



Falls

Managing the ups and downs of MS

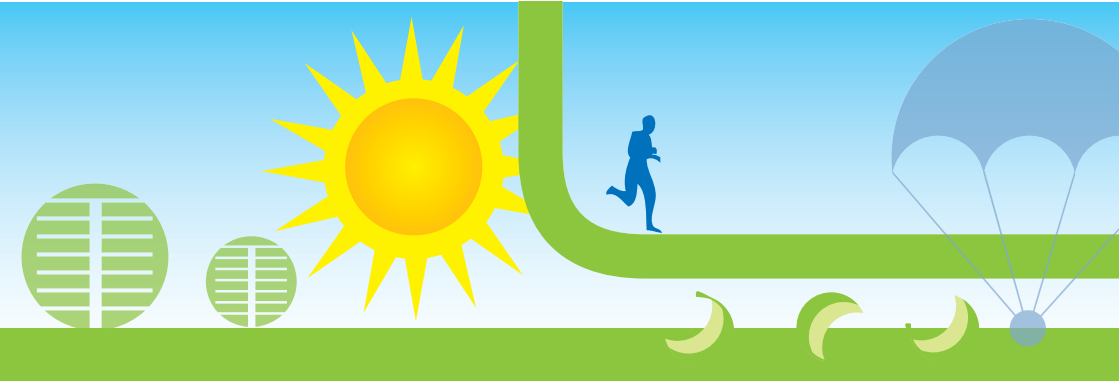


Tips for preventing falls for people with multiple sclerosis
Wendy Hartland



Contents

Why do people fall?	04-05
Fear of falling	06-09
Reasons why people fall	10-21
<i>Health reasons</i>	
● Visual problems	10-11
● Problems with mobility and balance	12-15
● Continence problems	16-17
● Memory and concentration	18-19
● Medication	20-21
 <i>Environmental reasons</i>	22-29
● Footwear	23-24
● Household problems	24-29
What to do if you fall	30-33
Where to seek further advice and assistance	34
Falls diary	35
Other sources of information	36-37



Introduction

This book is written for anyone who wants to help prevent falls by people with MS - whether they are someone with MS themselves, their partner, family member, friend or caregiver. It aims to help people think about falls, the reasons why they might happen and to suggest simple measures to help avoid them.

The wide variety of ways in which MS can affect people means that not all of the suggestions and tips in this book will be suitable for everyone. What is appropriate for someone who has the occasional stumble may not be suitable for someone more severely affected by balance or mobility problems. However, an awareness of risks, together with simple planning and forward thinking, can prevent many of the problems that can cause a fall.

Although prevention and avoidance are important, reading this book will not guarantee that someone will never fall again. If falls do happen, knowing how to get up safely or how to remain safe until help arrives can reduce the problems that may result from falling.

In describing ways to cope with falls, we hope this book will help people with MS to remain safe without imposing unnecessary limitations on day to day activities.

Why do people fall?



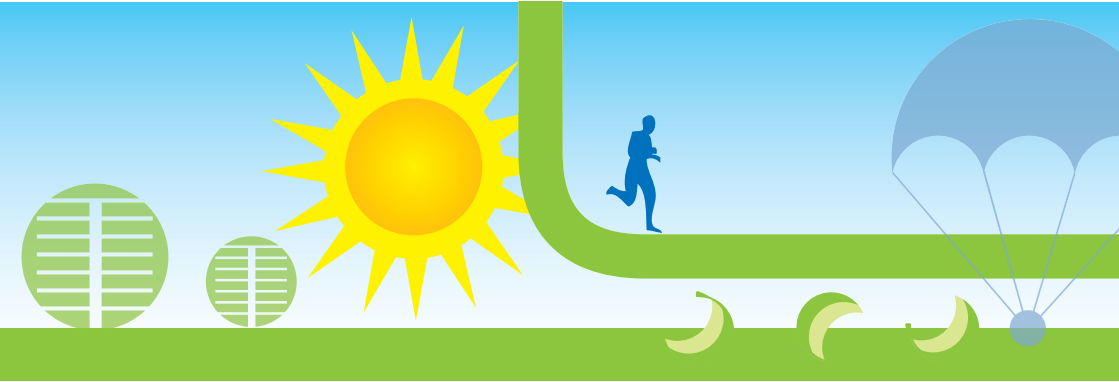
Why do people fall?

Falls can happen to anyone irrespective of age or medical condition. Falling is the commonest cause of accidental injury in the UK, with more than 2.7 million people affected each year.

In the majority of reported cases (over 65%) falls cause no serious harm other than perhaps embarrassment and dented pride. However, the consequences of falls can be serious, ranging from distress and loss of confidence, through to injuries, pain and loss of independence.

Many falls are caused by a combination of factors, both to do with objects in the environment - such as tripping over something - and health related issues. Not all health related risks are due to MS. People with other conditions such as low blood sugar, ear infections or reduced mobility from arthritis will also have a higher risk of falling. Similarly, the risk of falling increases with age, regardless of any health issues.

Statistics from
National Patient Safety Agency.
Slips, trips and falls in hospital: the third report from the Patient Safety Observatory, PSO/3
London: National Patient Safety Agency; 2007
Available from: www.npsa.nhs.uk



Some of the MS related factors that increase the risk of falling include:

- Visual problems
- Problems with mobility and balance
- Contenance problems
- Problems relating to concentration, poor memory or other cognitive symptoms
- Side effects of medications

These factors and ideas for reducing risks are discussed later.

Fear of falling



Fear of falling

For many people, particularly those who have experienced a previous fall, the fear of falling is significant.

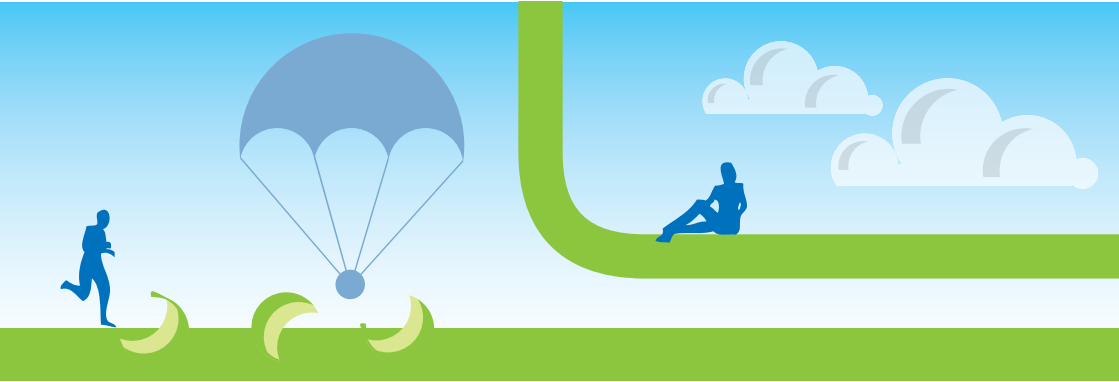
"I had a bad fall last Christmas. Although I recovered, I now find I'm wary of going out and worried about tripping over every crack in the pavement"

"I've seen what a fall can do to someone and want to make sure this doesn't happen to Jane"

This concern is not just restricted to people with MS. Friends or relatives of someone who has had a fall may become worried about whether it will happen again.

