



### **What is osteoporosis?**

Osteoporosis occurs when the struts which make up the mesh-like structure within bones become thin causing them to become fragile and break easily, often following a minor bump or fall. These broken bones are often referred to as 'fragility fractures'. The terms 'fracture' and 'broken bone' mean the same thing. Although fractures can occur in different parts of the body, the wrists, hips and spine are most commonly affected. It is these broken bones or fractures which can lead to the pain associated with osteoporosis. Spinal fractures can also cause loss of height and curvature of the spine.

### **How do fractures affect me?**

Although bones heal over the next six to eight weeks, multiple compression fractures in the spine can cause problems that don't improve with healing. Height loss and changes in the curvature of the back can make standing and moving more of an effort. Abdominal organs can feel crowded into a smaller space which can affect eating, appetite and going to the toilet, and less room for your lungs to fully expand as easily may make you feel out of breath.

A hip fracture may occur following a fall. You will probably need an operation, and although a full recovery is always possible, this will often depend on how well you were before the fracture happened. Hip fractures can have a big impact on your usual ability to stay as active as you were.

Looking after yourself and your home often involves movements and activities that may have become more of a struggle since you had a fracture. Bending down, lifting heavy items and standing for longer than you find comfortable may now cause problems. The following suggestions can go some way to help lessen these problems.

### **Washing**

#### **How can I have a bath or shower and be safe?**

Climbing in and out of a bath or standing safely in a shower may make you feel that these are now out of

the question. It may be that having someone else in the house whilst you bathe or shower allows you to continue in the confidence that there is someone there to help should you need it. However, there are many aids and adaptations that can be used in the bathroom to allow you to bathe or shower independently, safely and comfortably. To help you to choose the right one for you, it may be a good idea for you to arrange a community care assessment (CCA) via your local authority social services team to discuss any difficulty getting in and out of the bath. Whilst only certain people may be eligible to have things paid for by the local authority, the occupational therapist (OT - who assesses the need for any aids or adaptations) will still advise on useful aids and where these can be obtained locally.

Items available include walk-in baths with door access, and baths with an integral hoist, to fully fitted bath lifts or hoists to manually lift you in and out of an existing bath. Simple measures such as grab rails, non-slip mats and tap grips (to help you turn the taps on and off more easily) are also available. Bath boards can be a simple but effective choice for many. These fit across the width of the bath which you sit on and then swivel yourself around, lifting your legs over the edge of the bath so that you can then lower yourself into the water. Bath and shower chairs are also very useful as these come in different heights allowing you to sit whilst showering, or sit in the bath water, but not quite as low as the bottom of the bath. It is important to check the size and type of bath that you have to make sure that any aids fit and that your bath (if plastic) is strong enough to take it.

**All aids mentioned throughout this fact sheet are available via the internet, mail order or local daily living equipment shops. More information on equipment can be obtained from Disabled Living centres (see Useful contacts at the end of this fact sheet).**

#### **How can I wash and dry areas I can't reach such as my back and feet?**

There are a variety of long handled sponges and

brushes available to buy to help you reach further without needing to twist or bend. These come in different shapes and sizes and either with curved, straight, or flexible handles, and cost from just a few pounds. You can also have a full body dryer which fits onto your bathroom wall and blows warm air on you to get you dry after a bath or shower.

It is important to take good care of your skin and make sure that you can wash and dry areas that are difficult to reach. A marked change in posture caused by spinal fractures can sometimes cause you to get sore skin in areas that may rub or are now in skin folds. Dribbling can also sometimes be a problem if your head is very low down due to a severe spinal curvature which can again make your skin sore. Your doctor or pharmacist can advise you about useful moisturising or barrier creams that can help you keep your skin healthy and reduce soreness.

## Dressing

### **Are there any aids to help me get dressed and undressed?**

Dressing sticks can be very handy if you have difficulty reaching items, pulling them up or pushing them down. This is usually a wooden or plastic stick with a hook on one end, and often a rubber cover on the other end. You can also get specific aids to help pull up underwear, socks and tights, pull up zips or even to help put on bras. Many of these can be purchased for just a few pounds.

