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COGNITION AND FALLS AMONG THE ELDERLY
In-Service Talking Points

What does the research tell us?

1. Elderly persons with impairments in cognition and/or executive function are at an increased risk for falls.
   a. Twice as likely to experience falls than adults without cognitive impairment.
   b. 70-85% of patients with cognitive impairment dementia will fall every year.
   c. (Muir, Gopaul & Odasso, 2012)
   d. (Shaw, 2002)

2. Gait is no longer regarded as an automated motor task. Recent studies show it involves an interaction of executive function, the ability to interpret multi-modal cues and attention to task.
   a. Gait = Executive Function + Judgment + Attention
   b. (Amboni, Barone & Hausdorff, 2013)

3. A combination of maintaining physical function AND using strategies to hamper decline in cognition can significantly reduce fall risk among older adults.
   a. Reduction in Fall Risk = Physical Rehabilitation + Cognitive-Linguistic Strategies

What does that mean for us?
As therapists, our task is twofold: 1) Prevention & 2) Intervention

Prevention:
Screening & Referrals are key to determining the presence & degree of cognitive impairment to prevention of falls.

Questions to ask yourself when screening a patient?
1. Does this patient have a history of falling?
2. Does this patient engage in risky behavior? (i.e. not using walker or waiting for assistance, impulsivity etc.)
3. Does this patient exhibit difficulty paying attention, recalling basic information

Intervention: The role of the Speech-Language Pathologist
1. Determine specific areas of cognitive impairment that maybe affecting safety & Activities of Daily Living
   a. Attention
   b. Visuospatial Skills
   c. Language
   d. Memory
2. Develop and implement cognitive linguistic strategies to improve function.
   a. Visual cues
   b. Memory strategies (i.e. notebook, calendar etc.)
   c. Environmental Modifications
   d. Training activities that encourage neuroplasticity
References


