



UNIVERSITY OF
SASKATCHEWAN

Add name of your clinic/facility

Dear Dr. _____

Re: _____

Address/postal code: _____

Home phone: _____

Your patient, _____, was seen at our facility on _____.
The goal of this screening and assessment was to identify patients at risk of future falls and identify individual fall risk factors that can be modified to prevent future injury. The following screening and assessment tools and results describe his/her fall risk:

1. Timed up and GO (a sit to stand and 3 meter walk):
Score was: _____

Interpretation: Scores 14 sec. or > generally indicate a high risk of falling

2. Positive for the following fall risk screening questions as defined by the American and British Geriatrics Societies:

Two or more falls in the past year:	<u>YES</u>	<u>NO</u>
An acute fall requiring medical attention:	<u>YES</u>	<u>NO</u>
Reported difficulty with walking or balance:	<u>YES</u>	<u>NO</u>

3. The FROP-Com (Falls Risk for Older People in the Community) screening tool. Based on this tool, a well-established screening tool, your patient's fall risk was categorized as:

- | | | |
|--|---|---|
| <input type="checkbox"/> Low – FROP-Com score 0-3; | <input type="checkbox"/> Moderate – FROP-Com score 1-3; | <input type="checkbox"/> High – FROP-Com score 4-9; |
|--|---|---|

A more detailed assessment of fall risk has identified the following risk factors that may need further discussion if they have not already been addressed:

Relevant risk factors for falls:

- | | |
|---|--|
| <input type="checkbox"/> Previous Falls or Near Falls _____ | <input type="checkbox"/> Vision problems _____ |
| <input type="checkbox"/> Sensory Risk _____ | <input type="checkbox"/> Endurance/Weakness _____ |
| <input type="checkbox"/> Medication risk (≥ 3 meds/day) _____ | <input type="checkbox"/> Dizziness or Balance Problems _____ |
| <input type="checkbox"/> >1 Drink of Alcohol/Day _____ | <input type="checkbox"/> Arthritis/Pain _____ |
| <input type="checkbox"/> Medical Risk _____ | <input type="checkbox"/> Inadequate Nutrition _____ |
| <input type="checkbox"/> Cognitive Risk _____ | <input type="checkbox"/> Incontinence _____ |
| <input type="checkbox"/> Environmental Hazards _____ | <input type="checkbox"/> Sleeping Problems _____ |
| <input type="checkbox"/> Gait/Mobility Risk _____ | <input type="checkbox"/> Depression or Anxiety _____ |
| <input type="checkbox"/> Postural hypotension _____ | <input type="checkbox"/> Previous Fractures/Osteoporosis _____ |

Recommendations Given to Patient:

- Discuss the findings of this screening with your physician
- Discuss your medication risk with your pharmacist and/or physician
- See your optometrist for an eye exam
- Seek foot care services from a podiatrist or foot care nurse
- Participate in exercises to improve leg strength and balance
- Carry out a home safety checklist and make the changes you identify to decrease your risk
- Osteoporosis Risk: previous low impact fracture including compression fracture of vertebrae establishes diagnosis of osteoporosis. The Osteoporosis Society of Canada's current guidelines suggest calcium, vitamin D and bisphosphonate therapy. Please refer to www.osteoporosis.ca for more information.**

Comments: _____

Screened by (name/title): _____ **Date:** _____

Telephone: _____

If you have any questions, please call the above number.

Further fall information can be obtained from the Saskatoon Falls Prevention Consortium
www.saskatoonhealthregion.ca/your_health/ps_ip_falls_who_we_are.htm