Talking With Your Patients About Falls

- Help patients understand their own unique fall risk.
- Educate patients on their modifiable risk factors and corresponding fall prevention strategies.
- Emphasize that fall prevention can help them remain independent.
- Discuss with patients which strategies they might be willing to do.
- Work with patients and caregivers to develop a plan for fall prevention.

STEADI Resources for Your Patients

Available patient-friendly brochures:

- Stay Independent
- Postural Hypotension:
 What it is & How to Manage it
- Check for Safety
- · What YOU Can Do to Prevent Falls

Key Facts About Falls

- One in four older adults age 65+ falls every year.
- Falls are the leading cause of injury deaths for older adults.
- Many patients who have fallen do not bring it up at medical appointments, so providers need to ask.

Each year, ask your older patients:

- Have you fallen in the past year?
- Do you feel **unsteady** when standing or walking?
- Do you worry about falling?

For more patient and provider resources, visit www.cdc.gov/steadi.



Centers for Disease Control and Prevention National Center for Injury Prevention and Control **POCKET GUIDE**

Preventing Falls in Older Patients

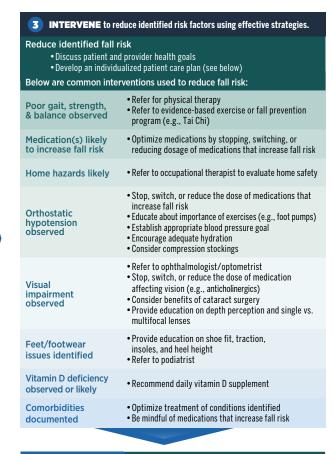


STEADI Algorithm for Fall Risk Screening, Assessment, and Intervention among Community-Dwelling Adults 65 years and older

SCREEN for fall risk yearly, or any time START patient presents with an acute fall. HERE **Available Fall Risk Screening Tools:** · Stay Independent: a 12-question tool [at risk if score ≥ 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 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 po	sitions)
Check visual acuity	Common assessment tool: • Snellen eye test	
Assess feet/footwear		
Assess vitamin D intake		
Identify comorbidities	(e.g., depression, oste	eoporosis)



FOLLOW UP with patient in 30-90 days.

Discuss ways to improve patient receptiveness to the care plan and address barrier(s)