Case Studies

David

Falls Risk, Postural Changes and Declining Wellbeing

David, aged **82**, has recently been admitted to your care. He spent most of his working life as a **production line worker in a West Midlands car plant**, retiring at 65 following a workplace fall.

In his late 60s, David developed a **curvature of the spine**, which continued to deteriorate throughout his 70s. Over the past couple of months, this spinal deformity has become **significantly more pronounced**, altering his **centre of gravity** and severely affecting his **balance**. As a result, he has experienced **several falls in the past week**, including a fall this morning while getting out of the shower, during which he **bruised his wrist**.

David is becoming increasingly **agitated and anxious** about the possibility of further falls.

He currently mobilises with a **walking stick**, but you have noticed that his **slippers are worn and loose**, increasing his risk of slipping. It has also been observed that his **appetite has declined**, and you have been informed that he has **lost 6 lbs in the past month**, indicating a potential deterioration in his overall wellbeing.

Shazia

Managing Long-Term Conditions and Falls Risk

Shazia, aged **68**, has recently been admitted to your care. She has a history of **Chronic Osteoarthritis** affecting her **hips, knees, wrist, and spine**, along with **Osteopenia** and **Type 2 Diabetes**. As a complication of her diabetes, she has developed **diabetic retinopathy** in her right eye and **peripheral neuropathy**, causing numbness in both feet.

Shazia has experienced **several falls**, which has led to a significant **fear of falling**. Because of this, she has begun **restricting her fluid intake in the evenings**, worrying that getting up to use the toilet will increase her risk of falling.

She currently mobilises with a **walking stick**, but reports **wrist pain** when using it. You have also observed that she now **avoids going outside into the garden**, an activity she previously enjoyed, suggesting a decline in confidence and participation in meaningful daily activities.

Questions

1.“How do you ensure that each client’s individual risks; such as mobility, cognition, environment, and medical conditions; are clearly identified and documented during the initial assessment?”

2. “What systems are in place to make sure that any risks identified at assessment lead to immediate, appropriate actions; such as equipment provision, referrals, or care-plan adjustments?”.

3. “How do you verify that staff completing initial assessments are competent, trained, and consistently applying the organisation’s assessment tools and safety procedures?”

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Useful Information Links:

NHS England » Identifying frailty

Assessment and prevention of falls in older people and in people 50 and over at higher risk—summary of updated NICE guidance | The BMJ

Frailty: a global health challenge in need of local action | BMJ Global Health

Rockwood Frailty Scale:

The timed up and go test

The Chartered Society of Physiotherapy

See further information on the CSP website at csp.org.uk/livelonglivewell

Falls: assessment and prevention in older people and in people 50 and over at higher risk:

https://www.nice.org.uk/guidance/ng249