The problem is not just the fear, but the reactions the fear causes. Fear can be useful when it causes us to exercise necessary caution, but a person can be cautious without letting fear dictate how they live their lives.

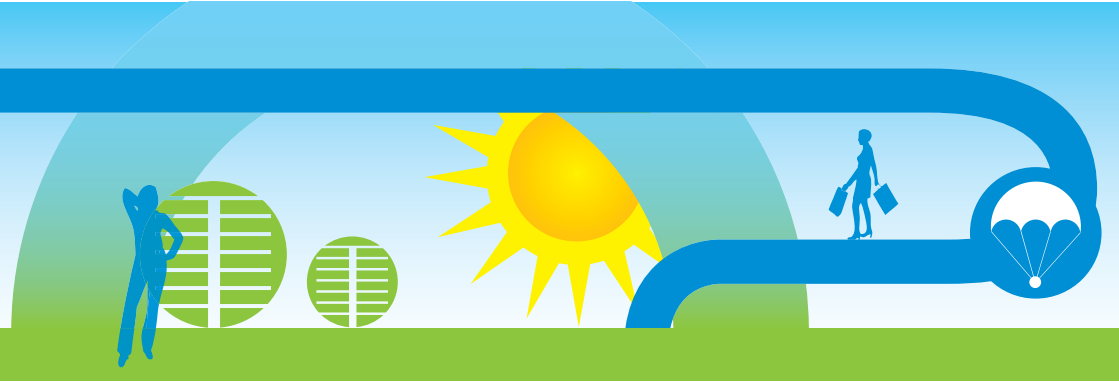
"I'm probably safer than my friends without MS. Having fallen before, I pay a lot of attention to potential problems in front of me - I may be slow but I'm safe"



The fear of falling can itself be a risk factor. People who are anxious about falling may become less active or limit what they do in their day to day lives in an attempt to avoid situations where they feel they might be more vulnerable.

Low activity levels cause under-used muscles to become less efficient, which means that stamina levels and fitness are reduced. As a result, everyday activities are more physically demanding and there is an even greater risk of falling.

Avoiding activities for fear of falling can also lead to a reduction in quality of life and possibly increased medication use. Regular activity helps counteract low mood and feelings of depression. Without activity, boredom and lack of motivation can set in, and the person may become increasingly and prematurely dependent on others to do tasks that they won't allow themselves to do.



Ideas to reduce the fear of falling

- Talk about concerns and share worries with others. This can help to put concerns in perspective and may lead to other ideas for reducing the fear of falling
- Consider getting a personal alarm system. There are several different types available ranging from simple pull-cord alarms to warn someone nearby to alarms that dial directly to a 24-hour monitoring station. Some alarms can be worn as a pendant or a watch. Your local Social Services may offer alarms to people at higher risk of falling
- If you have one, keep your mobile with you at all times so that if you do fall, you know you can dial a neighbour/friend/family or 999 in case of emergency. Have important numbers stored on the phone so they can be called quickly
- Consider what you would do in an emergency. If worried, arrange for a neighbour, friend or relative to call in or ring daily to check you are OK. Discuss what the plan would be were you to fall and be injured
- Learn and practise ways to get up if you should fall - a physiotherapist can teach safe ways to get up (see page 32)
- Try not to let your fear make you avoid social situations. People with greater social support are less likely to reduce or stop activities



Family and friends

It can be tempting for well meaning families and caregivers to become overly protective, even if the person with MS doesn't share their worries. However, concern for safety has to be balanced against the individual's right to live their own life and to make their own decisions about the risks they are prepared to take.

- Discuss the fear of falling with the person with MS and try to help them to find ways to overcome their fear (and yours)
- Respect the individual's right to decline your offer of help, and don't be offended. Let them know that your offer is always open if they change their mind
- Rather than limiting the activities of the person you're worried about, discuss safer ways that they can maintain their independence
- Try and help the person with MS to remain as active as possible, but don't be too ambitious in what you suggest
- Try not to reinforce concerns about any limitations caused by MS but encourage them to recognise their abilities
- If there are health issues that aren't being properly treated, encourage the individual to get appropriate professional help

Reasons why people fall

Health reasons



Visual problems

MS can cause a number of symptoms that affect the eyes and therefore increase the risk of falling.

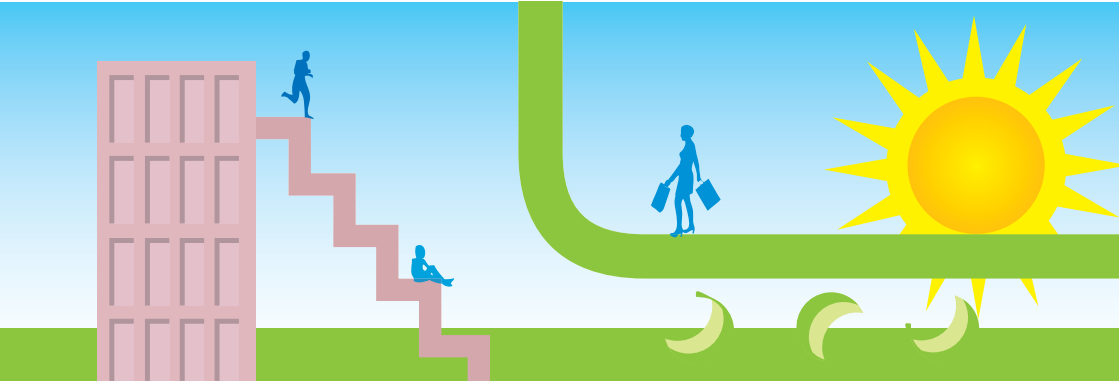
Problems can include double vision, blurred sight and involuntary jerky movements of the eyes (known as nystagmus), all of which can make it difficult to focus.

Optic neuritis, resulting from damage to the optic nerve, can also cause a number of problems affecting vision. These include pain behind one of the eyes, a reduction in colour vision and sometimes partial or temporary loss of vision. Damage to the optic nerve can cause information from each eye to reach the brain at different speeds thus affecting balance.

For many people visual problems can either appear or worsen during relapses or periods of increased fatigue. As with other symptoms, some people find their vision is worse in hot weather or when they are overheated, for example, following a hot bath or if they have an infection.

Of course, not all visual problems are caused by MS and it is important to have problems properly assessed and treated.

