

Why should older patients (65+) be screened for falls?

- 30-35% of people 65+ fall each year ¹
- Those who fall are 2-3 times more likely to fall again ²
- 1 in 5 falls causes a serious injury ³
- Cost of fall injuries among people 65+ (adjusted for inflation) = \$30 billion (fatal falls: \$0.3 billion; nonfatal injuries: \$29.9 billion) ⁴
- Falls can be prevented ⁵

Brief Screening and Assessment

See reverse side for Algorithm for Fall Risk Assessment and Interventions

Screening

Whom to screen: Those age 65 and over.

Screening Questions:

1. Have you fallen in the last 12 months? If yes, how many times?
2. Are you afraid of falling?
3. Do you feel unsteady when standing or walking?

Assessment

History: previous falls; mobility, gait or balance problems; orthopedic or neurological problems that might predispose to falls

Medications: psychoactive, anticholinergic, sedating

Exam: TUG, hypotension, balance or movement difficulties

No Risk Factors:

General Exercise Recommendations:

- 150 minutes of moderate intensity per week
- Muscle strengthening two times per week
- Exercise regularly with a focus on balance, strength and flexibility

If Any Positive Risk Factors:

- Refer for exercise therapy and/or physical therapy, including balance, gait, and strength training
- Vitamin D 800 IU daily, with or without calcium supplement as indicated
- Modify medications as needed

The Timed Up and Go (TUG) Test

Purpose: To assess mobility.

Equipment: A stopwatch.

Directions:

- Wear regular footwear
- Use walking aid if needed
- Sit back in a standard armchair
- Identify a line 10 feet (3 meters) away on the floor

Instructions to the patient:

When I say "Go," I want you to:

1. Stand up from the chair
2. Walk to the line on the floor at your normal pace
3. Turn
4. Walk back to the chair at your normal pace
5. Sit down again

- On the word "Go" begin timing
- Stop timing after patient has sat back down
- Record time

Time: _____ seconds

An older adult who takes ≥ 12 seconds to complete the TUG is at high risk for falling.

Observe the patient's postural stability, gait, stride length, and sway.

Document all of the following:

- Slow, tentative pace
- Loss of balance
- Short strides
- Little or no arm swing
- Steadying self on walls
- Shuffling
- *En bloc* turning*
- Not using assistive device properly

**En bloc* turning is turning the body as a whole, rather than beginning the turn with one foot and one leg, followed by pivoting the other foot and bringing around the upper body.

For TUG video and two alternative assessment tests (30-second Chair Stand and 4 Stage Balance Test) go to:
<http://www.cdc.gov/homeandrecreationalafety/Falls/steady/index.html>

Referral and Other Resource Information

Fall Prevention Network (Metro Denver): www.FallPreventionNetwork.com Info/Referral line: (303) 922-5555

STEADI (Stopping Elderly Accidents, Deaths & Injuries) Toolkit for Health Care Providers (CDC) -- <http://www.cdc.gov/homeandrecreationalafety/Falls/steady/index.html>

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2. Tinetti, New Eng J Med, 1988; Teno, JAGS, 1990
3. Sterling, J Trauma-Inj Infection & Critical Care, 2001

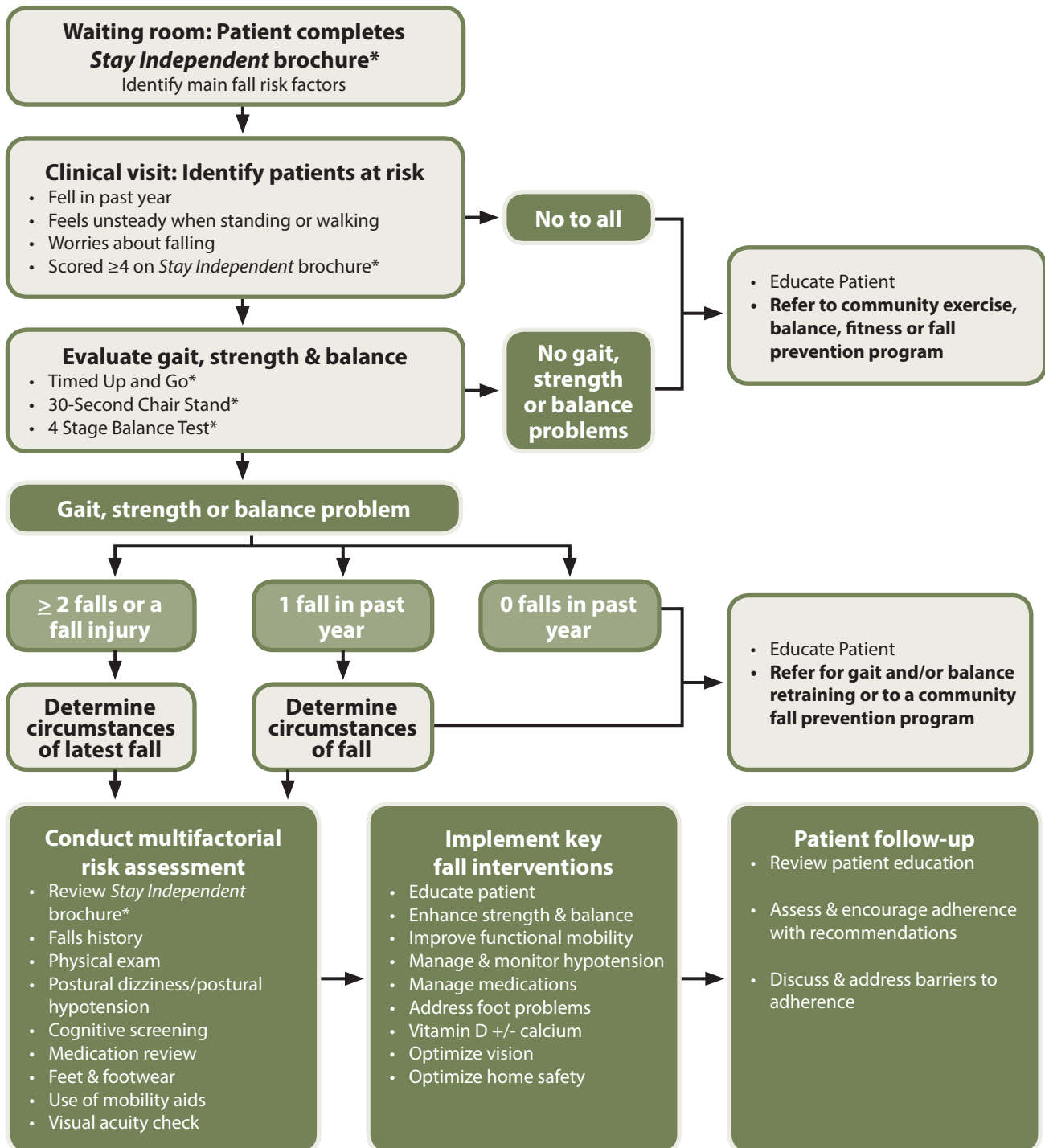
4. Stevens JA, Inj Prev, 2006
5. Evidence for clinical interventions: Chang et al., British Medical Journal, 2004, Annals of Internal Medicine, 2012, Gillespie et al., Cochrane Database of Systematic Reviews, 2012, Moyer, U.S. Preventive Services Task Force



Centers for Disease
Control and Prevention
National Center for Injury
Prevention and Control

STEADI Stopping Elderly
Accidents, Deaths & Injuries

Algorithm for Fall Risk Assessment & Interventions



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* for written and video instructions, see: <http://www.cdc.gov/homeandrecreationalafety/Falls/steady/index.html>