Using the ASCP-NCOA Falls Risk Reduction Toolkit Part 2: A Companion to CDC's STEADI Toolkit
Target Audience: Pharmacists
ACPE#: 0202-9999-18-101-L01-P
Activity Type: Application-based
Disclosures

Kathleen A Cameron, BS Pharm, MPH – None
Patricia J. Flemming, PT, DSc, GCS – None
Michelle Fritsch, PharmD, BCGP, BCACP – None
Jacqueline Wilson, MS, OTR/L – None

The American Pharmacists Association is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.
Learning Objectives

1. Explain the key roles of other disciplines in a multifactorial approach to falls prevention.
2. Identify four functional assessments pharmacists can use to assess a patient’s fall risk.
3. Name three potential collaborative partners to contact to enhance falls prevention services.
1. Assessment Question

Mrs. Smith is a 78-year old woman who is a long-time client of your pharmacy. When she comes in with her daughter to pick up a prescription refill, you notice she is using a cane. She also has trouble rising from the chair in your waiting area. Of the following, who is most appropriate to perform an assessment?

A. A physical therapist
B. An occupational therapist
C. A trained pharmacist
D. A trained pharmacy technician
2. Assessment Question

Mrs. Smith’s daughter confides to you that she is worried about her mother, who lives alone. She is wondering what she might do to make her mother’s home safer. You suggest a home assessment. Of the following, who is most appropriate to perform a home assessment?

A. A physical therapist
B. An occupational therapist
C. A trained pharmacist
D. A trained pharmacy technician
3. Assessment Question

Which of the following indicates an increased risk for falling?

A. A TUG test of 10 seconds
B. A 30-second chair stand assessment of less than 10 in an 83-year old male
C. Inability to hold the tandem stand for at least 15 seconds
D. A drop in diastolic blood pressure of 5 mmHg when measuring orthostatic blood pressure
4. Assessment Question

Besides an occupational and/or physical therapist, a pharmacist may want to work with which of the following in a fall reduction program?

A. Geriatric nurse practitioner  
B. Geriatric psychiatrist  
C. Clinical psychologist  
D. Genetic counselor
Agenda

Part 1
- Review of general falls risk factors
- Exploration of falls-risk associated medical conditions and medications
- Overview of CDC STEADI Toolkit
- Introduction to components of the ASCP-NCOA Falls Risk Reduction Toolkit
- Case Study Work—Pharmacologic and Medical Issues

Part 2
- Strength, Balance, and Gait Assessments
- Interprofessional Fall and Fall Risk Management: Introduction to the Role of Physical and Occupational Therapy
- National and State Initiatives
- Case Work and Discussion
- Incorporating Falls Prevention Into Practice
- Wrap-Up
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACL</td>
<td>Administration for Community Living</td>
</tr>
<tr>
<td>AGS</td>
<td>American Geriatrics Society</td>
</tr>
<tr>
<td>ALF</td>
<td>Assisted living facility</td>
</tr>
<tr>
<td>CMS</td>
<td>Centers for Medicare &amp; Medicaid Services</td>
</tr>
<tr>
<td>CPT</td>
<td>Current procedural terminology</td>
</tr>
<tr>
<td>ED</td>
<td>Emergency department</td>
</tr>
<tr>
<td>FCM</td>
<td>Falls care manager</td>
</tr>
<tr>
<td>FPAD</td>
<td>Falls prevention awareness day</td>
</tr>
<tr>
<td>NIH</td>
<td>National Institutes of Health</td>
</tr>
<tr>
<td>OT</td>
<td>Occupational therapy</td>
</tr>
<tr>
<td>PCORI</td>
<td>Patient-centered Outcomes Research Institute</td>
</tr>
<tr>
<td>PCP</td>
<td>Primary care provider</td>
</tr>
<tr>
<td>PT</td>
<td>Physical therapy</td>
</tr>
<tr>
<td>RCT</td>
<td>Random controlled trial</td>
</tr>
<tr>
<td>ROI</td>
<td>Return on investment</td>
</tr>
<tr>
<td>SNF</td>
<td>Skilled nursing facility</td>
</tr>
<tr>
<td>STRIDE</td>
<td>Strategies to reduce injuries and develop confidence in elders</td>
</tr>
</tbody>
</table>
Occupational and Physical Therapy in Fall Prevention

Patricia J. Flemming, PT, DSc, GCS
Jacqueline Wilson, MS, OTR/L
Causes of Falls

*Not part of aging process*

Occur due to:
- Physical dysfunction
- Cognitive deficits
- Medications
- Environmental hazards
What to Consider

