



STAY

independent

Falls Prevention Toolkit for Clinicians



Contents

Introduction	1
Identifying and addressing risk factors for falls	
1. Falls Algorithm	2
ASK	
2. Ask, Assess, Act: Is the older person in your care at risk of falling?	3
ASSESS	
3. Timed Up and Go (TUG) test	5
4. 30 Second Chair Stand test	6
5. Four-Stage Balance test	8
6. Measuring Blood Pressure: Detecting Postural Hypotension	10
ACT	
7. Falls Risk Factor Checklist	11
8. Talking about Falls Prevention with Your Patients	12
Following through on fall risk factors	
9. Falls Prevention Patient Referral Form	16
Appendix – Patient resources	
10. Local Falls Prevention Programmes	17
11. Chair Stand Exercise	18
12. Stay Independent brochure (patient self-assessment)	19



Introduction

Approximately one in every three people aged over 65 years will fall each year, and the rate of falls and fall-related injuries increases with age.¹ Falls are a major reason older people lose their independence, and one of the main reasons for hospital admissions among this age group.

However, falling is not an inevitable part of ageing, and even though having a fall increases the likelihood of further falls,¹ falling again is not inevitable either. Systematic reviews have found that multi-factorial assessment and interventions reduce the rate of falls in older people living in the community.² Many interventions that help prevent falls and reduce harm from injury related to falls are part of overall good care of the older person.

The resources contained within this toolkit are intended to help you screen, assess and support older patients in preventing falls and maintaining their independence. The tools can be used to identify and address an older person's modifiable risk factors for falling, allowing positive steps to be put in place to increase their strength and mobility, and reduce the likelihood of falling.

This toolkit has been developed by bpac^{nz} in partnership with the Health Quality & Safety Commission, with input from Nelson Bays Primary Health. It is an adaption of falls prevention resources from the US Centers for Disease Control and Prevention: Stopping Elderly Accidents, Deaths and Injuries (STEADI).

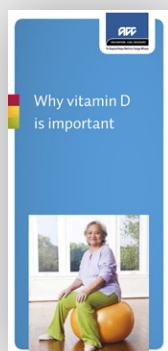
This resource has been designed to be used in conjunction with resources from the Accident Compensation Corporation



The booklet "Standing up to falls: Your guide to preventing falls and protecting your independence (ACC2383)", provides useful patient information, such as information on safe footwear and how to get up after a fall.



Home safety checklist (ACC 5218).



Advice on prescribed vitamin D supplementation (ACC6774).

Clinician resources from the Health Quality & Safety Commission's national programme



"Reducing harm from falls" and national patient safety campaign, "Open for better care".



Those especially related to screening for falls risk, risk assessment and care planning are Ask, assess, act resources, and Topics 2, 3 and 5 in 10 Topics in reducing harm from falls

1. Ambrose AF, Paul G, Hausdorff JM. Risk factors for falls among older adults: A review of the literature. *Maturitas* 2013;75(1):51– 61.
 2. Gillespie LD, Robertson MC, Gillespie WJ et al. 2012. Interventions for preventing falls in older people living in the community. *Cochrane Database of Systematic Reviews* (9):CD007146.

Falls Algorithm

ASK

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

ASKING:

Have you slipped, tripped or fallen in the last year?	Can you get out of a chair without using your hands?	Have you avoided some activities because you are afraid you might lose your balance?
---	--	--

If YES

Enquire about circumstances of most recent fall(s) or near-fall(s)	Take a falls history Educate patient on risk of falling increasing with age
--	--

If **NO** to all 3 questions and self-assessment 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	▶ Enhance balance and strength	▶	Use one or more of: ● <i>Timed Up and Go (TUG test)</i> ● <i>30 second Chair Stand test</i> ● <i>Four-Stage Balance test</i>	▶	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	TARGETED TO THOSE AT RISK: MULTI-FACTORIAL ASSESSMENT AND INTERVENTIONS
	Mobility	▶ Improve or assist mobility	▶	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).	
	Muscle strength and tone (especially lower limb)	▶ Prescribe vitamin D supplements if at risk of deficiency	▶	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	
	Feet and/or shoes	▶ Address foot problems and ensure safe footwear	▶	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	
UNDERLYING CONDITIONS	Medicines (especially psychotropics)	▶ Review and optimise medicine use	▶	Check supine and standing orthostatic blood pressure using <i>Measuring Blood Pressure: Detecting Postural Hypotension</i> 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	
	Dizziness or postural hypotension	▶ Manage and monitor hypotension	▶	Assess for cognitive impairment and depression	▶	Refer for specialist input if appropriate	
	Cognition	▶ Address any cognition problems	▶	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	
	Vision	▶ Optimise vision	▶	Consider urgency caused by diuretics or laxatives	▶	Refer for specialist input if appropriate	
	Continenence problems	▶ Manage continence problems	▶	Discuss with patient and family increased falls risk from certain conditions, stroke, parkinsonism, motor neurone disease	▶	Refer for specialist input if appropriate	
	Any other health problems that may increase the risk of falling	▶ Address other health problems	▶	Counsel patient about reducing fall hazards. Give information on reducing hazards in the home: ● <i>Home safety checklist</i> (ACC 5218) ● <i>Standing up to falls</i> (ACC2383)	▶	Refer patients at higher risk of falling to an occupational therapist for home safety assessment and modification: ● Assess safety and the patient's ability to function in the home ● Arrange for installment of rails and other aids if required	
	Home safety	▶ Optimise home safety	▶		▶		

