

## RESOURCE

# Algorithm

## for Fall Risk Screening, Assessment, and Intervention

As a healthcare provider, you are already aware that falls are a serious threat to the health and well-being of your older patients.

More than one out of four people 65 and older fall each year, and over 3 million are treated in emergency departments annually for fall injuries.

The CDC's STEADI initiative offers a coordinated approach to implementing the American and British Geriatrics Societies' clinical practice guideline for fall prevention. STEADI consists of three core elements: **Screen**, **Assess**, and **Intervene** to reduce fall risk.

The **STEADI Algorithm for Fall Risk Screening, Assessment, and Intervention** outlines how to implement these three elements.

### Additional tools and resources include:

- ▶ Information about falls
- ▶ Case studies
- ▶ Conversation starters
- ▶ Screening tools
- ▶ Standardized gait and balance assessment tests (with instructional videos)
- ▶ Educational materials for providers, patients, and caregivers
- ▶ Online continuing education
- ▶ Information on medications linked to falls
- ▶ Clinical decision support for electronic health record systems

CDC's STEADI tools and resources can help you screen, assess, and intervene to reduce your patient's fall risk. For more information, visit [www.cdc.gov/steadi](http://www.cdc.gov/steadi).



You play an important role in caring for older adults, and you can help reduce these devastating injuries.



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

2019

**STEADI** Stopping Elderly Accidents,  
Deaths & Injuries

# STEADI 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** → 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:

- [Timed Up & Go](#)
- [30-Second Chair Stand](#)
- [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:

- 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
- 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
- Educate about importance of exercises (e.g., foot pumps)
- Establish appropriate blood pressure goal
- Encourage adequate hydration
- Consider compression stockings

##### Visual impairment observed

- Refer to ophthalmologist/optometrist
- Stop, switch, or reduce the dose of medication affecting vision (e.g., anticholinergics)
- Consider benefits of cataract surgery
- Provide education on depth perception and single vs. multifocal lenses

##### Feet/footwear issues identified

- Provide education on shoe fit, traction, insoles, and heel height
- Refer to podiatrist

##### Vitamin D deficiency observed or likely

- Recommend daily vitamin D supplement

##### Comorbidities documented

- Optimize treatment of conditions identified
- 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)



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