

A guide to Falls Prevention for Community Dwelling Seniors over 65 years of age.

Falls Risk Factors, Management Considerations, Referral and Resource Options for General Practice



	<i>Falls Risk Factors</i>	<i>GP Management Considerations</i>	<i>Resources / Referral Options</i>	
Non Modifiable	Previous history of Fall / Falls	Education Injury Prevention (eg. Hip Protectors)	Geriatrician Specialised Falls Assessment Service eg. Falls Clinic [^] , Falls Specialist [^]	
	Female Gender			
	Age greater than 80			
Modifiable	Difficulty with ADL's Not managing daily tasks Loss of independence Safety concerns	Education Home Appliances / Modification required Personal Care Assistance / Home Help	Occupational Therapist	Independent Living Centre
	Inactivity Housebound vs Community Walker Limits activity because of Fear of Falling	Education regarding importance of physical activity Find 30 campaign ~ cumulative, daily, enjoyable activity Assess for contraindications to commencing physical activity	Community Physiotherapy Prime Movers Private Physiotherapist	Exercise Physiologist Sport Scientist
	Living Alone - Social Isolation Potential for Long Lie - Longer than 1 hour on floor following a fall is associated with increased mortality at six months.	Discussion of living circumstances Liase with Next of Kin with consent of client Personal Care Alarm (eg. Silver Chain) Daily Phone Call from family / friend / Red Cross (Telecross)	Social Worker Occupational Therapist Day Centres	Local Councils HACC Services Volunteer Agencies Taxi Vouchers
	Balance / Gait Impairment Difficulty with sit-stand transfer from standard height chair Unsteady and / or slow gait Timed up and Go* greater than 14 seconds Positive Romberg* Sit to Stand greater than 2 seconds*	Appropriate assessment of underlying cause Consider gait / balance / strength rehabilitation Education ~ need for walking aid ~ correct use of walking aid	Physiotherapist Neurologist Geriatrician Specialised Falls Assessment Service eg. Falls Clinic [^] , Falls Specialist [^]	Occupational Therapist Day Hospital Rehabilitation
	Foot Disorders / Inappropriate Footwear Abnormal Foot Biomechanics (eg. pes planus) Painful Corns / Calluses / Bunions Dermatological / Vascular Conditions Poor foot hygiene / Inappropriate footwear	Minor foot procedures Education ~ appropriate footcare / footwear Consider use or need for orthotics	Podiatrist Footwear Specialist Othotist Orthopaedic Surgeon	
	Environmental Hazards Domestic (eg. steps, poor lighting, clutter) Public (eg. raised footpaths)	Practice Nurse home visit Education ~ removal of hazards ~ appropriate lighting (minimum 70 W globes) ~ need for home aids / appliances	Occupational Therapist Physiotherapist Independent Living Centre	

* refer to *Falls Assessment Pathway for General Practice* for instruction on performing these tests; [^] refer to *Falls Assessment Pathway for General Practice* for contact details for relevant Specialist Falls assessment Clinics according to ACAT area in your Metropolitan Health Region.

	Falls Risk Factors	GP Management Considerations	Resources / Referral Options		
Modifiable	Chronic Medical Conditions Neurological ~ CVA ~ Parkinsons Disease ~ Cerebellar Disorders Musculoskeletal ~ Osteoarthritis ~ Rheumatoid Arthritis	Psychological ~ Depression ~ Cognitive Impairment ~ Anxiety Other ~ Diabetes ~ Osteoporosis	Appropriate assessment / targeted examination eg. CVA - neurological assessment Appropriate medical / surgical intervention Injury prevention methods (eg. Hip Protectors) Osteoporosis assessment and management including Calcium and Vitamin D supplementation.	Neurologist Rheumatologist Endocrinologist Geriatrician Psychogeriatrician Relevant Disease Organisations eg. Arthritis Foundation Specialised Falls Assessment Service eg. Falls Clinic [^] , Falls Specialist [^]	Psychiatrist Orthopaedic Surgeon Physiotherapist Occupational Therapist Psychologist
	Visual Impairment / Issues Age related macular degeneration Disease ~ Glaucoma, Cataract Wears Bi / Tri / Multifocal eyewear Annual eye review longer than 12 months Visual acuity less than 20 / 60	Routine eye assessment and management Education ~ Separate reading / distance eyewear ~ Turn home lighting on both day and night ~ Minimise glare (sunglasses when outside) Defined edging on steps / stairs	Optometrist Ophthalmologist Occupational Therapist Blind Association Independent Living Centre		
Possibly	Medication Use / Polypharmacy 4 or more medications Class ~ Benzodiazepines ~ Anticonvulsants Safety of regime: consistent, not forgetting doses	~ Antidepressants ~ 1A Antiarrhythmic	Review & consolidate medication use if possible. Education re medication action / risks / side effects Consider ~ Webster Pack ~ Dosset Box	Pharmacist assessment of current medication regime Geriatrician Specialised Falls Assessment Service eg. Falls Clinic [^] , Falls Specialist [^]	
	Postural Hypotension lightheaded / dizzy with standing / change of position Greater than 20mm Hg decrease SBP from supine to sitting Greater than 10mm Hg decrease DBP from supine to sitting SBP less than 90mm Hg	Targeted cardiovascular examination / medication review Pharmacological treatment of postural hypotension if indicated Education re adequate hydration, diet, salt intake, compensatory strategies (ankle pump exercise before standing, elevate foot of bed, stand slowly, pressure stockings)	Cardiologist Geriatrician Specialised Falls Assessment Service eg. Falls Clinic [^] , Falls Specialist [^]		
	Urinary Incontinence Nocturia: Urinary frequency more than 2 nocte Urinary urgency / frequency during day	Appropriate assessment to diagnose underlying cause Assess diuretic use Need for use of bedside commode / male urinal	Urologist Gynaecologist Continence Clinic Continence Nurse / Adviser Womens Health Physio Occupational Therapist		
	Peripheral Neuropathy Reduced peripheral sensation and proprioception Muscle weakness - foot drop Diabetic neuropathy; Neuropathy of other causes	Appropriate assessment to diagnose cause Manage chronic conditions eg. Diabetes, Vit B12 deficiency Consider ~ need for Walking aid, Orthotics, ~ Foot care	Neurologist Endocrinologist Physiotherapist Podiatrist Orthotist Footwear Specialist		
	Vestibular Disorders / Dizziness Vertigo Vs. symptoms suggestive of non vestibular disorder eg. lightheadedness, dizziness	Appropriate Assessment to diagnose underlying cause Avoid use of medication with otolaryngologic effects Education / advice regarding symptoms	ENT Neurologist Cardiologist Physiotherapist ~ Vestibular Rehabilitation		

References: 1. Lord, S., Sherrington, C., & Menz, H. (2001). Falls in older people: risk factors and strategies for prevention. Cambridge University Press : Cambridge. 2. Tinetti, M. (2003). Preventing falls in elderly persons. New England Journal of Medicine, 348, 42 - 48. 3. AGS, BGS and AAOS Panel on Falls Prevention. (2001), Guidelines for the prevention of falls in older persons. Journal of the American Geriatric Society, 49, 664 - 672.

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