

Older Adult Falls Prevention and Management

WHAT PRIMARY CARE CLINICIANS CAN DO TO REDUCE INJURY AND DEATH

THE CHALLENGE

Falls are the leading cause of fatal and non-fatal injuries in older adults.¹



1 in 4 older adults fall every year.

3 Million

older adults are treated in emergency departments for fall injuries each year.

Death rates from falls have increased

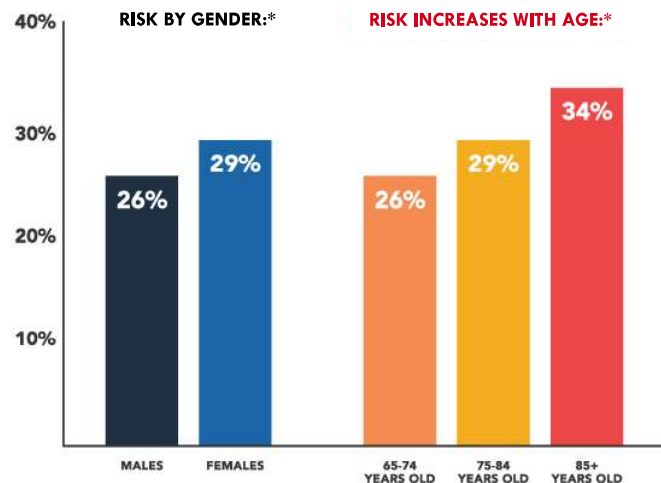
↑ 30%

in the last decade.

WHO'S AT RISK?

All adults 65+ are at risk for falls.

High risk categories include adults 85+ and females.



*Percent of older adults who reported a fall

Adapted from the Centers for Disease Control and Prevention (CDC)(2020)²

HOW CLINICIANS CAN REDUCE RISK OF FALLS



KEY MESSAGE 1

Use the TUG test to determine which patients are at high risk of falling due to impaired gait, mobility, or balance.



KEY MESSAGE 2

Conduct a multi-factorial assessment to identify additional risk factors.



KEY MESSAGE 3

Customize an intervention to address identified risk factors and increase safety.



KEY MESSAGE 4

Create an individualized exercise program in partnership with patients to improve strength, gait, and balance.

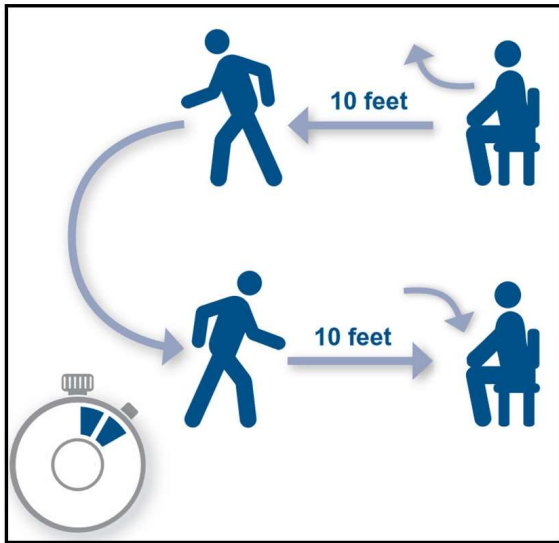
KEY MESSAGE 1



Use the TUG test to determine which patients are at high risk of falling due to impaired gait, mobility, or balance.

Timed Up and Go (TUG) Test

A systematic approach to assessing fall risk.³



Time your patient while they complete these steps:³

1. Stand up from a chair
2. Walk forward 10 feet at a normal pace
3. Turn
4. Walk back to the chair
5. Sit down

If the time is above 12 seconds, your patient is at high risk for falling.

KEY MESSAGE 2



Conduct a multi-factorial assessment to identify additional risk factors.

