BETTER BALANCE PATIENT HANDBOOK



Welcome to the Better Balance Program

Falls are the leading cause of injury hospitalizations for older people, but they can often be prevented. Carolinas Rehabilitation and Healthy@Home have partnered to create the Better Balance Program to help seniors and their families learn how to reduce falls.

The Better Balance Program's Mission

- Identify individuals who are at risk for falling
- Help at-risk individuals take steps to reduce falls before they happen
- Encourage healthy aging by facilitating older adults to remain mobile and independent
- Reduce hospitalizations

The Better Balance Program provides a comprehensive patient assessment and identification of fall risk factors. You will also receive an individualized treatment plan to improve your balance and falls risk as well as education regarding fall prevention in the home. We will provide home safety tips and suggestions for life-long exercise and activities to improve balance.

Individuals Who Would Benefit From the Better Balance Program Include Those Who

- Have recently fallen
- Demonstrate difficulty getting up from a chair
- Have difficulty walking or are unsteady on their feet
- Are physically inactive
- Are fearful of falling
- Complain of dizziness or lightheadedness
- Have problems with their senses, such as impaired vision or numbness in their feet
- Demonstrate muscle weakness
- Have neurological or arthritic/orthopedic conditions that limit physical abilities

Our Team of Specialists

- Are specially trained in the evaluation and treatment of imbalance
- Utilize the most recent evidenced-based treatment strategies for improving balance and reducing falls
- Have achieved advanced competencies in the area of balance
- Create an individualized plan of care used throughout Carolinas HealthCare System

TABLE OF CONTENTS

Ų,	Chapter 1 - The Physical Exam	. 4
	Chapter 2 - Medical History	. 8
	Chapter 3 - Medications	13
	Chapter 4 - Postural Hypotension	19
(H)	Chapter 5 - Home Safety	22
Referen	ices	30



WHAT IS MY MAIN PROBLEM?

The results of your physical exam indicate that you are at a risk for falls.

The Walking Test – Timed Up and Go (TUG)

Results of the TUG test correlate highly with balance, function and the ability to safely leave home. A score of 13 seconds or more is associated with a high risk for falls.

Your score = _____

The Strength Test – 30-Second Chair Stand Test

This test is a measure of lower body strength in older adults. There is a correlation between weakness and the risk for loss of mobility.

A score below your age and gender average increases your risk for falls.

Age	Men	Women
60-64	14	12
65-69	12	11
70-74	12	10
75-79	11	10
80-84	10	9
85-89	8	8
90-94	7	4

T 7				
Your:	score	=		

The Balance Test – Full Tandem Stance

This test assesses your ability to maintain a standing position.

A score of less than 10 seconds indicates a higher fall risk.

Your score = ____

WHAT DO I NEED TO DO?

- 1. Follow your therapist's instructions regarding your customized exercise program.
- 2. Track and review your progress with your therapist.

WHY IS THIS IMPORTANT?

The ability to perform daily activities and maintain independence requires endurance, strength and balance. Your physical fitness plays an important role in everyday activities such as walking, standing up or picking up a child. Balance problems can reduce your independence by interfering with daily activities. Participating in regular physical activity can significantly improve balance and reduce your risk of falling.

Physical activity should include the following:

1. Walking

Walking is an excellent way to improve your overall fitness. Walking improves balance, ankle strength and walking speed while decreasing the chance of falls and the fear of falling.

2. Strength Training

Strength training improves muscular endurance, strength and flexibility. Research has shown that strengthening exercises are both safe and effective for women and men of all ages. People with health concerns, especially those with heart disease or arthritis, often benefit the most from this type of training.

3. Balance Retraining

Balance exercises – when done properly and through a full range of motion – improve flexibility and balance, reducing the likelihood of falls.



Use This Chart to Record Your Physical Test Scores With Your Therapist

Track Your Progress

TEST	DATE	DATE	DATE	DATE	DATE	DATE	GOAL



One in four people over the age of 65 will fall each year. Falling can be avoided for aging adults.

Some people believe the best way to prevent falls is to limit activity. THIS IS NOT TRUE.

