CHAPTER 1

Chapter 1: The Chair-Back Grab Is Not 'Just Age'

The first time it happens, you barely notice. You stand up from the dinner table and your hand drifts to the back of the chair. You don't lean on it. You just touch it, the way you might pat a pocket to check for your keys.

A few weeks later you notice you do it every time. Then it's the doorframe on the way to the bathroom, the edge of the counter while you turn to open the fridge, and the car roof as you climb out in the grocery store lot. Nobody else has seen any of it. But you have, and some part of you has started keeping score.

This book starts with that score. You have probably been told the chair-back grab is "just age." That answer is incomplete, and the missing part is the part you can do something about.

The small moments that tell you something has changed

Most people never have one dramatic moment when they realize their balance has slipped. They have a pile of small ones.

You take the stairs with both feet on every tread, the way a toddler does. You stop wearing the good shoes with the thinner soles. You walk more slowly across a wet parking lot and hold your breath at curbs. At a family barbecue you pick the chair with arms and skip the low bench. When someone suggests a walk on the beach, you find a reason to stay on the boardwalk.

Each of these is a sensible choice on its own. Together they are a signal. Your body is quietly asking for more support, and you are quietly giving it.

I noticed my own version at the bottom of our staircase. For years I had rounded the newel post without touching it. One winter I realized I was gripping it with my whole hand and swinging myself around it like a gate. My wife saw it before I admitted it. "When did you start doing that?" she asked. I didn't have an answer.

You are in good company. More than 14 million Americans aged 65 and older, about **1 in 4**, report a fall each year (CDC; National Council on Aging). Those are the falls people report. The near misses, the caught stumbles and the grabbed chair backs are counted nowhere.

> **About 70%** of older adults living at home say they fear falling, and **38%** of those have cut back on activities because of it. That retreat was linked to frailty getting worse faster[26].

That second number is the one to watch. The grab itself is harmless. The trouble starts when the grab turns into avoidance, and avoidance turns into a smaller life.

A one-day noticing exercise

Before you change anything, find out where you stand. This takes no effort beyond paying attention.

- ✓ Put a sticky note and a pen on the kitchen counter this morning.
- ✓ Each time you reach for a chair, wall, rail or counter to steady yourself, make a tick mark.
- ✓ Beside each tick, write two or three words: "stood from chair," "turned at fridge," "top of stairs."
- ✓ Before bed, count the ticks and circle the moment that happened most.

Do not change how you move to make the number look better. If you need the rail, use the rail. The point is an honest picture. That circled moment will matter again in Chapter 3.

Why "it comes with getting older" is an incomplete answer

When you mention unsteadiness at a checkup, the reply often comes with a shrug. *Well, we're all getting older.* It's said kindly, and it is partly true. It also ends the conversation just when it should begin.

Age does change the machinery of balance. One part in particular changes a great deal. Problems with the vestibular system, the balance organ tucked inside the inner ear, become far more common with age. About **69%** of people aged 70 to 79 show signs of it, and about **85%** of those 80 and older[13]. In one large US survey, more than half of adults over 60 could not stand for 20 seconds on a foam pad with their eyes closed. Those who failed had more than six times higher odds of having fallen in the previous year[3].

So yes, something real is happening. But "age" names the calendar and says nothing about the cause. It doesn't tell you *which* part has weakened, whether it can be strengthened, or whether something else is pushing you off balance.

That last possibility deserves attention. On the AgingCare forum, a caregiver described her mother's repeated falls. Everyone put them down to getting older. Then the family found that her oxygen levels were dangerously low. Once she was on oxygen around the clock, she was much steadier on her feet. The age explanation had hidden a medical one.

> **Case:** On the same forum, another caregiver described a mother who fell several times, had a knee replacement, then fell again and broke her foot and wrist. Occupational and physical therapists built a plan around her. The family did the exercises faithfully, and she had not fallen again at the time of the post (AgingCare.com forum).

Two families, two different answers, and neither answer was "age." One was a hidden medical problem. The other was a body that responded to training once someone took it seriously. You deserve the same seriousness.

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> If a friend told you her car pulled to the left, you wouldn't say "cars get old." You'd ask which part was worn.

Balance is a skill made of parts, and parts can be trained

This is the central idea of the book. I call it **the Parts Principle**.

> Balance is a team of separate parts reporting to your brain. When one part goes quiet, you can find it, work it, and often turn its volume back up.

