



Is Your Parent at Risk of Falling?

A family guide to understanding fall risk — and what actually reduces it

If you've caught yourself worrying about a parent living alone, watching them navigate stairs a little more carefully, or wondering what would happen if they fell when no one was around — this guide is for you.

Falls are one of the most common, and most preventable, threats to an older adult's independence. This guide walks through how likely a fall really is, what's actually at stake beyond the fall itself, and what the research says works to prevent one — including how a properly built exercise program fits in.



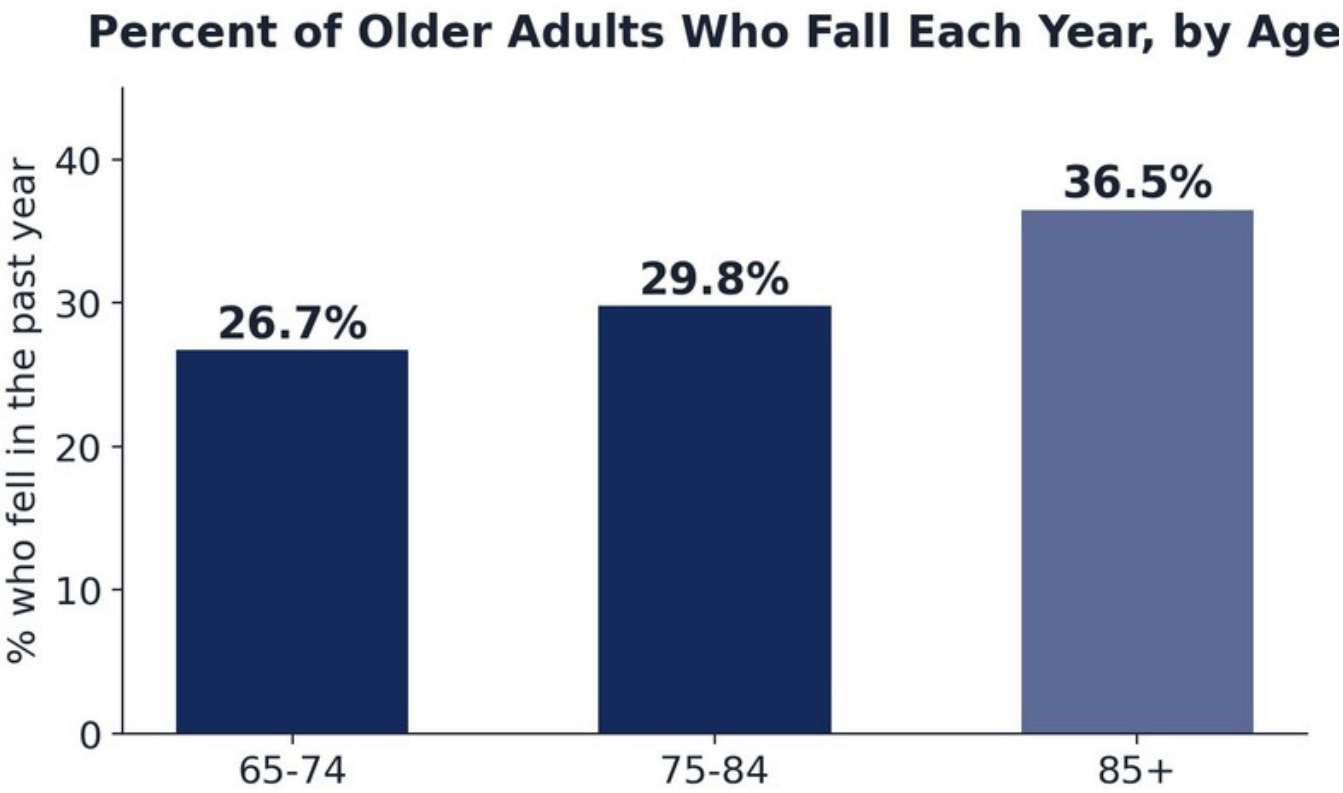
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Who This Guide Is For

This guide is written for adult children and family caregivers of aging parents — the people who notice the small changes first: a slower walk, a hand on the wall for balance, a "close call" a parent mentions almost in passing. If you're trying to understand how real the risk actually is, and what you can do about it before something happens, you're in the right place.

