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Rethinking fall prevention:

Building preparedness, confidence and resilience



While falls are a leading cause of injury and death for older adults, they also disrupt life and well-being even when no injury occurs. This physical activity professional advocates a comprehensive approach that includes fall resilience

by Erin Eleu, BS, ACSM-CPT

Despite decades of fall prevention efforts, along with multiple evidence-based programs, falls remain common and consequential. It is important that we understand and address modifiable risk factors associated with falls, including vision and hearing loss, medication use, environmental hazards, strength, balance and mobility. At the same time, we need to recognize that not every fall can be anticipated. Sometimes circumstances come together in ways that are difficult to predict, and a fall occurs.

The fall prevention conversation needs to expand to include fall resilience, an approach that encompasses prevention, protection, recovery, and continued participation in meaningful activities. Within the active-aging industry, some organizations and providers may already embrace a multidimensional approach. A broader perspective shifts the focus toward building capability, confidence, connection and resilience.

Why the social context of falls matters

We often assess falls risk through physical measures such as the Timed Up and Go,

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sit-to-stand tests and gait speed. These assessments can provide valuable information about how someone's physical capacity may contribute to the risk. What about the factors that influence how much a person moves in the first place?

Social isolation can play an important role in physical activity and mobility. While we may assess physical frailty, we don't routinely assess social frailty, which refers to reduced social participation, limited social resources and support, and feelings of loneliness.[1] Social frailty can increase vulnerability and may contribute to fall risk.[2]

A cycle can occur. Social disconnection can lead to fewer opportunities and less motivation to stay active. Reduced activity can contribute to losses in strength, balance and mobility. Those changes can affect confidence, which may lead to further withdrawal from activities and social engagement.

In an industry dedicated to older-adult health and well-being, this cycle of social disconnection, reduced activity and declining physical function raises an important consideration: Are people who rarely leave their home or room necessarily safer just because they have fewer opportunities to fall?

A fall resilience strategy can include supporting social connection and meaningful participation, among other things. That approach means, first, understanding which activities and relationships matter to a person and, second, identifying how to help them participate with confidence while maintaining their physical capacity and life engagement.

When fall prevention marketing sends the wrong message

The messaging around falls often centers on statistics, risk factors, injuries and mortality. We see headlines about falls being the leading cause of injury among older adults, along with images of silver-haired individuals lying helplessly on the floor.

These messages are generally intended to encourage people to take falls seriously. However, they can also reinforce ageist assumptions and contribute to the perception that getting older automatically means becoming fragile and needing to be careful. The underlying message can become: *Older people are fragile, movement is dangerous, falling is catastrophic, and safety means avoiding activity.*

For someone who is already hesitant to participate in physical activity, this messaging may reinforce withdrawal rather than encourage engagement.

Fear can also affect how a person moves. When people become afraid of falling, they may become more guarded, stiff or hesitant in their movements. This response can

show up as slower walking, shorter steps, and even moments of freezing or hesitation. These changes can disrupt normal movement patterns and, in some situations, may *increase* the risk of losing balance or falling. Fear of falling can then become part of the risk we aim to prevent.

Rather than focusing exclusively on avoiding falls, we can shift toward more capability-based messaging. We can talk about developing the skills, physical capacity, and confidence needed to navigate everyday environments and unexpected challenges.

The goal isn't to stop talking about risk. It is to make sure risk doesn't become the entire story.

The fall resistance mindset	
Instead of simply asking…	**Also ask…**
How do we prevent this person from falling?	What can help this person move with greater confidence?
What activities should they avoid?	What matters to them that they want to keep doing?
Why did they fall?	What was happening in the moments before the fall?
How can we make them safer?	How can we build their capacity to respond to challenges?
How do we prevent another fall?	How can we prepare for the possibility of a loss of balance?

Table 1. The fall resilience mindset. These questions can help active-aging professionals shift their thinking to a fall resilience mindset. Source: AGEnts of Movement

Why we need to understand the context of a fall

In healthcare settings and senior living communities, one of the first questions an older adult may hear is, "Have you fallen recently?" This question, while important, provides little context by itself. Some individuals may also hesitate to report a fall because they worry about what could happen afterward—being monitored more closely, having restrictions placed on their activities or losing some independence.