Is the older person in your care at risk of falling?



Ask, assess, act is a process developed by the Health Quality & Safety Commission's national programme, Reducing Harm from Falls. The programme aims to reduce the risk of falling for older people, rate of falls, severity of fall-related injuries and to promote the best possible outcomes for those harmed in a fall.¹

The Ask, assess, act process is an integration of current evidence-based guidance for falls prevention in older people:

- The 2013 United Kingdom based National Institute for Health and Care Excellence Clinical (NICE) guideline 161 Falls: assessment and prevention of falls in older people.
- The 2013 United States based Centers for Disease Control and Prevention (CDC) tool kit for primary health care providers: Stopping Elderly Accidents, Deaths & Injuries (STEADI).
- The 2010 American and British Geriatric Societies' Clinical Practice Guideline: Prevention of Falls in Older Persons.

Ask, assess, act is a conversation-based process which identifies falls-related problems and risks that are real for the older person, and which leads to shared decisions about actions which will be most helpful and manageable.

It involves the older person and their family/whānau and other carers - there are several resources in this package which support their involvement:

- A poster, 'Stay independent' for your waiting room
- A consumer brochure, 'Stay independent' which includes patient self-assessment of falls risk
- A resource for health practitioners 'Talking about falls prevention with your patient'.

The first step is screening, complemented by your patient's self-assessment of their falls risk. Reviewing the patient's self-assessment provides useful information about what they believe to be the cause of any falls, and prompts a discussion about their priorities.

Screening for falls risk involves asking three simple questions which quickly cover several important points:

1. Having fallen previously is predictive of falling again.
Ask: Have you slipped, tripped or fallen in the last year?
2. Balance problems and lower-limb weakness increase the risk of falling – observing or asking whether the patient uses their hands to push up out of a chair is related to the chair stand test.²
Ask: Can you get out of a chair without using your hands?
3. Restricting activities because of a fear of falling diminishes quality of life and can cause a loss of condition, which further increases the risk of falling.³
Ask: Are there some activities you've stopped doing because you are afraid you might lose your balance? Do you worry about falling?

If your patient has slipped, tripped or fallen in the previous year, you'll ask about the about the circumstances of the most recent fall(s) or near-fall(s), as part of determining the value of a full falls history. Falls explained as 'a simple accident' are worth further enquiry, as falls are often a complex interaction between a hazard in the environment and an older person's specific risk factors.⁴

A positive answer to any one of these three questions above leads to multi-factorial risk assessment and intervention, that is:

- Undertaking a systematic assessment of risk factors for older people at risk of falls. A consistent and standardised approach is recommended, to ensure risk factors aren't missed, but every older person is different, and each will have a different risk profile
- Actioning a plan of individualised care – referring to specialist input as needed, and putting in place interventions and supports to treat, modify or better manage the risk factors identified.

The algorithm sets out this process and what it involves. Your clinical judgement takes into account the older person's risk of falling, their ability or readiness to address their risk factors, along with their preferences and family support. Appropriate actions may range from giving information (such as the 'Standing up to falls' booklet) and referral for Green Prescription, to referral into a community-based falls prevention programme or to other specialist services. A small proportion of older people may benefit from referral for comprehensive geriatric assessment, e.g. those with complex falls risks related to frailty, impaired cognition or mobility.

The challenge for health practitioners is to make older people aware of their potential risk of falling without causing distress or denial of a problem.⁵ A sense of partnership that aims to supporting their independence is key, whether your perspective is from primary care with a longer-term relationship, or a brief encounter as a coordinator in a 'single point of entry' falls referral service.