"When I'm tired it's like walking in fog and I'm forever bumping into things"



What to do:

- Have regular eye tests and have any new problems treated. Opticians recommend that everyone should have their eyes tested at least every two years, whether they have MS or not
- Double vision can sometimes be managed with the short-term use of an eye patch
- If double vision persists, prisms can be fitted to glasses. The prism compensates for the double vision by altering the way light reaches the eye
- If there is a problem with the messages from the eyes arriving at the brain at different speeds, a tinted lens in front of the good eye can help. An orthoptist can design the lens so that it matches the delay on the affected side
- Be careful of sudden changes in light. If you go from light to dark, or dark to light, stop and give your eyes time to adjust
- If heat affects your symptoms, try to avoid hot environments and keep cool in warmer weather
- Seek medical attention if you think you have an infection



Problems with mobility and balance

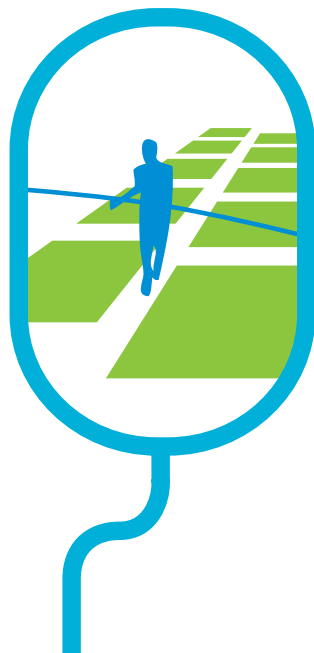
There are a number of MS symptoms that can increase the risk of falling by affecting the way someone walks. These include muscle stiffness (spasticity) and spasm, weakness and numbness, tremor, pain and fatigue.

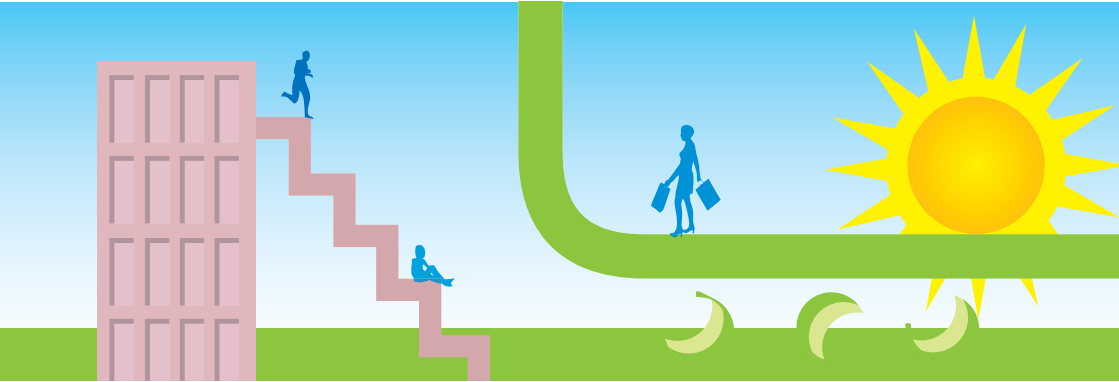
Some problems can be caused by interruptions to the communication between the brain and the rest of the body. If the brain says move but the message doesn't reach the leg, this can result in a fall.

Sensory problems may affect the way in which someone walks. For example, numbness can reduce an individual's perception of the way their feet are touching the ground, or over-sensitive feet may mean that someone is more tentative in the way they walk.

MS can also affect balance and cause dizziness or vertigo. This can make it difficult to remain upright, unsupported, even when standing still.

As well as seeking appropriate treatment for any of these symptoms that may affect you, there are ways in which the risk of them causing a fall can be reduced.





What to do:

- Consider rearranging the room, perhaps with strategically placed furniture for 'furniture walking' if necessary. Ensure any furniture used in this manner is sturdy enough for the purpose
- Take care when bending down and make sure you are steady before walking. Stand up slowly after lying or sitting
- If you are tripping due to catching your toes, your GP or MS team may be able to offer solutions, such as a foot or ankle splint or functional electrical stimulation (FES) (see the MS Trust's FES factsheet)
- Try to be physically active every day. Particular activities that can help maintain or improve your balance include yoga, tai chi and pilates
- A physiotherapist can advise whether a walking aid, such as a stick or frame, would help. It is important that any aid is adjusted to the correct height and properly maintained (eg worn ferrules replaced). If the handles are slippery, particularly when wearing gloves, cover them with non slip material
- If you think tiredness is a contributory factor to your falls consider fatigue management techniques eg rests, pacing yourself and ensuring you are eating and drinking enough (see the MS Trust book Living With Fatigue)



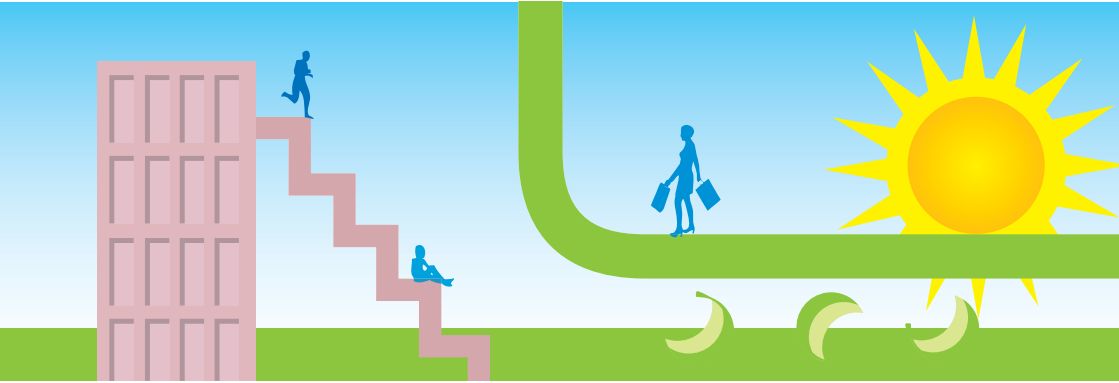
Using a wheelchair

The majority of people with MS will not need to use a wheelchair on a permanent basis. However, because of the fluctuating nature of the condition or for ease of getting around in some situations, some people with MS will use a wheelchair on a temporary basis for certain activities.

Whilst full time use of a wheelchair reduces the risk of falling, people who use one occasionally or for part of the time have a higher risk of falls, particularly when transferring in or out of their chair. Uneven pavements and inexperienced pushers are also risk factors.

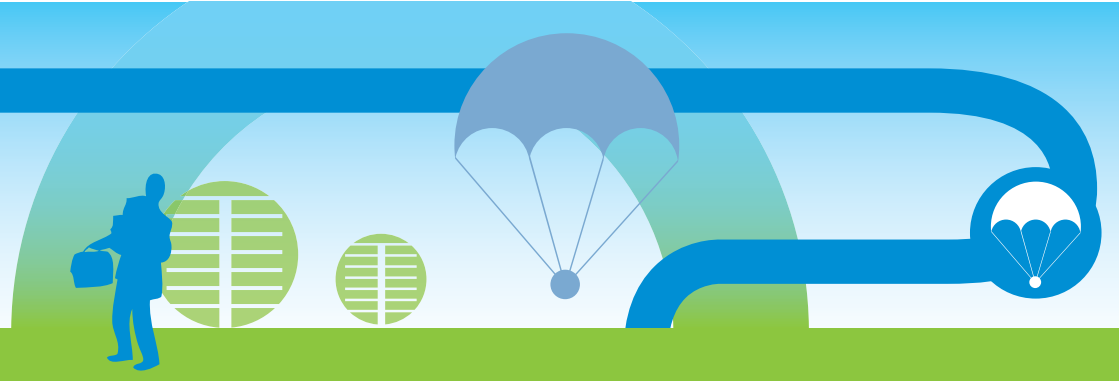
"I know that I have to be really careful using my chair when I have a relapse. My friend uses hers all the time and is much less likely to fall getting in and out of it because she's used to it. She's given me L plates!"





