- **Set-up & Preparation.** Clear the path, position the walker, and light the route before anyone moves. Preparing the environment before movement begins can reduce hazards.
- **Cue, don't pull.** One short instruction, spoken slowly, then wait. Cue the next step rather than pulling on an arm - pulling shifts the person's balance and can cause the fall it was meant to prevent.
- **Assisting safely.** Guard from the side, use a gait belt if one is recommended, and have a plan for what to do after a fall - including how to get help without lifting alone.
- **Care partners need support too.** Hands-on training, respite and your own health are part of fall prevention. Ask the OT to teach the technique, not just describe it.

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PART THREE

Resources and a Safer Home

Free tools you can use tonight, and room-by-room changes that lower risk.



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Resources

Fall Log

Fall Log

Use this easy system to track falls. Circle kitchen = k, bedroom = b, living room = l, tile = t, carpet = c, wood = w. Fill in the time and enter how the person landed (hip, side, head) and whether they sustained any injury.

Date	Where	Surface	Time	Landing/Injury
1. ____/____/____	k b l	t c w	____am ____pm	
2. ____/____/____	k b l	t c w	____am ____pm	
3. ____/____/____	k b l	t c w	____am ____pm	
4. ____/____/____	k b l	t c w	____am ____pm	
5. ____/____/____	k b l	t c w	____am ____pm	
6. ____/____/____	k b l	t c w	____am ____pm	
7. ____/____/____	k b l	t c w	____am ____pm	
8. ____/____/____	k b l	t c w	____am ____pm	
9. ____/____/____	k b l	t c w	____am ____pm	
10. ____/____/____	k b l	t c w	____am ____pm	
11. ____/____/____	k b l	t c w	____am ____pm	
12. ____/____/____	k b l	t c w	____am ____pm	

Home Safety Checklist



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Resources

ncoa
national council on aging

Aging Well ▾ Professional Resources ▾ About Us ▾ Get Involved ▾

Falls Free CheckUp®

Stay healthy and independent by checking your risk for a fall.

There are many steps you can take to prevent a fall.

Answer 13 simple questions to get your falls risk score and resources to prevent falls.

Choose language: English ▾

Whose information will you be providing? (optional) ⓘ

Choose one ▾

I have fallen in the past year.* ⓘ

☐ Yes

☐ No

I use or have been advised to use a cane or walker to get around safely.* ⓘ

☐ Yes

☐ No

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Tools You Can Use Tonight



Check your risk

- **NCOA Falls Free CheckUp** - a short online screen (ncoa.org)
- **CDC STEADI** - fall risk checklists and handouts (cdc.gov/steady)
- **LBDA** fall prevention articles
- Ask your provider for a **fall risk screen**
- Bring your **fall log** to your provider visit

Make the home safer

- **AARP HomeFit Guide** - free room-by-room guide (aarp.org)
- **CDC Check for Safety** home checklist
- **Davis Phinney Foundation** – Home Safety List
- Photograph the trouble spots
- Fix one room at a time
- Ask for a home evaluation

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Home Safety Modifications



- **Start with the walking routes.** Clear the path from bed to bathroom or highly traveled paths. Remove throw rugs, cords and clutter, and leave room to navigate with devices.
- **Light the way.** Glare-free lighting, motion-activated night lights along the bedroom-to-bathroom path, and a switch or lamp remote within reach of the bed.
- **Use contrast.** Contrast tape on stair edges or thresholds, a toilet seat that stands out from the floor, and grab bars in a color you cannot miss - depth and contrast are harder to judge in LBD.
- **Bathroom and bedroom equipment.** Grab bars anchored vs. on top of toilet, and secure grab bars in the shower, a raised toilet seat or elevated toilet, a shower chair with a handheld sprayer, and a bed at a height where both feet reach the floor.
- **Seating and surfaces.** Firm chairs with armrests, no wheeled furniture to lean on, non-slip mats, and a clear landing at the top and bottom of stairs.

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What I Hope You Take Home



- **Falls are common - but there are steps to lower risk.** Falls happen often in LBD. Evidence-informed changes and a holistic approach can make a difference.
 - **You do not have to fix everything.** Fall prevention often involves addressing more than one contributing factor. Each practical change can become part of a broader, individualized plan.
 - **Fear after a fall can occur.** Seek support so important activities remain part of your life.
 - **Ask for the referral.** An OT and PT referral, a home visit, a medication review and using a fall log. You are allowed to ask for all four - and to ask again when things change.
 - **You are not doing this alone.** There are practical, evidence-informed strategies and resources available, and LBDA is here for any question.
 - **Call or email our Lewy Line:** [\(800\) 539-9767](tel:8005399767) or support@lbda.org
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Thank You!

Visit us at: lbda.org

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