**Falls in Older Patients Guideline**

### Why should older patients (≥65) be screened for falls?
- 30–50% of people 65+ fall each year.
- Those who fall ≥2–3 times more likely to fall again.
- 1 in 5 falls causes a serious injury.
- Cost of falls is exceeds $32 billion (fatal falls: $0.3 billion; nonfatal injuries: $29.9 billion).
- Falls can be prevented.

### Brief Screening and Assessment

**Screening**

- Whom to screen: Those age 65 and over.
- Screening Questions:
  1. Have you fallen in the last 12 months? If yes, how many times?
  2. Are you afraid of falling?
  3. Do you feel unsteady when standing or walking?

**Assessment**

- History: previous falls, mobility, gait or balance problems, orthopedic or neurological problems that might predispose to falls.
- Medications: psychoactive, anticholinergic, sedating.
- Exam: TUG, hypotension, balance or movement difficulties.

### The Timed Up and Go (TUG) Test

**Purpose:** To assess mobility.

**Equipment:** Stopwatch.

**Directions:**
- Wear regular footwear.
- Use walking aid if needed.
- Sit back in a standard armchair.
- Identify a line 10 feet (3 meters) 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.
- Record time.

**Time:** _______ seconds.

An older adult who takes ≥12 seconds to complete the TUG is at high risk for falling.

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

**Document all of the following:**

- Slow, tentative pace
- Sharp loss of balance
- Short strides
- Little or no arm swing
- Steadying self on walls

*En bloc turning* is turning the body as a whole, rather than beginning the turn with one foot and one leg, followed by pruning the other foot and bringing around the upper body.

For TUG video and two alternative assessment tests (30-second Chair Stand and 4 Stage Balance Test) go to:

http://www.cdc.gov/homeandrecreationalsafety/Falls/steadi/index.html

**Referral and Other Resource Information**

**STEADI (Stopping Elderly Accidents, Deaths & Injuries) Toolkit for Health Care Providers (CDC):**

http://www.cdc.gov/homeandrecreationalsafety/Falls/steadi/index.html

**Fall Prevention Network (Metro Denver):**

www.FallPreventionNetwork.com

Info/Referral line: (303) 922-5555

See reverse side for Algorithm for Fall Risk Assessment and Interventions

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2. Sterling, J. Trauma-Inj Infection & Critical Care, 2001
4. Teno, JAGS, 1990

This guideline is designed to assist clinicians in screening and management of falls in older patients. It is not intended to replace a clinician’s judgment or establish a protocol for all patients.

For national recommendations, references and additional copies of the guideline, go to: www.healthteamworks.org or call (303) 446-7200. This guideline was supported with funds from the Tri-County Health Department.
Falls in Older Patients Guideline

Why should older patients (65+) be screened for falls?
- 50% of people 65+ fall each year
- Those who fall are 3-5 times more likely to fall again
- 1 fall in 5 causes a serious injury
- Cost of fall injuries among people 65+ (adjusted for inflation) = $33 billion (fatal falls: $0.3 billion; nonfatal injuries: $32.7 billion)
- Falls can be prevented

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Screening

Whom to screen: Those age 65 and over.

Screening Questions:
1. Have you fallen in the last 12 months? If yes, how many times?
2. Are you afraid of falling?
3. Do you feel unsteady when standing or walking?

Screening

- Exercise regularly with a• Muscle strengthening two• Optimize vision
- Address foot problems
- Manage & monitor hypotension
- Improve functional mobility
- Enhance strength & balance
- Assess & encourage adherence with recommendations
- Review patient education

Assessment

- No gait, strength or balance problems
- 0 falls in past year
- Patient follow-up

History:
- Demographics
- Previous falls
- Mobility
- Gait
- Strength
- Balance
- Functional status

Medications: psychoactive, anticholinergic, sedating

Exams:
- TUG, Hypotension, balance or movement difficulties

For written and video instructions, see: http://www.cdc.gov/homeandrecreationalsafety/Falls/steadi/index.html

The Timed Up and Go (TUG) Test

Purpose: To assess mobility.

Equipment: A stopwatch.

Directions:
- Wear regular footwear
- Use walking aid if needed
- Sit back in a standard armchair
- Identify a line 10 feet (3 meters) 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 set back down.
Record time.

Time: ________ seconds.

An older adult who takes ≥12 seconds to complete the TUG is at high risk for falling.

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

Document all of the following:
- Slow, tentative pace
- Shuffling
- En bloc turning*
- Not using assistive device properly
- Steadying self on walls

*En bloc turning is turning the body as a whole, rather than beginning the turn with one foot and one leg, followed by pivoting the other foot and bringing around the upper body.

For TUG video and two alternative assessment tests (30-Second Chair Stand and 4 Stage Balance Test) go to:
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Referral and Other Resource Information

For Prevention Network (Patient Dynamic) www.PreventionNetwork.com Info/Referral Line: (303) 922-5555
STEADI (Stopping Elderly Accidents, Deaths & Injuries) Toolkit for Health Care Providers (CDC) -- http://www.cdc.gov/homeandrecreationalsafety/Falls/steadi/index.html

5. Sitbal SC, J Fam Pract. 1991
6. HealthTeamWorks.org
7. CDC

Falls in Older Patients Guideline

Algorithm for Fall Risk Assessment & Interventions

Waiting room: Patient completes Stay Independent brochure*

Clinical visit: Identify patients at risk
- Fall in past year
- Fells unsteadily when standing or walking
- Worries about falling
- Scored ≥4 on Stay Independent brochure*

Evaluate gait, strength & balance
- Timed Up and Go*
- 30-Second Chair Stand*
- 4 Stage Balance Test*

No to all

Gait, strength or balance problem
2 falls or a fall injury
1 fall in past year
0 falls in past year

Determine circumstances of latest fall

Conduct multifactorial risk assessment
- Review Stay Independent brochure*
- Falls history
- Physical exam
- Postural dizziness/postural hypotension
- Cognitive screening
- Medication review
- Foot & footwear
- Use of mobility aids
- Visual acuity check

Implement key fall interventions
- Educate patient
- Enhance strength & balance
- Improve functional mobility
- Manage & monitor hypotension
- Manage medications
- Address fall problems
- Address foot problems
- Vitamin D +/- Calcium
- Optimize vision
- Optimize home safety

No gait, strength or balance problems

Determine circumstances of latest fall

Conduct multifactorial risk assessment

Implement key fall interventions

No to all

Educate Patient
- Refer to community exercise, balance, fitness or fall prevention program

Educate Patient
- For gait and/or balance retraining or to a community fall prevention program

For written and video instructions, see: http://www.cdc.gov/homeandrecreationalsafety/Falls/steadi/index.html

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