



MASTER BOOKLET

MASTER COPIES OF FORMS

AND INFORMATION SHEETS

This Master Booklet contains Master copies of all forms, letters and information sheets that appear in the resource manual.

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CLINICAL FALLS RISK ASSESSMENT FORM

CLIENT 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? (please circle)	ACTION
---------	--	--------

Previous Falls

One/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 trials	Yes/No	
--	--------	--

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

Strength / Reaction Time / Balance

Near tandem stand test Unable to stand for 10 secs	Yes/No	
Alternate step test Unable to complete in 10 secs	Yes/No	
Sit to stand test Unable to complete in 12 secs	Yes/No	

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%	13%	27%	49%

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

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 STEP TEST

- 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

FALLS RISK ASSESSMENT SUMMARY / REFERRAL LETTER

<<Dr Name>>

<<Address 1>>

<<Address 2>>

Dear <<Dr Name>>

Date

Re: <<patient Name>>

Date of Birth

A QuickScreen[®] Assessment was conducted on _____ and has identified that the above client has a _____% probability of falling in the next 12 months. Following discussion with the client, I request your assessment and management including referral/s as required.

QuickScreen [®] Risk Factor	Risk Factor Present	Management Strategy (completed by referring clinician)	Request for Medical Management & Consideration
History of Falls <i>Has had one or more falls in the last 12 months.</i>	Yes/No		
Medications <i>Taking 4 or more medications per day. Taking psychotropic medications.</i>	Yes/No	(Eg. Education)	(Eg. Referral for Home Medicines review)
Vision	Yes/No	(Eg. referral to optometrist)	(Eg. Specialist referral)
Peripheral Sensation	Yes/No	(Eg. Education)	(Eg. Further assessment)
Strength/Reaction Time/Balance	Yes/No	(Eg. Education; Local contact information given on community groups)	(Eg. Referral to Physiotherapist; Review to commence activity based exercise with community group or with home program)
Other Risk Factors Identified			
Impaired Cognition	Yes/No	(Eg. Cognitive Screen Suggested)	(Eg. Further assessment)
Fear of Falling <i>Reduced awareness of risk of falling.</i>	Yes/No		
Environmental Hazards	Yes/No	(Eg. Home environment screen; Education; Referral to OT)	
Inadequate Nutrition	Yes/No	(Eg. referral to dietician)	
Incontinence	Yes/No	(Eg. Education)	(Eg. Specialist referral)

If you require any further information, please do not hesitate to contact

Clinician Name

Contact Number

THE *NEURA QUICKSCREEN*® CLINICAL FALLS RISK ASSESSMENT

Since there are many risk factors for falls which vary from person to person, individualised risk factor assessment should be the first step in developing effective intervention strategies for the prevention of falls in older people.

The NeuRA *QuickScreen*® Clinical Falls Risk Assessment (or *QuickScreen*® for short) was developed by researchers at Neuroscience Research Australia (NeuRA) and is a multifactorial assessment tool which was designed specifically for use in clinical settings. It has been rigorously tested in a large sample of community-dwelling older people in which it was found that performance in the *QuickScreen*® was able to accurately predict faller status. In a sub-group of these people, the *QuickScreen*® measures exhibited good reliability, demonstrating low measurement error and a high ability to detect change in physical status over time.

The *QuickScreen*® assessment has been trialled in several clinical settings with general practitioners, practice nurses and physiotherapists, where it was found to be quick and easy to administer, taking an average of 10 minutes to complete. The clinicians reported that the assessment provided useful information about risk factors and guided the implementation of intervention strategies. The *QuickScreen*® consists of the following measures: previous falls, medication usage, vision, peripheral sensation, lower limb strength, balance and co-ordination and requires the use of minimal equipment. This makes it a portable, easy to use assessment which has a low cost yet high accuracy in determining who is at risk of falling and which particular factors contribute to that risk.

The assessment also allows the user to calculate the probability of future falls based on the identified risk factors. The inclusion of this scoring system in the *QuickScreen*® allows for the identification of people who are at a high risk of falling; in addition to its ability to determine which specific factors contribute to that risk. This information can then be used to determine which intervention strategies are likely to be most beneficial in reducing the risk of future falls.

KEEPING FALLS FREE

Date

Dear

Today you participated in a fall risk assessment. This helps find out how at risk you are of falling and what factors are contributing to that risk.

When you know what puts you at risk of falling then it is easier to do something about preventing future falls.

Falls can occur for a number of reasons which can be addressed so that you are safer and more confident about staying on your feet.

Over the page is a summary of risk factors which may cause you to fall. We have spoken about the options for addressing each of them and have noted these down as part of your falls free plan.

Please ring me or ask at any time about understanding this information or how you can keep falls free.

