Retirement Matters

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Volume 88 *Retirement Matters* *January Edition* 2024

Congrats to all the kids born in the 1930's, 40's and 50's!

- We survived being born to mothers who smoked and/or drank while they were carrying us?

- They took Aspirin, ate blue cheese dressing, tuna from a can, and didn't get tested for diabetes.
- As children, we rode in cars with no seat belts, or air-bags. We drank water from garden hoses - not from a bottle.
- We shared one soft drink with friends from one bottle... and no one actually died from this!
- We ate cakes, white bread, real butter, and drank pop with sugar in it, but we weren't over-weight because... **we were always outside playing**.
- We would leave home in the morning and play all day, and only had to come home before the lights went on. No one was able to reach us all day - yet we were okay?
- We were bullied at school, but that just taught us to fight back; to stand up for ourselves, and to value friends (And there were no additional fees for *that* curriculum!)
- We would spend hours building go-karts (without the aid of health and safety manuals), from scraps, and then ride down the hill - only to discover that we forgot the brakes! But, after running into the bushes a few times, with the help of Band-aids and un-bruised determination - we learned to solve the problem.
- Football teams had trials and not everyone made the team. Those who didn't just had to learn to deal with it... They weren't treated for Post-Traumatic Stress disorder, depression, or suicidal tendencies!
- The idea of parents bailing us out if we broke the law; or of taking teachers to task for caning us, was unheard of! They actually sided with the authorities.

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Our generation has produced some of the best risk-takers, problem-solvers and inventors ever! And has resulted in an explosion of innovation and new ideas. We had freedom, failure, success and responsibility... AND WE JUST LEARNED HOW TO DEAL WITH IT ALL!

NOW THERE ARE LESSONS TO BE LEARNED

Why are the ages of residents moving into your retirement village , increasingly more elderly?

What is the real reason for younger purchasers moving into newer Villages? I recently took my brother-in-law and his wife to view a few Retirement Villages. They had both just retired, and the nature of our visit was purely exploratory - to give them an idea of what was available. The experience solved some of the puzzlements over which I had pondered for a number of years.

Why do Retirement Villages age exponentially?

We had already visited one Retirement Village, (euphemistically termed a *Lifestyle Villag*e); where we found a vibrant community, a multitude of committees, and a host of activities.

Whenever we opened a door in the Community Centre, we found a room full of residents busily occupied with some activity or other… and after mumbling an apology for intruding, were forced to beat a hasty retreat. The notice board in the entrance foyer was jam packed with a large variety of different activities on offer.

We then visited a second Village established some 20 years earlier. Here the experience was diametrically opposite to our first visit. We hardly encountered a *Villager* during our tour, apart from a few playing Bridge. (And while I am aware of the neurological benefits in the maintenance of an active mind, I cannot help being reminded of Bingo, which I consider akin to the reading of the last rites in a retirement environment).

I enquired of the resident accompanying us on our guided tour as to what facilities were available, explaining that the previous Village we had visited had two swimming pools, a bowling green, and tennis courts. Her succinct answer was "*None!… We do not have any facilities other than a library."* I was 70 years of age, and still working as a consultant in gerontology, but my feelings during the visit were one of utter depression. I detected little or no enthusiasm in the older Village that we visited.

They had used up their ***enthusiasm reserve!***

I then realised that this could be one of the main reasons why potential purchasers sought newer pastures. Other possible reasons were:

The levy - newer Villages, being larger, could often afford lower levies.

The facilities - older traditional Retirement Villages did not consider communal facilities that essential.

The position of the Village - many of the areas in which older Villages were established have deteriorated... and so are no longer that popular, or sought after.

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Henry Spencer

I am not for a moment suggesting that this applies to *your* Retirement Villages. But in respect of seeing their elderly residents, observing others in situations, which we ourselves are heading towards - may just act as a deterrent; observing an *ageing* Retirement Village population - fuelled by self-denial, could provide a mirror-like rebuttal, and deter younger 'oldies' from moving in.

5 Ageist Expressions to Leave Behind in the New Year

Embrace a new narrative on aging for a healthier 2024.

Updated January 1, 2024 | Reviewed by Jessica Schrader

As a clinical psychologist specializing in gerontology, I often reflect on the subtle nuances of language and their profound impact on our perceptions of aging. A recent family gathering provided a vivid example of this: Two older family members, reuniting after a decade, exchanged greetings that unwittingly reinforced negative age stereotypes. One commented, "*You look great for your age*," to which the other replied, "*You don't look so bad yourself."* This interaction, though seemingly innocuous, highlights a broader societal issue: the casual normalization of ageism.

