CENTRAL KANSAS PODIATRY ASSOCIATES

STATE OF THE ART PODIATRIC CARE

Functional Fall Risk Assessment

Patient Name:	Date:	
Circle appropriate score for each section and total the score below.	Chart:	

Parameter	Score	Patient Status / Condition	
Vestibular	0	No complaints of dizziness	
3,5	6	Intermittent complaints of dizziness	
(Dizziness)	10	Dizziness that interferes with ADLs	
History of Fall, Near Falls	0	No falls	
	6	1-2 falls or near falls	
(Past 12 months)	10	3 or more falls or near falls	
Peripheral	0	No sensory deficits	
Neuropathy 11	2	Peripheral Neuropathy	
(Proprioception)		(diminished proprioception)	
	4	Profoundly neuropathic	
Vision Status	0	Adequate (w/ or w/o glasses)	
3,4,8,11	2	Poor (w/ or w/o glasses)	
	4	Legally blind (advanced eye disease that interferes)	
Gait and Balance 1,2,3,4,6,9,10,11,13		Have patient stand on both feet w/o any assistance; then walk forward, through a doorway, then make a turn. (mark all that apply)	
	0	Normal / safe gait and balance	
	2	Balance problem while standing	
	2	Balance problem while walking	
	2	Decrease muscular coordination	
	2	Change in gait pattern when walking through doorway	
	2	Jerking or unstable when making turns	
	2	Requires assistance (person, furniture/walls or device)	
Ankle Strength / Range of Motion ^{7,12} (Postural Control)	0	Normal ankle strength and ROM within normal limits; Postural control within normal limits	
	2	Moderate limitation of ankle joint range of motion and strength	
	4	Significant ankle joint instability and weakness; poor postural control	

Parameter	Score	Patient Status / Condition
Medications 2,3,4,8,9		Based upon the following types of medications: anesthetics, antihistamines, cathartics, diuretics, antihypertensives, antiseizure, benzodiazepines, hypoglycemic, psychotropics, sedatives / hypnotics
	0	None of these medications taken currently or w/in the past 7 days
	2	Takes 1-2 of these medications currently or w/in the past 7 days
	4	Takes 3-4 of these medications currently or w/in the past 7 days
	1	Mark additional point if patient has had a change in these medications or doses in the past 5 days.
Predisposing Diseases 4,5,10,11		Based upon the following conditions: neuropathy, hypertension, vertigo, CVA, Parkinsons' Disease, loss of limb(s), seizures, arthritis, osteoporosis, fractures
	0	None present
	2	1-2 present
	4	3 or more present
Get Up and Go 5,9	0	Able to rise in one single motion (no loss of balance with steps)
	2	Pushes up, successful in one attempt
	6	Multiple attempts to get up, but successful
	10	Unsuccessful or needed assistance
Walk and Talk	0	No deficit in walking while speaking
	6	Inability to maintain normal gait pattern while speaking
	10	Must stop walking in order to speak
Foot Deformity	0	No foot deformity
	2	Presence of foot problems (e.g. corns, bunions, swelling)
Footwear	0	Wearing supportive, appropriate footwear
11	2	Inappropriate, poorly fitted or worn footwear

Total:	

Grading of falls risk: Circle total score

0-9 Low falls risk

Implement actions for identified individual risk factors, & recommend health promotion behavior to minimize future ongoing risk (eg – increased physical activity, medication assessment, good nutrition, footwear assessment, Podiatric specialist referral, home safety education).

(10-20) High falls risk

Implement actions for identified individual risk factors, and implement additional actions for high falls risk (Fall Prevention Center referral, home safety assessment and education, medication assessment, footwear assessment, Physical/Occupational Therapy referral, other assistive devices as needed).

>20) Extreme falls risk

Implement actions for identified individual risk factors, and implement additional actions for extreme risk (Fall Prevention Center referral, implementation of home modification devices [e.g. bathing, toileting and stairs] care giver education, medication assessment, footwear assessment, Physical/Occupational Therapy referral, other assistive devices as needed).

E CENTRAL KANSAS E PODIATRY ASSOCIATES

STATE OF THE ART PODIATRIC CARE

Fall Risk Assessment Algorithm

FALL RISK SCORE OF 10 OR GREATER

Patient Name:		Date:			
Physical/Occupational Therapy	□ Primary Care	☐ Podiatric Evaluation		luation for Home althcare	
 Vestibular Abnormalities ADL Deficits History of Falls Unsafe Living Environment Sensory Deficits Impaired Mobility Weakness Failed Walk-Talk Test 	 Vestibular Abnormalities Medication changes Hypertension/Hypotension Seizures 	 History of Falls Ankle Joint instability or decreased ROM (osteoarthritis, Charcot, CVA) Sensory Deficits (peripheral neuropathy, lack of somatosensory feedback) Failed Romberg Test (eyes closed) Failed Get Up and Go Test 	 In-Home Rehabilitation Home Modification Physician/Physical Therapist Team Coverage Home Evaluation Diagnose Instability Cause(s) Footwear Evaluation 		
1. The Patient was referred PT or O	T for further assessment for fall prever	ntion therapy.	Yes	No	
	ail regarding fall risk and prevention in cles in the home and physical exercise ankle.		Yes	No	
3. The patient was referred back to	their PCP for further assessment of ve	estibular abnormalities.	Yes	No	
Physician Signature:		Date:			

References for Functional Fall Risk Assessment Tool:

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- 4. Freeman-Smith C, Bull K, Hough P, Greenwood K, Goldie P.Peninsula Health Falls prevention service; Rehabilitation, Aged and Palliative Care Services. The Peninsula Health Falls Prevention Service developed the Falls Risk Assessment Tool (FRAT) for a DHS funded project in 1999. A study evaluating the reliability and validity of the FRAT has been presented at a number of conferences, and is being prepared for publication. Meds, medical condition, history of falling, vision
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- 8. Morse JM, Morse RM, Tylko SJ. Development of a scale to identify the fall-prone patient. Canadian Journal on Aging, 1989 8,366-377.
- 9. Podsiadlo D, Richardson S. The timed "Up & Go": a test of basic functional mobility for frail elderly persons. J Am Geriatr Soc 1991;39:142–8.
- 10. Poe SS, Cvach M, Dawson PB, Straus H, Hill EE. The Johns Hopkins Fall Risk Assessment Tool: postimplementation evaluation. J Nurs Care Qual. 2007 Oct-Dec;22(4):293-8.
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- 12. Sherrington C, Lord SR, Close JC, Barraclough E, Taylor M, O'Rourke S, et al. A simple tool predicted probability of falling after aged care inpatient rehabilitation. J Clin Epidemiol. 2011 Jul;64(7):779-86. Epub 2011 Jan 19.
- 13. Tinetti ME, Baker DI, McAvay G, Claus EB, Garrett P, Gottschalk M, et al. A multifactorial intervention to reduce the risk of falling among elderly people living in the community. N Engl J Med 1994;331:821–7.