

When to refer to the Falls Prevention Team (65 years and over)
Please use Clinical Reasoning when referring to the Falls Prevention Service.
The falls Prevention Service is a Therapy Led service

Inclusion	Exclusion
<p>High Risk of falls: If Yes to 1 or more of the following</p> <ul style="list-style-type: none"> • Serious Injury sustained, as a result of a fall, which required medical treatment (within previous 12 months) excluding fractures which require current rehabilitation e.g. Hip, pelvis, upper limb, lower limb, spinal. • Recurrent falls, (2 or more), within previous 12 months: excluding; If falls occur due to behaviour/life style choices/advanced dementia – That is: those falls risk factors which cannot be modified through physiotherapy/occupational therapy intervention – discuss with the Falls team before referring. • Inability to get up after a fall without assistance and do not have the means to call for help (at risk of a long lie). • Frailty - Patients with a Rockwood scale of 7 and above are unlikely to be suitable for specialist falls prevention intervention. Patients with a Rockwood scale of 6 may be suitable please discuss with Falls Prevention team before referral is made. <p>For all potential referrals to the team: Consider rehabilitation potential and ability to carry out and engage with an exercise programme before you refer anyone to the team.</p>	<p>Low Risk of falls: No fall or Single non-injurious fall* with <u>no</u> gait or balance problems. – Primary goal is prevention: Give the individual education advice regarding falls prevention and exercise options for general health. Consider referral for balance group exercises (Balance Lifestyles Group**) or community based exercise groups if patient is interested.</p> <p>Intermediate risk of falls: No fall(s) or single non injurious fall but <u>have</u> gait and/or balance problems If gait and/or balance is impaired: Consider as intermediate risk: Goal secondary prevention to improve risk factors: Do not require specialist falls prevention intervention. Consider referral to Community Physiotherapy/Crystal Palace Physiotherapy, for tailored exercises to improve balance, gait and strength. Consider referral for balance group exercises (Balance Lifestyles Group**) or community based exercises if patient is interested.</p> <p>Suspected transient loss of consciousness: if 65 and over ask GP to refer to the Geriatrician Syncope clinic at the PRUH. 64 and under - If you suspect loss of consciousness – ask GP to refer to Cardiology Syncope Clinic at the PRUH.</p> <p>Patients who are unable to stand independently or they use wheelchairs for indoor mobility or they do not have the ability carry out exercises <u>in standing</u> safely.</p> <p>Falls that are a result of substance abuse or behaviour that cannot be altered by specialist falls prevention intervention.</p> <p>Patients who require moving and handling equipment for transfers.</p> <p>Patient has received exercises/rehab for falls within the last 6 months from the Falls Prevention service and nothing has changed altered with the patient's symptoms/accomodation/ lifestyle.</p> <p>For urgent walking aids or equipment needs - refer to RATT.</p>
<p>Patients who have: Had falls prevention intervention from Therapists in another teams but continue to fall, excluding those with a known progressive neurological diagnosis or advanced dementia. Please discuss with the Falls prevention team before referring.</p>	
<p>Dizziness such as: Vertigo – 'a perception of movement of the environment, or self within the environment. Disequilibrium - a feeling of unsteadiness or imbalance when standing. Motion Sickness – episodic dizziness symptoms induced by Travel. Other descriptions: rocking,swaying, nausea, floating, swimming, double vision, like being drunk, like being on a boat.</p>	<p>Chronic dizziness which has been investigated and patient has had (vestibular) treatment and/or balance exercises in the past.</p> <p>Sudden onset of dizziness with no obvious cause and has not been investigated. May require neurologist/cardiology</p> <p>Please discuss with the falls team before referral.</p>

3 Key Questions*

- Have you fallen in the past 12 months?
- Do you feel unsteady when standing or walking?
- Do you have worries about falling that impact on your ability to carry out your **normal** day to day activities?

If yes to any of these questions then consider if patient is high risk - see high risk of falls above.

Balance Lifestyles Group**

Patients who would benefit from strength & balance training, who are **keen to engage** with a weekly, community based, 12 week exercise programme, which includes education and advice.

Need to be able to travel to the venue, be independent in toileting and standing from sitting safely.
Need to be able to stand and exercise for an hour.

Patients who have the cognitive ability to follow a rehab programme or treatment recommendations or has a carer to support this.

A Tinetti is required before referral to the group can be made.

A Tinetti score of 18 and above is required.

Dementia: Dementia patients are at high risk of falling – If considering referring to the falls prevention service they must have the cognitive ability to follow a rehab programme/rehab potential or treatment recommendations or have a carer to support this

Please see service pages on internet for further information.