With the new year upon us, it's a prime opportunity to re-evaluate and retire some common yet damaging phrases about aging. Not only will this benefit those around us, but it will also nurture our future selves.

- **"You Look Great for Your Age."** This seemingly complimentary remark is a veiled reinforcement of ageism, implying that aging is undesirable and that value is tied to youthfulness. Instead, offer unambiguous praise like, "You look great," which appreciates the person without age-related conditions.
- **"She's Too Old to Do That."** Such statements severely underestimate older adults and perpetuate outdated ideas of what aging "should" look like. Let's encourage and celebrate the diverse interests and capabilities of older adults, recognizing their right to engage in fulfilling activities at any age.
- **"Senior Moment."** Describing memory lapses as "senior moments" not only trivializes the issue but also fosters negative stereotypes about cognitive aging. It's crucial to understand that while memory disorders are more common in older adulthood, they are not normal. Mindful language involves not attributing minor forgetfulness to age and recognizing that everyone, irrespective of age, can have moments of distraction.
- **"Act Your Age."** This phrase often aims to regulate behaviour seen as inappropriate for one's age, reinforcing rigid and outdated norms. In my work on sexual health and aging, I encourage health providers to confront their biases about aging and sexuality. It's important to support individuals in embracing their authentic selves at every age.
- **"Old Dogs Can't Learn New Tricks."** This cliché wrongly suggests that older individuals are inherently averse to learning or new experiences. Research shows that resistance to change is less about age and more about individual openness. Let's shift the narrative to celebrate the ongoing potential for growth and learning in older adults

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Regina Koepp PsyD, ABPP
Psychology Today

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A *Freebie* which would appreciate a little help!

This news Journal, which takes a long time, and lot of effort to produce, is a freebie – I.e no fee is charged for its distribution. However donations would be greatly appreciated , and would assist in ensuring that it continues. (Bank details are adjacent).

However if unable to contribute, please do not be concerned as your readership is more important. Its intention is to create awareness IRO ageing issues, and to accompany , what can be a serious topic with a modicum of joy and humour....

And for that to succeed requires you the reader!

Distracted Ageing – or, ARAD (*Age-Related Attention Deficit*)

By Joyce Wadler (Amended/shortened)

I was on my way to the kitchen to get some breakfast the other morning when I noticed my bedroom closet was open, which reminded me I might have some pants in another closet I could fit into now that I've lost weight, but on the way there I saw an insurance statement on the coffee table so I went to the desk to file it and when I saw the computer it made me remember I hadn't backed it up lately, so I did.

I have a feeling this might be an attention deficit problem related to aging.

But just the way I used to spend a lot of time looking at my body naked in the mirror, checking to make sure things were O.K., I now spend a lot of time looking at my brain and wondering if it's up to snuff.

Walking into a room and forgetting what I wanted is something I have read often happens to people in their 60s and is not a cause for worry. I do now and then have something I think of as spatial dyslexia, in which, to give an example, I am heading to the kitchen cabinet to put away the Special K, and find myself opening the refrigerator door.

This does worry me a bit, mostly because of a story a girlfriend told me about a great-aunt when we were young and callow, i.e., in our late 20s: The aunt is ironing when the phone rings. She picks up the iron and puts it to her ear. We thought this was so preposterous it was hilarious. Now in the rare instances I myself use an iron, I regard it like a tiger in the living room: It seems O.K., but any minute it could turn on me.

And lest you think this is a women-only thing, I should tell you about a 67-year-old male friend of mine who went into the bathroom with a pair of dirty socks he meant to throw into the washing hamper, but tossed them into the toilet instead! I have actually never wanted to hear the end of that story.

Where was I?

Oh, right, age-related attention deficit (ARAD). I have had what I believe to be a breakthrough medical revelation about this: I think it may be why some older people take so long getting ready to leave the house.
Just let me get my coat; oh, look at the way that picture is hanging, I need to straighten it out. And the picture next to it. And the one next to that, of me as a young woman skipping up the north face of the Eiger in that cute Tyrolean hat. I think I still have that hat, right, it's in a plastic box next to those five decades of medical bills in the closet that I keep the cat carrier in. I wonder if Fish Moths could have eaten the hat? Did I feed the cat? I guess I better feed it.

What was I saying again?