How Likely Is a Fall, Really?

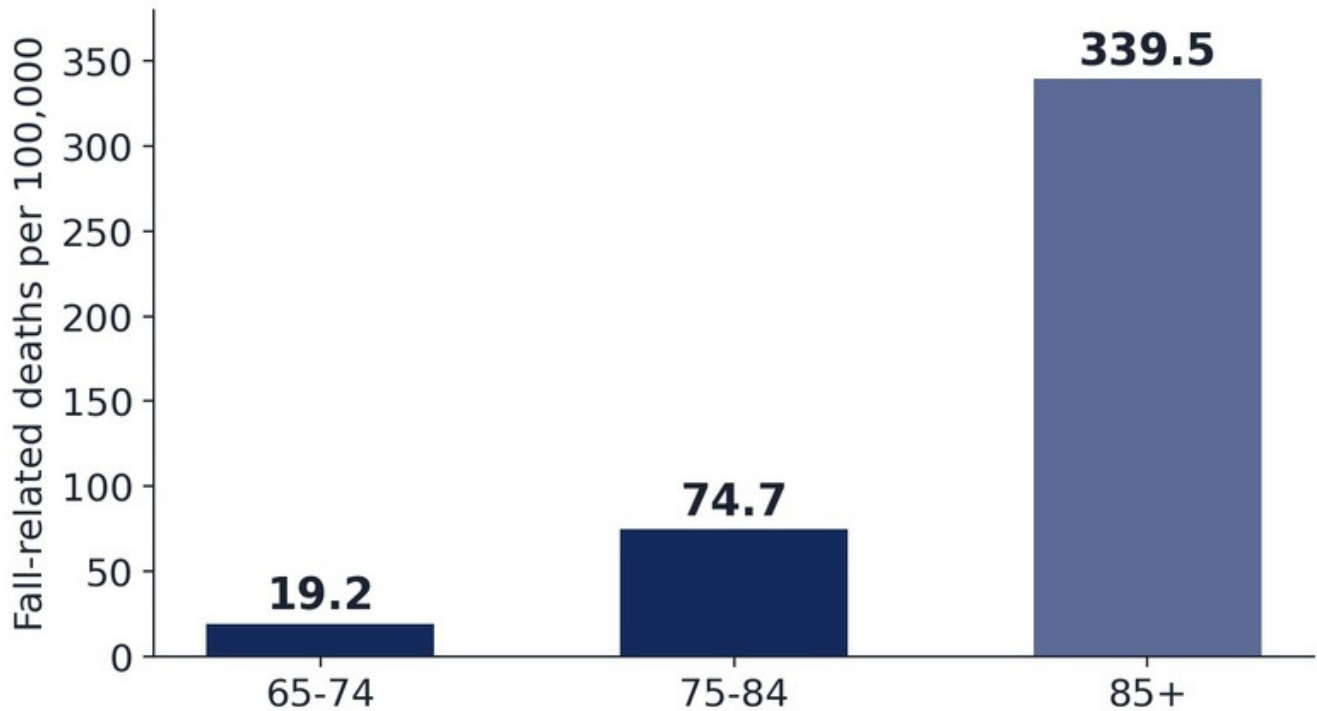
Fall risk doesn't switch on overnight — it rises steadily with age, and picks up more noticeably in the mid-70s and beyond. Nationally, more than one out of every four adults age 65 and older falls at least once a year.



Source: CDC/MMWR, Falls and Fall Injuries Among Adults Aged ≥65 Years, United States.

What's striking isn't just that the percentage climbs — it's what happens *after* a fall as age increases. The rate of fall-related deaths rises far more sharply than the fall rate itself:

Fall-Related Death Rate by Age (Per 100,000)



Source: CDC National Center for Health Statistics, 2023 mortality data.

