

# The Caregiver's

## Home Companion

*"Helping Those Who Help Others"*

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### This Month Online

• Two diverse topics take center stage at [www.caregivershome.com](http://www.caregivershome.com) during November: the upcoming holiday season with its impact on caregivers and the surprising frequency of dangerous falls by the elderly made worse by their own overwhelming fear of falling.

Both topics are highlighted as new topics in Community under "Caregiver Forums." Both are led by our new Forums Manager, Jan Wallen, who can be reached directly at [janwallen@caregivershome.com](mailto:janwallen@caregivershome.com). Jan has years of experience as a coach, speaker and author and is ready to take your suggestions as well as guide our discussions.

• Join your fellow caregivers and industry professionals to explore these topics and many others in the Caregiver Forums. Share your experiences and insights while reading those of your peers and professionals who deal with the situations that tug most at you.

• The store is OPEN: Browse our new Caregiver's e-Mall for books and audiobooks to support you in your caregiving role. Our inventory is increasing each week, so visit – and shop – often. Look for the blue and white Caregiver's e-Mall buttons throughout our site.

## Fear of Falling

### Helping Elderly Overcome Fears and Falls

By Gwen Morrison



Up to half of all elderly have a fear of falling, and for many this can become a self-fulfilling prophecy as one in every three seniors falls each year, some of them multiple times and sometimes with dire consequences.

These are alarming statistics made all the more alarming by experts who believe that the actual fear itself contributes to many falls, making it a difficult issue for caregivers and professionals to get a handle on.

As people give in to their fear of falling, they stop doing certain things, and that contributes to a decline in their physical condition. Inactivity promotes premature

immobility and in turn makes seniors more susceptible to balance problems, putting them at a higher risk for a fall. This cycle of fear and loss of self-confidence causes a spiraling effect and contributes to the likelihood that a fall will occur.

What can you do as a caregiver to relieve these fears in your loved one?

"For some seniors it takes one fall to be afraid of falling," says Kerry Morin, a licensed physical therapist from Massachusetts. "They worry about losing their independence and will shun the help of family for fear of no longer being able to live the sort of life that they want."

For caregivers who are in a position of trying to

protect their loved ones from harm, this is difficult. "It was hard on me," says Marrison Moir of Collingwood, Ontario. "I wanted to help him but my husband wouldn't let me inside his fear. He simply stayed in bed all the time. It just isn't healthy to be immobile for weeks on end, and it ended up affecting his health. I didn't know where to turn."

With The American Academy of Orthopedic Surgeons reporting that one in every three U.S. seniors is likely to experience a fall each year, fear of falling is a legitimate concern among our elderly, and is one that can't be treated lightly.

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# The Caregiver's Home Companion

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The Caregiver's Home Companion is produced primarily by current and former caregivers and healthcare industry professionals. The publication offers non-medical tips and advice for common elder-caregiving situations. The practical suggestions put forth here are not a substitute for medical or professional consultation regarding specific situations. Seek direct medical and professional advice for your particular situation.

We welcome your comments and suggestions at editor@caregivershome.com.

# C-E-L-E-B-R-A-T-E !

## Make the Holidays Meaningful (and Bearable) With These Caregiver Tips

By Paula Sanders McCarron



The approach of the holiday season can challenge even the calmest and most capable of family caregivers. What follows is a list of "tried and true" suggestions meant to help you to not only survive the weeks ahead but also to celebrate in a spirit of love, joy and renewal.

**Communicate.** "If I were limited to one bit of advice to caregivers, it would be this: "Reach out. You cannot—indeed, you must not—do this alone," says Claire Berman, author of "Caring for Yourself While Caring for Your Aging Parents" (Holt/Owl Books, 2001). "In practical terms, this means asking friends and relatives to drop by (not just wishing they'd do so).

It means telling neighbors you'd welcome a visit. It means locating community centers, houses of worship (many of which have friendly visitor programs) and telling them of your situation. What's the worst they can say? "Sorry, we can't help you." What's the best they can answer? "Merry Christmas. Can we bring dessert?"