My name is

From

You can contact me on

If you like I can phone or visit again to see how things are going with you.

A further appointment for review is

MY FALLS PREVENTION PLAN

Falls Risk Factors	Recommendations	Arranged by Health Worker	Arranged by you	Review
Medications	<input type="checkbox"/> Information sheets given & discussed			
Vision	<input type="checkbox"/> Information sheets given & discussed			
Peripheral Sensation	<input type="checkbox"/> Information sheets given & discussed			
Strength/Reaction Time/Balance	<input type="checkbox"/> Information sheets given & discussed			
Fear of falling	<input type="checkbox"/>			
Home Hazards	<input type="checkbox"/>			
Nutrition	<input type="checkbox"/>			
Continence	<input type="checkbox"/>			

A copy of this may be kept by the person and/or the professional as a reference

PERSONAL HEALTH CONTACTS

Dear

Risk factor	Professional/Name	Agency Address	Contact details
Medical			
Medication			
Vision			
Foot care			
Gait, Strength & Balance			
Environmental Hazards			
Nutrition			
Continence			
Other			

A copy of this may be kept by the person and / or the professional as a reference

COMMUNITY RESOURCES

	Name/Agency	Address	Contact details
Primary support person/s			
Support Agency/Service (e.g. HACC, DVA)			
Home carer/s			
Handy person			
Community supports (groups, clubs)			
Other Community Contacts			

A copy of this may be kept by the person and/or the professional as a reference

SUPPLEMENTARY FALLS RISK FACTORS SCREEN

NAME _____

DATE _____

Use of this supplementary screen or other broader assessment may be indicated following identification of a level of intrinsic falls risk on QuickScreen® Clinical Falls Risk Assessment

RISK FACTOR	RISK FACTOR PRESENT (please circle)	NOTES/ ACTION
-------------	---	---------------

Cognition

• Memory loss	Yes/No	
• Confusion	Yes/No	
• Limited insight into risk	Yes/No	

Fear of Falling

• Anxiety limits daily activities	Yes/No	
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Environmental Hazards

• Potential Hazards indicated	Yes/ No	
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Nutrition

• Difficulty planning or preparing food	Yes/No	
• Inadequate intake		
• Difficulty chewing or swallowing	Yes/No	
	Yes/No	

Continence

• Urgency	Yes/No	
• Nocturia	Yes/No	
• Other		

Other factors identified

--	--	--

Name _____

Signature _____

Contact _____

Date _____

VISION AND PREVENTING FALLS – INFORMATION SHEET

DID YOU KNOW?

- People with reduced vision are more likely to fall from tripping over something they did not see clearly. This may be in the person's home or in the community.
- Trips and falls can occur when lighting is poor or changes quickly e.g. at dusk, when there is a high level of glare or when moving from bright light into the dark or the other way round.
- Two of the most important visual skills for safe mobility and avoiding falls are being able to clearly see edges of steps and other objects, and being able to judge distances.
- Being able to judge distances is easiest when vision in both eyes is at its best.
- Bifocal, trifocal and multi-focal glasses can make seeing things at our feet more difficult. This is because the lenses may blur obstacles on the ground that we need to see to avoid tripping.

WHAT YOU CAN DO

- Have your vision tested every year by an eye doctor or optometrist.
- Wear a single-lens pair of glasses (i.e. not bifocals trifocal or multi-focal) when walking especially outside your home.
- Wear a hat and sunglasses when outside to reduce the glare.
- Always put on your glasses and switch on the light at night even for short walks to the bathroom.
- Avoid dimly lit areas and paths where possible.

SENSATION LOSS AND PREVENTING FALLS – INFORMATION SHEET

DID YOU KNOW?

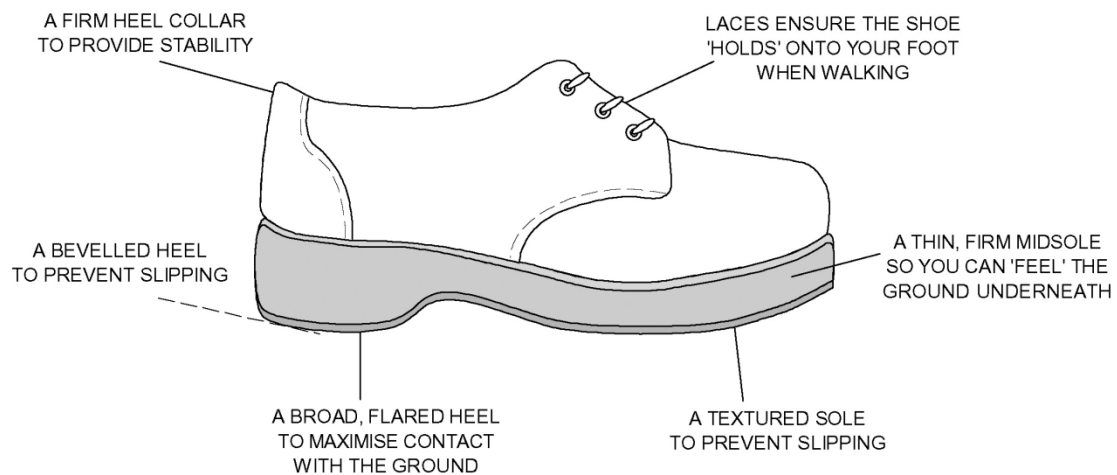
- Leg sensation provides information to your brain about your standing position and your leg movements. It is important so that you are aware of how and where to take your next step.
- If you have poor sensation in your legs or feet you rely more heavily on your vision to help know where and how to move around. You may not be able to feel if a shoe is not fitting well or is causing pain or skin damage.

