

THE JOY OF BATHING

7 Ways to Transform a Toxic Bathroom
Into Your Perfect Oasis of Health,
Relaxation and Safety



BY GEORGE BENTLEY J.D., C.A.P.S., C.E.A.C.
AUTHOR AND SAFE AGING EXPERT

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7 Ways to Transform a Toxic Bathroom Into Your Perfect Oasis of Health, Relaxation and Safety

How to inexpensively prevent serious bathroom-
related injuries that kill over 32,000 Baby
Boomers and older Americans, and injure
millions more

BY GEORGE BENTLEY J.D., C.A.P.S., C.E.A.C.
AUTHOR AND SAFE AGING EXPERT



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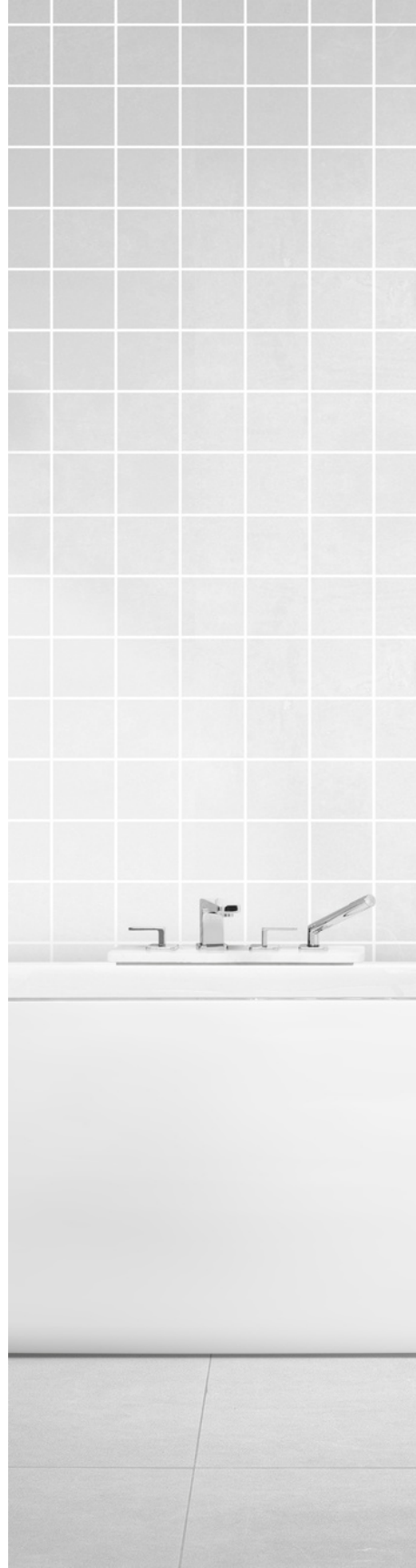
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ABOUT GEORGE BENTLEY, J.D.





Dedication

To the memory of my loving mom, who made this all happen by making the ultimate sacrifice. I am sorry we were not prepared to help you before you hurt yourself, but our experience trying to take care of you will hopefully help prevent others from going through the same fate.

To Dad, my role model as a man, my inspiration on aging with vitality and humor...no matter what. You are my "poster child" and the one who would try anything that promised to help you age better. I thank you for giving so many warm, wonderful and true stories to share with others. And for proving we can thrive to a least 102.

What other advocates say about George's mission to help boomers and seniors:

ART LINKLETTER, lived to age 97, national chairman for the United Seniors Association, legendary radio and television host, and best-selling author of "Old Age Is Not for Sissies":

"Information is Power! George is really on a great mission to help educate and protect seniors...You should listen to George! We live between our ears. We are what we think. Your inner attitude can change the outer aspects of your life. It's real. Some people are more afraid of being old than they are of dying...The important thing is to have a positive attitude and exercise. If you don't feel safe, **YOU ARE NOT SAFE.**

If you don't exercise, you can't feel healthy. I follow George's recommendations every day."



MARK VICTOR HANSEN, public speaker and best-selling author of the "Chicken Soup for the Soul" series, co-author of "Make the Rest of Your Life the Best of Your Life":

"There is such a huge need for what [George Bentley] has to offer! Our aging population is at great risk. [George] is one of those rare people who combines the knowledge and passion to offer real help to people in serious trouble... [He] has healing hands!"



BOB PROCTOR, internationally recognized expert in law of attraction, best-selling author, professional speaker, and motivational coach. He is a star of the hit movie "The Secret" and author of the book "Beyond The Secret":

"The mind doesn't know anything about age, your subconscious mind knows nothing about time or space. And so, like George, I am hanging around young people all the time and I operate like they do. I don't think of myself as being old."

LES BROWN, internationally recognized author, coach, and motivational speaker. "If you don't program yourself, life will program you... as George has said, most people die at age 25 and don't get buried until they are 65. Make an effort to live your life to the fullest. Prepare and be pro-active."



BILL McCARTNEY, Former Head Football Coach University of Colorado; Member, College Football Hall of Fame "George's mission can be life altering. I was suffering from serious back pain. I couldn't sleep through the night or travel.

I followed George's advice. I modified my bathroom to have his walk-in tub and natural therapies in my home. It has helped me to get my quality of life back... Thank you George!"



ACKNOWLEDGEMENT

First, I want to thank all our amazing customers and clients, their adult children, caregivers and loved ones who have provided invaluable feedback from their experiences aging in their own homes. You are the Heroes in this tale!

My beautiful and loving daughter Katherine Bentley and Drea Knufken for their editorial review, Cassandra Heidelius for her initial organization and work, Jason Gurule for helping put it all together, and Jason Ramsey for his final review and editing.

And, of course my amazing family - Lyn, Gaby, George Ellis, Kat, Mer, Liv, Gem, Dustin and Morgan - for being there all the way through this process. I love you all.


Preface

“Between stimulus and response, there is a space. In that space is our power to choose our response. In our response lies our growth and our freedom.”

Viktor E. Frankl

You can focus on your safety and health as you age. You can live a long life and never fall and injure yourself. You can experience the “Joy of Bathing.”

Bathing has been a part of human culture for thousands of years, dating back to 3000 BC. The act of bathing was highly valued as not only a socially important process, but also for personal wellness, and even spiritual reasons.



Though humans throughout history didn't have all the scientific evidence showing the medical importance of hygiene like we do today, cleanliness was still often associated with power, spirituality, and even beauty. Strangely enough, although we view bathing as a private matter today, it was a shared ritual for thousands of years — a way to build community and human connection.

My mother always told me: "Cleanliness is next to Godliness!"

If so, why is our modern bathroom [the room you go into multiple times every day] no longer an oasis of health and relaxation? Why do we treat our bathroom as if it were a "Jiffy Lube"?

I don't know about you, but most bathrooms are used purely for required maintenance.

Think about it... [Put Jerry Seinfeld's voice in your head]

“Brushing your teeth, using the toilet, grooming, applying make-up, and washing your body parts... MAINTENANCE! What the hell are we doing here people?”

To put this discussion on a level field, most Americans want to live independently and in their own homes for life. That’s a fact.

You will discover in this book why I am convinced that your bathroom can be the most dangerous room in your house.

Very unsafe.

“Why” do I say that?

“Why” is my mantra. “Why” is a question I want you to embrace.

Your personal answer to “why” is the only information you should be relying on before expressing every opinion you express... hopefully.

“Knowledge is power.”




So, why am I saying this to you?

The bathroom is the one room we must enter multiple times each day. As we age in our homes (a goal of virtually every person I have interviewed) the bathroom often becomes a very unpleasant place to go.

HOWEVER, I have also discovered that we can easily turn that “killer bathroom” into your favorite room in the house. You will love to go in there and truly take good care of yourself.

Why?



In this book, I will show you the 7 specific features of bathrooms that you should change that will bring to your life, for the rest of your life – The Joy of Bathing!

Trust me, follow this guidance and you will change your health and your wellbeing, and help insure you live independently and vibrantly to an old age.

I like to say you will discover: "How to Die Young at an Old Age."

As Victor Frankel points out, we humans are the only animals that can respond to our life experiences and make healthy proactive choices. Making your bathroom a safe and enjoyable spa can be life altering for you and your loved ones.

We have a choice.

You have a choice...!!



INTRODUCTION

I started on a journey that has led me to not only write this book, but to research new technologies, start a business, and in short, rededicate my life.

Do other seniors, like my mom and dad, desire to live independently in their own homes? Do we know why people fall and how we can prevent these falls from ever happening? What is the cost to the families and society from these injuries? What do we do to prevent them? Are there financially or socially feasible solutions? If so, what is the best plan of action?

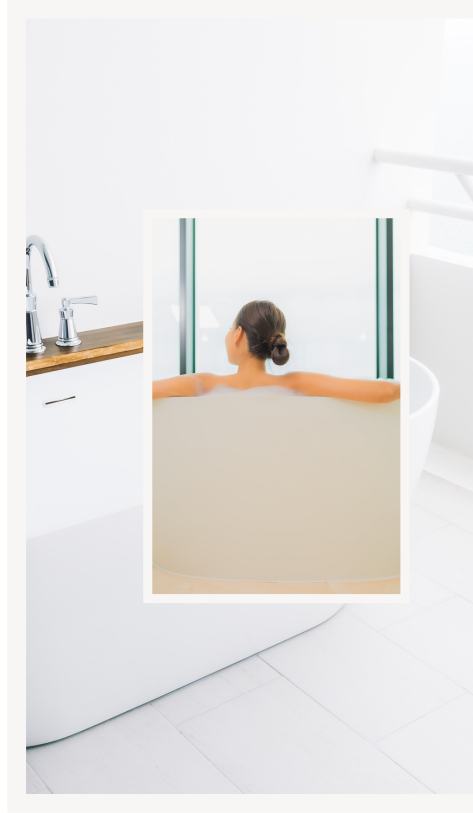
This book and my new passion in life are the direct result of my experience with my parents and my research. I have become a strong proponent of what I call "Pro-Aging™" technologies, versus "anti-aging." The term "anti-aging" implies that we are "against" aging, and thus not accepting of aging as a reality.



WHAT YOU RESIST Persists.

I believe we can live happy vibrant lives in acceptance of the reality of aging. Fact is, we all age twenty-four hours every day.

We can proactively make decisions that increase the vibrancy and quality of our lives after our 55th, or 65th, 90th, or even 102nd trip around the sun. Dad proved it.



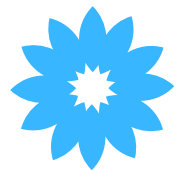
YEARS OF LIFE ARE ONLY ONE WAY To Measure Age!

We can measure our quality of life by factors such as our happiness, our vibrancy, our ability to give and contribute to others, or our medical and mental age.

There is an entire body of medical science now committed to measuring our “real age” meaning the functional age of our bodies and mind without regard to the number of years we have lived.

For example, my father was medically younger at age 96 than he was when my mother died. His blood work, organ function, energy, mobility, and attitude were ALL better at 96.

This is due to what he did and the decisions he made during those intervening years.



IF YOU DIE BEFORE AGE 120, You Died a Premature Death.

Why do I say "if you die before age 120, you died a premature death"?

Jean Clement is the oldest documented person who lived to age 122!



I believe we will see rapidly increasing numbers of Americans who easily reach 90, 100, or even more years of age with great vitality, good health, and well-being.

I wrote this book to help everyone avoid the "Damned If You Do, Damned If You Don't" dilemma that I faced.

Damned if you don't. One of the first things I learned upon starting this new journey was that I had not been proactive enough in helping my mother live independently in her own home.

My inaction contributed to my mother's death!

Damned if you do. The second thing I learned was that not only did the design of her bathroom put her at risk, but the efforts I made to make my mother safer actually contributed to her admission into a nursing home against her will.

After Mom hurt herself, a well-meaning occupational therapist told us to put a portable bench inside the tub and grab bars on the back wall of the tub for her.

This is the "industry standard" for recommended safety modifications in the home.

When Mom and Dad used the tub, Mom wanted to soak. But she couldn't. As they were transitioning into or out of the tub, numerous times, the bench moved, scarred her and she would panic. She tried to reach the grab bars I'd installed, but the bars' placement set her up for overexertion.

The situation was awful for them both. This ineffective bathing situation was what led to her being sent to a nursing home.

In other words... my actions contributed to my mother's death as well!.

What I just said in the last two paragraphs is difficult for me to deal with. But it is vital information and has forever changed my outlook on aging-in-place and safety.

It also led me to start questioning why some senior care professionals and therapists are recommending things as "medically necessary." It is also why we came up with the tag line "Call Before You Fall®". Once an injury occurs, you can be on a path you cannot change. And not a good path either.

Knowledge is crucial, and applying solutions based on cutting-edge technologies, best practices and appreciation of the individual's unique needs can make the difference between life and death.

As Dad sometimes says, "it is impossible to know what you don't know."

Truer words were never spoken

That is where I failed in trying to protect my mom. That is where the system failed, as well. I lacked the knowledge to know when to act. This was compounded by my lack of knowledge of how to act, even after I'd decided to do something.

I had to come to grips with the fact that my well-meaning, uninformed efforts to help her bathe safely ended up being a contributing cause of her insecurity in the bathroom, and therefore, her eventual death.

Finally, I realized that the cost of effective prevention was a drop in the bucket compared to the cost of doing nothing, or doing the wrong thing.

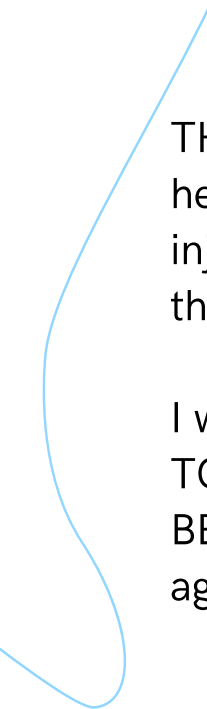
This cost, of course, does not take into account the cost of losing a loved one.

I am dedicating this book and the companion checklist to the memory of my mother. I have learned very expensive lessons from what happened to my mom.

My mother always taught me that "Knowledge is Power!" I hope this work will help you and your loved ones discover how to avoid making the mistakes we made with my mother's safety and care. You may also benefit from hearing about how we successfully empowered my dad to live independently in his own home, all the way to 102 years!

If I can in some small way help one person, or their loved ones, to live a safer, happier life, and achieve the goal of living independently at home for as long as possible, I know I will have made my mother and my father proud.

This knowledge carries the power to enable you to reach the goal of Dying Young... At An Old Age!



THIS is the knowledge I am committed to helping you discover. No one plans to fall and injure himself or herself! That is why we call them accidents.

I want to challenge you to DO SOMETHING TO PROTECT YOURSELF (or your parents) BEFORE AN ACCIDENT HAPPENS. Once again, "Call Before You Fall®".

I also want to challenge you to learn how you can bring the truly amazing health benefits of Medical Hydrotherapy® into your home to help you overcome or delay many aging-related and degenerative health problems.

I know from my own experience, and the powerful information garnered from my research, that once the injury happens, it is often too late!

So read, learn, and then reach out for assistance! And remember, I am not suggesting that I know all there is to know. But I have learned a lot.

My commitment is to do anything I reasonably can to help you and your family, and I would be honored to have my professional staff speak with you or conduct a comprehensive safety assessment at no charge.

You have a friend and an advocate to help your family learn about specific products and technologies, so you can determine the best course of action for you!

I hope you find this information helpful.

Call me anytime, (800) 688-0055, or on-line at BentleyBaths.com

A TALE OF TWO SENIORS

“It was the best of times, it was the worst of times.”

Charles Dicken

My parents raised my sister and me in a small town in Arkansas. We actually grew up in the house in which my mother was born. My grandmother and my grandfather both lived and, as was common in their time, died in that house.

Growing up, my mom would tell us that her intent was to do likewise. “I was born in this house, and I’m going to die in this house,” she used to say.

As an active kid with vastly more important things on my mind, I didn’t pay much attention to her comments. But I’ve had good reason to remember those words later in life.

Let me explain with a “tale of two seniors.” I’ll set the stage for you.


Senior #: My Mom

On the 6th of August, 2003, my life, and the lives of my parents took an unexpected turn.

What happened that day turned out to be the beginning of the end of my mother's life. It was the beginning of a healthier, happier life for my father. And, it was the beginning of a new focus and passion in my life.

My 83-year-old mom was healthy as a horse. She worked out five times a week and I jokingly called her "Nana Schwarzenegger."

And not just because she exercised all the time. She actually spoke English in a strange southern "Austrian" accent AND...I'm pretty sure she wanted to marry a Kennedy so she could run for political office.