You can also get long handled hair brushes and combs, and kits for your hairdryer which hold it still for you in a stand so you have both your hands free. Many other small aids are also available such as long handled nail clippers and easy grip tweezers for personal grooming.

You can also get a variety of clothing that is made to be easier to get on and off with wider openings or easier to use fastenings than on standard clothes. For more information on clothing see the charity's booklet 'Clothing, body image and osteoporosis'.

## Eating

### **I often feel bloated and uncomfortably full when I'm eating. Why is this and what can I do about it?**

This problem can often occur when height loss or a curvature caused by your fractures means that there is less room in your abdomen for your stomach to expand as you eat.

The following tips may help to reduce some of your discomfort, maintain your appetite and help to ensure

you are continuing to eat healthily:

- Sit comfortably in an upright position when eating.
- Try eating a smaller portion of food every two or three hours rather than one or two big meals a day
- Avoid drinking a lot just before or during a meal, but make up for this by drinking little and often between meals.
- Keep snacks handy, such as bags of nuts, dried fruit, a bowl of grated cheese or yoghurt or fromage frais.
- Try sweet or savoury nourishing drinks such as Complan or Build-Up when a meal can't be faced, or between meals if you're worried you're not eating enough. But avoid over relying on these without discussing it further with your GP.
- A small alcoholic drink such as sherry half an hour before a meal can help to stimulate the appetite. However, do check with your GP if you're unsure whether alcohol is permitted with any medications or other medical conditions you may have.
- Aim to have regular bowel movements and avoid constipation, which can make a poor appetite worse.
- Trapped wind can add to the feeling of bloating. Avoid fizzy drinks with meals – try sipping iced water. Chew food slowly and thoroughly. Some find peppermint tea helpful.
- Undertake some form of exercise such as walking to help with the passage of gas through the gut.
- Ask your pharmacist or GP about anti-flatulence medications, which can help to release trapped wind.
- If hiccupping is a recurring or troublesome problem, your GP may need to check whether there is a different underlying cause. This may sometimes be treated with medication.

### **Sometimes I have difficulty swallowing food or food gets stuck half way down, is this normal?**

This can be a problem if you have developed a curvature in your spine. Difficulty in swallowing can also occur due to other health problems so it is always sensible to get this checked by your GP.

It can help to eat moist, soft (well cooked) foods; have sauces and gravies, casseroles or stews, and finely chopped meat and vegetables. Chew small mouthfuls of food well before swallowing and have a drink available. It may also help to avoid bread crusts and sticky foods such as peanut butter.

Ask your GP for a referral to a dietician if you are finding it difficult to eat a varied diet, or if you are losing weight because of this.

## **I have difficulties standing long enough to cook and with using heavy cooking pans and equipment. What can I do?**

Perching stools (a taller stool which let you take some weight off your feet by being in a semi-standing position) are often a good solution to help you with meal preparation or other jobs in the kitchen where you would need to stand for longer than you feel comfortable.

Wire baskets inside a saucepan enable you to simply lift out food when cooked. This avoids the need to lift a heavy saucepan full of boiling water. The water can then be emptied, or scooped out later when cool. A pull out shelf directly beneath the oven can be useful for getting heavy items out of the oven (if you have an oven door that opens sideways), and kitchen or household trolleys can be a safe way of transferring hot and heavy items either across the kitchen or to the dining table. An assessment by an occupational therapist via social services might be useful to ensure that any changes you are considering are appropriate and safe.

## **Breathing**

### **I become out of breath very easily. What can I do about this?**

When there is less room for the lungs to expand fully, some people can feel out of breath after even small amounts of activity. There are a few strategies that can help reduce the feeling of breathlessness and increase lung capacity.