**Enjoy yourself and your loved one.** "Looking through family photo albums, recalling times past is a pleasant way to pass the time, even with an elder who suffers from memory loss. You'll be surprised at the fullness of long-term memory even when short-term recall is shaky," says Berman. "Carols and seasonal favorites can be shared and enjoyed by people of all ages. Music is a very powerful memory jogger."

**Learn.** Many caregiver support groups and agencies, hospices, senior centers, counseling centers and hospitals offer programs to help people who are looking for ways to cope with holiday stress. In addition to offering practical solutions to holiday concerns, these sessions also offer support for people who feel depressed, overwhelmed or isolated.

They are also great avenues for learning about the availability of services such as caregiver respite care, home-delivered meals, chore helpers and friendly visitor programs.

**Evaluate.** Make a list of your holiday activities and tasks. Now take a look at each item on your list. Ask yourself: Is this something I want to do? Enjoy doing? Could I do it differently? Could this be delegated? Is it something that needs to be done?

Let's evaluate the big holiday family dinner as example. Maybe shopping, cleaning and cooking a large sit-down dinner is more than you can handle this year. Could you ask everyone to contribute a dish? How about asking another family member to host the dinner? Do you have a friend who might lend a helping hand? How about arranging for a catered meal or making reservations at a restaurant with everyone sharing in the cost?

**Breathe.** Don't let the frenzy of the season overwhelm you or your loved one. Friends may need to be gently informed that two

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## “How I Cope”

# Siblings Pulling Together is Essential to Successful Caregiving

By Barbara Krasnoff

When my brother first moved to Minneapolis, I was very happy for him. He had been moving around for a while, trying to find a place for himself, and he had finally found a good job in a city that he felt comfortable in. He'd come to visit a couple of times a year for holidays and stayed in touch by phone and email.



However, all this became a lot more complicated when my father became ill. Because I lived close by, and had no children, I became the one who took on most of the responsibility for helping my parents deal with the doctors, the decisions, and later, the caregiving. As a result, I sometimes resented my brother's absence, while he felt guilty about being unable to help more.

It's very difficult for adult children to deal with a parent's illness, and to try to adapt to their new roles. But there are several ways that brothers and sisters can make the best of a bad situation. Here are a few tips learned from my experiences:

Have a family discussion. One way to make sure that everyone — your parents and your siblings — feels respected and included is to sit down and talk about what arrangements may need to be made for the future. This can get any issues out in the open at the beginning, before they have time to fester, and will prevent you or any other adult child from feeling put upon or alone. It will also give your parents a chance to voice their preferences and concerns. Subjects can include living arrangements, home repair, financial and estate issues, legal issues such as power of attorney, nursing home care, etc.

This is best done while your parents are still healthy, before the emotional strain of illness makes it more difficult. My parents, for example, held annual family meetings to make sure that my brother and I had access to all their important papers, were aware of any important health issues, and knew where to find information such as doctors' names and

numbers. This openness made it much easier for us to help out when my father became ill.

Not everyone is as lucky since some families find it difficult to talk about these things. Parents may not want to talk about their private affairs, even with their adult children, or

there may be conflicts among siblings that cannot be resolved. If that is the case, and a parent has become ill, you may want to talk to a social worker about using a family mediator. These are specially trained people — sometimes attorneys — who can oversee discussions and try to ease the way toward making difficult decisions.

Find ways for absentee siblings to be involved. A friend of mine, Nina, once complained to me that whenever her sister called, she drove Nina crazy. The sister, who lived several states away and had two children to care for, would start questioning Nina about medications, the care their mother was getting from the home care worker, her exercise regimen, etc. “She's constantly coming up with useless advice, or reads something new on the Internet, and then expects me to act on it immediately,” said Nina angrily. “I'm dealing with this day to day. Why can't she understand that, and stop bugging me?”

