

# Addressing Falls in Your Clinical Practice

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# Epidemiology and Impact of Falls

- > 1 in 3 people 65+ fall every year<sup>1</sup>
- > Leading cause of fatal and nonfatal injuries<sup>2</sup>
- > 10% result in serious injury<sup>3</sup>
- > 2013: 2.5 million older people treated in ED<sup>2</sup>
- > Direct medical costs: \$30 billion annually<sup>4</sup>
- > Only 1 in 4 who fall discuss with doctor<sup>4</sup>

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<sup>1</sup> Tromp et al. *J Clin Epi* 2001.

<sup>2</sup> CDC *WISQARS*.

<sup>3</sup> Tinetti et al. *J Am Geriatr Soc* 1995.

<sup>4</sup> Stevens. *Inj Prev* 2006.

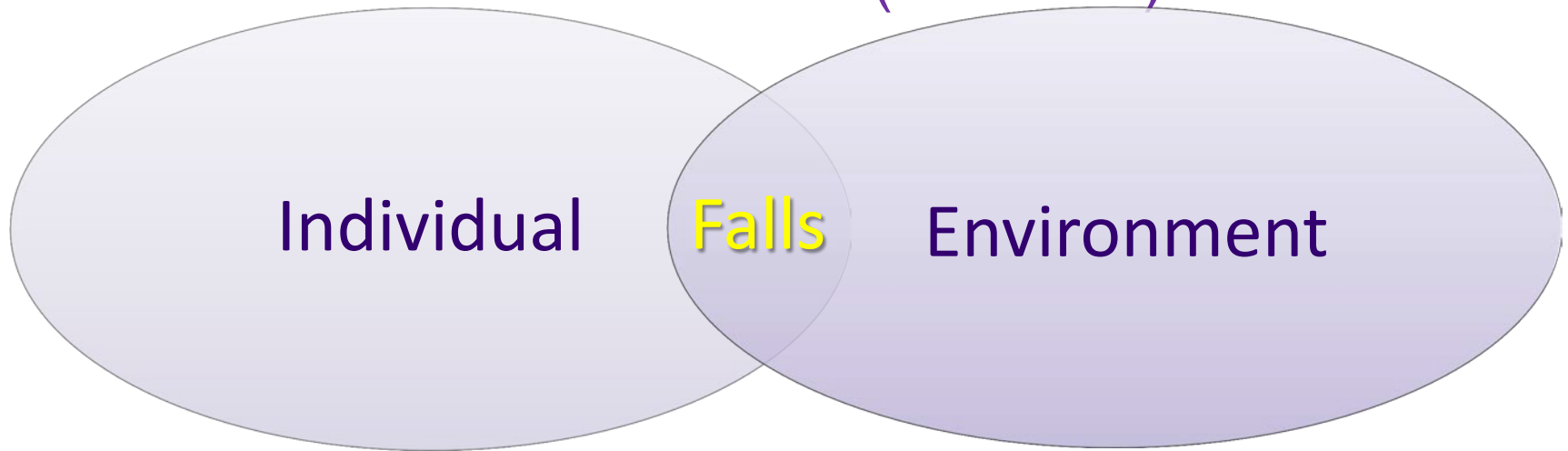
# What do we mean by a fall?

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*Coming to rest unintentionally  
on the ground or lower level*

- > Excludes falls due to an acute event (seizure, stroke, overdose)
- > One of most common geriatric syndromes

# Falls result from an interaction between factors in the individual (intrinsic) and factors in the environment (extrinsic)



- > Age-related changes
- > Cognitive deficits
- > Gait, strength, or balance deficits
- > Sensory deficits
- > Chronic Conditions
- > Acute Illnesses
- > Behaviors / Choices

- > Medications
- > Footwear
- > Assistive devices
- > Home / neighborhood features
- > Alcohol / drugs

