

Fall prevention tips

Each year, falls result in more than 2.8 million ER visits; 800,000 hospitalizations; and 27,000 deaths. One-third of older Americans fall each year.

Older adults who are eligible for both Medicare and Medicaid experience high rates of chronic conditions and are particularly vulnerable to falls. Evidence shows that two or more health care providers who jointly manage an individual's medical care can double the rates of individuals receiving recommended assessments and care for falls.

Facts about falls:

- Falls are the leading cause of fatal and nonfatal injuries.
- 20-30 percent of those who fall suffer moderate to severe injuries (for example, hip fracture, head trauma).
- Risk of fall-related injuries increases with age, especially those over 75 years of age.
- Fewer than 50 percent of members discuss their falls with their primary care provider.
- Past falls predict the likelihood of fractures independently of osteoporosis risk.

Fall risk factors	
Prior falls*	Polypharmacy
Fear of falling	Postural hypotension
Parkinson's disease* or other cognitive/neurologic impairment	Irregular heart rate/rhythm
Pain (any)*	Poor visual acuity
Use of walking aid*	Environmental hazards
Gait deficit* or balance impairment	Fall risk increasing drugs (FRID)

* Risk more than doubled.

FRID medications	
Benzodiazepines (for example, Valium, Ativan)	Tertiary tricyclic antidepressants (for example, Elavil)
First generation antihistamines (for example, Benadryl)	Long-acting hypoglycemic agents (for example, Glyburide)
Skeletal muscle relaxants (for example, Soma) Alcohol/drugs	Anticonvulsants Pain medication (opiate and non-opiate)
Blood pressure medication (alpha blockers, beta blockers)	

Fall screening

Ask these questions and document in the medical record:

- Have you fallen and hurt yourself in the past year?
- Have you fallen two or more times in the past year?
- Do you fear falling because of balance or gait?

Additionally, perform the Timed Up and Go (TUG) test and assess ambulation/gait.

ICD-10-CM coding rules:

- W00-W19: Slipping, tripping, stumbling and falls
- Z91.81: History of falling
- R29.6: Repeated falls

Fall assessment

Complete fall assessments for members at risk for falls based on the above screening:

- Medication reconciliation/reduction
- Neurologic exam
- Heart rate/rhythm
- Orthostatic blood pressure

Care plan

Addressing more than one fall risk factor is more effective than single interventions. Care plans should be individualized, monitored and revised. Consider the below interventions when creating care plans:

- Screening of bone density for treatment of osteoporosis
- Medication adjustments
- Manage foot and footwear problems
- Manage irregular heart rate and orthostatic hypotension
- Eye exam — encourage cataract surgery and proper lens prescription
- Gait, balance and strength evaluation
- Cognition evaluation
- Home hazard evaluation — remove or modify identified hazards
- Education on self-management strategies
- Assistive device for balance disorder
- Exercise programs* that challenge balance in addition to strength such as:
 - Tai chi
 - Otago exercise program (reduces falls and related injury by 35 percent)

* Exercise is the only intervention that has been found to reduce injurious falls when used on its own.

Resources:

- [National Council on Aging — Falls Prevention](#)
- [TUG test](#)
- [Otago exercises for fall prevention](#)