



## TIPS TO PREVENT FALLS

- Pick up loose rugs.
- Make sure railings on stairs are secure.
- Clean up spills immediately.
- Wear supportive shoes with rubber soles.
- Make sure you have sufficient lighting in your home.
- Reduce clutter in your home.
- Use grab bars and/or seats in tub/shower.
- Use canes and walkers as directed.
- Take your time.
- Make sure pets stay out of your walkway.
- Be careful with cords around your home.
- Exercise regularly.

### McLaren Flint Rehabilitation Center

G-3239 Beecher Road

Flint, MI 48532

Phone: (810) 342-5350

Fax: (810) 342-5362



FLINT

[mclaren.org/flint](http://mclaren.org/flint)

M-1378 (07.23)

# FALL PREVENTION PROGRAM

KEEPING YOUR LIFE  
IN BALANCE



FLINT

Falling is not a normal part of aging. Unnecessary falls can lead to loss of independence, disability, hospitalization, or even death. At McLaren Flint's Fall Prevention Program, our goal is to identify fall risk factors and provide treatment to prevent falls.

The following are questions that will help you identify if you are at risk of falling.

### DO YOU:

- Have a history of falling?
- Have weakness?
- Have visual deficits?
- Experience dizziness?
- Have decreased balance?
- Have difficulty walking?
- Have decreased sensation in your feet?

Our Balance Center offers a **FREE** Fall Risk Screening. Results will be sent to your doctor and further treatment will be recommended, if needed.

Should you need further treatment, our Balance Center offers:

- Balance Training
- Vestibular Rehabilitation
- Strengthening Programs
- Home Modifications to Reduce Falls
- Education for Fall Prevention
- Customized Home Programs

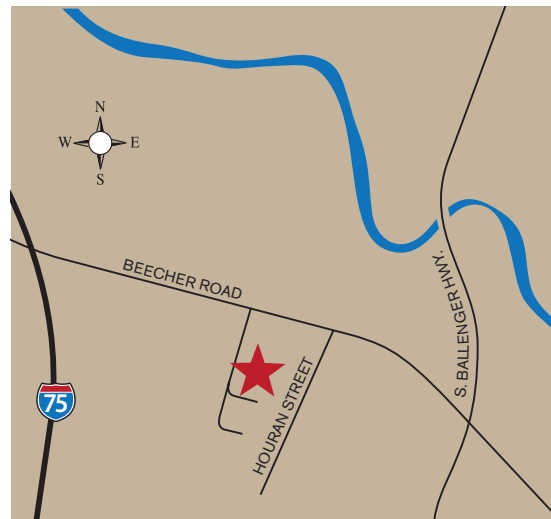
If your physician recommends you have a **FREE** Fall Risk Screening, please fill out the information (right) and fax or mail it to us so we can schedule an appointment with you.

Fax to us at **(810) 342-5362**

or mail to

### McLaren Flint Rehabilitation Center

Fall Prevention Program  
G-3239 Beecher Road  
Flint, Michigan 48532



## FREE FALL RISK SCREENING

NAME

ADDRESS

PHONE NUMBER

DATE OF BIRTH

CONTACT PERSON AND PHONE NUMBER  
IF OTHER THAN YOURSELF

REFERRING PHYSICIAN

OFFICE LOCATION