It's hard for siblings who can't be with a sick or disabled parent to feel involved. One way is to give them something practical to do that can be done remotely. Nina asked her sister be in charge of dealing with the doctor's bills and insurance paperwork that had been piling up. It worked: her sister felt that there was an important aspect of her mothers' care that she was responsible for, and it removed part of the burden from Nina.

Be prepared to sometimes become the black sheep. An unfortunate byproduct of

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### *Timely Tip:*

Shingles can be one of the most painful infections your elderly loved one will ever encounter. Be sensitive to this fact — and alert to the symptoms (pain and a rash on one side of the body, usually on the chest and back or on the forehead). If you suspect a case of shingles, get your senior to a doctor as soon as the rash appears. Treatment within two or three days of the outbreak makes shingles less severe and may reduce the chance of having long-term pain after the rash clears. You, as caregiver, will benefit from this quick action, too, because caring for someone during the onset and aftermath of shingles is especially taxing as the patient remains ultra-sensitive to touch for some time.

## In the News...

Chopsticks may be hazardous to your health. At least that's according to an article in the Los Angeles Times reporting that the 5,000-year-old mode for eating may contribute to arthritis in fingers.

A study of 2,500 elderly in Beijing who had used chopsticks all their life has linked the mechanical stress of manipulating chopsticks with osteoarthritis of the thumb, index and middle fingers. The condition, also known as degenerative arthritis, is the wearing away of the cartilage that cushions a joint, leaving bone to scrape against bone. In addition to pain and stiffness, it restricts the ability to extend and bend the fingers.

Researchers at the Boston University School of Medicine conducted the research and reported their findings at the American College of Rheumatology Scientific Meeting during October.

## Siblings Pulling Together is Essential to Successful Caregiving

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being a caregiver is that, because your parent spends so much more time with you, both your positive and negative sides are in full display. You may have also taken on responsibilities and decisions that can be resented by your parent, who still sees you as a child to be directed. The result may be that your sibling, who is on their best behavior during visits, may be praised and lauded, while your efforts are ignored.

If that happens, your brother or sister may be able to talk to your parent, and try to soften their attitude. You might also see if you can arrange for your sibling to take over the care of the parent for a week or so. This will let your brother or sister feel that they have contributed, you will get a break, and perhaps your parent will develop a more balanced view of the situation.

Prepare for crisis situations. My brother wanted to visit as often as possible, but he only had a limited number of sick days and vacation days. His workplace also had a compassionate leave policy, and we were careful not to make use of it until my father's

illness became acute. He was then able to take the maximum number of days available to spend time with us.

Accept support when you need it. Finally, be aware that you could be taking on unnecessary burdens. Sometimes, we become so wrapped up in the day-to-day problems of caring for an ill parent that we forget to reach out and accept help from others in our family. Don't assume that a brother or sister is too busy to help — ask them. You may be surprised.

And remember that you can occasionally use some coddling yourself, as well as some family sympathy. If possible, find somebody who can stay with your parent for a day or an evening, and spend some quality time with your brother or sister. It's good to rediscover the closeness that having a sibling can give you.

*Barbara Krasnoff is a Brooklyn, N.Y.-based former caregiver who can be reached through an email sent to editor@caregivershome.com.*

## What's Normal, What's Not Five Nutrition Warning Signs for Caregivers and Their Elderly

By Sharon Palmer, RD

How can you tell whether your loved one's tendency to nibble on chocolate bars all day instead of real food is causing a problem? When do you know whether a halfhearted attempt at finishing breakfast each morning is cause for alarm? More than likely, these are red flags raised in the battle against poor nutritional status.

Malnutrition among the elderly is becoming a growing concern. An evaluation of community based nutrition programs of the Older Americans Act found that 67%-88% of elderly participants were at moderate to high risk of malnutrition. Fully 16% of elderly living at home consume less than 1,000 kilocalories per day. Geriatric malnutrition has serious fall out, as it leads to such problems as prolonged hospitalization, less successful treatment outcomes, poor wound healing, depressed immune function, increased risk of disease, increased risk of depression and higher rates of bone fracture.

