

Fall Risk

CHEAT SHEET



1 in 4 seniors experience a fall each year. These falls can result in serious injury and even death, making them scary for both the senior and their family member. Many falls could be prevented, but some seniors will still be

at a high risk of falling even with precautions. A senior's risk of falling is determined by a number of different factors. This cheat sheet is designed to help you determine if you or a loved one could be at risk for falling.

Review the list of fall risk factors below and then learn more about each factor in the following section.

OVERALL HEALTH & LIFESTYLE

- Visual impairment
- Auditory impairment
- Urinary urgency or incontinence
- Age
- Gender
- Vitamin D insufficiency
- Sedentary lifestyle
- Shoes with poor grip
- Joint replacement
- Experienced a fall within the past 6 months
- Fear of falling
- Injuries in feet or legs
- Use of patient care equipment that tethers (IV, chest tube, catheter, etc.)

CHRONIC CONDITIONS

- Musculoskeletal disorders
- Arthritis
- Diabetes
- Thyroid dysfunction
- COPD
- Dementia, Alzheimer's, Parkinson's or other dementias
- Neuropathy (tingling or numbness in extremities)
- Circulatory or cardiovascular disease

MENTAL COGNITION

- Impulsive
- Poor judgement of safety
- Short-term memory loss
- Unaware of physical or cognitive impairments

MEDICATIONS

- Opiate
- Anti-convulsant
- Anti-hypertensive
- Diuretic
- Hypnotic
- Laxative
- Sedative
- Psychotropic
- Has been sedated in the past 24 hours
- Takes prescription medication known to increase fall risk
- Patient-controlled analgesia (PSA)

BALANCE & GAIT

- Poor strength or endurance
- Dizziness
- Shuffle when walking
- Shaky or unsteady when standing or walking
- Holding onto surfaces for support when walking
- Requires assistance to get around (crutches, cane, walker, wheelchair, etc.)

HOME HAZARDS

- Lack of grab bars
- Stairs
- Loose objects on floor
- Uneven floors
- Poor lighting

Now that we have identified common risk factors for falls in the senior population, we will dive deeper and discuss how they impact a senior's fall risk.



Overall Health & Lifestyle

VISUAL IMPAIRMENT

Seniors with poor vision may not be able to see obstacles, uneven surfaces, or other environmental hazards.

AUDITORY IMPAIRMENT

Hearing loss or auditory impairment can cause issues with balance. The vestibular system in the ear detects movement and helps the body maintain balance and equilibrium. Abnormalities or damage to the inner ear can cause seniors to feel dizzy or unsteady.

URINARY URGENCY OR INCONTINENCE

A senior who experience the urge to use the restroom frequently may try to hurry to get to the bathroom. As they do so, they are more likely to fall down, especially in unfamiliar areas.

AGE

The older an individual gets, the more likely they are to experience a fall. Additionally, the risk of injury after a fall increases with age.

USE OF PATIENT CARE EQUIPMENT THAT TETHERS

(IV, chest tube, catheter, etc.) Any objects that create a tether to a senior could cause them to lose their balance. For example, a senior may pull to hard away from the tether, which can throw off their weight. Or a senior could trip over the tether.

VITAMIN D INSUFFICIENCY

A lack of vitamin D is linked to changes in gait, muscle weakness, and balance issues.

GENDER

Women are more likely to experience falls than men.

SEDENTARY LIFESTYLE

Seniors who don't move may lose their muscle strength and coordination. Plus, individuals who are sedentary are more likely to have chronic conditions, like obesity, heart conditions, diabetes, etc. These conditions can increase the risk of falling.

FEAR OF FALLING

A senior who is afraid to fall may lose confidence in their step. As a result, they may choose to remain sedentary. They may also change their posture while walking or even adjust their stride, which can adversely cause them to fall.

EXPERIENCED A FALL WITHIN THE PAST 6 MONTHS

Seniors who have experienced a fall within the last 6 months are more likely to fall than a senior who has not fallen before or who had a fall less recently.

SHOES WITH POOR GRIP

The wrong shoes can cause a senior to trip over their own feet or to fall more easily on slick surfaces. Seniors should wear shoes with a closed heel, non-slip grip, and a sturdy sole.

JOINT REPLACEMENT

Seniors who have undergone surgery for a knee or hip replacement may also be at risk of falling, depending on how long ago the replacement surgery was done and how much remaining pain and stiffness they experience.