The takeaway: a parent in their mid-80s isn't dramatically more likely to fall than a parent in their late 60s — but if they do fall, the consequences are often far more serious. This is why fall prevention matters most *before* it feels urgent, not after.

It's Not Just About the Fall Itself

A fall is rarely a single, contained event. For many older adults, it's the beginning of a cascade — one that can affect far more than physical health.

1 in 10

falls causes an injury serious enough to
require medical care

37%

of falls result in an injury requiring treatment
or activity restriction

~319,000

older adults are hospitalized for hip fractures
each year

The Independence Most Families Don't Think About Until It's Gone

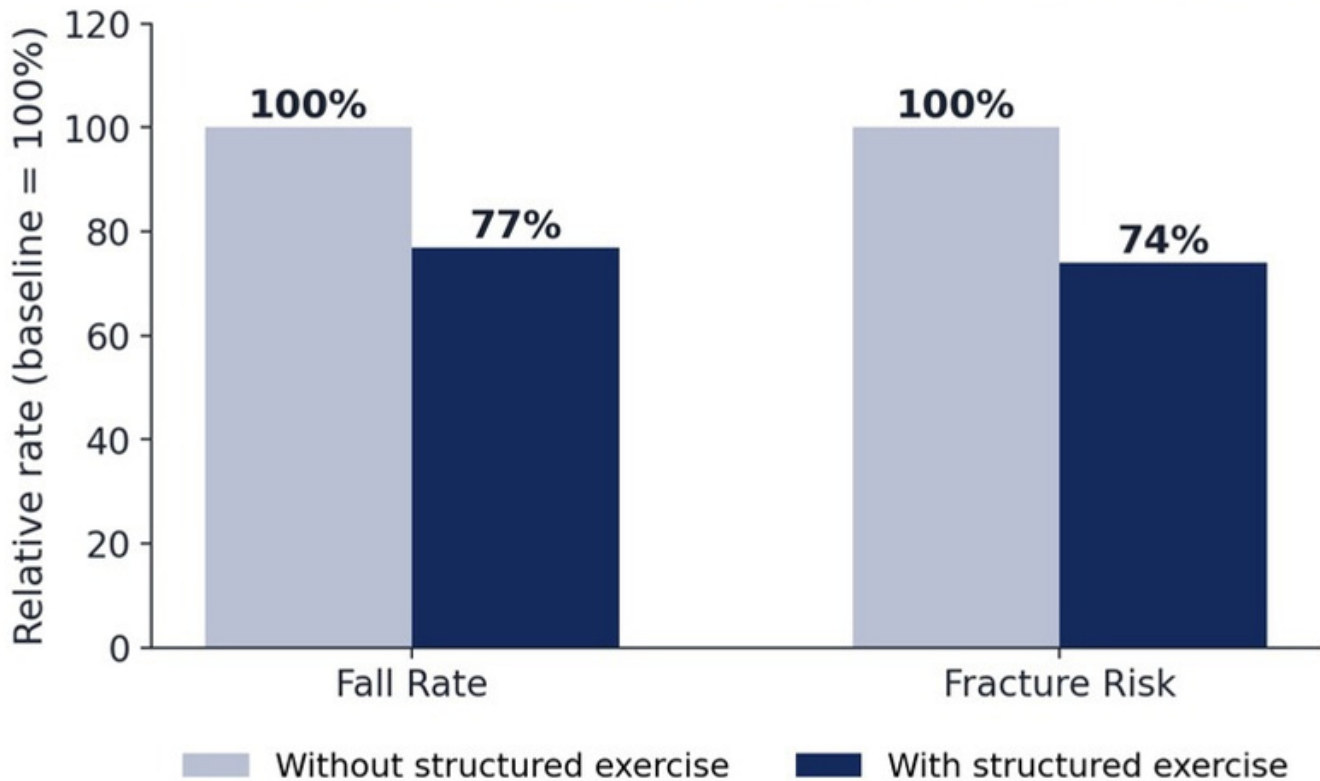
- **Loss of function:** Recovery from a fall-related injury — especially a hip fracture — often means weeks or months of reduced mobility, and many older adults never fully regain their prior level of function.
- **Fear of falling:** Even a fall without serious injury can lead to a lasting fear of falling again. That fear causes many older adults to become less active — which, ironically, makes them physically weaker and even more likely to fall in the future.
- **Loss of driving and independent living:** Reduced strength, balance, and confidence after a fall are among the most common reasons families begin conversations about driving privileges, in-home care, or moving a parent out of their home.

