

## **Strong and Steady** **Falls Prevention Program Multi-factorial Educational Tool**

This tool is meant to be used as a guide when screening patients that are at risk for falls and fall related injuries. It outlines the 8 most apparent risk factors in Fall Prevention. If patients answer yes to some or all of the questions, it will assist you in referring to appropriate services.

### **Risk Factor # 1 - HISTORY OF FALLS**

- Have you fallen? How many times in the past month? \_\_\_\_ past 6months \_\_\_\_
- Have you experienced a near fall? (e.g. trip, slip, stumble)
- Have you reported any falls to your family doctor?
- Have you visited an Emergency room because of a fall?
- Have you ever broken a bone, or have you been diagnosed with osteoporosis?
- If so, are you currently taking any calcium, Vit D, and or medications to address your osteoporosis? Check box if NO.
- Have you limited any of your activities or decreased how much you leave your home due to a fall, near fall or fear of falling?

### **Risk Factor #2 -MEDICAL RISKS (including co-morbidities i.e. COPD, cardiac issues, peripheral neuropathy etc)**

- Have you ever fallen because of sudden, unexpected fainting or blackouts?
- Do you have vision problems? E.g. Blurry, not clear or difficulty seeing to the side or different depths or distances
- Do you have decreased feeling, numbness or tingling in your feet?
- Are you unsure of your footing or have trouble on uneven ground or inclines?

### **Risk Factor #3 - MEDICATION RISK**

- Do you take more than 3 prescription medications each day?
- Do you take any of the following medications?  To help you sleep
- To help control your mood  To prevent seizures
- To control heart rhythm  To help with controlling your bladder



#### **Risk Factor #4 -MOBILITY ISSUES**

- Do you sometimes feel unsteady when you walk?
- Do you choose not to use a gait aid (i.e. cane) even though people tell you it is safer?
- Do you sometimes have trouble getting in/out of bed, chair, tub or toilet?

#### **Risk Factor #5 - PAIN/JOINT PROBLEMS**

- Do you have any sore joints or arthritis?
- Is your activity limited by pain?

#### **Risk Factor #6 – POOR BALANCE, ENDURANCE/WEAKNESS PROBLEMS**

- Do you feel that you have decreased balance?
- Do you sometimes feel off balance or dizzy?
- Do you have leg weakness or tire easily when you walk during the day?

#### ***REFER TO GERIATRIC ASSESSMENT CLINIC IF THE FOLLOWING RISK FACTORS ARE PROBLEMATIC:***

#### **Risk Factor #7- ACUTE OR SIGNIFICANT MEDICAL PROBLEMS**

- Have you recently had flu-like symptoms or felt unwell when you fell?
- Do you have health problems that limit your activity?

#### **Risk Factor #8 - INDICATION OF COGNITIVE PROBLEMS**

- Do you notice that you have problems with your memory? (more than normal?, more than other people your age do?)
- Do family or friends say that you have problems with your memory?
- Do you have trouble completing familiar tasks (i.e. writing a cheque, finding your way in a familiar store or mall)