- Sit upright and lean forward, taking the weight off your shoulders by resting your forearms on the arms of a chair, on a table or on your lap.
- A friend or relative standing behind you, gently massaging your shoulders, may encourage you to relax.
- Keep the room cool with the air moving – have a window open or use a fan. Cooling your face with a cold flannel is also soothing.
- Learn and practice a breathing exercise or a relaxation method. These help to slow the breathing rate, make breathing more efficient and restore a sense of control.

Try this pursed lip breathing exercise:

### **Pursed lips breathing exercise**

- Sit upright and breathe gently in and out. If possible, breathe in through your nose and out through your mouth in a steady, slow rhythm.
- As you breathe out, pucker or “purse” your lips (as if about to whistle). This gives a slight resistance to air breathed out.
- Try to make the breath out twice as long as the breath in. It’s helpful to count “one, two” as you breathe in and “one, two, three, four” as you breathe

out. But do not hold your breath between breathing in and out.

- Try to relax your neck and chest muscles and drop your shoulders when you breathe to reduce the “hunching” that naturally happens when you’re anxious.
- Place your hand at the top of your abdomen and just below your breastbone (this is where your diaphragm is). If you give a little cough you can feel the abdomen push out. Let your hand rest there as you breathe, and you should feel your hand move in and out. For the most efficient breathing, carry on breathing like this rather than using just your upper chest muscles. (Adapted from <https://patient.info/health/controlled-breathing-pursed-lips-breathing>)
- Undertaking regular, gentle exercise can help you to improve your breathing, control breathlessness and boost your confidence.
- Eat smaller mouthfuls of food at mealtimes and avoid very chewy foods. Have “ready meals” in the freezer for those days when preparing a meal feels too difficult. Try to eat a balanced diet to help support your immune system and reduce the risk of developing chest infections. Drinking extra fluids will help to keep phlegm thin and easier to cough up.
- Breathing through the mouth can make the mouth very dry. Keep your mouth moist with water-based drinks, chunks of fresh pineapple or melon, ice lollies or flavoured ice cubes. An ‘artificial saliva’ spray or gel may be prescribed by your GP or bought in a chemist. Use lip balm to stop lips from feeling dry.
- Seek help and support to quit smoking, or if a non-smoker avoid inhaling other people’s cigarette smoke.

It may also help to prioritise what you want to get done and allow plenty of time to do it. Pace yourself by undertaking any activity in small stages and have regular rest periods – the guide is to take a rest before you’re forced to because of breathlessness. If you’re going out, make a mental note of where you can stop and rest and, if possible, take someone with you to carry any shopping.

**Let your GP know if you get breathless too easily, develop a cough or feel unwell in case you are developing a chest infection and need an antibiotic or other treatment. Ask for a referral to a physiotherapist who can give valuable advice on managing and reducing breathlessness.**

## **Going to the toilet**

### **Sometimes I have to pass urine urgently and I’m afraid I may not reach the toilet in time. Can anything help?**

When there is less room for the bladder to fill with

urine, you may pass urine more frequently and more urgently, with the occasional risk of not reaching the toilet in time. Let your GP know if this is happening. Sometimes the GP will investigate the problem further, make a referral to a continence advisor service or recommend exercises to strengthen the pelvic floor muscles. See our booklet *Exercise and Osteoporosis* for more information

- You don't need to cut back on the overall amount of fluids you drink unless you are drinking excessive amounts. The bladder is more likely to empty more frequently if filled with small amounts of dark, concentrated urine, which can irritate it. Aim to drink around 1.5 to 2 litres of fluids a day (around 6 to 8 glasses – or more if it is very hot weather) but avoid drinking too much in the evening to reduce the need for night-time trips to the toilet.
- Try reducing the amount of caffeine you drink (such as in coffee, tea and cola drinks) as caffeine increases urine production.
- Keep skin clean and dry, and if required consider using a barrier cream to protect the skin from the irritation of urine. If skin becomes red and inflamed, this may be a fungal or bacterial infection, which can be treated by a GP.
- The charity The Bladder and Bowel Foundation has produced a "Just Can't Wait" card that explains to shop keepers or others in a queue for a public toilet that the holder of the card has a medical condition and needs to use the facilities quickly.