• Prepare Your Home

• Prepare Your Body

• Prepare Your Plan
Preparing Your Home

If we consider successful aging in place to be:

*The ability to live in one’s own home and community safely, independently, and comfortably, regardless of age, income, or ability level. (US CDC)*

Then the concept of person-environment fit helps to determine “safely, independently and comfortably”...
Indications for Therapy Referral/Consultation

- Changes in or difficulty in mobility
  - Unsteady gait
  - Reduced spatial awareness
- Use of new or different mobility device
- Report of a fall
- Difficulty rising from a chair
  - Muscle weakness
- Report of change in environment
Indications for Therapy Referral/Consultation

**Observed change in self care management**
- Grooming
- Dressing
- Medication management

**Noticeable cognitive/motor challenges**
- Handling money
- Payment for medications
- Organizing thoughts in conversation
- Problem solving and direction following
Physical Therapy

- Maximize Movement
  - Movement experts who can identify, diagnose, and treat movement problems.

- Manage Pain
  - Physical therapy offers a safe alternative to opioids and other medications that can increase fall risk.

- Avoid Surgery
  - For some conditions, including meniscal tears and knee osteoarthritis, rotator cuff tears, spinal stenosis, and degenerative disk disease, treatment by a physical therapist has been found to be as effective as surgery.
APTA Clinical Summary

- Examination Recommendations
- Risk Factors
- Tests and Measures
- Interventions
Occupational Therapy Evaluation

- Occupational profile
- Assessments
- Identification of strengths and needs
- Collaborative development of goals
- Consultation with the client and caregiver
Occupational Therapy Interventions

Medication management
- Secure a prescription
- Fill a prescription
- Understanding the prescription
- Taking medications
- Medication apps

Falls management
- Assessment of home environment
- Sensorimotor education and activities
General Considerations for Safety in the Home Environment

- Remove clutter from the walkways
- Arrange furniture so that the pieces can safely provide support when navigating a path
- Remove or secure throw rugs
- Be visually aware of the location of pets in the room
- Do NOT stand on chairs to reach an object
- Do use a ladder or reacher to obtain objects from overhead
- Do not use towel bars or sink edges for support as they can pull away from the wall
- Use a nightlight in the bedroom, bathroom, and hallway
- Use LED bulbs to maximize visibility in the room
Where to Go for Home Modifications

- Recommendations from an occupational therapist may include room modifications, the addition of railings, or installation of grab bars
- Look for builder and OT with Certified Aging-in-Place Specialist (CAPS) certification
- Contact your state’s association for occupational therapy or for physical therapy
- Contact the national associations: American Occupational Therapy Association or American Physical Therapy Association
Evidence Based Interventions

Dose Specific Exercise Prescription
Inter-Professional Fall Risk Management

Questions?
<table>
<thead>
<tr>
<th><strong>Gait, Strength, &amp; Balance</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Timed Up and Go (TUG) Test ≥12 seconds</strong></td>
</tr>
<tr>
<td><strong>30-Second Chair Stand Test Below Average Score</strong></td>
</tr>
<tr>
<td><strong>4-Stage Balance Test &lt;10 seconds</strong></td>
</tr>
<tr>
<td>Parallel Stance</td>
</tr>
<tr>
<td>Semi-Tandem Stance</td>
</tr>
<tr>
<td>Tandem Stance</td>
</tr>
<tr>
<td>One-legged Stance</td>
</tr>
<tr>
<td><strong>Observed gait problems or difficulty standing</strong></td>
</tr>
</tbody>
</table>

*(See STEADI for instructions for the above functional assessments)*

http://www.ascp.com/default.asp?page=fallstoolkit
The 30-Second Chair Stand Test

**Purpose:** To test leg strength and endurance

**Equipment:**
- A chair with a straight back without arm rests (seat 17” high)
- A stopwatch

**Instructions to the patient:**
1. Sit in the middle of the chair.
2. Place your hands on the opposite shoulder crossed at the wrists.
3. Keep your feet flat on the floor.
4. Keep your back straight and keep your arms against your chest.
5. On “Go,” rise to a full standing position and then sit back down again.
6. Repeat this for 30 seconds.

On “Go,” begin timing.
If the patient must use his/her arms to stand, stop the test. Record “0” for the number and score.
Count the number of times the patient comes to a full standing position in 30 seconds.
If the patient is over halfway to a standing position when 30 seconds have elapsed, count it as a stand.
Record the number of times the patient stands in 30 seconds.

