

A Fall- Frequently Avoided but a Safe Fall: An Expedient Training Part for Various Conditions

Dildip K*

Department of Physiotherapy, National Trauma Center, Nepal

***Corresponding author:** Dildip Khanal Department of Physiotherapy, National Trauma Center, Mahankal, Kathmandu, India, Email: dildip17@gmail.com

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Introduction

Universally, falls are a major communal health problem. An estimated 4,24, 000 fatal falls occur each year, making it the second leading cause of accidental or unintentional injury deaths worldwide, after road traffic injuries. Over 80% of fall-related fatalities occur in low- and middle-income countries, with regions of the Western Pacific and South East Asia accounting for more than two thirds of these deaths [1]. A fall is defined as an event which results in a person coming to rest inadvertently on the ground or floor or other lower level. As a result it is usually avoided [1].

Neurological conditions such as Spinal Cord Injury, Stroke, Post-Polio Residual Paralysis, Cerebral Palsy etc. are the conditions in which falls are typically avoided. In these conditions because of balance problem they frequently experience the situation of falls. Most of the time during the rehabilitation program we are busy in training how to avoid the fall after such conditions. But at the same time we forget that they are the persons who experience fall frequently during standing, walking or while doing some activities as a result they hesitate to perform activities and depend upon others. Being physiotherapist we are forgetting them to train for the safe fall or controlled fall and getting up from the floor which are important considerations for patients expected to become functional ambulation [2]. Such as, if the person is falling then teach them how to safely descent on the ground. If we are able to train then we may be able to reduce the injury which might occur after falling. But such kinds of training are limited to paperwork only not in the

practical life. In short we can say that it is an omitted part of rehabilitation. Few techniques that could done for safe falling are protect your head, turn as you fall, keep arms and leg bent, stay loose, roll out of the impact and spread out the force of the fall [3-5].

Reasons could be lack of enough - evidence based training, teaching portion in the student's curriculum, exercise part during the practice, or focusing only in the training part to avoid falling. Even the research on such an area is not as hearty as it is in other fields. It is comparatively new area of inquiry. In spite of the paucity of research, safe fall training should be addressed in a strategic, lenient fashion while the patient is undergoing rehabilitation and during life-long follow-up. Therefore, by providing education and working out on such issues for physiotherapist, they may aid a treasured contribution in safe fall rehabilitation and in related research thus enhancing the quality of life of patients.

References

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