

Did You Know?

Falls Prevention (STEADI)

Fall Burden to Older Adults

Among adults aged ≥ 65 years (older adults) in the United States, **the leading cause of injury and related deaths is unintentional falls**. Injuries from falls can lead to hospitalizations, nursing home admissions, and deaths. In 2020, 14 million adults, approximately one in four older adults, reported at least one fall. In 2021, a total of 38,742 older adults died from falls. Although the estimated prevalence of nonfatal and fatal falls increases with age, falls are not an inevitable part of aging.

Implementing a successful **fall prevention program** requires a proactive interdisciplinary approach to **screen** residents at risk for falls, **assess** modifiable risk factors and make appropriate **interventions** to reduce an individual's risk of falling and injury.

STEADI

The CDC has developed the **Stopping Elderly Accidents, Deaths & Injuries (STEADI)** Initiative to reduce falls, improve health outcomes and reduce healthcare expenditures related to falls.



STEADI includes a suite of tools and resources for healthcare providers and communities.

These resources include basic information about:

- Fall Risk in Older Adults
- Screening Tools
- Medications linked to falls
- Standardized gait and balance assessment tests
- Online trainings that offer continuing education

Available from: <https://www.cdc.gov/steady/index.html>

The components of the STEADI initiative are reviewed below. Integrating these principles into your community's fall prevention program will improve the safety and well-being of your residents.

(1.) SCREEN - Identify those individuals in your community most at-risk for falls

The screening process identifies who has risk factors linked to falls and is most likely to benefit from additional evaluation and intervention. Old age (>65 years), frailty and history of falls indicate a high risk for falls to occur. Three key questions to ask your patients include:

- Do you feel unsteady when standing or walking?
- Have you fallen in the past year?
 - If yes, 'how many times?', 'were you injured'?
- Do you worry about falling?

Additional risk factors for falls can include certain medical conditions, medications and polypharmacy, hazards in the living environment, changes in gait, strength or balance, visual acuity or hearing loss, and problems with feet or footwear.

Table 1. Medical Conditions & Medications that can increase Fall Risk

Medical Conditions	Medications
Heart Disease / Arrhythmia	Psychotropics:
Pain	<ul style="list-style-type: none"> ■ Antipsychotics ■ Antidepressants ■ Anxiolytics ■ Sedatives / Hypnotics
Neurological Disorders	Anticholinergics
Cognitive Impairment	Pain Medications
Psychological Disorders	Muscle Relaxants
Incontinence	Anticonvulsants
Infections	Antihypertensives
Organ dysfunction	Hypoglycemics
Diabetes	
Malnutrition / Dehydration	

(2.) For patients identified at risk for falls, ASSESS the individual's modifiable risk factors

Evaluate gait, strength & balance – tools such as Timed Up & Go, 30-Second Chair Stand, and the 4-Stage Balance Test provide objective information about strength, balance, fall risk, gait speed and physical therapy requirements.

Assess the living environment for potential hazards

- Loose rugs and carpets, dimly lit areas, furniture placement

Measure orthostatic blood pressure

- Lying and standing positions

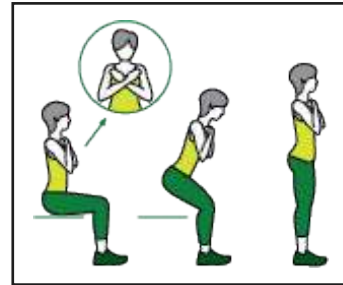
Check visual acuity (Snellen eye test)

Evaluate for hearing loss

Assess feet / footwear

Assess vitamin D intake and consider serum concentration if deficiency is expected.

Assess current medications, medical conditions and comorbidities that contribute to fall risk.



30-Second Chair Stand

(3.) INTERVENE to reduce identified risk factors following an interdisciplinary approach

Review identified fall risk factors with your resident and care team to develop individualized goals and care planning.

Correcting poor gait, strength & balance – refer to Physical Therapy

Evidence-based exercise or fall prevention programs (e.g. Tai Chi) can improve strength and balance, significantly reducing fall risk and fear of falling for older adults.

Occupational Therapy - Address environmental hazards and evaluate individuals for functional or behavioral interventions that may reduce fall risk.

Visual impairment observed – refer to ophthalmologist or optometrist for evaluation.

Engage pharmacy to evaluate current medication regimen for medications that may cause blurred vision (i.e. anticholinergics).

Feet or footwear issues identified – consider referral to podiatry for evaluation.

Provide education and ensure proper shoe fit, traction, insoles and heel height.

Did You Know?

Falls Prevention (STEADI)

Medical – review and optimize management of comorbidities, focusing on reducing fall risk. If orthostasis has been observed, review blood pressure management goals, encourage hydration where appropriate and consider compression stockings. Supplement vitamin D if deficiency is found. Review non-pharmacological approaches to reduce medication burden and risk of adverse effects that may be contributing to fall risk.

Pharmacist – Optimize medication regimen by deprescribing, switching to a safer alternative or reducing dosage of medications that increase fall risk. Review indications for use and ensure lowest effective doses are being utilized for high-risk medications.

The consultant pharmacist can identify drug interactions that may increase the person's risk of falling, recommend deprescribing and safer alternatives where appropriate, and assess renal and hepatic dosing guidance to reduce risk of adverse events and falls.

Implementing STEADI to Your Fall Prevention Program

- Identify a champion to lead your fall prevention program
- Form an interdisciplinary fall-prevention team
- Provide staff training
- Integrate fall prevention into care planning
- Educate your resident population to promote buy-in
- Develop program monitoring and improvement plan

Addressing and reducing fall risk remains a fundamental component of providing care to the older adult. Through community engagement, maintaining an active fall prevention program and leadership team, many fall-related injuries and their associated costs can be avoided.

Additional Resources:

[STEADI Algorithm](https://www.cdc.gov/steady/media/pdfs/STEADI-Algorithm-508.pdf) for Fall Risk Screening, Assessment and Intervention

<https://www.cdc.gov/steady/media/pdfs/STEADI-Algorithm-508.pdf>

[CDC Fall Risk Checklist](https://www.cdc.gov/steady/media/pdfs/steady-form-riskfactorsck-508.pdf)

<https://www.cdc.gov/steady/media/pdfs/steady-form-riskfactorsck-508.pdf>

[ASCP-NCOA Fall Risk Checklist](https://www.ascp.com/resource/resmgr/docs/toolkits/falls/fallriskchecklist_new_fillab.pdf)

https://www.ascp.com/resource/resmgr/docs/toolkits/falls/fallriskchecklist_new_fillab.pdf

References:

1. CDC. STEADI – Older Adult Fall Prevention. Accessed Jan 2025. Available from: <https://www.cdc.gov/steady/index.html>
2. CDC. Facts About Falls. Accessed Jan 2025. Available from: <https://www.cdc.gov/falls/data-research/facts-stats/index.html>
3. UpToDate. Douglas Kiel. Falls: Prevention in community-dwelling older persons. Aug 24. Subscription required. Available from [uptodate.com](https://www.uptodate.com)