And your loved one may not be the only one exhibiting signs of poor nutrition.

Studies show that caregivers are much more likely to suffer from depression, chronic illness and poor eating habits than do non-caregivers in their same age category.

Here are five warning signs that may indicate that you or the one you care for is suffering from poor nutrition:

**Poor Appetite.** Sounds like a no-brainer. But answer this: When does poor appetite go from a nagging problem to malnutrition? You and your loved one should be consuming portions of foods that closely match the benchmark Food Guide Pyramid (see <http://www.nal.usda.gov:8001/py/pmap.htm> to view the Food Guide Pyramid). Appetite that falls below this level for a prolonged period is cause for concern. Depressed appetite may be caused by a hundred different factors, with just as many approaches to improving appetite.

The first step is to identify the factors that are causing poor appetite. Gastrointestinal

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## Nutrition Warning Signs Continued from Page 4

symptoms of constipation, bloating, heartburn or stomach pain may be interfering with appetite. These may be corrected with diet or medication and should be discussed with the physician.

Depression may cause a general lack of appetite, thus the causes of depression should be targeted. Make meals a relaxed, social and enjoyable affair to help combat depression at the dinner table. Often poor appetite comes down to the simple complaint, "I just don't feel hungry." Try small frequent feedings, fresh air prior to meals (and if possible an increase in activity), fragrant hot meals that stimulate appetite prior to eating, attractively garnished plates and an appealing dining experience. If candlelight and classical music get the digestive juices flowing, then go for it.

Take time to compose a food preference chart that displays favorite foods, recipes and snacks for your loved one. Tackle tired taste buds by boosting the flavor in foods with the extra use of favorite herbs and spices. A variety of textures, temperatures, colors and flavors may increase the appetite, as well. Try changing meal times to better meet the appetite. Many older people enjoy eating their largest meal of the day at breakfast when they feel their best, while dinner may find their appetite waning. And don't make the mistake of an unlimited intake of junk foods when the appetite suffers. A stomach full of candy and potato chips does little to nourish the body. If intake continues to remain depressed, try a nutritional supplement between meals.

**Difficulty Chewing or Swallowing.** Even if the appetite is good, tooth loss, poorly fitting dentures or dental pain can seriously restrict intake. In addition, certain medications and conditions may result in a lack of saliva, making it difficult to swallow. Don't waste time. Make an appointment with a dentist immediately if dental pain or difficulty chewing are nutrition roadblocks. Discuss any swallowing problems with your physician. In addition, choose soft, moist foods that are easy to chew and swallow. Try cooked pastas, cereals, stews, eggs, casseroles, canned fruits, puddings and yogurts. Take fluids with meals to assist in swallowing.

**Depression may cause a general lack of appetite, thus the causes of depression should be targeted. Make meals a relaxed, social and enjoyable affair to help combat depression at the dinner table.**

**Medical Conditions or Illnesses that Affect Food Intake.** If a new diagnosis for a medical condition that affects appetite has just cropped up, it may stir the pot of poor meal consumption. Some diseases like COPD directly affect appetite due to shortness of breath. Other diseases such as heart disease, renal disease and diabetes call for a restricted diet that may add extra demands on an already poor appetite. Special attention and care need to be directed to meeting the nutritional needs of the individual while providing for the special diet that addresses the medical condition. A consultation with a registered dietitian is a must to help plan an individualized diet that addresses these needs. See [www.eatright.org](http://www.eatright.org) to find a dietitian in your community.

**Weight Loss.** Weight loss can be a real problem, especially if it is rapid or if body weight falls below the desirable range for height. Make a food diary and keep track of foods that are taken in along with their calorie level. If the calorie level has fallen below 1,500 calories per day and portions of the Food Guide Pyramid are neglected, it's time to roll up your sleeves and get to work. Don't skip meals, and do your best to encourage significant food consumption at each meal. Offer nutrient-dense snacks between meals. Serve up power-packed beverages like milkshakes, nutritional supplements, milk, fruit juice or hot chocolate instead of water, coffee or tea. Stir extra nutrition into casseroles, soups and stews by adding cheese, milk, pasta or rice. It may be time to make an appointment with a registered dietitian to help create a weight gain or maintenance plan for your loved one.

