

**Falls Risk for Older People
In the Community – Screen (FROP-COM)**

Complete screen on admission, or, every 3 months from the date of last screening of fall risk, for all adults over 65 years of age or any adult at risk due to their medical or functional status.

Falls History		Score									
1. Number of falls in the past 12 months? Any fall requiring medical care in the past year – including this admission, as applicable – score as 3 (<i>consider phrase such as “slips, trips, faints, or other accidents” to get a complete history</i>)	☐ None (0) ☐ 1 fall (1) ☐ 2 falls (2) ☐ 3 or more (3)										
Function: ADL Status											
2. Prior to this fall, how much assistance was the individual requiring for instrumental activities of daily living (e.g. cooking, housework, laundry)? If no fall in last 12 months, rate current function	☐ None (<i>completely independent</i>) (0) ☐ Supervision (1) ☐ Some assistance required (2) ☐ Completely dependent (3)										
Balance											
3. When walking and turning or getting into and out of a chair, does the person appear unsteady or at risk of losing their balance? - Observe the person standing and walking a few meters in the clinic setting, turning and sitting. If the person uses an aid, observe the person with the aid. Do not base on self-report. - If level fluctuates, tick the most unsteady rating. If the person is unable to walk due to injury, score as 3.	☐ No unsteadiness observed (0) ☐ Yes, minimally unsteady (1) ☐ Yes, moderately unsteady (<i>needs supervision</i>) (2) ☐ Yes, consistently and severely unsteady (<i>needs constant hands-on assistance, mechanical lift, came on stretcher or bed, or is a 2+ person transfer</i>) (3)										
Total Risk Score											
Total score	0	1	2	3	4	5	6	7	8	9	
Grading of falls risk	0 - 3 Low risk				4 – 9 High Risk						
Recommended Action (see reverse page)	Further assessment and management if functional or balance problem identified (<i>score of one or higher</i>)				- Perform the FROP-COM Falls Risk Assessment and corresponding management recommendations - Refer to an interdisciplinary falls prevention service - Address individual risk factors - Refer back to Family Physician						
Name (first, last)		Signature				Date (yyyy-Mon-dd)					

Adapted, with permission, from the National Ageing Research Institute “Fall Risk for Older Persons in the Community”

Recommended Actions for Management of Fall Risk Factors

Question	Score	Options
Screening Questions		
Fall History		
Question 1 – Those falling in the past are 3 times more likely to fall in the future than someone who has not had a fall	0	No Intervention
	1-3	- Inform the GP - Assess and address individual fall factors
Function – ADL Status		
Question 2 – A person with impaired ADL status is twice as likely to fall than someone without impairment	0	No Intervention
	1-3	- Inform the GP - Refer to OT if not receiving care prior to fall or on discharge from the ED - Refer to PT for assessment and exercise to improve function - Refer to specific community service
Balance and Gait		
Question 3 – Persons with a balancing or walking impairment are approximately 3 times more likely to fall than someone without an impairment	0	No Intervention
	1-3	- Inform the GP - Refer to PT for assessment and exercise to improve gait and balance and/or requirement of walking aide - Refer to Home Care OT for home assessment
Overall FROP-COM Score	0	No intervention
	1-3	Implement interventions as per individual risk factors
	4-9	- Notify GP of patient's high risk of falling - Implement interventions as per individual risk factors - Complete further assessment (e.g., FROP-COM <i>Assessment</i>) and develop and implement an intervention plan to address specific risk factors, as appropriate - Refer patient to a service for further assessment, e.g. Senior's Clinic, Fall Clinic, Interdisciplinary Rehabilitation Clinic, as appropriate - Refer to individual disciplines (PT, OT, RD, Pharmacist), as appropriated
Follow Universal Fall Prevention recommendations for the ambulatory setting (e.g., "SAFE"), as appropriate, for all patients/clients at risk of falling. For more information, visit: http://insite.albertahealthservices.ca/10210.asp http://www.findingbalancealberta.ca/		