



Key Facts About Falls:

- Falls usually happen due to a factor or combination of factors that can be prevented.
- The more risk factors a person has, the greater their chance of falling.
- Many patients who have fallen do not talk about it.

Fall Screening Questions:

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

Evaluating gait, strength & balance:

- Timed Up and Go
- Tandem Stance Test
- Chair Stand Test

Did you know?

- Women are two times more likely to be admitted to hospital due to fall.
- The average length of stay in hospital due to a fall is 23 days.
- Each day in New Brunswick there are about 3 fall-related hospital admissions.

For more information visit:



NB Trauma Program
Programme de
traumatologie du NB

www.NBTrauma.ca



www.FindingBalanceNB.ca



www.nbms.nb.ca

FALL RISK ASSESSMENT FOR HEALTHCARE PROFESSIONALS



NB Trauma Program
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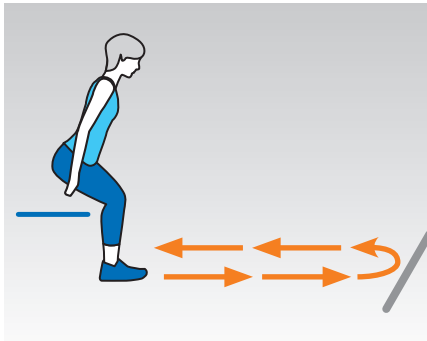
TIMED UP AND GO (TUG)

Purpose:

To assess mobility

Equipment:

- A standard chair with a straight back without arm rests
- A measuring tape
- A stopwatch



Directions:

Patients should wear their regular footwear and can use a walking aid, if needed. Begin by having the patient sit back in a standard chair and identify with masking tape or another marker, a line on the floor 3 meters or 10 feet away. On the word “Go,” begin timing and stop timing after the patient sits back down.

Note: Always stay by the patient for safety

Instruct the patient to:

1. Stand up from the chair when hearing the word “Go”.
2. Walk to the line on the floor at a normal pace.
3. Turn around in order to face the chair.
4. Walk back to the chair at a normal pace.
5. Sit down again.

Observations:

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

Note all that apply:

- Slow tentative pace
- Loss of balance
- Short strides
- Little or no arm swing
- Steadying self on walls
- Shuffling feet
- Turning “en bloc”
- Not using assistive device properly

These changes may signify neurological problems that require further evaluation. An older adult who takes ≥ 12 seconds to complete the TUG is at risk for falling.

TANDEM STANCE TEST

Purpose:

To assess static balance

Equipment:

- A chair with a straight back without arm rests
- A stopwatch

Directions:

Describe and demonstrate the tandem stance position to the patient. Stand next to the patient, and help them assume the correct position.

Patients should not use an assistive device (cane or walker) and they should keep their eyes open. Patients may hold their arms out, or move their body to help keep their balance, but without moving their feet. When the patient is steady, instruct them to let go of the chair, and time how long they can maintain the position. On the word “Go,” begin timing. After 10 seconds, say “Stop”.

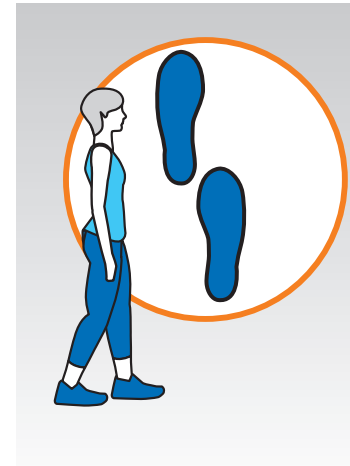
Note: Always stay by the patient and remain ready to assist if they should lose their balance.

Instruct the patient to:

1. Place one foot in front of the other, heel to toe
2. Hold onto the chair until they feel balanced
3. Let go of the chair when they hear the word “Go”
4. Try to stand in the same position without holding on or taking a step until hearing the word “Stop”

Observations:

Observe the patient’s postural stability and the amount of sway. An older adult who cannot hold the tandem stance for at least 10 seconds is at increased risk of falling.



CHAIR STAND TEST

Purpose:

To assess leg strength and endurance

Equipment:

- A chair with a straight back without arm rests (seat 17” high)
- A stopwatch

Directions:

It is recommended to place the chair against a wall to prevent it from moving during the test. Begin by having the patient sit back in a chair without arm rests. On the word “Go,” begin timing. Count and record the number of times the patient comes to a full standing position in 30 seconds. Do not continue if you feel the patient may fall during the test.

Note: Always stay by the patient for safety

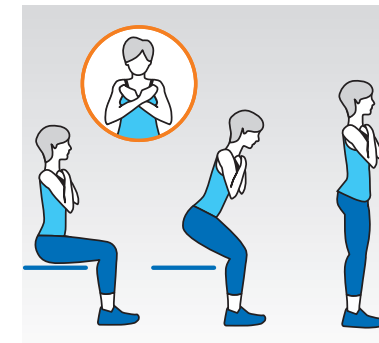
Instruct the patient to:

1. Sit in the middle of the chair.
2. Place their hands on the opposite shoulder crossed, at the wrists.
3. Keep their feet flat on the floor.
4. Keep their back straight, and to keep their arms against their chest.
5. Rise to a full standing position, and then sit back down again once they hear the word “Go”.
6. Repeat this for 30 seconds

Observations:

Observe the patient’s ability to get up from a seated position. If the patient is over halfway to a standing position when 30 seconds have elapsed, count it as a stand. If the patient must use his/her arms to stand, stop the test.

Record the number “0” for their score. An older adult with a below average score for their age and sex indicates an increased risk for falls. Please consult the Chair Stand Scoring Table for below average scores by sex and by age group.



SCORING TABLE		
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