# Falls Screening



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

EDITORIAL COLLABORATION



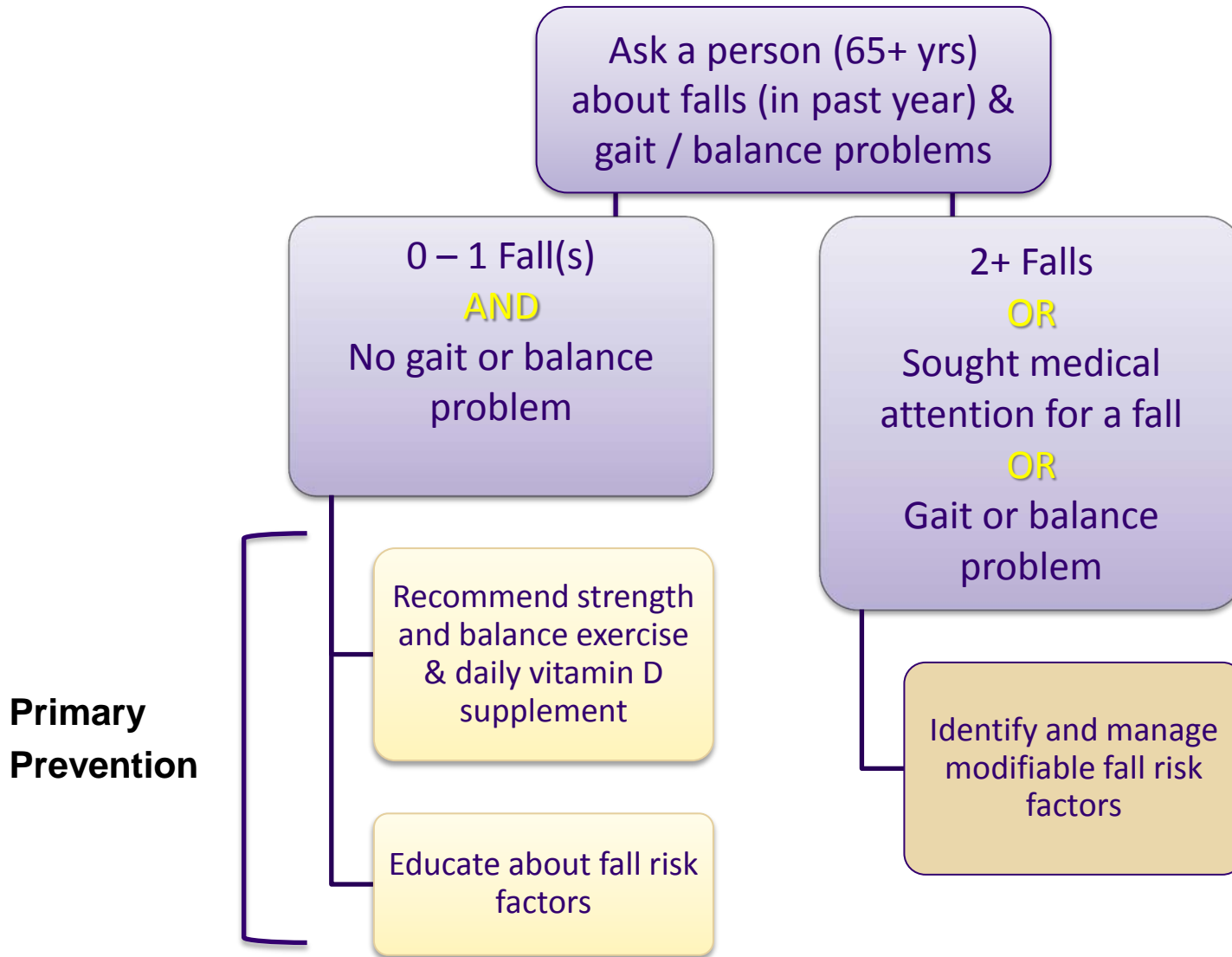
Medscape  
from WebMD

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“Are You Asking Your Older Patients the Right Questions?”

<http://www.medscape.com/viewarticle/841020> (video)

# Fall Screening and Management



Primary  
Prevention

# Falls History and Physical Exam

- > Fall circumstances (mnemonic **SPLAT**)
  - **S**ymptoms (prodromal – e.g., dizziness)
  - **P**rior falls
  - **L**ocation
  - **A**ctivity
  - **T**iming
- > Exam
  - Orthostatic vital signs
  - Gait, strength, and balance
  - Visual acuity

# Older Adults' Views on Falls

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## > Prevalent beliefs

- Falls are inevitable as people grow old
- Falls happen by accident, and accidents can't be prevented
- Falling will happen to someone else but not me
- Walking for exercise is sufficient

## > Behaviors

- Few engage in proven behaviors to reduce fall risk after a fall
- Care-seeking to reduce chances of falling is driven by perceived need



# What facilitates engagement in fall prevention behaviors?

- > Recommendation of healthcare provider
- > Range of options and involvement in decision-making
- > Emphasis on life-enhancing effects
- > Social component (enjoyable/fun)

# STEADI Toolkit

[www.cdc.gov/STEADI](http://www.cdc.gov/STEADI)

Supporting:

- > Clinical Screening
- > Risk Assessment
- > Treatment
- > Follow-up



# Tool Kit Contents

- > Algorithm to guide assessment and interventions
- > Videos and written descriptions of gait and balance tests
- > Talking about fall prevention with your patients
- > Patient educational brochures

Patient: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

## The Timed Up and Go (TUG) Test

**Purpose:** To assess mobility

**Equipment:** A stopwatch

**Directions:** Patients wear their regular footwear and can use a walking aid if needed. Begin by having the patient sit back in a standard arm chair and identify a line 3 meters or 10 feet away on the floor.

**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.

**Time:** \_\_\_\_\_ seconds


*An older adult age <80 who takes >12 seconds or age 80+ who takes >15 seconds to complete the TUG is at high risk for falling.*

Observe the patient's postural stability, gait, stride length, and sway.

**Circle all that apply:** Slow tentative pace ■ Loss of balance ■ Short strides ■ Little or no arm swing ■ Steadying self on walls ■ Shuffling ■ En bloc turning ■ Not using assistive device properly

Notes:

For relevant articles, go to: [www.cdc.gov/injury/STEADI](http://www.cdc.gov/injury/STEADI)

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

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