

Falls Prevention Screening

Patient Name: _____

Date: _____

Patient Age: _____

Clinician: _____

Section A: Screening Questions to Patient:

- 1.) Have you fallen in the past year? Yes No
 - 2.) Are you afraid of falling? Yes No
 - 3.) Do you use adaptive equipment to ambulate? Yes No
 - 4.) Do you ever feel dizzy or lightheaded? Yes No
 - 5.) Do you have trouble getting up from a chair? Yes No
 - 6.) Do you have trouble stepping up or down curbs or steps? Yes No
 - 7.) Do you need to steady yourself by leaning on someone/something?
(i.e. walls, grocery cart, furniture) Yes No
 - 8.) Do you see well: during the day? Yes No
at night? Yes No
 - 9.) Do you have any of the following falls risks in or around your house:
 - a) Throw rugs Yes No
 - b) Pets: Yes No (if yes, indicate type(s): _____)
 - c) Poor lighting: Yes No
 - d) Cluttered pathways: Yes No
 - e) Improper footwear: Yes No
 - f) Tripping hazards (i.e. O² tubes; electrical cords): Yes No
 - g) Other: _____
 - 10.) If you have fallen in the past year, what were the circumstances:[if no falls in past year: N/A]
 - a.) What were you doing when you fell: _____
 - b.) Did you lose consciousness? Yes No
 - c.) Were you lightheaded/dizzy prior to fall? Yes No
 - d.) Did you need help to get up from the fall? Yes No
- **How many "yes" answers in #10: (0-3) _____ (the more the higher the risk for falls).

Section B: Screening Plan to Address Falls Risk:

If the patient is at risk for fall:

- 1.) Discuss this risk with the patient.: _____ Date discussed _____
- 2.) Communicate this risk with the patient's M.D: _____ Date M.D.informed _____
- 3.) Ask the patient if s/he would like to pursue further testing/treatment that may reduce this risk: Date discussed _____; Outcome: _____.
- 4.) If the patient declines, please circle best choice below that indicates reason
 - a.) Unable to address at this time. _____
 - b.) Patient is non weight bearing /non ambulatory
 - c.) No reason given.
- 5.) Provided patient with Home Safety Check List: _____ Date provided.

Section C: Clinician Assessment/Intervention of Falls Risk (indicate standardized test used)

_____ Timed-Up-and Go (TUG)

_____ Tai Chi Walking

_____ Single leg Stance (SLS)

_____ Tinetti

Comments: _____

Timed, Up, and Go Test (TUG)

The timed "Up & Go" test measures, in seconds, the time taken by an individual to stand up from a standard arm chair (approximate seat height of 46 cm, arm height 65 cm), walk a distance of 3 meters (approximately 10 feet), turn, walk back to the chair, and sit down again.

The subject wears his/her regular footwear. If participant's usually use assistive devices such as canes or walkers, they **should** use them during the test, but this should be indicated on the data collection form. No physical assistance is given.

Setting Up the test area

1. Determine a path free from obstruction
2. Place a chair with arms at one end of the path.
3. Mark off a 3 m (10 ft.) distance using tape or a cone or other clear Marking
4. Start the test
5. Speak clearly and slowly.
6. Inform participant of purpose, sequence and outcome
7. Therapist provides explanation regarding purpose of the test: "This test will show us how well you maneuver and the length of time it takes you to walk a certain distance".
8. Give instructions:
 - a. "On the word *Go*, you will stand up from the chair"
 - b. "Walk to the mark/cone, turn around, walk back to the chair, and sit down"
 - c. "Walk at your normal pace"
 - d. "I will start the timer will start at the word *Go* and will stop when you are seated correctly back in the chair with your back against the back of armchair"
 - e. "You may use any assistive walking device but may not be helped by another person"
 - f. "You may stop and rest (but not sit down) if you need to"
 - g. "There is no time limit"
 - h. " I will walk alongside you to accompany you; this is for general safety"
 - i. Ask participants to repeat the instructions to make sure they understand
9. Participant starts with their back against the chair, their arms resting on the arm rests, and their walking aid at hand. Using a cue like "Ready, set, go" might be useful
10. The subject should be given a practice trial that is not timed
11. Either a wrist-watch with a second hand or a stop-watch can be used to time the performance. Start timing on the word "GO" and stop timing when the subject is seated again correctly in a chair with their back resting on the back of the chair
12. Results correlate with gait speed, balance, functional level, the ability to go out in the community and can change over time
13. Interpretation:
 - ≤ 10 seconds=normal
 - ≤ 20 seconds=good mobility, can go out alone, mobile without a gait aid
 - < 30 seconds=problems, cannot go outside alone, requires a gait aid