Family madness. My father, as he got older, sometimes had terrible anxiety - which often inconveniently surfaced when we were all in the car about 30 miles down the road. He would suddenly become concerned as to whether someone had left the oven on... and that the house was going to burn down. (I would one day like to see the statistics on how many houses actually burn down to the ground because you left the oven on at 350 degrees, but so far I have not had this fear, possibly because I never use the oven).

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Distracted Ageing – or, age-related attention deficit

(continued from previous page)

I do sometimes have problems remembering where I put things. I forget where I put my cell phone about six times a day, but when I do I just call myself on the land line, wait for my ring tone, *'Breaking Up Is Hard to Do.''*

It is a great system. I wish I could stick a ring tone on my hearing-aids, car keys... And every item in my life, although I am getting a little sick of the ring tone!.

Now what did I do with the remote?

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Joyce Wadler is the author of "Cured: My Ovarian Cancer Story."
Image of ironing lady - **Credit...Robert Grossman for The New York Times**

Getting old is not something that happens to other people

It's shocking to know that only 6% of South Africans can retire completely independently of others.

The current government funding model is woefully inadequate. And even when funds are forthcoming, they fall far short of the true costs of providing services to vulnerable elderly citizens. More worrying in recent years, has been the inability of the Department of Social Development to timeously honour its commitment to maintain its current contributions in step with inflationary increases in service delivery costs.
This leaves organisations like Tafta needing to continually source additional donor funding to meet the ever widening gap. The shortfall or 'gap' is worse in three crucial areas of care provided by Tafta: Frail Care, Assisted Living and Social Services through Wellness Centres.

What you can do now

Stand in the gap – we depend on the goodwill of donors and volunteers to help us deliver services and meet the shortfall in funding.

Contact TAFTA on Phone number: 031-332 3721

Dilly the retirement dog

Image source unknown

Most Body Corporates, even if they are intelligent enough to recognise the value of pets, stipulate that a pet brought into the village should stand no taller than knee-height.

The cloning of Dolly the sheep was perhaps merely a forerunner to Dilly the retirement dog!

I am sure that in years to come, new entrants into retirement villages, upon entering the village gates will be issued with a purpose-bred dog exactly 35 cms high, with fur of exactly 0.237 centimetres in length that never falls out and is of a non-offensive colour, which complies with the *Munsell Colour Science Laboratories International colour Code No. 47A*.

The dog will be mute in order not to annoy the neighbours (who because of the developers greed, reside less than a metre from your bedroom window); it will have rubber teeth so as not to damage your by then wrinkled, fragile skin; its *poops* will emerge pre-wrapped, and every time a Trustee approaches, it will be programmed to instinctively run and hide silently under the bed.

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Henry Spencer

Excerpt from his book Retirement Choices

When to make friends?

To have a friend you need to be a friend!

Making friends is a process best practiced whilst imbued with the magnetic attraction of youth. The selective sight of youth ensures that potential friends are mostly blind to our warts, and unaware of our shortcomings.

With age comes the ability to discern defects and character flaws more clearly...

With experience comes intolerance, and a reluctances to accept wayward behaviour.

Friendship is best formed in the myopic years of our youth. But if you are already retired, and lack friends... then the best time to make them is NOW!

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Henry Spencer

Invitation to the *Midlands Matrons Forum*

Theme: the increasing threat to Medicos and Nursing staff

Networking time		**08h30-09h00**
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Commencement of meeting/Intro	**Henry Spencer**	**09h00-09h10 (10m)**
Intro to Amber Glades	**Tim Gibson**	**09h10-09h25 (15m)**
The role of the Dept of Health	**Dr Chetty (KZN DOH)**	**09h25-10h00 (35m)**
Tea Break and networking	.....	**10h00-10h15 (15m)**
There's a new carer training school !	**Select Services**	**10h15-10h35 (20m)**
The threat to medicos and carers in RSA	**Henry Spencer**	**10h35-11h15 (40m)**
General discussion and conclusion	**Henry Spencer**	**11h15-11h30 (15m)**
Brief tour of Amber Glades (For those who elect to stay)		**11h30-12h00 (30m)**

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Venue:	**Amber Glades**
Date	**Thursday the 21st of February, 2024**
Commencement time:	**08h30 for 09h00**
Concluding time:	**11h30...'ish**

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The venue is itself ample reason for attending as *Amber Glades* is '*different*' and with a short tour afterwards for those interested – it may provide a different perspective on care in our field of endeavour. (But given time constraints there will be no pressure to partake).
The meetings serve as a conduit for sharing our concerns, experiences and possible solutions.