**Number:** ________ **Score:** ________ See next page.

A below average score indicates a high risk for falls.

Notes:

For relevant articles, go to: [www.cdc.gov/lejury/STEADI](https://www.cdc.gov/lejury/STEADI)

---

The Timed Up and Go (TUG) Test

**Purpose:** To assess mobility

**Equipment:** A stopwatch

**Directions:** Patients wear their regular footwear and can use a walking aid if needed. Begin by having the patient sit back in a standard arm chair and identify a line 3 meters or 10 feet away on the floor.

**Instructions to the patient:**
When I say “Go,” I want you to:
1. Stand up from the chair
2. Walk to the line on the floor at your normal pace
3. Turn
4. Walk back to the chair at your normal pace
5. Sit down again

On the word “Go” begin timing.
Stop timing after patient has sat back down and record.

**Time:** ________ seconds

An older adult who takes ≥12 seconds to complete the TUG is at high risk for falling.

Observe the patient’s postural stability, gait, stride length, and sway.

Circle all that apply:
- Slow tentative pace
- Loss of balance
- Short strides
- Little or no arm swing
- Steadying self on walls
- Shuffling
- En bloc turning
- Not using assistive device properly

Notes:

For relevant articles, go to: [www.cdc.gov/injury/STEADI](https://www.cdc.gov/injury/STEADI)
National and State Falls Prevention Programs and Initiatives

Kathleen Cameron, BS Pharm, MPH
Senior Director
National Falls Prevention Resource Center
National Council on Aging
About NCOA – NCOA.org

Who We Are:
Respected national leader and trusted partner to help people aged 60+ meet the challenges of aging

Our Mission:
Improve the lives of millions of older adults, especially those who are struggling

Our Vision:
A just and caring society in which each of us, as we age, lives with dignity, purpose, and security

Our Social Impact Goal:
Improve the health and economic security of 10 million older adults
National Falls Prevention Resource Center

- Funded by the U.S. Administration for Community Living/Administration on Aging
- Increase public awareness and educate consumers and professionals about falls risks and how to prevent falls.
- Serve as the national clearinghouse of tools, best practices, and other information on falls and falls prevention
- Support the implementation, dissemination, and sustainability of evidence-based falls prevention programs and strategies
- Began September 2014
Falls: A Growing Public Health Issue among Older Adults

- The leading cause of injuries and injury deaths.
- 27,000 die annually from a fall – one every 19 minutes.
- 2.8 million ED visits annually – one every 11 seconds.
- Falls cause 800,000 hospitalization yearly.
- $31 billion is spent on direct medical costs related to falls by Medicare; $35,000 per injury.

Among people who fall, less than half talk to their healthcare provider about it.
What We Know About Falls and Fall-Related Injuries and Deaths

- Common
- Costly
- Impactful
- Predictable
- Largely Preventable

Everyone has a role to play and can make a difference within their own sphere of influence.
National Falls Free® Initiative

- A thousands-strong and growing network
- National Action Plan developed in 2005; updated in 2015
- Strong partnerships
  - ACL and the Aging Network
  - CDC’s National Center for Injury Prevention and Control
  - National professional and consumer organizations
  - State and local public health entities
- Falls Free® is a critical effort to meet Healthy People 2020 goals of reducing older adult fall-related ED visits by 10%
- 43 State Falls Prevention Coalitions
Premise of the National Action Plan: 

**Everyone has a role to play**, especially older adults and those who care for/about them.
National Fall Prevention Awareness Day
10 Years Standing Together to Prevent Falls

- September 22, 2018: 1st day of fall
- 11th Annual FPAD in 2018
- U.S. Senate Resolution
- 2017 Reach:
  - 42 State Falls Prevention Coalitions, D.C. Falls Free® Coalition, and 7 states
  - National awareness and education media efforts reached an estimated 99 million individuals
  - State coalition efforts reached nearly 2 million individuals through education, awareness, and advocacy efforts, as well as fall prevention programs and fall-risk screenings
Falls Prevention Awareness Day 2016

A Compendium of State and National Activities

Ready, Steady, Balance: Prevent Falls in 2016

State and Local FPAD Activities

- Proclamations – state and local
- Public awareness activities
- Professional education
- Physical activity events
- Falls risk screening fairs
- Enrolling older adults in evidence-based falls prevention programs
- State and local advocacy activities
FPAD Advocacy

S.Res.265 - A resolution designating September 22, 2017, as "National Falls Prevention Awareness Day" to raise awareness and encourage the prevention of falls among older adults.

