

CHECKLIST

FALLS RISK FACTORS

PATIENT _____ DATE _____ TIME _____

| FALL RISK FACTOR | PRESENT? | NOTES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|------------------------------|-----------------------------|------------------------------|--|--|---|----------------------|------|------|-------|------|-------|-------|------|------|-------|------|------|-------|------|------|-------|------|------|-------|------|-----|-------|-----|-----|-------|-----|-----|
| INITIAL SCREENING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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? <i>(consider using the Staying Confident Checklist)</i> | <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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GAIT, STRENGTH AND BALANCE EVALUATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 in an older patient who have sustained 2 or more falls or a fall related injury over the past 12 months, proceed with a MULTIFACTORIAL FALL RISK ASSESSMENT . | | If you have not identified any mobility problems, provide interventions for an older adult at Low Risk for falls. However, if you identified a mobility problem with a patient who had no falls or 1 fall without any injury in the past 12 months, provide individualized interventions for an older adult at Moderate Risk for falls. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>TIMED UP AND GO (TUG)</th> <th>4-STAGE BALANCE TEST</th> <th>30-SECOND CHAIR STAND</th> </tr> </thead> <tbody> <tr> <td> <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> </td> <td> <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> </td> <td> <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"> <thead> <tr> <th colspan="3">SCORING TABLE</th> </tr> <tr> <th>AGE</th> <th>MEN</th> <th>WOMEN</th> </tr> </thead> <tbody> <tr> <td>60-64</td> <td>< 14</td> <td>< 12</td> </tr> <tr> <td>65-69</td> <td>< 12</td> <td>< 11</td> </tr> <tr> <td>70-74</td> <td>< 12</td> <td>< 10</td> </tr> <tr> <td>75-79</td> <td>< 11</td> <td>< 10</td> </tr> <tr> <td>80-84</td> <td>< 10</td> <td>< 9</td> </tr> <tr> <td>85-89</td> <td>< 8</td> <td>< 8</td> </tr> <tr> <td>90-94</td> <td>< 7</td> <td>< 4</td> </tr> </tbody> </table> </td> </tr> </tbody> </table> | | | TIMED UP AND GO (TUG) | 4-STAGE BALANCE TEST | 30-SECOND CHAIR STAND | <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"> <thead> <tr> <th colspan="3">SCORING TABLE</th> </tr> <tr> <th>AGE</th> <th>MEN</th> <th>WOMEN</th> </tr> </thead> <tbody> <tr> <td>60-64</td> <td>< 14</td> <td>< 12</td> </tr> <tr> <td>65-69</td> <td>< 12</td> <td>< 11</td> </tr> <tr> <td>70-74</td> <td>< 12</td> <td>< 10</td> </tr> <tr> <td>75-79</td> <td>< 11</td> <td>< 10</td> </tr> <tr> <td>80-84</td> <td>< 10</td> <td>< 9</td> </tr> <tr> <td>85-89</td> <td>< 8</td> <td>< 8</td> </tr> <tr> <td>90-94</td> <td>< 7</td> <td>< 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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| FALL RISK FACTOR | PRESENT? | NOTES |
|---|--|-------|
| MULTIFACTORIAL FALL RISK ASSESSMENT | | |
| Begin by reviewing each statement of the Staying Independent Checklist with the patient. Then obtain a relevant medical history and history of falls before proceeding with the assessment of additional fall risk factors. | | |
| MEDICAL CONDITIONS | | |
| Dizziness | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Problem with heart rate and/or arrhythmia | <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 | |
| Cognitive impairment | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Aches or pains | <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 | |
| Foot problems | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Depression and/or Loneliness <i>(including possible social isolation)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| At risk of Vitamin D deficiency / Osteoporosis | <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 | | |
| Inadequate or improper footwear | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Inappropriate alcohol and/or substance use | <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 fall prevention and clinical practice guidelines for fall risk screening, assessment and interventions, consult the **Finding Balance NB** website at www.findingbalancenb.ca