Physical activities help you stay independent.

We all lose muscle as we age, but muscle strength and flexibility can be partially restored. It's never too late to start an exercise program.

Most falls can be prevented. You have the power to reduce the risk.

An exercise program that includes walking, strength training and balance retraining has been shown to significantly reduce the risk for falling.

WHAT IS MY MAIN PROBLEM?

Certain medical conditions increase your risk for falls.

WHAT DO I NEED TO DO?

Homework

- 1. Complete the "risk for falling" questionnaire.
- 2. Complete the medical history check list.
- 3. Complete the vision assessment.

Teamwork

- 1. Share your results with your therapist. Based on your results, your therapist will discuss ways to reduce your risk of falling.
- 2. Your therapist will also discuss with you the best way to get up if you do fall.

WHY IS THIS IMPORTANT?

Knowing all of your risk factors is the first step in prevention.

Some medical conditions can be improved. These are called "modifiable risk factors." An annual eye exam and a properly fitted pair of shoes can significantly reduce your risk of falling.

Some medical conditions cannot be improved. These are called "non-modifiable risk factors." However, these conditions can be managed and your therapist can suggest adaptations to reduce your risk of falls.



Patient Homework: Check Your Risk for Falling

Please Cir	cle "Yes" c	or "No" for each statement below.	Why it matters.		
Yes (2)	No (0)	I have fallen in the past year.	People who have fallen once are likely to fall again.		
Yes (2)	No (0)	I use or have been advised to use a cane or walker to get around safely.	People who have been advised to use a cane or walker may already be more likely to fall.		
Yes (1)	No (0)	Sometimes I feel unsteady when I am walking.	Unsteadiness or needing support while walking are signs of poor balance.		
Yes (1)	No (0)	I steady myself by holding onto furniture when walking at home.	This is also a sign of poor balance.		
Yes (1)	No (0)	I am worried about falling.	People who are worried about falling are more likely to fall.		
Yes (1)	No (0)	I need to push with my hands to stand up from a chair.	This is a sign of weak leg muscles, a major reason for falling.		
Yes (1)	No (0)	I have some trouble stepping onto a curb.	This is also a sign of weak leg muscles.		
Yes (1)	No (0)	I often have to rush to the toilet.	Rushing to the bathroom, especially at night, increases your chance for falling.		
Yes (1)	No (0)	I have lost some feeling in my feet.	Numbness in your feet can cause stumbles and lead to falls.		
Yes (1)	No (0)	I take medicine that sometimes makes me feel light-headed or more tired than usual.	Side effects from medicines can sometimes increase your chance for falling.		
Yes (1)	No (0)	I take medicine to help me sleep or improve my mood.	These medicines can sometimes increase your chance for falling.		
Yes (1)	No (0)	I often feel sad or depressed.	Symptoms of depression, such as not feeling well or feeling slowed down, are linked to falls.		
Total		Add up the number of points for each "yes" ans at risk for falling. Discuss this brochure with you	te number of points for each "yes" answer. If you scored 4 points or more, you may be falling. Discuss this brochure with your doctor.		

^{*}This Checklist was developed by the Greater Los Angeles VA Geriatric Research Education Clinical Center and affiliates and is a validated fall risk self-assessment tool (Rubenstein et al. J Safety Res; 2011:42(6)493-499). Adapted with permission of the authors.

Patient Homework:

Medical Factors That Increase Risk for Falls

(Check all that apply)

Muscle weakness	Diabetes
Difficulty with walking/balance	Urinary/bladder dysfunction
Osteoporosis	Vision impairment
Heart conditions	Hearing loss
Depression	Cancer that affects the bones
Alzheimer's disease	Thyroid problems
Arthritis	Alcohol use
Neurological conditions	

Vision Screen

Subjective		
Do you ever feel that problems with your vision make it difficult for you to do the things you would like to do?	YES	NO
Do you ever bump into objects in your home?	YES	NO
Do objects suddenly appear in your environment?	YES	NO
Do you have difficulty reading your medicine bottles?	YES	NO
Do you have any particular difficulty seeing in dim light?	YES	NO
Can you recognize the faces of family or friends when you are across an average size room?	YES	NO
Are you under the care of a doctor for glaucoma, macular degeneration, diabetic retinopathy, field cuts, cataracts, etc.? (circle applicable)	YES	NO
When was the last time you saw an eye doctor?		
Has a doctor ever told you that nothing more can be done for your vision?	YES	NO

If You Fall

Whether you're at home or somewhere else, a sudden fall can be startling and upsetting. If you do fall, stay as calm as possible. Take several deep breaths to try to relax.

