Could My Medicines Be Increasing My Fall Risk

Medication effects can add together. A medicine may become risky after illness, dehydration, kidney changes, weight loss, or a new interacting drug.

Medication group	Common examples	What to watch for
Sleep and anxiety	Lorazepam, alprazolam, diazepam, zolpidem	Sleepiness, slower reaction, poor balance, memory problems
Sedating antihistamines	Diphenhydramine, doxylamine, hydroxyzine; many PM products	Confusion, blurred vision, constipation, urinary retention
Opioids	Oxycodone, hydrocodone, morphine, tramadol	Sleepiness, confusion, dizziness, slowed breathing
Nerve pain, seizure and muscle medicines	Gabapentin, pregabalin, cyclobenzaprine, baclofen	Dizziness, gait instability, weakness, sedation
Mood and behavior	Antidepressants, trazodone, antipsychotics	Dizziness, sedation, low sodium, blood-pressure changes
Blood pressure and heart	Beta-blockers, alpha-blockers, nitrates, multiple BP drugs	Low standing pressure, slow pulse, fainting
Diuretics or water pills	Furosemide, hydrochlorothiazide	Dehydration, urgency, nighttime bathroom trips, electrolyte changes
Diabetes	Insulin, glipizide, glimepiride, glyburide	Low blood sugar, weakness, sweating, confusion, blurred vision
Bladder	Oxybutynin and similar medicines	Confusion, blurred vision, constipation, urinary retention
Alcohol and cannabis	Alcoholic drinks and THC products	Impaired balance and added sedation with other medicines

High risk does not mean never appropriate. Ask whether each medicine is still needed, whether the dose fits current kidney function and health, and whether a safer alternative or supervised taper is possible.

Do not stop benzodiazepines, antidepressants, beta-blockers, corticosteroids, antiseizure medicines, or opioids abruptly without clinical guidance.

General educational information only. This handout does not provide individual medical advice or replace evaluation by your pharmacist, prescriber, or other qualified clinician. Do not start, stop, or change a medication without consulting your healthcare professional. Call 911 for a medical emergency.
Prepared September 2026.

Safe Medication Storage and Disposal

Good storage prevents dosing errors, loss of effectiveness, accidental poisoning, and misuse.

Store medicines safely

- Use a cool, dry location unless the label says otherwise. A humid bathroom is often unsuitable.
- Keep labels readable. Do not combine different medicines in one bottle.
- Separate current medicines from discontinued or expired medicines.
- Lock up opioids, anxiety medicines, sleep medicines, and other controlled drugs.
- Keep all medicines away from children, grandchildren, visitors, pets, and anyone for whom they were not prescribed.
- Store refrigerated medicine exactly as labeled; protect it from freezing and temperature swings.
- Never share prescription medicine.

Use pill organizers carefully

- Fill the organizer from a current, reconciled medication list.
- Ask a caregiver or pharmacist to verify it when vision, dexterity, or memory is impaired.
- Keep as-needed medicines separate and clearly labeled.
- Ask before placing moisture-sensitive or specially packaged medicines in an organizer.
- Use alarms, adherence packaging, or caregiver checks if doses are missed or repeated.

Dispose of medicines safely

- Prefer a pharmacy, hospital, or law-enforcement medication take-back location.
- Do not keep discontinued medicines just in case.
- Do not flush medicine unless FDA instructions specifically identify that product for flushing.
- Remove or obscure personal information from empty containers.

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Questions to Ask My Pharmacist After a Fall

Bring your medication list, bottles or photographs, discharge paperwork, and any home blood-pressure or glucose readings.

☐ What is each medicine for, and is it still needed?

☐ Which medicines could cause sleepiness, confusion, blurred vision, weakness, low blood pressure, or low blood sugar?

☐ Are several medicines producing the same effect?

☐ Does any dose need adjustment for kidney function, weight, frailty, or recent illness?

☐ Did anything change during the hospital or emergency visit?

☐ Am I taking both an old and a new version of the same medicine?

