

PHYSICAL & MOBILITY

Falls and Fractures

A Sudden Event That Reliably Ends Independence

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Contents

- 01 Overview
 - 02 How It Leads to Dependency
 - 03 Diagnosis & Early Warning Signs
 - 04 Typical Care Needs
 - 05 The Realistic Cost of Care
 - 06 Planning Considerations
 - 07 Sources & Further Reading
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Overview

Falls are the leading cause of both fatal and nonfatal injury among Americans age 65 and older. One in four older adults falls each year, and one in five falls causes a serious injury — most commonly a hip fracture or traumatic brain injury.

Unlike stroke or Parkinson's disease, falls are not a diagnosis — they are an event, driven by a combination of medical, medication, sensory, environmental, and musculoskeletal risk factors. That combination is what makes falls both highly preventable and, when they occur, so consequential.

Over 300,000 hip fractures occur annually in Americans 65 and older; women account for about 70% of cases, and the average age at hip fracture is now approximately 82.

14M U.S. adults 65+ report a fall each year	300,000+ hip fractures occur in Americans 65+ annually	Up to 50% of hip fracture survivors never regain prior walking ability
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How It Leads to Dependency

A single fall can end independence within weeks. Approximately 25% of older adults who sustain a hip fracture die within one year, and up to half never return to their prior level of function. Roughly 25% of survivors require long-term nursing care they did not need before the fall.

Underlying osteoporosis (low bone density) and sarcopenia (muscle loss) compound the risk and the consequences — a fall that a younger, stronger person would walk away from can fracture a hip or cause a serious brain injury in someone with weakened bones and reduced muscle mass. Falls are now the leading cause of TBI-related death in the U.S., especially for adults on blood thinners.

Diagnosis & Early Warning Signs

The CDC's STEADI framework recommends fall-risk screening for every older adult, every year, followed by a fuller assessment for anyone who screens positive — including gait and balance testing, vision and hearing checks, and a medication review for fall-risk drugs.

After a fall, a post-fall workup looks for injury, underlying causes (a cardiac event, a stroke, medication interaction), and, if a fracture is confirmed, rapid surgical evaluation — time-to-surgery matters significantly for hip fracture outcomes.

Typical Care Needs

Caregiving after a fall or fracture is unusual among dependency-causing conditions in that the most intense demands are frontloaded – typically the first three to six months post-injury, when recovery is fastest and complications are most likely.

Families are often asked, without warning, to manage medications, assist with bathing and toileting, provide transportation to physical therapy, and supervise around-the-clock to prevent a second fall – which carries even higher risk than the first.

The Realistic Cost of Care

The financial impact of a serious fall combines acute hospitalization and surgery with an extended, often unplanned, rehabilitation and care period.

30–40 hrs/wk typical family caregiver time in the first 90 days post-hip-fracture	50%+ of hip-fracture caregivers report significant psychological distress	2x risk of caregiver injury from lifting and transferring in the first year
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- Acute hip fracture surgery and hospitalization are typically covered under Medicare Part A, but post-acute rehabilitation coverage is time-limited.
- For the roughly 25% of survivors who require long-term nursing care they did not need before the fall, the shift to custodial care again falls into the coverage gap Medicare does not fill.
- Home modifications – grab bars, ramps, walk-in showers, stair lifts – represent a smaller but immediate cost families face during the recovery period.

THE CAREGIVER BURDEN

The first 90 days after a fall are the most intense caregiving window – recovery is fastest, therapy is most frequent, and the risk of a second fall or complication is highest during this period.

Planning Considerations

These considerations are general and educational. They are not financial or legal advice, and no specific product or provider is endorsed here.

- Screening for fall risk annually – and acting on results – is one of the highest-leverage preventive steps available to older adults and their families.

- A medication review can identify fall-risk drugs (sedatives, some blood pressure medications) that could be adjusted before a fall occurs, not after.
 - Testing for and treating osteoporosis, and arranging a professional home safety assessment, meaningfully reduce both the likelihood and severity of a future fall.
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Sources & Further Reading

1. CDC STEADI Initiative <https://www.cdc.gov/steady/>
2. National Osteoporosis Foundation <https://www.nof.org/>

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