WHAT YOU CAN DO

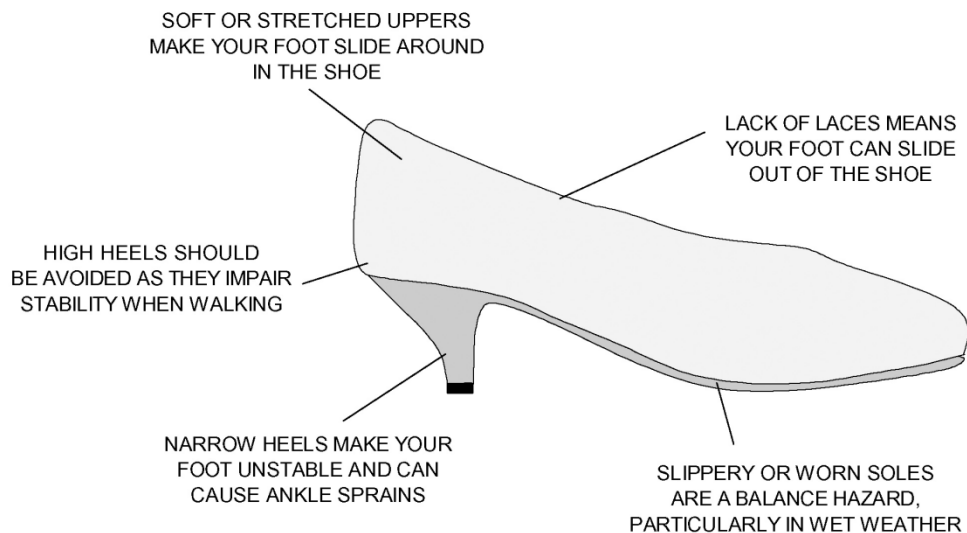
- Take particular care when walking on surfaces that are uneven or soft. For example; footpaths, uneven or rough ground and thick carpets and rugs.
- Avoid walking in dim or unlit areas if possible. Be sure you turn the light on before walking around the house at night.
- Wear shoes with low heels and firm rubber soles to maximize leg sensation and balance.
- Consider using a walking stick or a sturdy umbrella (rather than /or in addition to a support) to help you compensate for sensation loss. A stick may give you extra information about footpath, road cracks and irregularities.
- Check your feet for any sore spots or shoe rub marks particularly if your shoes are new. Ask someone to help if needed.

Loss of sensation in your feet can be for a number of reasons. Visit your doctor if you are concerned about possible loss of feeling in your legs or feet. Your doctor can assess whether any medical condition could be leading to your sensation loss.

What makes a shoe safe ?



What makes a shoe unsafe ?



EXERCISE TO PREVENT FALLS – INFORMATION SHEET

HOW CAN POOR STRENGTH, COORDINATION AND BALANCE LEAD TO FALLS?

- Adequate strength is required to support the body weight when we stand and walk. A weakness in one leg can result in a fall when all of the body weight is placed on it. Strength is also important for undertaking every day activities such as getting out of bed, rising from a chair and walking up and down steps.
- Good balance when we are standing and moving is important. It helps us to maintain our posture and not fall when we move around. Our body relies on quick reaction times and good coordination so we can recover our posture if we trip or lose balance.

WHAT YOU CAN DO

- Enjoyable exercise is the best activity to do to improve strength, balance and coordination. There are many activities which can help. Some are: walking, group exercise, Tai Chi, exercising at home, gardening or a combination of different activities.
- Group exercise classes are particularly beneficial as balance, strength and coordination can be specifically
- targeted. Being in a group gives you encouragement to exercise in a friendly setting.

