



Remember: You can live well with osteoporosis!

Mobility and Assistive Devices to Reduce the Risk of Falls and Fractures, Pt. 2

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Falls Fact:
One third of people aged 65 and over fall at least once every year. Most of these falls are preventable.

The following sections review some assistive devices that can reduce the risk of falls and fractures for people living with osteoporosis. They are based on several principles that include improving balance and reducing the “pain and strain” forces of:

- 1) bending, reaching and twisting,
- 2) transitioning between lying, sitting or standing positions,
- 3) walking on level ground, and
- 4) walking up (ascending) or down (descending) steps.

Within each section below, the equipment is listed in ascending order – that is, equipment for people who require more personal support is presented last. It is important to remember that **before** you buy, rent, or borrow any type of equipment, a proper assessment is essential to determine the right type of equipment for **your** individual needs. The wrong equipment can put you at risk for more falls and greater injury.

Mobility Aids

Examples of mobility devices include equipment that helps people who have difficulty with walking, or are at risk of falling due to problems with balance and strength.

- Walking aids (e.g., cane, stationary walker, walker with wheels)
- Non-slip socks or slippers (the kind that can't slip off or fall off your feet)
- Cane tips and shoe grips to combat icy conditions
- Transport chair, manual wheelchair, power scooter, power wheelchair



Cane Tip, source: AMG Medical

Bathroom Safety Devices

With their smooth and often wet surfaces, bathrooms can be especially risky for many people. Regardless of whether a person uses the toilet, bathtub or shower alone or with help, the following equipment can make daily tasks easier while

reducing the risk of injury.

- Non-slip bathmat (inside bathtub or shower enclosure)
- Grab bars (beside toilet and in bathtub/shower), bathtub transfer rail
- Raised toilet seat, commode or urinal
- Handheld shower head
- Bath/shower seat, bathtub transfer bench
- Walk-in bathtub or roll-in shower



Grab Bar, Source: Moen



Bath/shower seat, Source: Aquasense

Items such as a long-handled bath sponge, shoehorn, reacher and sock aid minimize the amount of bending and reaching required during (un)dressing, toileting and bathing tasks.

Home and Community Access Devices

Increasingly, people living with chronic health conditions, such as osteoporosis, are making changes to their homes to make them more accessible and easier to navigate. These improvements also address some of the risk factors for falls, both within the home and in the community. Some of these changes include:

- Outdoor ramp(s) or stair lift
- Porch lift
- Indoor stair lift
- Elevator inside the home
- Widening of door openings and hallways
- Renovation of existing bathroom(s) for greater ease of use
- Addition of a bathroom (2 piece, minimum) on the main floor



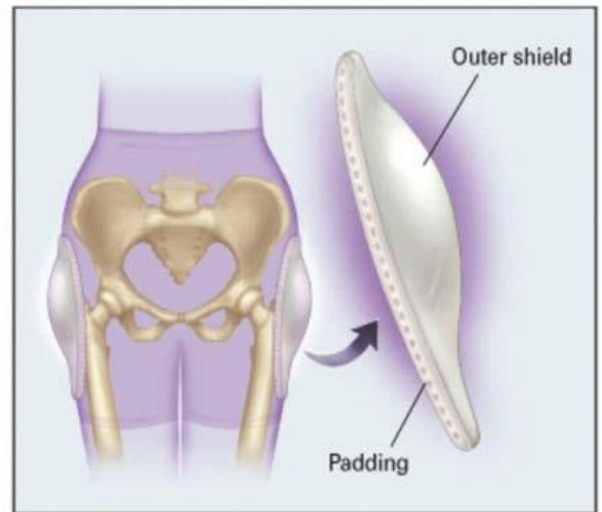
Outdoor ramp, Source: National Ramp

Fracture Prevention Devices

For those with osteoporosis or low bone mass who are at high risk for falls, it is important to consider aids and devices that will reduce the risk of a fracture when a fall occurs. Two such items are hip protectors and resistant flooring.

