

## Fall Risk Management

Reviewed and approved by CHAC Clinical Committee on 01.20.2015

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### Screening for Future Fall Risk

#### Numerator:

Documentation of the response to any of the following questions:

- Have you had any falls?
- 2 or more falls in the last year?
- Any fall with injury in the last year?

Does not have to be completed in the provider's office (i.e. PT, HH, telephonic visit)

Standardized falls risk screenings/assessments meet this measure if they ask about a history of falls

#### Denominator:

Age  $\geq 65$  with a visit during the measurement period (2014)

#### Exclusion:

Documented reason WHY patient is not at risk for falling  
(e.g. patient not ambulatory)

Source: medical record review

### What is the problem and what is known about it so far?

Falls are the leading cause of injuries in adults aged 65 and older. Nationally, one out of three adults in this age range will fall each year.<sup>i</sup> Data from 2012 indicated that in Vermont, a third of adults age 65 and older fell at least once during the year. During this same time frame, 4,500 adults age 65 and older reported falling four or more times. 34% of those adults that fell reported being injured.<sup>ii</sup> These falls result in a range of injuries from minor to severe, including lacerations, hip fractures, and head traumas. Risk of falls, including the fear of falling, limits mobility and independence. Adults age 75 and older who suffer a fall are four to five times more likely than those adults age 65 to 74 to be admitted to a long-term care facility as a result of that fall.<sup>iii</sup>

### Who should be screened?

All patients' age  $\geq 65$  during their Annual Exam

### Recommendations for Provider Teams:

#### During the visit ask:

- have you been hospitalized since the last visit?
- have you fallen (or almost fallen) since the last visit?

Administer a Mobility Screening Test such as the Timed Up and Go (TUG) Test

#### If the results of the mobility screening are positive for falls risk:

- review medication (eliminate unnecessary medications, reduce doses of necessary medications to the lowest effective dose, reduce or eliminate the use of psychoactive drugs, medications that have anticholinergic side effects, and sedating over the counter medications such as Tylenol PM)
- review diagnosis

- ask about substance abuse

Follow-up care can include:

- Community Programs (e.g. balance classes; Bone Builders)
- order a VNA Home Safety Evaluation for patients who are essentially homebound.
- consider a physical therapy referral
- evaluate need for durable medical equipment (e.g. cane, walker)

**Recommendations for Patients:**

Action steps for patients at risk of falling should include:

- regular exercise (e.g.: Tai Chi)
- annual eye exams
- review of home for tripping hazards, need for grab bars, improved lighting, and railings on stairways
- screening for osteoporosis
- adequate intake of calcium and vitamin D

**Resources and Tools:**

STEADI (Stopping Elderly Accidents, Deaths & Injuries) Tool Kit for Health Care Providers:

<http://www.cdc.gov/homeandrecreationalsafety/Falls/steady/index.html>

STEADI Tool Kit: Instructional Videos for Health Care Providers:

<http://www.cdc.gov/homeandrecreationalsafety/Falls/steady/videos.html#TUG>

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<sup>i</sup> Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. *Falls Among Older Adults: An Overview*. Retrieved from <http://www.cdc.gov/homeandrecreationalsafety/Falls/adultfalls.html> on December 17, 2014.

<sup>ii</sup> Vermont Department of Health. *Behavioral Risk Factor Surveillance System Reports and Data Briefs*. Retrieved from <http://healthvermont.gov/research/brfss/reports.aspx#briefs> on December 17, 2014.

<sup>iii</sup> Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. *Falls Among Older Adults: An Overview*. Retrieved from <http://www.cdc.gov/homeandrecreationalsafety/Falls/adultfalls.html> on December 17, 2014.

*The practices outlined in these recommendations are based on evidence-based guidelines and suggest one approach to caring for an individual at risk for falls. We recognize that providers must exercise independent medical judgment in meeting the unique needs of each patient.*

Patient: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

# The Timed Up and Go (TUG) Test

**Purpose:** To assess mobility

**Equipment:** A stopwatch

**Directions:** Patients wear their regular footwear and can use a walking aid if needed. Begin by having the patient sit back in a standard arm chair and identify a line 3 meters or 10 feet away on the floor.

## Instructions to the patient:

When I say **"Go,"** I want you to:

1. Stand up from the chair
2. Walk to the line on the floor at your normal pace
3. Turn
4. Walk back to the chair at your normal pace
5. Sit down again

On the word **"Go"** begin timing.

Stop timing after patient has sat back down and record.

**Time:** \_\_\_\_\_ **seconds**

***An older adult who takes  $\geq 12$  seconds to complete the TUG is at high risk for falling.***

Observe the patient's postural stability, gait, stride length, and sway.