TIPS FOR GETTING STARTED AND KEEPING GOING

- Start slowly and gradually build up how much exercise you do.
- Spread them out during the day and the week.
- Choose an activity you enjoy and feel comfortable with.
- Exercise with a friend or in a group and enjoy the company.
- Vary what you do. If you walk, choose places to visit that you like.
- Avoid the heat of the day when exercising.
- Be realistic. Set a weekly goal that is achievable.
- Remember you are always young enough to exercise.

Check with your doctor before you start any exercise regimen. Discuss your ideas for becoming fitter with your health professional.

EXERCISE PROGRAM FOR THE PREVENTION OF FALLS

WHY IS IT IMPORTANT TO EXERCISE?

- Exercise helps to make your muscles stronger and more flexible.
- Having stronger muscles and being more flexible improves your mobility and balance.
- You are more likely to regain your balance and save yourself from falling if you exercise regularly.
- Exercise can lift your spirits and helps you feel good about yourself.

A NOTE FOR HEALTH PROFESSIONALS

- This program has been designed for an individual's use in their home.
- It is advised that the person discusses with their doctor the appropriateness of using this program before they start.
- It is advised that you go through the exercise program with the person to ensure its correct use.
- An exercise note book page is included to record a base line prior to commencing the exercises and to provide a record of progress.

SOME THINGS TO KEEP IN MIND

- Check with your doctor or physiotherapist before starting
- If you haven't exercised for some time begin slowly and gently
- Be gentle with your body, giving it time to adjust
- Do small amounts of exercise often instead of a lot all at once
- If you are overweight spend more time on the warm ups and cool down

It is normal to feel some slight initial discomfort especially muscle soreness when you start new exercises. This should ease as your body adjusts to the new routine.

Be sure to stop exercising and consult your health professional if you start to feel unwell or uncomfortable or if you are not sure how to perform any exercise.

If you have pain, dizziness, light-headedness or palpitations stop exercising and talk to your doctor

KEY TIPS THAT WILL HELP YOU GET STARTED

USE A STURDY SUPPORT

- Use a sturdy support to put your hands on such as a kitchen table, sturdy chair back or the kitchen bench. It should be at waist height.

KEEP YOURSELF SAFE

- Over time try to slowly reduce the amount of support you use from your hands.
- Each exercise should include 3 stages: warming up, your exercises and cooling down.

MAKE EXERCISE PART OF YOUR DAILY ROUTINE

- Make a habit of exercising.
- If you do these exercises 2 or 3 times a week, you should notice a difference to the way you feel after 6–8 weeks.
- Walking is an excellent exercise to strengthen your legs and improve your fitness. Try to go for a walk for 10–30 minutes, 3 times per week.

KEEP A TRACK OF HOW YOU'RE GOING

- It is important to see how you are progressing. Progress can give a great sense of reward.
- You can look back and see how much stronger and more flexible you have become.
- A note book page is provided for you to keep an ongoing record of your progress.
- On the note book page record the date and how many times you have completed each exercise.
- You may like to show this to the health worker who provided this program, your doctor or physiotherapist.

Be sure to stop exercising and consult your health professional if you start to feel unwell or uncomfortable or if you are not sure how to perform any exercise.

THE EXERCISE PROGRAM

WARMING UP

- Helps your breathing and circulation get ready for doing exercises
- Warms up your muscles and joints
- Take about 5–10 minutes
- Do warm ups every time you exercise

WARM UPS YOU CAN DO:

- March on the spot. Use a support to hold onto if needed
- Walk for 5–10 minutes
- Breathing deeply
 - Stand relaxed with arms by your side
 - Breathe in as you lift your arms up and to the side
 - Breathe out as you lower them again
 - Repeat 3 or 4 times

Be sure to stop exercising and consult your health professional if you start to feel unwell or uncomfortable or if you are not sure how to perform any exercise.

THE EXERCISES

INCREASING THE AMOUNT YOU DO

Start with about 10 minutes of exercises in this stage. As you become fitter and stronger you can increase how much you do. Your muscles should feel a bit tired after you have exercised.

YOU CAN INCREASE YOUR EXERCISE PROGRAM BY

- Each week gradually doing more, working up to 15–20 minutes.
- Increasing the number of times (repeats) you do each exercise.
- If you started with 8–12 repeats of an exercise, then after
- 1–2 minutes rest, do them a second or third time.
- If you can do 2 sets of repetitions of an exercise without feeling tired you can add a weight to the exercise.
- A weight should make the exercise a bit harder to do but you should be able to do 1 set of repetitions before you need a rest.
- Do not increase the weight if you have pain or discomfort.
- Increase the weight by 1/2 to 1kg when the exercise no longer feels “hard.”

Be sure to stop exercising and consult your health professional if you start to feel unwell or uncomfortable or if you are not sure how to perform any exercise.

