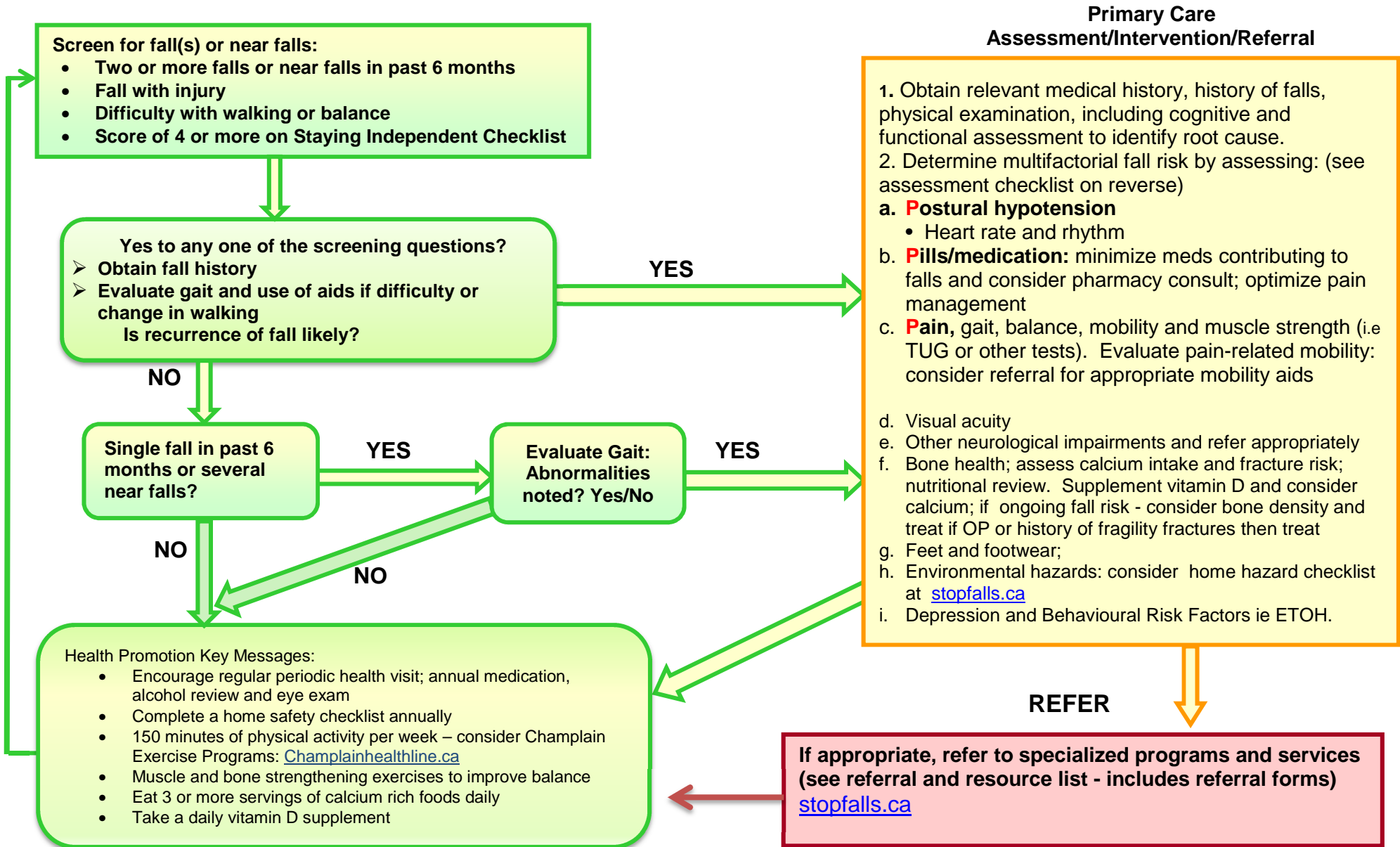


- = Community Health Agencies
- = Primary Care Providers
- = Specialized or Tertiary Care Providers

All adults 65+ should be screened for falls on an annual basis in community programs or with a Primary Care Practitioner. Consider use of "Staying Independent Checklist" *