Tips for safe wheelchair use

- Plan and scan your route and environment as you go along. Look out for obstacles, changes in gradient, or changes in surfaces that might cause potential difficulties such as jolting the footplate
- If going up a steep slope, it may be better to travel in reverse. Going forwards may result in the front wheels lifting from the surface due to the uneven distribution of weight
- Use kerb drops when moving into or out of the road. If they are not available use any available driveways
- Remember to ensure the wheels are locked and check the brakes are applied before attempting to transfer in or out of a wheelchair
- Take particular care if you are transferring to something at a different height to your wheelchair
- If you are unable to self-propel, choose who pushes your wheelchair with care!
- Check if your destination is wheelchair friendly or if there are special provisions for someone using a wheelchair. If there are steps and no ramps, are there portable ramps that can be made available?



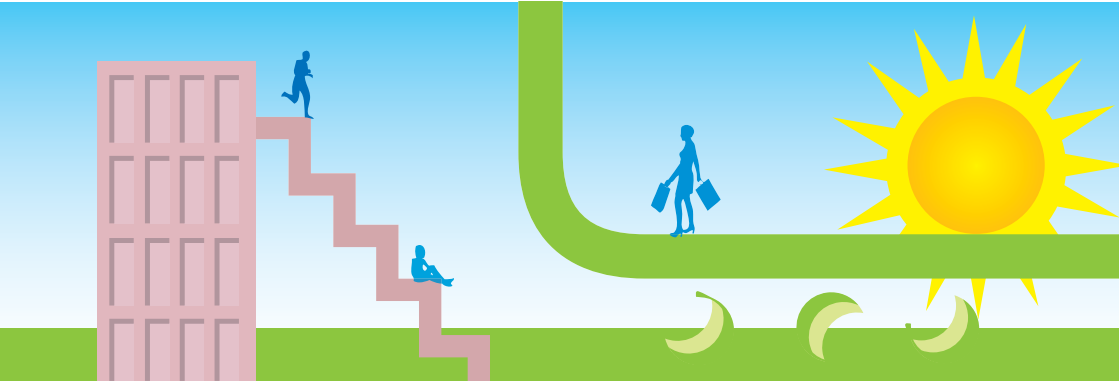
Contenance problems

Bladder and bowel problems are quite common in MS. Bladder problems include needing to empty the bladder more frequently or more urgently than usual.

As well as potentially having an impact on well-being, the urge to rush to the toilet may make people more hurried and less careful than usual and so result in falls.

Some people with MS may become so concerned about the potential embarrassment of incontinence that they stop going out in case of accidents, which limits their enjoyment of life and can lead to reduced fitness levels.

It is worth remembering that there are a number of possible causes for bladder or bowel problems and that some may not be the result of MS. A GP, MS nurse or continence advisor should be able to assess the cause of symptoms and suggest appropriate treatment.



What to do:

- If you are at work and often need to get to the toilet quickly, ask your employer if you can have a work station nearer to the toilets. Also consider seats closer to the toilets when you go to the cinema or to a restaurant
- If you have little warning about needing to go to the toilet, try to be aware of how your bladder or bowel react. For instance, if you find that you usually need to go to the toilet about half an hour after having a drink, try to be prepared for that
- Consider getting a RADAR key from your local authority. For a small one-off charge this allows you to use around 7,000 locked public toilets around the country
- Consider carrying one of the MS Society's 'Can't Wait Cards', so that you can jump the queue if necessary
- There are numerous continence products available for people with bladder and bowel problems, which can make you feel more confident when out and about. Even carrying spare underwear in your bag or pocket can help in emergencies. The charity Incontact has information on products
- Don't assume continence problems are an inevitable part of having MS. Many problems can be successfully managed with help from your GP, MS nurse or continence advisor



Concentration and memory

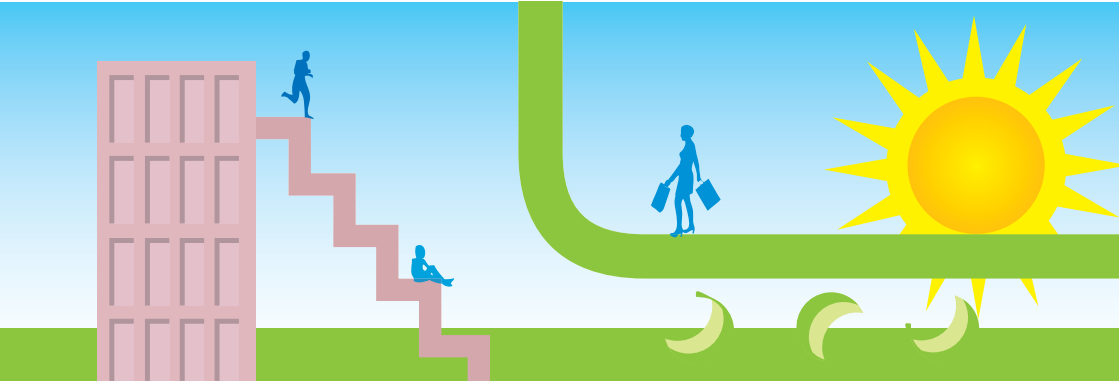
MS can affect some of the processes involved in thinking and dealing with information. The term 'cognitive problems' is often used as an umbrella description of these symptoms. Although not unusual, most people with MS find them to be minor and easily manageable.

"When I'm feeling tired I find I'm hopeless at judging distances and have to shuffle down stairs"

Some people with MS may find the condition affects their visuo-spatial awareness, meaning they find it more difficult to judge distances. This may cause problems in judging how close a step is or in reaching out for a grab rail.

Problems with concentration and forgetfulness can also create potential for falls.

