



## fall prevention assessments

Falls have many different causes and elders may have several predisposing risk factors. Examples of risk factors include poor vision, cognitive impairment, gait/balance disturbances, muscular weakness, degenerative joint disease of hips/knees and bladder dysfunction.

The relative contribution of each risk factor differs according to the elder's underlying medical condition, functional level, and environmental circumstances (in other words, the presence of hazardous conditions such as poor lighting, slippery floor surfaces, cluttered pathways, and bathrooms without hand rail support). The more risk factors an elder has, the higher his/her risk of falling will be.

Certain gait and balance abnormalities are good predictors of recurrent falls: difficulty with rising or sitting down, instability immediately after standing, staggering on turns and walking with short, discontinuous steps.

Mobility tests such as the [get up & go test](#) can be used to quickly assess gait and balance. Elders who report two or more falls in the past year and/or imbalance and need to use their hands to rise from a chair of standard height have twice the risk of falls compared to individuals of similar age. Please complete the following three assessments to determine if your loved one is at risk for falls.

### get up & go test

by [Rein Tideiksaar, PhD](#)

Have patient sit in straight-backed chair and ask him/her to:

- Get up (without use of armrests, if possible).
- Stand still momentarily.
- Walk forward 10 feet.
- Turn around and walk back to the chair.
- Sit back down in the chair.

Any observed change in gait, strength or balance is abnormal.

## fall risk checklist

by [Rein Tideiksaar, PhD](#)

Factors	Recommended Interventions
<p><b>Recent Fall(s)</b></p>	<p><i>Obtain Fall History; circumstances of fall (s):</i></p> <ul style="list-style-type: none"> <li>• Symptoms associated with fall (s)</li> <li>• Previous falls (past 3 months)</li> <li>• Location of fall (s)</li> <li>• Activity at time if fall (s)</li> <li>• Time of fall (s)</li> <li>• Trauma associated with fall (s)</li> </ul> <p><i>Evaluate for presence of osteoporosis and treat as appropriate.</i></p> <p><i>Ask about falls/evaluate fall risk on regular basis.</i></p>
<p><b>Sensory</b> Reduced vision (cataracts, glaucoma, and macular degeneration)</p>	<ul style="list-style-type: none"> <li>• Evaluate vision and treat as appropriate.</li> <li>• Physical/occupational therapy home safety evaluation</li> </ul>
<p><b>Underlying Medical Conditions</b></p> <ul style="list-style-type: none"> <li>• Orthostatic Hypotension</li> <li>• Bladder Dysfunction (urge incontinence, nocturia, frequency)</li> <li>• Muscle Weakness (especially lower extremities)</li> <li>• Foot Disorder</li> <li>• Degenerative Joint Disease (especially hips/knees)</li> <li>• Peripheral Neuropathy</li> <li>• Gait &amp; Balance Disorder</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluate medical conditions and treat as appropriate.</li> </ul>
<p><b>Psychological Status</b></p> <ul style="list-style-type: none"> <li>• Depression/Anxiety</li> <li>• Cognitive Impairment</li> <li>• Safety Awareness (Judgment)</li> <li>• Fear of Falling</li> </ul>	<ul style="list-style-type: none"> <li>• Depression/cognitive assessment.</li> <li>• Treat identified conditions.</li> </ul>
<p><b>Medication Status</b></p> <ul style="list-style-type: none"> <li>• 4 or &gt; Prescription Medications</li> <li>• Medication Noncompliance</li> </ul>	

## mobility screen (\*)

by [Rein Tideiksaar, PhD](#)

### Instructions:

1. Ask elder to perform the following maneuvers and score each maneuver. If elder uses cane or walker, allow him/her to use device during maneuvers.
2. Risk score is calculated as follows: Low risk (all maneuvers are normal); "at risk" (one or more adaptive or abnormal maneuvers).

### Maneuvers:

Maneuver	Normal	Adaptive	Abnormal
<b>Sitting Balance</b> Ask elder to sit comfortably in straight-backed chair.	Steady, stable		Holds onto chair to keep upright  Leans or slides down in chair.
<b>Rising Balance</b> Ask elder to rise from chair, without use of armrest support.	Able to rise without using armrests.	Needs armrests or walking aid to rise and/or moves forward in chair before rising.	Multiple attempts required or unable to rise without human assistance.
<b>Standing Balance- Eyes Open</b> Ask elder to stand still for 3-5 seconds.	Steady, able to stand without support.	Steady but needs walking aid or other object for support.	Any sign of unsteadiness.
<b>Standing Balance-Eyes Closed</b> Ask elder to remain standing with eyes closed for 3-5 seconds	Steady, able to stand without support.		Any sign of unsteadiness.
<b>Walking Balance</b> Ask elder to walk straight path (10 feet).	Walks without hesitation, deviation of straight path or shuffling gait.		Any sign of hesitation, path deviation or shuffling gait.
<b>Turning Balance</b> Ask elder to turn around and return back to the chair.	Steady, no staggering or need to hold onto objects/furnishings for support.		Any sign of unsteadiness or holding onto objects/ furnishings for support.
<b>Sitting Balance</b> Ask elder to sit back down in the chair.	Able to sit down without using armrests.	Needs to use armrests to guide self into chair	Plops into chair or unable to sit down without human assistance.