Primary Care Multifactorial Risk Assessment for Falls

For Comprehensive Medical Assessment

See RGPEO Website: stopfalls.ca

CHECK ALL THAT APPLY

<p>1. History of Falls: <input type="checkbox"/> Complete history of frequency and circumstances of the fall(s)</p>	<p>Evaluation of Gait, Balance and Strength</p> <p>Recommended: TIMED UP and GO (TUG):</p> <p>Time the individual as he rises from a firm chair (can push off from arm rests) walks 3 metres at normal pace (with walking aid if normally used), turns around and returns to chair. >14 seconds correlates with high risk for falls >30 seconds correlates with more dependence in ADLs, query need for assistive devices <20 secs correlates with independence with ADLs</p> <p>Chair Stand Test:</p> <p>Graphics and descriptions of both tests are available at: stopfalls.ca</p>
<p><input type="checkbox"/> Acute or fluctuating medical conditions (e.g. syncope, seizures, hypo/hyperglycemia, symptomatic postural hypotension, etc)</p>	
<p><input type="checkbox"/> Chronic medical (e.g. osteoporosis, urinary incontinence, cardiovascular disease, etc)</p>	
<p><input type="checkbox"/> If memory or cognition issues observed - consider MMSE – results: _____ MoCA results: _____</p>	
<p>2a. Postural Hypotension: obtain blood pressure readings: Pulse: _____ Lying _____ Standing _____ Sitting _____ <input type="checkbox"/> Symptomatic <input type="checkbox"/> Dizziness without postural hypotension</p>	
<p>• Heart Rate and Rhythm Problems: Pulse taken during Blood Pressure reading: _____</p>	
<p>b. Pills/medications</p> <p><input type="checkbox"/> Prescription, over the counter, illicit <input type="checkbox"/> Polypharmacy (6+) _____ <input type="checkbox"/> Alcohol intake</p> <p><input type="checkbox"/> Psychoactive medications (including sedative hypnotics, anxiolytics, antidepressants)</p>	
<p>c. Pain, Gait, Balance, and Mobility Problems <input type="checkbox"/> Pain related mobility</p> <p><input type="checkbox"/> TUG results: > 14 secs (valid if no cognitive impairment) <input type="checkbox"/> Unable to retrieve an item off the floor</p> <p><input type="checkbox"/> Reduced muscle strength/deconditioned <input type="checkbox"/> Decreased lower extremity strength</p> <p><input type="checkbox"/> Decreased upper body strength <input type="checkbox"/> Unable to rise independently from a chair without the use of arm rests or assistance</p>	
<p>d. Impaired Vision: as reported by client and medical history</p> <p>Risk factors: <input type="checkbox"/> Cataracts requiring surgery <input type="checkbox"/> Bifocals or progressives <input type="checkbox"/> Exam > 1 year ago</p>	
<p>e. <input type="checkbox"/> Other Neurological Impairments: based on info gained from medical history, cognitive and physical evaluation</p> <p><input type="checkbox"/> Romberg Sign:</p>	
<p>f. <input type="checkbox"/> At higher risk for low BMD, future fractures and falls based on: <input type="checkbox"/> Prior fractures <input type="checkbox"/> Parental hip fractures</p> <p><input type="checkbox"/> Arthritis <input type="checkbox"/> Current smoking <input type="checkbox"/> High alcohol intake <input type="checkbox"/> Glucocorticoid use</p> <p><input type="checkbox"/> Consider Nutritional assessment (Prednisone and steroid puffer)</p>	
<p>g. <input type="checkbox"/> Feet <input type="checkbox"/> Foot wear problems: examine feet and foot wear to determine need for interventions</p>	
<p>h. <input type="checkbox"/> Environmental hazards: review home situation and determine need for in home assessment</p>	
<p>i. <input type="checkbox"/> Assess for Depression and/or behaviour risks: <input type="checkbox"/> Mood <input type="checkbox"/> Sleep changes <input type="checkbox"/> Decreased interest</p> <p><input type="checkbox"/> Psychomotor changes <input type="checkbox"/> Psychosomatic complaints <input type="checkbox"/> Suicidal thoughts <input type="checkbox"/> Appetite or weight loss</p>	
<p>Client's perceived functional ability / Fear related to falling: contributing to deconditioning or curtailment of physical activities</p>	