"I had a fall that was caused simply by my own lack of thought and concentration. I tried to get up without using my walking sticks that were lying next to me. As I got to my feet, I tripped over them"



What to do:

- Try not to do several things at once and focus attention on one action at a time. When moving or beginning to move, concentrate only on that
- If you are concentrating on doing something with your hands, eg dialling a phone number, opening a jar, doing up a necklace, sit down or lean against a wall. Some people find it difficult to maintain balance and do something with their hands
- Sometimes in situations with lots of noise or movement, the brain can feel overloaded, making it harder to concentrate or think clearly. Learning and using a relaxation exercise can help control the situation and allow you to think more clearly
- It may be easier to concentrate if you are able to remove background noise, eg turn off the television or radio
- If you are prone to forgetting things, try and get into a routine of putting things such as keys in the same place so that you don't have to rush to find them
- Plan your day so that you know what you are doing and when. This can reduce the risk of falls due to hurrying



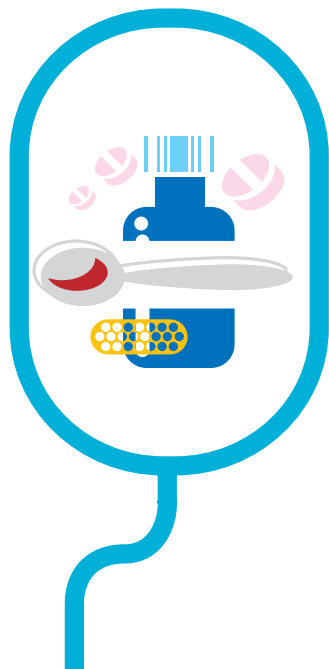
Medication

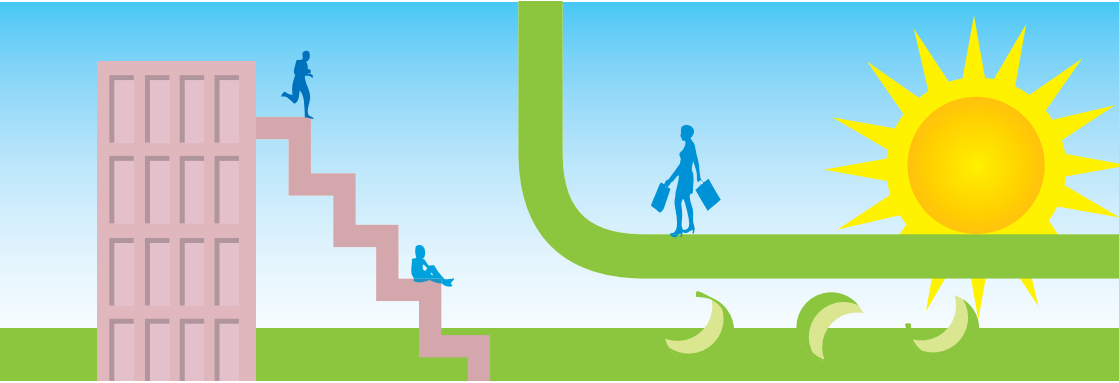
Medication can increase the risk of falls for a number of reasons.

The side effects of many medications can include drowsiness and dizziness. Tranquillisers, sedatives and medication for blood pressure or heart conditions can all cause these side effects. Several of the medications used for MS symptoms can also be associated with drowsiness and dizziness. Baclofen and tizanidine, which are used to treat spasms and stiffness can have this effect, as can amitriptyline, imipramine and pregabalin, which are used for pain relief.

Even if a drug does not have this effect on its own, the combination of several medications may cause problems. The more medications someone takes, the higher the chance of interactions occurring. This applies to all types of treatments - prescription, over the counter, alternative and illicit - regardless of whether they are being used to treat MS or other conditions.

Each drug may be necessary to maintain good health and so it is important that the doctor is aware of all medication that someone is taking. The doctor should be informed of any problems with side effects or taking medications as directed. Treatment should not be stopped suddenly without professional advice.





What to do:

- If you are currently taking more than four prescribed medications, ask your GP, pharmacist or nurse to review your medication with each change to identify potential risks and possible solutions
- When you visit the GP, take a list of all medications you are taking, not just for MS
- If your balance has been affected, mention this when your doctor is prescribing drugs so that side effects can be taken into account
- Be aware of the effect of alcohol on your medication (prescribed or otherwise) - even a small amount may cause dizziness and loss of balance
- Be aware that some relaxation techniques, such as a massage, can also make balance worse for a time
- Sometimes the time of day when a drug is taken can avoid problems. For example, if a drug has a sedating effect, it may be more appropriate to take this at bedtime or before a period of relaxation

"The tablets I took for my symptoms were making me very weary in the afternoons. My nurse suggested I take them in the evening before bedtime and this has solved much of the problem"

Reasons why people fall

Environmental reasons



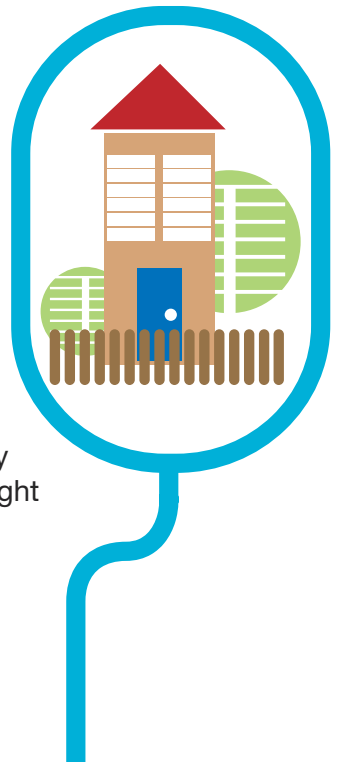
Environmental reasons

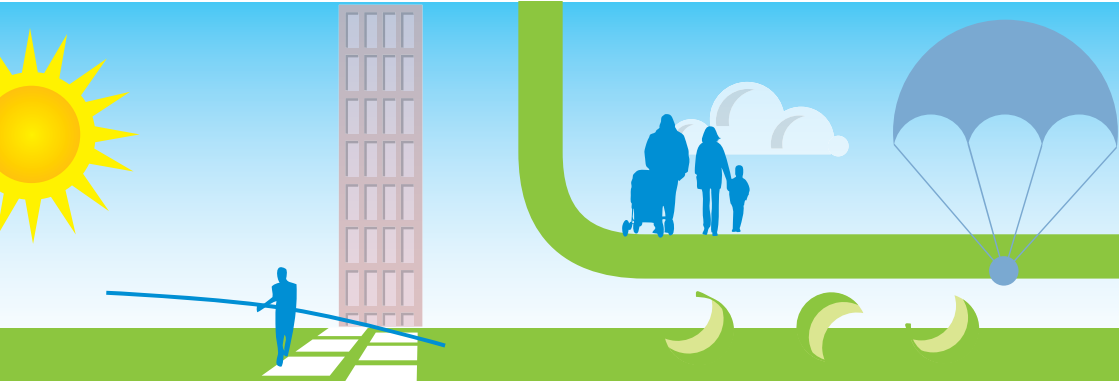
Most falls occur in the home, at work or in the street. Being aware of potential risk factors can significantly reduce the chance of falling.

