

Talking With Your Patients About Falls

- Help patients understand their own unique fall risk.
- Educate patients on their modifiable risk factors and corresponding fall prevention strategies.
- Emphasize that fall prevention can help them remain independent.
- Discuss with patients which strategies they might be willing to do.
- Work with patients and caregivers to develop a plan for fall prevention.

▶ STEADI Resources for Your Patients

Available patient-friendly brochures:

- Stay Independent
- Postural Hypotension:
What it is & How to Manage it
- Check for Safety
- What YOU Can Do to Prevent Falls

Key Facts About Falls

- One in four older adults age 65+ falls every year.
- Falls are the leading cause of injury deaths for older adults.
- Many patients who have fallen do not bring it up at medical appointments, so providers need to ask.

Each year, ask your older patients:

- Have you **fallen in the past year?**
- Do you feel **unsteady** when standing or walking?
- Do you **worry** about falling?

For more patient and provider resources, visit www.cdc.gov/steady.



Centers for Disease
Control and Prevention
National Center for Injury
Prevention and Control

POCKET GUIDE

Preventing Falls in Older Patients



STEADI

Stopping Elderly Accidents,
Deaths & Injuries

STEADI Algorithm for Fall Risk Screening, Assessment, and Intervention among Community-Dwelling Adults 65 years and older

**START
HERE**

1 SCREEN for fall risk yearly, or any time patient presents with an acute fall.

Available Fall Risk Screening Tools:

- **Stay Independent: a 12-question tool**
[at risk if score ≥ 4]
- **Important:** If score < 4 , ask if patient fell in the past year (If **YES** \rightarrow patient is at risk)
- **Three key questions** for patients [at risk if **YES** to any question]
 - Feels unsteady when standing or walking?
 - Worries about falling?
 - Has fallen in past year?
 - » If **YES** ask, "How many times?" "Were you injured?"

**SCREENED
NOT AT RISK**

PREVENT future risk by recommending effective prevention strategies.

- Educate patient on fall prevention
- Assess vitamin D intake
 - If deficient, recommend daily vitamin D supplement
- Refer to community exercise or fall prevention program
- Reassess yearly, or any time patient presents with an acute fall

**SCREENED
AT RISK**

2 ASSESS patient's modifiable risk factors and fall history.

Common ways to assess fall risk factors are listed below:

Evaluate gait, strength, & balance	Common assessments: • Timed Up & Go	• 30-Second Chair Stand • 4-Stage Balance Test
Identify medications that increase fall risk	(e.g., Beers Criteria)	
Ask about potential home hazards	(e.g., throw rugs, slippery tub floor)	
Measure orthostatic blood pressure	(Lying and standing positions)	
Check visual acuity	Common assessment tool: • Snellen eye test	
Assess feet/footwear		
Assess vitamin D intake		
Identify comorbidities	(e.g., depression, osteoporosis)	

3 INTERVENE to reduce identified risk factors using effective strategies.

Reduce identified fall risk

- Discuss patient and provider health goals
- Develop an individualized patient care plan (see below)

Below are common interventions used to reduce fall risk:

Poor gait, strength, & balance observed	• Refer for physical therapy • Refer to evidence-based exercise or fall prevention program (e.g., Tai Chi)
Medication(s) likely to increase fall risk	• Optimize medications by stopping, switching, or reducing dosage of medications that increase fall risk
Home hazards likely	• Refer to occupational therapist to evaluate home safety
Orthostatic hypotension observed	• Stop, switch, or reduce the dose of medications that increase fall risk • Educate about importance of exercises (e.g., foot pumps) • Establish appropriate blood pressure goal • Encourage adequate hydration • Consider compression stockings
Visual impairment observed	• Refer to ophthalmologist/optometrist • Stop, switch, or reduce the dose of medication affecting vision (e.g., anticholinergics) • Consider benefits of cataract surgery • Provide education on depth perception and single vs. multifocal lenses
Feet/footwear issues identified	• Provide education on shoe fit, traction, insoles, and heel height • Refer to podiatrist
Vitamin D deficiency observed or likely	• Recommend daily vitamin D supplement
Comorbidities documented	• Optimize treatment of conditions identified • Be mindful of medications that increase fall risk

FOLLOW UP with patient in 30-90 days.

Discuss ways to improve patient receptiveness to the care plan and address barrier(s)