**A score of more than or equal to fourteen seconds has been shown to indicate high risk of falls.

Competency Checklist for Timed Up and Go (TUG)

1. Therapist explains directions to subject:
 - a. Therapist provides explanation regarding purpose of the test: "This test will show us how well you maneuver and the length of time it takes you to walk a certain distance". _____
 - b. Subject is seated with back against the back of armchair ____
2. "When I say go, you will stand up from the chair, walk to the Mark (cone) on the floor, turn around, walk back to the chair sit down. I will be timing you using the stopwatch."
3. Ask participants to repeat the instructions to make sure they understand
 - a. "On the word Go, you will stand up from the chair" _____
 - b. "Walk to the mark/cone, turn around, walk back to the chair, and sit down" _____.
 - c. "Walk at your normal pace" _____
 - d. "I will start the timer will start at the word Go and will stop when you are seated correctly back in the chair with your back against the back of armchair" _____
 - e. "You may use any assistive walking device but may not be helped by another person" _____
 - f. "You may stop and rest (but not sit down) if you need to" _____
 - g. "There is no time limit" _____
 - h. " I will walk alongside you to accompany you; this is for general safety" _____
4. Therapist demonstrates procedure to subject
 - a. Therapist is seated with back against the back of armchair ____
 - b. "On the word Go, you will stand up" _____
 - c. "Walk to the marker (which is 3 meters* from the chair), turn around, walk back to the chair, and sit down" _____.
 - d. "Walk at your normal pace" _____
 - e. "Timer will start at the word Go and will stop when you are seated correctly back in the chair with your back against the back of armchair" _____
 - f. "You may use any ambulation device but may not be assisted by another person" _____
 - g. "You may stop and rest (but not sit down) if you need to" _____
 - h. "There is no time limit" _____
 - i. " I will walk alongside you to accompany you; this is for general safety". _____
5. Therapist offers subject a practice trial _____
6. Therapist denotes time(s) and knows indications for risk of falls and need for intervention/documentation _____

Comments:

Competently administers _____

Remediation needed _____

Competency Evaluator _____

(*3 meters =3.28 yards; =9.84 feet=9ft10.11")

Single Leg Stance (eyes open) test measurement protocol

Equipment: Stop watch

Start position: subject stands erect on firm surface with arms folded across chest and the head facing straight ahead; ideally shoe is off

Test: Once standing in the start position, keeping eyes open, the subject is asked to raise one leg based on preference of subject and keep the leg raised as long as possible without touching the other leg, without uncrossing arms, or using any support for balance.

Time: Timer starts once foot is lifted off floor; Timer is stopped when the subject's raised foot either touches the floor, makes contact with other leg or moves his/her stance foot to create a new base of support, or if the arms move out of the test position.

Competency Checklist for Single Leg Stance (eyes open):

1. Therapist explains directions to subject:
 - a) Therapist provides explanation regarding purpose of the test: "This will test your balance while standing on one leg, like we often have to do while walking through tight narrow spaces, while getting dressed, and while walking up stairs". _____
 - b) "Stand on one leg (of your preference) for as long as you can" _____
 - c) "Look straight ahead" _____
 - d) "Find and focus on an object about 3 feet in front of you" _____
 - e) "Keep eyes open" _____
 - f) "Timer will start when you raise one foot" _____
 - g) "Timer will continue until your raised foot touches the floor or the other leg, or if you uncross your arms, or if your stance position shifts" _____.
2. Therapist demonstrates procedure to subject
 - a) Stand on one leg (of your preference) for as long as you can _____
 - b) Look straight ahead _____
 - c) Focus on an object about 3 feet in front of you _____
 - d) Keep eyes open _____
 - e) Timer will start when you raise one foot _____
 - f) Timer will continue until your raised foot touches the floor or the other leg, or if you uncross your arms, or if your stance position shifts _____.
3. Therapist repeats #1 (and #2 if necessary) for opposite leg _____
4. Therapist denotes time(s) and knows indications to determine need for intervention/n documentation

Comments:

Competently administers _____

Remediation needed _____

Competency Evaluator _____

Instructions for Tai Chi Walking

(Use instructional DVD for added –visual- instruction)

TIPS:

- **perform by kitchen counters for stability use hands for support as needed;**
Hold arms slightly out , palms down while performing the exercises
- **the slower the better**
- **begin by just sliding your moving foot. As you build skill, progress to lifting your moving foot as if stepping over an obstacle**
- **stand upright looking straight ahead while performing the exercises – looking down impairs your balance**
- **allow movements to be slow and continuous rather than quick and halting**

