Older adults seen by health care provider (ie. clinic, home visit, emergency room)

Screen for fall risk using 3 questions (AGS/BGS Guidelines)
1. Two or more falls in past year?
2. Acute fall? (requires medical attention)
3. Reported difficulty with walking or balance

If yes to any of above

- Overall score = 1 – 3 or scores 1 – 3 on any

Conduct MFQ or FROP-Com
(Refer to appropriate health professional for further assessment if fall risk concerns identified)

If FROP-Com < 19, or 3 or less factors positive on MFQ

Implement actions for identified individual risk factors

If FROP-Com ≥ 19 or several fall risk factors identified on MFQ

Inform GP of high risk, refer to falls clinic

Screen for fall risk using FROP-Com screen:
1. Fall history (0-3)
2. ADL status (0-3)
3. Observe Balance (0-3)

Overall score = 4 – 9

Inform GP of high risk, refer to falls clinic

No to above but reports 1 fall in past year

Observe walking/balance or perform TUG

Steady 10 sec or less, STS within normal values

If unsteadiness, or score > 10 sec, STS above normal values

Re-evaluate annually