

## Talking With Your Patients About Falls

- Help patients understand their own unique fall risk.
- Educate patients on their modifiable risk factors and corresponding fall prevention strategies.
- Emphasize that fall prevention can help them remain independent.
- Discuss with patients which strategies they might be willing to do.
- Work with patients and caregivers to develop a plan for fall prevention.

### ▶ STEADI Resources for Your Patients

*Available patient-friendly brochures:*

- Stay Independent
- Postural Hypotension:  
What it is & How to Manage it
- Check for Safety
- What YOU Can Do to Prevent Falls

### Key Facts About Falls

- One in four older adults age 65+ falls every year.
- Falls are the leading cause of injury deaths for older adults.
- Many patients who have fallen do not bring it up at medical appointments, so providers need to ask.

### Each year, ask your older patients:

- Have you **fallen in the past year?**
- Do you feel **unsteady** when standing or walking?
- Do you **worry** about falling?

For more patient and provider resources, visit [www.cdc.gov/steady](http://www.cdc.gov/steady).



**Centers for Disease  
Control and Prevention**  
National Center for Injury  
Prevention and Control

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POCKET GUIDE

# Preventing Falls in Older Patients



**STEADI**

Stopping Elderly Accidents,  
Deaths & Injuries

# STEDI Algorithm for Fall Risk Screening, Assessment, and Intervention among Community-Dwelling Adults 65 years and older

## START HERE 1 SCREEN for fall risk yearly, or any time patient presents with an acute fall.

### Available Fall Risk Screening Tools:

- **Stay Independent: a 12-question tool**  
[at risk if score  $\geq 4$ ]  
**Important:** If score  $< 4$ , ask if patient fell in the past year (If **YES**  $\rightarrow$  patient is at risk)
- **Three key questions** for patients [at risk if **YES** to any question]  
Feels unsteady when standing or walking?  
Worries about falling?  
Has fallen in past year?  
» If **YES** ask, "How many times?" "Were you injured?"

## SCREENED NOT AT RISK PREVENT future risk by recommending effective prevention strategies.

- Educate patient on fall prevention
- Assess vitamin D intake  
If deficient, recommend daily vitamin D supplement
- Refer to community exercise or fall prevention program
- Reassess yearly, or any time patient presents with an acute fall

## SCREENED AT RISK 2 ASSESS patient's modifiable risk factors and fall history.

Common ways to assess fall risk factors are listed below:

|                                              |                                               |                                                   |
|----------------------------------------------|-----------------------------------------------|---------------------------------------------------|
| Evaluate gait, strength, & balance           | Common assessments:<br>• Timed Up & Go        | • 30-Second Chair Stand<br>• 4-Stage Balance Test |
| Identify medications that increase fall risk | (e.g., Beers Criteria)                        |                                                   |
| Ask about potential home hazards             | (e.g., throw rugs, slippery tub floor)        |                                                   |
| Measure orthostatic blood pressure           | (Lying and standing positions)                |                                                   |
| Check visual acuity                          | Common assessment tool:<br>• Snellen eye test |                                                   |
| Assess feet/footwear                         |                                               |                                                   |
| Assess vitamin D intake                      |                                               |                                                   |
| Identify comorbidities                       | (e.g., depression, osteoporosis)              |                                                   |

## 3 INTERVENE to reduce identified risk factors using effective strategies.

### Reduce identified fall risk

- Discuss patient and provider health goals
- Develop an individualized patient care plan (see below)

Below are common interventions used to reduce fall risk:

|                                            |                                                                                                                                                                                                                                                              |
|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Poor gait, strength, & balance observed    | • Refer for physical therapy<br>• Refer to evidence-based exercise or fall prevention program (e.g., Tai Chi)                                                                                                                                                |
| Medication(s) likely to increase fall risk | • Optimize medications by stopping, switching, or reducing dosage of medications that increase fall risk                                                                                                                                                     |
| Home hazards likely                        | • Refer to occupational therapist to evaluate home safety                                                                                                                                                                                                    |
| Orthostatic hypotension observed           | • Stop, switch, or reduce the dose of medications that increase fall risk<br>• Educate about importance of exercises (e.g., foot pumps)<br>• Establish appropriate blood pressure goal<br>• Encourage adequate hydration<br>• Consider compression stockings |
| Visual impairment observed                 | • Refer to ophthalmologist/optometrist<br>• Stop, switch, or reduce the dose of medication affecting vision (e.g., anticholinergics)<br>• Consider benefits of cataract surgery<br>• Provide education on depth perception and single vs. multifocal lenses  |
| Feet/footwear issues identified            | • Provide education on shoe fit, traction, insoles, and heel height<br>• Refer to podiatrist                                                                                                                                                                 |
| Vitamin D deficiency observed or likely    | • Recommend daily vitamin D supplement                                                                                                                                                                                                                       |
| Comorbidities documented                   | • Optimize treatment of conditions identified<br>• Be mindful of medications that increase fall risk                                                                                                                                                         |

## FOLLOW UP with patient in 30-90 days.

Discuss ways to improve patient receptiveness to the care plan and address barrier(s)