Champlain Falls Prevention Strategy: Stay on Your Feet® Screening Algorithm

All adults 65+ should be screened for falls on an annual basis in community programs or with a Primary Care Practitioner.
Consider a self-screening tool: “Staying Independent Checklist”*

Screen for fall(s) or near falls:
- Two or more falls or near falls in past year
- Fall with injury
- Difficulty with walking or balance
- Score of 4 or more on Staying Independent Checklist

Yes to any one of the screening questions?
- Obtain fall history
- Evaluate gait and use of aids if difficulty or change in walking

Is recurrence of fall likely?
- Single fall in past year or several near falls?

Evaluate Gait: Abnormalities noted? Yes/No

Primary Care Assessment/Interventions

1. Obtain relevant medical history, history of falls, physical examination, including cognitive and functional assessment to identify root cause.
2. Determine multifactorial fall risk by assessing: (see Guide on reverse) including:
   a. Postural hypotension: • suggest lying and standing BP See www.posturalhypotension.ca
   b. Pills/medication: minimize meds contributing to falls and consider pharmacy consult; optimize pain management
   c. Pain, gait, balance, mobility and muscle strength (ie
   d. Visual acuity
   e. Other neurological impairments and refer appropriately
   f. Bone health; assess calcium intake & fracture risk; nutritional review. Supplement vitamin D and consider calcium; if ongoing fall risk - consider bone density and treat if OP or history of fragility fractures then treat
   g. Feet and footwear;
   h. Environmental hazards: You Can Prevent Falls (Public Health) at stopfalls.ca
   i. Depression & Behavioural Risk Factors ie ETOH.

Health Promotion Key Messages:
- Encourage regular periodic health visit; annual medication, alcohol review and eye exam
- Complete a home safety checklist annually
- 150 minutes of physical activity per week – consider Champlain Exercise Programs: Champlainhealthline.ca
- Muscle and bone strengthening exercises to improve balance
- Eat 3 or more servings of calcium rich foods daily
- Take a daily vitamin D supplement

REFER

If appropriate, refer to specialized Geriatric services and/or community programs. See www.rgpeo.com.

See referral and resource list at stopfalls.ca

Multifactorial Fall Risk Summary

1. **History of Falls or Near Falls** – complete History of Frequency and Circumstances of the Fall(s)

2. **Medical**
   - **Acute or Fluctuating Medical Conditions/Symptoms** (syncope, seizures, hypo/hyperglycemia, arrhythmia, dizziness, light-headedness, etc.)
   - **Chronic Medical Conditions** (diabetes, urinary incontinence, cardiovascular disease, etc.)
   - **Impaired Vision** (cataracts requiring surgery, exam > 1 year ago, bifocals, macular degeneration, etc.)
   - **Neurological Impairments** (Parkinsons, MS, stroke, peripheral neuropathy, brain injury, spinal stenosis, etc.)
   - **Inadequate Diet** (progressive weight loss, dehydration, malnutrition, etc.)

3. **Objective Assessment**
   - **Postural Hypotension**
     - asymptomatic
     - symptomatic
   - **Pulse** (heart rate and rhythm problems)
     - irregular
     - tachycardia or bradycardia (>150 bpm, <50 bpm)
   - **Pills/Medications/Substances** (prescription, over the counter, recreational)
     - polypharmacy (>4 medications)
     - alcohol intake
     - medications of concern: benzodiazepines
     - anticholinergics
     - anticonvulsants
     - antidepresants
     - antidiabetics
     - antihypertensives
     - antipsychotics
   - **Pain** impacting on mobility

4. **Problems with Gait, Balance or Mobility** (problems with transfers, endurance, balance, lower extremity strength, use of gait aid, etc.)
   - TUG >14 seconds
   - Romberg sign – present
   - Five Times Sit-to-Stand Test >15 seconds
   - reduced muscle strength/deconditioned
   - unable to get out of a chair without using arms
   - impact on ADLs

5. **Problems with feet or footwear** (edema, toe/nail deformities, ulcers, weakness, inappropriate footwear, etc.)

4. **Cognitive Impairment** (forgetfulness, decreased judgment, etc.)

5. **Behaviour Risks** (impulsivity, low mood, apathy, changes in sleep, risk-taking behaviours, etc.)

6. **Environmental Hazards** (in/outdoors)

7. **Perceived functional ability/fear of falling** – contributing to deconditioning or curtailment of physical activities

Prevention and Protection – At Higher Risk for Low BMD or Future Fractures based on:
   - history of low BMD
   - high alcohol intake (>3 drinks/day)
   - significant kyphosis (suggests vertebral fracture)
   - prior fractures
   - smoking
   - glucocorticoid use
   - rheumatoid arthritis
   - prednisone + steroid puffers