

How to Incorporate Fall Assessment & Interventions

Health care providers can help older patients reduce falls by conducting a fall risk assessment and linking the results to proven prevention strategies. The following are recommended steps based on current evidence for fall prevention.

In the Waiting Room

Before the physician visit, have the patient or their caregiver complete the *Staying Independent* brochure. This will identify the patient's main fall risk factors.

Physician Visit

Step 1 — Identify fall risk factors

Review the answers to the checklist in the *Staying Independent* brochure and ask the following additional questions as needed:

1. Have you fallen in the past year? How many times?
2. Do you ever feel unsteady when you stand or walk?
3. Do you worry about falling?

If the answers in the brochure indicate problems with balance and/or walking, or if the patient answers YES to any of the 3 questions, assess balance and gait problems using 1 or more of these 3 short standardized tests (See instructions included in this package):

- Timed Up and Go test
- Tandem Stance test
- Chair Stand test

Step 2 — Multifactorial fall risk assessment¹

In addition to the regular patient visit, conduct a multifactorial fall risk assessment for patients who:

- Report 2+ falls in the past year
- Present with a fall injury
- Score 4+ on the Staying Independent checklist
- Do poorly on one or more of the gait and/or balance tests

¹ Depending on the number and nature of the identified risk factors, more than one visit or a longer visit may be necessary. Incentive payments to compensate GPs for extra time required to provide care for complex patients is available to B.C.'s eligible family physicians for patients residing in their homes or assisted living with two of the chronic conditions outlined in the complex care fee (G14033).

This assessment should include the following:

Falls History

- Fall history including a detailed description of the circumstances of the fall(s), frequency, symptoms at time of fall, injuries, and other consequences

Medication Review (see fact sheet 4 for more details on medications)

- Review all prescribed and OTC medications with dosages. A review of the actual medications is superior to reviewing a list

NOTE: You may want to schedule a visit just to review medications

Vision Assessment

- Encourage annual eye examinations
- For those with cataracts, expedited surgery on the first affected eye is shown to significantly reduce fall risk
- Patients wearing multifocal glasses may have added risk for falls due to impaired distance contrast sensitivity and depth perception in the lower near-vision portion of the lenses, thereby reducing the ability to detect environmental hazards

Orthostatic Hypotension

- For best results, measure blood pressure and pulse rate after patient has been lying for 5 minutes and again after patient standing for 1 and 3 minutes
- A decrease in standing blood pressure of greater than 20mm Hg indicates an increased risk for falling when standing up

Functional Assessment

- Evaluate gait, balance and mobility
- Ask about limitations in activities of daily living
- Evaluate if and how the patient uses adaptive equipment and/or mobility aids

Medical Conditions

- Continence
- Foot problems
- Depression
- Heart rate and rhythm

Step 3 — Interventions

Interventions are most effective when tailored to the patient's goals and identified risk factors.

Key intervention strategies

Provide education: Discuss with your patient their fall risk factors and the recommended prevention strategies. Focus on positive steps required to reach their goals and assist with removing barriers to action. Engage family members in counseling if possible.

Provide "Seniors' Falls Can Be Prevented" brochure, written recommendations and referrals.

Enhance strength and balance: Refer to a physical therapist for balance and gait training or to a community exercise program that focuses on balance and strength and is progressive (e.g., Tai chi). Provide simple, safe exercises that can be done at home (See Home Exercise Program in Resources).

Manage medications: Withdraw or minimize use of psychoactive medications, sedatives or medications with anti-cholinergic side effects. (See Medications fact sheet 4).

Manage orthostatic hypotension: Treat reversible causes and adjust medications as needed. Provide patient with practical guidelines.

Vitamin D and Calcium:

- Osteoporosis Canada guidelines for individuals over 50 years for daily intake for calcium are 1200mg and 800-2,000 IUs for vitamin D₃
- Up to 4,000 IUs of Vitamin D per day, or equivalent, is considered safe to take without medical supervision, and older adults will likely need the higher level of supplementation
- Exclusion criteria for Vitamin D includes those with severe renal failure (stage 5 in chronic renal disease classification or a GFR < 20mL/min OR those with hypercalcemia (due to malignancies, sarcoidosis, thyrotoxicosis, medications (lithium) and hyperthyroidism (increases vitamin D catabolism). Pre and post serum corrected calcium may be warranted in these cases
- Routine Vitamin D testing is not recommended

Address foot problems: Treat identified foot problems or refer to a podiatrist.

Maximize vision: Refer to an ophthalmologist or optometrist for vision assessment and correction.

Improve home safety: Discuss environmental changes that can improve home safety. Refer to an occupational therapist for a home assessment and environmental modification.