Stop, scan and plan

When moving about, concentrate and be **ALERT**

- Assess your **L**ocation and **E**nvironment for the **R**isk of **T**rips
- Scan yourself for risk factors such as loose footwear, laces or clothing that might cause a trip
- Plan your movement, considering which route offers the least potential risk or fewest obstacles. If an obstacle does exist, can this be either safely moved or negotiated?
- Review any trip, fall or stumble. Think about why it happened and what can be done to stop it happening again. If you are prone to falling, consider keeping a falls diary so you can build up a picture of why they might be happening (see page 37)





Feet and footwear

Suitable and well fitting footwear can play a role in reducing the risk of falling. Conversely, poorly fitting shoes with inadequate grip can potentially be a cause of falls.

Whilst this applies to everyone, regardless of any health conditions, it is particularly relevant for those people with MS who are less steady on their feet.

"Men's shoes are made in wider sizes than women's. If I can't find a proper fit, I sometimes find something more comfortable in the men's department. Sometimes it's better to forego fashion for safety and comfort"

What to do:

- Balance will tend to be better in comfortably fitting shoes with good support around the heel and flat, non-skid soles
- Have your feet measured regularly as your shoe size may change. There are specialist ranges of shoes for wider feet
- Shoes with laces or with Velcro fastenings that can be adjusted may be safer than slip-ons that can become loose with wear
- Boots can be helpful as they provide ankle support
- If you are prone to fatigue, avoid cumbersome or heavy shoes that quickly tire your muscles
- If you have trouble balancing when putting on your shoes, try sitting down or using a long-handled shoehorn

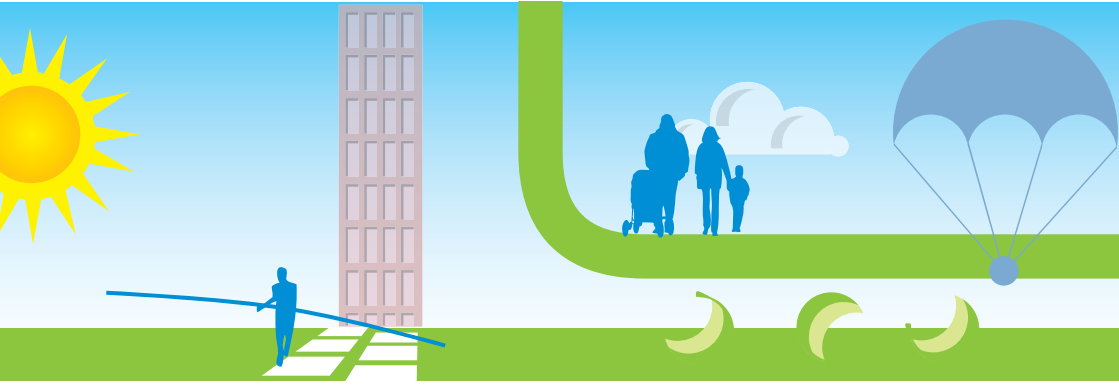


- If shoes have a slippery sole, consider asking a shoe repair shop to add textured strips
- Walking in socks or tights can increase the chance of slipping on tiled or slippery surfaces. Around the house it is safer to wear slippers with non-slip soles (though be aware that if you have difficulty lifting your feet and shuffle around the house, non-slip soles might add to the risk of tripping)
- If it helps to feel the floor, try thin soled ballet shoes
- Shoes will feel more comfortable if you keep your toenails trimmed. If this is difficult to do yourself, have regular check-ups with a podiatrist or foot-care specialist
- A podiatrist can help suggest toe props or arch supports that can be worn inside shoes to help with painful feet
- Putting your feet up when appropriate can improve circulation and reduce swollen ankles

Household problems

Whilst falls can happen anywhere, almost half of all falls happen in the home. However, if aware of the potential for problems, the home is an area where the individual can exert some control on reducing the risk of falling.

If in doubt, you can ask an occupational therapist to carry out an assessment to identify potential risks and suggest possible solutions. Your GP can arrange for a referral.



The following are areas that can contribute to falls.

Clutter and tripping hazards

A certain degree of clutter is an inevitable part of day to day life. However, for people whose balance or eyesight is poor, obstacles can present the risk of tripping.

- Consider which are the main routes around the house and keep these areas free from clutter
- Store belongings safely and try to put things away when you have finished using them. Make sure visitors know where they can leave bags, shoes and coats so that you don't fall over them
- Try to find a safe place to leave things that need taking upstairs and avoid piling them up at the bottom of the stairs
- If you have pets, try and ensure their bed or favourite basking spot is not on a main thoroughfare
- With electrical items, try to keep wires and cables covered or taped down in walking areas to prevent them being tripped over. An extension lead can help to reroute cables away from places where they might be a tripping hazard
- Tape down or use non-slip mats under rugs particularly in the bathroom and bedroom, or consider removing them completely



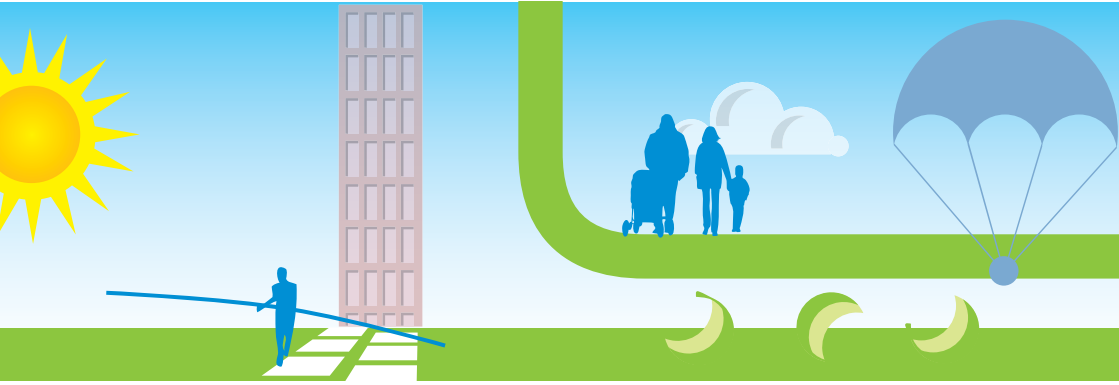


Slippery surfaces

- Try to mop up spills as soon as possible. If bending is a problem, ask if someone else can do it
- Take care on outdoor steps during wet or cold weather and spread salt or sand on wet or icy surfaces

Stairs

- Make sure stair carpets are securely fitted
- If vision is a problem, highlighting the edge of the top or bottom steps with a contrasting coloured paint or tape may help you to judge your position
- Plain and pale rather than patterned or dark carpets may make the stairs easier to manage for people with visual problems
- If balance and mobility are problems, get handrails fitted. Consider fitting a second handrail to the other side to enable both hands to be used
- Be particularly careful when carrying items upstairs or downstairs and try to keep one hand free to use the rail
- If possible, consider having a separate vacuum cleaner and cleaning material that remains upstairs to prevent the need to carry items up and down