After a fall, assess or reassess the patient's risk factors in the light of that incident, and implement or modify a plan of care to address risk factors, in partnership with the patient and their family/whānau.

1. Health Quality & Safety Commission. Topic 10: An integrated approach to falls in older people: what is your part? 2014. Available from: www.hqsc.govt.nz/our-programmes/reducing-harm-from-falls/10-Topics/ (Accessed Sep, 2014).
2. Jones CJ, Rikli RE, Beam WC. A 30-s chair-stand test as a measure of lower body strength in community-residing older adults. *Research Quarterly for Exercise and Sport* 1999;70(2):113-9.
3. Delbaere K, Close JC, Brodaty H, et al. Determinants of disparities between perceived and physiological risk of falling among elderly people: cohort study. *BMJ* 2010; 341: c4165
4. Rubenstein L Z. Falls in older people: epidemiology, risk factors and strategies for prevention. *Age and Ageing* 2006; 35-52:ii37-ii41.
5. Child S, Goodwin V, Garside R. Factors influencing the implementation of fall-prevention programmes: a systematic review and synthesis of qualitative studies. *Implementation Science* 2012;7(91): 1–14.

Patient name:	Date:	Time:	AM/PM
NHI:	Test carried out by:		

The Timed Up and Go (TUG) Test

Overview: The Timed Up and Go (TUG) Test, in conjunction with other measures such as the Four-Stage Balance Test, 30 Second Chair Stand Test and an assessment of postural hypotension can help to indicate if a patient is at risk of falling. It is recommended that the TUG test is not used in isolation to predict risk of falls.¹

Purpose: To assess mobility

Equipment: A stopwatch/timer, tape measure

Directions: The patient may wear their regular footwear and can use a walking aid if this is usually required. Seat the patient in an arm chair and mark a line **three metres** away on the floor, e.g. with masking tape.

Do not conduct the TUG test if you feel the patient may fall during the test.

Instructions to the patient:

When I say **“Go”**, I want you to:

1. Stand up from the chair
2. Walk to the line on the floor at your normal pace
3. Turn
4. Walk back to the chair at your normal pace
5. Sit down again

On the word **“Go”** begin timing.

Stop timing after patient has sat back down and record their time below:

Time: **seconds**

Patients aged 65 years and older who take ≥ 12 seconds to complete the TUG are at risk of falling.

Observe the patient’s postural stability, gait, stride length and sway. Look in particular for:

- Slow tentative pace
- Loss of balance
- Short strides
- Little or no arm swing
- Steadying self on walls
- Shuffling
- En bloc turning*
- Not using assistive devices properly

Notes:

* Turning the head, trunk and pelvis as one unit rather than turning the body parts in a top-down sequence, as is usual.

1. Barry E, Galvin R, Keogh C, Horgan F, Fahey T. Is the Timed Up and Go test a useful predictor of risk of falls in community dwelling older adults: a systematic review and meta-analysis. *BMC Geriatrics* 2014; 14(1): 14

Patient name:

Date:

Time:

AM/PM

NHI:

Test carried out by:

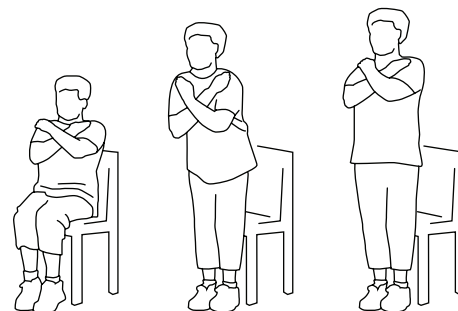
The 30-Second Chair Stand Test

Overview: The 30 Second Chair Stand Test, in conjunction with other measures such as the 4-Stage Balance Test, Timed Up and Go (TUG) Test and an assessment of postural hypotension can help to indicate if a patient is at risk of falling.

Purpose: To test leg strength and endurance:

Equipment:

- A chair with a straight back, without arm rests, placed against a wall to prevent it moving
- A stopwatch/timer



Instructions to the patient:

1. Sit in the middle of the chair.
2. Place each hand on the opposite shoulder crossed at the wrists.
3. Place your feet flat on the floor.
4. Keep your back straight and keep your arms against your chest.
5. On "Go", rise to a full standing position and then sit back down again.
6. Repeat this for 30 seconds.

On "Go" begin timing.

Do not continue if you feel the patient may fall during the test.

Count the number of times the patient comes to a full standing position in 30 seconds and record it in the box below.

If the patient is over halfway to a standing position when 30 seconds have elapsed, count it as a stand. If the patient must use his or her arms to stand then stop the test and record "0" for the number below.

