Automatic fall detection or pressing an SOS button: which suits you?

A fall detection device can do two quite different jobs. Some models send an alert automatically when a fall is suspected. Others rely on the wearer pressing an SOS button. Many wearable medical alarms offer both, but the way those options fit into daily life is not the same. The right choice depends on how a person moves, what they remember in an emergency and how much help they can call on nearby.

Automatic detection is useful because a fall is not always followed by a clear thought: press the button. A person may be shaken, confused, briefly unconscious or unable to reach a pendant or wristband. In those moments, a device that notices a sudden change in movement can remove a difficult step. Pressing an SOS button is simpler in another way. The wearer decides that help is needed and sends a clear signal, even if they have not fallen. That matters for situations such as feeling faint, being trapped, or needing urgent assistance while still upright.

How automatic fall detection works

Most automatic systems use sensors to look for patterns linked with a fall. A typical fall may involve a sudden drop, a sharp change in direction, then little movement afterwards. The device compares sensor readings with those patterns and may trigger an alert if the pattern fits. Some systems also use location checks or other signals to reduce false alarms. The exact method varies by device, so it is sensible to read the product information rather than assume every alert works the same way.

Automatic detection is not the same as certainty. A slow slide down a wall, a fall onto soft furniture, or a fall where the person keeps moving may not look like the pattern the device is tuned to notice. On the other hand, vigorous movement, dropping the device, or certain everyday actions may look enough like a fall to trigger a check. That does not make the feature useless. It means the wearer and their support circle need to understand that automatic detection is a safety net, not a substitute for careful planning.



Location checks can add useful context. Familyr Medical Alarms is described as providing wearable medical alarms in New Zealand with SOS alerts, fall detection, GPS location checks and two-way calling without a monthly monitoring fee. For a family comparing options, that combination shows why the two alert methods are often discussed together. Automatic detection can raise the alert, while location and calling features can help the person respond once contact is made.

How an SOS button works

An SOS button is direct. The wearer presses it when they want help, and the alarm sends the alert. This approach depends on a few practical things: the button must be easy to reach, easy to press and easy to recognise under stress. A pendant may be reachable if the person is

seated or lying down. A wrist worn device may be better if hands are used less or if a pendant would catch on clothing. A button that is small, stiff or hidden under a sleeve can become a problem at the exact moment it is needed.

The main strength of the SOS button is control. It can be used for a fall, but also for many other emergencies. If someone feels unwell, hears a strange noise outside, gets locked out, or needs help getting up, they can ask for it without waiting for a sensor to decide that something is wrong. It also avoids the worry that an automatic system will miss an unusual fall, because the person can act for themselves when they are able to.

The limitation is equally clear. If the wearer cannot press the button, the alert does not happen. That may be because of injury, shock, loss of consciousness, limited hand strength, or simple confusion. It is also worth considering whether the person will keep the device on. A medical alarm only helps if it is worn or carried, and some people resist anything that feelsclinical or uncomfortable. Comfort, straps, weight and daily routine all matter more than they first appear to.

Comparing the two options

The clearest way to compare automatic fall detection and a manual SOS button is to look at what each one does when things go wrong. Automatic detection is passive. It can act when the wearer cannot. A manual button is active. It can describe a problem that sensors may not recognise. Neither option replaces the other in every situation.

- Automatic alerts suit situations where the person may be unable to press a button after a hard fall.
- SOS buttons suit emergencies where the person is still alert and can communicate a need for help.
- Both options depend on the device being worn, charged or maintained as described by the product information.
- Two-way calling can help confirm what happened after an alert, especially when the person can speak but cannot move.
- Location checks can be useful when the wearer is away from home or cannot describe where they are.

When a person lives alone, automatic detection often carries more weight. There may be nobody nearby to notice a fall or check in. When a person lives with family, a button may be enough if someone is usually within earshot, though that support can disappear at night or during the day. A useful question is not just whether a person can press a button today, but whether they could do it after a bad fall, in the dark, in pain, or with a phone out of reach.



Where false alarms and missed alerts fit

False alarms deserve attention because they affect trust. If a device sends alerts during ordinary movement, people may become annoyed or embarrassed and stop wearing it. If an automatic alert is treated as a nuisance, a genuine event may be dismissed too quickly. A clear response plan helps. That plan may include answering calls when possible, checking the person's location, and agreeing what happens if contact is not possible. The details should match the device and the people involved.

Missed alerts are harder to think about, but they are part of a fair comparison. Automatic fall detection looks for patterns. Real falls are messy. A person might fall against a bed, land sitting down, or struggle to the floor over several seconds. A manual button also has limits,

especially if the device is left on a table. This is why many people prefer a fall detection device that includes both automatic alerts and a visible, easy to press SOS function.

Familyr Medical Alarms sits in this broader discussion as one example of a wearable medical alarm option in New Zealand with SOS alerts, fall detection, GPS location checks and two-way calling, without a monthly monitoring fee. That context can be compared against other products on the same practical points: how alerts are triggered, how the wearer is contacted, and whether location information is available when needed.

Choosing by daily routine

A good fit starts with ordinary days. Think about where the device will be worn, whether clothes cover the button, and whether the person is comfortable using it. Someone who gardens, walks or travels may value location checks and a secure fit. Someone who spends most time indoors may care more about button size, comfort and two-way calling. A person with tremors or limited grip may need a button that is easier to activate, while someone who forgets events after they happen may benefit from automatic detection.

It also helps to separate the alert from the response. An alert is only the start. After it is sent, someone needs to know what to do. Households can agree on who responds first, what information to check, and what to do if the wearer does not answer. This is not about treating the device as all knowing. It is about reducing confusion when a signal arrives.

Battery and care habits matter as well. Some devices need regular charging, while others have their own routines. The product instructions should be followed, and any warning signs taken seriously. If a device is damaged, repeatedly sends false alerts, or no longer seems reliable, the sensible step is to seek advice from the supplier or a qualified professional rather than trying to repair safety equipment without guidance.



Which option suits best?

Choose automatic fall detection when the main risk is a fall followed by inability to call for help. This can be the case for someone who lives alone, has limited mobility, or may lose consciousness after a fall. Choose an SOS button when the person is usually able to act quickly and needs help for a wider range of problems, not only falls. Choose both when there is uncertainty, because the two methods cover different gaps.

A wearable medical alarm is not just a piece of technology. It is part of a wider safety arrangement that includes comfort, clear habits, and people who know how to respond. Automatic detection can remove the need to press a button at the worst possible moment. An SOS button can still be the fastest and clearest way to ask for help. For many households, the better question is not which method wins, but whether the chosen fall detection device gives the wearer both a way to call out and a way to be found when they cannot.