To get a "Just Can't Wait" card or to find out more about how to manage bladder control problems, look at their website [www.bladderandbowelfoundation.org](http://www.bladderandbowelfoundation.org) which has a wide range of very helpful information. Also see useful information to telephone and order the "Just Cant Wait" card. It may also be useful to join the RADAR National Key Scheme for public toilets. For a small fee this gives a key holder access to thousands of locked public toilets with disabled facilities. For more information contact Disability Rights UK (see useful contacts section at the end of this fact sheet).

### **I have problems getting on and off my low toilet. What can I do about this?**

Again there is a variety of products available to make this a little easier for you so that you can maintain your independence. Raised toilet seats (with or without hand rails), or toilet frames with seats that sit over the toilet can often help, and these come in a range of heights, so ensure that you have the right height for you. Grab rails attached to the walls can also make a difference. It is important to remember that you must not try to

use a walking frame for this purpose. These are not designed to be used to pull yourself up with and could easily tip up, possibly causing you an injury.

### **I regularly become constipated. How can I help prevent it happening?**

There can be a number of reasons why constipation develops. These include increased back pain when trying to bear down to open bowels, drinking too little, not enough fibre in your diet, being generally less physically active, and rectal pain from haemorrhoids (piles). Calcium supplements, other medications and some analgesics (taken for pain relief) can also cause constipation. The following suggestions can help to ease the problem:

- Increase fibre in your diet with fruit, vegetables, wholegrain bread and breakfast cereals. These may cause increased bloating and wind initially but this is temporary and should improve.
- Aim to drink several glasses per day of water-based drinks. A good fluid intake is needed to keep motions soft and easier to pass, and becomes even more important when eating foods containing more fibre.
- Some foods such as figs, prunes (and prune juice), liquorice and spicy foods, can act as natural laxatives.
- If possible, become more physically active, as this helps to stimulate bowel activity. Even a short walk can make a difference.
- Don't ignore or delay attending to "the call of nature", which tends to happen first thing in the morning (especially after a warm drink) or 30 minutes or so after a meal.
- If your feet don't easily touch the floor when sitting on the toilet, use a footstool to rest your feet on so that your knees are bent and are slightly higher than your hips. This helps when bearing down.
- Let your GP know if constipation is difficult to prevent or resolve. A mild laxative may be prescribed if the usual self-management measures haven't helped.

### **Resting**

#### **Is there a type of comfortable chair I should have with spinal fractures?**

There is no definitive answer to this. Each person is a different height, size and shape and so will find different chairs comfortable. The following points may be useful when choosing a chair:

- A comfortable chair should give support to the head, spine and thighs and should be firm but not hard.
- You should be able to get two fingers between the back of your knees and the front of the seat,

although if you are going to use cushions behind you, you need to allow for that as well.

- The seat should be wide enough to fit you but narrow enough to enable you to make use of the armrests. Ideally, it should be the width of your hips plus a clenched fist on either side.
- Arm rests should not be too high, as this causes the shoulders to be pushed upwards, or be too low so that you lean to one side for support.
- The chair should be the correct height to alleviate stress and strain on the spine which can lead to increased pain. When sitting down with your bottom firmly against the back of the chair, your feet should rest solidly on the floor with your thighs and knees at a 90-degree angle to your upper body.
- You can make the chair higher by using wooden blocks under each chair leg or you can lower the chair by shortening the chair legs. These adjustments are usually carried out by an occupational therapist. If you have had a recent hip fracture and surgery this assessment may be required and will therefore be done during your recovery.
- Some people find relief from pain by using reclining chairs with a high back and lumbar support. A reclining armchair may be useful to sleep in at night occasionally if you are unable to settle in bed. If you need to sleep in your chair regularly you can also get chair beds which allow you to recline to a fully horizontal position. Chairs which have electric controls rather than a handle to press may be easier to manage and may prove beneficial if you spend a lot of time in an armchair, or if you find it difficult to get in and out of your chair. As well as being a typical recliner, the whole chair can also slowly rise up from the sitting position so you can stand.
- A tilt in space chair may be an investment worth considering for some. This type of chair allows the seat and back rest to remain at the normal sitting angle whilst the entire chair tilts backwards, rather than into a reclined position. This type of chair will also tilt forwards to allow you to get on and off the chair more easily. A tilt-in-space chair may be an option if you tend to slide forward in a chair if only the backrest reclines. It provides a reclined resting position which maintains head and upper body support.
- An individual assessment by an Occupational Therapist (OT) would be very useful when considering some of the more expensive chair options, as this will then ensure that you are purchasing the right option for you.