***Who should attend this meeting? ... Care and nursing leadership teams, CEO's, Trustees and other senior staff members*. (It will be entirely up to you as to who accompanies you).**

Minutes/notes will be sent to those who attend:
There will be a fee of R60 per person (It was initially voluntary but at our previous meeting it became patently obvious that volunteerism itself is in need of medical attention!!)

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Important: PLEASE RSVP ME ASAP, OR AT LEAST PRIOR TO THE 13th OF FEBRUARY, AT THE EMAIL ADDRESS PROVIDED HEREUNDER - in order to facilitate seating and parking arrangements.
THIS IS IMPORTANT AS THERE WILL BE LIMITED AVAILABLE SEATING ON THE DAY!

Henry Spencer
(Mobile: 072-514 0913 / Email: halfmens@telkomsa.net)

And if you can think of anyone else who may be interested in attending please let me know... or pass this invitation on to them.

Don't leave it too late!

Although your retired, here may still be difficult decisions ahead

So you are living in a retirement village, and think that from now on everything will be *hunkey-dory.* Wrong! There are difficult decisions by which many of us will be confronted as we grow older (even in the sanctity of the village).

One such decision relates to the decision some seniors will be called upon to make in respect of giving up driving!

Courtesy of Dolman Law

In respect of driving, and in spite of our egos - many of us as we grow older will find driving our motor vehicles, increasingly difficult. A combination of weaker co-ordination skills and diminishing vision will impact negatively on our ability to continue driving safely. Enter into any long established retirement village and you will immediately be assailed by the cacophony of competing brake and clutch pedals, as well as the telling odour of burnt clutch discs - as senior drivers struggle to compensate for diminishing sensory skills. (Another telling sign is the number of dents and scratches on resident's vehicles!)

I myself voluntarily relinquished my driving licence, a few years ago due to serious vision impairment. One morning I almost ran over a traffic policeman, and, as I drove past he shouted .... "*Didn't you bloody well see me?*" To which I responded... "no", and drove on by! (of course if you are intent on running someone over... I can think of no one more deserving or appropriate person than a traffic policeman). However I took the decision there and then to give up driving. I have now had a rare lens transplant, and am in the process of renewing my licence.

However on a slightly more serious note, to continue driving when you are incapable of doing so safely, is highly irresponsible. On that morning when I placed the traffic officer's life at risk, I recall admonishing myself by thinking... that although I wrote books advising people on the importance of relinquishing the steering wheel when the need arose, here I was still driving – unwilling to accept my own advise!

I have a 93-year old neighbour, who continues to drive. She gets lost fairly often (even when travelling to places which she has over the years visited dozens of times before); And the other day she explained to me that there was something wrong with her car, as the steering wheel was almost impossible to turn... it was so stiff! A local mechanic examined the vehicle and told her that he could find nothing wrong with it. (She later admitted to me that she may perhaps have left the hand-brake on!)

What will it take to make her give up driving? An accident in which she perhaps kills someone's child!

The decision to move across to the passenger seat is an important one, which must be made timeously!

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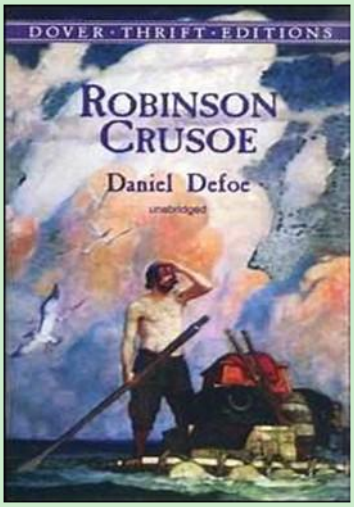
Henry Spencer

Radical downsizing the Robinson Crusoe way



Ryan Mitchell of Charlotte, North Carolina, radically downsized so that he could live in a 250-square-foot home. To get there, he had to donate "80% of my clothes and furniture" so that he could lower his living expenses and "spend more time with family and travelling."

If you were Robinson Crusoe and stranded on an island, what would you need to survive — not just physically, but mentally and spiritually?

Drastic downsizing "forces your hand to make decisions," Mitchell says. "You have to be realistic since there's only so much you can fit in a tiny home. You have to be thoughtful. You can't keep large furniture pieces like Grandma's armoire."

Tiny Homes, Big Impact

A significant bonus in downsizing comes if your tiny house generates a much smaller ecological footprint. Smaller homes consume less energy for heating and cooling, therefore emitting less climate-changing carbon dioxide. Most consume much less electricity than larger homes with heating, ventilation and air conditioning systems. So, reducing your living space generally has an upside for the planet.

