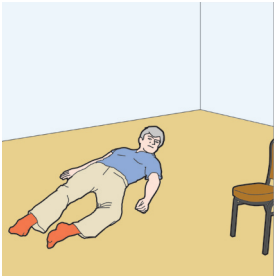


How to get up from a fall

1. Prepare



Getting up quickly or the wrong way could make an injury worse. If you are hurt, call for help using a medical alert service or a telephone.

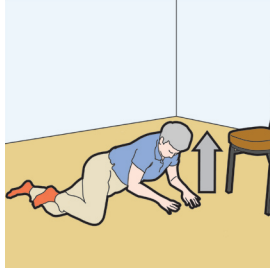


Look around for a sturdy piece of furniture, or the bottom of a staircase. Don't try and stand up on your own.

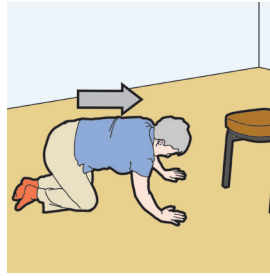


Roll over onto your side by turning your head in the direction you are trying to roll, then move your shoulders, arm, hips, and finally your leg over.

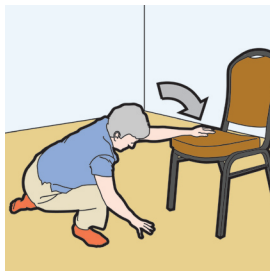
2. Rise



Push your upper body up. Lift your head and pause for a few moments to steady yourself.



Slowly get up on your hands and knees and crawl to a sturdy chair.



Place your hands on the seat of the chair and slide one foot forward so it is flat on the floor.

3. Sit



Keep the other leg bent with the knee on the floor.



From this kneeling position, slowly rise and turn your body to sit in the chair.



Sit for a few minutes before you try to do anything else.

Talk to your primary care provider about having a fall-risk evaluation. The fact that you have fallen once means you have a high risk of falling again.

Facts on falls

- On average, one of every three adults over 65 falls each year.¹
- Older adults who have fallen previously are 2-3 times more likely to fall again in the following year.²
- The first two weeks after discharge from the hospital are a high risk time for falls; falls occur 4 times more frequently compared to three months after discharge.³

“Before I had Lifeline, I fell and it took me 5 hours to get to a phone. Since getting Lifeline I have had a couple of incidents where I couldn’t walk and all I did was push my button. Somebody was here within 10 minutes. Lifeline is great.”

- W. Roskus

Philips Lifeline’s Medical Alert Service can get help fast, which can make a significant difference in survival and recovery.

Call today:

1-800-LIFELINE
(1-800-543-3546)

www.lifelinesystems.com

1CNMX

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W100

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1PGRX

C

1. Tinetti, ME, Speechley M, Ginter SF. Risk factors for falls among elderly persons living in the community. *N Engl J Med*. 1988; 319:1701-1707
2. Ibid
3. Mahoney, JE, MD et al. Temporal association between hospitalization and rate of falls after discharge. *Arch Intern Med*. 2000; 160:2788-2795

How the Lifeline Service works

1



Summon help

Simply push your Lifeline Help Button at any time to connect to our 24/7 Response Center.

Note: If you have our **NEW** Lifeline with AutoAlert* option, you will get an added layer of protection, as your AutoAlert Help Button will automatically place a call for help if a fall is detected and you are unable to push your button.

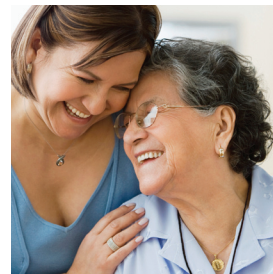
2



Hear a reassuring voice

A Lifeline Response Associate will access your profile and assess the situation.

3



Know help is on the way

Our Associate will contact a neighbor, loved one, or emergency services based on your specific needs, and will follow up to confirm that help has arrived.



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Tel: 1-800-451-0525
www.lifelinesystems.com

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95 Barber Greene Road, Suite 105
Toronto, Ontario, Canada M3C 3E9
Tel: 800-387-8120
www.lifeline.ca

* AutoAlert option is locally available at participating Lifeline programs. AutoAlert does not detect 100% of falls. If able, you should always press your button when you need help. © 2010. All rights reserved. Button signal range may vary due to environmental factors.



CHATS

Community & Home
Assistance to Seniors

How to get up from a fall

1. Prepare

- Do NOT get up quickly. If you are hurt, call for help using Lifeline or a telephone.
- Look for something sturdy, such as a piece of furniture.
- Roll onto your side, turning your head, shoulders, hips, then leg.

2. Rise

- Push your upper body up. Lift your head, pause, and steady yourself.
- Rise slowly onto your hands and knees. Crawl to something sturdy that you can hold on to.
- Slide one foot forward so it is flat on the floor.

3. Sit

- Keep the other leg bent with your knee on the floor.
- Rise slowly and turn your body to sit in the chair.
- Sit for a few minutes before trying to do anything else.