Lighting

- Try to use sensor lighting and brighter light bulbs in areas where there is a greater risk of falling such as on the stairs, where there are steps, or in the kitchen
- If you need to get up in the night, it is safer to turn the light on before getting out of bed
- If you frequently get up to go to the toilet during the night, particularly if the need is urgent, consider installing nightlights or nursery lights on the way to the bathroom
- If you have to walk in the dark, consider using a head torch. This shines where you are looking and keeps your hands free
- Keep a torch handy if you need to go out when it's dark

Bathrooms

- Grab rails / hand rails can be really useful if you have difficulty with balance or weakness
- A bath or shower chair helps you to avoid standing for long periods if you get tired or lose your balance easily
- Get a non slip mat and let the water out of the bath before you get out

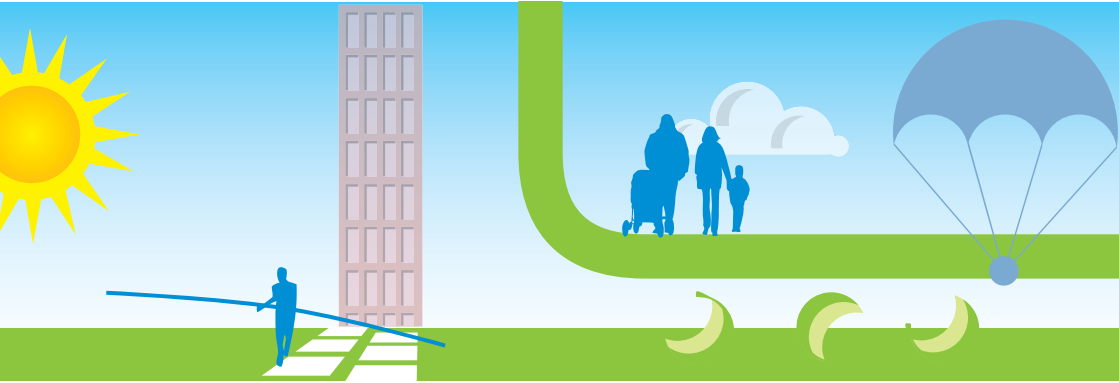


Bending or reaching

- Store frequently used items at a level that means you can reach them without having to stretch or bend
- If you do need something from a high cupboard or shelf, use stable, non-slip steps to reach them - don't stand on a chair
- If balance is a problem, it may be safer to ask someone to help you get objects from higher shelves, change burnt out light bulbs, etc
- Consider obtaining a 'grabber' to pick things up from the floor
- A letterbox cage avoids having to bend down to pick up letters
- Using a trolley to move laundry from room to room avoids having to bend to pick items up
- If you have difficulty reaching socket switches, consider using a long handled stick with a nonslip rubber thimble on the end

Telephones

- To avoid rushing to answer the phone, use a mobile or a cordless phone and carry it with you
- Let family and friends know to give you time to answer the phone. With the free 1571 answer service you won't miss calls if you can't get to the phone in time



Other ideas

- Avoid carrying large objects where possible, and try to have your hands free to break a fall if necessary
- Use supermarket home delivery schemes if the weather is bad, or for bulky items
- Consider obtaining a perching stool to avoid standing for any length of time, for instance when preparing food, ironing or in the bathroom. This can be obtained from an occupational therapist following assessment. Try and site the stool away from your usual routes around the room so that it doesn't become a trip hazard itself
- Do not hurry to answer the door
- If you walk with a walking frame, you may consider purchasing a purpose built tray which fits onto the frame for carrying
- Make drinks in a thermos flask or sealed container as this will make them easier to carry. You can pour them out into a cup or mug once you've sat down
- Wearing an apron with large pockets for carrying objects allows you to keep both hands free
- Be aware of the potential hazards of clothing. Loose sleeves, belts, scarves or long skirts may catch on door handles, drawers or ornaments

What to do if you fall



What to do if you fall

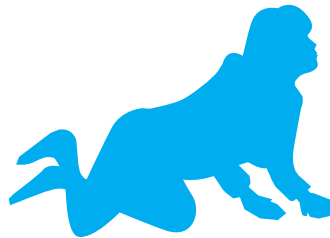
Even with awareness of risks and after taking sensible precautions, falls can still happen.

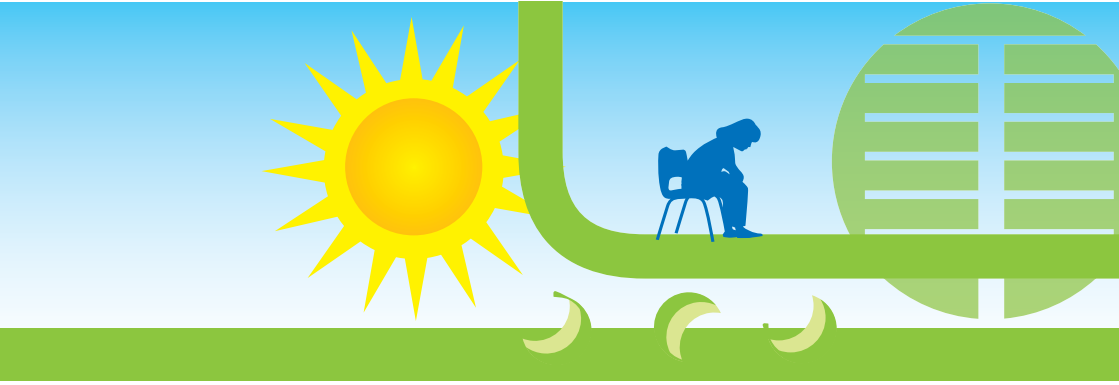
If you do fall, it is important to try not to panic. Although you may feel a little shaken and shocked, trying to stay calm and remaining in control of the situation will help you to gather your thoughts and remember what you need to do.

At first, consider whether you feel able to get up again.

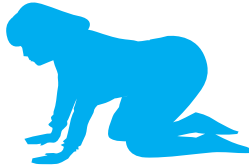
If you don't feel hurt and you feel able to get up:

- Take your time and don't get up too quickly (even if urged to do so by helpful family or friends!)





