



In
Partnership
with



BRACING FOR THE FALLS OF AN AGING NATION

Speaker:

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“Older adult falls are increasing and, sadly, often herald the end of independence. Healthcare providers can make fall prevention a routine part of care in their practice, and older adults can take steps to protect themselves.”

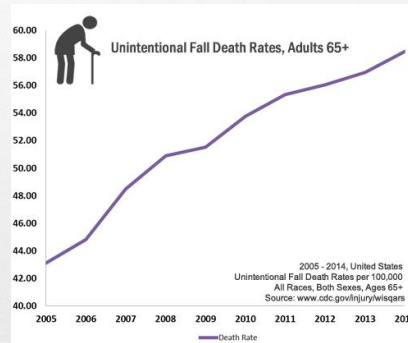
-CDC Director Tom Frieden, M.D., M.P.H. 2016

Fall Defined

FALL - An event which results in a person coming to rest inadvertently on the ground or floor or other lower level.

Why Do Falls Matter?

- One out of 5 Falls causes a serious injury such as broken bones or a head injury
- Over 800,000 patients are hospitalized because of a fall injury each year
- 2.8 Million are treated in Emergency Rooms due to Fall-related injuries
- Cost \$31 Billion annually; of which hospital costs are \$20.66 Billion
- 300,000 are hospitalized for hip fractures; 90% caused by falling sideways
- There are more than 27,000 adult fall-related deaths annually



OLDER ADULT FALLS: A Growing Burden

OLDER ADULT FALLS
A Growing Burden

STEADI Stopping Elderly
Accidents, Deaths & Injuries

2014

29M
FALLS

7M
INJURIES

TOTAL OLDER ADULTS
46M
PEOPLE

2030

49M
FALLS

12M
INJURIES

TOTAL OLDER ADULTS
74M
PEOPLE

After a Fall...

- 1 out of 5 causes a serious injury or life-altering event
- TBI; Falls are the most common cause of Traumatic Brain Injury
- Increased fear of falling leads to decreased activity and weakness which further increases fall risk

Falls Matter from a Regulatory Perspective

- SNF Quality Measures impose 2% reduction in
 - reimbursement for Falls with Major Injury
- Recidivism penalties impact Hospitals and SNFs

Quality Measures

Tools that assist in measuring:

- Healthcare processes
- Outcomes and Organizational Structure
- Systems that are associated with the ability to provide High-Quality Healthcare
- Relate to one or more quality goals for Healthcare

Rehab Synergies & ACP Focused on Quality Measures:

1. Falls
2. Pain
3. Increased need for Help with ADLs

Risk Factors that Make You More Likely to Fall

- Lower Body Weakness -> decrease ROM and balance responses
- Vitamin D Deficiency www.iofbonehealth.org/news/vitamin-d-falls-and-fracture-prevention
- Medications such as tranquilizers, sedatives or antidepressants www.agingcare.com/.../medications-increase-fall-risk-in-older-adults-171464.htm
- Vision Problems
- Foot Pain or Poor Footwear
- Home Hazards such as broken or uneven steps, throw rugs, small pets

SNF Patient Identification to Prevent Falls

MDS 3.0 Monthly Comparison Report

- Presents observed or adjusted percentages for each Quality Measure for the facility, state, nation.
- Allows easy comparison of percentages for each Quality Measure for a specified 6-month period.
- Intended for public use
- Includes long and short-stay measures

Certification And Survey Provider Enhanced Reports

- Gender
- Male/Female
- Age
- Diagnostic Characteristics
- Discharge Plan
- Referral Source/Origin

CASPER Report MDS 3.0 Facility Level Quality Measure Report

Facility ID:
CCN:
Facility Name:
City/State:
Data was calculated on: 09/11/2017

Report Period: 03/01/17 - 08/31/17
Comparison Group: D10/1/17 - 06/30/17
Run Date: 09/13/17
Report Version Number: 2.00

Note: Dashes represent a value that could not be computed
Note: S = short stay, L = long stay
Note: I = incomplete; data not available for all days selected
Note: * is an indicator used to identify that the measure is flagged