**Circle all that apply:** ■ Slow tentative pace ■ Loss of balance  
■ Short strides ■ Little or no arm swing ■ Steadying self on walls  
■ Shuffling ■ En bloc turning ■ Not using assistive device properly

Notes:

For relevant articles, go to: [www.cdc.gov/injury/STEADI](http://www.cdc.gov/injury/STEADI)



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# 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

We know 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, healthier behavior. Research on the change process depicts patients as always being in one of the five "stages" of change.

Behavior change is seen as a dynamic process involving both cognition and behavior, that moves a patient from being uninterested, unaware, or unwilling 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 behaviors including:

- Exercise behavior
- Contraceptive use
- Smoking cessation
- Dietary behavior

Stages of Change model	
Stage of change	Patient cognition and behavior
Precontemplation	Does not think about change, is resigned or fatalistic Does not believe in or downplays personal susceptibility
Contemplation	Weighs benefits vs. costs of proposed behavior change
Preparation	Experiments with small changes
Action	Takes definitive action to change
Maintenance	Maintains new behavior over time

From: Prochaska JO, Velicer WF. The transtheoretical model of health behavior change. *Am J Health Promot* 1997;12(1):38-48.



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When talking with a patient, applying the Stages of Change model can help you match your advice about fall prevention to your patient's stage of readiness.

The following sections give examples of patient-provider exchanges for each of the first four stages and offer possible responses to help move the patient from one stage to another. The maintenance stage is not included because older adults are most often in the early stages of behavior change for fall prevention.

### Examples of Conversations about Fall Prevention

Precontemplation stage	Patient says:	Provider says:
<p>The patient doesn't view him or herself as being at risk of falling.</p> <p>Goal: The patient will begin thinking about change.</p> <p><b>To move the patient to the contemplation stage, provide information and explain the reasons for making changes.</b></p>	Falls just happen when you get old.	It's true that falling is very common. About a third of all seniors fall each year. But you don't have to fall. There are specific things you can do to reduce your chances of falling.
	Falling is just a matter of bad luck. I just slipped. That could have happened to anybody.	As we age, falls are more likely for many reasons, including changes in our balance and how we walk.
	My 92 year-old mother is the one I'm worried about, not myself.	Taking steps to prevent yourself from falling sooner rather than later can help you stay independent.
	It was an accident. It won't happen again because I'm being more careful.	Being careful is always a good idea but it's usually not enough to keep you from falling. There are many things that you can do to reduce your risk of falling.
	I took a Tai Chi class but it was too hard to remember the forms.	Maybe you'd enjoy taking a balance class instead.

Contemplation stage	Patient says:	Provider says:
<p>The patient is considering the possibility that he or she may be at risk of falling.</p> <p>Goal: Patient will examine benefits and barriers to change.</p> <p><b>To move the patient to the preparation stage, make specific suggestions, be encouraging, and enlist support from the family.</b></p>	I'd like to exercise but I don't because I'm afraid I'll get too tired.	<p>You can reduce your chances of falling by doing strength and balance exercises as little as 3 times a week. And you don't have to overexert yourself to benefit.</p> <p>You can do these exercises at home or I can recommend some exercise classes near you.</p>
	My friend down the street fell and ended up in a nursing home.	Preventing falls can prevent broken hips and help you stay independent.
	I have so many other medical appointments already.	<p>I have patients very much like you who do these exercises to prevent falls.</p> <p>These types of exercises only take a few minutes a day.</p>
	I already walk for exercise.	Walking is terrific exercise for keeping your heart and lungs in good condition, but it may not prevent you from falling.
	<p>I don't want to ask my daughter to drive me to the exercise class.</p> <p>Getting to the senior center is so hard now that I don't drive.</p> <p>I have to take care of my husband. I don't have time for this.</p>	<p>There are quite a few simple exercises you can do to keep yourself from falling.</p> <p>They don't take a lot of time and you don't have to rely on other people. You don't even have to leave your own home.</p>

Note: The National Institute on Aging has a free exercise book for healthy older adults to use at home. Go to: [www.nia.nih.gov/HealthInformation/Publications/ExerciseGuide](http://www.nia.nih.gov/HealthInformation/Publications/ExerciseGuide).