☐ Could an over-the-counter allergy, sleep, cold, or PM product be contributing?

☐ Do alcohol, cannabis, vitamins, or supplements interact with my medicines?

☐ Could changing the dose or time reduce dizziness or nighttime falls?

☐ Can the medication schedule be simplified?

☐ Which medicines require a gradual taper rather than sudden stopping?

☐ What symptoms require urgent care?

☐ When should we review the regimen again?

My next step:

_____

Follow-up date and contact:

_____

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When a Fall or Medication Effect May Be an Emergency

A general panel answer should never delay urgent medical care.

Call 911 for

- Loss of consciousness, seizure, inability to awaken, blue lips, or slowed breathing.
- New facial droop, one-sided weakness, speech difficulty, vision change, or a severe sudden headache.
- Chest pain, severe shortness of breath, fainting, or a new serious irregular heartbeat.
- Severe or persistent low blood sugar, especially with seizure or unconsciousness.
- Severe pain, obvious deformity, inability to stand or bear weight, or suspected head or neck injury.

Seek prompt medical advice for

- Any head impact while taking an anticoagulant or antiplatelet medicine, even if the person initially feels well.
- Worsening headache, repeated vomiting, increasing sleepiness, confusion, weakness, or unusual behavior after a fall.
- Black or tarry stool, vomiting blood, uncontrolled bleeding, or rapidly expanding bruising.
- New acute confusion, hallucinations, or a major decline in function.
- Repeated dizziness, near-falls, or fainting after a new medicine or dose change.

Information to have ready

- What happened, when it happened, and whether the head was struck.
- The complete medication list, especially blood thinners, insulin, opioids, and sedatives.
- The time of the last doses and any recent medication changes.
- Known allergies, medical conditions, and emergency contact information.

Educational material only. It does not replace an individualized medication review or emergency evaluation.

Resources: CDC STEADI • National Institute on Aging • U.S. Food and Drug Administration • American Geriatrics Society Beers Criteria

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My Complete Medication List

Keep this list current and bring it to every medical appointment, pharmacy visit, emergency visit, and hospitalization.

Name: _____ Date updated: _____

Allergies or serious reactions: _____

Medication and strength	Why I take it	How much	When	Prescriber	Start or change date

Include everything you take

Prescription medicines, as-needed medicines, inhalers, eye drops, creams, vitamins, supplements, over-the-counter products, alcohol, and cannabis all matter for interaction and fall-risk review.

☐ I have fallen or almost fallen in the past year.	☐ I feel dizzy or weak when I stand.
☐ I was recently hospitalized or in the emergency department.	☐ A medicine or dose changed recently.

Do not stop a prescription medicine suddenly without checking with your pharmacist or prescriber.

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Footwear and OTC Orthotics Recommendations

Why Use Orthotics?

Orthotic inserts help support your feet, improve alignment, reduce excessive motion, and decrease stress on your feet, ankles, knees, hips, and lower back. They work best when worn consistently in supportive shoes.

Recommended Orthotics

The following over-the-counter orthotics are good options:

PowerStep®

- Pinnacle (Plantar fasciitis and heel pain relief)
- Maxx or Pulse (overpronation and stability)
- Morton's Extension (Hallux limitus/rigidus)
- Plus (Ball of the foot pain, metatarsalgia, neuroma)
- SlenderFit (dress shoes)

Superfeet®

- Green (maximum support)
- Blue (moderate support)
- Run Cushion (for athletic shoes)
- Dress Orthotics (for dress shoes with limited space)

SOLE®

- Active Medium
- Active Thick
- Thin or Slim models for tighter-fitting shoes
- Heat-moldable options are available for a customized fit.

Recommended Shoes

Orthotics work best in supportive shoes with a removable factory insole.
Examples include:

- Brooks
- Orthofeet
- HOKA
- ASICS
- New Balance
- Saucony

Avoid wearing orthotics in worn-out shoes, flip-flops, slippers, or shoes without adequate support unless specifically instructed.