Measure Description	CMS ID	Data	Num	Denom	Facility Observed Percent	Facility Adjusted Percent	Comparison Group State Average	Comparison Group National Average	Comparison Group National Percentile
SR Mod/Severe Pain (S)	ND01.01		1	12	8.3%	8.3%	11.4%	13.5%	41
SR Mod/Severe Pain (L)	ND14.02		0	64	0.0%	0.0%	4.8%	5.0%	0
Hi-risk Pres Ulcer (L)	ND15.01		1	51	2.0%	2.0%	6.6%	6.3%	19
New/worse Pres Ulcer (S)	ND02.02		1	28	3.6%	3.3%	1.0%	0.9%	94 *
Phys restraints (L)	ND27.01		0	90	0.0%	0.0%	0.2%	0.4%	0
Falls (L)	ND32.01		42	90	46.7%	46.7%	44.3%	45.5%	49
Falls w/Maj Injury (L)	ND13.01		5	90	5.6%	5.6%	3.6%	3.5%	80 *
Antipsych Med (S)	ND11.01		1	14	7.1%	7.1%	2.7%	2.1%	93 *
Antipsych Med (L)	ND31.02		8	81	9.9%	9.9%	16.8%	15.6%	30
Antianxiety/Hypnotic (L)	ND33.01		0	39	0.0%	0.0%	9.9%	8.2%	0
Behav Sx affect Others (L)	ND34.01		7	81	8.6%	8.6%	22.1%	21.5%	21
Depress Sx (L)	ND30.01		0	83	0.0%	0.0%	4.2%	5.1%	0
UTI (L)	ND24.01		0	89	0.0%	0.0%	3.5%	3.8%	0
Cath Insert/Left Bladder (L)	ND26.02		2	86	2.3%	1.9%	2.5%	2.3%	54
Lo-Risk Lose B/B Con (L)	ND25.01		19	42	45.2%	45.2%	49.3%	47.8%	44
Excess Wt Loss (L)	ND29.01		4	89	4.5%	4.5%	6.6%	8.1%	25
Inor ADL Help (L)	ND28.01		12	82	14.6%	14.6%	18.9%	15.4%	51

This report may contain privacy protected data and should not be released to the public.

ROSTER/SAMPLE MATRIX

Resident Number	Resident Room	Surveyor Assigned	Total Sample: _____ Phase 1 _____ Phase 2 _____ Individual Interview (I) _____ Family Interview (F) _____ Closed Record (CL) _____ Comprehensive (C) _____ Focused Review (FO) _____
Resident Name			
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34			

Multidisciplinary Assessment of the Patient

*Nursing in partnership with
Therapy*

Nursing

- Fall Risk Assessment; assess risk reduction behaviors
- Review of Top Medications in SNFs that Cause/Contribute to Falls – Alternatives? *2007 Med Pass, Inc, America Society of Consultant Pharmacists*
 1. Amlodipine
 2. Lasix; Cognitive-linguistic, attention, dehydration
 3. Nitroglycerin (Nitrostat)
 4. Lorazepam (Ativan); Endurance, attention
 5. Remeron; Endurance, cognitive function, attention
 6. Paxil
 7. Lisinopril; Tired, dizzy
 8. Zolofit; Anorexia, weight loss, dysphagia

FALL RISK ASSESSMENT

INSTRUCTIONS: Assess the resident status in the eight clinical condition parameters listed below (A-H) by assigning the corresponding score which best describes the resident in the appropriate assessment column. Add the column numbers to obtain the Total Score. If the total score is 10 or greater, the resident may be considered at HIGH RISK for potential falls. If indicated, initiate a plan of care to reduce the likelihood of a fall and/or severity of fall related injury.