Barb Brown, an aikido practitioner and personal trainer in her 60s, experienced this firsthand when she was asked about falls during a doctor's appointment. Her response? "Do you mean have I fallen on accident or on purpose?" During her aikido practice, she intentionally falls as part of her conditioning and training.

Brown's response illustrates why context matters.

When people fall, we need to understand what was happening at the time. What were they doing? What was the environment? What happened immediately before the fall? What lifestyle, physical, psychological or social factors may have contributed?

Consider two people with the same outcome: a hip fracture. In the first scenario, an avid pickleball player is participating in a game when a loose ball rolls onto the court. She steps on the ball, loses her balance and breaks her hip when she falls. In the second scenario, a man living alone, who recently lost his wife and his ability to drive, wakes during the night to use the bathroom. He stumbles and falls when he cannot correct his footing, breaking his hip. The outcomes are the same; the circumstances are different.

The pickleball player may be physically active, socially connected, and regularly engaged in activities outside her home. Her fall may have been a matter of circumstance—a bad-luck event that occurred during an activity she enjoyed.

The man may be experiencing social isolation after the loss of his wife and his transportation. He may be moving less, participating in fewer activities and experiencing a decline in physical capacity. Those changes may have affected his ability to recover from a stumble.

Context matters. Simply asking whether people have fallen doesn't provide a complete picture of their lifestyle, mobility, confidence or needs. Better questions can help us understand what contributed to a fall, whether a person has concerns about moving through an environment, and what might help this individual feel more confident.

Are we waiting for a fall?

Fall prevention programs often reach people who have already experienced a fall. In a study of community-based programs, nearly two-thirds of participants reported having fallen within the previous three months.[3] Experiencing a fall does not necessarily lead someone to enroll in a formal prevention program. This pattern raises important questions about when and how we introduce fall preparedness.

A recent article in the *Colorado Springs Gazette* gives a local example. The article described a senior living community where a high number of falls prompted the fire department and a local hospital to offer fall prevention seminars.[4] This response is understandable: An increase in falls creates an immediate reason to act. But it also illustrates that fall prevention commonly becomes a priority *after* falls have occurred.

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If our primary response begins only after a pattern of falls has emerged, we should consider whether we are being as proactive as we could be. And we could introduce fall resilience as a normal part of maintaining physical capability, rather than as something reserved for people who have already fallen.

How we name and market these programs is another issue.

Our challenge may not always be to convince older adults that physical capability matters. Instead, it may be to convince them that they can benefit from a program designed to support that capability. When fall prevention marketing uses language and imagery associated with frailty, dependence or "being old," it can inadvertently reinforce the perceptions that discourage participation. Research suggests that older adults may respond more positively when programs are framed around strength, fitness, independence and continued activity, rather than risk alone.[5]

What about teaching people how to fall?

A broader approach to address falls would not abandon prevention; it would expand the goal. Exercise and other interventions can reduce fall risk, but no intervention can eliminate the possibility of falling.

Emerging research is beginning to explore what happens when the goal shifts from preventing a fall to reducing its consequences. The FAlling Safely Training (FAST) trial provides one example. Rather than attempting to reduce the likelihood of falling, FAST teaches strategies to reduce impact forces and support a safer landing when a fall occurs.

In a pilot randomized controlled trial, 24 older adults at risk for injurious falls were assigned to either four weeks of FAST or an active balance-training control. The FAST intervention was shown to be feasible and safe, with 11 of 12 participants completing the program. Researchers measured hip and head acceleration during experimentally induced falls as indicators of impact force.[6]

In follow-up focus groups, participants described increased confidence in their ability to fall without injury. Those who experienced a fall after completing the program reported using techniques they had learned. Participants also described the training as well designed and relatively low burden. While the small pilot does not establish whether this type of training reduces fall-related injuries, the findings suggest that teaching how to respond to a fall may be a feasible addition to community-based programming.

