

Framework for Falls Management in Primary Care

“... there is no such thing as a trivial fall, although some falls only result in trivial injuries. That person’s next fall might result in a devastating injury.”

“... the overwhelming majority of falls in the elderly are not caused by a single factor but by the combination of a multitude of problems.”

“...the individual doctor-patient interaction, while very important, is not enough. The next step in falls prevention is the implementation of community-based programs (e.g., exercise programs) that can have a broader impact.”

Fall



Multidisciplinary falls assessment:

- Primary care MD/NP/RN
- Referral to OT, PT, Geriatrician, etc.



Identify contributory causes and risk factors



Identify *modifiable* risk factors



Identify and manage risk factors that can be improved rapidly



Identify and manage risk factors that require long-term strategies (refer to other professionals, community programs, etc.)

“... with a comprehensive interdisciplinary [strategy], complex functional issues in the elderly [can] be systematically approached and improved.”

“... proper attention to falls risk factors in a primary care setting [can] actually reduce the number of falls... (... number needed to treat to prevent one fall is 8).”

Adapted from: Goldlist, B.J. (2003). Falls: A perfect paradigm for multifaceted management. *Geriatrics & Aging*, 6, 7.