Parameter	Score	Assessment	1	2	3	4
MENTAL STATUS						
A	0	Alert, Oriented, Reliable Safety Awareness, or Comatose				
Level of Consciousness/ Mental Status	2	Diminished Safety Awareness / Confusion				
	4	Poor Recall, Judgment, Safety Awareness				
MOBILITY / CONTINENCE						
B	0	Ambulatory / Continent				
Ambulatory Elimination Status 2 or higher, may assess for continence protocol	2	Impaired Mobility / Continent (assist with toileting)				
	4	Ambulatory / Incontinent				
C	To assess the resident's gait / balance, have him/her stand on both feet without holding onto anything; walk straight forward; walk through a doorway; make a turn. Score each area or enter N/A for 'not assessed'.					
Gait / Balance if total is greater than 1, refer to Rehab Department for screening	0	Gait / Balance normal				
	1	Balance problem while standing / unsteady gait / LE weakness				
	1	Balance problem while walking				
	1	Decreased muscular coordination				
	1	Change in gait pattern when walking through doorway				
	1	Jerking or unstable when making turns / transfer difficulty				
	1	Requires use of assistive devices (cane, w/c, walker, restraints, etc.)				
MEDICAL STATUS / HISTORY						
D	0	NONE				
Perceptual Deficits	2	Impaired hearing				
	2	Impaired vision / unable to identify edge of bed				
E	0	NO Noted Drop between lying and standing				
Orthostatic Blood Pressure (Systolic)	2	Drop LESS THAN 20mm Hg between lying and standing				
	4	Drop MORE THAN 20mm Hg between lying and standing				
F	0	NO FALLS in past 3 months				
Falls History (past 3 months)	2	1-2 FALLS in past 3 months				
	4	3 or MORE FALLS in past 3 months				
G	Respond below based on following types of medications: Anesthetics, Antihistamines, Antihypertensive, Antiepileptic, Benzodiazepines, Cardiacs, Diuretics, Hypoglycemics, Sedatives/Hypnotics, Psychoactive.					
Medications if total is greater than 2, may refer to Physician or Pharmacy Consultant for assessment.	0	NONE of these medications taken currently and/or within last 7 days				
	2	TAKES 1-2 of these medications currently and/or within last 7 days				
	4	TAKES 3-4 of these medications currently and/or within last 7 days				
	1	Resident has had a change in medication and/or change in dosage in the past 5 days- score 1 additional point				
H	Respond below based on the following predisposing conditions: Hypotension, Vertigo, CVA, Parkinson's Disease, Loss of Limbs, Seizures, Arthritis, Osteoporosis, Fractures, Dementia, Delirium, Anemia, Wandering, Anger, Aphasia, Depression.					
Predisposing Diseases / Conditions	0	NONE present				
	2	1-2 PRESENT				
	4	3 OR more PRESENT				
Total Score of 10 or higher may represent HIGH RISK			TOTAL SCORES			
1	Name (initial):	Assessor Signature:	Assess. Date:			

Interdisciplinary Team Medication Review

- Elderly individuals are most vulnerable to adverse drug reactions. One cause of medication errors is the lack of drug knowledge on the part of different health professionals.
 - Keijsers, JPW, et al Geriatric Pharmacology and Pharmacotherapy Education for Healthcare Professionals and Students, BrJ Clin Pharmacol, 2012

Position Statement

APTA

- Physical therapy management integrates an understanding of a patient/client's prescription and nonprescription medication regimen with consideration of its impact on health impairment, functional limitations, and disabilities.

Position Statement

AOTA

- Occupational Therapy practitioners are well prepared to contribute to improving medication adherence by addressing medication management. Medication Management refers to the instrumental activity of daily living of taking medications as prescribed. It is a complex activity with many components:
 - Negotiating with provider for Rx
 - Filling the Rx at a pharmacy
 - Interpreting complicated health information
 - Taking the medication as prescribed
 - Maintaining an adequate supply of medication for ongoing use

Example of Tools for Assessing Medication Adherence

Assessment Name	Type of Assessment
Adherence to Refills & Medication Scale	Self-Report Questionnaire
Cognitive Performance Test (Medication Subtest)	Performance Based
Medication Adherence Rating Scale	Self-Report Questionnaire
Medi-Cog	Performance-based, pen and paper assessment

Position Statement

ASHA

- Speech-Language Pathologists are aware that the best- practice guidelines recommend a medications review as a part of the assessment process to determine the impact medications have on cognition and swallowing.