Anyway, when growing up, whether it was Christmas, Thanksgiving... whatever; at family gatherings I remember hearing all of my aunts and uncles joking: "Sara like da IN'a-gizer Bunny, she gonn'a out liv' us all, ya'll. She gonna be danc'n on all ya'll graves!"

Sorry for that, but... it's hard to write in a Southern accent.

All I'm trying to say is, of all my family relatives and friends in her generation, Mom was the one who was going to outlive everyone.



Once We Start To Fall... We Have A Tendency To Continue To Fall!

Let's back up a few weeks.

It's July 2003, my phone rings. Dad matter-of-factly says: "your Mom fell at the gym."

That's right, "Nana Schwarzenegger" was at the gym! She was wearing her Terminator style black leather jacket and dark sunglasses. She promised her trainer, as they lifted her to her feet, "I'll be back."

Her trainer said he thought she strained her leg and slightly bruised her tailbone in that fall, but otherwise was okay. He told her to stay away from the gym for a couple of weeks.

She went home, took Tylenol and went on about her normal routine. None of us worried too much. She was a little sore, but life is good.

Well, Arnold may have been able to make it "back" in the fantasy Terminator movie, but little did we know... Mom would never return to her beloved gym. Ever.

A week or so later, it's August 6, 2003, my parents 59th anniversary. Mom was going to be clean for her husband, so she got up extra early that day to take a bath and be fresh.

You should probably know two things at this point:

First, I was taught by my mother that “cleanliness is next to Godliness”. So, we were expected to bathe every day growing up.

And, second, I didn’t know it then; but due to the stress and hassle, after turning 65, my mom only bathed 3 or 4 times a month!

That’s right, maybe once a week.



Look at this picture of our circa 1900 bathroom installed by my grandparents in our family home.

It is NOT safe!

You can see why my mom knew it was very dangerous!

When I was young we'd joke that old people smelt bad. It was really a thing back then. Why? My uncle, who was a dairy farmer, taught me all about body odor... in a very visceral way.


We were just kids being stupid, but why would we even think that body odor was a joke?

Because it isn't a joke. It was a common experience as we get older because we become intimidated with the bathing process.

As my parents got older, their hygiene standards did not drop just because they were older. They sacrificed their hygiene standards because they were too stressed and threatened by the process of bathing to do it every day.

There was no longer any "Joy of Bathing."

What happened to my parents is happening to millions and millions of older Americans. This is not uncommon.



As we age, what was once safe for us to do can become life threatening.

You will discover later how it was I came to learn: "It'sa epyi-demic". Ok, I'm trying to write in Southern. It hurts.

I now know that on the morning of her 59th wedding anniversary, she (like millions of other seniors) suffered quietly in the bathroom as she went through a long, and dangerous, ordeal in order to get into that bathtub.

Were it any other day... she would most likely not have attempted to take a bath.

She completed her bath and pulled the plug. Then, she realized she could not get herself up off the floor of the tub!

tried everything - push on the sides of the tub (overextended her shoulders), tried to grab the waterspout (no good). Soap dish? (came off).

What now?

She was afraid and traumatized. She thought: "How will I get out?"


She was scared and embarrassed... not to mention wet, cold and NAKED!

According to the firefighters I've interviewed, calls to help seniors get out of bathtubs happen more often than fire calls. They call them "Tub Pulls"

In that moment, she remembered that my aunt got stuck in her tub and was there for sixteen hours before her son called the paramedics to get her out.

My mom thought to herself: "I AM NOT going to let my husband see me like this on our anniversary!"

Finally, after 30 minutes of useless effort, overexerted shoulders, bruises and strained muscles, she got a plan.



She decided to turn herself around on her hands and knees, hand walk herself up the back of the tub; and... when she was as high up the back of the tub as she could get... she would PUSH herself with all her might, to an upright position!

Wow. Can you imagine?

Well, do it... IMAGINE! How scary for her! Well, it almost worked. Later Mom would joke, "well, it worked purdy good if just get'n yor sef upright wuz all they was wuz to it."

But, as she became upright and was trying to stand and balance herself in the tub, she experienced a wave of lightheadedness.

She lost her bearings... and fell.

Her center of gravity was shifted into her upper body and she lost balance. Her hip hit the sidewall of the tub with the full weight of her body. She rolled sideways out of the tub and her head struck the floor first, then her right shoulder.


The sound of my mother's body hitting the hard tile floor was so loud, my father heard it in the next room and came running to help.

The fall really scared her, but actually being stuck in the tub scared her even more.

However, neither of my parents mentioned the bathtub fall to anyone else, especially not me!


Bottom line, my mom felt traumatized by the shock of the incident but didn't realize she was physically injured. Although shaken with a sore shoulder and bruised cheekbone, my mom didn't have any symptoms that she felt were red flags that would require medical, diagnostic, or corrective actions.

However, a day or two later, she was in "serious" pain (knowing how stoic both my parents are, I can only imagine how bad the pain had to become before she would complain).



Thought it was her bowels, that the pain was being caused by a digestive tract problem (pain can be a very illusory sensation). The pain kept getting worse. She did not relate it to the bathtub incident at that point. She went over ten days in pain, trying to self-diagnose what was going on before finally visiting the doctor.

When she went to the doctor, X-rays disclosed that the fall in the bathtub had created a fracture in her pelvis (the doctor called it a stress fracture). Her injury was diagnosed as a "broken hip".



This fracture was totally unknown to her after her bathtub fell. No pop, no immediate pain, just the shock of having fallen, and strain of the overexertion as she tried to first get up in the tub, and then stop herself from falling out of the bathtub.


When I asked her later why she didn't tell me about all this, she dismissively said: "Oh, it was no big deal. What were you going to do? Other than a bruised cheek and a sore shoulder, I thought I was fine!" Well, she wasn't, of course. At least we now knew how she hurt herself.

After The Injury Is Where My Mom's Story Really Starts

My mother's bathtub injury was not serious in and of itself (a cracked pelvis, a.k.a. a broken hip). Medically speaking, she probably recovered from that injury within a couple of weeks.


What the doctors said to my dad when mom was admitted to the hospital with a diagnosis of a broken hip was: "Oh, this happens all the time. She'll be home in a couple of days."

Nothing could have been further from the truth!

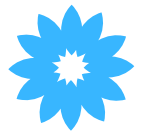


Immediately (I mean upon her admission into the ER, before she was even admitted into the hospital), she ran head-on into a very common illness I had never heard of...what's known as an "iatrogenic disease". Have you ever heard of this disease?

Iatrogenic disease is, a "disease caused by receiving medical care and therapies." That's right, we have an entire category of fatal diseases, injuries, and illnesses that are caused by medications, complications, reactions, infections and other problems stemming directly from seeking medical care from a physician, pharmacist, or therapist.



Without the hip injury driving my mom into the hospital, it is highly possible none of the other problems would ever have occurred. Her seeking medical care set in motion a series of medical problems unrelated to the hip that caused her health to deteriorate rapidly.




First, as I mentioned before, while in the ER she was in great pain. The ER nurse asks: "Darlin, would you like a little somthin to the pain?" Even I could guess the answer to that question. Of course... she did.

They gave her opioid-based pain medication, and my mother had an allergic reaction, which caused her to have a stroke (CVA). When the dust settled, my mom had lost about 60% of her cognitive ability...just like that, overnight.


I now know she was what is referred to as a rapid metabolizer genetically; meaning, because of her unique DNA makeup, those specific chemicals entered her body more rapidly than the "average adult male" which is the standard used by the pharmaceutical industry to set dosages.

This "Russian Roulette" approach to prescriptions drugs is the best medical science has been able to come up with. Until now.



In fact, according to the AMA, when all the incidences of medical care that cause injury and death each year are added up, iatrogenic disease is the number one cause of death in the US. Ahead of heart disease and cancer.

But, new technologies, such as Pharmacogenetics (a simple DNA test that will determine how your body uniquely interacts with different drugs) and the technologies of “personalized medicine” (health care based on each individual person’s unique DNA and body) are starting to become available.



These new cutting edge technologies offer the promise of health information and care to be delivered individually, and in real time. Yet, I digress again. That’s a topic for another book.

I’m thinking of calling it... “Prescription for Death”. Too soon? Too much?



After the ADR, We Were No Longer in Control of Mom's Wellbeing

Check into
"Pharmacogenetics" and the
crisis in Adverse Drug Reaction
(ADRs) we are facing in this
country. Yet another subject for
another book and webinar....
"Prescription for Death"

Now she's in the hospital for two weeks. She had another serious reaction to another medication, which caused a series of minor heart attacks. Of course, the heart attack event was treated with more tests and more drugs.

In week three... she developed what the nurses called "hospital psychosis" whereby she would rant and rave, curse, and try to pull her IVs out. She was restrained with four-point restraints requiring 24/7 supervision for 7 days.

My poor father would enter the room and she would attack him with every oath in the book. It really was like "The Exorcist," except that her head didn't spin all the way around.

But, wait...or did it? This was very scary to witness, especially for my father. The Hospitalist in charge of her care calmly informed us: "Oh, this happens all the time when someone who has dementia is hospitalized for several weeks."

Well, that's NOT MY MOM! And let's not forget, my mom didn't have "dementia" before she sought medical help for her hip injury! Mom stayed in the hospital and rehab for six weeks, due to adverse drug reactions, infections, bedsores, mini-strokes, and numerous other complications that evolved after the hip injury.

But please appreciate...

The most life-altering long-term injury she suffered was that her cognitive abilities dropped drastically during her hospitalization.


Hospitals are not staffed to watch patients this consistently, so Dad had to hire sitters. These costs were not covered by insurance. The sitters were expensive and not all that reliable. By necessity, Dad was all of a sudden an 84 year old business owner. He became an employer — hiring, firing, interviewing, and scheduling shifts. He was overwhelmed.

In what world does this make sense?

How The Hospitalization And Related Injuries Changed Mom

When Mom finally returned home, she was not the same “Nana Schwarzenegger” I used to tease. In fact, she was not even “Nana” anymore.

My mom was in pain, weak, disoriented and angry! The loss of her cognitive abilities left her deeply frustrated and confused. She was mean, and she vented most of her anger on my poor sweet father.




Mom could no longer care for herself. My father became the primary caregiver. I hired an occupational therapist to tell me what to do. She said: "put a portable bench in the tub and a couple of grab bars."

Dad would bathe her on this bench (a bench that moved around quite a bit - portable means movable), and then try to stand her and get her out of the tub. Better than trying to get her up from off the floor of the tub, but still not good.

The physical and emotional stress he experienced dealing with Mom was palpable. In fact, my sister and I thought the stress would kill him if it continued. His quality of life was at rock bottom.

More on my dad in a minute.




Dad fed her, helped dress her, and tried his best to bathe her. This is when the bathroom once more intervened in my parent's life at home and nearly ended it all.

Well, the bathroom did, in fact, cause it all. We had no clue just how close I came to losing both my parents to this insidious Killer Bathroom.

For example, one time Dad nearly dropped Mom getting her out of the tub. He injured his rotator cuff, and almost fell himself. It was only a strain, but enough to cause him to realize the danger he was putting himself in when he bathed Mom.


Mom became aware that Dad was depressed, exhausted, in pain... and lonely. She realized he was physically and emotionally drained. Both my sister and I worried he would not last very long if this continued.

My dad was trying to be funny one day when he laughed and said: "You know, your mother has threatened to divorce me more times in this last year than all the other 59 combined!" I laughed, but then thought... why would that be?



Because, as I will discuss later in this book, that bathroom in my parents' home is not ADA compliant and has no features or design elements for safety or for caregiving...much less to facilitate the Joy of Bathing.

In fact, just the opposite. He could not get the water temperature right ("Stop! that's too hot, now it's too cold"), he would spray water in her face ("What are you doing? You're spraying it in my face!"), or all over the bathroom ("Look at the f***ing mess you've made, clean it up!").



He had to physically move her around to get to her body parts in that old tub ("Ouch, you're hurting me! Stop mauling me!"). Then he would literally have to drag her out of the tub and on to a portable bench when they were finished ("I'm cold, what are you doing? You're trying to kill me! I hate you!").

It was awful.

Please remember that my mom had lost most of her cognitive abilities, was in pain, disoriented, confused... and angry. The only person she had to vent on was Dad.

If, like my mom, I had to endure all those indignities and stress, I too would probably threaten to divorce him. And... what about him?

My dad had a great sense of humor... but this was not funny. It was dangerous!


After staying quiet about it for several months, my dad finally said something to me that was not a thinly veiled joke. He simply said: "I can't do it. I need help!"

My father cried in front of me for the first, and only, time in my life.



The Nursing Home Spelled The End


Within nine months of her original injury in the bathroom, my dad could no longer safely help Mom bathe. And not for a lack of will.



He didn't know how to get the help he needed, which would require him to know what was possible. I didn't know either.

Among all the other activities of daily living (ADR) challenges he faced, maintaining hygiene and cleaning Mom was by far the worst—and the most dangerous. For both of them!

From a health perspective, it was also the most important!



We were matter-of-factly informed by the healthcare professionals that “your mother needs to go into a nursing home... after all, that is what they are there for.”

So, we did what we thought was the right thing, we put her in a nursing home.

There is a real need to prepare financially and learn how and when you can access Medicaid and other assistance programs. DON'T WAIT! We can help.


This necessity triggered a very real question of how they would pay for Mom's care. It would cost them \$4,000-\$7,000+ every month she was there. Where could they get that money? They didn't have much savings. They were on fixed incomes.

Mom hated the nursing home. Every day, three times a day, when he visited her, she begged my father: "Please, git me out'a here!!"

But, he couldn't take her home. I didn't see it, but I know... he cried a lot more.

Can you imagine what this was like for my dad? Wait a minute... can you imagine what it was like for my mom!? Well, he could, because he watched it! One day at a time.

Within three months of admission into the nursing home, she was dead. I had been telling her: "This is just temporary Mom, you'll be back home soon."



I think she knew better. Then, I became aware of the thought, "she just gave up."

Why didn't we know exactly, and I mean exactly, how to best protect her and make her safe in her own home, and support her in her final days with us?

Once again, I hear my mom's words from childhood: "It's impossible to know what you don't know...".

Mom died on August 5th, 2004, the day before my parent's 60th wedding anniversary. Almost exactly one year to the day from the day of her fall on their 59th wedding anniversary.

Remember how Mom told me about her desire to die in her own home?

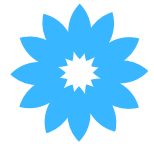
As a child, I didn't think much of it. On the day my mother died, my phone rang and I answered. It was Dad. He simply said, "Your mother is gone...we failed your mother. We let her down."

I knew immediately to what he referred. My mother's words "I was born in this house, and I'm going to die in this house" seared my memory again.

Her cause of death was listed as "aspiration," meaning she choked to death on her own fluids. The real story, which is clear to those who love her, was that her fall-related injury created a direct chain of events (iatrogenic conditions) leading straight to her death.

I now know that her real cause of death was a Killer Bathroom.

Why? Please, just tell me why?



Amazing.

I had unwittingly played a role in allowing my mother to injure herself, enter a nursing home and die there, rather than in her own home. She died without the comfort and familiarity of the home she was born in, raised her family in, and in which she had always intended to peacefully pass away.

Mom, you and Dad always told me "it's impossible to know what you don't know" I just didn't know how to protect you. I Didn't even know there was something I could have done. I am sorry. Your death will not be in vain.



Senior #2: My Dad

So, let's back up again. Let's return to July 2003 and my 83-year-old father is living with "Nana Schwarzenegger". She was vibrant and healthy.


However, he was just the opposite.

At that time, my dad was bored and depressed since retirement, had been in constant pain and taking Prednisone for a condition called polymyalgia rheumatica (a very painful disorder much like fibromyalgia - doctors don't know what causes it or how to treat it, so they just keep prescribing steroids. Not a good long-term therapy).

He suffered sleep disruption, took 7 prescription medications, and was in hobbling pain with two-shot hips.

When Mom came home from the hospital, Dad rose to the challenge as best he could. The year that followed, leading to Mom's death, was obviously, a very difficult one for my dad, to say the least.

Things seemed to go from bad to worse for him. His quality of life during Mom's decline was at rock bottom. He was so worried and stressed, you could feel it when he walked into the room!



Remember, Dad was depressed, exhausted, in pain ... and lonely. He was as low physically and emotionally as I had ever seen him. He even started to drink again! Both my sister and I worried he would not last very long if this continued.

It is hard for me to say, and my dad never would say this out loud...but it was actually a relief to Dad when Mom passed away. They were both suffering so much, and on some level, he realized Mom knew it!

A New Death Sentence, or So He Thought

Within two months of Mom's death, my dad was told that both his hips would need to be replaced. This development caused my dad to create another major problem in his life: the fear of losing his independence!


