

FALLS RISK SCREENING AND INTERVENTIONS CHECKLIST



PATIENT _____ DATE _____ TIME _____

OPPORTUNISTIC SCREENING (completed at least once a year for all patients aged 65 and older)

	Yes	No	Notes
Have you had any falls in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you feel unsteady when standing or walking?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you worried about falling?	<input type="checkbox"/>	<input type="checkbox"/>	
Patient scored ≥ 4 on the <i>Staying Independent Checklist</i> (optional)?	<input type="checkbox"/>	<input type="checkbox"/>	

- The patient answered **NO** to all key questions. Therefore, I will proceed with ensuring the delivery of interventions for a person at **LOW RISK** for falls (see reverse side)
- The patient answered **YES** to any of the key questions. Therefore, I will proceed with screening for the following fall severity characteristics they might have had over the past year.

FALL SEVERITY SCREENING

	Yes	No	Notes
Injury requiring medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>	
Recurrent falls (≥ 2 in the previous 12 months)?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the patient seem frail?	<input type="checkbox"/>	<input type="checkbox"/>	
Lying on the floor/unable to get up (≥ 1 hour)?	<input type="checkbox"/>	<input type="checkbox"/>	
Loss of consciousness/suspected syncope?	<input type="checkbox"/>	<input type="checkbox"/>	

- One or more** fall severity characteristics were present. Therefore, I will proceed with ensuring the delivery of interventions for a person at **HIGH RISK** for falls (see reverse side)
- NONE** of the fall severity characteristics have been identified. Therefore, I will proceed with Mobility Screening

MOBILITY SCREENING

	Yes	No	Notes
Is the gait speed noticeably slow? <small>*Can also be formally assessed as Gait Speed ≤ 0.8 m/s or TUG > 15s (see <i>Mobility Screening Guidelines</i>)</small>	<input type="checkbox"/>	<input type="checkbox"/>	

- The patient has **NO significant impairment** with their gait. Therefore, I will proceed with ensuring the delivery of interventions for a person at **LOW RISK** for falls (see reverse side)
- The patient **demonstrated or reported difficulties** with their mobility. Therefore, I will proceed with ensuring the delivery of interventions for a person at **INTERMEDIATE RISK** for falls (see reverse side)

Ensure the delivery of the following recommended interventions for patients at **LOW, INTERMEDIATE** and **HIGH** risk for falls. Use clinical judgement to determine the need to assess and manage additional modifiable fall risk factors.

PATIENT AT LOW RISK FOR FALLS

- Provide education on falls prevention (visit FindingBalanceNB.ca for fall prevention resources for Older Adults)
- Encourage uptake and adherence to the Canadian [24-Hour Movement Guidelines for Adults 65 years and older](#)
- Reassess at least once yearly

PATIENT AT INTERMEDIATE RISK FOR FALLS

- Provide education on falls prevention (visit FindingBalanceNB.ca for fall prevention resources for Older Adults)
- Refer to individual or group exercise-based fall prevention program if available (e.g. [Zoomers on the Go](#))
- Reassess at least once yearly

PATIENT AT HIGH RISK FOR FALLS

Consider developing a feasible individualized care plan that takes into consideration the priorities, beliefs, preferences, and resources of the older adult.

- Optimize the management of underlying acute and chronic medical issues
Complete a physical exam and routine labs (including B12, Vit D and TSH levels)
- Complete a medication review to deprescribe fall-risk-increasing drugs
Consider a referral to a pharmacist for a comprehensive medication review
- Check for orthostatic hypotension with lying and standing BP, and manage if present
Defined as a systolic drop ≥ 20 mm Hg or diastolic drop ≥ 10 mm Hg
- Assess and manage concerns about falling with validated tool (e.g. [Staying Confident Checklist](#))
Consider a referral for occupational therapy and/or cognitive behavioural therapy
- Refer to an optometrist to assess and optimize vision
- Screen for osteoporosis and treat if present
- Refer for OT home safety assessment and modifications (e.g. EMP, outpatient or private)
- Provide education on falls prevention (visit FindingBalanceNB.ca for fall prevention resources for Older Adults)
- Refer to PT for gait aid assessment, and optimization of strength/balance (e.g., EMP, outpatient or private)
- Plan follow-up within 3 months to review the individualized care plan

For more fall prevention information for healthcare professionals, caregivers, and older adults, consult the [Finding Balance NB](http://FindingBalanceNB) website at www.findingbalancenb.ca