

# TAKE FIVE FOR FALL PREVENTION

TAKE FIVE Minutes to Screen Older Adults 65+ for Fall Risk During Their Initial Clinical Visit



... Every 11 seconds, an older adult is treated in the emergency room after a fall  
 ... Every 19 minutes, an older adult dies from fall-related injury  
 ... Timely clinical assessment, management and follow-up have been shown to reduce fall rate in people over 65 by 24%  
 ... **Take 5 minutes to screen patients for fall risk during their initial clinical visit....here's how**

**This tool shows you how to apply national and international screening guidelines, including the CDC's Stopping Elderly Accidents, Deaths, and Injuries (STeADI) framework, to manage fall risk among your older patients, 65+**

## STeADI: 3 fall-risk questions for all adults 65 years or older

Have you fallen in the past year?

**YES**

**NO**

How many falls?  
Did you have any injury?

Do you feel unsteady when standing or walking?  
Are you worried about falling?

2 or more falls  
**OR**  
Any falls with injury

<2 falls and  
no injuries

Any **YES**

**NO** to both

### HIGH RISK

Perform/refer for Multifactorial Risk Assessment:

- Evaluate gait, strength and balance
- Review medications
- Measure orthostatic blood pressure
- Refer to occupational therapy for home assessment & modification
- Consider other assessments:
  - Vision and hearing
  - Nutritional status & vitamin D
  - Fracture risk
  - Bladder symptoms
  - Cognition
  - Dizziness and vestibular function
  - Depression
- Reassess in one to three months

### INTERMEDIATE RISK

Measure Gait Speed:

- Ask patients to walk for 4 meters at a comfortable pace.\*

\*Alternatively, Timed Up & Go (TUG)  $\geq 12$  seconds

5 or more seconds  
**OR** Clinical concerns

Less than  
5 seconds

- Refer to physical therapy for tailored exercises or evidence-based fall prevention programs
- Patient education (verbal + handout)
- Reassess in one year

### LOW RISK

- Patient education (verbal + handout)
- Refer to evidence-based community fall prevention program (e.g., Tai Chi, Enhance® Fitness, A Matter of Balance)
- Reassess in one year or sooner if the patient reports two or more falls or a fall resulting in injury



Low Risk:  
Patient Resources



Intermediate Risk: Patient Resources  
\*National Council on Aging (NCOA) list of evidence based programs

# High Risk: Additional Considerations for Multifactorial Risk Assessment

Evaluate gait, strength and balance: use at least one of the following tests\* (see QR Code to the right for detailed instructions). Refer patients with abnormal results to physical therapy or evidence-based community fall prevention programs (e.g., Tai Chi, Enhance® Fitness, A Matter of Balance).



Instructions for gait, strength and balance

- **Gait:** [Gait Speed](#). Ask patients to walk for 4 meters at a comfortable pace. **Abnormal:**  $\geq 5$  secs OR [Timed Up and Go \(TUG\)](#): Ask patient to stand up, walk three meters, turn, and return to sitting. **Abnormal:**  $\geq 12$  secs
- **Strength:** [30-Second Chair Stand](#). Count how many times a person can rise to a full stand from a seated position in a chair and sit back down in 30 seconds. **Abnormal:** Table shows cutoffs by sex and age.  $\rightarrow$
- **Balance:** [4-Stage Balance Test](#). Ask the patient to hold four standing positions of increasing difficulty for 10 seconds each without support. **Abnormal:** cannot hold the tandem stand without upper extremity support for 10 secs.

CHAIR STAND		
AGE	MEN	WOMEN
60-64	<14	<12
65-69	<12	<11
70-74	<12	<10
75-79	<11	<10
80-84	<10	<9
85-89	<8	<8
90-94	<7	<4

\*Patients with a recent history of falls or with concerns about falling may be directly referred to physical therapy without a formal gait, strength and balance evaluation.

**Review medications:** Deprescribing high-risk drugs can reduce fall-related injuries by 35%. Screen using tools like the [Beers Criteria](#), [STOPP-START v.3](#), [STOPP-FRAIL](#), or [STOPPFall](#). Where possible, deprescribe or adjust, and consider pharmacist review for complex regimens. Assess and manage for pain as needed. Consider nonpharmacologic options including topicals, evidence-based fall prevention programs, physical therapy etc.

**Evaluate for orthostatic hypotension:** Increases fall risk by 73%. Measure blood pressure after lying for 5 min, after standing for 1 min, and after standing for 3 minutes. A positive test is indicated by a decrease in systolic blood pressure (BP) of  $\geq 20$  mmHg OR diastolic BP of  $\geq 10$  mmHg OR dizziness or lightheadedness, from lying to standing. If positive, adjust hypertension regimen, and educate on slow positional changes and hydration.

**Refer to occupational therapy:** for a home safety evaluation and training in adaptive techniques. OTs can recommend modifications and assistive devices to make daily activities safer and reduce fall risk.

- Educate patients on home safety and supportive footwear.  $\rightarrow$



## Consider the following additional assessments as appropriate:

<b>Vision and hearing</b>	Use a Snellen chart to assess vision and ask about recent vision changes. Refer patients as indicated to an ophthalmologist for evaluation and to OT (see above). Ask about hearing concerns and, if positive, perform objective screening and/or refer to audiologist.
<b>Lifestyle and Behavioral Factors</b>	Use validated tools to screen for malnutrition, obesity, sarcopenia (including sarcopenic obesity), vitamin D deficiency and substance use including alcohol.
<b>Cognition</b>	Cognitive impairment increases fall risk by 30% and fall-related injuries by 100%. Screen with a test of global cognition, e.g., Montreal Cognitive Assessment© (Score $< 26$ ), Mini-Cog ©, or SLUMS examination. If positive refer for further testing.
<b>Bladder Symptoms</b>	Urinary symptoms, e.g., urgency, incontinence, and nocturia, are associated with increased fall risk. Consider referral to urology/urogynecology to screen for symptoms and begin management with nonpharmacologic strategies including behavioral interventions (e.g., timed voiding) and environmental modifications (e.g., nightlights).
<b>Dizziness Symptoms</b>	Ask about dizziness symptoms. If positive, perform follow-up assessment as necessary to identify neurologic, cardiovascular or vestibular causes (See above for orthostatic blood pressure readings).
<b>Depression</b>	Untreated depression is associated with 37% increased fracture risk. Use a brief validated tool such as the PHQ-2 or the Geriatric Depression Scale to screen and treat appropriately, if positive.
<b>Fracture Risk</b>	Screen using tools like FRAX. If indicated, initiate osteoporosis treatment and combine with fall prevention strategies.

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