This is what the doctor actually said: "Mr. Bentley, I am going to replace your left hip, and you will recover from that. I will then replace your right hip, and you will recover."

However, at 84, there is a small possibility that you might still need a walker or a cane. You might not be able to drive, and there's a very small chance you could need a little more help getting along. You may want to move in with one of your kids or perhaps go into a nursing home. It is a good idea to be thinking ahead with your family, but don't stress, you have plenty of time."

Here is what my dad heard: "Mr. Bentley, at 84 years old, after I replace your second hip, you will NOT be able to live alone. You ARE going to be forced into a nursing home to die... just like your wife!"

In his mind, my dad was being sentenced to the same fate my mom had faced — suffering alone, afraid, living his final days in a nursing home... and dying there!

This, of course, traumatized my dad. My dad made it perfectly clear that he would never want to go into a nursing home like Mom did. NEVER!




He also was quite clear that he wanted to stay in his own home (my mom's family home). He was not about to move in with my family, or my sister's, or anywhere else.

How My Dad Changed Me

My dad embodied what I have since come to respect as the strong intentions of virtually every senior and baby boomer I have interviewed. We, like my parents, intend to live in our own homes and hopefully die there with as much dignity and independence as we can muster.

My dad still had his sense of humor and expressed it like this: "When my soul leaves this earth, I want my body going through the front door... and, George, it is your job to help me make that happen."

I got it. After sitting by and watching what happened to Mom, trust me... I got it!




So, now I'm thinking: "But how can I make sure that happens? What needs to be done? When does it need to happen, and where do I find the information and resources I'll need to protect my dad and help him to accomplish this objective?"

I'm a lawyer, professionally trained to analyze. I'm also somewhat of a visionary and a problem solver—Some friends tease me about being a "Curious George."

Not "weird curious" but "inquisitive curious." What a minute... were they saying I was strange? I never thought of it that way... Hmmm.

Anyway, I knew that my parents weren't unusual.

This had to be happening to millions and millions of other families. And, as I am sure you know... it is!



My Curious George reaction was simple: why? I immediately began to ask questions and conduct research. “Why did this happen to my mom? What could I have done to avoid it?”

I searched for the cause of the disturbing trends I found — skyrocketing hospital and nursing home admissions, an epidemic of avoidable injuries and death. An idea began to form in my head.

I thought that surely someone had thought out this problem and could tell me exactly how to help my dad. I mean, think about it, we have amazing new technologies and medical advances. Surely someone could tell me how to prevent my dad from suffering the same fate as my mom! Right? Well... not so much.


Bottom line, I was informed my dad could live independently, receive in-home care, food deliveries, nursing, shuttles to the doctor’s; pretty much everything he needed. That is until he could no longer bathe safely at home, or had medical needs requiring constant assistance.

Then, he too would be forced into a nursing home like my mother, or some other environment where he could have the support he needed. Then the light finally went on in my head! It dawned on me that all the critical unsolvable issues seemed to focus in and around the bathroom!

The bathtub injured my mom, the bathroom and tub nearly injured my dad helping Mom, the bathtub caused Mom to be forced into nursing against her will, and, the bathroom was now threatening my father with a similar fate. Sorry, that didn't make sense to me.

"Curious George" Kicks Into High Gear

Why is it that we can have humans living in outer space, I can talk live face-to-face to my daughter in Holland on a small cell phone with no wires, we have advanced technology beyond anything our parents could ever have imagined...and we cannot make a bathroom safe?!



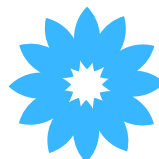
Bathtubs have remained the same basic design since the Bronze Age, over 3,300 years ago. They have been mass-produced in the US since the 1880s.

Yet, aside from the advent of indoor plumbing, they have remained functionally the same with no engineering modifications or accessibility design enhancements.

I was obsessed with helping Dad to reach his goal, the same goal my mother had... to live independently and die with dignity in his own home, in his own bed, surrounded by family.

Then a friend told me about a Canadian company that was using a celebrity, Ed McMahon, to sell what they referred to as a "walk-in bathtub." I was on this information like white on rice.

What was a "walk-in bathtub"? How did they work? Would this new technology help keep my dad at home?




I discovered that people, like my father, were being charged from \$16,000 up to \$25,000 (sometimes more) for one of these tubs. Man, that's expensive!

But, after the initial sticker shock wore off, I had to admit, if this would keep Dad at home and safe, it was way cheaper than what we had been forced to pay in uninsured medical and other expenses due to Mom's fall-related injuries, not to mention all her medical bills and nursing home costs.


I'll never forget the first time I saw one of these Premiere walk-in tubs up close. It was like a tinker toy! Cheaply built, flimsy handle, no tile flange, installed like a washing machine. In short... Garbage!

I investigated further and found that there was little to no quality control around these products, and the companies selling them were operating like the old aluminum siding sales operations of the 1960s —



mass media advertising to generate leads, contract closers to high pressure the sell in the senior's living room (one call sales closes), followed by sub-contracted installation at the lowest possible price. Customer service and warranty were virtually non-existent.

The first edition of this book was 15 years ago. As I write today, in 2022, NOTHING HAS CHANGED! Virtually every company that has come into the market has gone out of business.



Some big national brand names are licensing their brand to walk-in tub marketing companies. Virtually all use mass media ads to get leads, and they still use all the old sleazy tricks and gimmicks, lies, and misinformation to pressure consumers to buy on the first call.

They “pre-package” their tubs with all kinds of gizmos and gadgets that you may not want or need, but you are forced to pay for.

Not good. But, let's get back to where we were. In 2006, a widow who bought a walk-in tub from Safe Step (as I recall), Phyllis Bennett, called me to say she had been sold a defective tub by this company and wanted her money back. I could not refuse to try and help her. She was an 80-year-old widow, suffering from high blood pressure, chronic pain, and arthritis (or "rheumatism" as she calls it). She had previously been forced into a wheelchair following back surgery, and she was living alone.

She wanted me to sue them for her. I told her: "Ms. Bennett, I don't practice law anymore, I can refer you to someone. BUT, you live in a high rise. If they installed this tub anything like the ones I've seen, they didn't do it to code. Did they pull permits?"

I suggested she have her HOA and the city come take a look. By the time she had finished pointing out all the code violations the inspector found, the company finally agreed to take their defective walk-in bathtub back. Great, right?

Hmmmm...hang on. Not so great.

The company sent the same crew that installed the tub to her home. They pulled out their tub and left. They left her with no bathtub at all! They coldly told her: "Lady, you wanted your money back and for us to take our tub back and that's exactly what we are doing!"




Phyllis calls me distraught, screaming: "They left me with no bathtub at all! What I am going to do? I've got to soak for my pain!" What happened next is the reason I started a walk-in bathtub business.

She says: "George, you've got to help me, you are the only person I trust who knows anything about these tubs." She begged me to take care of her, and help her to find a quality walk-in tub.

Thus, between helping my dad and Phyllis, I was on a new path, and a new passion in my life had been formed. It also appeared that there was a huge need in the market, and I determined that I would start a business to meet this need.

Going to every manufacturer (and there were not very many back then – most walk-in tubs were, and still are, imported), I learned about the quality, design and practical application issues that manufacturers were not focused on.

I also learned there was an advanced training program covering aging-in-place principles offered by the National Home Builder's Association, so I took the course and earned the designation of Certified Aging-in-Place Specialist (CAPS). I then studied to also become a Certified Environmental Access Consultant (CEAC).



These intensive programs opened my eyes to the greater extent of the problems, and the fact that all environments pose a threat to safety as we age and struggle to manage injury or health related issues.

I began conducting extensive additional research into exactly why bathrooms injure 3.6 million Americans every year and kill over 32,000 people every year... just like my mom!

Now I have discovered the answers to many of these questions (not all, but many), and that is what this book is all about.

I Can Show You How To Make Your Bathroom 100 Times Safer For Under \$100.

I can help you to discover exactly what you can do to be as safe as possible in your home for life.

Most importantly, my dad recently passed away at the age of 102 years young (that's right...102!!!).


When I started sharing new ideas with him for his health and “pro-aging” efforts, he would always say: “You got it, I’ll do it!” I got him the first Bentley Baths Walk-in Tub and created Medical Hydrotherapy® to help him with his pain and health issues. He used it every day.

Soon he was sleeping better; then, he started taking more walks, soon, he was going off the meds. Dad was literally turning back the clock on age. He was my “poster child”.

My once depressed, pain-riddled, and unhealthy dad became a role model for other seniors. He grew happier, and he grew younger, not older.

His favorite saying became: “Oh happy days!” Dad was a very popular guy in his community.

Why? He was happy, that’s why!



And, again, the best part is he thrived independently and lived on his own until the day he died at 102. He lived the dream and reached the goal my mother and he shared.

To be exact, Dad lived 37,153 Happy Days! I wish I could have helped my mom achieve this result.

But, without Mom creating the awareness by losing her life, I doubt any of that would have happened for Dad. He truly enjoyed his beautiful "high-quality Bentley Walk-in Therapy Tub with Medical Hydrotherapy® (you want to learn about Medical Hydrotherapy).

Dad died in his own home, in his own bed, with me, my sister, and his two oldest grandkids around him.

And best of all... guess what Dad's last words were?

"I AM HAPPY!"

Can it get any better than that?

That is now my vision for myself, for you and for as many others as I can possibly help.

Dad, I love you very much, and I am so grateful I was able to help you, as I was not able to help Mom.

But YOU did it! You are my "poster child"



THE RESEARCH

"Facts are stubborn things; and whatever may be our wishes, our inclinations, or the dictates of our passion, they cannot alter the state of facts and evidence."

John Adams

Two Silent Epidemics Threaten Our Future

"When I met George, I politely listened to him, but told him my 89 y/o dad was 'doing ok'. A few weeks later he fell in his bathroom and broke his shoulder. Nine months later were burying him. I wish I would have acted when I first met George. My ignorance may have contributed to my Dad's death"

Harry Lay

One in every three adults age 65 and older falls each year. Falls can lead to moderate injuries, such as bruises, sprains, and strains, or more serious injuries such as hip fractures (my mom), broken bones (Harry Lay's dad) and head traumas, and worse.

Every one of these injuries will increase the risk of early death (such as the series of iatrogenic conditions that led to my mother's death).

The Centers for Disease Control (CDC) casually states: "... fortunately, falls are a public health problem that is largely preventable." Easier said than done!

Especially if we are not aware of the problem and are not knowledgeable about how to prevent the injuries! Just ask me, or Harry Lay, or any one of the millions of others who have experienced the trauma of a fall-related injury to a loved one.

As I said earlier, my company has trademarked the tagline "Call Before You Fall®" due to the very high incidence of people not realizing how great their risk of injury actually is.

Remember, no one expects to fall... that is why we call them accidents.

So here is the real challenge. All too often, something has to happen for people to begin to pay attention to the real risk.

Right now, prevention is not a critical part of the process for safe aging in America, and at that point when a fall and related injury occurs, it is often too late, like it was with my mom.

Exactly How Big Is The Problem?

The CDC is the authoritative source for accident and health information.

These statistics are taken straight from their report.

- One out of three adults age 65 and older falls each year. That's over 35 million a year! And that will steadily increase to over 55 million a year as the baby boomers age!
- Among those age 65 and older, falls are the leading cause of injury or death. They are also the most common cause of nonfatal injuries and hospital admissions for trauma.
- In 2019, over 32,000 older adults died from unintentional fall injuries.

The number is well over that now. To give this perspective: that means there are 4x more seniors dying from fall related injuries than from automobile crashes! [32,00 verses 8,000].

- The death rate from falls among older men and women has risen sharply over the past decade, and is projected to continue to increase with the aging population.

- In 2020, direct medical costs treating fall related injuries totaled over \$50 billion (with a "b"). Based on today's population and medical costs, that number increases geometrically every year!!

Here is the CDC statistic that really stopped me in my tracks:

In 2020, 3.6 million nonfatal fall injuries among older adults were treated in emergency departments (compared to a paltry 250,000 for car crashes). More than 950,000 of these fall victims were hospitalized.

In other words, today there are 3.6 million people just like my mom every year! Once I'd seen these figures, I just did some simple math. I mean, if I'm doing math, it better be simple.

And, I'll bet you have probably heard somebody, somewhere cite my numbers, because once I did the math and started putting these figures in my articles, website, videos, and in the media, many others have cited my calculations to make the point. And, the frequency time has dropped over the years since I first calculated it.

The lowest common denominator sometimes can be the most powerful. So, here we go.

3.6 million medically treated fall-related injuries per year (we are not even talking about the millions and millions of other falls and injuries that are not formally treated in an emergency room).

Keep in mind that to be counted, the injury must be reported, and to be reported requires the fall related injury to require formal medical treatment. So, many, many falls are never reported, and are NOT part of this number.

Okay, so 3.6 million injuries a year divided by 365 days means 9,863 people fall every day and are so injured they require formal medical treatment.

Wow, 9,863 fall related injuries a day sounds a little more compelling. But let's go deeper.

By the way, when I first wrote this book in 2009, that number was only 6,027 fall related injuries per day, meaning there's been a 50% increase in only ten years!

If we take 9,863 per day divided by 24 hours this equals over 410 fall-related injuries per hour, 24 hours a day, 7 days a week, 365 days a year!

So, during the time of your lunch break every day, 410 seniors fall and hurt themselves so severely they are treated in hospitals due to their injuries.

Taking the calculation a step further... seniors are falling and injuring themselves at the rate of 410 per hour divided by 60 minutes in an hour means 7 falls per minute.

But, for whatever reason, the next level is the number that really hits home with people. It is the data I hear picked up and used by others more often than any other statistic I know.

Seven fall-related injuries per minute mean once every 8.5 seconds, someone's mother or father, brother or sister, aunt or uncle, friend or loved one over the age of 65 falls and injures themselves so severely it sends them to the hospital!

More people seem to realize just how serious this problem really is when they can hear it stated like this... "Once every 8.5 seconds!"

By the way...this number was one fall-related injury requiring medical care every 15 seconds when I first wrote this book.

Now we've become painfully aware of the fact that many, many people are suffering and shortening their lives because of the unsafe conditions that we find in our bathrooms. The real question is: why is this happening? Why are we not doing things to make our seniors and ourselves safe?

The answer is really a combination of two converging problems. These two conditions are coming together to create "the perfect storm" of death, maiming and injury to boomers, seniors and all Americans who are dealing with age, health, weight, or injury related mobility issues.

Epidemic #1: Ignorance

"It's Impossible to Know What You Don't Know"

Sara Bentley

Knowledge is Power

As I was growing up, my mother was fond of reminding me that it's impossible to know what you don't know. She would frequently say this to me in situations where I was struggling to figure out an answer to a problem when I didn't have all the necessary information.

As I was growing up, my mother was fond of reminding me that it's impossible to know what you don't know. She would frequently say this to me in situations where I was struggling to figure out an answer to a problem when I didn't have all the necessary information.

"Information is Power! We live between our ears. Some people are more afraid of being old than they are of dying... If you don't feel safe, **YOU ARE NOT SAFE.**"

Art Linkletter

This is a very appropriate analogy as it relates to Baby Boomers and seniors dealing with our bathrooms. It also very pointedly explains what happened to my family and specifically to my mother. Seeking knowledge and information is vital to your aging process.

Who goes into their bathroom and expects the bathroom to change as they age? Nobody. As I pointed out earlier, the fact remains that every day we live, every trip we take around the sun, we get a year older, we get weaker, and we become less stable. Our connective tissues weaken, our skin thins, we begin to lose our vision, and we begin to lose our hearing.

These are all just facts of life. However, it is not a fact of our life to expect our behaviors to change, much less expecting our bathrooms to change to accommodate us as we go through these physical changes due to age.

I have interviewed thousands of seniors, their adult children, and their caregivers, and in many of those interviews I will request that the senior demonstrate for me how they enter and exit their existing bathtub or shower. If it's at all possible, I try to arrange the situation so that the spouse, adult child or caregiver can observe this process from the bathroom door or hallway.

I now have videos of many of these transitions on the internet. Visit Bentley Baths' YouTube Channel or click these links:

<https://youtu.be/U2nQ74Oeg-s> , or

<https://youtu.be/xwHD6xwSBH8> to see just two examples, or search for "Bentley Baths" on YouTube. Also visit our Facebook page and website Blog and videos www.BentleyBaths.com/blog.

These videos are candid and shockingly real, and are almost always the first time a spouse, adult child, or loved one sees the reality of what getting into or out of a bathtub or shower can be like. I will be putting more such info up all the time, so keep checking back.

