Moore Balance Functional Fall Risk Assessment Tool

Circle appropriate score for each section and total the score below.

**Grading of falls risk: Circle total score**

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Score</th>
<th>Patient Status / Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vestibular (Dizziness)</td>
<td>0</td>
<td>No complaints of dizziness</td>
</tr>
<tr>
<td>History of Fall, Near Falls (Past 12 months)</td>
<td>0</td>
<td>No falls</td>
</tr>
<tr>
<td>Peripheral Neuropathy (Proprioception)</td>
<td>0</td>
<td>No sensory deficits</td>
</tr>
<tr>
<td>Vision Status</td>
<td>0</td>
<td>Adequate (w/ or w/o glasses)</td>
</tr>
<tr>
<td>Gait and Balance</td>
<td>0</td>
<td>Normal / safe gait and balance</td>
</tr>
<tr>
<td>Ankle Strength / Range of Motion (Postural Control)</td>
<td>0</td>
<td>Normal ankle strength and ROM within normal limits; Postural control within normal limits</td>
</tr>
<tr>
<td>Medications</td>
<td>0</td>
<td>None of these medications taken currently or w/in the past 7 days</td>
</tr>
<tr>
<td>Predisposing Diseases</td>
<td>0</td>
<td>None present</td>
</tr>
<tr>
<td>Get Up and Go</td>
<td>0</td>
<td>Able to rise in one single motion (no loss of balance with steps)</td>
</tr>
<tr>
<td>Walk and Talk</td>
<td>0</td>
<td>No deficit in walking while speaking</td>
</tr>
<tr>
<td>Foot Deformity</td>
<td>0</td>
<td>No foot deformity</td>
</tr>
<tr>
<td>Footwear</td>
<td>0</td>
<td>Wearing supportive, appropriate footwear</td>
</tr>
</tbody>
</table>

**Total: [ ]**

**Moore Balance Brace**

This icon indicates primary consideration for the Moore Balance Brace.

**0-9 Low falls risk**

Implement actions for identified individual risk factors, & recommend health promotion behavior to minimize future ongoing risk (eg – increased physical activity, medication assessment, good nutrition, footwear assessment, Podiatric specialist referral, home safety education).

**10-20 High falls risk**

Implement actions for identified individual risk factors, and implement additional actions for high falls risk (Fall Prevention Center referral, home safety assessment and education, medication assessment, footwear assessment, Physical/Occupational Therapy referral, Moore Balance Brace, other assistive devices as needed).

**>20 Extreme falls risk**

Implement actions for identified individual risk factors, and implement additional actions for extreme risk (Fall Prevention Center referral, implementation of home modification devices [e.g. bathing, toileting and stairs] care giver education, medication assessment, footwear assessment, Physical/Occupational Therapy referral, Moore Balance Brace, other assistive devices as needed).
Fall Risk Assessment Algorithm

FALL RISK SCORE OF 10 OR GREATER

Additional Services Needed

- Physical/Occupational Therapy
  - ADL Deficits
  - Vestibular Abnormalities
  - History of Falls
  - Sensory Deficits
  - Medication changes
  - Hypertension/Hypotension
  - Seizures
  - Ankle Joint instability or decreased ROM (osteoarthritis, Charcot, CVA)
  - Sensory Deficits (peripheral neuropathy, lack of somatosensory feedback)
  - Failed Romberg Test (eyes closed)
  - Failed Get Up and Go Test

- Primary Care
  - Vestibular Abnormalities
  - History of Falls
  - Sensory Deficits
  - Medication changes
  - Hypertension/Hypotension
  - Seizures

- Podiatric Evaluation for MBB
  - Ankle Joint instability or decreased ROM (osteoarthritis, Charcot, CVA)
  - History of Falls
  - Failed Romberg Test (eyes closed)
  - Failed Get Up and Go Test

- Evaluation for Home Healthcare
  - In-Home Rehabilitation
  - Home Modification
  - Physician/Physical Therapist Team Coverage
  - Home Evaluation
  - Diagnose Instability Cause(s)
  - Footwear Evaluation

1. The Patient was referred PT or OT for further assessment for fall prevention therapy.

2. The Patient was prescribed a Balance AFO with the goals of improving postural sway, increasing ankle ROM and stability while also improving the somatosensory response for fall prevention.

3. The patient was educated in detail regarding fall risk and prevention including proper shoe wear use in the home, reducing obstacles in the home and physical exercises to improve strength and range of motion of the foot and ankle.

4. The patient was referred back to their PCP for further assessment of vestibular abnormalities.

References for Moore Balance Functional Fall Risk Assessment Tool:

4. Freeman-Smith C, Bull K, Hough P, Greenwood K, Goldie P. Peninsula Health Falls prevention service; Rehabilitation, Aged and Palliative Care Services. The Peninsula Health Falls Prevention Service developed the Falls Risk Assessment Tool (FRAT) for a DHS funded project in 1999. A study evaluating the reliability and validity of the FRAT has been presented at a number of conferences, and is being prepared for publication. Meds, medical condition, history of falling, vision
11. Russell MA, Hill KD, Day, LM, Blackberry, J, et al. Development of the Falls Risk for Older People in the Community (FROPCom) screening tool Ageing (2009) 38(1): 40-46. doi:10.1093/ageing/afn196. This assessment tool was developed initially for use with hospitalised older people (the Falls Risk for Hospitalised Older People -- the FRHOP). The FRHOP has been shown to have high retest and inter-rater reliability, and to have moderate ability to predict falls in older people in hospital (Australasian Journal of Podiatric Medicine, 2004: 99-108)

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