"In 1973 the average newly constructed U.S. home measured 1,660 square feet," observes Maria Saxton, who is researching environmental planning for her PhD at Virigina Tech. "By 2017 that average had increased to 2,631 square feet — a 63% increase. This growth has harmed the environment in many ways, including loss of green space, increased air pollution and energy consumption. But of course relieving yourself of many, if not most, of your belongings can have a heavy emotional impact. You may have to part with countless curios that trigger memories. You don't have to do it all at once, however.

She said her downsizing happened over a period of time. "You need time to mourn" the loss of your possessions, she notes. (**Continued on page 10)**

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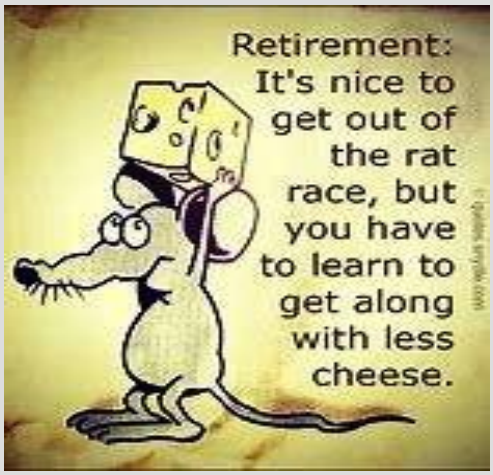

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What Do You Really Need? (Continued from page 9)

Of course, a natural barrier thought comes into most Americans' minds at this point. "Yes, all this sounds like a great idea, but how *would* I get rid of all my stuff?" This is a difficult exercise for many, so it's helpful to engage in the "desert island" thought experiment.

If you were Robinson Crusoe and stranded on an island, what would you need to survive — not just physically, but mentally and spiritually?

For me, I have long maintained a "desert island bookshelf" of classics that I return to and consider essential lifetime reading. The authors range from Homer to Barbara Kingsolver. Even if you decide *not* to dramatically reduce your living space through relocation, downsizing still makes sense. It compels you to be more introspective on what you need and want to reduce your material and ecological footprint. It won't be a seamless process, Mitchell adds, although it will propel you to consider...
"***what you really need and how you want to live."***

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John F. Wasik is a regular Next Avenue contributor, author of 19 books and writer of the Substack newsletter "Refinement."
Shortened and amended by H Spencer

Does the Peter Principle apply in your retirement facility?

Every employee in a hierarchy tends to rise to his or her level of incompetence – at least according to the underlying philosophy of the *Peter Principle.*

Never heard of it? The Peter Principle is a management concept developed by Canadian educational scholar Laurence J. Peter and published in the 1969 book of the same name, co-written with Raymond Hull.

The Peter Principle states that: ***… a person who is competent at their job will earn promotion to a more senior position which requires different skills. If the promoted person lacks the skills required for their new role, then they will be incompetent at their new level, and so they will not be promoted again.***

As you can probably tell, there's a strong satirical edge to Peter's work (he also added a twist to the old adage that "*the cream rises to the top"* by stating that *"the cream rises until it sours"*). Nonetheless, the Peter Principle highlighted fundamental flaws in the traditional way in which employees are rewarded with promotions and has been debated ever since. We've all probably encountered the Peter Principle in practice, in organisations where – in our view – the "wrong" people are rewarded with promotions. The definition of "wrong" is based on perceptions of their (poor) behaviour, their (lack of) skills and competencies, and their (obviously favourable) relationships with others in positions of power.

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Courtesy of ELMO

CHECK YOUR RISK FOR FALLING (A self –assessment check)