Preparation stage	Patient says:	Provider says:
<p>The patient considers him or herself to be at risk of falling and is thinking about doing something about it.</p> <p>Goal: Patient will begin to consider specific changes.</p> <p><b>To move the patient to the action stage, help the patient set specific goals and create an action plan. Reinforce the progress the patient has made.</b></p>	I'm worried about falling. Do you think there's anything I can do to keep from falling?	<p>Let's look at some factors that may make you likely to fall and talk about what you could do about one or two of them.</p> <p>Here's a brochure from the CDC about preventing falls. Why don't you go over it with your spouse?</p>
	I read that some medicines can make you dizzy. Do you think any of mine might be a problem?	<p>Many seniors say they'd prefer to take fewer medicines.</p> <p>Let's go over yours and see if we can reduce or eliminate any of them.</p>
Action stage	Patient says:	Provider says:
<p>The patient considers him or herself to be at risk of falling and is ready to do something about it.</p> <p>Goal: Patient will take definite action to change.</p> <p><b>Facilitate change. Provide specific resources, support, and encouragement to help the patient to adopt new behaviors.</b></p>	I know a fall can be serious. What can I do to keep from falling and stay independent?	<p>I'm going to fill out a referral form for a specialist who can help you [Increase your balance; improve your vision; find shoes that make walking easier].</p> <p>Someone from the office will call you in about a month to see how you're doing.</p>
	I want to take a fall prevention class. What do you recommend?	I'm glad that you're interested in taking a class. Please see the nurse before you leave. She'll give you a list of recommended programs near you.
	I know I'd feel safer if I had grab bars put in my shower.	<p>I'm glad that you're thinking of installing grab bars.</p> <p>Here's the CDC home safety checklist. It can help you identify home hazards and suggest ways to make other changes to prevent falls.</p>

Adapted from: Zimmerman GL, Olsen CG, Bosworth MF. A 'Stages of Change' approach to helping patients change behavior. *American Family Physician* 2000;61(5):1409-1416.





“People who use canes are brave. They can be more independent and enjoy their lives.”

Shirley Warner, age 79

## Four things you can do to prevent falls:

- 1 Begin an exercise program to improve your leg strength & balance
- 2 Ask your doctor or pharmacist to review your medicines
- 3 Get annual eye check-ups & update your eyeglasses
- 4 Make your home safer by:
  - ▶ Removing clutter & tripping hazards
  - ▶ Putting railings on all stairs & adding grab bars in the bathroom
  - ▶ Having good lighting, especially on stairs



Contact your local community or senior center for information on exercise, fall prevention programs, or options for improving home safety.

For more information on fall prevention, please visit:

[www.cdc.gov/injury](http://www.cdc.gov/injury)  
[www.stopfalls.org](http://www.stopfalls.org)

This brochure was produced in collaboration with the following organizations:

VA Greater Los Angeles Healthcare System  
 Division of VA Desert Pacific Healthcare Network  
 Fall Prevention Center of Excellence

CS238175A

# Stay Independent

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

## Are you at risk?



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# Check Your Risk for Falling

Please circle "Yes" or "No" for each statement below.		Why it matters	
Yes (2)	No (0)	I have fallen in the past year.	People who have fallen once are likely to fall again.
Yes (2)	No (0)	I use or have been advised to use a cane or walker to get around safely.	People who have been advised to use a cane or walker may already be more likely to fall.
Yes (1)	No (0)	Sometimes I feel unsteady when I am walking.	Unsteadiness or needing support while walking are signs of poor balance.
Yes (1)	No (0)	I steady myself by holding onto furniture when walking at home.	This is also a sign of poor balance.
Yes (1)	No (0)	I am worried about falling.	People who are worried about falling are more likely to fall.
Yes (1)	No (0)	I need to push with my hands to stand up from a chair.	This is a sign of weak leg muscles, a major reason for falling.
Yes (1)	No (0)	I have some trouble stepping up onto a curb.	This is also a sign of weak leg muscles.
Yes (1)	No (0)	I often have to rush to the toilet.	Rushing to the bathroom, especially at night, increases your chance of falling.
Yes (1)	No (0)	I have lost some feeling in my feet.	Numbness in your feet can cause stumbles and lead to falls.
Yes (1)	No (0)	I take medicine that sometimes makes me feel light-headed or more tired than usual.	Side effects from medicines can sometimes increase your chance of falling.
Yes (1)	No (0)	I take medicine to help me sleep or improve my mood.	These medicines can sometimes increase your chance of falling.
Yes (1)	No (0)	I often feel sad or depressed.	Symptoms of depression, such as not feeling well or feeling slowed down, are linked to falls.
<b>Total</b>		Add up the number of points for each "yes" answer. If you scored 4 points or more, you may be at risk for falling. Discuss this brochure with your doctor.	

## Your doctor may suggest:

- Having other medical tests
- Changing your medicines
- Consulting a specialist
- Seeing a physical therapist
- Attending a fall prevention program



\*This checklist was developed by the Greater Los Angeles VA Geriatric Research Education Clinical Center and affiliates and is a validated fall risk self-assessment tool (Rubenstein et al. J Safety Res; 2011;42(6)493-499). Adapted with permission of the authors.