How to Get Up From A Fall

- 1. Remain still on the floor or ground for a few moments. This will help you get over the shock of falling.
- 2. Decide if you're hurt before getting up. Getting up too quickly or in the wrong way could make an injury worse.
- 3. If you think you can get up safely without help, roll over onto your side.
- 4. Rest again while your body and blood pressure adjust. Slowly get up on your hands and knees, and crawl to a sturdy chair.
- 5. Put your hands on the chair seat and slide one foot forward so that it is flat on the floor. Keep the other leg bent so the knee is on the floor.
- 6. From this kneeling position, slowly rise and turn your body to sit in the chair.

If you're hurt or can't get up on your own, ask someone for help or call 911. If you're alone, try to get into a comfortable position and wait for help to arrive.

Reminder: Notify your healthcare provider of any falls immediately.

NIH Senior Health (http://nihseniorhealth.gov/falls/ifyoufall/01.html)

Multifocal lenses, such as bifocals or progressive lenses, may increase the risk for falls.

People with impaired vision are twice as likely to fall. Wearing your glasses and turning on lights reduces your risk. Keep glasses and a light next to your bed at all times.

Symptoms of depression, such as not feeling well or feeling "slowed down," are linked to falls. Talk with your doctor if you're feeling depressed.

Urinary incontinence or rushing to the bathroom (especially at night) increases your chance of falling. Consider protective undergarments.

Social activities are beneficial for your overall health and may decrease depression, which could reduce your risk of falls.

Numbness in your feet from diabetes or poor circulation can cause stumbling and lead to falls. Wear closed-toed shoes for support.



WHAT IS MY MAIN PROBLEM?

Certain types of medications and their side effects may lead to falls. Although many medications have been linked to falls, the evidence is strongest for three drug categories:

- 1. Benzodiazepines
- 2. Any medications that have anticholinergic side effects
- 3. Sedating OTC (over the counter) Medications

WHAT DO I NEED TO DO?

Homework

1. Collect all of your medications, including prescription medications, OTCs, home remedies, herbal products, dietary supplements and vitamins. Include pills, creams, injections, eye drops and inhalers.

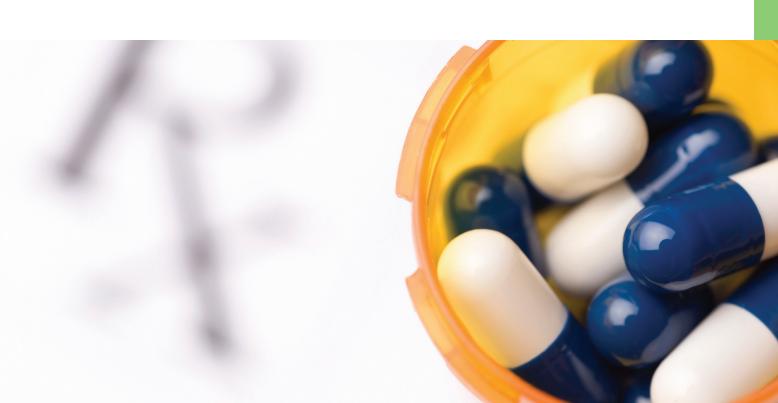
DO NOT START OR STOP TAKING ANY MEDICATION WITHOUT CONSULTING YOUR PHYSICIAN.

Teamwork

1. Inform your therapist of all medications you're currently taking. Your therapist will identify medications that may increase your risk for falls.

WHY IS THIS IMPORTANT?

