## Talking With Your Patients About Falls

<table>
<thead>
<tr>
<th>If you hear:</th>
<th>You can say:</th>
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</thead>
<tbody>
<tr>
<td><strong>PRECONTEMPLATION STAGE</strong></td>
<td></td>
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<tr>
<td>Falling is just a matter of bad luck.</td>
<td>As we age, falls are more likely for many reasons, including changes in our balance and how we walk.</td>
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<tr>
<td><strong>CONTEMPLATION STAGE</strong></td>
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<tr>
<td>My friend down the street fell and ended up in a nursing home.</td>
<td>Preventing falls can prevent broken hips and help you stay independent.</td>
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<tr>
<td><strong>PREPARATION STAGE</strong></td>
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<tr>
<td>I’m worried about falling. Do you think there’s anything I can do to keep from falling?</td>
<td>Let’s look at some factors that may make you likely to fall, and talk about what you could do about one or two of them.</td>
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<tr>
<td><strong>ACTION STAGE</strong></td>
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<tr>
<td>I know a fall can be serious. What can I do to keep from falling and stay independent?</td>
<td>I’m going to refer you to a specialist who can help you improve your vision, balance, and optimize your medications.</td>
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### Key Facts About Falls:
- One in four older adults (age 65+) falls every year.
- Many patients who have fallen do not talk about it.

### Fall Screening Questions:
- Have you fallen in the past year?
- Do you feel unsteady when standing or walking?
- Do you worry about falling?

For more information, visit [www.cdc.gov/steadi](http://www.cdc.gov/steadi)
1. Be proactive:
   • Ask all patients age 65+ to assess their fall risk.

2. Identify modifiable fall risk factors:
   • Vestibular disorder/poor balance
   • Vitamin D insufficiency
   • Medications linked to falls
   • Postural hypotension
   • Vision impairment
   • Foot or ankle disorder
   • Home hazards

3. Intervene using effective clinical strategies:
   • Strength and balance program (e.g., physical therapy, Tai Chi)
   • Vitamin D supplementation
   • Medication management
   • Corrective eyewear
   • Cataract surgery
   • Orthotics and exercise
   • Home modification led by an occupational therapist

Algorithm for Fall Risk Screening, Assessment, and Intervention

START HERE

- Patient completes the Stay Independent brochure
  - Patient scores > 4 on the Stay Independent brochure
  - Screen for fall risk
    - Score 4 or > on any key question
      - YES
      - No gait, strength, or balance problems
      - Evaluate gait, strength, & balance
        - Timed Up & Go (recommended)
        - 30-Second Chair Stand (optional)
        - 4-Stage Balance Test (optional)
        - Score ≥ 4
        - NO
        - YES to any key question
          - Conduct multifactorial fall risk assessment
            - Review the Stay Independent brochure
            - Falls history
            - Physical exam, including:
              - Postural dizziness/postural hypotension
              - Medication review
              - Cognitive screening
              - Address foot problems
              - Optimize vision
              - Optimize home safety
              - Use of mobility aids
              - Falls history
              - Review & 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

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

LOW RISK MODERATE RISK HIGH RISK

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