

Talking With Your Patients About Falls

If you hear:

You can say:

PRECONTEMPLATION STAGE

Falling is just a matter of bad luck.

As we age, falls are more likely for many reasons, including changes in our balance and how we walk.

CONTEMPLATION STAGE

My friend down the street fell and ended up in a nursing home.

Preventing falls can prevent broken hips and help you stay independent.

PREPARATION STAGE

I'm worried about falling. Do you think there's anything I can do to keep from falling?

Let's look at some factors that may make you likely to fall, and talk about what you could do about one or two of them.

ACTION STAGE

I know a fall can be serious. What can I do to keep from falling and stay independent?

I'm going to refer you to a specialist who can help you improve your vision, balance, and optimize your medications.

Key Facts About Falls:

- One in four older adults (age 65+) falls every year.
- 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?

For more information, visit www.cdc.gov/steady



Centers for Disease
Control and Prevention
National Center for Injury
Prevention and Control

POCKET GUIDE

Preventing Falls in Older Patients



STEADI

Stopping Elderly Accidents,
Deaths & Injuries

1. Be proactive:

- Ask all patients age 65+ to assess their fall risk.

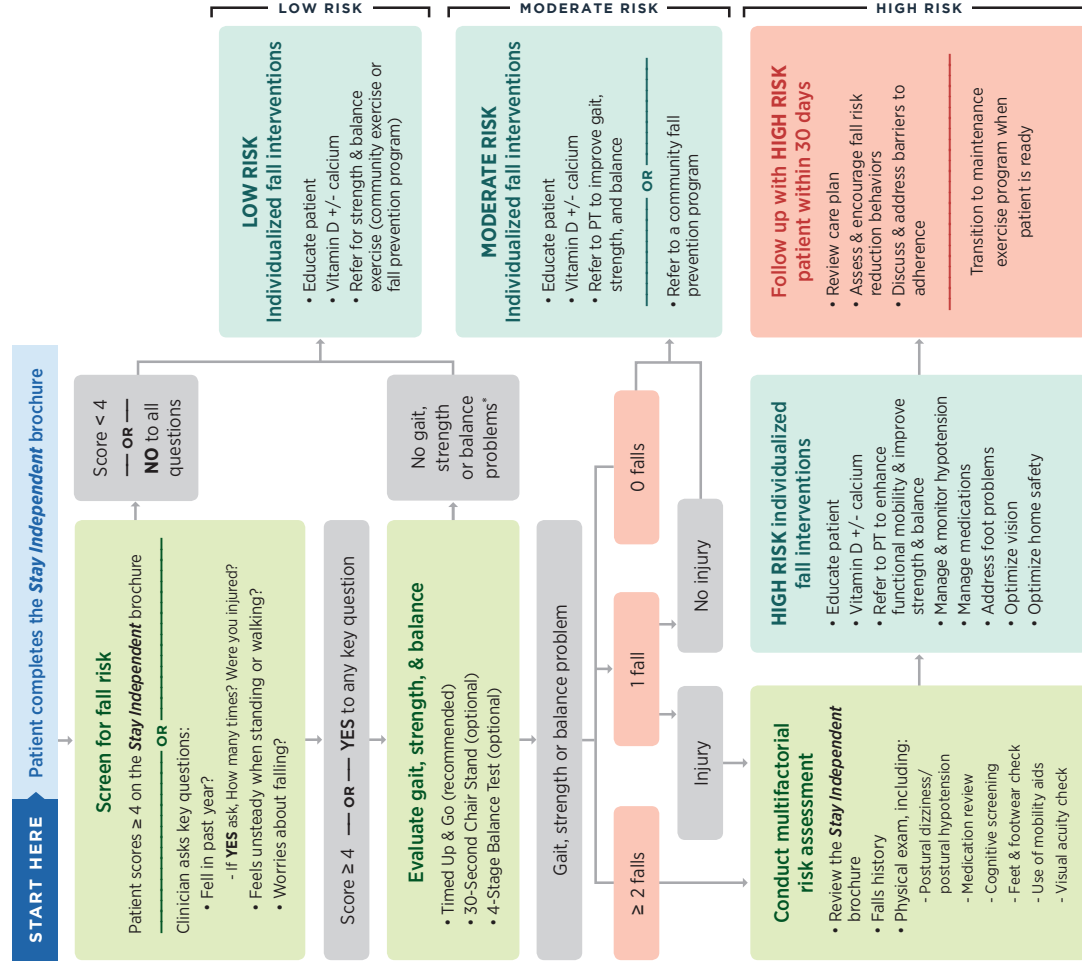
2. Identify modifiable fall risk factors:

- Vestibular disorder/poor balance
- Vitamin D insufficiency
- Medications linked to falls
- Postural hypotension
- Vision impairment
- Foot or ankle disorder
- Home hazards

3. Intervene using effective clinical strategies:

- Strength and balance program (e.g., physical therapy, Tai Chi)
- Vitamin D supplementation
- Medication management
- Corrective eyewear
- Cataract surgery
- Orthotics and exercise
- Home modification led by an occupational therapist

Algorithm for Fall Risk Screening, Assessment, and Intervention



*For these patients, consider additional risk assessment (e.g., medication review, cognitive screen, syncope).