Judo-based fall training offers another example. Judo's *ukemi,* or break fall techniques, are designed to help practitioners control their bodies during a fall by distributing impact forces and protecting vulnerable areas of the body. Singh et al.[7] also identify the ability to safely regain a standing position as an important component of fall preparedness. Although research is still emerging on adapting these techniques for older adults, judo provides a useful framework for thinking about falling as a skill to practice rather than simply an event to avoid.

Such skills don't have to be an "older adult" intervention. If falling is a physical skill we can practice, there is an opportunity to introduce fall training much earlier in life and to make it part of a broader movement education continuum. Children, young adults, athletes, and adults of all ages fall. Many also participate in activities where unexpected loss of balance is a normal part of movement.

Making fall training available across the lifespan changes the narrative. Instead of introducing falling skills only after someone is labeled "at risk," we can normalize learning how to respond to a loss of balance as one component of movement skills.

Together, these approaches point toward a broader definition of fall resilience. Preparing for a fall can include:

- reducing modifiable risk
- developing the physical capacity to respond to a loss of balance
- learning strategies for safer landing
- building confidence in one's ability to recover

This perspective does not replace fall prevention. Rather, it expands the goal from trying to avoid a fall, to better preparing for an event that cannot always be predicted or prevented.

From fall prevention to fall resilience

We can broaden the conversation beyond fall prevention to fall resilience by giving people the tools, resources and knowledge to respond to challenges and recover when something goes wrong. A fall resilience approach encompasses several interconnected components:

- **Prevention:** Understand environmental and physical factors that can increase the likelihood of a fall, and address those that are modifiable.
- **Protection:** Build strength, balance, speed and mobility, plus learn skills that may help reduce injury if a fall occurs.
- **Recovery:** Develop the ability and confidence to get up from the ground or access appropriate assistance.
- **Psychological preparedness:** Address fear, confidence, self-efficacy, and willingness to continue moving.
- **Social preparedness:** Maintain relationships, community participation, and meaningful activities.
- **Continued participation:** Help people continue doing the things that give their lives meaning.

Together, these components create a comprehensive approach that considers both the likelihood of a fall and the person's ability to respond to challenges and continue participating in life.

What this shift means for active-aging professionals

As professionals who promote physical activity, we have opportunities to incorporate fall resilience into the way we design programs, communicate with participants and assess needs. Here's what we can do:

In programming

- Include dynamic, real-world movement challenges that reflect situations people encounter in everyday life.
- Practice getting up and down from the floor in a variety of ways, when appropriate.
- Incorporate reaction, perturbation and problem-solving activities.
- Create environments where participants can safely challenge themselves.

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Resources

Internet

AGEnts of Movement (AOM)
Includes the AOM Learning Labs, podcast and newsletter
www.agentsofmovement.com

AGEnts of Movement Substack
Includes articles and a Learning Library
https://agentsofmovement.substack.com/archive

Multimedia

***AGEnts of Movement Podcast* (formerly Second Act Fit Pros)**
"Building Fall Resilience in Our Communities with Ashley Hillman"
Host: Erin Eleu. Episode date: September 14, 2026.
Available on Apple Podcasts and Spotify Podcasts and on the AGEnts of Movement website at www.agentsofmovement.com/podcast

Print

Van Scherpenseel, M. C., van Veenendaal, L. J., te Velde, S. J., et al. (2024). Reframing communication about fall prevention programs to increase older adults' intentions to participate. *International Journal of Environmental Research and Public Health, 21*(6), 704. https://doi.org/10.3390/ijerph21060704 [**Ed.** This peer-reviewed article is open access.]

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- Make fall resilience activities engaging and inviting rather than frightening.
- Connect skills to real-life goals and activities that participants value.

In communication

- Use empowering language rather than fear-based messaging.
- Focus on capability and on the belief that it's possible to develop physical capacity.
- Talk about balance training to build steadiness and confidence rather than simply as a strategy to avoid falling.
- Avoid portraying older adults as fragile or helpless in the images we use and the stories we tell.