Therapy: Pro-Active Prevention Measures

Standardized Tests to obtain Objective Outcome Measures:

- Interrater/test-retest reliability
- Validity related to falls
- Quick to administer
- Convergent reliability to fall risk and fall history

Speech-Language Pathology

Cognitive Assessment administration during pre and peak medication administration (1 hour post):

Assessment of Language-related Functional Activities ALFA

- Telling time
- Counting \$
- Addressing an envelope
- Solving daily math problem
- Write a check, balance check-book
- Understand medicine labels and demonstrate comprehension of next dosage time
- Use a calendar
- Read instructions
- Functional demonstration of telephone use
- Legibly and accurately write a phone message

Speech Therapy

Ross Information Processing Assessment RIPA-G

- Immediate Memory; recall and sequence 3 steps involved in a safe transfer
- Temporal Orientation; cause & effect
- Spatial Orientation; judgement and inferencing
- General Orientation; problem solving, safety awareness
- Situational Knowledge; procedural memory
- Categorical Vocabulary
- Listening Comprehension; able to follow 1-2 step directives
- Reading Comprehension

SLP Focus: Dysphagia Assessment

Mann Assessment of Swallow Ability, MannaQure Mealtime Assessment

- History; Food texture/Liquid consistencies prior to onset
- Oral Motor-General, Facial, Mandibular; sensation, ROM, tone, strength, coordination, management of oral secretions
- Labial and Lingual Function
- Laryngeal/Pharyngeal Function Indicators; Dry swallow assessment, vocal intensity, ability to vary
- Clinical Bedside/Mealtime Assessment; oral prep phase, duration, pharyngeal phase; respiration, swallow coordination, laryngeal elevation and excursion
- Food Texture Analysis-Solids and Liquids

Dysphagia Assessment

Clinical Bedside/Mealtime Assessment to determine impact of Medications on the physiology of swallowing. Prescribed medications may affect one or more of the multi-system elements of swallowing such as: ASHA Perspectives, May 17, 2016

- Vocal tract function
- General motor skills/posture
- Nutrition and hydration
- Respiratory status
- Presence of gastro-esophageal reflux
- Management or production of oral secretions
- Cognitive levels
- Level of alertness
- Oral Hygiene
- Dental health
- Dietary preferences
- The individual's ability to participate in therapy and in the self-feeding process
- Emotional state, mood and behavior
- Xerostomia

Medication Induced Dysphagia

Drug	Geriatric Considerations	Implications for SLP
Furosemide (Lasix)	Elderly may be more sensitive to its effects, especially dehydration. For any change in mental status, monitor electrolytes and renal function	Impaired concentration, attention and overall decline in cognitive-linguistic functioning with electrolyte imbalance. Potential for dehydration.
Sertraline (Zoloft)	Elderly may be more sensitive to its effects, especially low blood sodium levels. Be cautious of possible anorexia.	At risk for weight loss: loss of appetite impacts dysphagia treatment
Lorazepam (Ativan)	Elderly may be more sensitive to its effects	Risk for decrease endurance and ability to sustain attention for SLP sessions.
Mirtazapine (Remeron)	None Listed	Potential for impact on cognitive functioning. Risk of decreased endurance and ability to sustain attention for SLP sessions.
Angiotensin-converting enzyme (ACE) inhibitors		Potential for angioedema (swelling) of the tongue

Communication/Speech-Language Assessment in Determining Fall Risk

- Auditory Comprehension; ability to comprehend directives, multiple-step directions
- Verbal Expression; Patient's ability to express basic wants and needs, pain dependent upon ability to:
 1. Generate automatic speech
 2. Repetition; Word/phrase/sentence/connected sentences
 3. Label objects, pictures
 4. Categorical naming
 5. Responsive naming
- Pragmatic skills; turn taking, behavior can impact falls

Communication/Speech- Language Assessment in Determining Fall Risk

Hearing Status:

- Does patient rate hearing quality: Good/Fair/Poor
- Experience pressure from others, especially family members to seek help?
- Willing to try amplification?
- Does patient perceive psychosocial impact of hearing loss? (Feelings of Isolation, Being talked about, etc)?
- Audiological evaluation if patient receptive to improved functional communication with caregivers and staff as well as quality of life with family and friends, social engagement?

