Waiting room: Patient (and/or accompanying family/whānau/carers):

- Reads poster
- Completes self-assessment in Stay independent brochure

Consultation: Doctor/nurse identifies patients at risk by

REVIEWING:

The patient's self-assessment within Stay independent brochure

If YES

Have you slipped, tripped or fallen in the last year?

Enquire about circumstances of most

recent fall(s) or near-fall(s)

Can you get out of a chair without using your hands?

Educate patient on risk of falling increasing with age

Take a falls history

Have you avoided some activities because you are afraid you might lose your balance?

> Home safety checklist (ACC 5218) • Standing up to falls (ACC2383)

If NO to all 3 questions and selfassessment items

PREVENT THE FIRST FALL

Consider general health promotion advice including maintaining or increasing a patient's physical activity. Follow up with patient annually

Consider referral to classes which focus on balance:

- Local falls prevention programmes
- Chair Stand Exercise

Consider resources such as:

- Talking about Falls Prevention with Your Patients
- Home safety checklist (ACC5218)
- Standing up to falls (ACC2383)
- Why vitamin D is important (ACC6774)

SCREEN ALL PATIENTS ANNUALLY

	ASSESS		ACT		Processes and tools/resources		Specialist input or referral as needed	
PHYSICAL ACTIVITY	Balance, strength and gait Mobility	 	Enhance balance and strength Improve or assist mobility	•	Use one or more of: Timed Up and Go (TUG test) 30 second Chair Stand test Four-Stage Balance test	•	Refer to a Physiotherapist for: Assessment of gait and balance One-on-one progressive gait and balance retraining Strengthening exercises Recommending and teaching correct use of assistive devices	
	Muscle strength and tone (especially lower limb)	•	Prescribe vitamin D supplements if at risk of deficiency	•	 Neurological examination: Assess muscle tone, in particular look for cogwheel tone Vitamin D supplementation improves neuromuscular and psychomotor performance and is therefore thought to reduce falls 	•	Refer for a Green Prescription or to a falls prevention programme. For patients aged over 80 years; consider referral to a home-based programme. Contact Green Prescription co-ordinators (for a list see the Ministry of Health website) or ACC community injury prevention consultants for a list of local falls prevention programmes (enquire at: information@acc.co.nz).	
	Feet and/or shoes	•	Address foot problems and ensure safe footwear		Examine feet for structural abnormalities, deficits in sensation and proprioception, ask if patient experiences any foot pain. Evaluate footwear (see: <i>Standing up to falls ACC2383</i>)	•	Refer to a Podiatrist for: Assessment and treatment of foot problems Prescription of corrective footwear or orthotics	TARGETED TO THOSE AT RISK: LTI-FACTORIAL ASSESSMENT AND INTERVENTIONS
UNDERLYING CONDITIONS	Medicines (especially psychotropics)	•	Review and optimise medicine use		Taper and stop psychotropic medicines if there are no clear indications or evidence of benefit, otherwise reduce doses if possible and increase non-pharmacological treatments Monitor patient as they make recommended changes.	•	Follow up as appropriate	
	Dizziness or postural hypotension	•	Manage and monitor hypotension	•	Check supine and standing orthostatic blood pressure using Measuring Blood Pressure: Detecting Postural Hypotension Cardiovascular examination, rate and rhythm of pulse Discuss with patient and give information on postural hypotension Recommend medicine changes to reduce hypotension Monitor patient as they make recommended changes	•	Follow up as appropriate	
	Cognition		Address any cognition problems		Assess for cognitive impairment and depression	•	Refer for specialist input if appropriate	
	Vision	•	Optimise vision		Assessment for visual impairment Discuss increased falls risk with bi-focal and multifocal lenses with patient	•	Refer to an Optometrist or Ophthalmologist for: Identification and treatment of medical conditions contributing to vision problems Problems with visual acuity and contrast sensitivity	MU
	Continence problems		Manage continence problems		Consider urgency caused by diuretics or laxatives	•	Refer for specialist input if appropriate	
	Any other health problems that may increase the risk of falling	•	Address other health problems		Discuss with patient and family increased falls risk from certain conditions, stroke, parkinsonism, motor neurone disease	•	Refer for specialist input if appropriate	
	Home safety		Optimise home safety		Counsel patient about reducing fall hazards. Give information on reducing hazards in the home:		Refer patients at higher risk of falling to an occupational therapist for home safety assessment and modification:	

Arrange for installment of rails and other aids if required

• Assess safety and the patient's ability to function in the home