Instead of saying, "We're doing these balance drills so you don't fall and break a hip," we might say, "We're challenging your balance so you can build the skills and confidence to stay steady and respond when your balance is challenged."

In assessment

- Ask about social connection and participation.
- Explore confidence with movement.
- Understand the context of previous falls.
- Ask what activities people want to continue doing.
- Identify barriers that may contribute to reduced movement or participation.

These changes in programming, communication and assessment share a common purpose: helping people remain engaged in life. How we define success matters, too. We need to consider both falls and the activities, relationships and experiences people feel able to pursue.

Moving toward what matters

We may assume that individuals reduce their fall risk by avoiding stairs, dancing, going outside, traveling, or other activities. But avoiding meaningful activities isn't a successful aging outcome. When fear narrows the scope of people's lives, they may lose opportunities for connection, joy, purpose and satisfaction, all while becoming more deconditioned and potentially *increasing* some physical risk factors. Let's make informed participation, not restriction, the objective.

As active-aging professionals, we have an opportunity to help people develop the physical capacity, skills and confidence to navigate their environments and respond to challenges. We can help individuals remain capable of doing the things that matter to them.

Expanding the conversation around falls doesn't mean abandoning prevention efforts; it means recognizing that prevention is only part of the picture. We can keep people moving toward what matters with a comprehensive approach: Prevent when we

can. Prepare for what we can't. Build the skills and confidence to keep participating.

Erin Eleu, BS, ACSM-CPT, has extensive experience working to improve fitness and function for older adults in medical fitness settings, gyms, senior centers and senior living communities. Passionate about transforming the aging narrative, Eleu is the creator of the AGEnts of Movement (formerly Second Act Fit Pros) community and podcast, a platform dedicated to empowering physical activity professionals to serve the 50+ population. Through her work, she promotes innovative, age-positive approaches to health and wellness, fostering inclusivity and engagement for older adults. Eleu holds a Bachelor of Science degree in Kinesiology and is an American College of Sports Medicine-certified personal trainer. Visit www.agentsofmovement.com to learn more about Eleu and the AGEnts of Movement *podcast and newsletter.*

References

1. Yamada, M., & Arai, H. (2023). Understanding social frailty. *Archives of Gerontology and Geriatrics, 115,* 105123. https://doi.org/10.1016/j.archger.2023.105123

2. Hayashi, T., Umegaki, H., Makino, T., et al. (2020). Combined impact of physical frailty and social isolation on rate of falls in older adults. *Journal of Nutrition, Health & Aging, 24*(3), 312–318. https://doi.org/10.1007/s12603-020-1316-5 (SafetyLit)

3. Kulinksi, K., DiCocco, C., Skowronski, S., & Sprowls, P. (2017). Advancing community-based falls prevention programs for older adults—The work of the Administration for Community Living/Administration on Aging. *Frontiers in Public Health, 5,* 4. https://doi.org/10.3389/fpubh.2017.00004

4. Kelley, D. (2026, August 9). Calls for "lift assist" increase for some fire departments, as prevention efforts step up. *Colorado Springs Gazette.* Available at https://gazette.com/2026/08/09/calls-for-lift-assist-increase-for-some-fire-departments-as-prevention-efforts-step-up/

5. Van Scherpenseel, M. C., van Veenendaal, L. J., te Velde, S. J., et al. (2024). Reframing communication about fall prevention programs to increase older adults' intentions to participate. *International Journal of Environmental Research and Public Health, 21*(6), 704. https://doi.org/10.3390/ijerph21060704

6. Zanotto, A., Zanotto, T., Alexander, N. B., et al. (2024). Views and experiences of older people taking part in a safe-falling training program: Lessons learned from the FAlling Safely Training (FAST) trial. *BMC Geriatrics, 24,* 818. https://doi.org/10.1186/s12877-024-05382-7

7. Singh, K., Malliaropoulos, N., Callan, M., et al. (2026). Judo-based falls training in older adults: An Olympic fighting art is not just a way to win medals. *Clinical Journal of Sport Medicine.* Advance online publication: 25 June 2026. https://doi.org/10.1097/JSM.0000000000001495