Number: (See over page for what this means)

A below average number of stands for the patient's age group indicates a high risk of falls.

Notes:

Chair stand – Number of stands by age group¹

MEN			
Age group (years)	Below Average	Average	Above Average
60 – 64	< 14	14 – 19	>19
65 – 69	< 12	12 – 18	>18
70 – 74	< 12	12 – 17	>17
75 – 79	< 11	11 – 17	>17
80 – 84	< 10	10 – 15	>15
85 – 89	< 8	8 – 14	>14
90 – 94	< 7	7 – 12	>12

WOMEN			
Age group (years)	Below Average	Average	Above Average
60 – 64	< 12	12 – 17	>17
65 – 69	< 11	11 – 16	>16
70 – 74	< 10	10 – 15	>15
75 – 79	< 10	10 – 15	>15
80 – 84	< 9	9 – 14	>14
85 – 89	< 8	8 – 13	>13
90 – 94	< 4	4 – 11	>11

1 Rikli R, Jones C, Functional fitness normative scores for community-residing older adults, ages 60-94. J Aging Phys Activity 1999;7(2):162-81.

Patient name:	Date:	Time:	AM/PM
NHI:	Test carried out by:		

The Four Stage Balance Test

Overview: The Four-Stage Balance Test, in conjunction with other measures such as the 30 Second Chair Stand Test and Timed Up and Go (TUG) Test and an assessment of postural hypotension can help to indicate if a patient is at risk of falling.

Purpose: To assess static balance

Equipment: A stopwatch

Directions: Patients are asked to perform four progressively more challenging positions. Patients should not use an assistive device (e.g. walking stick), and should keep their eyes open.

If you feel the patient may be unstable and at a high risk of falling, or you are unable to safely catch them, you may choose to avoid this test.

Instructions to the patient:

"I'm going to show you four positions."

"Try to stand in each position for ten seconds. You can hold your arms out or move your body to help keep your balance but don't move your feet. Hold this position until I tell you to stop."

Describe and demonstrate each position. Stand next to the patient, hold their arm and help them assume the correct foot position.

When the patient is steady, let go, but be ready to catch them if they lose their balance.

For each stage, say "**Ready, begin**" and begin timing.

After 10 seconds, say "**Stop**."

If the patient can hold the position for ten seconds without moving their feet or needing support, proceed to the next position.

If not, stop the test.

See over page for detailed patient instructions and illustrations of the four positions.

1. Parallel stance



Stand with your feet side by side.

Time:

2. Semi-tandem stance



Place the insole of one foot so it is touching the big toe of the other foot.

Time:

3. Tandem (Heel-Toe) stance



Place one foot in front of the other, heel touching toe.

Time:

4. One-legged stance



Stand on one foot.

Time:

Patients aged 65 years or older who do not progress to the tandem (heel-toe) stance or cannot hold this stance for at least ten seconds are at increased risk of falling.

Notes:

Reference: Rossiter-Fornoff J, Walf S, Wolfson L. A cross-sectional validation study of the FICSIT common data base static balance measures. *Gerontol A Biol Sci Med Sci* 1995;50A(6):M291-M297.

Patient name:	Date:	Time:	AM/PM
NHI:	Test carried out by:		

Measuring Blood Pressure: Detecting Postural Hypotension

Patients who experience hypotension when rising to a standing position are at increased risk of falling. Use the assessment below to check if your patient may have postural hypotension, as they may benefit from a review of medicines to reduce their risk of falling.

1. Ask the patient to lie down and rest for five minutes.
2. Measure their blood pressure and pulse rate.
3. Ask the patient to stand.
4. Repeat blood pressure and pulse rate measurements when patient has been standing for one minute, and again at three minutes.

Postural (or orthostatic) hypotension is defined as a reduction in systolic blood pressure of ≥ 20 mmHg or in diastolic blood pressure of ≥ 10 mmHg within three minutes of standing.¹ If the patient experiences light-headedness or dizziness on standing, this is also considered a symptom of postural hypotension and therefore means there is a higher risk of them falling.

Position	Time	BP	Associated symptoms
Lying Down	5 Minutes	BP <input type="text"/> / <input type="text"/> HR <input type="text"/>	
Standing	1 Minute	BP <input type="text"/> / <input type="text"/> HR <input type="text"/>	
Standing	3 Minutes	BP <input type="text"/> / <input type="text"/> HR <input type="text"/>	

Postural hypotension is more common in older people,² however, the prevalence of hypertension also increases with age. Blood pressure treatment targets for older patients with hypertension should be adjusted to reduce the risk of low blood pressure-related falls.