INJURIES IN FEET OR LEGS



Chronic Conditions

DEMENTIA, ALZHEIMER'S, PARKINSON'S OR OTHER DEMENTIAS

Seniors with dementia or Parkinson's are more likely to experience problems with their mobility, balance, and muscle control as symptoms of the disease. Likewise, seniors with dementia will have difficulty remembering how to get around and maybe even how to walk properly.

NEUROPATHY

Neuropathy can cause a senior to feel numb or tingly in their extremities. As a result, they may not be able to feel objects under their feet or uneven surfaces. They may step on something and not even realize it.

MUSCULOSKELETAL DISORDERS

Musculoskeletal disorders affect the muscles, tendons, ligaments, and other parts of the body that are involved in movement. An example of a musculoskeletal disorder is tendonitis. A senior with this type of disorder may not be able to walk or balance well and could be at a higher risk of falling.

CIRCULATORY OR CARDIOVASCULAR DISEASE

Heart conditions can leave a senior feeling out of breath or experience changes in blood pressure, which could leave them feeling lightheaded. Additionally, these seniors may not be able to exercise and instead may adopt a sedentary lifestyle.

ARTHRITIS

Adults ages 65 and up are 2 times more likely to experience a fall if they have arthritis than seniors without arthritis. The pain and stiffness in the joints can disrupt normal walking patterns.

DIABETES

Diabetes can cause neuropathy in the extremities. Some diabetics have to undergo foot and leg amputations. It is also characterized by swings in blood sugar. Low blood sugar spells can leave seniors feeling lightheaded and could cause them to faint. Diabetics may also experience vision impairment.

THYROID DYSFUNCTION

Hyperthyroidism can lead to muscle weakness and also increase gait abnormalities. Thyroid issues can also increase a senior's risk of injury during a fall.

COPD

COPD stands for chronic obstructive pulmonary disorder. This condition can increase a senior's risk of losing their balance or even blacking out. Difficulty breathing and getting enough oxygen to the body could also cause a senior to feel weak, dizzy, or lightheaded.



Mental Cognition

IMPULSIVE

Seniors who are impulsive may try to make movements suddenly, which could cause them to fall. Impulsive behavior can be especially dangerous when combined with a recent fall history or a chronic condition.

UNAWARE OF PHYSICAL OR COGNITIVE IMPAIRMENTS

Some seniors may not be able to understand their own wellbeing. They may not think they have any impairments of body or mind. Seniors that don't recognize their own limitations and fragility are at a higher risk of falling.

POOR JUDGEMENT OF SAFETY

If a senior is a poor judge of their own safety, they may inadvertently cause a fall. For example, if a senior climbed atop a chair to change a lightbulb, perceiving that it was a safe activity for them to complete.

SHORT-TERM MEMORY LOSS

Seniors with short-term memory loss may not be able to remember specific instructions given to them, like not standing up or using grab bars in the bathroom. They might not remember that they have physical limitations that could impact their ability to move around.



Medications

HAS BEEN SEDATED IN THE PAST 24 HOURS

Sedatives are powerful medications that can take a while to wear off. Seniors especially are more susceptible and vulnerable to anesthesia. If a senior has been sedated within 24 hours, they are more likely to feel the effects and could fall more easily.

TAKES PRESCRIPTION MEDICATION KNOWN TO INCREASE FALL RISK

There are a number of different medications that can interact with the body and increase fall risk: Patient-controlled analgesia (PSA), opiate, anti-convulsant, anti-hypertensive, diuretic, hypnotic, laxative, sedative, and psychotropic. Additionally, some combinations of medications can cause a senior to feel more drowsy or lightheaded, which can lead to a fall. recognize their own limitations and fragility are at a higher risk of falling.



Balance & Gait

REQUIRES ASSISTANCE TO GET AROUND

Many seniors rely on crutches, canes, walkers, or wheelchairs. While these devices may help a senior remain independent, they also indicate that the senior has some struggles with balance, coordination, or steadiness. Even with an assistive device, these seniors could fall.

SHAKY OR UNSTEADY WHEN STANDING OR WALKING

Shaky movements or unsteadiness are prime factors that can cause a fall. These symptoms leave seniors feeling out of control.

SHUFFLE WHEN WALKING

Seniors may shuffle as they try not to fall and could actually cause them to fall more easily. As a senior slides their feet, they may get caught up on thresholds or uneven surfaces more easily. Shuffling requires a narrow stance, which is unlike the wider stance we rely on for maintaining balance while walking.

