Talking With Your Patients About Falls

- Help patients understand their own unique fall risk.
- Educate patients on their modifiable risk factors and corresponding fall prevention strategies.
- Emphasize that fall prevention can help them remain independent.
- Discuss with patients which strategies they might be willing to do.
- Work with patients and caregivers to develop a plan for fall prevention.

Key Facts About Falls

- One in four older adults age 65+ falls every year.
- Falls are the leading cause of injury deaths for older adults.
- Many patients who have fallen do not bring it up at medical appointments, so providers need to ask.

Each year, ask your older patients:

- Have you fallen in the past year?
- Do you feel unsteady when standing or walking?
- Do you worry about falling?

For more patient and provider resources, visit www.cdc.gov/steadi.
### STEADI Algorithm for Fall Risk Screening, Assessment, and Intervention among Community-Dwelling Adults 65 years and older

#### Available Fall Risk Screening Tools:
- **Stay Independent**: a 12-question tool
  - [at risk if score ≥ 4]
  - **Important**: If score < 4, ask if patient fell in the past year
    - (If YES → patient is at risk)
- **Three key questions** for patients [at risk if YES to any question]
  - Feels unsteady when standing or walking?
  - Worries about falling?
  - Has fallen in past year?
    - If YES ask, “How many times?” “Were you injured?”

#### Common ways to assess fall risk factors are listed below:

<table>
<thead>
<tr>
<th>Common assessments:</th>
<th>• Timed Up &amp; Go</th>
<th>• 4-Stage Balance Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify medications that increase fall risk</td>
<td>(e.g., Beers Criteria)</td>
<td></td>
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<tr>
<td>Ask about potential home hazards</td>
<td>(e.g., throw rugs, slippery tub floor)</td>
<td></td>
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<tr>
<td>Measure orthostatic blood pressure</td>
<td>(Lying and standing positions)</td>
<td></td>
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<tr>
<td>Check visual acuity</td>
<td>Common assessment tool: • Snellen eye test</td>
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#### Assess patient’s modifiable risk factors and fall history:

- **Evaluate gait, strength, & balance**
- **Identify medications that increase fall risk**
- **Ask about potential home hazards**
- **Measure orthostatic blood pressure**
- **Check visual acuity**

#### Intervene to reduce identified risk factors using effective strategies.

**Reduce identified fall risk**
- Discuss patient and provider health goals
- Develop an individualized patient care plan (see below)

**Below are common interventions used to reduce fall risk:**

<table>
<thead>
<tr>
<th>Poor gait, strength, &amp; balance observed</th>
<th>• Refer for physical therapy</th>
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</thead>
<tbody>
<tr>
<td>Medication(s) likely to increase fall risk</td>
<td>• Refer to evidence-based exercise or fall prevention program (e.g., Tai Chi)</td>
</tr>
<tr>
<td>Home hazards likely</td>
<td>• Optimize medications by stopping, switching, or reducing dosage of medications that increase fall risk</td>
</tr>
<tr>
<td>Orthostatic hypotension observed</td>
<td>• Stop, switch, or reduce the dose of medications that increase fall risk</td>
</tr>
<tr>
<td>Visual impairment observed</td>
<td>• Refer to ophthalmologist/optometrist</td>
</tr>
<tr>
<td>Feet/footwear issues identified</td>
<td>• Prevent or reduce the dose of medication affecting vision (e.g., anticholinergics)</td>
</tr>
<tr>
<td>Vitamin D deficiency observed or likely</td>
<td>• Consider benefits of cataract surgery</td>
</tr>
<tr>
<td>Comorbidities documented</td>
<td>• Provide education on depth perception and single vs. multifocal lenses</td>
</tr>
</tbody>
</table>

#### Prevent future risk by recommending effective prevention strategies.

- **Educate patient on fall prevention**
- **Assess vitamin D intake**
  - If deficient, recommend daily vitamin D supplement
- **Refer to community exercise or fall prevention program**
- **Reassess yearly, or any time patient presents with an acute fall**

#### Follow up with patient in 30-90 days.

Discuss ways to improve patient receptiveness to the care plan and address barrier(s).