References:

1. Mancia G, Fagard R, Narkiewicz K, et al. 2013 ESH/ESC Guidelines for the management of arterial hypertension. *J Hypertens*. 2013;(7):1281–357.
2. Chaudhry KN, Chavez P, Gasowski J, et al. Hypertension in the elderly: some practical considerations. *Cleve Clin J Med*. 2012;79(10):694–704.

Patient name:	Date:	Time:	AM/PM
NHI:	Clinician:		

Falls Risk Factor Checklist

Screening	History
Any trips, slips, falls (or near falls) in past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can't get out of a chair without using their hands?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Limits or avoids activities because afraid of losing balance or falling?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Falls Risk Factor Identified	Factor present?	Notes/Actions taken
Feels unsteady when standing or walking?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Timed Up and Go (TUG) Test ≥12 seconds	<input type="checkbox"/> Yes <input type="checkbox"/> No	
30-Second Chair Stand Test Below average score (See table on back)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Four-Stage Balance Test Heel-Toe stance <10 seconds	<input type="checkbox"/> Yes <input type="checkbox"/> No	
At risk of vitamin D deficiency?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Foot problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Inadequate or improper footwear?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any psychoactive medicines, medicines with anticholinergic side effects, medicines that decrease blood pressure or sedatives?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any dizziness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A decrease in systolic BP ≥ 20 mm Hg, or a diastolic BP of ≥ 10 mm Hg, or light-headedness or dizziness from lying to standing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cognitive impairment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Acuity < 6/12 OR no eye exam in > 1 year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Continence or urgency problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Problems with heart rate and/or rhythm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Depression?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other medical conditions or risk factors (specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Talking About Falls Prevention with Your Patients

Many falls prevention strategies call for patients to change their behaviours by:

- Attending a falls prevention programme
- Doing prescribed exercises at home
- Changing their home environment

Behaviour change can be difficult. Traditional advice and patient education does not always work.

The Stages of Change model can be used to assess an individual's readiness to act on a new, healthier behaviour. Research on the change process depicts patients as always being in one of five "stages" of change.

Behaviour change is seen as a dynamic process involving both cognition and behaviour, that moves a patient from being uninterested, unaware, or unwilling to make a change (precontemplation); to considering a change (contemplation); to deciding and preparing to make a change (preparation); to changing behaviour in the short term (action); and to continuing the new behaviour for at least six months (maintenance).

The Stages of Change model has been applied to a variety of behaviours including:

- Exercise behaviour
- Smoking cessation
- Contraceptive use
- Dietary behaviour

Stages of Change model	
Stage of change	Patient cognition and behaviour
Precontemplation	Does not think about change, is resigned or fatalistic Does not believe in or downplays personal susceptibility
Contemplation	Weighs benefits vs. costs of proposed behaviour change
Preparation	Experiments with small changes
Action	Takes definitive action to change
Maintenance	Maintains new behaviour over time

From: Prochaska JO, Velicer WF. The transtheoretical model of health behavior change. Am J Health Promot 1997;12(1):38-48

When talking with a patient about falls prevention, applying the Stages of Change model can help you to match your advice to your patient's stage of readiness.

The following section gives examples of patient-clinician exchanges for each of the first four stages of change and offers possible responses to help move the patient from one stage to another. The maintenance stage is not included because older adults are most often in the early stages of behaviour change for falls prevention.

Precontemplation stage	Patient says:	Clinician says:
<p>The patient doesn't view him or herself as being at risk of falling.</p> <p>Goal: The patient will begin thinking about change.</p> <p>To move the patient to the contemplation stage, provide information and explain the reasons for making changes.</p>	<p>Falls just happen when you get old.</p>	<p>It's true that falling is very common. About one-third of all older people fall each year.</p> <p>But you don't have to fall.</p> <p>There are specific things you can do to reduce your chances of falling.</p>
	<p>Falling is just a matter of bad luck. I just slipped. That could have happened to anybody.</p>	<p>As we age, falls are more likely for many reasons, including changes in our balance and how we walk.</p>
	<p>My 92 year-old mother is the one I'm worried about, not myself.</p>	<p>Taking steps to prevent yourself from falling sooner rather than later can help you stay independent, and ensure that you can keep supporting your mother.</p>
	<p>It was an accident. It won't happen again because I'm being more careful.</p>	<p>Being careful is always a good idea but it's usually not enough to keep you from falling. There are many things that you can do to reduce your risk of falling.</p>
	<p>I took a Tai Chi class but it was too hard to remember the movements.</p>	<p>Maybe you'd enjoy taking a balance class instead?</p>

