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Steady Steps: Preventing Falls & Improving Balance at Any Age

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September 16, 2026

Falls & Balance

Steady Steps: Preventing Falls & Improving Balance at Any Age

A practical community session

Move more confidently ● Make your home safer ● Know when to ask for help

Based on CDC STEADI fall-prevention guidance

Today's goals

- Recognize common, modifiable fall-risk factors.
- Use the STEADI framework: Screen ● Assess ● Intervene.
- Build strength and balance safely into your week.
- Spot medication, vision, footwear, and home hazards.
- Know what to discuss with your clinician or pharmacist.
- Choose one realistic "steady step" to start this week.

Falls & Balance: Falls are very common!

Falls are common—and often preventable

A fall is not an inevitable part of aging.

1 in 4

older adults report a fall each year

3+ million

ED visits for fall injuries each year

Prevention works

Small changes can protect mobility and independence

The goal is not "never fall." The goal is to lower risk and reduce injury.

Falls can result in injury

Many injuries are minor but some are serious:

- 1 million hospitalizations
- Hip fractures
- Traumatic brain injuries
- Death

What makes a fall more likely?

Risk usually comes from several factors—not one single cause.

Inside the Body	Around You
• Weak legs or poor balance • Vision changes • Dizziness or low blood pressure when standing • Medication side effects • Foot pain or unsafe footwear	• Throw rugs, cords, clutter • Poor lighting • Stairs without secure rails • Bathroom hazards • Rushing, multitasking, or uneven surfaces

STEADI: a simple framework

CDC's approach is built around three actions

Screen

Ask about falls, fear of falling, and mobility.

Assess

Look at gait, strength, balance, medications, vision, and home risks.

Intervene

Address the risks—exercise, medication review, vision care, home safety, and more.

You do not need to wait for a fall to start.

Quick self-screen: “Stay Independent” questions

Think about the past year

- Have you fallen in the past year?
- Do you feel unsteady when standing or walking?
- Do you worry about falling?
- Have you changed activities because you are afraid of falling?
- Do you use a cane, walker, or other mobility aid?

If you answer “yes,” bring it up with your healthcare professional.

A “yes” is not a diagnosis—it is a reason to look closer.

Your fall-risk inventory

I might be at higher risk if...	What I can do
I have fallen or nearly fallen.	Ask for a fall-risk review.
I feel unsteady or avoid activities.	Practice strength + balance.
I take medicines that make me sleepy or dizzy.	Review medicines.
My vision has changed.	Get vision checked.
My home has trip/slip hazards.	Improve lighting and remove hazards.

Which one category would make the biggest difference for you?

Balance is a skill—and it is trainable

The best programs combine balance, strength, and regular activity.

Balance

Weight shifting

Tandem / heel-to-toe stance

Safe turning and stepping

Strength

Chair stands

Calf raises

Hip and leg strengthening

Walking / activity

Regular walking

Varied surfaces when safe

Build gradually

CDC's evidence compendium includes effective exercise programs such as Otago and Tai Chi-based programs.

Safety first: how to practice balance

Balance exercises should challenge you—but never put you in danger.

Stand next to a sturdy counter, rail, or heavy chair.

Wear supportive, well-fitting shoes.

Start with both hands supported; progress gradually.

Have someone nearby if you are at higher risk of falling.

Stop for chest pain, severe shortness of breath, faintness, new severe dizziness, or unusual symptoms.

If you have significant balance problems, ask a physical therapist for an individualized program.

Choose the safest version for you—not the hardest version!

Movement: Chair stands

Practice strength that helps with stairs, transfers, and getting up from a chair

1. Scoot forward ● feet under you ● lean slightly forward
2. Stand tall using your legs—not momentum
3. Slowly sit back down ● repeat at your comfortable level

Start with 5–10 controlled repetitions if safe for you.

Movements: Calf raises + weight shifts

Hold a sturdy support. Keep the movement small and controlled.

Calf raises

Stand tall, feet hip-width apart.

Rise onto your toes.

Pause briefly; lower slowly.

Use both hands for support as needed.

Weight shifts

Shift weight gently side-to-side.

Keep feet planted.

Progress to smaller hand support only when steady.

Practice looking forward rather than down.

5–10 repetitions ● quality over speed

Movement: Balance stance

Use a counter or rail for support.

Level 1	Level 2	Level 3
Feet together	Semi-tandem	Tandem / heel-to-toe

Only progress if you can do the easier level safely. Keep one hand near support.

Never practice challenging balance alone if you are at high risk for falling.

Medication review: don’t stop medicines on your own

Some medicines can increase fall risk through dizziness, sedation, confusion, or blood-pressure changes

- Bring an up-to-date medication list—including prescriptions, OTC medicines, and supplements.
- Ask: “Could any of my medicines increase my risk of falling?”
- Ask whether doses, timing, combinations, or alternatives should be reviewed.
- Pay attention to new dizziness, sleepiness, blurred vision, or slowed reactions after a medication change.
- Never abruptly stop a prescribed medication unless your clinician tells you to.

A pharmacist can be an excellent partner in a medication review.

Standing up safely: watch for dizziness

A fall can happen during the transition from sitting or lying to standing.

Before standing: pause and get oriented.

Move from lying → sitting → standing gradually.

Give your body a moment before walking.

If you feel lightheaded, sit or lie down safely.

Tell your healthcare professional about repeated dizziness or near-falls.

A fall or near-fall after standing up is a clue to discuss blood pressure and medications.

