FOR PATIENTS & CARE PARTNERS

Home and Fall Safety

Practical changes that support safer movement and independence with Parkinson's

THE MAIN IDEA

Falls are not an inevitable part of Parkinson's. Start prevention early: reduce hazards, improve lighting, use the right support, review medicines and vision, and ask a physical or occupational therapist to evaluate movement and the home.

Start with the whole person

- **Report every fall or near-fall.** Include where it happened, time of day, activity, footwear, medication timing, dizziness, freezing and injury.
- **Ask for a fall-risk review.** A clinician can assess walking, balance, blood pressure changes, vision, cognition, feet, footwear and medicines that may increase risk.
- **Use therapy early.** A Parkinson's-informed physical therapist can address gait, strength and balance. An occupational therapist can evaluate daily activities and the home.
- **Use fitted mobility equipment.** A cane or walker that is the wrong type or height can create new hazards. Ask a therapist to select and train you on the device.

Move with intention

- **Stop before turning.** Use a wide arc or several deliberate steps; avoid pivoting quickly on one foot.
- **Do not rush.** Pause after standing, gain balance and then walk. Keep both hands available instead of carrying several items.
- **During freezing, reset.** Stop, breathe, shift weight side to side and use a practiced cue such as counting, rhythm or stepping over an imagined line. Do not pull someone forward.

GET PERSONAL GUIDANCE

Freezing strategies and exercise should be tailored to the individual. Practice with a Parkinson's-informed physical therapist, especially after a fall or when balance is changing.

Make each room safer

Throughout the home

- **Create clear, wide paths.** Remove clutter, cords, low furniture and unstable items. Avoid tight turns and crowded doorways.
- **Remove or secure rugs.** Loose throw rugs and curled edges are common trip hazards. Use nonslip backing only where a rug is necessary.
- **Improve lighting and contrast.** Use bright, even lighting, night-lights and switches at both ends of a route. Contrast can identify step edges, toilet seats and grab bars.
- **Keep floors dry and consistent.** Repair loose flooring and uneven thresholds. Highly patterned flooring may interfere with visual stepping cues.

Bathroom

- **Install anchored grab bars.** Place them near the toilet and in the tub or shower. A towel bar is not designed to support body weight.
- **Use a nonslip setup.** Consider a shower chair or transfer bench, handheld shower head, raised toilet seat and nonslip surface after professional guidance.
- **Plan for privacy and rescue.** If possible, use a door that can be unlocked from outside and keep a phone or alert device within reach.

Bedroom and nighttime

- **Light the bathroom route.** Use motion-activated night-lights and keep glasses, phone, medication and mobility device in the same reachable place.
- **Make transfers easier.** The bed should be stable and at a height that allows both feet to reach the floor. Ask a therapist before adding rails or poles.
- **Sit before dressing.** Avoid standing on one leg for pants, socks or shoes. Choose supportive, well-fitting footwear with secure backs.

Kitchen, stairs and entrances

- **Keep essentials within reach.** Avoid step stools and climbing. Sit for tasks when fatigue or "off" time increases risk.
- **Protect every stairway.** Use secure handrails, good lighting, visible step edges and clutter-free treads. Do not carry loads that block the view.
- **Address outdoor hazards.** Repair uneven walks, add railings, manage leaves or ice, and create a well-lit, level entrance when possible.

Printable home fall-safety checklist

Name: _____ Date: _____ Reviewed with: _____

Mark ✓when complete. Use the notes column for items that need family, maintenance or professional help.

✓	Safety check	Needs help / notes
☐	Paths are clear of cords, clutter, low furniture and pet items.	_____
☐	Loose rugs are removed or securely backed; thresholds are even.	_____
☐	Lighting is bright and night-lights cover the bedroom-to-bathroom route.	_____
☐	Frequently used items are within reach; no step stool is needed.	_____
☐	Bathroom has anchored grab bars and a nonslip tub or shower surface.	_____
☐	Recommended shower or toilet equipment has been professionally selected.	_____
☐	Stairs have secure rails, clear treads, good lighting and visible edges.	_____
☐	Bed and chairs are stable and support safe sit-to-stand transfers.	_____
☐	Supportive shoes are used; loose slippers and walking in socks are avoided.	_____
☐	Cane, walker or other device is correctly fitted and used as trained.	_____
☐	Phone or medical-alert device can be reached from the floor.	_____
☐	Emergency contacts, medication list and home address are easy to find.	_____
☐	Falls and near-falls are recorded and reported to the care team.	_____
☐	Vision, blood pressure and medicines have been reviewed for fall risk.	_____
☐	A PT or OT home assessment is requested when mobility is changing.	_____

If a fall happens

- **Pause before moving.** Check for pain, bleeding, head injury, new weakness, confusion or inability to bear weight. Do not rush to stand.
- **Call for help when needed.** If there may be an injury, keep the person comfortable and wait for trained assistance. A care partner should not attempt an unsafe lift.
- **Report the event.** Contact the healthcare team after a fall—even without obvious injury—especially with repeated falls, fainting, new dizziness or rapid mobility change.
- **Learn from the pattern.** Record the location, activity, medication timing, "on/off" state, footwear, lighting and possible trigger.

CALL 911

Call for a head injury with concerning symptoms, suspected broken bone, heavy bleeding, loss of consciousness, stroke signs, severe breathing difficulty, chest pain, or when the person cannot be moved safely.

Create an emergency plan

- **Keep help within reach.** Carry a charged phone or wearable alert device rather than leaving it across the room.
- **Share access instructions.** Trusted contacts should know how to enter and where to find the current medication list and advance-care information.
- **Practice what to do.** Decide who to call, how to describe the address and how a care partner will avoid injury during assistance.

Trusted resources

- **Parkinson's Foundation — Fall Prevention:** https://www.parkinson.org/library/fact-sheets/fall-prevention
- **Parkinson's Foundation — How to Prevent Falls:** https://www.parkinson.org/library/videos/prevent-falls
- **CDC STEADI — Older Adult Fall Prevention:** https://www.cdc.gov/steadi/
- **CDC — Check for Safety Home Checklist:** https://stacks.cdc.gov/view/cdc/59197
- **VA PADRECC:** https://www.parkinsons.va.gov/
- **Parkinson's Foundation Helpline:** 1-800-4PD-INFO (1-800-473-4636)

Recovery Health Tech contact: Val Brown • 1-504-450-6279 • val@recoveryhealthtech.com