1. Forward Stepping

- Stand up straight with the feet together, with counter to your right.
- Shift weight onto left leg then Slide or Lift your (unweighted) right foot forward a comfortable distance forward allowing right heel to contact floor in the forward stance. Pause momentarily to allow right heel cord to stretch slightly.
- Slowly shift all your weight into your front foot loading from back to full flat foot to unload the back foot. Allow the heel of the back foot will rise with this forward movement.
- Very slowly slide or lift the back (left) foot forward of the right – heel should touch first. Pause momentarily for heel cord stretch.
- Then slowly shift all your weight into your front (left) foot loading from back to full flat foot to unload the back foot. Allow the heel of the back foot will rise with this forward movement.
- Pause and take a deep slow breath.
- Slowly reverse by backwards stepping
- After 2-5 repetitions. Turn so your left side is close to the counter and repeat starting with left foot as the first step.

2. Side Stepping

- Stand up straight with the feet together facing the counter (hands positioned above or just touching it as need for balance).
- Shift weight onto left leg then Slide or Lift your (unweighted) right foot sideways a comfortable distance forward allowing full foot to contact floor in a shoulder width stance.
- Slowly shift all your weight into your right foot loading to unload the left foot.
- Very slowly slide or lift the back (left) foot toward the right foot to close the distance between them (narrow width stance)
- Then repeat for 2-3 side steps to advance sideways.
- Pause and take a deep slow breath.
- Slowly reverse starting with left foot to complete left stepping

Golden Rooster Stands on One leg (this is a more advanced Tai Chi movement pattern)

- Stand up straight with the feet together facing the counter (hands positioned above or just touching it as need for balance and safety).
- Shift weight onto left leg to unweight right leg
- Then lift right leg allowing toe to remain just slightly touching ground, at the same time bend right elbow so fingers point upwards and raise your right arm so hand comes level with your nose.
- Slowly return to resting position and repeat with left leg and arm.
- Repeat for 2-5 repetitions.

NOTE progress from toe-touching to raising the foot a comfortable distance off the ground. And remember, the slower the better.

Competency Checklist for Tai Chi Walking

A. Therapist explains directions/concepts of Tai Chi to subject: _____

1. Therapist provides explanation regarding purpose of the exercise/intervention(s): "The following exercise(s) are suggested for you to practice at home at least 3 times per week for about 30 minutes or more. The purpose of the exercise(s) is to improve your balance and promote ease of movement in order to help you maintain or improve your level of function in daily skills," _____
2. "The exercise(s) are designed after an ancient Chinese martial art, called Tai Chi, to promote balance." _____
3. "They are intended to be slow and continuous (not fast and halting)". _____
4. "Research has shown that these simple movement exercises help with improving balance." _____
5. "Perform the exercise(s) at the kitchen counter or while holding a stable object for stability and safety." _____
6. "Stand upright looking straight ahead." _____
7. "As you practice & your skill increases, you can use less support of the counter and report to your therapist so you can learn a higher level skill/a new exercise [i.e. Golden Rooster exercise]. _____

B. Therapist demonstrates procedure to subject: _____

1. Forward Stepping

- Stand up straight with feet together and with counter to your right. _____
- Shift weight onto left leg _____
- Slide or lift your (unweighted) right foot forward a comfortable distance forward allowing right heel to contact floor in the forward stance. Pause momentarily to allow right heel cord to stretch slightly. _____
- Slowly shift all your weight onto your front foot, loading from back to full flat foot _____
- Unload the back foot. Allow the heel of the back foot to rise with this forward movement _____.
- Very slowly slide or lift the back (left) foot forward of the right – heel should touch first. Pause momentarily for heel cord stretch. _____
- Then slowly shift all your weight onto your front (left) foot, loading from back to full flat foot _____
- Unload the back foot. Allow the heel of the back foot to rise with this forward movement. _____
- _____
- Pause and take a deep slow breath. _____
- Slowly reverse the procedure by backwards stepping _____
- After 2-5 repetitions; turn so your left side is close to the counter and repeat, starting with left foot as the first step forward. _____

