INTRODUCTION
Post-fall syndrome is characterized by the onset of severe caution when standing or walking, gait changes such as staggering, clutching, and reaching for support, and fear of falling.1 Developing a fear of falling impacts on older adults’ willingness to participate in physical or social activities, thereby diminishing physical functioning, and quality of life due to social withdrawal and potential depression.2 Better understanding the psychosocial consequences and disruptions in self-confidence that occur after a fall may enhance caregiving and programming, thus diminishing the disability cycle that so frequently occurs after a fall.

PURPOSE
The purpose of this pilot study was to better understand any changes in decision making, diminished engagement in daily activities, or the onset of any post-fall symptoms after a fall by focusing on the individual’s experience and perceived consequences of the fall.

PARTICIPANTS
After obtaining IRB approval, consent forms were returned by 14 of the 45 Assisted-living (AL) residents at The Palisades at Broadmoor Park continuing care retirement community (CCRC). Four (4) residents who experienced a fall were interviewed; one multiple times. Three females and one male, ages 69 to 88 years of age made up the sample. All exercise regularly.

METHOD
Qualitative methods aim to communicate the underlying meaning of experience by gathering and interpreting data, which is often collected through in-depth interviews. In-depth interviews provided us with an opportunity to gain a broad understanding of the experience of falling. The interviews were performed in the residents’ home, for comfort and ease for the resident. The interview protocol was developed using open-ended questions. The interviews were transcribed verbatim and observational notes were recorded.

DATA ANALYSIS
Line by line analysis of the transcripts was done staying true to the participants’ wording and meaning. Three themes emerged from the analysis. See Table 1 below.

<table>
<thead>
<tr>
<th>Themes</th>
<th>Key Concepts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reframing the fall</td>
<td>External influence, environmental influence, side effect of medicines, activity engagement</td>
</tr>
<tr>
<td>Renaming the fall</td>
<td>Severity of fall, type of all, cause of fall</td>
</tr>
<tr>
<td>Recovery after the fall</td>
<td>Perception of fall, self-efficacy, time to return to normal activities</td>
</tr>
</tbody>
</table>

Table 1. Visual Data Display

Table 2. Representative Quotes

Reframing the fall

“Very fatigued” “Took an extra sleeping pill” “Wheels got stuck” “Just did too much that day”

Renaming the fall

“Just a little plop” “This little hiccup” “Plopped” “Scrunched down” “Just an accident”

Recovery after the fall

“I hurt myself” “I cried” “This fall hurt me” “This latest one really affected me” “No pain” “I got right back up” “I was embarrassed”

LIMITATIONS
The sample was very small and not representative of the entire Assisted Living population, as these individuals all engage in physical activity regularly. There was not a direct communication line for reporting of falls, consequently some falls may have been missed. Additionally, residents may not always report a fall. The interview process has an innate flaw with regard to interviewer bias and interpretation.

ACKNOWLEDGEMENTS
The participating residents at Palisades at Broadmoor Park; Marsha Scully, Director, AWC; Patricia Schleicher, Health & Wellness Director of Assisted Living and Assistant Maria Handford; and Jackie Crouch, Technology Coordinator/Online Education Beth-El College of Nursing.

REFERENCES

DISCUSSION
Interviews are often considered a “principal initial assessment method and further used as an evaluative tool for interventions.”(pg154) Our aims were to “hear in their own words” how our participants: 1) Described their fall, 2) Perceived the severity of their fall; and 3) If their decision making was influenced by the fall. The participant interviews allowed us to achieve all three aims. Each participant “renamed” the word “fall” with another descriptive word, and the participants often “reframed” how the fall occurred, often attributing the event to an influence other than they just fell. The severity of the fall did impact on how quickly the resident returned to normal physical activities. Two residents required transfer to the emergency room and, even though there was no long-standing injury from the fall, they perceived the fall as “very serious.” When the residents could “get up” by themselves, did not perceive the fall as severe, did not sustain an injury, or they did not consider the event a fall, they returned to physical activity very quickly. Generally, the residents stated “they were not afraid of falling” and did not discontinue their physical activities; but all understood the need for using their walker at all times, taking precautions at night when getting up from bed, and making every attempt to be mindful of their environment, medication use, and fatigue level.

CONCLUSION
The characteristics of resilience include rebounding or improving after illness or injury,1 belief in oneself, perseverance, self-reliance, and the acceptance of life events.6 Since the fear of falling can become debilitating and interfere with social and physical activities, “it is clear that fear of falling is a construct that needs to be assessed, understood, and treated in its own right.”(pg153) Allowing our residents the opportunity to express their perception of a fall and subsequent response after a fall is beneficial to them and to those of us who provide physical activity programming and caregiving.

Our participants demonstrated resilience after a fall by returning to their physical activity schedules and remaining socially active. Additionally, they used verbage that allowed them to perceive their falls as an event they could accept and move on from. They all demonstrated perseverance and motivation to remain active, with or without adaptations.