**Large Number of Medications.** If the daily dose of medications adds up to more than three, drugs may be interfering with appetite. There's nothing like a stomach full of medications to kill the desire for lunch. Many over-the-counter and prescription medications have side effects of poor appetite or gastrointestinal discomfort. Drugs may also cause harmful interactions with each other.

### *Timely Tip:*

Alzheimer's disease quickly becomes consuming for the patient and his caregiver. Work to make sure the rest of your life is not shut out – socialize as best you can. Don't wait for friends and family to ask if they may stop by for a visit.

Instead, take the initiative to contact them and explain that while Alzheimer's has changed your lives in some ways, you value their friendship and support and want it to continue. Then suggest a time when they might come over. Prepare visitors before the visit. Educate them about how the person with Alzheimer's may have changed — physically, emotionally, and intellectually. Mention specific changes in behavior, such as fidgeting, wandering or incontinence. This will make the visitor less anxious.

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## C-E-L-E-B-R-A-T-E! Continued from Page 2

### Simply put, if you haven't reflected on your role as a caregiver lately, the holidays provide a good time marker for reflection and assessment.

#### Timely Tip:

Holiday festivities provide a social opportunity for your elderly loved one with Alzheimer's disease, too. Help them prepare for the holidays by planning ahead:

- Talk about and show pictures of those who will visit.
- Play familiar holiday music.
- Serve favorite traditional holiday foods.
- Use name tags to help your AD loved one more easily recall guest names.
- Arrange a "quiet" room if things get too hectic. Have a familiar person stay with them so they don't feel isolated or left out.

short visits would be better than one extended visit which will disrupt the routine of your loved one. They may not be aware that your loved one may become increasingly confused as he or she grows tired.

**Reflect.** "Set aside some specific time for quiet reflection," is one suggestion of Ken Faulkner, M. Div., of Richmond, Virginia. Family caregivers may find it helpful to "take some time just to ponder some simple questions like 'What has this year been like for me and my family? What would I like to see happen in the next few months?'" In terms of caregiving strategies, "What worked for us this year?" or "What should we do differently?" Simply put, if you haven't reflected on your role as a caregiver lately, the holidays provide a good time marker for reflection and assessment.

**Accept.** Set realistic expectations not only for the season and your loved one but also for yourself. "Caregiver guilt is a perpetual difficulty. It is much like being a parent in that the guilt just seems to go with the territory," says Faulkner. "It is natural and apparently unavoidable.... Taking important breaks even during the holidays will prevent caregiver burnout but also caregiver resentment. When the resentment enters in due to feeling like you never have a life of your own, then the guilt will only be compounded. If caregivers can give themselves permission to refresh and refuel during breaks then they'll feel better about the caregiving task and hopefully less guilty."

**Transform.** It may not be possible to celebrate the holidays the way you "used to"

but it is possible to transform traditions and your attitude. Maybe you've enjoyed making gifts or browsing through catalogs for those "perfect" gifts but you don't have the time or energy to do that this year. You could transform the tradition by buying a colorful knit cap, novelty socks or fuzzy slippers for everyone in the family. Rather than handing out your gifts with apologies, you could be ready with a camera to capture the fun of a family fashion show. If you embrace the change, it's likely others will as well.

**Experiment.** Traditions can offer comfort in times of change but sometimes they are painful reminders of what no longer is. You can find churches conducting "Blue Christmas" or "Longest Night of the Year" services for people who are grieving or coping with circumstances such as job loss, divorce, illness or death. By participating in a worship service that speaks directly to their feelings, participants say they find relief as well as a feeling of renewed strength.