Contemplation stage	Patient says:	Clinician says:
<p>The patient is considering the possibility that he or she may be at risk of falling.</p> <p>Goal: The patient will examine benefits and barriers to change.</p> <p>To move the patient to the preparation stage, make specific suggestions, be encouraging, and enlist support from their family.</p>	<p>I'd like to exercise but I don't because I'm afraid I'll get too tired.</p>	<p>You don't have to over-exert yourself to gain benefit. You can reduce your chances of falling by doing strength and balance exercises as little as three times per week.</p> <p>You can do these exercises at home or I can recommend some exercise classes near you.</p>
	<p>My friend down the street fell and ended up in a nursing home.</p>	<p>Preventing falls can prevent broken hips and help you stay independent.</p>
	<p>I have so many other medical appointments already.</p>	<p>These types of exercises only take a few minutes a day.</p>
	<p>I already walk for exercise.</p>	<p>Walking is great exercise for keeping your heart and lungs in good condition, but it may not prevent you from falling.</p>
	<p>I don't want to ask someone to drive me to the exercise class.</p> <p>Getting to the RSA/Rotary Club is so hard now that I don't drive.</p> <p>I have to take care of my husband. I don't have time for this.</p>	<p>There are quite a few simple exercises you can do to keep yourself from falling, e.g. the chair stand exercise.</p> <p>They don't take a lot of time and you don't have to rely on other people. You don't even have to leave your house.</p>

Preparation stage	Patient says:	Clinician says:
<p>The patient considers him or herself to be at risk of falling and is thinking of doing something about it.</p> <p>Goal: The patient will begin to consider specific changes.</p> <p>To move the patient to the action stage, help the patient set specific goals and create an action plan. Reinforce the progress the patient has made.</p>	<p>I'm worried about falling. Do you think there's anything I can do to keep from falling?</p>	<p>Let's look at some factors that may make you likely to fall and talk about what you could do about one or two of them.</p> <p>Here's some information on preventing falls. You can take this with you to go over in your own time.</p>

	<p>I read that some medicines can make you dizzy. Do you think any of mine might be a problem?</p>	<p>Let's go over yours and see if we can reduce or eliminate any of them.</p>
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Action stage	Patient says:	Clinician says:
<p>The patient considers him or herself to be at risk of falling and is ready to do something about it.</p> <p>Goal: The patient will take definite action to change.</p> <p>Facilitate change. Provide specific resources, support, and encouragement to help the patient to adopt new behaviours</p>	<p>I know a fall can be serious. What can I do to keep myself from falling and stay independent?</p>	<p>We will help you as much as we can.</p> <p>I can also refer you to other health providers who can help you, e.g. to increase your balance, improve your vision and find shoes that make walking easier.</p> <p>We'll give you a call in about a month to see how you're doing.</p>

	<p>I want to take a falls prevention class. What do you recommend?</p>	<p>I'm glad you're interested in taking a class. Let's go over the list of recommended programmes near you.</p>
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	<p>I know I'd feel safer if I had hand rails put in my shower.</p>	<p>I'm glad that you're thinking of getting hand rails installed.</p> <p>An Occupational Therapist can help you with this. Here's a home safety checklist*. It can help you identify home hazards and suggest ways to make other changes to prevent falls.</p> <p>*Page 17: ACC2383 – Standing up to falls *Page 17: ACC2383 – Standing up to falls</p>
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Falls Prevention Patient Referral Form

Patient:			Referred to:
Gender: M / F	NHI:	DOB:	
Ethnicity: <input type="checkbox"/> NZ European <input type="checkbox"/> Māori <input type="checkbox"/> Pacific Island <input type="checkbox"/> Asian Other:			Address:
Patient's Address:			Phone:
Patient's phone:			Email:
Patient's email:			
Diagnosis:			

Type of Referral

Type of specialist:

Exercise or falls prevention programme:

Reason for Referral

Physical activity

- | | |
|--|--|
| <input type="checkbox"/> Balance difficulties | <input type="checkbox"/> Lower body weakness |
| <input type="checkbox"/> Gait or mobility problems | <input type="checkbox"/> Foot abnormalities |

Underlying conditions

- | | |
|---|--|
| <input type="checkbox"/> Medication review & consultation | <input type="checkbox"/> Suspected neurological condition (e.g. Parkinson's disease, dementia) |
| <input type="checkbox"/> Postural hypotension | <input type="checkbox"/> Vision <6/12 in <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Both |

Home Safety

- | | |
|---|--|
| <input type="checkbox"/> Inadequate or improper footwear | <input type="checkbox"/> Continence or urgency problem |
| <input type="checkbox"/> Home safety assessment and modifications | |

Other reason:

Other relevant information:

Referrer details:

Date:

Local Falls Prevention Programmes

These programmes help you prevent falls by building balance and strength.