Circle YES or NO for each statement below			Why it matters
Yes (2)	No (0)	I have fallen in the past year.	People who have fallen once are likely to fall again
Yes (2)	No (0)	I use or have been advised to use a cane or walker to get around safely.	People who have been advised to use a cane or walker may already be more likely to fall.
Yes (1)	No (0)	Sometimes I feel unsteady when I am walking.	Unsteadiness or needing support while walking are signs of poor balance.
Yes (1)	No (0)	I steady myself by holding onto furniture when walking at home.	This is also a sign of poor balance.
Yes (1)	No (0)	I am worried about falling.	People who are worried about falling are more likely to fall.
Yes (1)	No (0)	I need to push with my hands to stand up from a chair.	This is a sign of weak leg muscles, a major reason for falling.
Yes (1)	No (0)	I have some trouble stepping up onto a curb.	This is also a sign of weak leg muscles
Yes (1)	No (0)	I often have to rush to the toilet.	Rushing to the bathroom, especially at night, increases your chance of falling.
Yes (1)	No (0)	I have lost some feeling in my feet	Numbness in your feet can cause stumbles and lead to falls.
Yes (1)	No (0)	I take medicine that sometimes makes me feel light-headed or more tired than usual.	Side effects from medicines can sometimes increase your chance of falling.
Yes (1)	No (0)	I take medicine to help me sleep or improve my mood.	These medicines can sometimes increase your chance of falling.
Yes (1)	No (0)	I often feel sad or depressed.	Symptoms of depression, such as not feeling well or feeling slowed down, are linked to falls. Total Add up the number of points for each “yes” answer. If you scored 4 points or more, you may be at risk for falling. Discuss this brochure with your doctor.
Total		Add up the number of points for each “YES” answer. If you scored 4 points of more, you may be at risk of falling. Discuss this with your doctor	

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This checklist was developed by the Greater Los Angeles VA Geriatric Research Education Clinical Center and affiliates, and is a validated fall risk self-assessment tool (Rubenstein et al. J Safety Res; 2011: 42(6)493-499). Adapted with permission of the authors.

Food for thought! - complicated life-right situations

What to do?

We normally think of retirees who move into life-rights villages as husband and wife, or as a single person - and as such they pose no threat to the life-rights guarantee that stipulates that they have the right to live in their unit until they are no longer able to cope unaided; live independently. However there are other far more complicated situations which may arise from time to time; some being as follows:

- ***A couple have an adult disabled grandchild (who is Bipolar), living with them, then they die... leaving the 30 year-old grandchild in the house?***
- ***An elderly widower is joined in the village by her sister. What happens if the Life Right holder dies first?***

And in case you think such situations don't arise - think again! They do! So how would you prevent them from adversely impacting on your village - especially on the LR resale benefits? Intrigued by these possible situations, I sent questions on the topic to a number of people experienced in retirement village management: I received numerous responses, but the following spelt out the problem most succinctly.

An adult child living with them

"At Nodding Hills, we had a situation, where a 51-year old son moved in with his parents , as during Covid, his job, which involved a great deal of overseas travel, ceased to exist. The father has since died.

So what to do?

The Life Right Holder signed an acknowledgement that the Life Right would not pass onto the son. The son had signed an acknowledgement that once both parents have died and/or his mother moved to Frail care , that he will have one month to vacate the premises. He will have first option to purchase his own life right ; or rent a room in the village. They currently pay an increased levy for the privilege of having him on the property. He is subject to all the ordinary rules of acceptable behaviour.

We meet with him annually (very amicably) to remind him of the limitations of his accommodation here.