1) Hip protectors are made of soft or hard shell pads fitted into pockets in specialized outer- or under-garments. Some hip protectors absorb the energy of a fall, thereby reducing the risk of a fracture; others direct the impact of the fall away from the part of the hip most likely to break.

2) Resistant flooring and mats (also known as compliant or anti-fatigue flooring/mats) absorb the impact of a fall to reduce the risk of fractures and head injuries. Due to the cost of this flooring – about three times the cost of regular linoleum flooring – it is suggested that it be used in high-risk areas such as the bathroom, next to the bed, in the kitchen or at the bottom of basement stairs.



Scott, V. (2012). *Fall Prevention Programming: Designing, Implementing and Evaluating Fall Prevention Programs for Older Adults*. Raleigh, North Carolina: Lulu Press.

Transfer and Repositioning Devices

Below are examples of transfer and repositioning equipment that help people who have difficulty with:

- Rolling over in bed or moving between lying and sitting at the bedside (e.g., partial bed rail, adjustable bed, hospital bed, low-friction repositioning sheets, mechanical ceiling lift and sling system)
- Moving between sitting and standing (e.g., furniture blocks, floor-to-ceiling pole, Uplift™ portable seat, power lift-recline chair, fall mat, rotating turn-plate or transfer disc, sit-to-stand lift, mechanical lift and sling system)
- Getting in and out of a vehicle (e.g., swivel cushion, Handybar™)

It is recommended that you talk with a health professional – particularly a physiotherapist or occupational therapist – to determine the nature of your risk and the most appropriate solution to reduce your risk of a fall or fracture.

If you need to purchase equipment or to make structural changes to your home, there may be funding available for you to cover part or all of the costs. Talk with a health professional, social worker or home health retailer about the following potential funding sources: provincial tax credits, provincial government programs, private insurance/extended health benefits, Red Cross, Veterans' Affairs, Legions and societies for specific chronic health problems such as the Canadian Institute for the Blind. Loan cupboards through Red Cross or hospitals may be another option, particularly when there is a temporary need or when you want to try different types of equipment before deciding to make a purchase.

The old adage, “an ounce of prevention is worth a pound of cure” rings very true for many people living with osteoporosis. Taking steps to prevent falls is a key step towards preventing fractures and living well with osteoporosis. For more information on how to prevent falls and the injuries they cause, you may wish to refer to our four-part series first published [February 14, 2014](#). You can locate this series by clicking [here](#).

This article has focused on mobility aids and assistive devices; however, it is recommended that those at risk of falls and broken bones also investigate other falls prevention strategies such as the Public Health

Agency of Canada at: <http://www.phac-aspc.gc.ca/seniors-aines/publications/public/injury-blessure/prevent-eviter/index-eng.php>.

With thanks to Vicky Scott, RN, PhD, Senior Advisor, Fall and Injury Prevention, BC Injury Research and Prevention Unit, Clinical Associate Professor, UBC and Margot McWhirter, MA, OT Reg.(ON), Clinical Educator, Shoppers Home Health Care, Toronto, ON. For more information on fall prevention, go to www.canadianfallprevention.ca

If you have questions about this article or any other aspect of osteoporosis, please call toll-free 1-800-463-6842 (416-696-2663 in the Greater Toronto Area) to speak to an information counsellor.

3 questions arising from our articles on the Drug Approval Process

The March 18 and March 25, 2015 issues of *Coping* presented a two-part article on How Drugs are Approved in Canada. The article gave rise to three questions, for which we are pleased to provide the answers.

1. Do drugs that have been approved in the US and for which manufacturers want approval in Canada have to go through the same lengthy process of preclinical trials, clinical trials, approval by HPFB (Health Products and Food Branch), etc. as drugs initiated in Canada?