SIDE LIFT - FOR LEG STRENGTH

WHAT TO DO

- Stand beside your support
- Lift your outer leg to the side
- Keep your knee straight and foot facing forward
- Hold for 3 seconds then lower
- Repeat 8–12 times
- Turn and repeat with the other leg
- Build up to 3 sets

TIPS

- Keep your body upright while lifting your leg

AS YOU GET STRONGER

- Tie a weight around the ankle (e.g. a 1kg bag of rice or sand) to make the exercise harder.



KNEE RAISES - FOR STRENGTH AND BALANCE

WHAT TO DO

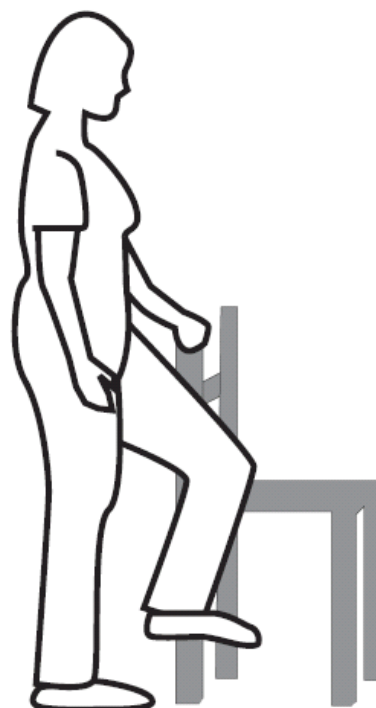
- Stand beside your support
- Raise your right knee up towards your chest
- Hold for 10 seconds then lower
- Do this 8–10 times
- Repeat with the other leg

TIP

- Use a sturdy chair or table if support is needed

AS YOU GET STRONGER

- Tie a weight around the ankle (e.g. a 1kg bag of rice or sand) to make the exercise harder.



Be sure to stop exercising and consult your health professional if you start to feel unwell or uncomfortable or if you are not sure how to perform any exercise.

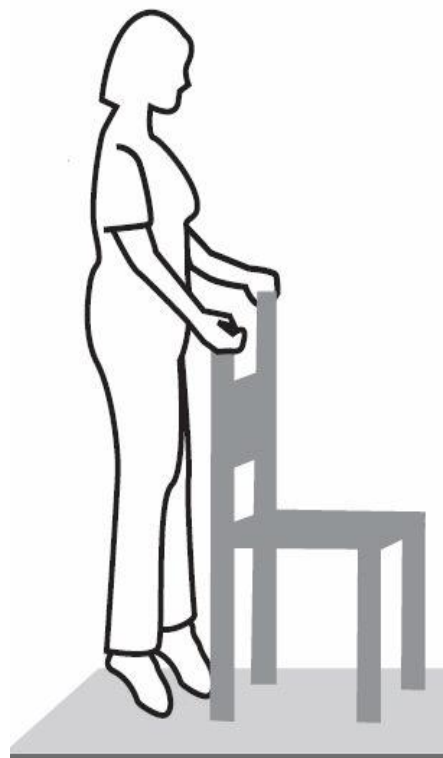
TOE AND HEEL RAISES - FOR STRENGTH AND BALANCE

WHAT TO DO

- Stand facing your support
- Use both feet to rise up on your toes
- Hold for 5 seconds then lower
- Then, keep your heels on the floor and lift your toes
- Hold for 5 seconds
- Repeat both movements 8–12 times
- Build up to 3 sets

AS YOUR BALANCE IMPROVES

- try not to hold on to the support as much
- To progress further, try walking on your toes, then heels.



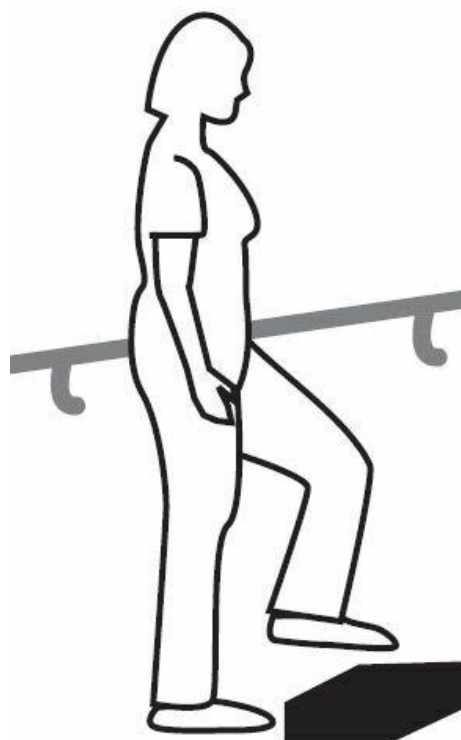
STEP UPS - FOR STRENGTH AND BALANCE

WHAT TO DO

- Use a step which has a support nearby such as a wall or handrail
- Step up one step, placing both feet on the step, right foot first
- Step down with the right leg first
- Repeat 8–12 times
- Change to the left foot leading
- Repeat these 8–12 times
- Build up to 3 sets

TIP

- Use the bottom step in a set of steps.



