



Safety Alert: Restraining Loved Ones Who Fall

Change can be hard, especially when a person who used to be very independent now requires assistance for the most basic daily activities. When self-care activities, such as dressing or grooming – or even standing up and walking – become a safety matter, many questions can arise: “Why is my loved one falling, and how can we keep him or her safe? Is a physical restraint the right answer? What can I do to help?”

Why do nursing home residents fall?

There are many reasons nursing home residents might fall. Many common factors include problems such as muscle weakness, balance problems, decreased motor coordination, poor vision, incontinence, ill-fitting or slippery footwear, confusion or forgetfulness, chronic or acute pain, and medical problems such as infections or injuries. When a nursing home resident has fallen, the factors that contributed to the fall must be determined so that an appropriate plan can be made to prevent or reduce the risk of future falls.

Are restraints the right answer?

When a nursing home resident has frequent falls or is at high risk for falls, physical restraints may be used to prevent that person from moving out of their wheelchair without assistance. At first glance, this may seem to be an acceptable method for preventing further injury. However, the use of physical restraints may lead to other problems, including but not limited to poor appetite, bowel or bladder problems, withdrawal, agitation, depression, loss of mobility and increased dependence, strangulation and/or other injuries.¹ The decision to use a physical restraint should be made only after an interdisciplinary team has made a comprehensive assessment and weighed the risks of restraint use with its intended benefits.

What are restraint alternatives?

Based on the resident’s history and contributing factors, the care team should determine if a restraint alternative might be an effective solution. Restraint alternatives can be considered as any strategy or method that is used to keep the resident safe without resorting to a device or material that would limit the resident’s physical freedom. Examples of restraint alternatives include such things as adequate lighting, appropriate footwear, toileting plans, balance or strengthening exercises through physical therapy, pain assessment and management, medication reviews, wheelchair or seating assessments, individualized activity plans, etc. Restraint alternatives should be specific to each resident, as each resident may have different needs and preferences concerning their care and daily routines.

What if falls continue to happen?

The care team should re-assess the resident periodically to determine if the alternative solutions are effective. At times, more than one restraint alternative may need to be used, or slight changes may need to be made in the care plan. Physical restraints should be used to keep the resident safe after other options have been considered or ruled out.

What can I do to help?

While it can be hard to watch someone’s physical or mental health decline, you can help by sharing information about your loved one. Talk with the care team about their needs, habits and routines and share any thoughts you have about what might help. By working together, a plan can be developed to balance the resident’s safety needs with their right of self-determination and personal freedom. Also, spending time with your loved one or bringing items from home can add a sense of comfort and familiarity for them. Most of all, remember that your concern, interest and input are invaluable in providing the best possible quality of care for your loved one.

¹ Ohio Department of Health. *Physical Restraints*, 2007. Available at: www.odh.ohio.gov/~media/ODH/ASSETS/Files/ltc/nursing%20homes%20-%20ofacilities/physicalrestraintsbrochure.ashx. Accessed August 20, 2012.