PHYSICAL THERAPY

Recommended Therapy Test and Measures for Fallers:

- TUG – Timed Up and Go
- 2-Minute Walk Test
- 5X Sit to Stand
- LE ROM

Leg Strength

*“Several major research studies have considered the numerous factors that seem to predict the need for eventual institutionalization, and lack of **leg strength** was found to be the single most predictor. Not blood pressure, or heart disease, or diabetes, or arthritis. . . but rather, leg strength. The lesson is clear. If you want to avoid the nursing home, you’d better take care of your legs.”*

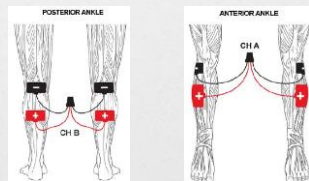
Walter M. Bortz II, M.D.

Clinical Assoc. Professor, Stanford School of Medicine

Addressing the Deficits

Decreased Strength

- Functional Electrical Stimulation (FES) added to exercise can accelerate gains in muscle strength for improved balance and transfers.



Addressing the Deficits

Progressive Resistive Exercise Improves Physical Performance

- Optimal PREs target a resistance level with exercise band, cuff or handheld weights, or body resistance that sufficiently challenges the muscle for change.

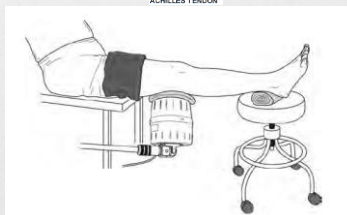
- Resistance Exercise to Prevent and Manage Sarcopenia and Dynapenia TD Law, DO, MBA, LA Clark, DPT, MS, and BC Clark, PhD* Annu Rev Gerontol Geriatr 2016



Addressing the Deficits

Loss of ROM

- Thermal ultrasound to the Achilles tendon followed by stretching while the tissue is warm can increase dorsiflexion ROM and decrease risk of falls.
- Thermal shortwave diathermy to the knee joint immediately followed by stretching and joint mobilization can improve ROM to allow for better and safer transfers.



Occupational Therapy

Recommended Therapy Test and Measures for Fallers:

- Functional Reach
- Arm Curl Test
- Grip Strength
- Function In Sitting Test
- UE ROM

Addressing the Deficits

- Grip strength correlates to fall risk and can be easily and quickly done.
- Grip Strength predicted recurrent falling as well as more sophisticated measures such leg extension strength.
- The reliability of handgrip strength measurement was even higher than that for leg extension strength

Handgrip strength and falls in community-dwelling Egyptian seniors; Hoda Wahba, Samia Abdul-Rahman, Ahmed Mortagy Geriatrics and Gerontology Department, Ain Shams University, Cairo, Egypt; Adv Aging Research Vol.2, No.4, 109-114 (2013)

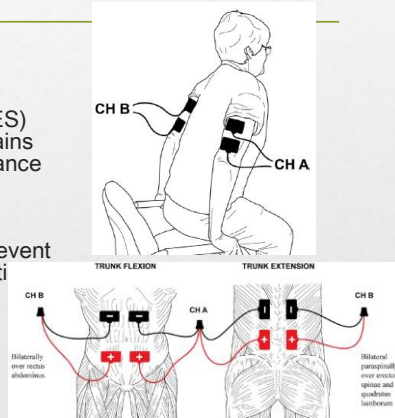


Addressing the Deficits

Decreased Strength

- Functional Electrical Stimulation (FES) added to exercise can accelerate gains in muscle strength for improved balance and transfers.
- Core strength improvements can prevent falls during reaching activities in sitting and standing.

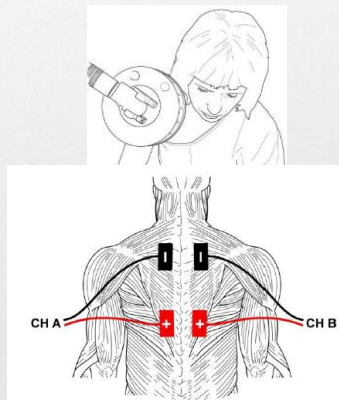
Effect of core strength on the measure of power in the extremities. Shinkle J1, Nesser TW, Demchak TJ, McMannus DM. J Strength Cond Res. 2012 Feb;26(2):373-30



Addressing the Deficits

Loss of ROM

- Thermal Diathermy can improve shoulder extension ROM for better positioning with transfers and improved posture in standing/walking
- Thoracic extension strength improves posture and scapular ROM.



