

Stopping Elderly Accidents, Deaths & Injuries (STEADI) Tool Kit

A Fall Prevention Resource for Health Care Providers

Provider Resources continued

Fall Prevention Patient Referral Form

Referral to: _____

Exercise or fall prevention program (See name for options): _____

Type of specialist (See back of form): _____

Get or modify problem: _____

Balance difficulties: _____

Lower body weakness: _____

Postural hypotension: _____

Suspected neuropathic condition (e.g., Parkinson's disease, dementia): _____

Other relevant information: _____

Referrer signature: _____ Date: _____

Referral forms
For specialists & recommended fall prevention classes

Talking about Fall Prevention with Your Patients

Many fall prevention strategies call for patients to change their behaviors by:

- Attending a fall prevention program
- Doing prescribed exercises at home
- Changing their home environment

It is true that behavior change is difficult. Traditional advice and patient education often does not work.

The Stages of Change model is used to assess an individual's readiness to act on a new health behavior. Research on the change process shows people are more likely to change when they are in the "precontemplation" or "contemplation" stages.

Behavior change is seen as a dynamic process involving both cognition and behavior. One must move a person from being unmotivated, unaware, or unable to make a change (precontemplation), to considering a change (contemplation), to deciding and preparing to make a change (preparation), to changing behavior in the short term (action), and to continuing the new behavior for at least 6 months (maintenance).

The Stages of Change model has been validated and applied to a variety of behavior-changing interventions:

- Exercise behavior
- Smoking cessation
- Contingency use
- Dietary behavior

Stage of change	Patient cognitive and behavior
Precontemplation	Does not think about change, is resigned or fatalistic
Contemplation	Does not believe in or deny/ignore personal susceptibility
Preparation	Weight benefits vs. costs of proposed behavior change
Action	Experiments with small changes
Maintenance	Take definite action to change
	Maintains new behavior over time

From Prochaska, J.O., Velicer, W.F. The transtheoretical model of health behavior change. *Am J Health Promot* 1997; 12(1): 33-42.

Talking with patients
Guidance on talking about fall prevention with patients

Measuring Orthostatic Blood Pressure

- Have the patient lie down for 5 minutes.
- Measure blood pressure and pulse rate.
- Have the patient stand.
- Repeat blood pressure and pulse rate measurements after standing 1 and 3 minutes.

A drop in bp of >22 mm Hg, or an increase in pulse rate of >12 mm Hg, or experiencing lightheadedness or dizziness is considered abnormal.

Position	Time	BP	Assessment/Significance
Lying Down	5 Minutes	BP _____ HR _____	
Standing	1 Minute	BP _____ HR _____	
Standing	3 Minutes	BP _____ HR _____	

For relevant articles, go to www.cdc.gov/steadi

Orthostatic blood pressure
Instructions for measuring orthostatic blood pressure

SAFE Medication Review Framework
A Team-based Approach

Use this framework to conduct a medication review to help prevent older adult falls.

Adapted from existing medication therapy management tools developed and used by pharmacists, this review framework uses the SAFE process: **Screen, Assess, Formulate, and Educate.**

Consider working with pharmacists, who are trained specifically in medication review and are a valuable resource available to your healthcare team.

- S** Screen for medications that may increase fall risk.
- A** Assess the patient to best manage health conditions.
- F** Formulate the patient's medication action plan.
- E** Educate the patient and caregiver about medication changes and fall prevention strategies.

Medication Review
A framework to review medications that may increase fall risk

Patient Education Materials

Stay Independent

Falls are the main reason why older people lose their independence.

Are you at risk?

Postural Hypotension

What It Is and How to Manage It

What YOU Can Do To Prevent Falls

Check for Safety

A Home Fall Prevention Checklist for Older Adults

Chair Rise Exercise

What it does: Strengthens the muscles in your thighs & buttocks.

Goal: To do this exercise without using your hands as you become stronger.

How to do it:

- Sit toward the front of a sturdy chair with your knees bent & feet flat on the floor, shoulder-width apart.
- Rest your hands lightly on the seat on either side of you, keeping your back & neck straight & chest slightly forward.
- Breathe in slowly. Lean forward & fall your weight on the front of your feet.
- Breathe out & slowly stand up, using your hands as little as possible.
- Pause for a full breath in & out.
- Breathe in as you slowly sit down. Do not let yourself collapse back down into the chair. Rather, control your lowering as much as possible.
- Breathe out.

Repeat 10-15 times. If this number is too hard for you when you first start practicing this exercise, begin with fewer & work up to this number.

Rest for a minute & then do a final set of 10-15.

- **Stay Independent:** A validated self-risk assessment brochure
- **Postural Hypotension:** What it is and how to manage it
- **What YOU Can Do to Prevent Falls:** Proven strategies to prevent falls
- **Check for Safety:** A home safety brochure
- **Chair Rise Exercise:** One-page instructional handout