Be sure to stop exercising and consult your health professional if you start to feel unwell or uncomfortable or if you are not sure how to perform any exercise

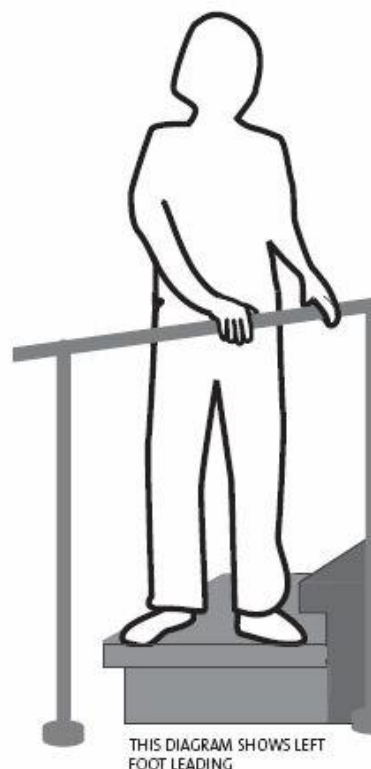
SIDE WAYS STEP UPS - FOR STRENGTH AND BALANCE

WHAT TO DO

- Use a step which has a support nearby such as a wall or handrail
- Face the hand rail and step up one step sideways, right foot first
- Step down with the left leg first
- Repeat 8–12 times
- Change to the left foot leading
- Repeat these 8–12 times
- Build up to 3 sets

TIP

- Use the bottom step in a set of steps.



THIS DIAGRAM SHOWS LEFT FOOT LEADING

LEG EXTENSIONS - HELPS STRENGTH

WHAT TO DO

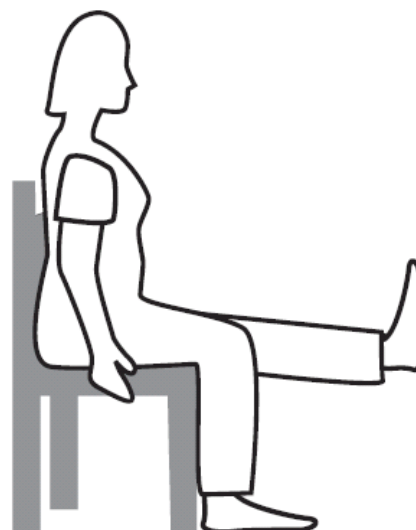
- Sit with both feet flat on the floor
- Gently straighten your knee as far as you can
- Hold for 3 seconds then lower
- Repeat with your left leg
- Do this exercise 8–12 times with each leg
- Build to 3 sets

TIP

- Don't strain to lift your leg to the horizontal position,
- Gentle practice means it will become easier in time

AS YOU GET STRONGER

- Tie a weight around the ankle (e.g. a 1kg bag of rice or sand) to make the exercise harder.



Be sure to stop exercising and consult your health professional if you start to feel unwell or uncomfortable or if you are not sure how to perform any exercise

SIT TO STAND - HELPS STRENGTH AND BALANCE

WHAT TO DO

- Sit in a straight back chair with your feet shoulder width apart and arms folded
- Lean forward and stand up trying not to use the armrests for support
- Move in a slow and controlled way
- Do this exercise 8–12 times
- Build to 3 sets

TIPS

- Take your time
- Leaning forward and placing one foot slightly in front of the other will help

AS YOU GET STRONGER

- Sit in a lower chair and do the exercise more slowly.

COOLING DOWN

- Helps your heart rate and breathing slow down to an at rest state
- Use gentle movements like marching on the spot and side stepping
- Stretches are good to do here as your muscles are warm and will stretch more easily.



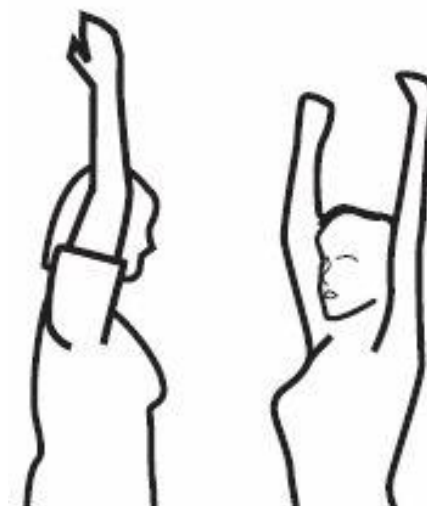
STRETCHES YOU CAN DO - TORSO STRETCH

WHAT TO DO

- Stand and raise one arm above your head or as far as you can
- 'Reach for the sky'. You should feel some stretch to your torso and arm.
- Repeat with your other arm
- Then do with both arms together, stretching up as tall as you can

TIPS

- Stretch slowly and smoothly
- Stretching can help reduce any muscle soreness.

