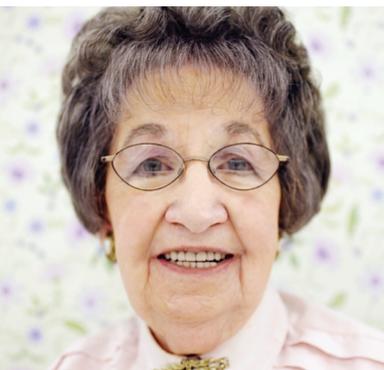


## CASE STUDY 1

Mrs. Booker is a 76 year-old woman who lives independently in her own home. She has come in to your primary care clinic for a wellness visit.



### Self-Risk Assessment

Mrs. Booker completes the *Stay Independent* brochure in the waiting room. She circles “Yes” to the questions, “I have fallen in the last 6 months” and “I take medicine to help me sleep or improve my mood.” Her risk score is 3.

### Gait, Strength & Balance Assessment (Completed and documented by medical assistant)

**Timed Up and Go:** 12 seconds. Gait: decreased arm swing but otherwise normal.

**30-Second Chair Stand Test:** Able to rise from the chair without using her arms to push herself up. Score of 14 stands.

**4-Stage Balance Test:** Able to hold a full tandem stance for 10 seconds unsupported without postural sway.

### History

When asked, Mrs. Booker reports she fell the previous week but wasn’t hurt and so didn’t seek medical attention. She says she was out walking with a friend, they were talking and she wasn’t looking where she was going, and she tripped over a crack in the sidewalk. This was her first fall.

Mrs. Booker reports that she usually walks about 2 miles each day around her neighborhood. She feels steady when walking at all times, even when outdoors. She tries to avoid potholes and usually watches out for cracks in the sidewalk so she won’t trip. She’s not afraid of falling. Walking is her only form of exercise.

### Medical Problem List

- Seizure disorder
- Schizoaffective disorder
- Chronic kidney disease stage 3
- Hypothyroidism



## CASE STUDY 1 (cont.)

### Medications

1. Divalproex sodium DR 250 mg by mouth twice daily
2. Olanzapine 15 mg by mouth daily
3. Lorazepam 0.5 mg - 1 mg by mouth twice daily as needed
4. Levothyroxine 75 mcg by mouth daily
5. Docusate 200 mg by mouth daily
6. Acetaminophen 500 mg by mouth four times daily as needed for pain

### Review of Systems

Positive for poor eyesight, urinary incontinence, and nocturia >2 times a night.

### Physical Exam

<b>Constitutional:</b>	Well-developed, well-nourished, irritable but cooperative with exam.
<b>Vitals:</b>	Supine – 130/91, 107; Sitting – 138/78, 107; Standing – 146/95, 115. BMI 21.0.
<b>Head:</b>	Normocephalic / atraumatic.
<b>ENMT:</b>	Wearing glasses. Acuity 20/30 R, 20/40 L.
<b>CV:</b>	Regular rhythm, tachycardic S1/S2 without murmurs, rubs, or gallops.
<b>Respiratory:</b>	Clear to auscultation bilaterally.
<b>GI:</b>	Normal bowel tones, non-tender, non-distended.
<b>Musculoskeletal:</b>	Strength: 5/5 throughout UE; LE strength 5/5 throughout except 4-/5 at bilateral hip flexors. No knee joint laxity. Foot exam shows no calluses, ulcerations, or deformities.
<b>Neurology:</b>	Cognitive screen: recalls 3/3 items.
<b>Tone/abnormal movements:</b>	No tremor, bradykinesia, or rigidity. Sensation, proprioception, and DTRs normal.
<b>Psych:</b>	PHQ-2 = 0/6.

### Identified Fall Risk Factors

Mrs. Booker's answers on the *Stay Independent* brochure indicate she has fallen in the past year. The results of the assessment tests indicate that her gait speed is somewhat slower than normal but her balance and strength tests are both within normal limits.

- She is taking three psychoactive medications: divalproex, olanzapine, and lorazepam.
- She is complaining of vision problems.
- She has issues with incontinence and gets up during the night to void.

## CASE STUDY 1 (cont.)

### Fall Prevention Recommendations

- Attempt to stop, switch, or reduce psychoactive medications.
- Consider non-pharmacologic options for symptom and condition management.
- Implement strategies to address urinary symptoms.
- Recommend at least 800 IU vitamin D as a daily supplement for fall risk reduction.
- Discuss fall prevention, tailoring suggestions based on the “Stages of Change” model. Emphasize that a fall is not simply “bad luck” or an “accident.”
- Provide the *Chair Rise Exercise* handout and suggest she begin doing this exercise daily.
- Recommend night lights or leaving hall and/or bathroom lights on overnight to reduce the risk of falling when getting up to void.
- Recommend having grab bars installed inside and outside the tub or shower.
- Provide the CDC fall prevention brochures, *What You Can Do to Prevent Falls* and *Check for Safety*.
- Refer to a community exercise, fitness, or fall prevention program to optimize leg strength and balance by including strength and balance exercises as part of her exercise routine.
- Refer to an ophthalmologist for eye exam and updated prescription. Suggest she discuss with her ophthalmologist getting a pair of single lens distance glasses for walking outside.