

Algorithm for Fall Risk Assessment & Interventions*

Stay Independent Brochure (SIB) score: _____

- Fell in the past year? YES NO
 - If YES
 - How many times? _____
 - Were you injured? YES NO
- Feel unsteady when standing or walking? YES NO
- Worry about falling? YES NO

NO to all key questions
AND
Score <4 on SIB

LOW RISK

- Educate participant
- Refer for strength & balance exercise
 - TJQMBB

YES to any key question OR
Score of 4 or more on SIB

Evaluate gait, strength & balance

- Timed Up & Go difficulty YES NO
- 30 Second Chair difficulty YES NO
- 4-Stage Balance difficulty YES NO

NO gait,
strength or
balance
problems

MODERATE RISK

- Educate participant
- Suggest participant talks to PCP and ask about PT
- Refer for strength & balance exercise
 - TJQMBB
 - MoB

YES Gait, strength or balance difficulty

0 falls

1 or more falls

HIGH RISK

- Educate participant, address participation barriers
- Suggest participant talks to PCP, ask about PT, & ask about multifactorial risk assessment
- Refer for strength & balance exercise
 - TJQMBB
 - MoB

Screening Location: _____

Screener Name & Date: _____

Contact: falls.prevention@Hitchcock.org/603-653-6847