HOLDING ONTO SURFACES FOR SUPPORT WHEN WALKING

If a senior reaches for sturdy surfaces to help keep them steady as they walk, it is a sign that they are not stable or do not feel confident in their ability to walk without assistance.

POOR STRENGTH OR ENDURANCE

Seniors may fall as a result of muscle weakness or fatigue.

DIZZINESS

Dizziness can cause a senior to lose their balance quickly and is a key risk factor of a fall.



Home Hazards

LACK OF GRAB BARS

Certain areas in the home are hot spots for falls. For example, the bathroom. Seniors may experience a fall when toileting or getting out of the shower. Grab bars can help seniors gain stability in these areas.

STAIRS

Stairs can cause fall hazards for people of all ages! The uneven surfaces make it easy to lose footing.

LOOSE OBJECTS ON FLOOR

Loose objects on the floor can also be tripping hazards. These could include any items scattered about — kids' toys, clothing, shoes, etc. Try to pick up these items regularly and keep the house tidy.

UNEVEN FLOORS

Uneven floors can cause seniors to lose their balance. Uneven floors can be a result of a transition from hardwood to carpet, rugs, or old flooring that has settled or broken.

POOR LIGHTING

Poor lighting can make it harder to see hazards around the house. Try to keep areas well-lit to prevent falls.

Fall Risk

ASSESSMENT TOOL

Fall Risk Status

RISK FACTOR	LEVEL	RISK SCORE
RECENT FALLS	None in last 12 months	2
	One or more between 3 and 12 months ago	4
	One or more in last 3 months	6
	One or more in last 3 months whilst inpatient/resident	9
MEDICATIONS	Not taking any of there	1
	Taking one	2
	Taking two	3
	Taking more than two	4
CHRONIC CONDITIONS, HEALTH & LIFESTYLE	Does not appear to have any of these	1
	Appears mildly affected by one or more	2
	Appears moderately affected by one or more	3
	Appears severely affected by one or more	4
Low Risk: 1-7 Medium Risk: 8-11 High Risk: 12-16		RISK SCORE

AUTOMATIC HIGH RISK STATUS (if ticked then circle HIGH risk below)

- Recent change in functional status and/or medications affecting safe mobility (or anticipated)
- Affect by one or more balance and gait risk factors

RESULTS (circle result below)

LOW RISK

MEDIUM RISK

HIGH RISK

Home Hazards can generate a fall regardless of the risk level of you loved one.



Caring Senior Service provides fall-specific care, with processes and care plans in place to help prevent seniors from falling and to help seniors recover from a fall. For more information about our in-home care services, please visit caringseniorservice.com

RESOURCES

- <https://cheatography.com/deleted-2754/cheat-sheets/johns-hopkins-hospital-fall-assessment-tool/>
- <https://medlineplus.gov/lab-tests/fall-risk-assessment/>
- https://www.hopkinsmedicine.org/institute_nursing/models_tools/JHFRAT_home%20care%20modified_6_22_17.pdf
- <https://www.mayoclinic.org/medical-professionals/physical-medicine-rehabilitation/news/evaluating-patients-for-fall-risk/mac-20436558>
- https://www.cdc.gov/steady/pdf/Risk_Factors_for_Falls-print.pdf
- https://www.euro.who.int/__data/assets/pdf_file/0018/74700/E82552.pdf
- <https://www.pacificneuroscienceinstitute.org/blog/eye-ear/5-things-about-hearing-and-balance/>
- <http://www.shieldhealthcare.com/community/incontinence/2016/01/25/the-relationship-between-incontinence-and-accidental-falls>
- <https://www.pharmacytimes.com/resource-centers/heart-failure/why-heart-failure-patients-face-higher-risk-of-falls>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4404178/#:~:text=The%20Centers%20for%20Disease%20Control,those%20without%20arthritis%20%5B14%5D.>
- <https://www.lifeline.philips.com/resources/blog/2017/12/diabetes-and-falling-down.html>
- <https://consultqd.clevelandclinic.org/management-of-hyperthyroidism-in-the-older-adult/>
- <https://www.asahq.org/whensecondscount/preparing-for-surgery/risks/age/#:~:text=or%20after%20surgery.-,Do%20anesthesia%20risks%20increase%20in%20older%20adults%3F,or%20making%20you%20lose%20consciousness.>