NCOA @NCOAging · Sep 22
Thanks to @SenatorCollins & co-sponsor @SenBobCasey for supporting the #health & independence of older adults. #FPAD2017

NCOA @NCOAging
BIG NEWS! The Senate unanimously passed a resolution marking 9/22 as Nat'l Falls Prevention Awareness Day! #FPAD2017 buff.ly/2wLSey6

❤️ 3 ❤️ 5
NCOA Map of Programs & Partners

www.ncoa.org/map/ncoa-map/
NCOA Resources & Handouts

- 6 Steps to Prevent a Fall infographic and video
- 6 Steps to Protect Your Loved One from a Fall
- Winterize to Prevent Falls
- Osteoporosis and Falls
- Osteoarthritis and Falls
- Myths about Falls
- All available at no cost:

6 Steps to Prevent a Fall Video (in English and Spanish)

https://www.youtube.com/watch?v=tx3Oc0SIZnI
CDC’s Stopping Elderly Accidents, Deaths and Injuries Tool Kit

Case studies & tips for talking with patients.

Instructional videos & online trainings.

Screening tools.

Educational materials for patients and their friends & family.

STEADI Materials include:

https://www.cdc.gov/steadi/index.html
STEADI Implementation

Focus on four priority areas to making fall prevention a routine part of clinical care

- **Health System Implementation**
  - Develop EHR and other clinical decision support tool integration, prevent fall-related hospital readmissions, promote team-based care, link to community-based programs

- **Billing, Reimbursement, and Provider Incentives**
  - Develop CPT Category 1 Codes, generate CMS Quality Measures and incentive programs, support

- **Training and Education**
  - Educate providers through various continuing medical education activities (CME) and the provision of educational tools and resources

- **Translation and Communication**
  - Conduct research on the burden of falls and effective interventions, develop tools & resources for a variety of audiences – including providers, health systems, and the public

[https://www.cdc.gov/steadi/index.html](https://www.cdc.gov/steadi/index.html)
CDC Compendium and Implementation Guide

A CDC Compendium of Effective Fall Interventions:
What Works for Community-Dwelling Older Adults

PREVENTING FALLS:
A Guide to Implementing Effective Community-Based Fall Prevention Programs
U.S. Administration for Community Living

- **Since 2014 grants to:**
  - State agencies (aging and public health)
  - Nonprofit aging and public health organizations
  - Area Agencies on Aging
  - Health systems
  - Tribal governments and tribal organizations
  - Universities
U.S. Administration for Community Living

- **Goals:**
  - Significantly increase the number of older adults and older adults with disabilities who participate in evidence-based community falls prevention programs
  - Implement innovative funding arrangements to support these programs beyond grant period, embedding programs into an integrated, sustainable network

- **Funded by the Prevention and Public Health Fund**
### ACL Evidence-Based Falls Prevention Program Grantees

- Arizona
- California
- Colorado
- Florida
- Georgia
- Illinois
- Iowa
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Missouri
- North Carolina
- North Dakota
- New Hampshire
- New Jersey
- New Mexico
- New York
- Texas
- Utah
- Virginia
- Vermont
- Wisconsin

Administration for Community Living/Administration on Aging Falls Prevention Grantees: [http://www.aoa.acl.gov/AoA_Programs/HPW/Falls_Prevention/Index.aspx#Awardees](http://www.aoa.acl.gov/AoA_Programs/HPW/Falls_Prevention/Index.aspx#Awardees)
ACL Evidence-Based Falls Prevention Programs

- **A Matter of Balance**: 8-session workshop to reduce fear of falling and increase activity among older adults in the community
  - Based at MaineHealth, Portland, ME

- **Otago Exercise Program**: Individual program of muscle strengthening and balance exercises prescribed by a physical therapist for frail older adults living at home (80+)
  - Carolina Geriatric Education Center, UNC School of Medicine, Chapel Hill, NC
ACL Evidence-Based Falls Prevention Programs

- **Tai Chi**: Balance and gait training program of controlled movements for older adults and people with balance disorders, 48 hours
  - Tai Ji Quan: Moving for Better Balance
    - Oregon Research Institute
  - YMCA Moving for Better Balance
    - Check with your local YMCA
- **Tai Chi for Arthritis**
  - Tai Chi for Health Institute
ACL Evidence-Based Falls Prevention Programs