Reducing or eliminating certain types of medication will reduce your risk of falling. Even if you cannot change your medication due to medical conditions, knowing which medications may affect you can reduce your risk of falling.





If you see a medication that you are taking on the following list that has been prescribed by your doctor, do not stop taking it.

During your next doctor's appointment ask about your risk of falling and possible alternative medications.

Benzodiazepines

These medications are used for treating anxiety, insomnia, agitation, seizures and muscle spasms.

What are the most common side effects?

- Sedation
- Dizziness
- Weakness
- Unsteadiness

What are the most common types of this medication?

- Alprazolam (Xanax)
- Clonazepam (Klonopin)
- Diazepam (Valium)
- Lorazepam (Ativan)
- Triazolam (Halcion)
- Temazepam (Restoril)
- Eszopiclone (Lunesta)
- Zaleplon (Sonata)
- Zolpidem (Ambien)

Anticholinergics

These medications are used to treat allergies, colds, bladder problems and stomach problems.

What are the most common side effects?

- Confusion
- Sedation
- Sleepiness
- Loss of balance
- Falls

What are the most common types of this medication? Allergies, Cold and Cough

- Azelastine nasal spray (Astelin, Astepro)
- Brompheniramine (Brofed, Dimetapp)
- Chlorpheniramine (Clor-Trimeton)
- Clemastine or Meclastin (Tavist)
- Diphenhydramine (Benadryl)
- Hydroxyzine (Atarax, Vistaril)
- Olopatadine nasal spray (Pantanase)

Bladder Problems

- Darifenacin (Enablex)
- Flavoxate (Urispas)
- Oxybutynin (Ditropan, Gelnique)
- Solifenacin (Vesicare)
- Tolterodine (Detrol)
- Trospium (Sanctura)

Insomnia and Sleep Problems

- Diphenhydamine (Tylenol PM, generic nighttime pain relievers, Benadryl)
- Doxylamine (Unisom, generic nighttime sleep aides)

Motion Sickness, Dizziness, Nausea

- Dimenhydrinate (Dramamine)
- Meclizine (Dramamine II, Antivert)
- Prochlorperazine (Compazine)
- Scopolamine (Transderm Scop, Scopace, Donnatal)

Tricyclic Antidepressants

- Amitripyline (Elavil)
- Desipramine (Norpramin, Pertofrane)
- Doxepin (Sinequan, Silenor)

Anxiety

Hydroxyzine (Atarax)

Seizures, Mood Disorders

• Carbamazepine (Tegretol)

Muscle Spasms, Muscle Pain

- Cyclobenzaprine (Flexeril)
- Orphenadrine (Norflex)
- Phenyltolxamine (Doans, Vicks Percogesic, Momentum Extra)

Ulcer and Acid Reflux

- Cimetidine (Tagamet)
- Ranitidine (Zantac)

Gastrointestinal Muscle Relaxers

- Clidinium (Librax)
- Dicyclomine (Bentyl)
- Hyoscyamine (Levsin, Levbid, Symax, HyoMax)

Eye Drops

- Atropine (atropisol)
- Pheneramine (Opcon-A)
- Scopolamine (Isopto Hyoscine)

Sedating OTC's - Over The Counter Medications

What are they?

These medications are used for the treatment of insomnia or sleep problems.

What are the most common side effects?

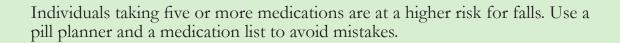
- Sedation
- Fatigue
- Sleepiness
- Dizziness
- Decreased coordination

What are the most common types of this medication?

- Any medication containing diphenhydramine (Benadryl)
- Any generic nighttime pain reliever (Tylenol PM, Advil PM, Motrin PM, Doans PM, Goody's PM)
- Doxylamine (Unisom, generic nighttime sleep aides)

NOTES:			

DID YOU KNOW ?



Patients who stopped taking sedating OTCs reduced their risk for falling by 66 percent.

All medications have side effects, and it may take several months to develop a tolerance of these side effects. Be careful when starting a new medication.

Some medications can cause dehydration, which can lead to confusion and falls. Stay hydrated to lower your risk.