Ask your health practitioner to tick those most suitable for your needs.

Programmes	Location	Day & Time	Cost
<input type="checkbox"/>	Contact person and details:		
<input type="checkbox"/>	Contact person and details:		
<input type="checkbox"/>	Contact person and details:		
<input type="checkbox"/>	Contact person and details:		
<input type="checkbox"/>	Contact person and details:		

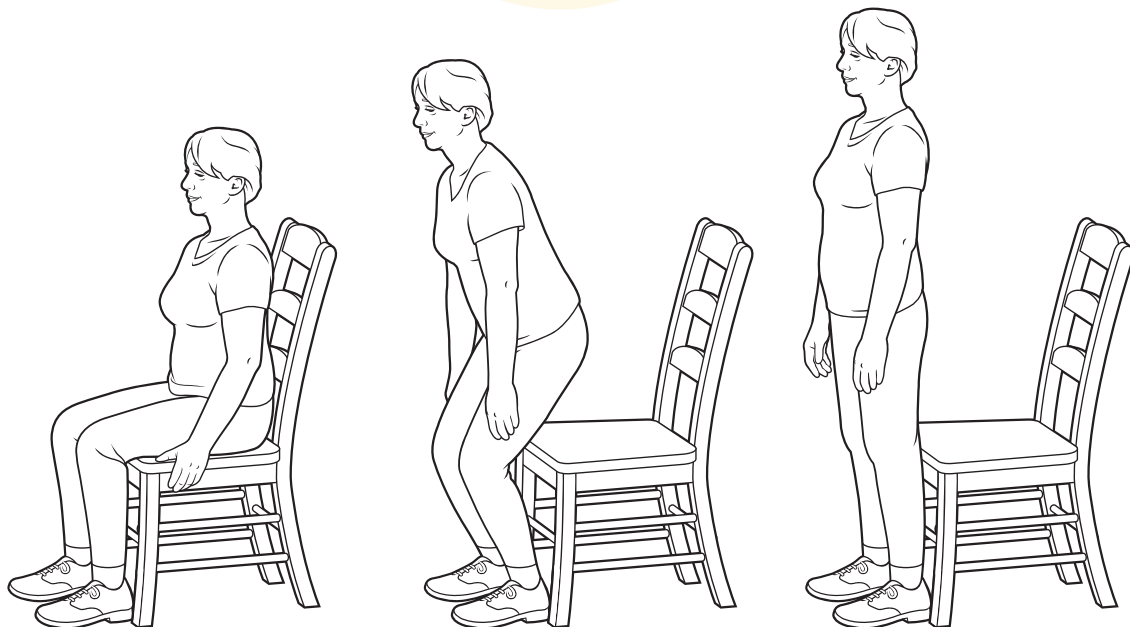
If you would prefer to exercise at home, ask your health practitioner for an exercise leaflet such as the Chair Stand Exercise.

You can benefit by increasing your activity yourself:*

- Do as much exercise and physical activity, e.g. gardening, as you can; talk to your health practitioner first if you are thinking of starting a new type of exercise or increasing the level of exercise or physical activity that you normally do. Ask if a green prescription is right for you.
- Limit the amount of time you spend sitting in your chair or lying in bed
- Start off slowly and build up your physical activity to the recommended level
- Aim to do aerobic activity (that makes you breath harder and your heart beat faster) on five days per week for at least 30 minutes per day, e.g. walking. If you do something more energetic, e.g. aerobics or aqua-jogging, 15 minutes per day for five days a week is ok. You could also do a mixture of gentle and energetic activities, and split up your activity into three 10 minute sessions throughout the day instead of doing it all at once.

Aim to do three sessions of flexibility and balance activities, such as Tai Chi classes for older people, and two sessions of muscle-strengthening activities per week, e.g. the chair stand exercise.

* Recommendations from the Ministry of Health Guidelines on Physical Activity for Older People (aged 65 years and over)



Chair Stand Exercise

What it does: Strengthens the muscles in your thighs and buttocks.

Goal: To do this exercise without using your hands as you become stronger.