This is really the heart of why fall prevention matters: it's rarely just about avoiding an injury. It's about protecting the independence, mobility, and quality of life a parent has spent a lifetime building.

The Good News: This Is Preventable

Unlike many aspects of aging, fall risk responds directly to intervention. A large body of clinical research — including a systematic review of dozens of randomized controlled trials — has found that structured exercise programs meaningfully reduce both the rate of falls and the risk of fall-related fractures in older adults.

Structured Exercise Lowers Fall & Fracture Risk



Sources: Sherrington et al., Cochrane Database of Systematic Reviews, 2019; Xu et al., BMC Geriatrics, 2021.

The programs that work best share a few common features: they combine **balance training**, **functional strength work**, and **coordination exercises** — and they're done consistently over time, not as a one-time fix.

Why Personal Training Specifically

Balance and strength work aren't things most older adults should figure out alone. A properly built program starts with a real baseline assessment — measuring current strength, balance, and mobility — so a program can be built around where someone actually is today, not a generic routine. From there, a trainer provides direct supervision to correct form and prevent injury, and progresses the program safely over time as strength and confidence improve.

The Investment That Pays for Itself

It's worth being honest about what's actually at stake financially, not just physically. Research tracking the real cost of a fall requiring emergency care found a median total cost of **\$26,143 over the following year** — covering acute care, rehabilitation, and follow-up treatment. Nationally, falls cost the U.S. healthcare system an estimated **\$50 billion annually**.

Cost of a Fall	Cost of Prevention
Median cost of a single fall requiring emergency care: \$26,143 (within 1 year)	A structured, supervised fall-prevention program — built around your parent's specific needs
Often followed by reduced mobility, lost independence, and a lasting fear of falling	Builds strength, balance, and confidence — reducing the likelihood of the fall happening at all

Framed this way, a properly built exercise program isn't really an added expense — it's one of the most direct ways to protect both your parent's independence and your family's financial and emotional wellbeing down the road.

How It Works

- Baseline Assessment** — A simple, non-intimidating evaluation of current strength, balance, and mobility.
- Custom Program Design** — Built specifically around your parent's needs, goals, and any physical considerations.
- Ongoing, Supervised Coaching** — Consistent sessions with real-time supervision, safe progression, and regular check-ins on progress.

If you're ready to talk through what this could look like for your parent, I'd love to help.

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Sources: Bergen G, Stevens M, Burns E. Falls and Fall Injuries Among Adults Aged ≥65 Years — United States, 2014. MMWR. 2016;65(37):993-998. | CDC/NCHS, National Vital Statistics System, Mortality Data, 2023. | CDC, Facts About Falls, National Center for Injury Prevention and Control, 2026. | Sherrington C, et al. Exercise for Preventing Falls in Older People Living in the Community. Cochrane Database Syst Rev. 2019. | Xu Q, et al. Effectiveness of Exercise Intervention on Fall-Related Fractures in Older Adults: A Systematic Review and Meta-Analysis of RCTs. BMC Geriatrics. 2021. | Newgard CD, et al. The Cost of a Fall Among Older Adults Requiring Emergency Services. Acad Emerg Med. 2020. | Florence CS, et al. Medical Costs of Fatal and Nonfatal Falls in Older Adults. J Am Geriatr Soc. 2018;66(4):693-698.



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