

| Fall Risk Assessment—Part 1 | | |
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| Fall Risks | Findings | Recommended Actions |
| 1. a. Ask patient if he or she has fallen in the past year.  1. b. If the patient has not fallen in the past year, ask if he or she fears falling or has difficulty walking or has balance issues. | Describe patient reliability in reporting and nature of fears/balance issues: | * If the patient has not fallen in the past year and reports no fear or balance issues and is otherwise a good historian, no further assessment may need to be performed. * If the patient does fear falling or reports difficulty with walking or balance, continue to screen for fall risk. |
| 2. If the patient has fallen in the past year (or is fearful of falling or reports difficulty with walking and balance), ask how frequently the patient has had difficulty or has fallen, and under what circumstances these events occurred. | Describe frequency and circumstances: | * If the patient fears falling due to difficulty walking or has balance issues, but has not fallen or has only had a single fall, patient should have an assessment of gait and balance (see below). * If the patient has had recurrent falls in the past year, he or she should have a multifactorial fall risk assessment performed by a clinician with appropriate skills and training |
| 3. If the patient cannot perform or performs poorly on the standardized gait and balance test, or demonstrates unsteadiness during the test, he or she should have a multifactorial fall risk assessment performed. | Describe results of test: | * If the patient has had only a single fall, fears falling, or reports difficulty with walking and balance but has no difficulty or unsteadiness during the gait and balance assessment, he or she may not need a multifactorial fall risk assessment. The CC should apply professional judgment in making this determination. |

| Fall Risk Assessment—Part 2 |
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| **Screening for gait instability performed using the “Timed Get Up and Go” test** |
| 1. Prior to conducting the test:  * Place a marker ten feet from a standard armchair. * Encourage the patient to wear regular footware, use any customary walking aid, and walk normally. * No physical assistance should be given. * Have the patient walk through the test once before being timed to become familiar with the test. * Explain to the patient that he or she will be asked to perform the test three times and will be timed (from the point the patient rises out of the chair to the time the patient sits down). |
| 1. To test the patient, give the following instructions: 2. Rise from the chair 3. Walk to the mark on the floor (10 feet away) 4. Turn 5. Return to the chair 6. Sit down |
| 1. Record time for each test:   Test 1: \_\_\_\_\_ seconds  Test 2: \_\_\_\_\_ seconds  Test 3: \_\_\_\_\_ seconds |
| 1. Record patient’s mobility based on the following scale:  * <10 seconds = *Freely mobile* * 10-20 seconds = *Mostly independent*, consider further evaluation * >20 seconds = *Variable or impaired mobility*, a multifactorial fall risk assessment should be peformed |
| 1. For patients who are not referred for a multifactorial fall risk assessment, the following strategies are further useful for reducing the risk of falls:  * Conduct an *Environmental Risk Assessment* and recommend adaptations or modifications accordingly. * Conduct a *Medication Reconciliation Assessment* and determine if there are psychoactive or other medications that the patient’s primary care provider may want to consider withdrawing or recommend minimal use. Fall risk may not have been assessed during an outpatient visit or may have changed since the last visit. * Determine if there is need for *postural hypotension management*. Discuss with patient’s primary care provider. * Determine if there are *foot problems* that need management. Discuss with patient’s primary care provider if a referral to a podiatrist may be helpful. * Recommend *balance, strength, and gait training exercise*. Discuss with patient’s primary care provider if there is need for any specialized therapy. |

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