How to do it:

1. Sit toward the front of a sturdy chair with your knees bent and feet flat on the floor, shoulder-width apart.
2. Rest your hands lightly on the seat on either side of you, keeping your back and neck straight and chest slightly forward.
3. Breathe in slowly. Lean forward and feel your weight on the front of your feet.
4. Breathe out and slowly stand up, using your hands as little as possible.
5. Pause for a full breath in and out.
6. Breathe in as you slowly sit down. Do not let yourself collapse back down into the chair. Rather, control your lowering as much as possible.
7. Breathe out.

Repeat 10 – 15 times. If this is too hard for you when you first start doing this exercise, do as many rises as you can and work up to this number.

Rest for a minute and then do another set of 10 – 15 chair stands.

Four things you can do to prevent falls:

- 1 Improve your balance and strength – ask your doctor or nurse to recommend a programme or exercises that are right for you.
- 2 Ask your doctor, nurse or pharmacist to review your medicines
- 3 Get annual eye check-ups and update your glasses
- 4 Make your home safer by:
 - ✓ Removing clutter and tripping hazards, including mats and rugs
 - ✓ Putting railings on stairs and adding grab bars in the bathroom and toilet
 - ✓ Having good lighting, especially on stairs

Contact your doctor, nurse or local support agencies for information on exercises or programmes in your area.

Local programmes:

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For more information on falls prevention, please visit:

www.acc.co.nz/olderfalls

STAY

independent



Are you at risk of falling?

Complete the checklist inside



This resource was developed by bpac^{nz} for the Health Quality and Safety Commission, based on the "STEADI" falls campaign by the US Centres for Diseases Control and Prevention (CDC).



Check Your Risk of Falling

Checklist

Please circle "Yes" or "No" for each statement below

Why it matters	Yes	No
I have slipped, tripped or fallen in the last year.		
I need to push with my hands to stand up from a chair.		
I am worried about falling.		
Sometimes I feel unsteady when walking, or have been told to use a walking stick to help get myself around safely.		
I steady myself by holding onto furniture when walking at home.		
I have lost some feeling in my feet.		
I take medicine that sometimes makes me feel sleepy, feel light-headed, dizzy or more drowsy than usual. (sleeping pills, blood pressure pills etc.)		
I often feel sad or depressed.		
It has been more than two years since I had my eyes checked		
I sometimes have to rush to the toilet.		

Why it matters

People who have fallen once are more likely to fall again

This is a sign of weak leg muscles which can be a major reason for falling.

People who are worried about falling are more likely to fall.

Unsteadiness, or needing support while walking, are signs you may have poor balance.

This is also a sign you may have poor balance.

Numbness in your feet can cause stumbles and lead to falls.

Side effects from medicines can sometimes increase your chance of falling.

Symptoms of depression, such as feeling sad or unmotivated, have been linked to falls.

Your eyes can change as you age, your glasses may need to as well.

Rushing to the bathroom, especially at night, increases your chance of falling.

Your health practitioner may suggest:

- Seeing a physiotherapist to check your strength and balance
- Attending a fall prevention programme or exercise class
- Seeing a podiatrist about your feet
- Changing your medicines, particularly if some make you light-headed or drowsy
- Having medical tests, such as testing if your blood pressure drops when you stand up
- Having your eyesight checked annually.

These are all positive steps towards preventing falls and helping keep you independent.

If you answer **yes to one or more questions, you could be at risk of falling. Discuss your answers with your health practitioner.**

STAY

independent

Falls are the main reason why older people lose their independence

- This year, one in every three people aged over 65 years and one in every two people aged over 80 years will have a fall
- Over half of all falls experienced by older people occur at home
- Broken bones or head wounds from a fall are the main reason for older people to be admitted to hospital with injuries
- Falls can make you lose your confidence, which in turn can increase your likelihood of falling

Take the first step – check if you are at risk of falling

- To check your risk of falling **complete the questionnaire in the “Staying Independent” brochure attached to this poster**, and give this to the health practitioner you see most (e.g. your doctor, nurse, pharmacist) to talk this through

If you are at risk there are things you can do to help you keep safe

- Exercising at home can help – ask your doctor or nurse for information on appropriate exercises you can do at your own pace to help you with your balance and strength
- Community based falls prevention programmes and exercise classes can help – ask about your nearest programme
- Some medicines can make you sleepy or dizzy, and increase your risk of falling – ask your doctor, nurse or pharmacist about the medicines you are taking and if they are right for you

**Don't wait until you have a fall
– talk to us today**



This resource was developed by bpac^{nz} for the Health Quality and Safety Commission based on the STEADI falls campaign by the US Centres for Diseases Control and Prevention (CDC).



www.hqsc.govt.nz/our-programmes/reducing-harm-from-falls

www.bpac.org.nz/falls