Algorithm for Fall Risk Assessment & Interventions

Patient completes Stay Independent brochure

Screen for falls and/or fall risk
Patient answers YES to any key question:
• Fell in past year? If YES ask,
  - How many times? and,
  - Were you injured?
• Feels unsteady when standing or walking?
• Worries about falling?

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

≥ 2 falls
Injury

1 fall
No injury

0 falls

Conduct multifactorial risk assessment
• Review Stay Independent brochure
• Falls history
• Physical exam including:
  - Postural dizziness/ postural hypotension
  - Medication review
  - Cognitive screen
  - Feet & footwear
  - 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
• Modify 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
• Review & modify medications
• Vitamin D +/- calcium
• Refer to PT to improve gait, strength & balance
  or refer to a community fall prevention program

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