Education: Active Patient Ownership of Fall Prevention

- Fall Risk Self Assessment Checklist
- Home Assessment to install safety features such as handrails, etc.
- Patient to seek Physician Evaluation of Fall Risk
- Request Pharmacy Consult to review and assess meds; dizzy/sleepy/cognitive function regarding OTCs
- Request Vitamin D supplements
- Strength & Balance Improvement; Tai-Chi
- Annual Eye Exam
- Glasses for distance Rx only for outdoor use
- Bifocals make things seem closer than they actually are

FALL RISK SELF-ASSESSMENT CHECKLIST



Name: _____ Date: ____/____/____

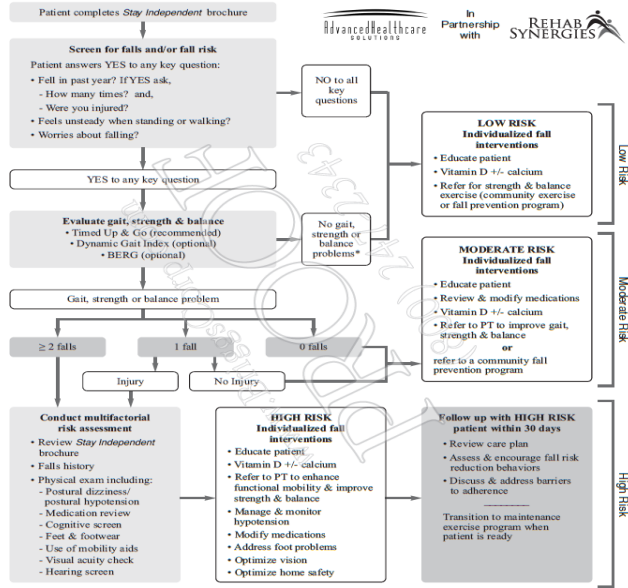
Please circle "Yes" or "No" for each statement below.		Why It matters	
Yes (2)	No (0)	I have fallen in the past year.	People who have fallen once are likely to fall again.
Yes (2)	No (0)	I use or have been advised to use a cane or walker to get around safely.	People who have been advised to use a cane or walker may already be more likely to fall.
Yes (1)	No (0)	Sometimes I feel unsteady when I am walking.	Unsteadiness or needing support while walking are signs of poor balance.
Yes (1)	No (0)	I steady myself by holding onto furniture when walking at home.	This is also a sign of poor balance.
Yes (1)	No (0)	I am worried about falling.	People who are worried about falling are more likely to fall.
Yes (1)	No (0)	I need to push with my hands to stand up from a chair.	This is a sign of weak leg muscles, a major reason for falling.
Yes (1)	No (0)	I have some trouble stepping up onto a curb.	This is also a sign of weak leg muscles.
Yes (1)	No (0)	I often have to rush to the toilet.	Rushing to the bathroom, especially at night, increases your chance of falling.
Yes (1)	No (0)	I have lost some feeling in my feet.	Numbness in your feet can cause stumbles and lead to falls.
Yes (1)	No (0)	I take medicine that sometimes makes me feel light-headed or more tired than usual.	Side effects from medicines can sometimes increase your chance of falling.
Yes (1)	No (0)	I take medicine to help me sleep or improve my mood.	These medicines can sometimes increase your chance of falling.
Yes (1)	No (0)	I often feel sad or depressed.	Symptoms of depression, such as not feeling well or feeling slowed down, are linked to falls.
Total _____		Add up the number of points for each "yes" answer. If you scored 4 points or more, you may be at risk for falling. Discuss this brochure with your doctor.	

PC008283 (0116) BR0020; Oak Mallard, W 50306 (002) 347-2543 PRINTED IN U.S.A.

This checklist was developed by the Greater Los Angeles VA Geriatric Research Education Clinical Center and affiliates and is a validated fall risk self-assessment tool (Rubenstein et al.) Safety First 2011 (0201/02-09/0). Adapted with permission of authors.