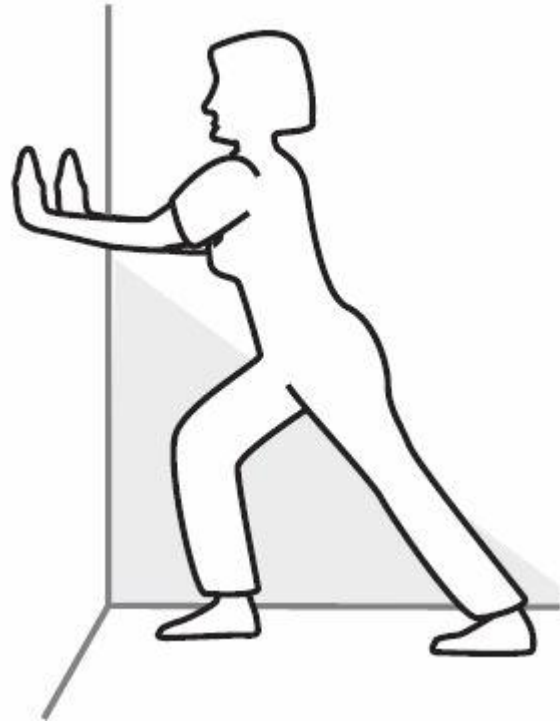


Be sure to stop exercising and consult your health professional if you start to feel unwell or uncomfortable or if you are not sure how to perform any exercise

STRETCHING YOUR LEGS

WHAT TO DO

- Stand facing a wall
- Place your hands on the wall at shoulder height and as far apart as your shoulders
- Place your right foot back about 1 metre from the wall keeping your right knee straight
- Bend the left knee and lean your body forward slightly, keeping your back straight until you feel a stretch in your right calf muscle
- Hold for 10 seconds
- Repeat by swapping leg positions
- Repeat 3 times for each leg



Be sure to stop exercising and consult your health professional if you start to feel unwell or uncomfortable or if you are not sure how to perform any exercise

EXERCISE NOTE BOOK

Be sure to stop exercising and consult your health professional if you start to feel unwell or uncomfortable or if you are not sure how to perform any exercise



Date							
Repeats							



Date							
Repeats							



Date							
Repeats							



Date							
Repeats							



Date							
Repeats							



Date							
Repeats							



Date							
Repeats							

HOME FALLS AND ACCIDENTS SCREENING TOOL (HOME FAST)



The UNIVERSITY
of NEWCASTLE
AUSTRALIA



The University of
Sydney

Name

Date

Address

THIS SHADED BOX IS FOR SCORING PURPOSES ONLY

Comment/Action	Total Score out of 25	N/A	Yes	No
.....				

INSTRUCTIONS: Please circle responses as either YES, NO or Not Applicable (NA)

Score one point for each "NO" response, overall score is out of 25.

1. Are walkways free of cords and other clutter?

YES NO

Definition: no cords or clutter across or encroaching on walkways/doorways. Includes furniture and other items that obstruct doorways or hallways, items behind doors preventing doors opening fully, raised thresholds in doorways.

Comments:
.....
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2. Are floor coverings in good condition?

YES NO

Definition: carpets/mats lie flat/no tears/not threadbare/no cracked or missing tiles – including stair coverings.

Comments:
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3. Are floor surfaces non slip?

YES NO

Definition: score "no" if lino or tiles are in the kitchen, bathroom or laundry, in addition to any polished floors or tiled/lino surfaces elsewhere.

Can only score "yes" if, in addition to other rooms, the kitchen, bathroom and laundry have non slip or slip resistant floor surfaces.

Comments:
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4. Are loose mats securely fixed to the floor?

YES NO

N/A (there are no loose mats in house)

Definition: mats have effective slip resistant backing/are taped or nailed to the floor.

Comments:
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5. Can the person get in and out of bed easily and safely?

YES NO

Definition: bed is of adequate height and firmness. No need to pull self up on bedside furniture etc.

Comments:
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6. Can the person get up from their lounge chair easily?

YES NO

N/A (person uses wheelchair constantly)

Definition: chair is of adequate height, chair arms are accessible to push up from, seat cushion is not too soft or deep.

Comments:
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7. Are all the lights bright enough for the person to see clearly?