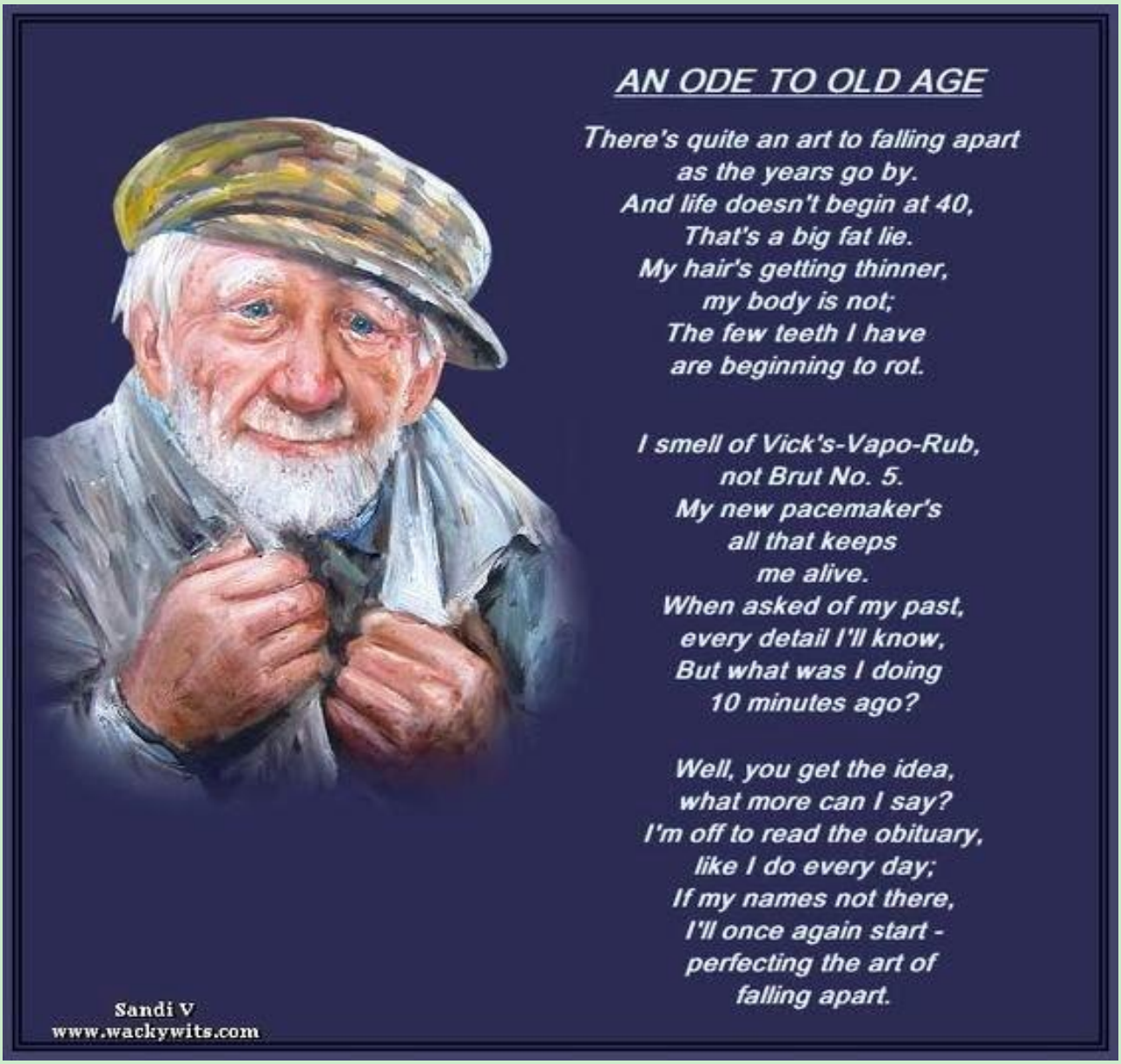
In the meantime , he enjoys all the privileges of being a resident.

So far so good! But what is actually going to happen once the Life Right ceases to exist, remains to be seen , as I am not sure that he will be able to afford accommodation here., but we'll cross that bridge when we get to it.

Two sisters living together

We also have a situation where 2 sisters bought a life right. They were together from the start and the LR was purchased on the understanding that they both had life tenure. One sister is now in frail care. The other remains in the cottage. Again there may be financial complications down the line and again we'll have to cross that bridge when we get there. No different really from any LR holder running out of money.

(Continued on page 14)



How many elderly people fall?

A third of people over 65, and half of people over 80, fall at least once a year. That means that every year in the UK,

5 million people will experience at least one fall.

Care home residents, of which there are approximately 400,000 in the UK, are three times more likely to fall than people living independently in the community!

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Food for thought! - complicated life-right situations

(Continued from page 12)

And in a remarriage situation

I think that Life Rights clearly spells out who is entitled to the LR - Mr. and Mrs., Jack and Joan Smith! I don't believe that we have any right to prevent meaningful relationships in later life. But, I also think that additional parties , do not automatically qualify to receive LR status, not even in a re-marriage situation.

Should one of the parties be considerably underage from the start of the process – this is more complicated. I think we could explore the legality of giving one partner a Life Right but not the younger partner if they were below the age set out in our constitution. – similar to the son in my example above. Couples may not accept such a deal but so be it. Or you make the sale now and recognise there is unlikely to be a resale for another 20 years ++. At least you have payment upfront and the levy is secured for the next 20 years. It is becoming more difficult to sell LR so this may be well worth the risk. "

It's food for thought!

Keep tabs on who is living with whom. Before making non-reversible decisions, get village 'buy-in;' don't set precedents, and make sure that the agreed arrangements are included in purchase agreements, and conduct rules.