FALL RISK SELF-ASSESSMENT CHECKLIST

Algorithm for Fall Risk Assessment & Interventions



*For these patients, consider additional risk assessment (e.g., medication review, cognitive screen, syncope)



Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

STEADI Stopping Elderly Accidents, Deaths & Injuries

HOME ASSESSMENT & DISCHARGE PLANNING FORM

Patient Name: _____ Date of Home Assessment: ____ / ____ / ____
 Patient Address: _____ Patient's Telephone: (____) ____-____

Home Evaluation

- Lives Alone Lives With Someone Caregiver Availability Around The Clock
 Limited
 Home Assisted Living Facility Apt Single-Level Multi-Level
 Safety Hazards Pets Stairs Narrow Doorways Inadequate Lighting
 Loose Rugs No Emergency Management Plan Other: _____

Patient's Type of Residence

- Single Story Home Elevators
 Two Story Home Driveway surface: incline: _____
 Manufactured Home Screen Door
 Apartment/Condo Height of Doorsill: _____
 Board and Care Entrance Access Width: _____
 Patient Care Facility Door Swing In Out
 Other

Entrance

	Yes	No
Handrails Present	<input type="checkbox"/>	<input type="checkbox"/>
Lighting accessible	<input type="checkbox"/>	<input type="checkbox"/>
Lighting adequate	<input type="checkbox"/>	<input type="checkbox"/>
Mailbox accessible	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair accessible	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair ramp present	<input type="checkbox"/>	<input type="checkbox"/>
Number of steps leading to the patient's home or room	<input type="checkbox"/>	<input type="checkbox"/>
Special adaptations needed for patient to enter home or room; (e.g. walker, banister, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Is wheelchair required in residence?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, list specific adaptations required for wheelchair access:

Rehab Synergies Home Assessment & Discharge Planning Form

Check the following locations and make recommendations for adaptations as needed

Living Room		Yes	No
Is the patient able to safely sit & rise from preferred chair or couch?		<input type="checkbox"/>	<input type="checkbox"/>
Are lights or other controls (television, telephone, fan, etc.) within easy reach?		<input type="checkbox"/>	<input type="checkbox"/>
Carpet edges secure?		<input type="checkbox"/>	<input type="checkbox"/>
Rooms uncluttered?		<input type="checkbox"/>	<input type="checkbox"/>
Obstacles preventing trouble-free access throughout (e.g. throw rugs, electrical cords, furniture, doorframes, etc.)		<input type="checkbox"/>	<input type="checkbox"/>
Pathway/Distance between major items (e.g. chair and TV):		<input type="checkbox"/>	<input type="checkbox"/>
Adaptations Recommended:			

Dining Room		Yes	No
Is table wheelchair accessible? (table height: _____)		<input type="checkbox"/>	<input type="checkbox"/>
Light switches are easily accessible?		<input type="checkbox"/>	<input type="checkbox"/>
Chairs available?		<input type="checkbox"/>	<input type="checkbox"/>
Armrests?		<input type="checkbox"/>	<input type="checkbox"/>
Distance from kitchen to dining room: _____		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
Obstacles preventing trouble-free access throughout (e.g. throw rugs, electrical cords, furniture, doorframes, etc.)		<input type="checkbox"/>	<input type="checkbox"/>
Adaptations Recommended:			

Rehab Synergies Home Assessment & Discharge Planning Form

Bathroom		Yes	No
Is adaptive bathing equipment needed? (tub bench, shower chair, hand sprayer)		<input type="checkbox"/>	<input type="checkbox"/>
Light switches are easily accessible?		<input type="checkbox"/>	<input type="checkbox"/>
Is sink and vanity/mirror accessible?		<input type="checkbox"/>	<input type="checkbox"/>
Faucets Accessible?		<input type="checkbox"/>	<input type="checkbox"/>
Are grab bars needed?		<input type="checkbox"/>	<input type="checkbox"/>
Is patient able to safely rise from toilet without an adaptive equipment?		<input type="checkbox"/>	<input type="checkbox"/>
Raised seat needed?		<input type="checkbox"/>	<input type="checkbox"/>
Obstacles preventing trouble-free access throughout (e.g. throw rugs, electrical cords, furniture, doorframes, etc.)		<input type="checkbox"/>	<input type="checkbox"/>
Type of Bathroom	<input type="checkbox"/> Tub <input type="checkbox"/> Other <input type="checkbox"/> Tub/shower <input type="checkbox"/> Shower only		
Adaptations Recommended:			

