Moore Balance Functional Fall Risk Assessment Tool

Patient Name: _____ Date: _____

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

MBB This icon indicates primary consideration for the Moore Balance Brace.

Parameter	Score	Patient Status / Condition
Vestibular [3,5] (Dizziness)	0	No complaints of dizziness
	6	Intermittent complaints of dizziness
	10	Dizziness that interferes with ADLs
History of Fall, Near Falls [3,4,8,10,11] (Past 12 months)	0	No falls
	6	1-2 falls or near falls
	10	3 or more falls or near falls
Peripheral Neuropathy [11] (Proprioception) MBB	0	No sensory deficits
	2	Peripheral Neuropathy (diminished proprioception) MBB
	4	Profoundly neuropathic MBB
Vision Status [3,4,8,11]	0	Adequate (w/ or w/o glasses)
	2	Poor (w/ or w/o glasses)
	4	Legally blind (advanced eye disease that interferes)
Gait and Balance [1,2,3,4,6,9,10,11,13] MBB		**Have patient stand on both feet w/o any assistance; then walk forward, through a doorway, then make a turn. (mark all that apply)**
	0	Normal / safe gait and balance MBB
	2	Balance problem while standing MBB
	2	Balance problem while walking MBB
	2	Decrease muscular coordination
	2	Change in gait pattern when walking through doorway
	2	Jerking or unstable when making turns
	2	Requires assistance (person, furniture/walls or device)
Ankle Strength / Range of Motion [7,12] (Postural Control) MBB	0	Normal ankle strength and ROM within normal limits; Postural control within normal limits
	2	Moderate limitation of ankle joint range of motion and strength MBB
	4	Significant ankle joint instability and weakness; poor postural control MBB

Parameter	Score	Patient Status / Condition
Medications [2,3,4,8,9]		**Based upon the following types of medications: anesthetics, antihistamines, cathartics, diuretics, antihypertensives, antiseizure, benzodiazepines, hypoglycemic, psychotropics, sedatives / hypnotics**
	0	None of these medications taken currently or w/in the past 7 days
	2	Takes 1-2 of these medications currently or w/in the past 7 days
	4	Takes 3-4 of these medications currently or w/in the past 7 days
	1	Mark additional point if patient has had a change in these medications or doses in the past 5 days.
Predisposing Diseases [4,5,10,11] MBB		**Based upon the following conditions: MBB neuropathy, hypertension, vertigo, MBB CVA, MBB Parkinson's Disease, loss of limb(s), seizures, MBB arthritis, osteoporosis, fractures**
	0	None present
	2	1-2 present
	4	3 or more present
Get Up and Go [5,9] MBB	0	Able to rise in one single motion (no loss of balance with steps)
	2	Pushes up, successful in one attempt MBB
	6	Multiple attempts to get up, but successful MBB
	10	Unsuccessful or needed assistance
Walk and Talk [6]	0	No deficit in walking while speaking
	6	Inability to maintain normal gait pattern while speaking
	10	Must stop walking in order to speak
Foot Deformity [11] MBB	0	No foot deformity
	2	Presence of foot problems (e.g. corns, bunions, swelling)
Footwear [11] MBB	0	Wearing supportive, appropriate footwear
	2	Inappropriate, poorly fitted or worn footwear

Total: _____

Grading of falls risk: Circle total score

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

MBB
MOORE BALANCE BRACE

Additional Services Needed

☐ Physical/Occupational Therapy

- ADL Deficits
- History of Falls
- Unsafe Living Environment
- Sensory Deficits
- Impaired Mobility
- Weakness
- Failed Walk-Talk Test

☐ Primary Care

- Vestibular Abnormalities
- Medication changes
- Hypertension/Hypotension
- Seizures

☐ Podiatric Evaluation for MBB

- History of Falls
- 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

☐ 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.	☐ Yes	☐ No
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.	☐ Yes	☐ No
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 motionof the foot and ankle.	☐ Yes	☐ No
4. The patient was referred back to their PCP for further assessment of vestibular abnormalities.	☐ Yes	☐ No

Physician Signature:_____ **Date:**_____

References for Moore Balance Functional Fall Risk Assessment Tool:

1. Berg et al. Balance during standing, sitting to standing, one foot. Can.J.Pub.Health:83 (suppl.2):S7-11, 1992.

2. Boulgarides LK, McGinty SM, Willett JA, Barnes CW. Use of clinical and impairment-based tests to predict falls by communitydwelling older adults. Phys Ther 2003; 83(4):328 – 39.

3. Brians LK, Alexander K, Grota P, Chen RWH, Dumas V. The Development of the RISK Tool for Fall Prevention. Rehabilitation Nursing, 16(2), 67- 69 (1991).

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

5. Hendrich AL, Bender PS, Nyhuis A. Validation of the Hendrich II Fall Risk Model: A Large Concurrent CASE/Control Study of Hospitalized Patients. Applied Nursing Research, 16(1), 9-21 (2003).

6. Lundin-Olsson L, Nyberg L, Gustafson Y. "Stops walking when talking" as a predictor of falls in elderly people. Lancet. 1997;349:617

7. Maki BE, Holliday PJ, Topper K. A prospective study of postural balance and risk of falling in an ambulatory and independent elderly population. J Gerontol A Biol Sci Med Sci 1994;49: M72 – 84.

8. Morse JM, Morse RM, Tylko SJ. Development of a scale to identify the fall-prone patient. Canadian Journal on Aging, 1989 8,366-377.

9. Podsiadlo D, Richardson S. The timed "Up & Go": a test of basic functional mobility for frail elderly persons. J Am Geriatr Soc 1991;39:142–8.

10. Poe SS, Cvach M, Dawson PB, Straus H, Hill EE. The Johns Hopkins Fall Risk Assessment Tool: postimplementation evaluation. J Nurs Care Qual. 2007 Oct-Dec;22(4):293-8.

11. Russell MA, Hill KD, Day, LM , Blackberry, I, et al. Development of the Falls Risk for Older People in the Community (FROPCom) screening tool Age 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)

12. Sherrington C, Lord SR, Close JC, Barraclough E, Taylor M, O'Rourke S, et al. A simple tool predicted probability of falling after aged care inpatient rehabilitation. J Clin Epidemiol. 2011 Jul;64(7):779-86. Epub 2011 Jan 19.

13. Tinetti ME, Baker DI, McAvay G, Claus EB, Garrett P, Gottschalk M, et al. A multifactorial intervention to reduce the risk of falling among elderly people living in the community. N Engl J Med 1994;331:821–7.

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