

Falls Risk Assessment It is just the beginning

It is important to highlight that falls screening tools (an example is FRAS, which is used in this brochure, are just a beginning and is not the end of the fall prevention process.

If you found that you are at high risk of falling, please speak to your GP or treating doctor to consider referring you to a specialized “Dizziness, Falls and Syncope” clinic or to the local “High Impact Team” where further assessment will be carried out to identify those who are in need of further assessment and management. National Institute for Health and Clinical Excellence guidelines for falls assessment and management highlighted that falls management is multifactorial process. Screening tools, no matter how well they are developed, will be effective only if they are integrated into a comprehensive fall prevention program, of which they are only one aspect.

Please Remember we should not wait for a fall to occur to start management. For some people, the first fall was the last one. The risk of sustaining a fall can be predicted and preventive measures can be taken to prevent such incidences.

Protecting oneself during a fall

Using one's reflexes and changing one's body position during a fall can protect a person from breaking a bone, especially the hip. Putting one's hands out to catch oneself is a reflex during a fall. If a person lands on his or her hands or grabs onto something while falling, he or she is less likely to break a hip, but the fall could break the wrist or arm. Remember that even though a broken arm or wrist is painful, it is less likely to cause long-term disability or death compared to a broken hip.

Landing on a softer surface could reduce the risk of a fracture. That is why hip (trochanteric) pads are recommended for some people. For example, hip protectors may be a good idea for people in nursing homes or people who have already had a broken hip. Hip protectors are worn to reduce the impact of trauma and protect the bone when a fall occurs from a standing position. Studies have demonstrated that these hip protectors can protect people at risk of a broken hip.

Please note that this brief summary is for general information and was not intended to review the issue. If you have any query or had any unusual symptom, please contact your doctor. It will help if you make a note of what you have experienced, when it started and how long it lasted.

Egyptian Academy of Bone Health



Falls Risk Assessment

Am I at risk of suffering a fall?

**Prof. Y. El Miedany
MD, FRCP (London)
Lead Clinician Metabolic Bone Disease**

www.rheumatology4u.com

Who is at Risk?

By reading the following information and taking this quiz we are trying to help you find out more about your personal risk to suffer a fall.

Caucasian and Asian females are at the highest risk of suffering a fracture. This typically occurs in women suffering from osteoporosis. If an osteoporosis sufferer sustains a fall, there is a high risk of a fracture. In case of a hip fracture, this is an orthopaedic emergency with sometimes fatal consequences. Women who suffer a hip fracture will often lose their independence as a result of this injury. Our team in the Centre for Rheumatic Diseases has special interest in Osteoporosis and Falls and are dedicated to help you discover whether you are suffering from osteoporosis (please view our osteoporosis Brochures) and also enable you to assess your risk of suffering a fall and fracture.

Take our *Falls Risk Assessment* to determine your falls risk and to identify whether you should have further investigations to reduce the risk of falls.

Falls Risk Factors

Falls have many different causes and older people may have several predisposing risk factors. Assessing falls risk can help caregivers and older people predict and even prevent falls. The relative contribution of each fall risk factor differs depending on comorbidities, level of functional independence, and environmental circumstances (e.g., the presence of hazardous conditions, such as poor lighting, slippery floor surfaces, cluttered pathways, and bathrooms without hand rail support). The more fall risk factors there are, the higher the risk of falling. Identifying older people at risk of falling would have a potentially positive effect on the person's mobility, reducing the fear of falling, and help maintain the person's autonomy. Potential interventions are based on identifying the fall risk factors and include medical, rehabilitative, environmental, and behavioral approaches

“FRAS”

Falls Risk Assessment Score

Please answer the following to calculate your 'falls points'

No of falls last year	Falls Points
>1 fall in the last 12 months	2
Slow walking speed/change in gait	1.5
Loss of balance	1
Poor sight	1
Weak hand grip	1
Total Falls Score Points	—

What is your Falling risk?

	Score
High Risk of falling	3.5
Moderate Risk of falling	2-3
Low Risk of falling	<2