- **Stepping On:** 7-week program that offers older adults living in the community proven strategies to reduce falls and increase self confidence
  - Based at WI Institute for Healthy Aging, Madison, WI
  - Topics include:
    - Medication management (pharmacist)
    - Exercise (physical therapist)
    - Vision and falls (low vision specialist, optometrist, OT) and
    - Community safety (police, firefighter or other community mobility expert)
### Benefits of Evidence-Based Falls Prevention Programs

<table>
<thead>
<tr>
<th>Falls Prevention Program</th>
<th>Effectiveness</th>
<th>Net Benefits and ROI</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tai Chi: Moving for Better Balance</strong></td>
<td>Fall rate among participants was reduced by 55%</td>
<td>Net benefit = $530&lt;br&gt;ROI = 509%</td>
</tr>
<tr>
<td><strong>Stepping On</strong></td>
<td>Fall rate among participants was reduced by 30%</td>
<td>Net benefit = $134&lt;br&gt;ROI = 64%</td>
</tr>
<tr>
<td><strong>Otago Exercise Program (adults 80+)</strong></td>
<td>Reduction of 35% in adults over age 80</td>
<td>Net benefit = $429&lt;br&gt;ROI = 127%</td>
</tr>
<tr>
<td><strong>A Matter of Balance</strong></td>
<td>Significant increase in falls efficacy, falls management, and falls control</td>
<td>Total cost savings per Medicare beneficiary = $938</td>
</tr>
</tbody>
</table>

STRIDE Project

- Funded by NIH and the Patient Centered Outcomes Research Institute (PCORI)
- $30 million over 5 years

http://www.stride-study.org/
Primary Aim and Research Question

- To conduct a multi-site cluster randomized clinical effectiveness (pragmatic) trial (RCT) to determine the effectiveness of an evidence-based, multifactorial individually-tailored intervention to reduce the risk of serious fall injuries among non-institutionalized older persons.

- Can a quality improvement intervention that provides evidence-based care based on individual risk assessment and implemented using the co-management model and CDC and AGS guidelines reduce serious falls-related injuries and improve other health outcomes?

http://www.stride-study.org/
Study Population

Inclusion Criteria

- The patient is at least 75 years of age.
- The patient must answer ‘yes’ to one or more of the following questions:
  - Have you fallen and hurt yourself in the past year?
  - Have you fallen 2 or more times in the past year?
  - Are you afraid that you might fall because of balance or walking problems?

http://www.stride-study.org/
Study Population

Exclusion Criteria

- The patient is enrolled in hospice.
- The patient resides in a nursing home.
- The patient is not capable of providing informed consent (or assent), and a proxy is not available.
- The patient does not speak English or Spanish

http://www.stride-study.org/
86 Primary Care Practices in Ten Diverse Health Care Systems

Key Sites: Clinical Trial of a Fall-Related Injury Prevention Strategy in Older Adults

http://www.stride-study.org/
Co-Management Model

- RN Falls Care Manager (FCM)
- Roles
  - Conduct risk assessment
  - Engage patient in self-management
  - With patient, develop fall-injury prevention plan
  - Obtain care plan approval from PCP
  - Directly implement some recommendations
  - Make referrals to existing community and health services
  - Communicate additional recs to PCP
  - Monitor and support patient’s progress
- Involvement of National and Local Patient and Stakeholder Committees

http://www.stride-study.org/
Additional Resources

Fall and Injury Reduction in Nursing Facilities

Fall and Injury Prevention in Hospitals

Effective... patient falls with injury rates reduced by 62%

https://www.centerfortransforminghealthcare.org/tst_pfi.aspx
Additional Resources

Fall Prevention Program Implementation

https://www.ahrq.gov/professionals/systems/hospital/fallpxtraining/implguide.html
It Takes A Village

It takes a village of stakeholders working together to prevent falls and reduce falls risk, tasks that no one stakeholder can accomplish alone”

Questions?
Incorporating Falls Risk Assessment into Practice
Who’s Involved in Falls Prevention?

- Physicians, nurses
- Physical therapists
- Occupational therapists
- SNFs and ALFs
- Senior housing
- Home health
- Emergency Medical Services/1st responders
- Hospitals and Trauma Centers
- Public health/injury prevention
- Schools of pharmacy, nursing, OT, PT
- The Aging Network
Payment for Falls Prevention?