Above all, trust yourself to know what you need and what is best for you, not only during the approaching holiday season but the whole year through.

*Paula Sanders McCarron is a writer and poet living in Anchorage, Alaska. She has more than 20 years of experience in healthcare, including nursing homes, hospice and homecare and can be reached at psmcustomcpu.com.*

## Nutrition Warning Signs Continued from Page 5

It is important to bring along a written medication plan listing all over the counter and prescription medications to each doctor's appointment. This will help ensure that all medications are safely combined with each other and that the physician is aware of all current medications. Discuss with the physician any appetite problems related to medications. Do not try to discontinue any medication use without the physician's approval. Follow medication directions carefully, as many medications should be taken with a meal to prevent nausea, and some medications may carry specific directions

about what foods may or may not be consumed with the medication.

Recognizing the warning signs of poor nutrition may be half the battle in fighting this all too common problem faced by the elderly. And while you're checking your loved one for these classic signs of poor nutrition, be on the look out for them in yourself.

*Sharon Palmer is a registered dietician with a 16-year career managing healthcare food and nutrition departments. She lives in Southern California and can be reached at spalmer952@earthlink.net.*

## Fear of Falling Continued from Page 1

"While the vast majority of these falls do not result in serious injury, for many older adults, an injurious fall is the beginning of a downward spiral characterized by loss of independence, isolation, and possibly death," says Elizabeth Peterson, a clinical associate professor in the department of occupational therapy at the University of Illinois at Chicago. "What's more, there is evidence that the incidence of falls among the elderly is increasing."

It's important for caregivers to recognize the fear, offer their loved ones information that will help ease their fear, and encourage them to increase their physical activity in order to lessen the possibility of a fall.

"The fear of falling gradually creeps into the consciousness of aging adults and can become a daily worry," says Peterson, who has worked with the Boston University Roybal Center to develop "A Matter of Balance", a program designed to help reduce the fear of falling among the elderly.

Caregivers are encouraged to help their loved

ones face their fear by talking to them about the reality of their limitations, assessing why they have the fear and encouraging them to talk through their worries about falling. With Peterson's program, seniors are given the tools to realistically approach their fear of falling and incorporate fall-prevention skills. This alone empowers them by giving them a means to conquer their fear by looking at their own attitudes towards falling.

The National Center for Injury Prevention and Control reminds caregivers and loved ones to be aware of important fall risk factors: Parkinson's disease, history of stroke, arthritis, cognitive impairment and visual impairment. To reduce these risks, caregivers should be diligent in scheduling regular appointments for chronic conditions and have an eye doctor check their loved one's vision at least once a year.

This is a huge step in the prevention of an injury and will give you a better sense of the actual risks versus your loved one's fear. Assessing the risk is a huge part of helping your loved one understand that his fear is keeping

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### Use It Or Lose It

## How the Ancient Art of T'ai Chi May Keep Your Loved One on Their Feet

By Gwen Morrison

Balance, timing and waning strength are often causes of a fall, especially in the elderly. Since most falls happen while changing direction - shifting the body's balance — an elderly person who has been sedentary for a long period is at higher risk for a fall because their balance and strength is compromised.

How to "counter-balance" this cause and effect which is common among the elderly? Recently, the graceful art of T'ai Chi has been recognized as a great way to improve balance while increasing activity levels among the elderly.

T'ai Chi, developed in ancient China as early as 225 A.D., is believed to help with balance by improving stance and teaching people how to turn their bodies more slowly. By practicing T'ai Chi exercises, a person can help improve the flow of "chi," or energy, throughout the body.

This gentle exercise consists of a series of graceful movements that resemble ballet. Experts say it is the slow motions of the art that help increase balance, strength and mobility. A 10-year study on aging, conducted by Harvard, Yale and Emory universities, determined that T'ai Chi was superior to more technologically-oriented balance ther-

apies and that it reduced the risk of injury by falling by as much as 48 percent.