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Amended from a response by a local CEO of a retirement village

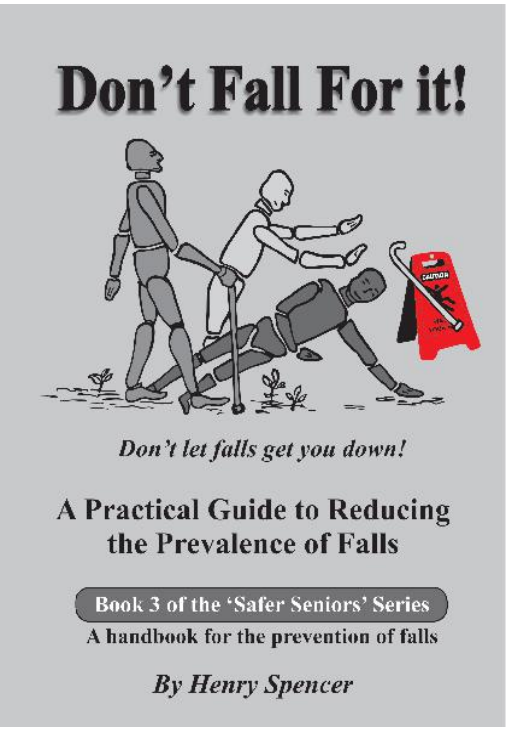
Don't Fall For It!

This book examines the prevalence and consequences of falls suffered by elderly people living in both the community at large, in private dwellings, and in residential care homes and hospitals. It is intended as a practical overview rather than a detailed rendering. (Additional information may be found in the many websites, manuals and books on the topic specifically written for individuals, nurses and healthcare workers)

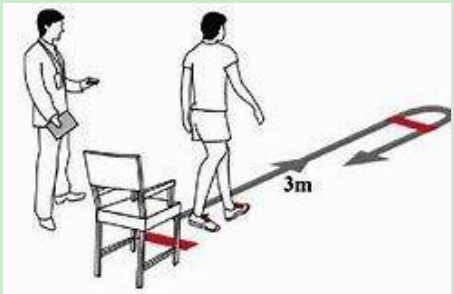
What is perhaps different is the attempt to combine research results with the practical observations of nursing staff and carers, in such a manner as to simplify the nature of both the causes and the resultant damaging effects of falls. It is hoped that by this approach the lives of many elderly people may be transformed.

Henry Spencer (See www.henryspencerauthor.com, or phone the author on 072-514 0913)

Email: halfmens@telkomsa.net



One of the simplest assessments is that known as the '*Timed Get Up & Go Test.*' It was designed by a medical Colonel at the White House Medical Centre in Washington; but whilst I find it an essential tool, especially in 3rd World scenarios where facilities are sometimes understaffed (and staff are often inadequately trained), to my mind, it fails to provide sufficient information regarding the details of ***why*** the patients are at risk of falling. The test should therefore be used merely as a simple and convenient indicator - nothing more! Thereafter one of the other more detailed assessment tools should be used; And if there is a local falls prevention team nearby, then their assistance, as well as that of a GP, could be enlisted.



THE 'TIMED GET UP AND GO TEST' (The TUAG Test)

Task	**Get out of a standard armchair (seat height approximately 46 cms). Walk a distance of 3 metres... turn and walk back to the chair and sit down again**	
Requirement	**Ambulate with or without an assistive device and follow a three-step command**	
Trials	**One practice run - then three actual attempts, which are averaged**	
Time	**1 to 2 minutes**	
Equipment	**Armchair, stop watch, (or wristwatch with a second hand) and a measured route**	
Predictive Results	**Seconds**	**Rating**
	< 11	**Freely mobile**
	11-20	**Mostly independent**
	21- 29	**Variable mobility**
	>29	**Impaired mobility**
This is an extremely simple test, with minimum requirements as far as space, equipment and time are concerned. It tests basic mobility and can be administered by most staff. As in all assessments care must be taken to ensure that no falls occur during the process.		

……,……

Courtesy of GEORGE F. FULLER, COL, MC, USA, White House Medical Clinic, Washington, D.C. Am Fam Physician. 2000 Apr 1;61(7):2159-2168. (Adapted with permission from Podsiadlo D, Richardson S. The timed Get "Up & Go": a test of basic functional mobility for frail elderly persons. J Am Geriatric Soc 1991;39:1428).

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If any life-rights organisation (preferably in KZN) is interested in applying for membership of the VLRA Group (The Voluntary Life-rights Association) - please contact me on email: halfmens@telkomsa.net … or 072-514 0913.

Note: membership is limited, but we do currently have a few vacancies.

Books are available from the author, whose contact details are:

For eBooks - www.henryspencerauthor.com

For hardcopy (in South Africa) - halfmens@telkomsa.net

Or, telephonically on 027-72-514 0913