ROOTED MOTION PHYSICAL THERAPY

Home Balance and Fall Prevention Checklist

By Rooted Motion Physical Therapy

Move Better. Live Rooted.

For older adults putting the house and the week in order, one room at a time.

The Near-Miss Counts

Roughly one in four adults over sixty-five reports a fall in a given year, and about one in ten an injury from one. What goes unrecorded is the near-miss: the grab at the counter, the stumble on the top step. Nobody reports those, and they are the best early warning available.

This checklist has two halves and they are not interchangeable: the house you are standing in, and the dose of training you do each week. Doing only the first is the common version, and it is the weaker half.

Part One: Walk the House, Room by Room

Reducing hazards at home cuts the rate of falls by around a third in people already at higher risk, with high certainty. In people not selected for higher risk, it showed no effect at all. Higher risk there meant a fall in the past year, a recent hospital stay, or needing help with daily activities.

Floors and walkways

☐ Loose rugs removed, or fixed down at every edge
☐ Cords and cables run behind furniture, not across a route you walk
☐ A clear path from the bed to the bathroom with nothing to step over
☐ Pets' bowls and beds moved out of doorways and off turning points

Stairs and thresholds

☐ A handrail you can reach on the descending side, fixed firmly
☐ Every step the same height, with no worn or rounded front edge
☐ Nothing stored on the stairs, including things waiting to go up
☐ A light switch at both the top and the bottom

Bathroom and bedroom

☐ A non-slip mat or surface in the bath or shower
☐ Something fixed and solid to hold. A towel rail is not a grab rail
☐ A light you can turn on from the bed, before your feet are on the floor
☐ Slippers with a back and a sole, or bare feet, but not loose slip-ons

Kitchen and living areas

☐ Daily items stored between hip and shoulder height
☐ No step stool in regular use. Move the items instead
☐ Chairs firm enough to stand from without pushing off the arms hard
☐ Spills dealt with straight away rather than at the end of the task

Part Two: The Dose

The house is where falls happen. Training is what changes whether you catch yourself. Pooled across more than a hundred trials, exercise reduced the rate of falls by about twenty-three percent and the number of people who fall by about fifteen percent, both with high certainty. Balance and functional training on its own accounted for roughly a twenty-four percent reduction in fall rate.

The part most often got wrong is intensity. Balance training appears to work when it is progressive and genuinely challenging, meaning it moves the limbs and the whole body, changes your base of support, and reduces how much you hold on. Comfortable balance practice is unlikely to be doing much. Strengthening alone, without balance work, is not recommended as a fall-prevention strategy on its own.

Building the week

1. Aim for balance work on most days of the week, in short sessions rather than one long one.
2. Stand where you can reach a counter or a firm chair, but do not hold it unless you need it.
3. Make it harder in one direction at a time: narrower feet, less hand support, a head turn, a softer surface.
4. Add strengthening on two days a week, alongside the balance work rather than in place of it.
5. Reassess every few weeks. If it has become easy, it has stopped being training.

A note on self-testing

You may have seen timed tests for balance and fall risk, such as timed sit-to-stand or standing on one leg. These are screening tools designed for a clinician to use and interpret, and their published cut-offs vary. None of them has been validated for testing yourself at home unsupervised, and attempting one alone is itself a fall risk. Use how you feel and what you avoid as your guide, and leave the timed tests to an assessment.

What the Evidence Does Not Settle

Exercise clearly reduces how often people fall. Whether these programmes reduce fractures, hospital admissions, or quality of life is much less certain, and the national body that reviews this evidence for primary care gives a more cautious grade to broad multifactorial programmes than physical therapy guidance does. Those two bodies are answering slightly different questions. The practical upshot is unchanged: the exercise part has the strongest support of anything here.

> **Speak to a healthcare professional before you start if**
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> - You have fallen in the past year, or you have had a near-miss you did not mention to anyone
> - You feel faint, lightheaded, or unsteady when you stand up
> - You have new numbness, weakness, or a change in how a leg feels
> - Your vision has changed, or your glasses prescription is more than a year old
> - You have started a new medication and noticed you feel less steady since

The Rooted Motion Difference

- An assessment done in your home, on your stairs and your floors.
- Balance work progressed to a level that is actually challenging, safely.
- A plan that treats the house and the training as one thing.
- Care that comes to you, so nothing depends on getting to a clinic.
- Convenient concierge mobile physical therapy delivered where you are.

Had a Near-Miss You Have Not Mentioned?

A grab at the counter is information, not embarrassment. It is a much better moment to be assessed than the one after a fall.

Move Better. Live Rooted.

Contact Rooted Motion Physical Therapy to schedule your one-on-one evaluation.

Educational disclaimer: This handout is for educational purposes and is not a substitute for an individual evaluation by a licensed healthcare professional. Seek prompt medical evaluation for severe pain, significant weakness, numbness, or symptoms following trauma.

Research Behind This Guide

1. Kirk-Sanchez N, McDonough C, Avin KG, Blackwood J, Hanke TA. Physical Therapy Management of Fall Risk in Community-Dwelling Older Adults: An Evidence-Based Clinical Practice Guideline From the American Physical Therapy Association - Geriatrics. J Geriatr Phys Ther. 2025;48(2):62-87. doi:10.1519/JPT.0000000000000454
2. Sherrington C, Fairhall NJ, Wallbank GK, et al. Exercise for preventing falls in older people living in the community. Cochrane Database Syst Rev. 2019;1(1):CD012424. doi:10.1002/14651858.CD012424.pub2
3. Clemson L, Stark S, Pighills AC, et al. Environmental interventions for preventing falls in older people living in the community. Cochrane Database Syst Rev. 2023;3(3):CD013258. doi:10.1002/14651858.CD013258.pub2
4. US Preventive Services Task Force; Nicholson WK, Silverstein M, Wong JB, et al. Interventions to Prevent Falls in Community-Dwelling Older Adults: US Preventive Services Task Force Recommendation Statement. JAMA. 2024;332(1):51-57. doi:10.1001/jama.2024.8481