INTRODUCTION

The hospital and the community are so intimately related that a change in the one will eventually be reflected by a change in an aspect of the other. Although it may appear that to an orthopaedic surgeon a fall is of no apparent consequence unless it breaks a bone, the group most likely to fall and to break a bone from a fall is nevertheless expanding more rapidly in numbers than any other section of the population. This means that each year there will be more patients with orthopaedic injuries including fractures of the proximal femur. There has in addition been a rapid growth of orthopaedic waiting lists for elective operations. The dilemma that falls have in part created for the surgeon then is the balance of emergency work against elective surgery and the reduction of the waiting time for elective orthopaedic operations.

The efficient mobilization and rehabilitation of elderly patients in orthopaedic beds has therefore become crucial to the provision of an effective orthopaedic service. However, old people undergoing rehabilitation from a fall, and this must include the repair of broken bones, are often beset by so many medical problems that they need the attention of a physician skilled in geriatric medicine. The orthopaedic surgery on its own, no matter how good, is simply not enough and a system of collaborative care will be required between the orthopaedic surgeon and the physician in geriatric medicine. On the other hand to a physician dealing with elderly patients every fall is an affair of interest in itself, and the decline of an elderly person can often be clearly dated from such an
A fall always happens for a reason and until proven otherwise every fall must be regarded as a symptom. Often it is an expression of serious disease and the factors underlying its occurrence must be found and dealt with. The importance of viewing a fall as a symptom cannot be overstated, and the need to determine the cause of falling in every case of falls must not become obscured by the events to be described.

INJURIES AND SEQUELAE FROM FALLS

Falls in old age are well recognized as an important cause of serious morbidity and they will often have lethal complications. Even though an isolated incident with no obvious cause or effect may soon be forgotten or regarded as negligible, many of those who fall will be liable to do so again. The majority of falls occur inside the home, and do not usually harm the fallers or lead to medical advice, but most fatal home accidents are due to falls. Indeed, more old people die from accidents in the home than the entire number killed on the roads each year; women are the victims at least twice as often as men, a difference that has been attributed to the stepping pattern of the female gait. The proportion of all falls complicated by physical injury is actually less than one-quarter, and the majority of falls do not break bones, but the overall number of injuries requiring medical attention is enormous because over one-third of the elderly population fall each year. Although much interest has focused on fractures of the femoral neck resulting from falls in old age, in fact fewer than one in every 100 women who fall will sustain a fractured neck of femur, but falls will cause many other problems apart from fractures.

Very often the worst and most protracted effect of falling is fear and loss of confidence, and any failure to determine the cause of falls will result in a vicious circle and an early repetition of events. Fear will restrict social mobility, generate anxiety in the carers and severely limit the activity of the fallers. Indeed an elderly person may be so frightened after a fall that he or she may refuse to rise from a hospital chair or may feel no longer able to live alone. This is a serious state of affairs which has been referred to as the ‘post-fall syndrome’, and although it may represent a pathological phobia it may also result from a disturbance or misinterpretation of sensory information in those who have lost their sense of what is vertical. Each day in this country over 100 old people will lie on the floor all night after a fall from which they cannot rise. Low environmental temperatures and impaired physiological responses to cold put these people at great risk of hypothermia, especially when the fall is associated with postural hypotension or night sedation, and this includes alcohol. Cuts and bruises around the face are very common complications of falls and they may occasionally cause eating problems. Furthermore, many patients who are