So, let's discuss what the results of my interviews revealed. It is not uncommon for me to watch a senior struggle to analyze, with much stress and difficulty, how they're going to enter that bathtub. Many will stand outside the tub at the wall in the bathroom opposite where the valves are, face away from the valves, lean both hands against the wall to brace themselves, and then start the painful process of trying to lift first one leg, then the other, over and into the bathtub in order to transition in.

Many can't even begin to lift their leg to make this process. Those who do accomplish getting into the tub using this method are now facing the wrong direction in the tub and standing up, rather than sitting. We then watch them slowly turn themselves around, orient themselves in the tub, and then begin the process of lowering themselves onto the floor so that they can bathe. See the video of Ms. Hoffman on the Bentley Baths YouTube Channel. Scary to watch. (<https://youtu.be/RNbOMt1ZOEa>)

It's also not uncommon for me to look at a spouse or an adult child at this point and inquire: "Are you seeing this? Can you see how dangerous this process is for your wife, mom or dad?" Fact is, getting into the bathtub or shower will be one of the most dangerous things a senior will go through on any given day, week, or month.

Fact is, with the inclusion of going up or down stairs, nothing is more dangerous.

Others can't even begin the process of trying to step into the tub. They will sometimes lie on the floor on all fours and attempt to throw one arm and one leg over into the tub and slide over the top edge of the bathtub in order to get into the bath itself. Once in the tub, they are, once again, usually facing the wrong direction. They have to go through the very stressful, strenuous process of trying to move their legs under their body, and turn themselves around to get situated in the bathtub.

Watch Ms. Karpen, she couldn't even make it all the way down into the tub, she becomes so exhausted. <https://youtu.be/Ndb8OFmLSRU>

Observing this process firsthand in 100s of homes led me to conclude that "millions of seniors are suffering quietly in the bathroom!" This is exactly what my mom went through. I now understand how millions and millions of seniors are forced to determine for themselves how it is that they are going to attempt to get their aged, weak, unstable bodies into (and hopefully out of) that bathtub.

The process of entering a bathtub or shower becomes very, very difficult and many people are unwilling to acknowledge and accept this. But the obvious issue is that once I am in a bathing environment that is designed for me to lie on the floor in order to take a bath, it is only a matter of time until I will not be able to get myself back up off the floor and out of that bathtub.

That is exactly how many of the people I interviewed injured themselves. They were able to get themselves into the tub and were able to get down on the floor to take their bath. However, after finishing the bath, they required great exertion and use of all their strength to try to get themselves up. In this wet slick environment, they slip or lose their balance, thus falling out of (or into) the bathtub.

Think The Shower Is Safer? Think Again.

One thing that I encounter in my conversations with seniors is that many believe that showers are actually safer. Men, in particular, tend to suggest that because they often shower instead of bathing, by doing so they are somehow perfectly safe.

I wish that were true! But it's not. Showers, even if they have low barriers, are actually more dangerous than bathtubs.

Yes, it may be somewhat easier to get my feet over the threshold of a three, four, or five-inch shower pan than it is an eighteen, twenty or thirty inch-high bathtub sidewall.

But, showers are designed and engineered in such a way that the bather must stand while they wash themselves.

This requires that you have sufficient stability and balance so as to easily reach all your body parts from a standing position. Inserting a stool or bench into the shower means not having to stand, but the lack of stability is unchanged. Now both the person and the stool are unstable.

One becomes more vulnerable to fall-related injuries when moving in and out of a shower. Wet surfaces, hard surfaces, glass shower doors, moveable shower curtains, standing and moving, light-headedness or dizziness, are all factors that lead to a situation where showers are more dangerous than bathtubs.

I refer to this as doing the "rain dance." It is simply NOT safe!

We are standing, unsupported and transitioning in or out in an environment that is unforgiving. The mere fact we are in a standing position means our fall-related injury risk is exponentially greater than when we are seated.

The issue with bathtubs is getting into and out of them. That's dangerous, but at least while you're lying in the tub you're stable. In a shower, you are unstable and at risk throughout that entire process.

So why do we do this? Why do we go through all these gyrations and put ourselves at such risk?



Speaking for my family, we simply did not know that there were resources available to help make that bathroom safer for my mom. My mom simply did not know that there were measures we could take that would make that bathroom significantly safer for her.

We did understand that the engineering and technology and grab bars were available, and we did in fact put a couple of grab bars in the bathtub for her, but we had no idea as to whether those were sufficient, whether they were placed properly, and also, most importantly, whether they would, in fact, make my mom safe... which they, in fact, did not.

As it turned out, our limited efforts, based on limited information, did not make her safe, and may have made her more at risk.

The Hunt For Safe Technologies

When I first began conducting interviews for this book, I asked occupational therapists, physical therapists, rehab specialists, visiting nurses, in-home care nurses, orthopedic surgeons - anybody I could talk to - about bathroom safety, and how we could make bathrooms safer for seniors and those with mobility challenges. Not one of them ever mentioned to me the fact that there are safe bathing technologies, walk-in bathtubs or direct access tubs that could be installed to make bathrooms much more accommodating.

It was not until after my mom had passed and my father was facing a double hip replacement that I began to research further.

As I related earlier in the book, my father was told that after the double hip replacement it was possible he would not be able to live independently anymore.

The doctor calmly told him that he possibly wouldn't be able to get around without a walker, might not be able to drive, and possibly wouldn't be able to live independently in his home. The doctor matter-of-factly encouraged Dad to plan for those outcomes.

Like many other seniors faced with potential restrictions to their activities of daily living (ADLs), what my father heard was not "possibly," but "definitely"—he was going to be forced into a nursing home. This devastated him, and he called me to defiantly pronounce that he would never willingly go into a nursing home.

His reaction was based on the fact that he had been traumatized by what had happened to my mom. He had seen firsthand the physical, emotional, and financial toll of her injury and his role as the primary caregiver. His quality of life had been terrible. He was helpless to save Mom from her misery in that nursing home and was adamant that he did not intend to follow her into that situation.

At the same time, he made it equally clear that he had no intention of moving in with either me or my sister. His blunt conclusion: "I intend to stay in this home. I do not want to move anywhere. When my soul leaves this earth, I want my body to go through that front door, and it is your job, George, to help me make sure that happens!"

Well, obviously, I got it. It made perfect sense to me that this is what my dad wanted, and it makes perfect sense that I'm going to want the same thing for myself. He lives in the home my mother was born in. He raised his family there. His church is half a block down the street. His hometown, his friends, his familiar life patterns, his memories—all are right there in that house.

So I busied myself trying to figure out how to keep my dad safe at home. In the process, I began to discover knowledge that I never knew existed. I didn't know about walk-in bathtubs, direct access tubs, safe bathing appliances, zero threshold showers, and wet rooms prior to doing the research in order to help my father out. I didn't know that the bathroom was inherently dangerous and that I could have prevented my mom's injury.

So many of us are in the dark, not aware of the technologies that can enable us to live safely and independently in our own homes for life. This book will provide you with the knowledge and guidance you need to accomplish your objective, just as it did for Dad.

Epidemic #2: Denial

“Denial... it ain't no river in Egypt.”

Stuart Smalley

The Positive Power of Taking Action

Failure to take pro-active measures is the leading cause of avoidable deaths and injuries! The answer for all of us baby boomers and seniors is to be pro-active, and take action now.

I am convinced that one of the primary factors leading to the death and injury of millions of our seniors is a tendency toward denial. Most people that I've talked to—including myself (yes, I am admitting that I talk to myself)—do not openly embrace the issues that we face as we age.

If I may say so, it seems to me that men, more so than women, may be inclined to deny our stability, balance, vision, hearing, and other age-related problems. Being in denial means having no power to do anything about them.

In fact, with my company, Bentley Baths Walk-in Therapy Tubs, we trademarked and use the tagline “Call Before You Fall.®” This tagline came about after two years of helping seniors modify their bathrooms and make them safe and accommodating for them.

We displayed our walk-in bathtubs at several trade shows and fairs. I became amused and then frustrated when a senior with advanced mobility issues would hobble up on a walker, barely stable, look at our tub, comment on how wonderful and comfortable it looked, and then deliver the denial kicker: “Thank goodness I don't need that yet!” And then they would tootle off on their walkers.

We would look at each other with shock in our eyes and would think—well if you don't need this safe bathing appliance, then who on earth does?!

The point is that if we are not willing to be honest with ourselves, and protect ourselves or our loved ones from certain dangers with “pro-aging®” measures, we are going to remain vulnerable to injury.

Our society has sent people to the moon; it is not as though we don't have the capability to manage and cure these illnesses and dangers. I can push a few buttons and talk to my brother-in-law in Chile without any wires or connections whatsoever, so why would it be impossible to prevent someone from falling?

"You can avoid reality, but you cannot avoid the consequences of avoiding reality"

Ayn Rand

But just as few people know how to build and operate a rocket ship, too few of us know about the huge technological advances that can allow us to age safely. Like my mom and dad said, "it is impossible to know what we don't know".

Therefore, we must proactively ask questions, analyze our situations, and commit ourselves to doing something about it.

But, first, we must acknowledge that we are in need of this information. We must admit that we are powerless to stop our aging process, and acknowledge that if we don't take action to protect ourselves...we cannot be protected! That is simply the truth.

On the other hand, once we decide to be honest with ourselves and become proactive to avoid injuries, it is amazing what we can do to improve our longevity and our quality of life.

If You Don't Feel Safe,
You Are Not Safe.

In fact, I remember my father (and many others) complaining: "Why on earth would I need to wear a belt around my lap just because I'm riding around in my pickup truck? I've never had one before and I've never needed one before."

Well, seatbelts as a safety technology were not developed, promoted, and then mandated by law to be used just to inconvenience my dad. They were designed to save his life. But we had never experienced this technology before. It was new.

There was a lot of misinformation and rhetoric around this new technology when it first came out, and people were prone to cite rationalizations for not using them: "Seat belts will kill me because I'm going to get stuck in the car and I can't get out." "Seatbelts are a death trap, I will burn to death."

And the one I really had a hard time understanding (but heard many people express, mostly women): "seatbelts will wrinkle my clothes."

Of course, that was several decades ago.

One of my greatest mentors and role models is Art Linkletter. Mr. Linkletter thrived to the age of 97 and was a very successful, vibrant human being. He wrote and lectured extensively on the issues relative to aging, and I've never forgotten his words to all seniors: "If you don't feel safe, you are not safe."

We have to self-assess and be honest with ourselves about those activities of daily living which become dangerous as we age. As soon as we experience the first sensation of fear or insecurity, that is the time to seek additional information. That is the time to ask questions. As my mom said, the only stupid question you can ever have is one that you don't get answered. I hope that this book will stimulate those questions for you.

Let me give you a true example of how denial and ignorance can greatly delay the time we require as a society to embrace and adopt the common use of new life-saving technology.

When seatbelts were first introduced, they were not very popular.

Since then, evidence has been gathered that irrefutably proves that seatbelts save lives. I doubt you know a single person who would ever get into an automobile without putting on the seatbelt.

Well, here's my point. Nobody plans to have an automobile accident. But, nowadays, we do put on our seatbelts. Always. Just in case. We always take proactive steps to protect ourselves in the unlikely event we are in a car wreck. It is now "common sense" to wear a seat belt. Right?

By analogy, no one plans to fall and injure themselves in their bathroom, and yet everyone ought to take reasonable safety precautions because the dangers are so great.

And the numbers prove it! Let me put this in perspective for you. Let's compare the annual deaths caused by all auto accidents with annual bathroom fall-related deaths for seniors.

If you truly get the significance of this next fact, you'll call for information in the morning.

So, think about this...as of 2019, there were only 32,000 auto accidents-related fatalities counting people of all ages, and only 8,000 fatalities involving people over 65.

But, there are a staggering 36,000 fall-related fatalities every year counting only people over 65!

As stated earlier, the numbers relating to older Americans are going to continue to increase dramatically as baby boomers age. Can it really be true that it is statistically more likely that a senior will die from a bathroom fall than from a car accident?! Think about that fact. It's significant.

And, it is highly likely that each and every one of us will fall and injure ourselves in our bathroom at some point. It is only a matter of time. Have you never slipped, fell, almost fell, stumbled, or skidded in a bathroom?

Of course, you have, but you managed. You can be sure the risk will continue.

Assuming you are younger than 80 and not suffering mobility challenges, how do I help you empathize with what it is like to be over 80 and struggling to use a traditional bathroom? Let me try to help you get a feel for what it is like.



Take The Eighty-Five For Five Challenge

Take five minutes and give a long hard look your bathroom and the way it's configured right now, whether it contains a bathtub or a shower or both.

And now, if you are not eighty years old or older, I would like you to imagine that you are.

This is a brief experiment to help you better understand what it might be like to deal with your bathroom when you are eighty-five years old. I most certainly hope that you thrive and live vibrant lives to well pass eighty-five years of age.

With that in mind, as you look into your bathroom as it exists now, try squeezing your eyes nearly closed to obscure your vision, or smear a little Vaseline on a pair of clear goggles. Now imagine putting on fifteen-pound ankle weights and a thirty-pound backpack. Spin around as fast as you can five times. Now enter the bathroom and try to use the bathroom as you normally would.

Here is what you'll experience.

You will not be able to bathe, brush your teeth or have a bowel movement without seriously increased risk. Your balance will be off, your vision will be blurred and you won't be able to stabilize yourself. You will be weaker than you are now. In other words, you will be stressed, and you will struggle! And you will be at serious risk of falling and injuring yourself.

You have just experienced interacting with a traditional bathroom as if you were eighty-five years old, or as if you had an illness or injury related mobility issue. There are many, many conditions that we deal with in life that create greater risk of falling.

These conditions decrease our stability, our sense of balance and our vision.

Here's another quick thought process. Do you personally deal with any potentially incapacitating disabilities? How many people do you know who are?

If you think not many, think again. Our medical technologies have advanced so far that we often lose sight of just how many debilitating medical conditions we manage as a part of everyday life that would otherwise, impair our mobility or quality of life.

For example, do you wear glasses? Maybe just readers? Do you use pain medications, wear hearing aids, or have the benefit of modern dental work? Most people don't think about the fact that without these readily available medical "fixes" we could otherwise be dealing with numerous potentially debilitating conditions that would greatly impact our overall quality of life.

Personally, I would be functionally disabled to a great degree without the convenience of reading glasses.

I was just at lunch without my reading glasses, and I literally had to ask someone to read the menu to me. The fact that I can buy them at the drugstore and have them readily available does not mitigate the truth that I would not be able to read without them.

There are many, many people who could not navigate safely in a bathroom without corrective eyewear, or other assistive devices.

The same is true with dental repairs, fillings, and other common physical “fixes”, without which we would suffer much greater pain and “disability.” How many people function with the benefit of hearing aids, knee replacements, pacemakers, etc, etc.

You have just experienced the interaction with a traditional bathroom as if you were eighty-five years old, however, you can go back to your current age or put your glasses back on, or drink cold drinks without pain. Our seniors live with their unique limiting circumstances all the time.

Don't just imagine the 85 For Five exercise...DO IT! I insist.

Why?

Because...once you do, it will become very obvious that when your bathroom was designed, safety and ease of use with age-related conditions were not the primary considerations. You will hopefully immediately realize that you must do something to make your bathroom safer for yourself and your loved ones over sixty-five or who suffer age, weight, injury, or illness-related mobility issues.

In other words...don't make them try to read the menu without their glasses! Give them a little help. The technology is here.

You now know it is only a matter of time before you (or they) fall, and hopefully, you will "Call Before You [or They] Fall ®."

So, you tell me...as with seatbelts, do we really want to continue to make decisions from ignorance or denial when it comes to bathroom safety?

Do we really want to require laws and criminal legislation to be passed imposing fines and penalties on all who refuse to make our bathrooms safer?

Will we allow Killer Bathrooms to continue causing avoidable deaths, injuries, and huge costs to individuals and society? Do we really want healthcare costs to skyrocket further out of control before we open our eyes, come out of denial and begin to proactively take action to make our bathrooms safer?

Lord, I certainly hope not. What do you think?

We are at a point in our evolution where we can once again reclaim our control over how we age and the vibrancy with which we live. Are you motivated?

I define "motivation" simply as "motive for action". Can you appreciate how the experience I had with my mother was a compelling motive to take action to prevent the same outcome for my dad? The experience with my dad provided the motive to take action to start Bentley Baths. See a thread here?

Find your “why,” and you will take action.

So, the next question I want you to think about is: how do bathrooms get this way and what features are causing the dangers?

