



Clinical case – falling 2

A.P. Born in 1932

Widow from a young age

He has a son who lives abroad

She worked for over thirty years as a domestic worker

Lucid and oriented, inclined to dialogue

She lives alone at home

Informal support: friend who accompanies her for transport and expenses and the son who lives far away and visits her occasionally, but is very helpful by phone

Formal support: AMA transport, home physiotherapist twice a week, home meals, Lung League, social worker, carer (every afternoon, except Sunday)

Basic pathologies

Pulmonary hypertensive heart disease

Normocardial FA

Diabetes mellitus type 2

Obesity

Recurrent falls

ITA treated

Chronic kidney failure

Vasculopathy probably medicated

Lower limb lombosciatalgia sx (2012)

Surgeries

Total knee-length prosthesis (2011)

Hip prosthesis sx (2006)

Shoulder dislocation, repositioned in 2012

User followed by several years twice a day for:

Glycemic reliefs

Health control

Preparation of weekly therapies and basic care

Positioning of elastic stockings

Treatment of lower limb injuries caused by vasculopathy and accidental impacts/ falls

Aids: TeleAlarm (never used for fear of institutionalization), crutches (uses only one for carpal tunnel problems), walkers (one two-wheeled and one on-four with poorly used brakes), CPAP at night

Conley Scale: Score 4 (recidivism falls: 11 falls in 2013 and 3 falls in 2014; last fall was at 15.09)

He currently wears non-slip socks in the house, which lose their functionality due to walking

The footwear in her possession causes her discomfort and often causes frictional injuries to her feet

The user uses a crutch, but a more suitable and specific aid should be re-evaluated, also taking into account his problem on the wrist

The patient always wears TeleAlarm, but it would be to be encouraged to use so as not to be in unpleasant situations alone

The patient opposes any proposal to change her habits (electric bed, footwear)