Vision: your feet need good information

Seeing obstacles, steps, and changes in surface helps your brain control balance.

Have regular eye examinations and keep your prescription current.

Clean lenses and use the glasses intended for the activity.

Be cautious on stairs or uneven ground if progressive/bifocal lenses affect depth perception.

Improve lighting—especially stairs, hallways, bathrooms, and the path to the bedroom at night.

If your vision changes suddenly, seek prompt medical attention.

Feet & footwear: stable is stylish enough

Your shoes are part of your fall-prevention equipment.

Look for	Be cautious with
Good fit and adequate width	Loose slippers
Secure heel / closed-back design	Backless footwear
Low, stable heel	Very worn soles
Non-slip sole	Shoes that slide on your heel
Comfort without pressure points	Walking in socks on slippery floors

Foot pain, numbness, or major changes in walking deserve a clinical conversation.

Home safety: the 10-minute sweep

Most home changes are simple—and many cost little or nothing

- Remove loose rugs, cords, clutter, and objects from walking paths.
- Add bright, easy-to-reach lighting; consider night-lights or motion lighting.
- Keep stairs clear; use secure handrails—ideally on both sides.
- Install grab bars where needed in the tub/shower and near the toilet.
- Keep frequently used items within easy reach; avoid climbing on chairs or stools.
- Use non-slip surfaces and keep floors dry.

Ask: "What would I trip over if the lights went out right now?"

Outdoor falls: change the plan, not your life

Keep moving while respecting weather, surfaces, and visibility.

- Choose well-lit, maintained routes when possible.
- Slow down on wet leaves, ice, gravel, uneven sidewalks, or unfamiliar terrain.
- Use handrails on steps and ramps.
- Carry less so you can see where you are stepping and use handrails.
- Choose supportive footwear appropriate for the surface.
- If conditions are unsafe, substitute indoor walking or another activity.

The goal is continued activity with smarter risk management.

What to do after a fall-

Opportunity to reassess!

- First, check for serious injury. If you may have a head, neck, back, or hip injury—or cannot get up safely—seek emergency help.
- If you can, move to a safe position and get help rather than rushing to stand.
- Even if you are not injured, tell your healthcare professional about the fall.
- Ask what may have contributed: balance, footwear, vision, medication, blood pressure, or environment.
- A fall can be the trigger for a more complete STEADI assessment.

After a fall: "What can we learn from this?"

Know your numbers: simple clinical tests

These are screening/assessment tools—not tests to perform alone if unsafe

Timed Up & Go (TUG)

Stand from a chair.

Walk about 10 feet.

Turn, return, and sit.

Longer time can indicate increased fall risk; CDC STEADI commonly flags >12 seconds.

Other STEADI tools

30-Second Chair Stand

4-Stage Balance Test

Fall history / circumstances

Medication review

Vision and home-safety assessment

Ask your clinician or physical therapist which assessment is appropriate for you.

The “Big 5” Prevention Plan

Many falls are the result of multiple risk factors

1	2	3	4	5
MOVE	**MEDS**	**VISION**	**HOME**	**SPEAK UP**
Strength + balance	Review fall-risk medicines	Eyes + lighting	Remove hazards	Report falls & dizziness

One intervention is good. Several together are better.

Build a “steady week” plan, and stick to it

Consistency beats occasional heroic workouts.

Every day

Walk or do another enjoyable activity.

Use safe habits: good shoes, good lighting, no rushing.

Practice a brief balance skill near support if appropriate.

2–3+ days/week

Strengthen major leg and core muscles.

Practice balance exercises.

Progress gradually; consider a structured fall-prevention program.

If you are inactive now, start small and build up.

When should you ask for professional help?

Bring concerns to your clinician, pharmacist, physical therapist, or other appropriate professional

- You have fallen, especially more than once or with injury.
- You feel unsteady, dizzy, or afraid of falling.
- You have trouble rising from a chair, climbing stairs, or walking safely.
- A medication was recently started, stopped, or changed and you feel different.
- Your vision has changed or you are having trouble judging steps/obstacles.
- You are unsure which exercises are safe for you.

Asking for help is a strength—it is part of staying independent.

Your one steady step

Choose ONE action you can realistically complete in the next 7 days

I will...

- ☐ practice strength/balance
- ☐ review my medications
- ☐ make one home change
- ☐ talk with my clinician
- ☐ start a safe walking routine

Make it specific: WHAT • WHEN • WHERE

Example: "Tuesday and Thursday at 9 AM, I'll do 10 chair stands by the kitchen counter."

Discussion

What is one change you are most likely to make this week?

What makes that change easier—or harder—to do?

Take-home message

Steady steps protect what matters: mobility, confidence, and independence

Falls are common.

Many risks are modifiable.

Prevention starts before the next fall.

Move ● Meds ● Vision ● Home ● Speak Up

Questions?

Keep Moving!


Keep Moving.
Keeping active and maintaining balance helps prevent falls.
www.cdc.gov

MetroHealth is here to help.

MetroHealth Geriatric Care

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Resources & references

CDC STEADI — Older Adult Fall Prevention: cdc.gov/steadi

CDC Patient & Caregiver Resources — Stay Independent, home safety, footwear, chair-rise exercise, medication resources

CDC Falls Compendium — evidence-based interventions for community-dwelling older adults

CDC Vision Health — Older Adult Falls

CDC Fall Prevention — Preventing Falls and Hip Fractures

CDC STEADI Coordinated Care Plan — screening, assessment, and intervention framework