

FALL RISK ASSESSMENT
Allied OSI Labs Fall Protection Brace

FALL RISK SCORE CALCULATION Select the appropriate option in each category. Add all points to calculate Fall Risk Score. (If no option is selected, score for category is 0).	POINTS
AGE <input type="checkbox"/> 60-69 (1pt) <input type="checkbox"/> 70-79 (2pts) <input type="checkbox"/> 80+ (3pts)	
FALL HISTORY: <input type="checkbox"/> One fall within 6 months (5pts) <input type="checkbox"/> Intermittent complaints of dizziness (2pts)	
PERIPHERAL NEUROPATHY: <input type="checkbox"/> No sensory deficits (0pts) <input type="checkbox"/> Diminished proprioception (2pts) <input type="checkbox"/> Significant neuropathic (4pts)	
MEDICATIONS: <input type="checkbox"/> On high fall risk drug (3pts) <input type="checkbox"/> On 2 or more high fall risk drugs (5pts) <input type="checkbox"/> On 4 or more high fall risk drugs (7pts)	
ANKLE STRENGTH/RANGE OF MOTION <input type="checkbox"/> Normal ankle strength (0pts) <input type="checkbox"/> Moderate limitation (2pts) <input type="checkbox"/> Significant ankle joint instability and weakness (3pts)	
MOBILITY (multi-select for all that apply and add points together) <input type="checkbox"/> Requires assistance or supervision for mobility, transfer, or ambulation (2pts) <input type="checkbox"/> Unsteady gait or balance (2pts) <input type="checkbox"/> Visual or auditory impairment affecting mobility (2pts)	
SIT TO RISE <input type="checkbox"/> Pushes up successfully in one attempt (0pts) <input type="checkbox"/> Multiple attempts needed (2pts) <input type="checkbox"/> Unable to push up successfully (4pts)	
TOTAL FALL RISK SCORE	

SCORING: 6-13 Total Points = Moderate Fall Risk >13 Total Points = High Fall Risk



ADDITIONAL SERVICES

- Physical/Occupational Therapy**
 - ADL (activities of daily life) deficits
 - History of falls
 - Unsafe living environment
 - Sensory deficits
 - Impaired mobility
 - Weakness
 - Failed walk-talk test

- Primary Care**
 - Vestibular abnormalities
 - Medication changes
 - Hypertension/Hypotension
 - Seizures

- Podiatric Evaluation for Fall Protection Brace**
 - History of falls
 - Ankle joint instability or decreased ROM (osteoarthritis, Charcot, CVA)
 - Sensory deficits (peripheral neuropathy, lack of somatosensory feedback)
 - Failed Romberg Test (eyes closed)
 - Failed Sit Up to Rise Test

- Evaluation for Home Healthcare**
 - In-home rehabilitation
 - Home modification
 - Physician/Physical Therapist team coverage
 - Home evaluation
 - Diagnose instability cause(s)
 - Footwear evaluation

1. The patient was referred PT or OT for further assessment for fall prevention therapy.	Yes	No
2. The patient was prescribed an Allied OSI Fall Protection Brace with the goals of improving postural sway, while also improving the somatosensory response for fall prevention.	Yes	No
3. The patient was educated in detail regarding fall risk and prevention including proper shoe wear use in home, reducing obstacles in the home and physical exercises to improve strength and ROM of the foot and ankle	Yes	No
4. The patient was referred back to his/her PCP for further assessment of vestibular abnormalities.	Yes	No

Physician Signature _____

Date: _____