- Primary Care Practices
- Accountable Care Organizations
- Medicare Advantage Plans
- Patient Centered Medical Homes
- Hospitals
- Others
<table>
<thead>
<tr>
<th>Outpatient Visit Type</th>
<th>Billing Codes</th>
<th>Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome to Medicare Examination</td>
<td>G0402</td>
<td>Billable within first 12 months of enrollment only</td>
</tr>
<tr>
<td>A falls risk assessment is a required element of the Welcome to Medicare examination (Initial Patient Preventative Physical Exam).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Wellness Visit</td>
<td>G0438</td>
<td>Initial AWV</td>
</tr>
<tr>
<td>A review of individual functional level and safety (falls) is included in the initial Annual Wellness Visit (AWV).</td>
<td>G0439</td>
<td>Subsequent follow-up to an AWV</td>
</tr>
<tr>
<td>Evaluation and Management (E/M)</td>
<td>99201-99205</td>
<td>New-patient</td>
</tr>
<tr>
<td>Falls-related assessment may be completed as part of a scheduled office visit if &gt;50% of visit was face-to-face education/counseling and documented (time) or by an identified and appropriately documented reimbursable medical condition. (complexity)</td>
<td>99211-99215</td>
<td>Established Patient</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality Measures</th>
<th>MIPS/PQRS Measure 154, 155, 318</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MIPS/PQRS Measures/CPT Codes: Falls screening, assessment, and plan of care</strong></td>
<td><strong>0 falls in past year</strong></td>
</tr>
<tr>
<td></td>
<td>1101F</td>
</tr>
<tr>
<td></td>
<td><strong>1 fall in past year with no injury</strong></td>
</tr>
<tr>
<td></td>
<td>1101F</td>
</tr>
<tr>
<td></td>
<td><strong>1 fall in past year with injury</strong></td>
</tr>
<tr>
<td></td>
<td>1100F</td>
</tr>
<tr>
<td></td>
<td><strong>2 or more falls in past year</strong></td>
</tr>
<tr>
<td></td>
<td>1100F</td>
</tr>
<tr>
<td></td>
<td><strong>Fall risk assessment completed within 12 months in persons with fall history</strong></td>
</tr>
<tr>
<td></td>
<td>3288F</td>
</tr>
<tr>
<td></td>
<td><strong>Fall Care Plan documented within 12 months in persons with fall history</strong></td>
</tr>
<tr>
<td></td>
<td>0518F</td>
</tr>
<tr>
<td><strong>ACO Measures</strong></td>
<td><strong>Screening for future fall risk at least once within 12 months</strong></td>
</tr>
<tr>
<td></td>
<td>13</td>
</tr>
<tr>
<td><strong>HEDIS Measures for Medicare Advantage</strong></td>
<td><strong>Reducing the Risk of Falling</strong></td>
</tr>
<tr>
<td></td>
<td>Measure C18</td>
</tr>
<tr>
<td></td>
<td><a href="https://www.ncoa.org/resources/current-procedural-terminology-cpt-code-flyer/">https://www.ncoa.org/resources/current-procedural-terminology-cpt-code-flyer/</a></td>
</tr>
</tbody>
</table>
Next Step–Action Plan
Wrap Up

ASCP-NCOA Falls Risk Reduction Toolkit
Access to Online Materials

http://www.ascp.com/fallstoolkit
1. Assessment Question

Mrs. Smith is a 78-year old woman who is a long-time client of your pharmacy. When she comes in with her daughter to pick up a prescription refill, you notice she is using a cane. She also has trouble rising from the chair in your waiting area. Of the following, who is most appropriate to perform an assessment?

A. A physical therapist  
B. An occupational therapist  
C. A trained pharmacist  
D. A trained pharmacy technician
2. Assessment Question

Mrs. Smith’s daughter confides to you that she is worried about her mother, who lives alone. She is wondering what she might do to make her mother’s home safer. You suggest a home assessment. Of the following, who is most appropriate to perform a home assessment?

A. A physical therapist
B. An occupational therapist
C. A trained pharmacist
D. A trained pharmacy technician
3. Assessment Question

Which of the following indicates an increased risk for falling?

A. A TUG test of 10 seconds
B. A 30-second chair stand assessment of less than 10 in an 83-year old male
C. Inability to hold the tandem stand for at least 15 seconds
D. A drop in diastolic blood pressure of 5 mmHG when measuring orthostatic blood pressure
4. Assessment Question

Besides an occupational and/or physical therapist, a pharmacist may want to work with which of the following in a fall reduction program?

A. Geriatric nurse practitioner
B. Geriatric psychiatrist
C. Clinical psychologist
D. Genetic counselor