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Break-In Schedule

It is normal to notice mild soreness or muscle fatigue while your feet adjust.
Day 1: 1–2 hours
Day 2: 2–3 hours
Day 3: 3–4 hours
Increase wear by approximately 1–2 hours each day as tolerated until you are able to wear them all day (usually within 1–2 weeks).
If discomfort develops:

- Remove the inserts.
- Rest until symptoms improve.
- Resume wearing them for a shorter period the next day.
- Do not try to "push through" significant pain.

How to Use Your Orthotics

- Remove the original removable insole from your shoe before inserting the orthotic whenever possible.
- Make sure the orthotic sits flat in the shoe.
- Wear supportive shoes whenever you are walking or standing for extended periods.
- Transfer the orthotics between shoes if needed.

Expectations

Orthotics improve support and foot mechanics but do not provide immediate pain relief for every condition. Most patients notice gradual improvement over several weeks with consistent use.

When to Contact Our Office

Please contact our office if:

- Pain significantly worsens after wearing the orthotics.
- The inserts do not fit into your shoes.
- You develop numbness, skin irritation, blisters, or pressure sores.
- Symptoms have not improved after several weeks of consistent use.

Follow-Up

Continue wearing the orthotics daily and follow up as scheduled so your progress can be evaluated. If over-the-counter orthotics do not provide adequate relief, custom functional orthotics may be recommended.

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Recommended Shoe List

Proper footwear is an important part of treating foot and ankle pain. Shoes should provide good arch support, cushioning, and stability. Replace athletic shoes approximately 300–500 miles or when they show signs of wear.

Running & Walking Shoes:

These shoes are excellent choices for daily walking, exercise, prolonged standing, and many common foot conditions such as plantar fasciitis, arthritis, flat feet, tendonitis, and diabetic foot care.

Asics

- ASICS Gel-Kayano (over pronation, pes planus, good for stability)
- ASICS Gel-Nimbus (neutral foot types, high impact cushion, arthritis, fat pad atrophy)

Brooks

- Brooks Adrenaline GTS (overpronation, pes planus, plantar fasciitis, good for mild to moderate stability)
- Brooks Ghost (neutral to mildly pronated feet, metatarsalgia)

New Balance

- New Balance 860 (over pronation, pes planus, good for stability and motion control)
- New Balance 990 (arthritis, wide feet, good for durable support for daily walking and standing)

HOKA

- HOKA Bondi (arthritis, heel pain, plantar fasciitis, metatarsalgia, good for prolonged standing/walking)
- HOKA Arahi (pes planus, mild to moderate overpronation, plantar fasciitis, good for stability and cushion)

Orthofeet

- Orthofeet Coral (Neuropathy, wide feet, bunion and hammertoes, good for extra depth and cushioning)
- Orthofeet Sprint (plantar fasciitis, pes planus, good for extra support and roomy toe box)

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Hiking Shoes & Boots:

For hiking and uneven terrain, consider supportive hiking shoes or boots from:

- Keen
- Merrell
- Salomon

Choose a model with good traction, ankle support (when appropriate), and adequate toe box width for comfort on longer hikes.

Dress Shoes

If dress shoes are required, choose supportive options such as:

- Vionic Dress Shoes
- Orthofeet Dress Shoes

Avoid flat dress shoes, high heels, or shoes with little to no arch support whenever possible.

Sandals & Indoor Footwear

Avoid walking barefoot, even at home.
Recommended supportive sandals and house shoes include:

- Vionic Sandals
- HOKA Ora Recovery Sandals
- OOFOS Recovery Sandals
- Birkenstock Sandals
- Orthofeet Slippers

These options provide significantly better support than traditional flip-flops or slippers and can help reduce stress on the feet.

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General Shoe Tips

Choose shoes with a firm heel counter and supportive midsole.
Select shoes with a wide toe box if you have bunions, hammertoes, or swelling.
Replace worn shoes regularly.
Bring your orthotics or inserts when trying on new shoes.
If you wear orthotics, choose shoes with removable insoles whenever possible.