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Fall Prevention in the Elderly

Patient Assessment Essentials for Providers

The incidence of falling rises steadily as patients age: every year, 35% to 40% of healthy, community dwelling seniors age 65 and over suffer from falls, and the rates are even higher after age 75.¹ One-half of such falls are recurrent in the elderly.² The severity of falls also rises with age: in fact, 75% of all deaths due to falls in the US occur in the 65-and-over population.¹

Established guidelines from the American Geriatrics Society (AGS) Panel on Falls Prevention can help healthcare professionals assess fall risk and manage older patients who are at risk or who have previously fallen.¹

Assessment Essentials

The AGS recommends that healthcare professionals ask all older persons (or their caregivers) at least once a year about falls¹:

- If no falls are reported, no further intervention is required
- All older persons who report a single fall should be checked for gait/balance problems; any such problems will determine the need for fall evaluation and assessment

Fall-related assessments will vary in intensity according to the target patient population¹:

- A brief assessment as part of routine primary healthcare visits may be sufficient with relatively low-risk seniors
- A more comprehensive assessment (including referral to specialists and other interdisciplinary team members, if appropriate) may be required for patients at high risk, such as:
 - Presenting after a fall
 - Having had recurrent falls
 - Being prone to injurious falls
 - Residents in nursing homes

The essentials of any fall-related assessment include¹:

- Details about the fall
- Identification of the patient's fall-risk factors
- Medical comorbidity if any
- Functional status
- Hazards in the patient's environment

See other side for a Fall-Assessment Checklist

Fall-Assessment Checklist¹

A fall assessment includes the following:

History of:

- Fall circumstances
- Medications
- Acute or chronic medical problems
- Mobility levels

Examination of:

- Vision
- Gait and balance
- Lower-extremity joint function

Examination of basic neurological function, including:

- Mental status
- Muscle strength
- Lower-extremity peripheral nerves, proprioception, reflexes
- Tests of cortical, extrapyramidal, and cerebellar function

Assessment of basic cardiovascular status, including:

- Heart rate and rhythm
- Postural pulse and blood pressure
- If appropriate, heart-rate and blood-pressure responses to carotid sinus stimulation

“...[D]etecting a history of falls and performing a fall-related assessment are likely to reduce future probability of falls when coupled with intervention.”

—AGS Panel on Falls Prevention¹

The Primary Care Provider's Role Is Key¹

- Determines that a fall assessment is appropriate for an individual elderly patient
- Enlists other interdisciplinary team members—eg, a geriatric specialist, physical therapist, etc—when appropriate for a comprehensive patient assessment

References:

1. American Geriatrics Society, British Geriatrics Society, and American Academy of Orthopaedic Surgeons Panel on Falls Prevention. Guideline for the prevention of falls in older persons. *J Am Geriatr Soc.* 2001;49:664-672.
2. Tinetti ME. Preventing falls in elderly persons. *N Engl J Med.* 2003;348:42-49.