### **How can I support my back and posture when sitting in a chair?**

If you have a curvature caused by spinal fractures

then this is likely to affect how comfortable you feel in different positions. The following tips may help:

- When sitting, portable back supports can help to reduce pain, such as the 'Back Friend'. Alternatively, a rolled up bath towel in the small of your back can help.
- You may need a cushion or pillow to support your back and make you feel more comfortable, especially if you have a marked curvature and the bottom of your back does not touch the back of the chair. Lumbar pillows and neck supports can frequently be found in large chemists if standard cushions or pillows are too large. A small loose-filled bean bag behind the back can be shaped to the contours of the back. If you require specialist cushions an occupational therapist or physiotherapist is best consulted to ensure the best support is obtained.
- If pressure relieving cushions are required then these may be supplied by the local health service after consultation from your GP or district (or specialist) nurse.
- If you sit at a desk at work, the height and angle of the seat and backrest should be adjustable with the seat tilting slightly downwards to encourage good posture. Ask for an occupational health assessment of your work environment through your Health and Safety representative.
- Ensure that the desk height is correct for the height of your chair.
- A chair that is too high for your desk will result in poor slumping posture and increased back pain.
- Take regular breaks from your desk during the day to reduce any stiffness or soreness caused by long hours in one position.

### **Sleeping**

#### **I find it very difficult to get comfortable at night. What type of mattress is comfortable with a spinal curvature?**

As with chairs there is no definitive answer to this. In fact, there is no ideal mattress type that is perfect for everyone as we are all different shapes, sizes and weights.

The belief that a very firm mattress (often also termed an 'orthopaedic' mattress) is better for back pain has thankfully been disproved and is no longer advocated by the medical profession. It is now recognised that a mattress that fails to support the natural curves of your spine is likely to worsen back problems.

The right mattress for you will be the one that:

- Moulds to the shape of your body but keeps your spine in alignment.
- Distributes your weight evenly and reduces uncomfortable pressure on bony prominences such as your shoulders and hips.

- Helps to keep you at a comfortable temperature whilst you sleep.
- Allows you to turn over in bed and get out of bed without a huge struggle.
- Is affordable.

There are different types of mattress construction. These fall into two main categories; spring interior mattresses (including both open sprung and pocket sprung) and non-sprung mattresses (including foam and memory foam mattresses, water beds and air mattresses). Remember, different mattresses offer different properties and quality can vary enormously, as can cost. A mattress topper (or even a folded duvet under the bottom sheet) can be used to soften a mattress that is too firm, or provide extra comfort and support, but is unlikely to sufficiently improve an old and sagging mattress.

When buying a new mattress it is important to take your bed measurements with you as there is no standard sizing of mattresses, despite being labelled 'single', 'double', or 'king' size. Tell the shop assistant what type of bed base you have as different mattresses may suit different beds, and may also feel different on different bed bases to yours when you are trying them in a shop. If possible try at least three different mattresses when you are in a shop to see how different they feel.