That's impressive when you realize that, statistically, up to half the elderly population has a fear of falling, and up to a third of all seniors fall each year in the United States, some of them multiple times and some with serious results.

There are different styles of T'ai Chi, each varying in intensity and focus. Even though this exercise is considered low-impact, it is always best to check with a physician before starting a class.

#### Resources:

For more information on this topic, check out these resources:

Health and Age Falls and Injuries Center, detailed background article with links, prepared by Tufts University, [www.healthandage.com/Home/gm=0!gc=35!l=2!gid2=1222](http://www.healthandage.com/Home/gm=0!gc=35!l=2!gid2=1222).

Aetna IntelliHealth, detailed T'ai Chi information, prepared by Natural Standard and the faculty of Harvard University Medical School, [www.intelihealth.com/IH/ihtIH/WSI-HW000/8513/34968/358867.html?d=dmTContent](http://www.intelihealth.com/IH/ihtIH/WSI-HW000/8513/34968/358867.html?d=dmTContent).

#### **Timely Tip:**

Lifting or moving the person you care for can be dangerous for you and them if you don't use caution. Follow these tips for greater success:

- Always keep the person you are trying to move close to your body, avoiding excessive stooping and back strain.
- Keep your feet shoulder width apart and plant them firmly on a stable surface.
- Use your leg muscles, rather than your back muscles, to lift.
- Don't bend at the waist. Instead, flex your hips and knees to lower yourself to the level of the person. Maintain the natural length and curve of your spine.
- Avoid twisting your body when lifting or carrying a person.
- Get help whenever possible.

## Fear of Falling Continued from Page 7

him from doing things he could be doing.

Morin believes it is important for caregivers and their families to provide input into a safety plan for their loved one. "Often a healthcare provider can provide home evaluations to point out safety issues such as scatter rugs, improper lighting, electrical cords, and general organization and prevention of clutter," she says. "Equipment could be added to the house on the recommendation of the healthcare provider – railings on the stairs or bars in the bathtub."

In order to provide the safest environment for an older adult, caregivers should implement the following safeguards:

- Remove tripping hazards such as throw rugs and clutter in the walkways.
- Use non-slip mats in the bathtub and on shower floors.
- Be sure that indoor and outdoor lighting is adequate.
- Install handrails on both sides of stairways.
- Secure carpet edges.
- Remove cords and wires from the floor.
- Avoid floor wax.

- Put the telephone within reach from the floor.
- Be sure outdoor pathways to the house are clear of overhanging shrubbery.
- Repair cracked walkways.

By providing the elderly with access to exercise programs, either in the home or outside the home, caregivers can help their loved one regain the confidence they need to face their fears. Keeping it all in balance is the key. Though the fear is a reality, it does not have to cripple their daily lives.

*Gwen Morrison lives in Lawrenceville, Georgia, and is a frequent contributor to this publication. She can be reached at [gwenm4@gwenmorrison.com](mailto:gwenm4@gwenmorrison.com).*

### Resources:

To find out more about the Matter of Balance training, visit the web site at <http://www.bu.edu/roybal/>

To read about safety tips and more on falls in the elderly, visit the The National Center for Injury Prevention and Control at <http://www.cdc.gov/ncipc/factsheets/falls.htm>

**Timely Tip:**  
Unless the loved one you care for is an invalid or otherwise incapacitated, remember they can help you while you are helping them. Give them responsibility to care for something by matching tasks they can perform independently with their abilities. Along the way, you'll need to take acceptable risks, but remember: You can't eliminate all risks without eliminating all opportunities.

# The Caregiver's Home Companion

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### Upcoming in December

- Preparing for next year's tax filing while you still have time to make changes to save you and your loved ones money.
- Dealing with a parent who has abandoned previous standards of cleanliness and personal hygiene.
- Preparing your loved ones for the "Winter Blues." Finding ways of adding sunshine to the dark days of winter ahead in January and February.
- **How I Cope:** Watching the generational struggle between my caregiving Mother and elderly Granny: 10 tips for coping under the same roof.