Some medications may make you feel dizzy or sleepy. Talk to your doctor about the possibility of reducing or eliminating these medications.

Do not start or stop any medication without consulting your doctor.

Medication management can reduce interactions and side effects that may lead to falls. Discuss all of your medications with your doctor as well as potential side effects..

WHAT IS MY MAIN PROBLEM?

Postural hypotension, also known as "orthostatic hypotension," occurs when your blood pressure drops with a change in position, such as when you stand up from a chair. You may feel dizzy or lightheaded when this happens.

WHAT DO I NEED TO DO?

Homework

Fill out the postural hypotension symptom check list.

Teamwork

Your therapist will check your blood pressure to screen for postural hypotension.

WHY IS THIS IMPORTANT?

When your blood pressure drops, less blood goes to your organs and muscles. This can increase your chance of falling.



Patient Homework: Postural Hypotension Symptom Checklist

Dizziness
Lightheadedness
Feeling about to faint, pass out or fall
Headaches
Blurry or tunnel vision
Feeling vague or muddled
Feeling pressure across the back of your shoulders and neck
Nausea
Feeling hot and clammy
Weakness or fatigue
Confusion

Teamwork: Measuring Orthostatic Blood Pressure

- 1. Have the patient lie down for 5 minutes.
- 2. Measure blood pressure and pulse rate.
- 3. Have the patient stand.
- 4. Repeat blood pressure and pulse rate measurements after standing 1 and 3 minutes.

A drop in BP \geq 20 mm Hg, or in diastolic BP of \geq 10 mm Hg, or experiencing lightheadedness or dizziness is considered abnormal.

Pos	ition	Time	ВР	Associated Symptoms
Lying Down	•==	5 Minutes	BP / HR	
Standing	Ť	1 Minute	BP / HR	
Standing	Ť	3 Minutes	BP / HR	

For relevant articles, go to www.CDC.gov/Injury/STEADI

DID YOU KNOW ?

Symptoms are more likely to happen in the morning, when your blood pressure is naturally lower, after a large meal or alcohol, when straining on the toilet or when you are ill.

Getting out of bed slowly can reduce your risk of falling. First sit up, then sit on the side of the bed, then stand up.

A regular exercise program can also decrease the chances of developing blood pressure problems.

Staying hydrated decreases blood pressure changes. Drink six to eight glasses of water each day, unless your physician has instructed you otherwise.

Very hot baths or showers increase your risk of postural hypotension.

If you regularly experience symptoms of hypotension in the morning, try sleeping with extra pillows to raise your head.

Do not walk if you feel dizzy. Taking your time when changing positions will manage the symptoms of postural hypotension.

WHAT IS MY MAIN PROBLEM?

Your home needs to be arranged in a manner to prevent falls.

WHAT DO I NEED TO DO?

Homework

Complete the home safety check list.

Teamwork

Your therapist will make specific recommendations to make your home safer.

WHY IS THIS IMPORTANT?

More than half of all falls take place at home. Making simple home modifications can significantly reduce your risk of falling.

Patient Homework:

CDC Home Safety Checklist Table for the Falls Risk Assessment and Screening Tool

Directions: Answer each question by checking "yes" or "no" for your home. Check "no" if it does not apply to you.

Question	Yes	No	Suggested Actions from the CDC
1. When you walk through a room, do you have to walk around furniture?			Ask someone to move the furniture so your path is clear.
2. Do you have throw rugs on the floor?			Remove the rugs or use double-sided tape or a non-slip backing so the rugs won't slip.
3. Are there papers, books, towels, shoes, magazines, boxes, blankets or other objects on the floor?			Pick up things that are on the floor. Always keep objects off the floor.
4. Do you have to walk over or around wires or cords (i.e. lamp, telephone or extension cords)?			Coil or tape cords and wires next to the wall so you can't trip over them. If needed, have an electrician put in another outlet.
5. Are there papers, shoes, books or other objects on the stairs?			Pick up things on the stairs. Always keep objects off stairs.
6. Are some steps broken or uneven?			Fix loose or uneven steps. Paint a contrasting color on the top edge of all steps so you can see the stairs better. For example, use a light color paint on the dark wood.
7. Are you missing a light over the stairway?			Have an electrician put in an overhead light at the top and bottom of the stairs. Florescent bulbs are bright and cost less to use.
8. Do you have only one light switch for your stairs (only at the top or at the bottom of the stairs)?			Have an electrician put in a light switch at the top and bottom of the stairs. You can get light switches that glow.