YES NO

Definition: no globes to be less than 75w, no shadows thrown across rooms, no excess glare.

Comments:
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8. Can the person switch a light on easily from their bed?

YES NO

Definition: person does not have to get out of bed to switch a light on – has a flashlight or bedside lamp.

Comments:
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9. Are the outside paths, steps and entrances well lit at night?

YES NO

N/A (no outside step, path, or entrance, i.e.: door opens straight onto footpath)

Definition: lights exist over back and front doors, globes at least 75w, walkways used exposed to light – including communal lobbies.

Comments:
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10. Is the person able to get on and off the toilet easily and safely?

YES NO

N/A (person uses commode constantly)

Definition: toilet is of adequate height, person does not need to hold onto sink/towel rail/toilet roll holder to get up, rail exists beside toilet if needed.

Comments:
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11. Is the person able to get in and out of the bath easily and safely?

YES NO

N/A (no bath in home, or bath never used)

Definition: person is able to step over the edge of the bath without risk, and can lower themselves into the bath and get up again without needing to grab onto furniture (or uses bath board or stands to use shower over bath without risk).

Comments:
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12. Is the person able to walk in and out of the shower recess easily and safely?

YES NO

N/A (no shower in home)

Definition: person can step over shower hob, or screen tracks without risk and without having to hold onto anything for support.

Comments:
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13. Is there an accessible/sturdy grab rail/s in the shower or beside the bath?

YES NO

Definition: Rails that are fixed securely to the wall, that are not towel rails, and that can be reached without leaning enough to lose balance.

Comments:
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14. Are slip resistant mats / strips used in the bath/ bathroom/shower recess?

YES NO

Definition: Well maintained slip resistant rubber mats, or non-slip strips secured in the base of the bath or shower recess.

Comments:
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15. Is the toilet in close proximity to the bedroom?

YES NO

Definition: no more than two doorways away (including the bedroom door) – does not involve going outside or unlocking doors to reach it.

Comments:
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15. Can the person easily reach items in the kitchen that are used regularly without climbing bending or upsetting his or her balance?

YES NO

Definition: cupboards are accessible between shoulder and knee height – no chairs or stepladders are required to reach things.

Comments:
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17. Can the person carry meals easily and safely from the kitchen to the dining area?

YES NO

Definition: meals can be carried safely, or transported using a trolley to wherever the person usually eats.

Comments:
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18. Do the indoor steps/stairs have an accessible/sturdy grab rail extending along the full length of the steps/stairs?

YES NO

N/A (no steps/stairs inside house)

Definition: grab rail must be easily gripped, firmly fixed, sufficiently robust and available for the full length of the steps or stairs.

Comments:
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19. Do the outdoor steps/stairs have an accessible/sturdy grab rail extending along the full length of the steps/stairs?

YES NO

N/A (no steps/stairs outside house)

Definition: Steps = more than two consecutive steps (changes in floor level). Grab rail must be easily gripped, firmly fixed, sufficiently robust and available for the full length of the steps or stairs.

Comments:
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20. Can the person easily and safely go up and down the steps/stairs inside or outside the house?

YES NO

N/A (No steps/stairs exist)

Definition: steps are not too high, too narrow or too uneven for feet to be firmly placed on the steps (indoors and outdoors), person is not likely to become tired or breathless using steps/stairs, and has no medical factors likely to impact on safety on stairs, e.g. foot drop, loss of sensation in feet, impaired control of movement etc.

Comments:
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21. Are the edges of the steps/stairs (both inside and outside the house) easily identified?

YES NO

N/A (No steps/stairs exist)

Definition: no patterned floor coverings, tiles or painting which could obscure the edge of the step, adequate lighting of steps/stairs.

Comments:
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22. Can the person use the entrance door/s safely and easily?

YES NO

Definition: locks and bolts can be used without bending or over- reaching, there is a landing so the person does not have to balance on steps to open the door and/or screen door.

Comments:
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23. Are paths around the house in good repair, and free of clutter?

YES NO

N/A (no garden, path or yard exists)

Definition: no cracked/loose pathways, overgrowing plants/weeds, overhanging trees, garden hoses encroaching on walkways.

Comments:
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24. Is the person currently wearing well fitting slippers or shoes?

YES NO

Definition: supportive, firmly fitting shoes with low heels and non-slip soles. Slippers which are not worn and support the foot in a good position. No shoes scores "no".

Comments:
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25. If there are pets – can the person care for them without bending or being at risk of falling over?

YES NO

N/A (there are no pets/animals)

Definition: pets = any animals that the person has responsibility for. To score "yes" person does not have to feed pets when they are jumping up or getting under foot, person does not have to bend to the floor to refill

bowls/dish or clean pets, and pets do not require a lot of exercise.

Comments:
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