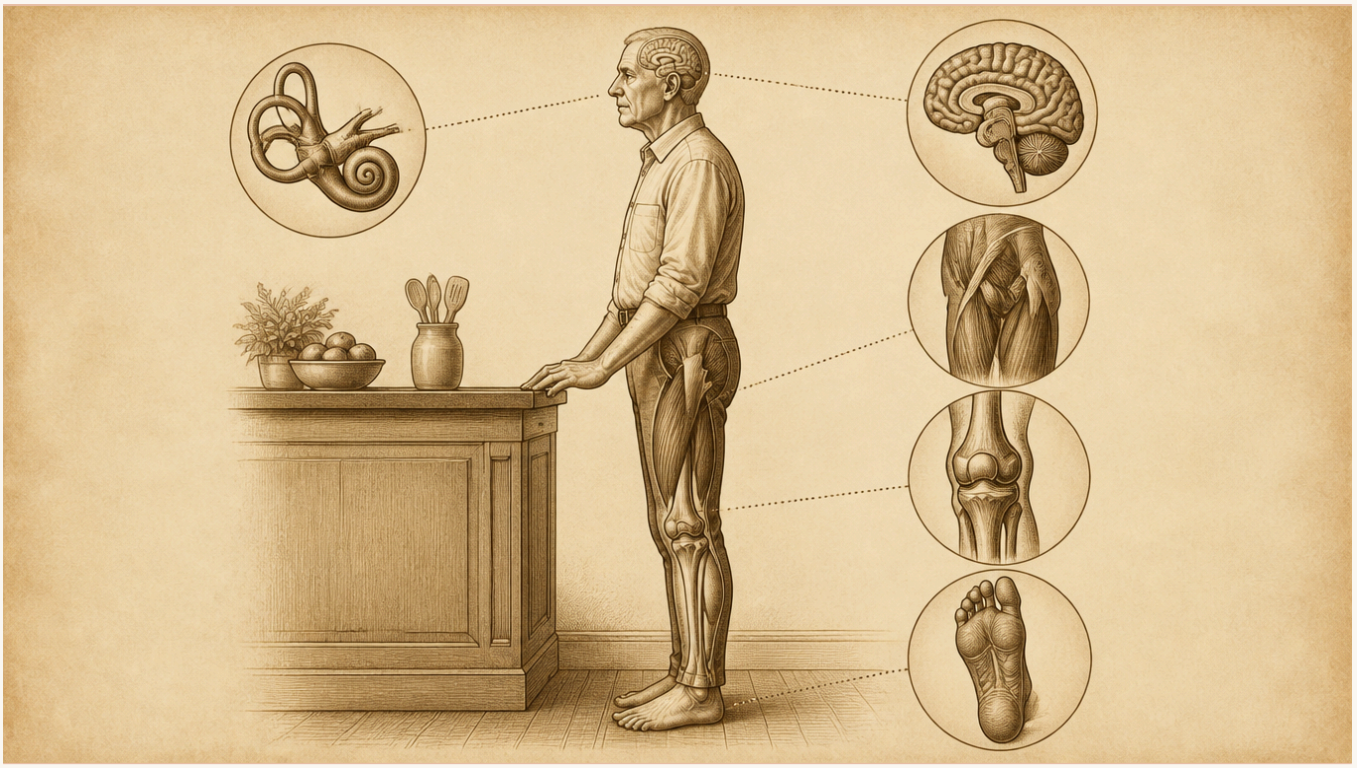
Here are the main players you'll meet in the chapters ahead:

- **The inner ear.** A fluid-filled organ that tells your brain which way is up and how fast your head is moving.
- **The soles of your feet.** They are packed with pressure sensors that report where your weight sits: heel, toes, inside edge, outside edge.
- **Joint sense.** Your ankles, knees and hips constantly report their angle. This lets you place a foot on a step without looking down. The formal name is *proprioception* (pro-pree-oh-SEP-shun), and Chapter 8 explains it properly.
- **Your eyes.** They check the horizon and the edges of steps, and they often cover for the other parts without your knowing.
- **Your leg and hip muscles.** They are the brakes and the steering. They catch you when a sensor warns that you are tipping.

When you are young, these parts overlap generously. If one is weak, the others cover for it. With age and less varied movement, the overlap shrinks. You notice it first when one of the helpers is taken away, in the dark, on a soft rug, or when you turn your head quickly.

The encouraging part is what happens when older people train these parts on purpose. A major review pooled 108 randomized trials with more than 23,000 participants. It found that exercise cut the rate of falls among older people living at home by **23%**[11]. A home program called Otago, built from strength and balance exercises done three times a week, did even better. People who completed it fell **35 to 40%** less often than their peers (National Council on Aging). Chapter 11 looks at why it worked.

None of that would be possible if balance were fixed by birthday. It is a skill, the way handwriting or parallel parking is a skill. Skills fade when you stop practicing them, and they come back when you start again.



What this book asks of you: minutes a day, a counter, and a chair

I promised a plan you can do at home. Here is what it needs:

- **A kitchen counter.** It should be solid, fixed in place and about hip height. It gives you something to touch lightly, not something to haul yourself up by.
- **A sturdy armchair.** It needs arms and a firm seat, and it should not roll, rock or swivel.
- **A few minutes a day.** Chapter 22 fits the whole plan into about fifteen minutes. You can start with less.
- **A pencil and one line of paper per day.** Chapter 23 shows you what to write down.

You won't need a gym, a mat, special equipment, or to get down on the floor. Every drill is done standing at the counter or sitting and rising from the chair.

Because every drill carries some risk, the safety rules come first. **Practice only with the counter within easy reach.** Wear flat, closed shoes with thin, grippy soles, not socks or loose slippers, until a later chapter says otherwise. Clear the floor around you of rugs, cords and pets. If you feel the room spin, feel faint, get chest pain, or notice sudden weakness on one side, stop at once. Sit down and contact your doctor. Chapter 19 covers these warning signs in detail. If you have had a recent joint replacement or have a heart condition, check with your clinician before you begin.

The plan also asks for one thing that costs no money: **honesty with yourself.** Don't round up your times, and don't skip the test because you dread the number. A low starting number is simply where you begin. In my experience, the people who progress fastest are the ones who write down their first, worst number without flinching.

KEY TAKEAWAYS

- **Count your grabs for one day** with a sticky note on the counter. That tally is your first honest measurement.
- **Treat "it's just age" as the start of a question.** Ask which part is weakening, and whether a medical cause could be involved.
- **Think in parts:** inner ear, soles, joint sense, eyes and leg muscles. Each can be checked, and most can be trained.
- **Set up your equipment today:** a fixed, hip-high counter, an armchair with arms, flat grippy shoes, and a clear floor.
- **Stop and call your doctor** for spinning dizziness, faintness, chest pain or sudden one-sided weakness, rather than pushing through.

You now know that balance has parts and that parts can be trained. But you don't yet know which of *your* parts has gone quiet. Is it your inner ear, your feet, or your legs? Next, you'll find out in four minutes, standing at the same kitchen counter where you left your sticky note.