



Screening and interventions to reduce the risk of falls

Screening	Follow-up to screening
<p>INITIAL SCREENING</p> <p>Adults 65 years of age and older are required to be screened annually for fall risk as part of the Medicare Annual Wellness Visit. Screenings should include:¹</p> <ul style="list-style-type: none">• A validated fall risk screening questionnaire (e.g., Centers for Disease Control and Prevention Stay Independent survey) or• Three key questions (patient is at risk if answer is yes to any question):<ul style="list-style-type: none">– Feel unsteady when standing or walking?– Worry about falling?– Fallen in the last year? If yes, how many times and was there a related injury?	<ul style="list-style-type: none">• If not at risk: Educate patient on fall risk factors, refer to community exercise program and reassess yearly• If screened and at risk: Assess multifactorial risk factors and intervene (details below)<ul style="list-style-type: none">– Timed Up & Go (TUG) assessment– 30-Second Chair Stand assessment
Risk factor	Interventions
<p>MEDICATIONS/ALCOHOL²</p> <ul style="list-style-type: none">• Use of four or more medications (polypharmacy)• Medication on the Beers Criteria that may increase fall risk• Use of alcohol or any benzodiazepine, antidepressant, antipsychotic or other sedative hypnotic agent• Some over-the-counter medications, such as Benadryl[®]• Use of vasodilators (arterial and venous)	<ul style="list-style-type: none">• Review medications and reduce, taper or discontinue use of psychotropic agents (benzodiazepines and sedative-hypnotics).• Reduce or discontinue alcohol usage.• Use nonpharmacologic therapy for sleep disorders and focus on sleep hygiene (sleep restriction, no long daytime naps, aerobic exercise early in day, utilization of relaxation techniques such as music and massage).• Use alternatives to vasodilators (beta blockers and calcium channel blockers).• If changing dosage of medication that may increase fall risk, re-educate the patient and caregiver on potential side effects and consider scheduling a follow-up visit to assess response to new dosage.

Risk factor	Interventions
<p>ORTHOSTATIC HYPOTENSION</p> <ul style="list-style-type: none"> • Postural dizziness or lightheadedness 	<ul style="list-style-type: none"> • Change doses of medications (e.g., loop diuretics, vasodilators, adrenergic antagonists). • Encourage adequate hydration. • If syncopal or pre-syncopal, consider workup for autonomic nervous system or hemodynamic causes. • If venous pooling occurs in legs, encourage foot pump exercise, salt repletion, leg elevation or grade compression stockings.
<p>BALANCE/GAIT IMPAIRMENT</p> <ul style="list-style-type: none"> • Lower extremity weakness • Generalized decreased strength of quadriceps, knee extensors or flexors • Deconditioning resulting from recent illness, hospitalization or immobility • Antalgic gait • Fear of falling • Postural instability • Inability to transfer safely to bathtub or toilet • Osteoarthritis of knees or hips 	<ul style="list-style-type: none"> • Refer to physical therapy if indicated. • Recommend low-intensity resistance exercises (bands, tubes, pulleys or weights) under therapist supervision. • Recommend endurance exercises (walking, biking or water exercise). • Training in transfer skills • Analgesics for pain relief • Environmental alterations (raised toilet seats, commodes, grab bars and handrails) • Educate on appropriate footwear and fit, and consider referral to podiatry if warranted.
<p>VITAMIN D DEFICIENCY</p>	<p>Vitamin D supplement and monitor with labs</p>

Risk factor	Interventions
DEMENTIA	<ul style="list-style-type: none"> • Diagnose using the Mini-Mental State Examination or the Mini-Cog® test. • Rule out reversible causes of dementia.
SENSORY IMPAIRMENTS <ul style="list-style-type: none"> • Hearing • Vision 	<ul style="list-style-type: none"> • Hearing aids (referral for hearing aids, headset microphones, reduced background noise) • Visual aids (corrective lenses, refer for cataract evaluation and potential correction, improved illumination of room)
ENVIRONMENTAL HAZARDS <ul style="list-style-type: none"> • Uneven surfaces • Rugs • Loose cords • Poor lighting • Uneven steps or stairs • Clutter • Pets • Shower entry/bathroom floor 	<ul style="list-style-type: none"> • Occupational therapy consultation (home visit, safety evaluation) • Diffuse illumination of rooms • Install handrails and grab bars • Resurface slippery floors • Install ramps • Rearrange furniture • Remove frayed rugs and secure loose cords
ADDITIONAL RISKS TO CONSIDER <ul style="list-style-type: none"> • Increasing age • History of falls • Osteoporosis • Anemia • History of stroke • History of foot pain • Poorly fitting footwear 	<p>Address acute and chronic conditions to reduce risk of falls.</p>

The U.S. Preventive Services Task Force (USPSTF) concluded the following:³

- Exercise interventions are recommended to prevent falls in community-dwelling adults 65 years of age and older who are at increased risk for falls.
- Evidence currently indicates there is little overall net benefit to routinely offering multifactorial interventions to prevent falls. Physicians may offer or provide this service for selected patients depending on individual circumstances.

The information in this flyer is not meant to preclude clinical judgment. Treatment decisions should always be based on the clinical judgment of the physician or other healthcare provider.

1. "Algorithm for Fall Risk Screening, Assessment, and Intervention," Centers for Disease Control and Prevention (CDC), <https://www.cdc.gov/steady/media/pdfs/STEADI-Algorithm-508.pdf>
2. "Falls and Fractures in Older Adults: Causes and Prevention," National Institute on Aging, www.nia.nih.gov/health/falls-and-fractures-older-adults-causes-and-prevention
3. "Falls Prevention in Community-Dwelling Older Adults: Interventions," U.S. Preventive Services Task Force, <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/falls-prevention-community-dwelling-older-adults-interventions>