SAFETY

**“An Ounce Of Prevention Is Worth A
Pound Of Cure”
Benjamin Franklin**

Safety problems as we naturally age are generally due to the loss of physical capabilities and poor design of bathing equipment. In order to compensate for the loss of capabilities, many people tend to over-exert themselves. This seriously affects their security and personal well-being.

For example, older Americans have difficulty bending over and kneeling down. They are unable to access parts of their body when standing, and sometimes even when sitting. Many attempts to challenge their capabilities to access difficult-to-reach areas and injure themselves in the process.

The elderly are constrained by limited reach and poor grip strength. They are required to exert more energy and strength than usual to reach poorly located water controls.

They have problems reaching fixtures and grabbing them. Many receive injuries from applying excessive force.

Poor balance also affects stabilization. This escalates their chances of slipping and falling when entering and exiting the bathtub or shower. So there are many factors that can injure or lead to fall-related injuries.

Using Safe Practices

Both individuals and care providers frequently practice unsafe methods while bathing or assisting with bathing. This is due to not understanding the associated risk level. (i.e., "it is impossible to know what you don't know!") Standing while bathing in the absence of adequate grab bars is the most common of all unsafe practices. Some people stand up to soap their undersides, knowing full well that they have a balance problem.

Others reach out to grasp objects, fearing they will fall. Some people store accessories on the bath seat, thereby decreasing the seating area and increasing the chances of sliding off.

Items in the bathroom are also a big danger. For example, throw rugs or mats outside the tub inevitably lead to tripping and perhaps falling. Objects scattered around the bathroom constitute hazards for everyone, especially those with visual impairments. During the course of my research, I talked to one individual who admitted hanging on to the bathroom door and sink to make transfers — items definitely not designed to bear weight!

A different individual I talked to walks with the help of a walker, but adopted a series of very dangerous methods to make transfers and regulate water temperature. While transferring, he did several complex tasks simultaneously while holding onto the walker with one hand and grasping the wall-mounted grab bar with the other.

He then lifted, dragged and bumped his legs up against the tub. With his hands trembling from the excessive force, he transferred one leg at a time into the tub.



The method he adopted for adjusting the water temperature is equally dangerous. To get a real idea, check out WWII veteran, Mr. McCoy <https://youtu.be/jKkb4QDW9FE> on our Bentley Baths YouTube channel.

He operated it by kneeling down on the narrow floor space between the tub and the toilet, grasping the walker with one hand, and extending himself over the rim of the tub to reach the controls.

To complicate things even more, the lighting level in the tub surround was also very low.

Another person, who had difficulty reaching the controls from outside the tub, regulated the water temperature from the inside and often got scalded.

Then there was the daughter who bathed her 90-year old mother in a tub that had no grab bars.



The tub was equipped with sliding glass doors.

When stepping in and out of the tub, the mother leaned on the glass doors. Leaning on objects that weren't designed to bear weight will certainly lead to catastrophe sooner or later.

Check out this YouTube video I took of a spry, beautiful 90 y/o woman PROVING to me that she is totally safe entering and exiting her bathtub. Can you see it? She is at extreme risk of falling the entire time, yet she is totally oblivious to the reality she could injure herself at any second. <https://youtu.be/jfuTt6BQEtW> These potential disasters can be permanently eliminated. But first, we must know what they are and take action to eliminate them.

Even though concern for safety is increasing, a large majority of the elderly who live in older homes continue to bathe in unsafe conditions. In spite of all their difficulties, they make no modifications to their outdated bathrooms and expose themselves to unnecessary risk. So I will address each of these in order of the seriousness of the problem.

Thrive At Home For Less Than \$100???

Remember my comment earlier about being able to make a bathroom 100x times for as little as \$100?

Well, many of the following modifications to create the "7 Ways to Transform a Toxic Bathroom Into Your Perfect Oasis of Health, Relaxation and Safety" can be completed for very little money, some require no money at all!

And of course, sometimes the perfect solution for "rest of life" is a more significant investment. But, the old saying "an ounce of prevention is worth a pound of cure" was never a more accurate sentiment than when talking about being safe in your home.

I tell people, or government agencies, social programs and non-profits funding the home modification movement..."it's not so much the number of dollars being invested, but that you know you are receiving value for every dollar invested."

Here are the major opportunities you have to help turn your bathroom into an oasis of health and relaxation.

Opportunity #1: Entering and Exiting the Tub or Shower without Stress or Struggle

NOTE: Please visit our Bentley Baths YouTube Channel to view actual videos on seniors going through these processes. www.YouTube.com keywords: Bentley Baths

You probably already guessed that the number one feature in most American bathrooms that leads to injury is the high sidewalls or thresholds that must be climbed over to bathe. The most common problem is maintaining balance when bathing and making transfers. Those unable to make safe transfers may abandon tub-oriented bathing altogether.

Here's what I learned from my research:

Most Americans bathe seven times a week, assuming that there is a bathtub or shower readily available to them. As we begin to experience the stress and difficulty related to bathing, we tend to reduce the number of times that we bathe. Ultimately, seniors are likely to bathe only a couple of times a month, with the average being once per week.

Even that number can be misleading because many of those seniors aren't actually bathing in a bathtub or shower. Many of those are washing themselves by hand in order to avoid transitioning into or out of a bathtub, or shower.

Meanwhile, seniors rely heavily on showers, thinking that it's easier to get in and out of a shower. That perceived ease of entry and exit leads to an increase in the number of injuries that occur around the shower. Injuries suffered in a fall entering or exiting from a shower tend to be greater, because the fall is usually from a standing position, and the shower doors and tiled walls and other materials around the shower stall are slick, wet, and very hard.

For bathtubs, the issue is not only getting in but getting up and off the floor after the bath.

Here's an exercise that I frequently conduct with audiences when I am giving a speech:

Imagine that you are active and mobile and you begin every day by taking a bath.

You get into the tub, you fill the tub and you do your business. Now it's time to exit the bathtub and go on about your busy day. You pop the drain on the tub and the water begins to leave. Let's start your timer now.

00:00 You want to get out now. You look around and analyze how to get up out of the tub.

00:15 You put your hands on either side of the tub and attempt to push your body up off the floor of the tub. But you find out you're not capable of lifting your body up off the floor at this point. This is a troubling new development for you.

01:00 So... now you begin to look around and determine how you can leverage yourself up off the floor. You look to the faucet and valves at the far end of the tub beyond your feet. Can't reach and pull without pain.

01:45 Perhaps the shower curtain will get you up - forget it! Maybe even a soap dish that is near the tub? No way.

02:45 You begin to re-test the items you tried before to see if they are going to be able to assist you in getting up off the floor of the tub with a second consideration.

10:15 You struggle, you relax. You pull, and you give up. You cannot get yourself up.

You begin to stress quite a bit and become panicked. You now begin to wonder — "how the h*** am I going to get my body out of this tub?"

Ok, a little shaken, you think to yourself: "Let's get serious here". Now you attempt to roll yourself over.

You think that perhaps if you can get on all fours, you might be able to get yourself up and out of the tub. Then it finally sinks in...no matter how hard you try, you are unable to lift yourself out of the bathtub! You are stuck.

Now a reality check: At this point in our little exercise, I would guess that you are realistically only two or even three minutes into the process of visualizing trying to exit the tub when you have accepted that you cannot. Two or three minutes!

I have interviewed many people who were stuck in this position—not for two or three minutes, but for hours. In fact, I have spoken to a large number of people who were stuck in their tub for one, two...and even three days!

THREE DAYS?

After one speaking engagement, a member of the audience, Dave Block, approached me and told me his mother's horrifying story. She lived alone in another town. Dave called her every Friday. As he was hanging up one Friday, his mother casually commented: "I think I'll take a bath."

Dave thought nothing of it. Unbeknownst to him (OR HER) , his mom had reached that point that my mother reached... the day she could no longer get out of the tub.

I'll spare you all the details, but his mom watched the sun set, and rise, three times before she passed out. A neighbor finally noticed that she hadn't seen Mrs. Block for a few days and investigated. She found her found her unconscious in the tub. She regained consciousness, but the trauma, stress and dehydration was so bad, she passed away 9 days later. I don't tell you these horrible stories to scare you, but to "get you woke" as to the importance of being pro-active.

Can you image? Try to imagine the frustration, fear and stress that you would go through being stuck in a bathtub for any extended period of time. Trust me, I can tell you from the people I have interviewed...it is extremely traumatic.

Standing Up is Only Half the Battle

Now let's go through an analysis of exiting the tub once you've gotten yourself to a standing position. From this point, the dangers and risks are now similar for the bathtub and the shower. The only difference, of course, is that you must get your legs up and over the sidewall of the bathtub.

In a standing position, it's very hard to stabilize yourself. There's a very high risk of lightheadedness or a sense of imbalance. When you have wet, slick surfaces like those around a bathtub or shower, you become even more unstable.

You may lean on a tile wall; you may place your hand on a shower curtain, a shower hose, a glass door, a valve or even a towel bar. Towel bars within the bath area are very common, but they tend to be extremely dangerous when they are located in the shower.

As you start the process of trying to lift your leg and move out of that bathtub or shower, you are at the greatest risk. One slip, one stubbed toe, one loss of traction or slip of a grip and you fall down, onto the hard and unforgiving surfaces of the bathroom. Statistically speaking, most seniors will experience a fall, or a near-fall, at some point in the bathroom. Once this happens, they become more prone to injury because they are fearful and become overly cautious and tentative in their movements. This is counterintuitive, because it actually increases the instability and loss of security in the transitioning process.

See for yourself, subscribe to our YouTube Channel or watch Ms. Leher here:
<http://www.youtube.com/watch?v=G2C6rzWhAbg>

The Bottom Line...

So, having read all this information about how we bathe as we become older...what is the primary method relied on most often by seniors to bathe?

What is your best guess? Is it bathtubs? Showers?

What?

Drum roll, please... the most likely answer is...

Neither!

That's right. Neither method is the most frequently relied on method to clean our bodies as we get older and unsafe in bathtubs and showers.

The correct answer is... sponge baths.

That's right, it is most likely that the vast majority of seniors in the United States today are reduced to using a sponge bath (a/k/a "spit bath" or "French bath") to maintain personal hygiene!

And, I can almost guarantee you that there is a Baby Boomer, senior, mobility, or weight challenged person you know who only takes sponge baths.

I am sorry, but...how nuts is that!

Remember my promise... your bathroom should be a spa of relaxation and health.

So, Fear Is Not The Answer

As indicated earlier, a more appropriate response is to make the modifications to the bathroom to increase stability and safety. I interviewed many firefighters and EMTs while conducting my research. They do far more “lift assists” or “tub pulls” than they do fire calls.

In fact, I was meeting with the fire chief in a small Colorado fire district when he informed me that they do five tub pulls for every fire call.

This really struck me as significant. He jokingly commented that when he first started as a young firefighter 30 years ago, firefighters were known for rescuing kitty cats from trees. Now, that has evolved into rescuing seniors from their bathtubs.

At this point I would like you to think back on the statistics that I gave you earlier in this book. Once every fifteen seconds, a senior in the United States is falling and injuring themselves around their bathroom. How many more fall and require a tub pull or a lift assist and are not accounted for?

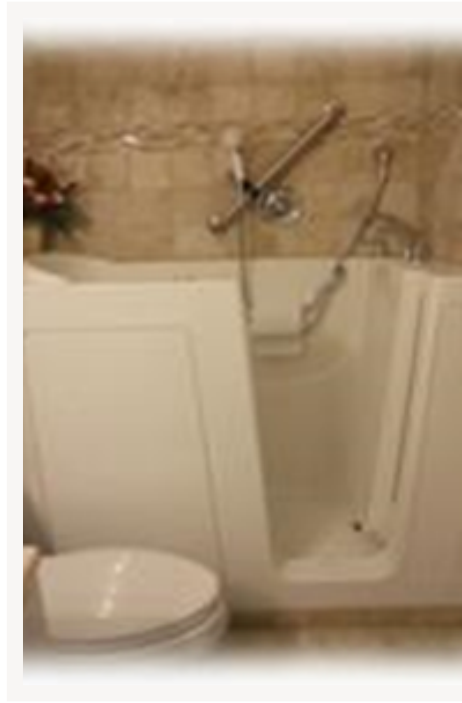
How many millions more falls happen where the senior does not call the ambulance or the fire department to come help them, and we never hear about it?

When I began to have this conversation with my own father, I was shocked when he finally admitted that he had fallen twelve times in and around his bathroom and never mentioned it to me. Thank God that none of those were serious and he didn't hurt himself (although it is without doubt that he suffered minor overexertion's and strains from each of those incidents). When I queried why he had never mentioned this to me, his only response was "well, I can take care of it myself."

In reality, I now am fairly clear about the fact that my father was afraid that if he informed my sister and me about the frequency of his falls, we would have told him he could not live independently any longer. Therefore, he chose to be silent.

If we are under the age of seven or over the age of 55, it is a fact that we cannot bathe as safely as someone in their twenties, thirties, and forties.

It is not that every seven-year-old or every 55-year-old is going to fall every time we try to take a bath, but the fact remains that we are at a higher risk because of our aging process. As healthy as we are, as vibrant as we are, as active as we are, we are still at risk of a fall.



How Do We Go From Avoidance To Excitement?

Injuries from falling significantly impact our life expectancy and our quality of life. The smart thing to do is to prevent them from ever happening. Technology solutions are available to resolve the hazards involved in entering and exiting traditional bathtubs and showers.

These technologies can transform your bathroom into a space you want to spend time in and relax in.

I discovered a technology called walk-in bathtubs during the course of trying to help my father. These tubs are engineered with a high sidewall and a door for entry and exit. A seat is permanently integrated into the bathing well inside the tub.

Some of these appliances have outward swinging doors and some of them have inward swinging doors. Either way, one has the ability to enter and exit the tub with a very low threshold. Once seated in the tub, one is perfectly safe. You cannot fall in and you cannot fall out of it.

If the bathtub is appropriately selected based on the bather's body size and mobility issues, it has immense potential to empower all of us to live independently in our own homes for the rest of our lives and never be forced into a nursing home because of our inability to bath safely at home.



I tell my customers that if you are living in the home you hope to stay in and are over the age of sixty-five, investing in a walk-in bathtub or safe bathing appliance to make your bathroom safer is a necessity, not a luxury! It is basically a no-brainer.

There are also direct access tubs, a more extreme approach to the bathing appliance.

They are designed for individuals with more advanced mobility issues, especially those who rely heavily on walkers, wheelchairs and other assistant devices. Most transition bathtubs are engineered so that the bather can transition directly on to the seat inside the tub and then close the door.

Again, if properly sized and installed, the bather will be able to enjoy safe, stress-free bathing for the rest of his or her life.

Walk-in or roll-in showers are very commonly relied on as a replacement for traditional bathtubs. While these fixtures may eliminate the danger related to the high threshold in a traditional bathtub, they do not address the safety issues of transitioning into and out of the shower.

However, with appropriate engineering and design, it is possible to fit the shower system with sufficient grab bars and stabilization devices to make it safer. If you acquire a shower system that has an integrated bench, then you will also eliminate the “rain-dance” risks of having to stand and shower throughout the entire bathing process.

That said, I do consider showers to be a poor rest-of-life solution because they eliminate our ability to bathe and soak in a deep soaking environment, and can never provide complete safety and stability. For that, a walk-in or slide in bathtub is necessary.

The next option in terms of complexity and cost would be processes designed to modify the existing bathroom appliances.

I refer to these as Band-Aid responses.

A Band-Aid is not a permanent solution, and neither are things like suction-cup grab bars, clamp-on grab bars, and moveable grab bars. They are not permanently fixed in the bathing environment.



However, there are some mid-level technologies that greatly increase the safety at an only slightly higher cost than the Band-Aids. These mid-level solutions include:



Tub lifts: The most common tub lift used today is basically a chair that sits inside the existing bathtub bathing well and is powered to lift the bather from the floor of the tub up to the height of the sidewall.



This way, the bather can sit on the lift in the higher position and bring their legs over the sidewall of the tub and, if possible, into the tub, and then lower themselves down using the power chair.

While this will definitely assist with the “getting up off the floor issue”, it does not address the problem of getting ones legs over the threshold and into the tub.

Most people I’ve interviewed are drawn to the idea of a tub lift because they want to try to preserve their ability to soak in a bathtub.

However, because the water in most tubs is only 18 to 22 inches deep, and the tub lift equipment takes up some of that space, it’s a serious downside that the bather won’t be able to soak comfortably in the tub.