- Roll onto your hands and knees and look for a stable piece of furniture, such as a chair or bed



- Holding onto the furniture, slowly get up. A chair may be steadier if you lean against the seat rather than the arms



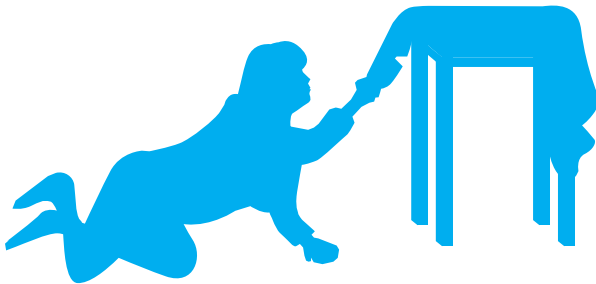
- Sit down and rest for a while to recover

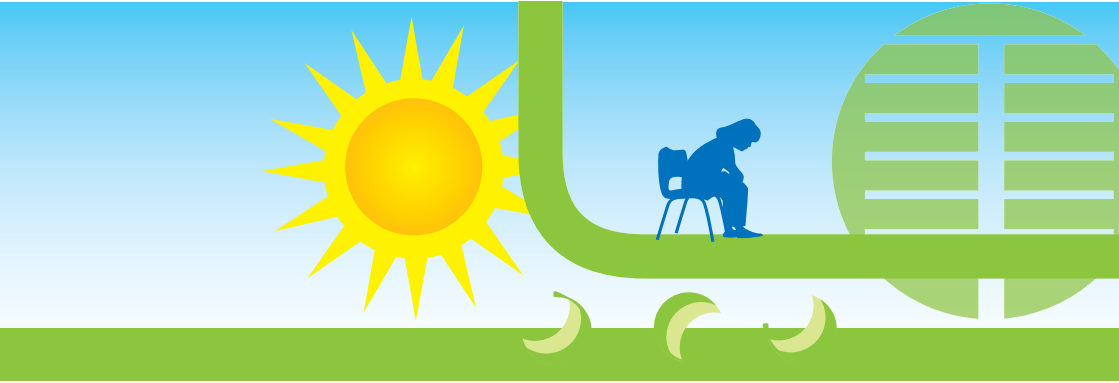




If you do feel hurt or are unable to get up:

- Try to get someone's attention - use your personal alarm if you have one or use your mobile phone to dial 999. If there is someone nearby, call out for help or bang on the wall or floor
- While you are waiting for help, get as comfortable and warm as you can. Get to a carpeted area of floor if you can, and try to reach something warm to put over you (particularly your legs and feet), such as a blanket, duvet, dressing gown or towels





- Move regularly to help you keep comfortable and avoid pressure sores. Unless you suspect a fracture, try to change your position every half an hour or so

Always report a fall to your GP. They can recommend a falls risk assessment, which will look at ways to improve safety in your home and reduce the risk of further falls.

Where to seek further advice and assistance

An illustration at the top of the page features a blue silhouette of a person standing with their hand on their chin, appearing to be in deep thought. To the right of the person are two green circular icons with white grid patterns. Further right is a blue and white parachute icon. A thick blue path starts from the right side of the page, curves downwards, and then horizontally towards the left, ending in a circular icon containing a white and blue parachute.

Where to seek further advice and assistance

If you have had a fall or are concerned that you are liable to have a fall, there are a number of services that may be able to offer some help. Not all of these services will be available everywhere.

- **GP** - as well as assessing and treating any health issues, your GP can refer you to appropriate local services
- **Physiotherapist** - can suggest exercises to improve fitness, balance and posture and can also advise on walking equipment. Some services may provide training in transferring into and out of a wheelchair
- **Occupational therapist** - can help you to find easier ways of doing everyday tasks such as showering or cooking or at work. They can also advise on and provide some equipment and adaptations to the home
- **Social services** - for equipment to help with day to day activities
- Exercise or fitness classes at your local gym or sports centre
- Opticians and specialist vision services such as an orthoptist
- Podiatrist or chiroprapist services



Falls diary

If you experience falls regularly, keeping a diary can help you and your doctor identify if there are any reasons why this is happening. The events recorded in the diary may suggest treatments or alterations that can reduce these risks.

- The date and time of day of the fall
- Where you fell
- What you were doing immediately before your fall
- Any symptoms you were experiencing before you fell, such as feeling faint or dizzy, problems with your vision, weakness or spasms in your legs, etc
- Any other relevant factors you think contributed to the fall
- The worst thing that happened as a result of the fall
- Any measures you think you can take to prevent the same thing happening again
- If you couldn't get up, how you got help and what you could do in future to make this easier
- Any pattern you feel emerging about where and when you fell

Other sources of information



Other sources of information

- **Assist UK**

A network of Disabled Living Centres providing advice on equipment for daily living and a permanent exhibition of products for people with a disability

Assist UK, Redbank House, 4 St Chad's Street, Manchester, M8 8QA
0870 770 2866 general.info@assist-uk.org www.assist-uk.org

- **Disabled Living Foundation**

Provides free, impartial advice about all types of disability equipment and mobility products

Disabled Living Foundation, 380-384 Harrow Road, London, W9 2HU
0845 130 9177 advice@dlf.org.uk www.dlf.org.uk

- **Incontact**

Raises awareness and offers support and information to people affected by bladder and bowel problems

Incontact, SATRA Innovation Park, Rockingham Road, Kettering, NN16 9JH
0870 770 3246 info@incontact.org www.incontact.org

- **MS Society**

Produces the Can't Wait card explaining why the bearer needs to get to a toilet quickly

0808 800 8000 www.mssociety.org.uk



- **RADAR**

Campaigns to promote equality for all disabled people. Provides RADAR keys for locked disabled toilets around the UK

RADAR, 12 City Forum, 250 City Road, London, EC1V 8AF
020 7250 3222 radar@radar.org.uk www.radar.org.uk

- **RoSPA (The Royal Society for the Prevention of Accidents)**

Has information and factsheets on avoiding accidents in the home and at work

RoSPA House, Edgbaston Park, 353 Bristol Road,
Edgbaston, Birmingham, B5 7ST
0121 248 2000 help@rospa.com www.rospa.co.uk

- **Other information from the MS Trust**

The MS Trust produces a range of books, factsheets and DVDs. The following titles may be of interest to readers of this book

- Move It For MS - exercise DVD (£1)
- Living with fatigue
- Tips for living With MS
- Bladder problems - factsheet
- Bowel problems - factsheet
- Fatigue - factsheet
- Functional electrical stimulation - factsheet

All items are free unless shown. Order from the MS Trust or visit www.mstrust.org.uk/publications to see the full list of titles

Other sources of information



Wendy Hartland

MS Specialist Nurse, University Hospital,
Coventry and Warwickshire NHS Trust

Wendy has significant experience of working with people with MS. She has particular interest in people with complex disabilities, secondary and primary progressive MS.

Simon Webster

Information Officer, MS Trust

The MS Trust is a leading independent UK charity for people with MS, their family and friends. The MS Trust Information Service provides a personalised enquiry service; produces many publications; Open Door, a quarterly newsletter; and web based information. Contact us to receive free information.

Thank you to

Stephen Wilson for his help with ideas for the text and input to early drafts of this book

All the people with MS and the MS health professionals who offered their comments on this book throughout its production

Wendy Hartland, MS Trust

Falls: managing the ups and downs of MS

ISBN 1-904156-15-0

© 2008 Multiple Sclerosis Trust

Registered charity no. 1088353

All rights reserved. No part of this book may be reproduced, stored in a retrieval system or transmitted in any form by any means, electronic, electrostatic, magnetic tape, mechanical, photocopying, recording or otherwise without written permission of the publisher.





Multiple Sclerosis Trust
Spirella Building, Bridge Road
Letchworth Garden City
Hertfordshire SG6 4ET

T 01462 476700
E info@mstrust.org.uk
www.mstrust.org.uk

Registered charity no. 1088353
0408