

CHECKLIST FALLS RISK FACTORS

PATIENT _____ DATE _____ TIME _____

FALL RISK FACTOR	PRESENT?	NOTES
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INITIAL SCREENING		
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Have you had any falls in the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you feel unsteady when standing or walking?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you worried about falling?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did the patient score 4 or above on the Staying Independent self-screening checklist?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

If the patient answered YES to any key question or if they scored 4 or above on the Staying Independent self-screening checklist, proceed with a GAIT, STRENGTH AND BALANCE EVALUATION .	If the patient answered NO to all questions or if they scored 3 or below on the Staying Independent self-screening checklist, provide individualized interventions for an older adult at Low Risk for falls.
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GAIT, STRENGTH AND BALANCE EVALUATION		
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Timed Up and Go (TUG)	Score: _____ seconds	
30-Second Chair Stand Test	Score: _____ number	
4-Stage Balance Test (Score Tandem Stance Only)	Score: _____ seconds	

If you have identified a gait, strength or balance problem, proceed with a MULTIFACTORIAL FALL RISK ASSESSMENT .	If you have not identified any gait, strength or balance problems in an older patient who reports a single fall or less in the past year, provide individualized interventions for an older adult at Low Risk for falls*.
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TIMED UP AND GO (TUG)	4-STAGE BALANCE TEST	30-SECOND CHAIR STAND
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<p>Observe the patient's postural stability, gait, stride length, and sway. Note all that apply:</p> <ul style="list-style-type: none"> Slow tentative pace Loss of balance Short strides Little or no arm swing Steadying self on walls Shuffling feet Turning "en bloc" Not using assistive device properly <p>An older adult who takes ≥ 12 seconds to complete the TUG is at risk for falling.</p>	<p>Time and observe the patient's postural stability and the amount of sway during each of the following four standing positions that get progressively harder to maintain:</p> <ul style="list-style-type: none"> Parallel Stance Semi-Tandem Stance Tandem Stance One-Legged Stance <p>It is important that patients do not use an assistive device (cane or walker). However, they should keep their eyes open during the test. An older adult who cannot hold the tandem stance for at least 10 seconds is at increased risk of falling.</p>	<p>Count and record the number of times the patient comes to a full standing position in 30 seconds. An older adult with a below average score for their age and sex indicates an increased risk for falls.</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th colspan="3" style="background-color: #0070C0; color: white;">SCORING TABLE</th> </tr> <tr> <th style="background-color: #0070C0; color: white;">AGE</th> <th style="background-color: #0070C0; color: white;">MEN</th> <th style="background-color: #0070C0; color: white;">WOMEN</th> </tr> </thead> <tbody> <tr><td>60-64</td><td style="text-align: center;">< 14</td><td style="text-align: center;">< 12</td></tr> <tr><td>65-69</td><td style="text-align: center;">< 12</td><td style="text-align: center;">< 11</td></tr> <tr><td>70-74</td><td style="text-align: center;">< 12</td><td style="text-align: center;">< 10</td></tr> <tr><td>75-79</td><td style="text-align: center;">< 11</td><td style="text-align: center;">< 10</td></tr> <tr><td>80-84</td><td style="text-align: center;">< 10</td><td style="text-align: center;">< 9</td></tr> <tr><td>85-89</td><td style="text-align: center;">< 8</td><td style="text-align: center;">< 8</td></tr> <tr><td>90-94</td><td style="text-align: center;">< 7</td><td style="text-align: center;">< 4</td></tr> </tbody> </table>	SCORING TABLE			AGE	MEN	WOMEN	60-64	< 14	< 12	65-69	< 12	< 11	70-74	< 12	< 10	75-79	< 11	< 10	80-84	< 10	< 9	85-89	< 8	< 8	90-94	< 7	< 4
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* If the patient presents for medical attention because of a fall, reports recurrent (≥ 2) falls in the past year or reports difficulties with their gait or balance (with or without activity curtailment), complete a multifactorial fall risk assessment.

FALL RISK FACTOR	PRESENT?	NOTES
MULTIFACTORIAL FALL RISK ASSESSMENT		
Begin by reviewing each statement of the Staying Independent Checklist with the patient. Then obtain the relevant information needed to complete a Focused History before proceeding with a Physical Examination , a Functional Assessment and an Environmental Assessment .		
MEDICAL CONDITIONS		
Cognitive impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other neurological impairments	<input type="checkbox"/> Yes <input type="checkbox"/> No	
At risk of fragility fracture / Osteoporosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Visual acuity <i>< 20/40 OR no eye exam in > 1 year</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Postural Hypotension <i>A decrease in systolic BP \geq 20 mm Hg, or a diastolic BP of \geq 10 mm Hg or light-headedness / dizziness from lying to standing?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Cardiovascular disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Aches and/or pains	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Lower extremity strength or joint problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Foot problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other medical conditions / comorbidities <i>(Specify below)</i> _____ _____ _____		
MEDICATIONS (PRESCRIPTIONS, OVER-THE-COUNTER PRODUCTS, SUPPLEMENTS)		
Psychoactive medications	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Opioids	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Medication that can cause sedation or confusion	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Medication that can cause hypotension	<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER RISK FACTORS		
Inappropriate use of alcohol and/or other substances	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fear of falling <i>(consider using the Staying Confident Checklist)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Inadequate or improper use of assistive devices	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Potential hazards in and around the home	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other risk factors <i>(Specify below)</i> _____ _____		
After completing the Multifactorial Fall Risk Assessment , provide individualized interventions for an older patient at High Risk for falls.		

For more information about recommended clinical practice guidelines for fall risk screening, assessment and interventions, consult the **Finding Balance NB** website at www.findingbalancenb.ca