Top tips for sourcing your perfect mattress:

- Shop for a mattress when you aren't tired as otherwise all mattresses might feel comfortable!
- Wear comfortable clothing and remove coat and shoes.
- Sit on the edge of the mattress to check that it supports your weight and you don't slide off.
- Lie on the mattress for at least 10 minutes in the middle or to one side, whichever is your usual habit, and in positions you normally sleep in.
- Try turning over to see if this can be achieved relatively easily. It is especially important to check that memory-foam mattresses don't restrict your movements, especially as in cold weather, when the mattress might be firmer.

To check that the mattress is giving you the right amount of support:

- Lie flat on your back and slide your hand in and out of the small of your lower back.
- If there's a large gap and your hand moves too easily, the mattress may be too firm for you.
- If you struggle to slide your hand in and out, the mattress may be too soft for you.

- If you can slide your hand in with just a little resistance and it remains in contact with your back the mattress is probably just right.

The charity BackCare have produced a booklet called 'Back to bed' about beds and back care including position and tips for choosing a new bed. See Useful contacts section at the end of this fact sheet for details.

### **What about pillows?**

Find a pillow that suits your shape and size. A good pillow will be one that supports your head and neck properly. Avoid foam chip or other very loosely packed fillings, which can disperse under the weight of the head. If you need to place your arm underneath or curl the edge of the pillow under, it may not be providing enough support for your head and neck.

There is also a range of specially designed pillows that are used to support the upper leg when lying on the side. These include a small foam wedge-shaped pillow that is fastened by a strap to the thigh to keep it in place between the knees, and a large body-sized pillow that is used lengthwise alongside the body. These are often advertised in newspaper and magazine supplements and brochures.

### **Is there anything else I can do to help me sleep better?**

Remember your environment and routine may also help or hinder a good night's sleep. A calm, peaceful bedroom that is not too hot will help you feel more comfortable. Avoiding stimulants such as caffeine, nicotine and too much alcohol close to bedtime can help you sleep better through the night. Also try to avoid mental stimulants at bedtime such as television and computers. If your mind stays active this can cause restlessness which makes drifting off to sleep more difficult.

Aromatherapy oils, special breathing techniques and other relaxation methods may also help relieve muscle tension and focus the mind and body towards a better night's sleep.

### **How can I get in and out of bed more easily?**

There are many products available to help you with any difficulties you may have with getting in and out of bed and moving around whilst in bed. These can be very simple measures such as bed raisers which are positioned under the legs of the bed to raise up a low bed, or a 'sliding sheet' which is a piece of slippery fabric that can help sliding backwards and turning on a bed. There is also a wide range of other products that may be useful. These include a grab handle (sometimes called a bed lever), a bed ladder or

a leg lifter. A grab handle is a handle that fits between the mattress and the bed base to provide a handhold when moving position in bed and when pushing up to standing from sitting. Bed ladders are tied around the bed legs, and the plastic ladder rungs allow you to pull yourself up with a hand over hand movement. A leg lifter is a manual or powered device that helps you lift your legs up off the ground onto the bed.

If you find it painful getting up in the morning it may help to take your pain relieving medication half an hour before you get out of bed (except ibuprofen or any other non-steroidal anti-inflammatory tablets which must not be taken on an empty stomach). If you take a bisphosphonate you will need to sit upright, take your bisphosphonate and then wait for the required time (half an hour or more) to make sure the tablet is absorbed before you take your pain relieving medication.

## Household work

### I have difficulties reaching items in my cupboards, oven and washing machine. Is there anything to make this easier?

- Use a long-handled window opener or rearrange your cupboards.
- Make sure items used regularly are within easy reach to avoid stretching, bending down or having to stand on a chair.
- Wire baskets attached to the underside of shelves provide extra storage space within easy reach.
- A washer-dryer avoids the need for a separate dryer or the sometimes hazardous trip to the washing line with a heavy basket of washing.
- Use a perching stool for working at the sink or when ironing. Pace yourself whenever possible. For example, it's better to do ironing in smaller batches rather than doing it all at once resulting in back and other aches and pains.

