As a healthcare provider, you are already aware that falls are a serious threat to the health and well-being of your older patients.

More than one out of four people 65 and older falls each year, and over 3 million are treated in emergency departments annually for fall injuries.

The CDC’s STEADI initiative offers a coordinated approach to implementing the American and British Geriatrics Societies’ clinical practice guideline for fall prevention. STEADI consists of three core elements: Screen, Assess, and Intervene to reduce fall risk.

The STEADI Algorithm for Fall Risk Screening, Assessment and Intervention outlines how to implement these three elements.

Additional tools and resources include:

- Information about falls
- Case studies
- Conversation starters
- Screening tools
- Standardized gait and balance assessment tests (with instructional videos)
- Educational materials for providers, patients, and caregivers
- Online continuing education
- Information on medications linked to falls
- Clinical decision support for electronic health record systems

CDC’s STEADI tools and resources can help you screen, assess, and intervene to reduce your patient’s fall risk. For more information, visit [www.cdc.gov/steadi](http://www.cdc.gov/steadi).
Algorithm for Fall Risk Screening, Assessment, and Intervention

**START HERE**  Patient completes the *Stay Independent* brochure

- **Screen for fall risk**
  - Patient scores \( \geq 4 \) on the *Stay Independent* brochure  
    - OR  
    - Clinician asks key questions:  
      - Fell in past year?  
      - If YES ask, How many times? Were you injured?  
      - Feels unsteady when standing or walking?  
      - Worries about falling?

- **Score \( \geq 4 \)  
  - OR  
  - YES to any key question

- **Evaluate gait, strength, & balance**
  - Timed Up & Go (recommended)  
  - 30-Second Chair Stand (optional)  
  - 4-Stage Balance Test (optional)

- **Gait, strength or balance problem**
  - \( \geq 2 \) falls  
  - 1 fall  
  - 0 falls

- **Conduct multifactorial risk assessment**
  - Review the *Stay Independent* brochure  
  - Falls history  
  - Physical exam, including:  
    - Postural dizziness/postural hypotension  
    - Medication review  
    - Cognitive screening  
    - Feet & footwear check  
    - Use of mobility aids  
    - Visual acuity check

- **HIGH RISK individualized fall interventions**
  - Educate patient  
  - Vitamin D +/- calcium  
  - Refer to PT to enhance functional mobility & improve strength & balance  
  - Manage & monitor hypotension  
  - Manage medications  
  - Address foot problems  
  - Optimize vision  
  - Optimize home safety

- **Follow up with HIGH RISK patient within 30 days**
  - Review care plan  
  - Assess & encourage fall risk reduction behaviors  
  - Discuss & address barriers to adherence  
  - Transition to maintenance exercise program when patient is ready

- **LOW RISK**
  - Individualized fall interventions
    - Educate patient  
    - Vitamin D +/- calcium  
    - Refer for strength & balance exercise (community exercise or fall prevention program)

- **MODERATE RISK**
  - Individualized fall interventions
    - Educate patient  
    - Vitamin D +/- calcium  
    - Refer to PT to improve gait, strength, and balance  
    - Refer to a community fall prevention program

*For these patients, consider additional risk assessment (e.g., medication review, cognitive screen, syncope).