Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · GENERAL HEALTH

Falls

a fall is a symptom, not an accident

Around one in three people over 65 falls each year. Falls are treated as bad luck, and they are usually the result of several identifiable and modifiable factors acting together. Assessing someone after a first fall substantially reduces the chance of the second — which is the one that tends to break a hip.

Call 999 or seek emergency care after a fall if there is

- a **head injury with blood-thinning medication** — warfarin, apixaban, rivaroxaban, clopidogrel
- **loss of consciousness**, confusion, vomiting or drowsiness
- **inability to weight bear**, or a leg that looks shortened or turned outwards
- **severe pain**, obvious deformity, or a wound that will not stop bleeding
- a fall **with chest pain or palpitations**, or with no warning at all
- someone who has been **on the floor for more than an hour**

A fall onto blood-thinning medication needs a CT head scan even without obvious injury, because bleeding can be delayed. A long lie on the floor causes muscle breakdown, kidney injury and hypothermia regardless of any fracture. In an emergency call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

Why people fall

Rarely one thing. A typical fall involves three or four of these together, and removing even one or two changes the risk substantially.

- **Medication** — the most modifiable factor of all. Blood pressure tablets, diuretics, sedatives, sleeping tablets, antidepressants, opioids and medicines for prostate symptoms. Taking four or more regular medicines raises risk independently.
- **Blood pressure dropping on standing**, which is common, easily measured and easily treated.
- **Muscle weakness and poor balance** — the strongest predictor, and the most improvable.
- **Poor vision**, including new varifocals, which distort depth perception on stairs.
- **Foot problems and unsuitable footwear** — slippers, backless shoes, worn soles.
- **Heart rhythm problems**, particularly if there was no warning before the fall.

- **Home hazards**, alcohol, low vitamin D, and continence problems causing rushing at night.

Get the medicines reviewed

This is the highest-value single intervention after a fall and it is routinely skipped. Ask for a formal medication review, bringing every tablet including anything bought over the counter. Blood pressure targets that were right at 60 may be causing dizziness at 80. Sleeping tablets and sedatives roughly double fall risk and are frequently continued for years without anyone revisiting them. Do not stop anything yourself — but do ask.

Strength and balance

2–3× a week
how often to train

Progressive
it must get harder to keep working

Balance
the component most often left out

- **Strength work** — sit-to-stand from a chair, heel raises, step-ups. Build repetitions gradually.
- **Balance work** — standing with feet together, then heel-to-toe, then on one leg, holding a worktop and progressing to no hands. Aim for a few minutes daily.
- **Tai chi** has good evidence for reducing falls.
- Walking alone is **not enough** — it does not challenge balance or build leg strength sufficiently.
- A physiotherapist-designed programme is considerably more effective than generic exercises.

Around the home

- Remove loose rugs and trailing cables; repair uneven flooring and worn stair carpet.
- Improve lighting, especially on stairs and the route to the toilet at night. Use a night light or motion-sensor light.
- Grab rails by the toilet, bath and stairs; a second stair rail.
- Keep everyday items at waist height — no step stools or reaching up.
- Well-fitting shoes indoors and out, with a firm back and non-slip sole. **Not slippers.**
- Consider a personal alarm, particularly for anyone living alone.

If you fall and cannot get up

- Do not rush. Roll onto your side, then onto hands and knees, crawl to sturdy furniture, and use it to rise slowly.
- If you cannot get up, keep warm, move your limbs to maintain circulation, and attract attention — bang on a wall or the floor.
- **Tell someone about every fall**, even one you were not hurt by. Unreported falls are the ones that predict the serious one.

Why come to us. A fall deserves an hour, not ten minutes. We offer a full falls assessment — **lying and standing blood pressure, ECG, vision and gait assessment, and a proper review of every medicine you take** — with bloods including vitamin D, calcium, kidney function and thyroid taken in-house and explained the same visit. We assess bone health and fracture risk, refer to physiotherapy for strength and balance training, and arrange imaging through our CQC-registered partners where injury needs excluding. Home visits can be discussed.

A full falls assessment, not a ten-minute appointment

Medication review, ECG, bloods and physiotherapy.
Seven days a week.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open 7 days, 9am–7pm

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Private GP Services** · **Health Screening & MOT** · **Physiotherapy** · **Blood Tests** · **All patient leaflets**

Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

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This leaflet is based on current NHS and NICE CG161 guidance on falls in older people: assessment and prevention. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.