If you are in the fortunate position of having a new or adapted kitchen it is worth considering these points:

- Have a built in oven at the correct height, instead of a free-standing one, which prevents unnecessary bending.
- Have power points located at waist height to avoid bending.
- When choosing a fridge freezer consider the position of the freezer compartment. It is better to have the fresh food compartment on top since this is used more frequently than the freezer and needs to be accessible. Side by side integrated models can be difficult to reach into.

- Consider work top heights and deep drawers instead of cupboards under your worktops as these may make it easier to see and reach items.
- A front loading washing machine placed on a platform avoids bending down to lift out heavy washing.

### How can I avoid hurting my back when vacuuming or doing general housework?

- Use a lightweight vacuum cleaner and avoid long sessions, concentrating instead on small areas to reduce the strain on your back.
- Use a long-handled dustpan, brush and mops. Fill a washing-up bowl in the sink and keep specifically for washing the floor. Use it directly from the sink which saves filling and moving a heavy bucket or alternatively, use floor wipes, readily available from supermarkets, on the end of a mop.
- Use a cordless telephone which you can keep close-by to avoid having to get up and down all the time to answer it. They are also light and the push buttons are easy to use.
- A "grab", also known as an extending arm, can be useful to pick things up with.
- Avoid lifting heavy bin bags. Consider small sized bins or take smaller filled carrier bags to a bin bag kept in the outside dustbin.
- Keep warm in your home. If your muscles get cold they won't work so efficiently.

### Equipment and aids for independent living

When you have to cope with a disability, having the right equipment and aids can make all the difference and help you to live as independently as possible.

### How do I get the equipment I need?

Some standard equipment is provided free or on loan from your local council social services department or health authority (depending on your situation, assessment criteria and resources). It is always worth making enquiries and the best starting point is to speak to your GP or social services department. You may be able to get help with funding for certain equipment or qualify for a Disabled Facilities Grant towards the cost of providing adaptations to your home.

Equipment for help with everyday living may be provided by social services following an assessment by an occupational therapist (OT). This can include the provision of home safety aids such as grab rails or equipment to help with personal care such as bath aids or a raised toilet seat.

The health service is responsible for providing medical support equipment. For nursing equipment such as a pressure relieving mattress or cushion you would need to contact your GP or district (or specialist) nurse. A physiotherapist will generally be responsible for assessing a person's ability to walk and move around, and choosing an appropriate walking aid or wheelchair as necessary.

However this is just a general guide about who does what. There can be considerable overlap between services and the way they are organised can vary from area to area. If you do decide to purchase your own equipment it is always worth seeking professional advice about suitable products and whether any funding is available.

The Disabled Living Foundation (DLF) provides impartial advice, information and training on equipment for independent living. You can get advice about equipment by telephoning the DLF Helpline or by using the AskSARA tool on their website-see useful contacts below.

### **Hiring equipment**

You can also hire equipment on a temporary basis from organisations like the British Red Cross (for example the loan of a wheelchair for a holiday). Also some specialist suppliers operate a hire scheme for larger items such as stair lifts, powered wheelchairs or scooters. Your local DLC will often hold a list of local companies that provide this type of service.

In many areas Age UK run a handyman scheme. If you are over 60, this scheme may be able to assist with small jobs such as fitting grab rails, planing a drawer (to make it slide more easily), replacing tap washers, and fitting smoke alarms or telephone extensions for a small fee. (For more information see the Useful contacts section at the end of this fact sheet).

## **Useful contacts**

**All aids mentioned throughout this fact sheet are available via the internet, mail order or from local daily living equipment shops. More information on equipment can be obtained from Disabled Living centres (see Assist details below to find your nearest branch).**

### **Age UK**

Age UK aims to inspire, enable and support older people to make the most of their later life.