Fall Risk Factors are Additive

Number of risk factors*	Chance of falling in one year
0	1 person in 10 will fall
1	2 people in 10 will fall
2	3 people in 10 will fall
3	6 people in 10 will fall
4 or more	8 people in 10 will fall

Adapted from Mary E. Tinetti, MD (2020)⁴

RISK FACTOR IDENTIFICATION⁵

Type of Risk Factor	Specific Examples
HISTORY OF FALLS	Location & frequency, injuries, symptoms preceding fall
ENVIRONMENTAL HAZARDS	Tripping hazards at home, flooring issues, stairs
MEDICAL CONDITIONS	Heart rate & rhythm issues, foot problems, cognitive impairment, substance use disorder
MEDICATIONS	Polypharmacy, including both prescription and OTC medications. High risk medications, including opioids and other sedating agents.
GAIT, STRENGTH, & BALANCE	Poor TUG test result or difficulty balancing
VISION	Cataracts, no eye exam in over one year
POSTURAL HYPOTENSION	Lightheadedness with transition from lying to standing with associated decrease in systolic blood pressure ≥ 20 mm Hg

Assess other potential risk factors based on patient's individual circumstances.

KEY MESSAGE 3



Customize an intervention to address identified risk factors and increase safety.

You can improve patient safety by incorporating these effective strategies:⁶

HISTORY OF FALLS	Refer the patient to physical therapy for evidence-based exercises
MEDICATIONS	Conduct medication review and optimize regimen; refer to a pharmacist if available
VISION IMPAIRMENTS	Refer the patient for comprehensive eye exam
POSTURAL HYPOTENSION	Review the patient's blood pressure (BP) target and adjust BP medications as needed
FEET/FOOTWEAR ISSUES	Educate the patient on shoe fit, traction insoles, and heel height
HOME HAZARDS	Refer the patient for a home safety evaluation, ideally conducted by an occupational therapist

KEY MESSAGE 4



Create an individualized exercise program in partnership with patients to improve strength, gait, and balance.

↓ **28%**

reduced fall rate

from interventions that include multiple types of exercise.⁷

↓ **42%**

reduced fall rate

with exercise interventions with a total weekly dose of 3+ hours.⁷

Exercises proven to be effective include:⁸



Chair-based activities



Strength and balance exercises



Aerobic exercises



Tai Chi

ADDITIONAL RESOURCES FOR FALLS PREVENTION

- **CDC Stopping Elderly Accidents, Death, and Injury (STEADI):**
 - **Patient & Caregiver Resources:** <https://www.cdc.gov/steady/patient.html>
 - **Clinical Resources:** <https://www.cdc.gov/steady/materials.html>
- **CDC Older Adult Fall Prevention:** <https://tinyurl.com/2xp26rr6>
 - **Resources:** <https://www.cdc.gov/falls/resources.html>
 - **Publications:** <https://www.cdc.gov/falls/publications.html>
- **Centre for Effective Practice (CEP) Fall Prevention and Management:** <https://tools.cep.health/tool/falls-prevention-and-management/>



REFERENCES

- (1) CDC Older Adult Fall Prevention: Facts About Falls: <https://www.cdc.gov/falls/facts.html>
- (2) CDC STEADI: Older Adult Falls Fact Sheet: https://www.cdc.gov/steady/pdf/STEADI_ClinicianFactSheet-a.pdf
- (3) CDC STEADI Timed Up & Go (TUG) Assessment: <https://www.cdc.gov/steady/pdf/STEADI-Assessment-TUG-508.pdf>
- (4) Figure reproduced with permission, Mary E. Tinetti, M.D. ©Copyright 2005. Collaboration for Fall Prevention.
- (5) CDC STEADI Fall Risk Factors Checklist: <https://www.cdc.gov/steady/pdf/STEADI-Form-RiskFactorsCk-508.pdf>
- (6) CDC STEADI Preventing Falls in Older Patients Pocket Guide: <https://www.cdc.gov/steady/pdf/STEADI-PocketGuide-508.pdf>
- (7) Evidence on physical activity and falls prevention for people aged 65+ years: systematic review to inform the WHO guidelines on physical activity and sedentary behaviour: <https://ijbnpa.biomedcentral.com/articles/10.1186/s12966-020-01041-3>
- (8) A CDC Compendium of Effective Fall Interventions: What Works for Community-Dwelling Older Adults: https://www.cdc.gov/homeandrecreationalafety/pdf/falls/cdc_falls_compendium-2015-a.pdf

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