- All drugs approved for sale in Canada must go through submission review, which includes rigorous examination of the drug's safety, quality and efficacy claims. HPFB's (Health Products and Food Branch) TPD (Therapeutic Products Directorate) reviews pharmaceutical products and medical devices, and BGTD (Biologics and Genetic Therapies Directorate) reviews biologics and genetic therapies. The same processes apply no matter whether the drug has been approved elsewhere first, or first submitted in Canada for approval.

2. What about generic drugs? What sort of approval process do they have to go through?

- The same basic processes apply to innovator (new) and generic drugs, although the internationally agreed target times for review are longer for innovator drugs than for generics. Canada, EMA (European Medicines Agency), and FDA (US Food and Drug Administration) have the same time targets for their drug reviews. Health Canada reviews and approves all drugs before they can be sold in Canada. For generic drugs, studies must show that the generic drug is designed to work the same way in the body as the original brand name drug.

3. Québec is not included in some of the processes, i.e. it does not use the standard way of cataloguing drugs (schedules 1-4) as the rest of the country; it does not participate in the Common Drug Review; it is not part of the Pan-Canadian Pricing Alliance. What does Québec do instead?

- In 1997, Québec set up a drug insurance plan to ensure that all citizens of the province have reasonable and fair access to the medication(s) they require. To qualify for reimbursement under the Public Prescription Drug Insurance Plan (PPDIP), a drug must be registered on the *Liste de médicaments*. How does a drug get registered on this list?
 - The drug must be approved by Health Canada.

- The manufacturer submits an application to the **Institut national d'excellence en santé et en services sociaux (INESSS)**.
- Applications are analyzed by professionals working at INESSS, outside experts (health professional associations and consumer groups) and by the **Comité scientifique de l'évaluation des médicaments aux fins d'inscription (CSEMI)**. This committee is composed of scientists, clinicians, ethicists, managers and members of the general public.
- The CSEMI submits its report to the INESSS board of directors, which ratifies the recommendations to be made to the Minister of Health and Social Services, who then makes a final decision with regard to registering the medication.
- There are a number of criteria that a drug must meet in order to be registered:
 - The therapeutic value of the medication
 - The reasonableness of the price charged
 - The cost-effectiveness ratio of the medication
 - The impact that entering the medication on the list will have on the health of the general public
 - The advisability of entering the medication on the list with regard to the purpose of the public plan

For more information on The Drug Evaluation Process in Québec, go to www.inesss.qc.ca.

FUNNY BONE:

Someone asked a little girl how her grandmother was, as she had just had knee surgery. The little girl replied, "She's fine, it's only her knee that hurts."

Moved? Changed phone number or e-mail address?

Let us know by calling 1-800-463-6842 or emailing copn@osteoporosis.ca and we'll update your information. This will ensure we keep you up to date!

A Recipe from our Sponsor

Chicken and Avocado Quesadillas

By Josée Robitaille

Course: *Main Dishes*

Preparation Time: *45 mins*

Cooking Time: *30 mins*

Yields: *4 servings*

1/2 milk product serving(s) per person

Calcium: 28% DV/ 304 mg

Delicious, protein-rich and easy.



Ingredients

2 tsp (10 mL) olive oil
1 tsp (5 mL) chili powder
1 onion, minced
2 cups (500 mL) shredded cooked chicken
3 Italian tomatoes, diced
A shake of hot sauce, to taste
8 whole grain tortillas (6 inches or 15 cm)
1 avocado, mashed
1 cup (250 mL) **Monterey Jack cheese**, grated
Salsa (optional)
Fresh cilantro (optional)

Preparation

In a frying pan, heat oil at medium-high. Add chili powder and onion, cooking about 8 minutes. Add chicken, tomatoes, and hot sauce and continue cooking for 2 minutes.

Divide chicken mixture in center of four tortillas, top with avocado and cheese. Place another tortilla on top and press lightly.

In a non-stick pan, cook each quesadilla over medium heat 4 to 5 minutes a side. Top with salsa and coriander if desired.

Enjoy with a salad on the side.

For more information about this recipe:

<http://www.dairygoodness.ca/getenough/recipes/chicken-and-avocado-quesadillas>

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