**Advice line: 0800 169 6565**

**[www.ageuk.org.uk](http://www.ageuk.org.uk)**

### **Backcare**

Backcare is a charity which provides information and education to all people and organisations affected by back pain.

**Helpline: 0845 130 2704**

**[www.backcare.org.uk](http://www.backcare.org.uk)**

### **British Red Cross**

The British Red Cross provides a range of services across the UK, including the loan of medical equipment such as wheelchairs. They also have a range of aids and equipment to purchase.

UK Office

44 Moorfields

London EC2Y 9AL

**Tel: 0344 871 11 11**

**[www.redcross.org.uk](http://www.redcross.org.uk)**

### **Bowel and Bladder Foundation**

**[www.bladderandbowelfoundation.org](http://www.bladderandbowelfoundation.org)**

**Tel: 01926 357220**

### **College of Occupational Therapists (COT)**

Can help you find an occupational therapist (OT) and advise you on home adaptations or equipment.

**Tel: 020 7357 6480**

**[www.cot.co.uk](http://www.cot.co.uk)**

### **Disablement Information and Advice Line Services (DIAL UK)**

Dial UK is a national organisation for a network of 160 local Disability Information and Advice Line services (DIALs) run by and for disabled people. They provide information and advice to disabled people and others on all aspects of living with a disability within their own area.

**Tel: 0808 800 3333**

**[www.scope.org.uk/dial](http://www.scope.org.uk/dial)**



## Disabled Living Foundation

DLF is a national charity providing impartial advice and information on independent living. They also provide details of suppliers of daily living equipment.

Ground Floor, Landmark House, Hammersmith Bridge Road, London, W6 9EJ

**Helpline: 0300 999 0004** (Mon-Fri 10am-4pm)

**[www.dlf.org.uk](http://www.dlf.org.uk)**

DLF also includes 'AskSARA' which is an easy-to-use, award-winning online self-help guide that is particularly useful if you are not sure what items might help you.

**[www.asksara.dlf.org.uk](http://www.asksara.dlf.org.uk)**

## Disability Rights UK

Disability Rights UK works to create a society where everyone with lived experience of disability or health conditions can participate equally as full citizens. Also sells RADAR National Key Scheme keys for public toilets.

Ground Floor, CAN Mezzanine, 49-51 East Rd, London N1 6AH

**Tel: 020 7250 8181**

**[www.disabilityrightsuk.org](http://www.disabilityrightsuk.org)**

## HM Revenue and Customs

For information on VAT relief on products and services for disabled people.

HM Revenue and Customs

VAT Disabled and Elderly Reliefs

Correspondence SO708

PO Box 205, Bootle L69 9AZ

**Telephone helpline: 0300 123 1073**

**[www.hmrc.gov.uk](http://www.hmrc.gov.uk)**

## Rica

Provides consumer research for older and disabled people.

Rica, Unit G03, The Wenlock, 50-52 Wharf Road

London N1 7EU

**Tel: 020 7427 2460**

**[www.rica.org.uk](http://www.rica.org.uk)**

The **National Osteoporosis Society** is the only UK-wide charity dedicated to improving the prevention, diagnosis and treatment of osteoporosis and fragility fractures. The Charity receives no Government funding and relies on the generosity of individuals to carry out its vital work.

**For osteoporosis information and support contact our Helpline:**

 **0808 800 0035**

 **[nurses@nos.org.uk](mailto:nurses@nos.org.uk)**

**To become a member or make a donation:**

 **01761 473 287**

 **[join online at www.nos.org.uk](http://www.nos.org.uk)**

**To order an information pack or other publications:**

 **01761 471 771**

 **[info@nos.org.uk](mailto:info@nos.org.uk)**

**or download from our website at [www.nos.org.uk](http://www.nos.org.uk)**

This fact sheet is one of a range of publications produced by The National Osteoporosis Society. If you would like more general information about osteoporosis see our booklet *All about Osteoporosis*.

**This information reflects current evidence and best practice but is not intended to replace the medical advice provided by your own doctor or other health professional.**