Falls Risk Assessment

OSCEstop.com

Falls are common in elderly patients and are often multi-factorial. Risk factors must be minimised and all patients with regular falls must have a multidisciplinary assessment by doctors/nurses, physiotherapists, occupational therapists and social services (if more care is required).

Falls history

- Age
- Frequency of falls (in past 12 months)
- Reason for falls e.g. trip, unsteadiness, syncope
- Injuries sustained

Past medical history/review of systems

- Sensory or visual Impairment
- Musculoskeletal: immobility, previous low impact fractures/osteoporosis, arthritis, myopathy
- NS: Parkinson's Disease, strokes, neuropathy, dizziness, confusion/dementia/delirium, syncope
- CVS: postural hypotension, syncope, arrhythmia, breathlessness on exertion (aortic stenosis)
- Endocrine: diabetes mellitus (peripheral neuropathy, hypoglycaemia, retinopathy)
- GI/GU: nutrition, incontinence (rushing to toilet), nocturia (may result in patients ambling in the dark)

Drug history

- Polypharmacy (>5 is an independent risk factor)
- Anti-hypertensives, anti-epileptics, sedatives, psychotropics, laxatives, corticosteroids
- Osteoporosis medication: bisphosphonates, calcium, vitamin D (reduce fracture risk if do fall)

Social history and environment

- Living situation
    - Residence
    - Any stairs?
    - Who they live with
    - Carers/home support
- Who performs their daily tasks (if the patient does them, how well?)
    - Washing
    - Dressing
    - Cooking
    - Cleaning
    - Shopping
- Mobility
    - Baseline
    - Aids (stick/frame)
- Alcohol use
- Footwear – appropriately fitting
- Exercise – increase muscle strength reduces frailty and falls risk
- Others: rugs, cables, furniture, wet floors, stairs, lighting

Examination - adapt depending on risk factors from history

- General examination: frail, myopathy
- BP: lying and standing
- Visual examination
- Neurological examination
- Specific falls risk examination
    - **Timed up and go test**: request that the patient rise from a chair without the support of their arms, walk 3 metres, then turn round and sit down again. A walking aid can be used if required. Completion of the test without unsteadiness or difficulty suggests a low risk of falling.
    - **Turn 180° test**: request that the patient stand up and step around until they are facing the opposite direction. If more than four steps are required to do this, further assessment is indicated.
- Physiotherapy and occupational therapy assessment

© 2014 Dr Christopher Mansbridge at www.oscestop.com, a source of free OSCE exam notes for medical students finals OSCE revision

Conclusion

- Thank patient
- Summarise your findings and risk factors
- Suggest how risk factors can be modified

© 2014 Dr Christopher Mansbridge at www.oscestop.com, a source of free OSCE exam notes for medical students finals OSCE revision