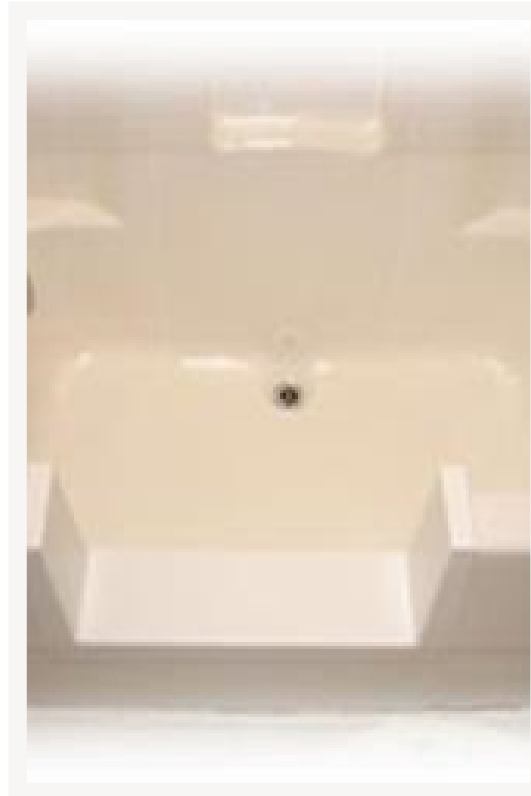
This technology uses a sling or fabric band that runs across the width of the bathtub.

It is secured and is lowered by an electric motor that allows the bather to lower all the way down to the floor of the tub with only the minimal thickness of the sling material between the bather and the bottom of the tub. I find this far more useful because it permits the bather to experience virtually all of the original soaking depth that they had with their traditional bathtub.

Tub-cuts: Once we determine that we cannot get our legs over the sidewall of the bathtub and into the bathing well, and we cannot afford to do the more appropriate solution of a permanent walk-in bathtub or transition tub, it is possible to consider the process of converting our existing traditional bathtub into a shower.

We can accomplish this by cutting out the sidewall of the existing bathtub in order to allow entry and exit as if the bathtub were a shower. It will be easier to get in, but it will be no safer than a regular shower, and we are still facing all the slip-and-fall issues of a regular shower or bathtub.

If we combine a tub-cut with a bench or a seat that permanently installed in the tub, then we can have a functional shower with a bench scenario. However, we will not ever be able to soak and bath in this type of setting, and we will also always continue to be less stable.



Tub-cut with a door: One solution is a hybrid between the tub-cut shower option and the chair-lift soak problem. In other words, if I cannot get my legs over the sidewall of the tub, even with a seat to sit on, then I'm going to have to remove the height of the sidewall to be able to get in.

Again, this is the beauty of the engineering behind a walk-in bathtub, as it addresses these issues. If I cut the sidewall of the tub to get my legs in, then there's no reason for me to lower myself through a tub lift or other device because I cannot fill the tub with water.

The hybrid tub with a door approach is actually a tub-cut insert, meaning that we remove the material around the sidewall of the tub to allow access.

The insert we install in place of the sidewall actually has a door configured into it. Like a walk-in bathtub, you can step into the tub and close that door behind you, so the bathtub can hold water.

If we combine this with the safety-lift harness system mentioned earlier, we can now enter the tub easily, fill the tub with water, and lower ourselves onto the floor.

This “hybrid approach” is the only way that we’ve determined that would keep the existing bathtub in place and permit the bather to have the safety of entry and exit, and the convenience of being lifted from the floor to the bathtub.



There's no question that the best solution for rest of life is to invest in a walk-in bathtub or transition tub, in order to keep us bathing safely and in our own home for life.

Opportunity #2: Precise Water Temperature Made Easy - Keeps You In Control

The second-worst cause of injuries around the bathtub and shower is unsafe water temperature. This is what is referred to as the phenomenon of "shock and scald." Shock is caused by cold water. Because of the sudden discomfort, the bather instinctively moves quickly to adjust the water temperature or leaves the tub. Scalding is caused by dangerously hot water and can cause burns.

The Americans with Disabilities Act is a really good guideline for these situations. It tells us that we should not be putting water or anything into the bathing environment that exceeds 110 degrees. However, most domestic water heating systems in the United States will store their water between 120 and 160 degrees.

At 110 to 112 degrees, it will take at least twenty-five minutes before that water can cause any skin injury. If we raise that water temperature to 120 degrees, the burn time is decreased to about 19 seconds. Increase the water temperature to 140 degrees and burn time decreases to twelve seconds, and at 150 degrees it's basically less than one second.

But Water Has to Be Hot!

There's a competing problem when it comes to heating water. We should be storing our domestic hot water at higher temperatures than most do. At 120 degrees, we may save a few dollars every year in energy costs, but we actually expose ourselves to higher risk of bacterial infections.

According to the Center for Disease Control, water stored at less than 150 degrees will permit the growth of numerous bacteria that can cause us illness. A number of the colds, flu, runny noses and little illnesses we experience over the course of a year may in fact be caused by bacteria that's allowed to grow in our domestic hot water.

We all remember the Legionnaire's Disease event of years ago. This occurrence happened because water was being stored in hotels and on cruise ships below 150 degrees and thus the Legionella bacteria was able to thrive in their domestic hot water systems. Many, many people were infected and a large number died. As a result, all cruise ships, hotels and public buildings that serve large populations of people will store their water at 150 degrees, because this is the temperature at which the Legionella bacteria cannot survive.

So here are some interesting statistics on hot water:

--131 degrees is the temperature in degrees Fahrenheit that is required to kill the Legionella bacteria in a water heater. This temperature must be maintained at all times to keep the water safe.

--Every year in the United States, there are between 3,000 and 4,000 cases of water-related scalds. There is approximately a 30% death rate for those over the age of 60 who experience these scald-related injuries.

--The average water temperature that creates the sensation of pain is 106 degrees. If you factor in the fact that most hot tubs are maintained at 104 to 106 degrees, you can understand why it is so difficult and dangerous for many, especially seniors, to even enter one of these bathing appliances. Pain is felt at 106 degrees, so it is extremely important that our water control processes are effective.

It is extremely easy for us to create a situation in which the water entering the bathing environment is hot enough to create pain, resulting in the cycle of shock and scald in order to avoid this painful situation. This is very, very dangerous.

--More than 90% of scalding incidents occur in our home. Young children are particularly at risk because of their tender skin, but the slow reaction time of seniors and those with disabilities

make them the most vulnerable to serious hot water burns. Scalding injuries are tremendously painful and the effects can last for years.

Scalding occurs for a variety of reasons. In some cases, water heater thermostats are faulty or set too high, and in others, temperature-regulating valves for the domestic hot water source are either malfunctioning or missing. How can these problems be resolved? How do we protect ourselves?

The answer is the same no matter at what temperature you store your domestic water. We must have sufficient and appropriate temperature control valves installed in all our bathtubs and showers. This is in fact a guideline of the Americans with Disabilities Act.

The issue manifests because we have any number of situations where a bather may accidentally or unknowingly permit water that is too hot or too cold to enter the bathtub. This discomfort makes us move quickly to resolve the problem and therefore exponentially increases our risk of injury.

The fact that we are in an individual bathing appliance, and we are not free to move about with ease, increases the risk that our skin will remain in contact with the water long enough to suffer a burn.

Finally, most people shower at a significantly lower water temperature than they bathe. This means our standard approach to plumbing bathtubs and showers in the United States, using a diverter to divert the tub flow to the shower system, sets up a very high risk of injury.

If I adjust the water temperature flowing into the tub to what feels to me to be appropriate and I divert that to the shower, I'm at a very high risk of that water being too hot for me, and therefore needing to adjust the temperature to stay in the shower.

If the impact of the scalding water or shocking water does not cause me to fall immediately, I am forced to try to make my way back to the valves to adjust them or turn them off in order to stop the flow.

This is extremely unsafe for an 18-year-old, and life-threatening for an 80-year-old. Anything that decreases our focus on being stable and balanced in the bathing environment is a significant factor in increasing our risk of injury.

So what is the answer? According to the Americans with Disabilities Act, every source of water within the bathing environment should have its own anti-scald protection. This means that the tub filler and/or shower should be protected from excessively hot water entering the bathing environment.

There are a number of technologies that address this issue, but the bottom line is every single bathtub should be modified to include the installation of an appropriate anti-scald valve.



Most anti-scald valves in the United States are what are called "Type P" thermostatic mixing valves. These are very common in hardware stores and plumbing stores throughout the United States.

The “P” refers to the function of a pressure balance between the hot and the cold that is designed into the valve.

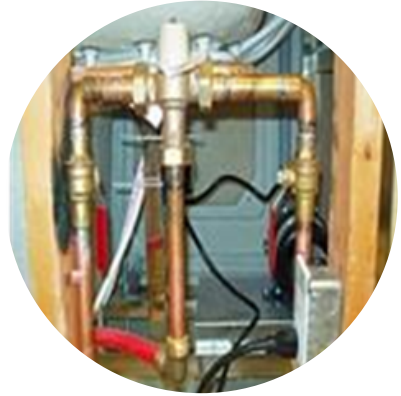
This is a mechanical process whereby a reduction or increase in the pressure from either the hot or the cold will generate a mechanism to stabilize or balance the pressure between the hot and the cold.

The bottom line for our purposes is that these valves are far better than nothing, but also far from perfect. Pressure balanced valves that we commonly use in the United States can have a temperature fluctuation that ranges between five and fifteen degrees, depending on the circumstances.

What this means is that if you set the temperature on the valve at a comfortable level and begin the bathing process, if there is a drop in the pressure, the adjustment can create a fluctuation that could range pretty significantly in terms of the water temperature being delivered to the bather.

If someone flushes a toilet, the cold side of the flow to the bath could lose pressure significantly.

If the temperature fluctuates significantly, it can still generate uncomfortable and therefore potentially dangerous water temperatures for a senior bather. But again, this technology is far, far superior to no anti-scald valve at all.



By far the best technology is what is referred to as a "Type T" anti-scald valve. These mixing valves are true "True" valves. That is what the "T" stands for.

A true thermostatic valve physically shuts down the flow of water to the fixture if the mixed temperature exceeds a predetermined level. This approach is the ultimate fail-safe enabling protection within the bathing environment. Accordingly, we recommend that every source of water in a bathtub or shower be protected by a true "Type T" thermostatic mixing valve that is sized properly for the appropriate flow.

Opportunity #3: Easy To Reach Controls



I honestly never thought about this issue until I started doing the research, and now it seems so obvious to me. As we age, our range of motion, flexibility and grip strength lessen. It becomes difficult to operate faucets, drains and valves safely. Other problems emerge with inadequate reach, poor grasp and low thermal sensitivity. Many individuals indicated to me that because of their inability to bend over and reach low, using controls from the outside of the tub was virtually impossible.

Stretching to reach a valve or drain plug, straining to operate separate hot and cold levers, or maneuvering hard-to-operate controls that require grip strength causes injuries far more often than I had ever realized.

Just stand back and look at the average American bathtub. It's five feet long, and the bather is seated at the end opposite the filler valves and drain plugs. We must be able to reach past our toes to operate the controls! This is crazy and totally unsafe.

Many American valves will have single control levers that perform multiple functions. As we age, this becomes extremely inappropriate and difficult to deal with. A ball-type control mechanism that must be gripped and twisted to adjust the temperature, and levered up or down to control flow, can become virtually impossible to operate with a weak grip.

Now think about the shock and scald of water temperature that can occur under any circumstance. If I've got a valve plumbed into my tub that is difficult to get to and difficult to operate once I get to it, I face a highly increased risk of water-related injuries.

The other most frequent control valve in the United States, aside from straight hot and cold flow valves, is a single lever valve that moves the water to full flow immediately.

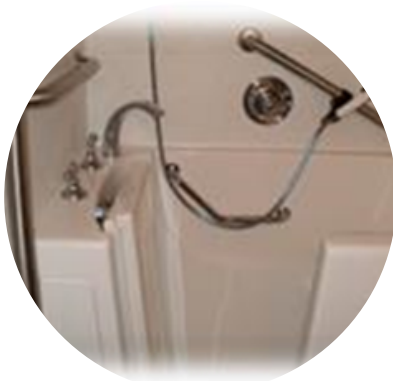
The range of motion of this valve is not to increase or decrease flow, but blends the hot and cold together to adjust the temperature. These valves are very inaccurate and very difficult for seniors to operate in the first instance, and do not protect them from scalding in the second.

Let's look at the design of our bathroom as a clean slate from the perspective of universal design, meaning a design engineered to accommodate us throughout our entire life no matter what health or mobility issues we might develop. This "clean slate" design would involve tub valves and faucets that are conveniently and ergonomically located.

I virtually always try to recommend plumbing control valves in the back wall or long wall of the bathing area versus the head wall, wherein most valves are plumbed now. If you can visualize a walk-in bathtub or a deep soaking appliance with a high sidewall, then flow valves would be situated in the wall directly next to the bather. There would be no reaching or stretching in order to get to a valve.

Next, we would always recommend separating the flow function from the temperature control function. If we can install a high-end thermostatic mixing valve with the flow control or the temperature control lever in the sidewall of the tub surround, the flow valves can be hard plumbed in the wall next to it. This is the very best of solutions for bathers.

Failing this, the next best option is to install the thermostatic mixing valve in the head wall and the flow wall valves at the head of the tub. Keep in mind that with a walk-in bathtub or appropriate safe bathing appliance, those valves are no longer going to be five feet away beyond the bather's feet, but conveniently located in front of them. This is very much like a dashboard in an automobile that is easy to reach.



All valves and control mechanisms should be operated by a lever, and all flow valves should turn to full flow capacity within a quarter-rotation of that lever.

Gone forever should be the cross-handled valves of old, where we were required to grip the valve and twist and turn the valve one or more times in order to get a fully open flow.

Finally, all lever-operated valves should function with five pounds of pressure or less, and at this level, most seniors, even those with very serious arthritis and grip issues or no use of their hands and fingers at all, should be able to safely operate the valve mechanisms.

I'd like to make a note on the topic of showers and showering systems as part of the control of water flow into the bathing environment. Shower systems should flow independently of tub flow systems. This eliminates our reliance on diverters that are most commonly used in American bathrooms. As indicated earlier diverters create more risk of injury because they "hard-divert" the water from the filler system to the showerhead.

When you consider the controls, the wide fluctuation, and water temperatures that can flow into our bathtub or shower and the fact that a temperature of 106 degrees is going to create serious pain

— combined with the reality that we shower at a significantly different temperature than we bathe
— diverting water from the filler spout to the shower is an extremely dangerous activity.

So what's the solution?
First of all, we plumb the shower system to flow independently of the tub filler system. This can be done either of two ways.



One is through an ADA compliant anti-scald shower valve that is plumbed to a separate handheld shower with the filler system plumbed through its own thermostatic valve.

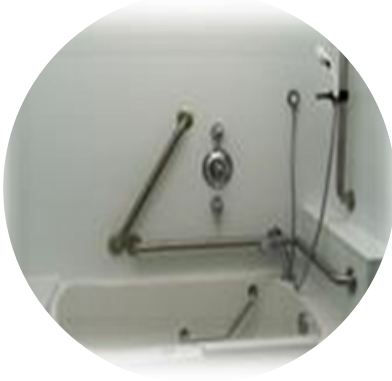
The other way is for a true thermostatic mixing valve with rapid flow capacity (meaning up to 19 gallons per minute of mixed water) to be installed to flow to both the tub filler system and the shower system. In this case, one flow valve would flow the tub filler, and another would flow the shower. They can be run simultaneously or independently of each other.

I strongly recommend that ADA compliant shower systems with handheld, flow-control-integrated wands be installed in all showers. We should never stand and shower again. Doing the “rain-dance” in a shower stall to get the water on our body where we need it is dangerous.

An appropriately installed handheld shower wand that flows the water and allows us to direct the water where we want it on the body makes total sense. The systems that we recommend will actually have a flow shut-off on the wand that gives a senior or mobility-restricted bather much greater control over the flow of the water and allows independent bathing, as well as supporting those circumstances where assisted bathing is necessary. Of course, in both circumstances, we empower the bather to live independently in their own home.

Opportunity #4: Individualized Support Location

The bathroom is literally ground zero in the fight against senior-related falls and injuries. As indicated earlier, as many as 80% of all fall-related injuries occur in and around the bathroom.



That bathroom has hard, wet and slick surfaces, is very unforgiving, and therefore is exceedingly dangerous. There tends to be no stabilization that is appropriately engineered in most American bathrooms.

Many of the seniors that I've interviewed will literally walk along the furniture, tub, towel bars, or whatever they can lean on in order to support themselves as they navigate through the bathroom. When it comes to transitioning into or out of a bathtub or shower, it can get really ridiculous.