Question	Yes	No	Suggested Actions from the CDC
9. Has the stairway light bulb burned out?			Have a friend or family member change the light.
10. Is the carpet on the steps loose or torn?			Make sure the carpet is firmly attached to every step, or remove the carpet and attach non-slip rubber treads to the stairs.
11. Are the handrails loose or broken? Is there a handrail on only one side of the stairs?			Fix loose handrails or put in new ones. Make sure handrails are on both sides of the stairs and are as long as the stairs.
12. Look at your kitchen and eating area. Are the things you use often on high shelves?			Move items in your cabinets. Keep things you use often on the lower shelves (about waist level).
13. Is your step stool unsteady?			If you must use a step stool, get on with a bar to hold on to. Never use a chair as a step stool.
14. Look at all your bathrooms. Is the tub or shower floor slippery?			Put a non-slip rubber mat or self-stick strips on the floor of the tub or shower.
15. Do you need some support when you get in and out of the tub or up from the toilet?			Have a carpenter put grab bars inside the tub and next to the toilet.
16. Look at all your bedrooms. Is the light near the bed hard to reach?			Place a lamp close to the bed where it's easy to reach.
17. Is the path from your bed to the bathroom dark?			Put in a night light so you can see where you're walking. Some night lights go on by themselves after dark.
Total checks in the "yes" column			

RISK FACTOR	LOW RISK=0	MEDIUM RISK=1	HIGH RISK=2	ACTION RECOMMENDED
Please carefully complete the Home Safety Checklist. When you finish, count the total check marks that you made.	I have fewer than 6 check marks.	I have 6-11 checks.	I have more than 11 checks.	It appears that your home is not as safe as it might be. It is important that either an OT or PT make a home visit and help you consider modifications that would make your home safer.

Adapted from the CDC Home Safety Checklist found at CDC.gov/HomeandRecreationalSafety/Falls/CheckListForSafety.html

Home Safety

ALL AREAS: Remove or rearrange furniture so your path is clear. ☐ Keep clutter off the floor. ☐ Remove throw rugs. Use double-sided tape to tape down edges of area rugs and carpet. ☐ Make sure carpet is free of curled or frayed edges. ☐ If rug must be used, make sure it has slip-resistant backing or rubber matting underneath. ☐ Change wheels on walker to fit through narrow spaces/doorways. Remove door if needed to fit walker through doorway. Doorways should be at least 30 inches wide. Coil or tape cords next to the wall to avoid tripping. ☐ If needed, have an electrician put in more outlets. ☐ Avoid using extension cords. ☐ Keep oxygen tubing out of pathways. Always wear shoes inside and outside of your home. Avoid wearing socks or slippers. ☐ Clean up spills immediately. ☐ Watch for pets. STEPS AND STAIRS: ☐ Remove all objects/clutter off stairs. ☐ Repair loose or uneven steps. ☐ Make sure carpet on steps is firmly attached to every step or remove the carpet. Attach non-slip rubber treads or abrasive strips on wooden/outdoor steps. Mark edges of steps with colored tape or white paint so steps are easier to see at night. ☐ Have family carry items for you up and down steps. ☐ Be aware of "toe grabber" lips to steps. ☐ Step rise should be no greater than 7 inches and tread at least 11 inches. ☐ Securely attach stair railing at proper height and repair broken handrails. Hand railing should extend the full length of the flight of stairs. ☐ Place handrails on both sides of the stairs Add overhead lights at the top and bottom of stairs to illuminate the full flight. Use the maximum wattage bulb allowed by the light fixture in stairway. ☐ Reduce glare by using shades or globes on light fixtures. Make sure there are light switches at the top and bottom of steps. ☐ Keep door to basement steps locked.

