

Premier Functional Fall Risk Assessment Tool



Patient Name: _____ Date: _____

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

Patient Section - Fill and bring to consultation			Physician - to be completed	
Parameter	Score	Status/Condition	Parameter	Score
Dizziness	0	No Complaints	Peripheral Neuropathy	0
	6	Intermittent Dizziness		2
	10	Dizziness interferes with ADL's		4
History of Fall, Near Falls (Past 12 months)	0	No falls	Gait and Balance	0
	6	1-2 falls or near falls		2
	10	3 or more falls or near falls		2
Vision Status	0	Adequate (w/or w/o glasses)		2
	2	Poor (w/or w/o glasses)		2
	4	Legally blind		2
Medications		Use of the following types of medications: anesthetics, antihistamines, cathartics, diuretics, antihypertensives, antiseizure, benzodiazepines, hypoglycemic, psychotropics, sedatives/hypnotics		2
				2
				0
	0	None of these w/in past 7 days	Ankle Strength/ROM	0
	2	Takes 1-2 of these w/in past 7 days		2
	4	Takes 3-4 of these w/in past 7 days		4
	1	Add if any changes w/in past 5 days		10
Predisposing Diseases		Based on following conditions: neuropathy, hypertension, vertigo, Stroke, Parkinson's, seizures, arthritis, osteoporosis, fractures	Walk and Talk	0
				6
				10
	0	None present	Foot Deformity	0
	2	1-2 present		2
	4	3 or more present		0
			Footwear	0
				2

Total Patient Score = _____

Total Physician Score = _____

Combined Score = _____

Grading of fall risk = Total Combined Score

0-9 Low fall risk Actions: Increase activity, medication review, good	10-20 High fall risk Actions: Low risk actions plus home safety education, Physical/Occupational Therapy, Moore Balance or other	H
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nutrition, footwear and
Podiatric assessment

Physical/Occupational Therapy, Moore Balance or other
assistive devices.

Modu

<u>Completed during consultation</u>		
Status/Condition		
No deficits		
Present		
Profound		
Posturography testing		
Normal/safe		
Problem while standing		
Problem while walking		
Decrease coordination		e
Change gait going through door		
Uses assistive devices		
Unstable making turns		
Normal ROM/strenth		
Moderate limitation		
Significant limintaion		
Able to rise in one motion		
Pushes up, one attempt		
Multiple attempts to get up		
Unsuccessful		
No deficits		
Inability to talk with normal gait		
Must stop to talk		
No deformity		
Presence of deformity		
Wearing supportive shoes		
Poorly fitted or worn		
<u>>20 Extreme Fall Risk</u>		
High risk actions plus home		
modifications to consider: bathing		

ications to consider - bathing,
toileting and stairs.