If we are experiencing a lack of stability, especially if we are sensing an impending fall, we are going to grab and reach for anything that we can possibly find to help prevent us from falling. If that item that we reach for is not engineered to support us, it can actually increase the risk of injury.

Towel bars, non-ADA compliant grab bars and grab bars applied by suction can actually create a risk of injury. For example, any bar device, whether it is an adjustable shower, slider, towel bar or grab bar that is greater than 1 ¼ inches in spacing from the wall, can actually set up the risk of a broken arm.

With a spacing between the inside edge of the bar and wall greater than 1 ¼ inches, a falling person's hand can slide between the bar and the wall, and as they are falling, they face a very high likelihood of a broken arm or wrist. This happens frequently.



Towel bars and lightweight, adjustable handheld shower or slider bars should be outlawed! There is absolutely no reason to have a traditional towel bar in a bathroom any more. These appliances are usually installed horizontally and along the sidewalls at various points throughout the bathroom to hold towels, washcloths and such items.

However, these appliances are installed to the wall with screws and lightweight anchors that are engineered to support the weight of towels, not human bodies that are falling.

A human instinct very similar to fight-or-flight kicks in automatically when we sense great danger. This triggers instantly when we sense we are about to fall. As a result, our mind will instantly look for anything that we can grasp in order to prevent the fall. If I'm in a bathroom, more often than not, what I grasp will not be designed or intended to support me in this process.

A towel bar is very prone to rip from the wall and fail if I grab it as I am falling. Something else also kicks in to increase the risk caused by these towel bars. We have an innate tendency to relax, or take a breath if you will, if we think that the immediate threat has subsided. This happens in a nanosecond. If I think I am falling and I grab a towel bar or some other fixture that is not designed to hold me, there is an instantaneous tendency to relax ever so slightly.

However, if the towel bar or other item fails to support me, I am actually more vulnerable at that point. I'll be even less prepared for a subsequent fall, and be injured even more badly.

It's probably actually better to fall with nothing there than to have a towel bar or something that you grab and it fails. If I am falling, and I know I'm falling, and I have nothing to turn to rely on, I'm actually going to be consciously thinking about preparing myself for that fall all the way down and I have a better chance of controlling my fall, avoiding an item or obstacle that create injury or do a little bit more to protect myself. Of course, we are talking about very minimal opportunities to avoid injury, but when we are in a life-threatening accident, every little thing that could improve our chances becomes pretty significant.

The solution: get rid of towel bars. Get rid of grab bars that are attached by suction. Get rid of inappropriate lightweight grab bars that are not properly anchored in the walls. Replace all of these with ADA compliant grab bars that are properly installed to the studs or with appropriate ADA compliant anchors.

If you have a situation where you are attempting to install a grab bar and you cannot anchor it at both ends on studs or other appropriate mounting material, contact us and we can help you to locate appropriate anchors that will support a grab-bar, even if it is in an open drywall space.

In any event, it is important that you have the appropriate stabilization devices for your mobility and safety throughout the bathroom area. You want to be able to navigate through that bathroom, transition into your bathing environment and back out, and be stabilized every step of the way.

Opportunity #5: Life Without Glass Shower Doors and Flimsy Curtains

Let's face it. Hot water, slick surfaces, physical weakness and glass or flexible fabric simply don't go together. The issues around falling into a glass shower door and landing on the sharp edges of a shower door track are significant.



When attempting to stand and shower or lower ourselves down or out of a bathtub to soak, the presence of any obstruction, such as shower doors or curtains, greatly increases the lack of visibility and leads to grabbing or leaning on these fixtures for support.

Of course, they are not designed to support a human body and are prone to break or give way, leading to a fall. The presence of glass in a shower door compounds the risk of a cutting injury.

Furthermore, curtain rods and curtain liners create a visual distraction. They also create a risk in the operational process. Anything in the bathroom that distracts the bather from focusing on remaining stable, balanced, and safe is a risk factor.

If I am looking up or down trying to fidget with a curtain to get it to shut or open or move out of my way, I am not focusing on my stability.

Curtain rods with rings that stick or do not smoothly slide cause the bather to look up to try and figure out why the curtain rod is not opening up or closing properly, which leads to vertigo, loss of balance, and falling.



As with towel bars or anything else, these items are not engineered or designed to support a body. If I have a problem and I feel like I am unstable, I'm prone to grab at the shower curtain or shower door to stabilize myself.

So what's the solution?

First of all, if you install a bathing system that is fully ADA compliant and provides you with the water flow and control capabilities discussed previously, there is no need for a shower curtain. No one, no matter their age, should stand up to take a shower.

We want to engineer this bathing environment so we can all sit and be safe during the entire process. A walk-in bathtub or a safe bathing appliance with a high sidewall can be stepped into. We will not be able to fall into or out of such an appliance.

When we sit, showering becomes quite easy. We can reach all of our body parts without any stretching, reaching, strain or risk. We can also use handheld showerheads to easily reach all of our body parts during the showering process. In this way, we can completely eliminate the need for any curtain rods or liners, as well as shower doors.



In the event that we must have some sort of a water barrier or shower curtain in the bathroom, I only recommend utilizing an easy glide track system. If you've ever been in an exam room, in a hospital, or inside of an emergency room, you know that these curtains will easily slide from one end to the other.

Because they are on a track with ball bearings or rollers, the curtains glide smoothly from one end to the other. This will greatly reduce any necessity for tugging, pulling, or other distractions from stabilization that could lead to disorientation and falling.

Opportunity #6: Enjoy Proper Flooring Material

Bathrooms are historically floored with tile or hard, water-resistant surface materials. However, this generally means that these materials offer less traction, particularly in the presence of water. These surfaces become particularly dangerous when we consider factors like; reduced stability due to injury or aging-related conditions, the fatigue and weakness that often follows bathing, or the need for an assistant to help getting into or out of the bath.

Mats and anti-slip pads help, but the risk of feet becoming tangled and tripping on them, as well as the risk of these mats becoming crumpled or moved during use, raises a separate issue of safety.

Moreover, mats and pads are rarely a “whole floor” solution. This means there tend to be areas around or away from the mats that are not protected from slipping. Any item that is not securely affixed to the floor can be a hazard.



Carpeting in the bathroom helps address the traction problem, but creates issues of mildew, mold and the inability to navigate easily with the use of assistive devices such as walkers or wheelchairs.

The solution: When it comes to flooring, the best solution is a matter of choice, unless you are prepared to invest in some cutting-edge technology. Some modern flooring materials are soft, absorbent and waterproof. These tend to be rubberized matting-type materials, or commercial-grade flooring materials with pressure absorbency.

These materials can be installed wall-to-wall in the bathroom, easily accommodate the use of wheelchairs and walkers and, most importantly, provide a cushion in the event of a fall.

The next most likely solution would be a high-gauge sheet floor material that has a cushioned back. Another material that is seeing some successful use is a thicker cork-type material.

Again, these add some measure of cushion but are not perfect. If the tile is going to be used, it is important that each tile be as large in diameter and dimension as possible, and has a significant anti-slip coefficient.

You want the anti-slip function to be fully effective, even in the presence of water on the floor material. Most tile suppliers will have a selection of tiles that will meet these guidelines. However, tile is tile, and it is extremely hard and unforgiving to the human body in the event of a fall.

If the use of assistive devices is not absolutely necessary, and the bather has the ability to maintain and manage the control of water onto

the floor, carpeting definitely provides a safer floor covering in terms of anti-slip qualities and cushion in the event of a fall.

If you are going to use floor mats, it is vitally important that these mats be affixed to the floor in such a way that they will not move, bunch, slip or crumple at any point during the bathing process. If any of these factors are capable of occurring, the mats will actually become a dangerous hazard and should be removed immediately.



Opportunity#7: Proper Storage and Organization Leads To Relaxation

Given that bathroom designs have remained virtually unchanged since the introduction of indoor plumbing,

safe accommodation for supplies, towels, and other bathroom-related items is grossly inadequate. Many people are forced to place shampoos and bathing soap, brushes, razors and washcloths, and other various items in and around the tub or shower; often in dishes or on add-on accessories in the bathing area. This can lead to accidentally stepping, sitting, or leaning on items that result in an injury.

Clutter can also lead to pain or reflex action (as much with hot or cold or shock or scald issues with water) or slip-related falls. Items on seats, benches, or left out about the tub or shower can fall into the floor of the bathing area of tubs and showers, leading to injury or falls resulting from overexertion, over-extension, or loss of stability attempting to retrieve the fallen items.

Many bathrooms lack sufficient storage for towels and other clothing and grooming items. The areas outside the bathing area but in proximity to the bathtub or shower can be cluttered with towels, scales, baskets and the like on the floor, doors and other improper locations.

These can lead to tripping or loss of balance while attempting to maneuver around them or trying to pick them up for use.

The solution: When installing a walk-in bathtub or appropriate safe bathing appliance, it is important to take into account which items are going to be necessary for the bather to enjoy their baths and have the supplies and items they need. Nothing else should be in the bathroom.

Hampers, clothes, baskets, excess grooming supplies, hairdryers, anything with a cord or table that can be a trip hazard should be removed from the bathroom and located in another spot where the bather can use them safely. The old dressing areas that were common for women prior to the time that we had indoor bathrooms are a perfect example of moving these activities away from the bathroom.

The bather needs open access, what I call a "traffic pattern," from the doorway into the bathroom to the bathing appliance and back out again without any obstacles or hazards in the way.

In the bathtub itself, less is better. Limit accessories, shampoos, soaps and other items in the immediate bath area to only those that are absolutely necessary for that particular bathing experience.

Shelves and support items should be individually located, and suction-cupped or adjusted based on the materials within your bathing environment. Just as with your flow valves, think of ergonomics, ease of reach, and lack of exertion to get to any items within the bathtub. As indicated above, having an item that falls to the floor or is hard to reach can actually set up a significant risk of injury.

Bottom line — be smart and think things through. Minimize anything in the bathroom that is unnecessary and creates clutter. Install the trays, soap dishes and carriers that are appropriate for your specific situation and put items within easy reach while securing them from a fall to the floor.

YOUR PRO-ACTIVE CHOICES MAKE THE DIFFERENCES

“The time to fix the roof is when the sun is shining.”

John F. Kennedy

Making the Right Moves Creates Your Personal Oasis Of Health And Relaxation

After my mom’s injury, I watched as my loving, healthy, socially-active father was forced into becoming a primary caregiver. He helped her with all of her activities of daily living. As Mom’s condition degenerated rapidly, he also became the primary target of her increasing anger and frustration. Her cognitive abilities decreased significantly due to a series of minor strokes. She became abusive and combative toward him, behavior I never saw from her before.

The stress of dealing with my mother's pain, mental degeneration, and dependence on help actually put him at very significant risk. I watched helplessly as he, too, deteriorated from all the stress. A major source of stress was caused by his needing to get her into and out of that bathtub to bathe.

Bathing suddenly became an even greater danger! And not just for Mom—for both of them!

Following the accident, Mom could no longer bathe independently. We had installed a grab bar on the back wall, and a clamp-on grab bar on the outside edge of the tub.

As Mom was not able to bathe herself any longer, Dad was forced into serving as her bathing assistant. Soon, it was virtually impossible for Dad to bathe her alone in our traditional bathtub. Avoiding slipping and falling on the wet floors was a constant challenge for him, and he was actually overexerting his back and shoulders trying to lift her and brace her during transitions.

One day, he hurt his back and his rotator cuff trying to transfer Mom into and out of the tub.

We were grateful that his injury was minor, but knew that things could NOT continue like that.

He was forced to move her bathing into the shower area so she wouldn't have to step over a sidewall to enter the tub, and also to keep from putting a movable seat inside the tub (we were told to avoid this setup if there was a shower available, as this approach to showering inside the tub was very unstable and dangerous).

We put a waterproof stool and a couple of grab bars into the shower stall, and attached a handheld shower attachment from the old shower spout. I thought we had done the best we could. The healthcare professionals were telling us that this was "all we could do".

No longer being able to bathe was a big issue and a major emotional setback for my mom's sense of self-esteem. She loved her baths! She loved to soak and enjoy the relaxing escape afforded by spending time in warm water. Access to warm, healthful water was an important quality-of-life factor for her. This turn of events caused Mom greater frustration and stress (and therefore, the same for Dad).

Hiring poorly-trained caregivers to come in proved unreliable and hugely expensive. Plus, my Mother hated (and I mean absolutely HATED!) the emotional trauma and embarrassment of strangers undressing and bathing her. My mom was always a very private person, and she could not understand why my father would allow for such an indignity. She now had another major point of conflict, stress, and anger with my father.

The simple truth is that my parents' quality of life was at rock bottom for many, many months. Finally, there was no reasonable option (that I knew of) other than a nursing home. Of course, we all told ourselves "this is only for a while...just until Mom gets better!" We were completely in denial! In hindsight, I think we all knew she was never coming back home.

Remember my mom's clearly-stated intention to live in her own home to the end? Well, our being led to believe that we had no choice but to put her in a nursing home was the beginning of the end for my mother. Because of our denial, we did not plan accordingly and did nothing to change the home to accommodate Mom's potential return.

The disappointment, betrayal and sense of failure she felt was visible in her eyes every time we visited, even though she would never say a word about it. She did beg my father to get her out of there. Visiting became a major trauma for them both, but he went every day, twice a day.

Fact is, once in a nursing home, my mom died fairly quickly. Technically, she aspirated, meaning she suffocated on her own fluids. But, I believe my mother decided she had had enough. I believe in my heart that she gave up, and passed away after a few months... to save us all from the financial trauma, and as an acceptance on her part that she would be not be returning home.

My Research Could Have Helped Mom

I have spent the last two years interviewing hundreds of seniors and researching how they treat and manage their pain, illnesses and other health and mobility related problems. I have conducted extensive research into medications and therapies used around the world, and studied objective safety guidelines,

such as the Americans with Disabilities Act (ADA) to learn about the treatments and appliances that bring the greatest benefit to suffering seniors.

I learned an amazing truth—using Medical Hydrotherapy® in the home will help treat the core causes of many life-shortening illnesses and painful conditions. Regular use of Medical Hydrotherapy® will greatly enhance digestion, nutrient absorption, skin hydration, detoxification and virtually every aspect of better health for older people!

Water For Life

We all know that water is essential to life. The vast majority of our bodies are water, and over 75% of our brain is composed of water. You may not be a doctor, but you certainly know how to use water as a pain reliever for sore muscles, to treat injuries, ice strains, and as a method of stress reduction. Your own water treatments have been in the form of a hot soak, or a cold shower, and everything in between.

Recently there has been a dramatic swing in medical theory and a long-overdue realization about “healing.”

The best way to prevent, treat, and in many cases cure illness is to give our body the right tools and let it go to work. It is not, as previously thought, to pop pills.

Recent studies have confirmed that many of the medications our society has become dependent on, primarily antibiotics and pain relievers, often do more harm than good. For example, antibiotics can be extremely damaging to the liver and hurt our natural immune system. The more often we turn to synthetic medicines to overcome infections, the weaker our natural defenses become and the more likely we are to have repeated incidences of infection.

With the regular use of Medical Hydrotherapy® and the proper intake of healthy water, the right minerals and nutrients our bodies can overcome almost anything. When it comes to better health and aging safely in place, the best offense truly is a good defense.

What Is Medical Hydrotherapy®?

In its simplest form, hydrotherapy can be described as the treatment of illness and injury through the use of water.



This includes the use of both hot and cold water, and various methods of use, from soaking to massage. Hydrotherapy treatments help your body get rid of toxins that may be causing joint pain and inflammation, help relax muscles and help relieve pressure on joints and bones. It also relaxes you, both mentally and physically.

Hydrotherapy has been around for thousands of years. Bathhouses were the center of social interaction in ancient Rome, and hydrotherapy spas are still popular in Europe, where many were built in large mansions and estates during the 18th and 19th centuries.

Hydrotherapy is fast becoming a popular and beneficial home health treatment, especially among seniors. It is used to treat common ailments like muscle cramps, muscle weakness, diabetes, circulatory diseases, arthritis, osteoarthritis, back pain, muscle, bone, and connective tissue injuries, balance disorders, and stress and stress-related disorders.

Medical Hydrotherapy® makes you healthier in two ways:

1. Thermal Effects: Warm and cold baths alike create certain reactions in your body tissues that help lessen pain and discomfort and improve the healing process. Warm baths open up your capillaries (the small blood vessels in your body that are closest to tissues), which leads to increased blood flow and circulation, helping your body to oxygenate and heal tissue better and get rid of toxins faster. Heat also slows down your internal organs and is good at lessening certain types of aches and pains. Heat increases the production of beneficial body hormones and stimulates the immune system. Warm, moist air from a hot bath can help open up congested or constricted airways in your lungs, throat, and sinuses.