C. Therapist demonstrates procedure to subject: _____

2. Side Stepping

- Stand up straight with feet together facing the counter (hands positioned above or just touching counter as needed for balance) _____.
- Shift weight onto left leg, _____
- Slide or lift your (unweighted) right foot sideways a comfortable distance apart allowing full foot to contact floor in a shoulder width stance _____.
- Slowly shift all your weight onto your right foot to unload the left foot. _____
- Very slowly slide or lift the left foot toward the right foot to close the distance between them (narrow width stance) _____
- Then repeat for 2-3 side steps to advance sideways. _____
- Pause and take a deep slow breath. _____
- Slowly reverse procedure, starting with left foot to complete left stepping _____

Comments:

Competently administers _____

Remediation needed _____

Competency Evaluator _____

Niagara Lutheran Health System and Affiliates		Program Application:
Policy Manual: Outpatient	Prepared By: <u>Director of Rehab</u>	NLHS NLHRC
Latest Revision: <u>July 31, 2009</u>	Supersedes: none	GHRC Manor
Approved By: Executive Management Team	Approval Date:	NLHF
Subject: <u>Falls Risk</u>	Page 1 of 2	LCH Court

POLICY:

All patients admitted to the Greenfield Health & Rehab Center (GHRC) Outpatient Clinic will be screened for risk for falls during their initial evaluation.

RESPONSIBILITY:

All outpatient clinicians (P.T., O.T., Speech Pathologists, Massage Therapists).

PROCEDURE

1. Upon admission to the GHRC Outpatient Clinic, each patient will be screened for his/her risk for falls. The screen will consist of questions identified as key indicators by the WNY Falls Consortium. See attached *Falls Prevention Screening* form.
2. In the event that any of the questions are given a "yes" answer, the patient will be identified as someone with a risk for falls and the P.T. will identify goals related to falls prevention in the patient's treatment plan. If the patient was referred for O.T., Massage Therapy, or Speech/Language services and is found to be at risk for falls, the referring physician or primary M.D. will be notified and treatment for falls prevention will be recommended.
3. Following the determination of high risk for falls, the P.T. will further evaluate the risk using the standardized test(s) that best meet the patient's individual circumstances. Tests to be considered include: One-leg Stance, TUG, and/or Tinetti.
4. Upon completion of the falls risk evaluation, the therapist will determine the patient's ability to follow through with a home program designed to minimize falls risk/enhance balance. Intervention to be considered is the Tai Chi Walk.
5. The therapist will document the potential risk for fall, the discussion held with the patient/family about this risk and the treatment plan that targets the risk/fall. In the event that a patient is unable to work on falls prevention at the time of the evaluation (i.e. post-op patients, non ambulatory / non weight bearing patients, etc.), the therapist will document this and determine if treatment in the future is possible.

All patients will be given a home safety checklist with educational facts and recommendations to reduce the risk for injuries and falls. See *Falls Prevention Strategies* handout.

FALLS PREVENTION STRATEGIES

What can you do to reduce your risk of falls?

1.) **Be screened to determine your risk**

- **Note:** 1/3 of all older adults fall each year & 60% of all falls occur in and around the home

2.) **Discuss options to reduce your risk with your doctor**

- **Note:** Your doctor/health care provider may not bring it up, but **YOU** can! Discuss with your doctor/health care provider about: a.) your medications, b.) your strength, balance & daily activity-level, c.) your home safety, d.) your need for assessing your risk for falls

3.) **Exercise daily: this should be discussed with your doctor.**

- **Note:** Walking is good exercise: it helps maintain/improve balance and independence.

4.) **Make your home safer:**

Use this Home Safety Improvement Checklist:

___ Remove any throw rugs & make sure all large area-rugs lie flat.

___ Make sure you have night lights where you need them (especially the path from the bedroom to the bathroom).

___ Keep areas clear of clutter, make sure they are well lit & stairs have railings

___ Clearly mark any changes in floor levels with brightly colored paint or secure tape (i.e. small step to family room or threshold in garage).

___ Install grab bars in bathroom(s) & use a bath seat in shower/tub.

___ Move frequently-used kitchen & household items within easy reach.

___ Make sure kitchen has a working smoke detector & fire extinguisher.

___ Make sure emergency phone numbers are posted by each phone.

___ Make sure you have an emergency exit plan in case of fire.

___ Evaluate your need for/benefits from a medical alert device (and/or a cell phone).

___ Wear well-fitting, rubber-soled shoes (avoid heels & open backed shoes & slippers).

___ If using adaptive equipment (i.e. walker, cane), make sure they are adjusted for you, are in proper working order, & that you use them correctly.

If you have any questions or would like help in assessing your risk for falls, please contact The Greenfield Health & Rehabilitation Center Outpatient Clinic at

(716) 684-3000, ext. 320.

We are your Partners in Falls Prevention!