

Case Study

A Systematic Evaluation of an Older Person with Falls

An 80-year old woman is seen in your office during a routine visit. The geriatric nurse practitioner inquires of the patient, "Since your last visit, have you had any falls?" In response, the patient describes that she fell last week-end in her apartment. She was going from her bed to the bathroom late at night. She had told no one else, because they did not ask. The nurse practitioner looks at her ACE card as she prepares a more careful assessment.

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A Systematic Evaluation of an Older Person With Falls

Acute Care for Elders (ACE) Program
Aurora Health Care/UW School of Medicine & Public Health

Background Information:

- ∞ The assessment of an older person with falls is difficult because there are numerous interacting and contributing factors, which are often not clinically obvious.
- ∞ Approximately 30% of older persons living in the community fall each year; the number is higher in institutions.
- ∞ Five percent of all falls result in serious injury.
- ∞ Older adults may under-report falls.
- ∞ A recent history of falls is a strong predictor of future falls.
- ∞ Falls and instability precipitate nursing home admissions.

History:
All vulnerable elders should be asked at least annually about the occurrence of recent falls.
 For those with a recent fall:
 What was the activity at the time of the incident?
 Was there loss of consciousness?
 How long was the patient down?
 Where, when, and how did the fall occur?
 Any associated symptoms:
 Dizziness/pain/precipitating factors?
 Any environmental factors that contribute to the fall?
 Any prior falls?
 Any fear with falling?
 Any problems with vision, hearing, or use of an assist device?

Careful Review of Medications:
 Sedative hypnotic medications, vasodilators, diuretics.

Past Medical History: Diabetes mellitus, Parkinson's disease, stroke, cognitive impairment, osteoporosis.

Social History: Living situation, an environmental assessment.
Functional Status: ADL's and mobility baseline/and now.

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Evaluation and Prevention of Falls in Older Persons

Physical Examination-

- Vital signs:** Postural blood pressure and pulse. Temperature, respiratory rate, and pulse oximetry.
- Mental Status Exam:** Folstein MMSE/consider Geriatric Depression Scale.
- Visual Acuity/Visual Fields.**
- Cardiac Respiratory Exam:** Look for evidence of an acute illness –pneumonia, heart failure.
- Musculoskeletal Exam:** Range of motion of upper extremities; lower extremity joint function.
- Neurologic Exam:**
 - ∞ Strength testing; new focal deficit, motor tone.
 - ∞ Evidence of tremors or Parkinsonism.
 - ∞ Evidence of peripheral neuropathy.
 - ∞ "Get up and go" gait and balance assessment.
- Feet Exam:** Look for calluses or deformities.
- Skin Exam:** Look for bruising; skin tears.

Interventions for Preventing Falls:

- ∞ Multidisciplinary interventions targeting multiple risk factors are effective.
- ∞ Muscle strengthening combined with balance training, individually prescribed at home by a trained health professional.
- ∞ Tai Chi may be effective.
- ∞ Home hazard assessment and modification by a health professional.
- ∞ Cardiac pacing for fallers with cardio-inhibitory carotid sinus hypersensitivity.
- ∞ Withdrawal of psychotropic medication.
- ∞ Individually tailored interventions work better than group programs.

Reference: Rubenstein LZ, Powers CM, MacLean CH. Quality indicators for the management and prevention of falls and mobility problems in vulnerable elders. *Annals Int Med* 2001, 135:686-693
 Michael Malone, MD May, 2008

This ACE (Acute Care for the Elderly) Card™ on *A Systematic Evaluation of an Older Person with Falls* was developed by Dr. Michael Malone at Aurora Health Care in Milwaukee, WI. These geriatric care reminder cards will be published in *MPM* as resources to help clinicians manage common conditions that plague elderly patients. The complete series of cards can be ordered from Dr. Malone at Michael.Malone.MD@aurora.org. Michael Malone, MD, is the Medical Director of Senior Services at Aurora Health Care in Milwaukee, WI.