

The Falls/Mobility Visit Form lists medical/health conditions that have a strong evidence based association with risk for falls.

Part 1. Patient/care giver responses: any of the responses listed below are associated with a high falls risk.

Previous fall	Visual impairments
Increased fear of falling	Multiple medications
Mobility limitations	Advanced age

Part 2. Clinical Examination findings associated with high falls risk:

Impaired sit to stand	Stroke
Decreased gait velocity	Parkinson's disease
Reduced vibration/tactile sensitivity	Number of co-morbidities
Impaired cognition	

TIMED UP AND GO (TUG)^{1,2} Recommended to quickly assess sit to stand and gait. It can be performed informally as the patient is observed walking from the waiting room to the examining room.

Instructions for formal testing and interpretation are as follows:

1. Equipment: arm chair, tape measure, tape, stop watch.
2. Begin the test with the subject sitting correctly in a chair with arms, the subject's back should resting on the back of the chair. The chair should be stable and positioned such that it will not move when the subject moves from sitting to standing.
3. Place a piece of tape or other marker on the floor 3 meters (10ft) away from the chair so that it is easily seen by the subject.
4. Instructions : "On the word **GO** will stand up, walk to the line on the floor, turn around and walk back to the chair and sit down. Walk at your regular pace.
5. Start timing on the word "**GO**" and stop timing when the subject is seated again correctly in the chair with their back resting on the back of the chair.
6. The subject wears their regular footwear, may use any gait aid that they normally use during ambulation, (but not sit down) if they need to.
7. Normal healthy elderly usually complete the task in ten seconds or less. Very frail or weak elderly with poor mobility may take 2 minutes or more.
8. The subject should be given a practice trial that is not timed before testing.
9. A score of more than or equal to fourteen seconds has been shown to indicate high risk of falls.

Impression: Based on clinical findings, suggested referral or treatment options to reduce falls risk are listed for convenience.

2001 American Geriatrics Society, British Geriatric Society, American Academy of Orthopedic Surgeons Panel's Falls Prevention Guidelines state:

- Older adults should be asked once a year about falls
- Observe any older adult who has fallen, rising from a chair
- If 2 or more falls in the past year, older adults should be given a multi factorial fall evaluation and intervention

*Older Adults Using the Timed Up & Go Test Physical Therapy 2000 Vol 80(9): 896903.
Saskatoon Falls Prevention Consortium, Falls Screening and Referral Algorithm, TUG, Saskatoon Falls Prevention consortium, June, 2005*

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ABSTRACT

Background and Purpose: The Timed Up and Go (TUG) test is widely employed in the examination of elders, but definitive normative reference values are lacking. This meta-analysis provided such values by consolidating data from multiple studies. Methods: Studies reporting TUG times for apparently healthy elders were identified through the on-line search of bibliographic databases. Study specifics and data were consolidated and examined for homogeneity. Results: Twenty-one studies were included in the meta-analysis. The mean (95% confidence interval) TUG time for individuals at least **60 years of age was 9.4 (8.9-9.9) seconds**. Although the data contributing to this mean were homogeneous, data for individuals who could be categorized by age were more homogeneous. The mean (95% confidence intervals) for 3 age groups were: **8.1 (7.1-9.0) seconds for 60 to 69 year olds, 9.2 (8.2-10.2) seconds for 70 to 79 years, and 11.3 (10.0-12.7) seconds for 80 to 99 years**. Conclusions: The reference values presented, though obtained from studies with clear differences, provide a standard to which patient performance can be compared. Patients whose performance exceeds the upper limit of reported confidence intervals can be considered to have worse than average performance.

TUG times are worse than average if they exceed: 9.0 seconds for 60 to 69 year olds, 10.2 seconds for 70 to 79 year olds, and 12.7 seconds for individuals 80 to 99 year olds. Individuals with such slow times may warrant interventions directed at improving their strength, balance, and/or mobility.

Stephen Lord, Falls in Older People-Risk Factors and Strategies for Prevention, second edition, Cambridge University Press, 2007