

CLINICAL FALLS RISK ASSESSMENT FORM

Clinical Falls Risk Assessment Form

NAME

DATE

For the following risk factors score 'YES' if risk factor is present, score 'NO' if risk factor is not present

MEASURE	RISK FACTOR PRESENT	ACTION

Previous Falls		
One or more in previous year	Yes / No	

Medications

Four or more (excluding vitamins)	Yes / No	
Any psychotropic	Yes / No	

Recommendation: Review current medications

Vision

Low contrast visual acuity test		
Unable to see all of line 16	Yes / No	

Recommendation: Give vision information sheet. Examine for glaucoma, cataracts and suitability of spectacles. Refer if necessary.

Peripheral Sensation

Tactile sensitivity test		
Unable to feel 2 out of 3	Yes / No	

Recommendation: Give sensation loss information sheet. Check for diabetes.

Strength/ Reaction Time/ Balance

Strength/ Reaction Time/ Balance		Time (secs)	
Near tandem stand test Unable	Yes / No		
to stand for 10 secs	res / no		
Alternate step test			
Unable to complete in 10 secs	Yes / No		
Sit to stand test	Yes / No		
Unable to complete in 12 secs			

Recommendation: Give strength/balance information sheet. Refer to community exercise class or home exercise program if appropriate to individual level of functioning.

Number of risk factors	0-1	2-3	4-5	6+
Probability of falling	7 °/o	13%	270⁄o	49%

Probability Score: The patient has _____% probability of falling in the next 12 months.



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QUICKSCREEN® Brief Guide to Assessment

LOW CONTRAST VISUAL ACUITY

- > Position the eye chart 3 metres from the person at eye level
- Instructions: ask them to read from left to right, continue through the chart until no letter can be correctly identified
- Score 'Yes' the risk factor is present if unable to read all of line 16 (third line from top) correctly and a correction of one further line 20 (second line from top) could be made if lighting is poor (i.e. testing a person in a poorly lit room at home etc).

TACTILE SENSITIVITY

- > Show the monofilament and explain the test, allowing the person to feel it with their finger
- Instructions: ask the person to close their eyes and say "yes" if they feel the monofilament on their lateral malleolus. Repeat three times
- Repeat any trials which "flick off"
- > Score 'Yes' the risk factor is present if unable to feel at least 2 of the 3 trials

NEAR TANDEM STAND TEST

- > Demonstrate first show foot position eyes closed for 10 seconds without moving feet
- Support the person as they assume the near tandem stance and use the template to ensure correct positioning of feet
- > When they are steady, remove support and ask them to close eyes
- > Start timing when eyes are closed, stop when eyes are opened or feet move
- > Score 'Yes' the risk factor is present if unable to stand for 10 seconds

ALTERNATE STEPTEST

- > **Demonstrate first** whole foot should be placed on the step- only a foot tap NOT a full step up
- > Stand near the person to ensure they do not fall
- > Task is to be completed as fast as possible
- > Count aloud each repetition
- > Time four repetitions per foot, alternating right and left
- > Stop timing when the last repetition is complete and both feet are on the floor
- > Score 'Yes' the risk factor is present if unable to complete in 10 seconds

SIT TO STAND TEST

- > **Demonstrate first** remember to stand all of the way up
- knees and hips should be fully extended
- sit all of the way down
- > Person starts with feet in line with knees and arms folded
- Start timing from the first movement of the shoulders
- > Count aloud each of the five repetitions
- > **Stop timing** when the person has completed 5 repetitions and is seated
- Score 'Yes' the risk factor is present when unable to complete in 12 seconds.