KI	ICHEN:
	Rearrange frequently used items in kitchen to a height between shoulders and waist.
	Move overhead microwave to counter height.
	Avoid using step stools.
	If you must use a step stool, get one with a bar to hold onto and make sure it is fully opened and stable prior to using.
	Never use a chair as a step stool.
	Do not use chairs with casters/wheels.
BA	ATHROOM:
	Use non-skid mats/abrasive strips on floor of tub/shower.
	Use non-slip mats on bathroom floor outside tub and in front of the sink to absorb water.
	Place grab bars at an angle next to the toilet.
	Place grab bars in the shower/tub.
	Use adaptive equipment such as elevated toilet seat, handicap toilet, shower chair, hand held
	shower, etc.
	If you must use a suction grab bar, check the seal each time prior to using it to make sure it is
	secure.
BE	EDROOM:
	Place a lamp close to the bed where it is easy to reach.
	Use touch lamps or remotes to turn lamps on/off.
	Use maximum-wattage bulb for the light fixture.
	Light switches should be close to the entryway to room.
	Use night lights in bedroom and hallway if you get up at night.
	Use night lights that automatically turn on after dark – light sensitive.
	Place a sturdy chair with arms in the bedroom so you can sit to dress.
	Keep bed covers off the floor.
_	Bed should be at a height that is easy to get in and out of.
	Bed should be at a height that is easy to get in and out of. If you do not have a lamp close by your bed then keep a flash light on your night stand.
0	
0	If you do not have a lamp close by your bed then keep a flash light on your night stand.
OI	If you do not have a lamp close by your bed then keep a flash light on your night stand. JTDOORS:
O	If you do not have a lamp close by your bed then keep a flash light on your night stand. JTDOORS: Keep sidewalks and driveways clear of cracks and unevenness.

MISCELLANEOUS:

Take your time when getting to the phone, answering the door, or going to the bathroom.
Rushing may cause falls.
Make sure shoes fit properly and have no-slip tread.
Avoid reaching overhead to use a pull chain to turn on overhead light/ceiling fan. Use wall
switch or remote.
Keep eye glasses close at hand, especially at night, and use them if needed to see when getting up.
Keep hem of garments no longer than the ankle.





A nighttime temperature less than 65 degrees may cause a drop in body temperature which can cause dizziness.

The ADA defines a trip hazard as a rise of ½ inch or more.

Air freshener sprays may become slick when they make contact with the floor.

The most common fall hazards in the the home are throw rugs.

Placing a night light so you can see where you're walking after dark prevents falls.

Applying highly visible paint or tape to stairs and thresholds helps with depth perception and reduces your risk of tripping.

Rearranging your cabinets can decrease the chance of a fall. Keep things you use often around waist level.

Clothing – especially robes – can catch on door knobs. Keep cabinet doors and drawers closed and make sure pockets are not baggy enough to catch.

Fall Risk Checklist

Patient:		Date	: 11me:	AM/PM
Fall Risk Factor Identified	Factor	Present?	Notes	
Falls History				
Any falls in past year?	☐ Yes	□ No		
Worries about falling or feels unsteady when standing or walking?	☐ Yes	□ No		
Medical Conditions				
Problems with heart rate and/or rhythm	☐ Yes	□ No		
Cognitive impairment	☐ Yes	□ No		
Incontinence	☐ Yes	□ No		
Depression	☐ Yes	□ No		
Foot problems	☐ Yes	□ No		
Other medical conditions (Specify)	☐ Yes	□ No		
Medications				
Any psychoactive medications, medications with anticholinergic side effects, and/or sedating OTCs? (e.g., Benadryl, Tylenol PM)	☐ Yes	□ No		
Gait, Strength & Balance				
Timed Up and Go (TUG) Test ≥ 12 seconds	☐ Yes	□ No		
30-Second Chair Stand Test	☐ Yes	□ No		
4-Stage Balance Test Full tandem stance < 10 seconds	☐ Yes	□ No		
Vision				
Acuity < 20/40 OR no eye exam in > 1 year	☐ Yes	□ No		
Postural Hypotension				
A decrease in systolic BP ≥20 mm Hg or a diastolic BP of ≥10 mm Hg or lightheadedness or dizziness from lying or standing?	☐ Yes	□ No		
Other Risk Factors (Specify)				
	☐ Yes	□ No		
	☐ Yes	□ No		

