



## **Dr. Henry writes about Falling**

On January 6, 1996, we had a shortened meeting because the Blizzard of '96 began that afternoon around 2 P.M. As you also know, our February meeting was canceled because of the slice (snow, sleet, and ice) storm. The few brave or foolish souls that were present for the January 6th meeting did engage in a lively discussion about falling, no doubt inspired by the vision of snow falling outside of Sheltering Arms Hospital. Some of us have vivid and unforgettable memories of falls we had in our youth because of the residual effects of polio, and others have equally memorable accounts of falls that we have had because of the effects of post polio syndrome. An additional problem now is that we are older and probably do not fall as gracefully as we once did. Also, the risk is greater for injury because of weaker muscles, softer bones, and the same factors of aging that everyone experiences. Falling is no fun, but dealing with its reality may build character.

Some years ago, I made a list of all the falls that I could remember. Of course, the bad or spectacular falls are more easily recalled. My list came to about twenty-five falls. The first occurred in the halls of the Medical College of Virginia Hospital when I first learned to walk with two long leg braces and two crutches. Somehow, I lost my balance and fell backward like a small tree that had been cut at the base. My head hit the marble floor and I almost lost consciousness. However, I was picked up, and walked back to my bed. My most recent fall occurred in '95 when I stepped on a dog toy in the bedroom, lost my balance and actually fell gracefully with no injury. Some of my falls have produced considerable pain, swollen joints, large bruises, and anxiety. Pain is no fun, but dealing with it may build character.

For many of us the experience of terror occurs during that second or less when we realize that we have lost our balance and recovery of balance is impossible. To put it another way: I have lost control and I am going to hit something for sure. A lot does depend on what we hit, and what part of our body hits first. I have fallen on marble, slate, wood, rugs, grass, dirt, concrete, snow, ice, and stairs. The part of the body that usually hits first is any one of the four extremities (elbows, hands, knees, hips) or unfortunately the head or chin. During that split second of falling weightlessness, our autonomic nervous system kicks into the fright or flight mode. We cannot flee, thus, we have more of the fright mode. By the time we land, our hearts are racing, the respiratory rate is increased, and we are probably breaking into a sweat. If we did not sustain a serious injury, this extra adrenalin helps us get over the immediate effects of the fall. Of course, later, we are quite sore and fatigued, but grateful that nothing really bad happened. Fear is no fun, but dealing with it may build character.

Falls can result in serious injury or life threatening situations. About seven years ago when I was leaving my office rather late one night, I fell on ice about midway between my office and my car. It was very cold. Because of the slippery ground, I was unable to get any traction, and could not get up. I was totally alone. I decided to crawl to my car. With my last source of energy, I was able to pull myself into the car, and get it started, and eventually warm up. This experience taught me about vulnerability, and having better options for help. Even with precautions, bad things can happen. One of our most active members, Carol Ranelli,

fractured her left femur twice one week apart. She was at our January 6th meeting, and felt that the discussion on falling may have jinxed her. On the following Tuesday, she fell in her house and thought she may have injured her knee. X-rays revealed that she had a non displaced longitudinal fracture of the left femur. She was advised to stay completely off of her left leg for several weeks. One week later, she fell again, and this time fractured and splintered the same left femur. She had surgery this time with a rod being screwed to the femur to stabilize the bone. She is at home, living in her family room and has a positive attitude about her recovery. She actually told me about this very painful ordeal with her usual delightful sense of humor. Surviving a major adversity is no fun, but dealing with it may build character.

I am confident that each of you has experienced the reality, pain, fear, and adversity of falling. There are many amazing stories that could be shared by all of our membership. I am hopeful that each of you will make a special effort to be present at the first statewide post polio conference at Sheltering Arms Hospital on March 30th. It should be a time of new educational information, a time to ask questions, and most important, a time to share our experiences on anything from falling to rising. I feel confident that our presence and participation at this conference should build character.

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