2. Mechanical Effects: The gentle tingling, massaging action of air bubbles creates beneficial chemical reactions in your skin and tissues. This leads to increased circulation, which helps oxygenate tissues and evacuate toxins. In water, your body weighs only 10% of its normal weight, so there is a large amount of physical stress removed from your joints and bones, helping to relieve pain and discomfort. This partial weightlessness also helps relax the body, because muscles don't have to work as hard to keep the body in position, and are given a chance to relax.

Benefits of Hydrotherapy for Arthritis

One in six Americans has some type of arthritis. It's a fairly common disease that affects our joints, and it usually progresses as we age. Generally, joints swell and become painful and sometimes hard to move, especially after heavy or moderate exertion.

As a general rule, the older we get, the more pronounced the symptoms.

Many doctors recommend warm hydrotherapy for treating arthritis. It helps by dilating blood vessels in the body, which in turn relieves pain and eases the tension in nearby muscles, which usually become tense as a result of the pain.



It has been shown that warm water treatment is far more effective than dry heat treatments, like heating pads.

In some instances, doctors will recommend alternating hot and cold treatments, especially for treating the hands and feet. The repeated dilation of the arteries generally has a more profound effect on the reduction of pain in these areas.

Benefits of Hydrotherapy for Lower Back Pain



Behind colds and the flu, back pain is the #2 reason in the United States for doctor visits. Back pain can be caused by a number of things, including stiff or sore muscles, diseases, disorders or injuries of the vertebrae and connective tissue, and pinched nerves.

Studies conducted over the last ten years have shown that people who suffer from back pain and who use hydrotherapy as a treatment experience marked reductions in pain versus those people who do not use hydrotherapy.

In addition, people who treat their back pain with hydrotherapy use fewer drugs to control their pain, so they don't experience any of the negative side effects associated with some of these drugs.

All the thermal and mechanical benefits of hydrotherapy go to work against different types of back pain. Depending on the type of back pain you have, you may experience a substantial decrease in pain, or even a complete eradication of the pain after starting a hydrotherapy regimen. Either way, hydrotherapy makes living with back pain more manageable and provides a relaxing outlet for relief.

Benefits of Hydrotherapy for Insomnia

Almost all people suffer from insomnia — difficulty or an inability to fall asleep — at some point in their lives. For some people, insomnia can be a very severe problem, depriving their bodies of needed rest and making them feel irritable and depressed, and making them more prone to sickness.

Warm baths have been shown to improve both your ability to fall asleep and the quality of your sleep. Hydrotherapy is one of the most popular home remedies for insomnia and sleeplessness.

According to the National Institutes of Health, nerve-signaling chemicals called neurotransmitters control whether we are asleep or awake by acting on different groups of nerve cells, or neurons, in the brain.

Research also suggests that a chemical called adenosine builds up in our blood while we are awake and causes drowsiness. This chemical gradually breaks down while we sleep.

Hydrotherapy makes use of water and temperature effects (also called thermal effects) and exploits the body's reaction to hot and cold stimuli. The resulting effect influences the production of stress hormones, invigorates the circulation and digestion, encourages blood flow, and lessens pain sensitivity. Stress, which is a major cause of insomnia, can be easily dealt with through effective use of Medical Hydrotherapy®.

A Few Hydrotherapy Tips To Deal With Insomnia:

- A warm, soothing foot bath before bed. Fill the tub or foot basin with enough warm water to cover your feet. Add some calming essential oils, sea salt or bubbles.

- Neutral bath has a balancing effect on anxious or irritable people. For a neutral bath fill your bathtub with water slightly cooler than body temperature, around 94° F to 97°F (check the temperature of the water with a regular thermometer), and be in the water for some time.

- Take a soothing, relaxing bath. Fill the bathtub with hot water. As the tub fills with water add 2 spoons of Sea Salts to the bathwater. Soak for 15-20 minutes. As the water gets cool, replace the bath with warm water.

- Use a blend of oils, herbs, and salts while bathing to revive your energy levels and feel relaxed.

Hot baths dilate capillaries in the body and increase blood flow to external areas and to the limbs, drawing blood away from the brain.

A lower core body temperature has also been shown to help you achieve a deeper sleep.

Soaking in a warm tub at 104 degrees Fahrenheit two hours before bedtime will both lower your core body temperature and draw blood from your brain, priming you for restful sleep. Enjoying the stress-reducing benefits of air-jet massages will further relax you and make sleeping even easier.

This Hydrotherapy technique will help you relax and get a natural sleep, so you may not need to take pills.

Benefits Of Hydrotherapy For Diabetes

Hydrotherapy has proven useful in helping patients with Type 2 Diabetes. In a study published in 1999 by the New England Journal of Medicine, people with Type 2 diabetes soaked in hot tubs for 30 minutes a day, six days a week. Doctors noticed that these patients had an easier time controlling their weight and plasma glucose levels.

Some patients even required smaller doses of insulin as a result. Patients who were unable to exercise reported even more benefits, as hydrotherapy helped increase blood flow to their skeletal muscles.

Benefits Of Hydrotherapy On The Body

Hydrotherapy is helpful for relieving the symptoms of common ailments found in the torso like chest congestion, bronchitis and asthma. It can also relieve the symptoms of other chest disorders like angina.

Soaking the trunk of the body in warm water helps increase blood flow to the heart and lungs and other internal organs, and will help tone muscles, decrease the size of varicose veins, ease nervousness and headaches, and help soothe irritated vocal cords.

In addition, it will help lessen the pain associated with ailments affecting the abdominal and pelvic areas like cramps, hemorrhoids, kidney disorders, intestinal disorders, gall bladder disorders,

liver disorders and other systemic problems that cause internal pain. Arms and legs benefit from increased circulation, especially to the extremities, so cold hands and feet can be alleviated with hydrotherapy.

Headaches, migraines, vertigo, rheumatism of the limbs, low blood pressure and nerve disorders of the limbs are also improved with hydrotherapy.

Important Note On Hydrotherapy Treatments

Too much heat or cold can harm you, so it's important that you consult your physician before embarking upon hydrotherapy treatments to be sure the treatment is right for you.

Once you and your doctor have agreed upon a treatment, be sure to monitor your progress and report any issues that arise to your doctor. This allows your doctor to make any necessary adjustments to your treatment and protects your health and safety.

CHAPTER FIVE

FINANCES

“Money is a terrible master, but an excellent servant.”

P.T. Barnum

Your Home is Your Castle And You CAN Protect It

Failure to foresee the financial devastation of an illness or injury can be fatal, both physically and financially.

My parents were not wealthy by any means. They had small pensions, some savings, and had been relatively financially comfortable. I had put them into a reverse mortgage 15 years earlier, so they had that cash available, and had been able to keep the house up without a mortgage payment.

My mother’s accident nearly bankrupted them!
Even more sadly,

if Mom had not passed away when she did, nursing home and medical expenses would have completely depleted their financial resources.

For example, my parents paid over \$30,000 in cash to cover their share of Mother's uninsured medical bills and care requirements stemming from the broken hip and hospital stay. This was nearly half of everything they had in their savings.

This was only the start of their financial devastation. My folks lived in a small community. There are not many in-home caregivers available as resources. Once Dad reached the point where he could not care for Mom, he had to spend thousands of dollars in cash for unreliable, indifferent, low-skilled people to watch Mom.

He also had the stress of searching for, interviewing, screening, hiring and firing these people. Not fun!

Please, don't get me wrong. I am not about to fault the in-home caregivers out there. Many are angels! But, like anything else, there are good ones, and there are bad ones.

And the really good ones are virtually impossible to find. My parents were in a small town, and that further narrowed their options.

When Mother finally went into the nursing home, we thought Medicaid would cover the expense. WRONG! They had failed to plan properly. They learned that Dad had to deplete practically ALL of their savings.

Basically, he had to be broke before Medicaid would pick up Mother's nursing home expenses! This also meant Mother could only stay in a nursing home that accepted Medicare/Medicaid —not many did, and those that did were not very high-quality.

Option One

Do nothing = Injury

- >Hospital / ER = \$30,000+
- >Nursing Home = \$6k-12k/mo
- >Assisted Living - \$4k-8k/mo
- >Average Life Expectancy = 6-8months
- >75% Never Return Home!!!

My mom's care depleted my parents' savings at a rate of between \$5,000 and \$10,000 every single month.

No one in my family knew what might have prevented the fall in the first place. No one had a clue how to help my dad keep Mom at home, even after the fall. Nor did we know how to help them bathe safely and with dignity, so they could live together in their own home indefinitely.

More importantly, not one person in the healthcare community offered any meaningful guidance — before, during or after my mother's injury. Not one doctor, not one physical therapist, nurse, social worker or inhome caregiver ever mentioned any solutions that we didn't know about.

We simply had no idea what was possible.

Option Two

Make home safe

- >Total Home Bath Makeover = \$10k-\$30k+
- >In Home Care = \$1k-\$12k/mo
- >Medical Hydrotheraphy = \$3k
- >Average Life Expectancy = 5-15 years
- >75% Never Leave Home!!!

Don't get me wrong, as with in-home caregivers, there are many well intentioned, professional caregivers out there who would have helped, had we found them. I am saying that for my parents, in rural Arkansas, no one appeared to help them in a way that would have kept Mom at home.


In hindsight, I knew, instinctively, there had to be far superior safety products to the ones we did install for Mom. There had to be other technologies and resources that could have prevented the fall, or at least kept my mother living safely at home, without putting unreasonable physical, mental and financial stress on my father.

Over the last seven years, I have avidly sought to help others avoid the tragedy that my family has endured. I felt as though I failed my parents, and I had to learn how to help educate my aging father (who, as you know by now, thrived to age 102), to make his home safer and avoid potential falls.

I say I had to do this not only because I felt obligated as a son, but also because my dad, like Mom, was adamant that he intended to stay in our family home for the rest of his life. How could I ignore his fervent declaration that he would NEVER go into a nursing home? Especially when he had just watched my mom's experience there?

Making my dad's wish come true proved difficult. I needed to learn about products and technologies to make him safe at home. I needed to learn how to create safe and healthy forms of exercise and therapy to enhance Dad's mobility and flexibility.

In pursuing my passion to help Dad, I traveled all over the US, and to Asia, Europe and Canada.



I invested thousands of dollars and over 3,500 hours of my personal time researching ALL the products and technologies available.

I actually worked for nearly a year with one of the largest, most highly advertised distributors of walk-in bathtubs in North America. I sat in living rooms and interviewed hundreds of seniors, their healthcare providers, and family members in order to determine what issues they faced, and how to best resolve their mobility, health and bathing-related safety issues.

Having invested seven years in extensive research and study, I believe it is fair to say that I am now one of the most experienced legal, safety, health, and “aging in place” consultants working with the elderly and their families in the United States. I am even more confident that I am the leading expert on walk-in bathtubs and safe bathing technologies. I am not saying I know everything there is to know.

To the contrary...I am saying that I know enough to ask the hard questions that need to be answered to achieve the goal of living independently at home for as long as possible.

I, and all the people in my company, are here to help you in any way we can. But, you need to call us. There are no stupid questions...except the ones you don't ask and get answered.

Call Before You Fall®

Conclusion

Walk-in therapy tubs have the potential to enhance every area of life and provide a safe and sacred environment in which we can not only heal but flourish and transform adversity into triumph. In short, THRIVE NOW. While this may seem a bit dramatic... the truth is... this cannot be denied. Most of us don't have the means or the where-with-all to go down to the neighborhood hot springs for hydrotherapy (assuming there were one).

We cannot afford to get the therapies and age-appropriate exercise we need without significant hassle and expense.

Many people also do not have access to or the ability to go to a hot tub. Also, hot tubs, while wonderful for some, need a certain level of mobility, the ability to tolerate the heat, and cope with all the chlorine and chemicals that are necessary for most hot tubs.

Even a “simple” thing like the loss of self-confidence due to illness or injury can have a major impact on a person’s mobility.


If you get into a tub but don’t have “confidence” that you’re going to be able to get out, what was once a necessary and enjoyable time becomes rife with anxiety and frustration. As I saw interviewing hundreds of seniors and their adult children and caregivers, most seniors “suffer quietly” in their bathrooms, left to their imagination as to how to navigate themselves into and out of that tub or shower. Men in particular are very hesitant to admit they need help or are not able to safely bath, so they say nothing.

The solution to this is to have your own medical hydrotherapy spa and the appropriate safe bathing appliance for you, installed right in your own home, available to you and your family at any time (day or night) in the safest, most secure and private place there is. That is your own home.

You can decorate your bathroom however you like. Our surroundings have a profound effect on how we feel about ourselves and how we feel in general. Think about being surrounded by a completely safe, relaxing, rejuvenating environment. Even just thinking about that relaxes your mind and body. The brain cannot and does not distinguish between what is actually happening and what you think is happening.

Notice if you think about feeling insecure, unsafe, your body and mind respond by tensing up. You want to live in an environment where everything you want and need will be right at your fingertips... designed especially for you. You have the opportunity with walk-in therapy tubs to bring everything you need right into your own home.

You have before you the technology to turn the ten most dangerous square feet on earth for everyone over 65 (your traditional bathtub or shower) into an "oasis of health and relaxation!"



Right now, right here... we can build the homes of the future. We can be the generation that ends the steady “warehousing” of our elderly and disabled into nursing homes, and all other types of health care facilities.

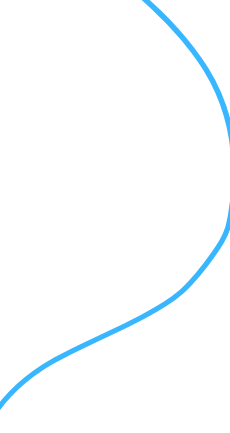
When most people remodel their homes, build a new one or purchase an old one, one of the first things they do is “upgrade” to the latest and best features available. This is done for a variety of reasons, but the top of the list are:

- Adding safety and convenience to their home
- Making their home more beautiful
- Increasing the value of their home
- Preparing for the future
- Wanting to leave their children/grandchildren with the best possible inheritance

Just think about the technological advances in the last ten years: how computers have changed, the constant upgrading of cell phones, iPhones, iPods, TVs, etc.

In almost every area of convenience and leisure, technology has steadily advanced. However, in one of the most important, private areas of our lives, our bathrooms have stayed the same – and bathtubs have remained essentially the same for thousands of years.

The compelling and irrefutable evidence is this: the future is ours if we choose to be among the visionaries and pioneers who make the world a better place for themselves, their loved ones, and for people in general. Now is the time to act with intelligence, compassion, and integrity.



We have the opportunity right here, right now to be THE generation that moves into this century with the technology of the future blended with the ancient knowledge of the past to provide an environment for healing and hope.

My commitment: Everyone will bathe in a an accessible safe therapy tub in the future, and everyone will have access to in-home Medical Hydrotherapy®! Join me.




ABOUT GEORGE BENTLEY

George is a former law professor and radio talk-show host. He is experienced in the fields of law, business, finance, learning and wellness technologies, personal growth and human development. He has studied at Harvard Law School and New York University School of Law, and is a former Adjunct Professor at the University of Denver College of Law.

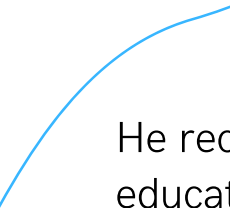


George is acknowledged as one of the first pioneers in legal Alternative Dispute Resolution, which literally changed the way that law is practiced in this country.



George's mother died in a nursing home from injuries first acquired in a preventable fall at home. Following her death, George committed his life to discovering how to help other seniors avoid the same fate. He successfully helped his father live independently to the age of 102.

As an attorney and Certified Aging-in-Place Specialist, and Certified Environmental Access Consultant. George researches accessibility and mobility appliances, cutting-edge health and anti-aging technologies, the Americans with Disabilities Act, and Universal Design Concepts. He writes extensively on safe aging and senior health issues and has personally interviewed and consulted with thousands of seniors, their adult children, and caregivers.



He recently finished developing the professional education certifications and coursework for the professional designation of Certified Safe Bathing Specialist, and created the Medical Hydrotherapy® Program, a unique and revolutionary therapeutic process designed to fight degenerative age-related health problems and help seniors and the health-challenged remain in their own homes. The program has been so well received by the medical profession that virtually every doctor has prescribed it for their patients who desire to enroll.

George is the founder and CEO of Bentley Wellness Technologies, Inc., the nation's leading provider of high-quality, fully Americans with Disabilities Act (ADA) complaint walk-in bathtubs, transition tubs, and safe bathing appliances designed to help seniors live independently in their own homes. He is also the inventor and creator of Medical Hydrotherapy®.