Bedroom		Yes	No
Patient able to get in/out of bed safely? (bed rails needed?)		<input type="checkbox"/>	<input type="checkbox"/>
Telephone or other emergency communication device easily accessible?		<input type="checkbox"/>	<input type="checkbox"/>
Light switches easily accessible from bed?		<input type="checkbox"/>	<input type="checkbox"/>
Is a bedside commode needed?		<input type="checkbox"/>	<input type="checkbox"/>
Drawers/closets safely accessible?		<input type="checkbox"/>	<input type="checkbox"/>
Obstacles preventing trouble-free access throughout (e.g. throw rugs, electrical cords, furniture, doorframes, etc.)		<input type="checkbox"/>	<input type="checkbox"/>
Number of feet from bed to bathroom: _____			
Adaptations Recommended:			

Rehab Synergies Home Assessment & Discharge Planning Form

Kitchen		Yes	No
Door present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Door swing in?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Door swing out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy items such as pots and pans below sink level?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighter items such as glasses and spices above sink level?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to items in cupboards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sink is accessible by wheelchair/walker?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A stool available to reach items above head?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient cooks his/her own meals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cook entire meal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cook partial meal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient able to open and safely access items in refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient has dishwasher and is able to operate/reach it safely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flammables are kept away from stove/oven?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to pantry/storage area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to transport/unload groceries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to transport hot/cooked food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obstacles preventing trouble-free access throughout (e.g. throw rugs, electrical cords, furniture, doorframes, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Height of doorsill: _____			
Width of doorway: _____			
Adaptations Recommended:			

Rehab Synergies Home Assessment & Discharge Planning Form

		Yes	No
Medications	Patient is fully aware of types of medications and usage?	<input type="checkbox"/>	<input type="checkbox"/>
	Medications are kept in a convenient location for access?	<input type="checkbox"/>	<input type="checkbox"/>
	Patient has a system for remembering when to take medication in correct dosage?	<input type="checkbox"/>	<input type="checkbox"/>
	Is patient capable of dispensing their own medications?	<input type="checkbox"/>	<input type="checkbox"/>
Recommendations			

Community Resources		Yes	No
Will the patient travel to get necessities such as food, clothing, & household items?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How far is patient's residence to local supermarket?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operates phone: accesses numbers and dials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location(s) of telephone:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dials a few familiar numbers:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to functionally utilize answering machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient has a list of emergency numbers next to all phones?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient has a list of (or gain access to) other community resources such as doctor, pharmacy, restaurants, laundry, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient is able to communicate in emergency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommendations			

Rehab Synergies Home Assessment & Discharge Planning Form

Housekeeping		Yes	No
Patient able to do personal laundry completely?		<input type="checkbox"/>	<input type="checkbox"/>
Launders small items?		<input type="checkbox"/>	<input type="checkbox"/>
Maintains house alone or with help?		<input type="checkbox"/>	<input type="checkbox"/>
Able to preform light tasks?		<input type="checkbox"/>	<input type="checkbox"/>
Able to care for pet?		<input type="checkbox"/>	<input type="checkbox"/>
Recommendations			
The following equipment is needed for the patient to return to residence:		Additional Therapy Training (Goals) Required Prior to Discharge	
<input type="checkbox"/> Walker		 	
<input type="checkbox"/> Bedside Commode		 	
<input type="checkbox"/> Shower/Bath Chair		 	
<input type="checkbox"/> Wheelchair		 	
<input type="checkbox"/> Cane		 	
<input type="checkbox"/> Grab Bar for Bathroom		 	
<input type="checkbox"/> Other		 	
<input type="checkbox"/> Other		 	
Additional Recommendations:			
Therapist Signature: _____			
I have been instructed in, and understand the special adaptations, equipment, and supervision requirements for the patient's return home.			
Caregiver/Patient Signature _____		Date _____	
Witness Signature _____		Date _____	
Rehab Synergies Home Assessment & Discharge Planning Form			

For more information about how you can prevent Falls, see STEADI resources for Older Adults:

- Stay Independent brochure
- What You Can Do to Prevent Falls
- Check for Safety brochure
- Postural Hypotension brochure
- Chair Rise Exercise

www.cdc.gov/steady/patient.html#tabs-851928-2



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