Adapted from the Center for Disease Control and Prevention



References

National Council on Aging (NCOA.org)

National Patient Safety Foundation (NPSF.org)

Centers for Disease Control and Prevention (CDC.gov)

Mayo Clinic (MayoClinic.org)

United States National Library of Medicine (NLM.NIH.gov)

American Society of Consultant Pharmacists (ASCP.com)

NIH Senior Health (NIHSeniorHealth.gov)

North Carolina Falls Prevention Coalition (www.NCFallsPrevention.org)

Americans with Disabilities Act (ADA.gov)

The American Geriatrics Society (American Geriatrics.org)

Carolinas Rehabilitation Outpatient Therapy Providers:

Ballantyne

7825 Ballantyne Commons Parkway, Ste. 210 Charlotte, NC 28227 704-446-7040

Gateway

1090 Northeast Gateway Court Concord, NC 28025 704-403-9239

Harris YMCA

5900 Quail Hollow Road Charlotte, NC 28210 704-716-6881

Huntersville

16455 Statesville Road, Ste. 300 Huntersville, NC 28078 704-801-3719

Charlotte

1100 Blythe Blvd. Charlotte, NC 28203 704-446-4335

Matthews

1401 Matthews Township Parkway Adbel Plaza, Ste. 225 Matthews, NC 28105 704-841-2104

Mount Holly

275 Beatty Drive Mount Holly, NC 28012 704-512-3391

Mountain Island Lake

9908 Couloak Drive, Ste. 1400 Charlotte, NC 28216 704-801-3065

Pediatric Therapy-Wendover

427 N. Wendover Road Charlotte, NC 28211 704-446-7040

Pediatric Therapy-Pineville

561 N. Polk St. Pineville, NC 28210 704-667-8470

Pineville

10620 Park Road, Ste. 200 Charlotte, NC 28210 704-667-2500

Poplar Tent

5651 Poplar Tent Road, Ste. 201 Concord, NC 28027 704-403-3696

Prosperity Crossing

5435 Prosperity Church Road, Ste. 1400 Charlotte, NC 28269 704-446-7040

Randolph

3030 Randolph Road, Ste. 105 Charlotte, NC 28211 704-512-4420

University

101 W.T. Harris Blvd. Ste. 5001 (Adult) and Ste. 5100 (Pediatrics) Charlotte, NC 28262 704-863-5780

EXTENDING HEALTHCARE TO YOUR HOME.

Home Healthcare 4701 Hedgemore Drive Charlotte, NC 28209 704-512-2300

105 T.R. Harris Drive Shelby, NC 28150 704-487-5225

853 S. Laurel St. Lincolnton, NC 28092 704-732-0943

201 St. Germain Ave. SW Valdese, NC 28690 828-580-6450

Union Regional Home Care 101 E. Franklin St. Monroe, NC 28112 980-993-7250

101 W.T. Harris Blvd. Charlotte, NC 28262 704-863-5280

907 N. 2nd St., Suite A Albemarle, NC 28001 704-982-2273

707 Albemarle Road, Suite B Troy, NC 27371 910-572-3800 Home Infusion/ Specialty Pharmacy 1701 Abbey Place Charlotte, NC 28209 704-512-5333

Home Medical and Sleep Equipment 105 T.R. Harris Drive Shelby, NC 28150 704-487-5225

201 St. Germain Ave. SW Valdese, NC 28690 828-879-9050

1701 Abbey Place Charlotte, NC 28209 704-512-5333

10320 Mallard Creek Road Suite 230 Charlotte, NC 28262 704-512-5333

3395 Cloverleaf Parkway Kannapolis, NC 28083 704-512-5333

