

Fall Risk Screening

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Fact Sheet



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Falls are the leading cause of injury and injury death among adults 65 and older, yet most falls are **preventable**. Physical therapists are uniquely positioned to identify fall risk and act on it. This sheet summarizes the CDC **STEADI** (Stopping Elderly Accidents, Deaths & Injuries) approach — **Screen, Assess, Intervene** — and pairs it with health literacy best practices so your screening reaches and moves older adults to action.

1 SCREEN — Identify who is at risk

Choose one validated screening option to identify older adults who may be at increased risk for falls.

Option 1: Stay Independent checklist — A score of **4 or higher** indicates increased risk. If the score is below 4, ask whether the patient fell in the past year; a “yes” response also indicates increased risk.

Option 2: Three key questions — A “yes” response to **any** question indicates increased risk:

- Have you fallen in the past year? If yes, ask how many times and whether any fall caused injury.
- Do you feel unsteady when standing or walking?
- Do you worry about falling?

If either screening option is positive, classify the patient as at increased risk and proceed to Assess.

2 ASSESS — Measure gait, strength & balance

Functional test (what it measures)	Increased-risk cut point
Timed Up & Go (TUG) — mobility and gait	≥ 12 seconds to stand, walk 10 ft, turn, return, and sit
30-Second Chair Stand — leg strength and endurance	Below the age- and sex-based norm (see table below)
4-Stage Balance Test — static balance	Cannot hold tandem stance for ≥ 10 seconds

30-Second Chair Stand: scores below the age- and sex-based norm indicate increased risk

Age	Men	Women	Age	Men	Women
60–64	<14	<12	75–79	<11	<10
65–69	<12	<11	80–84	<10	<9
70–74	<12	<10	85–89 / 90–94	<8 / <7	<8 / <4

Review additional fall-risk factors: medications that increase fall risk using Beers Criteria; orthostatic blood pressure; vision; feet and footwear; vitamin D status; and home hazards.

3 INTERVENE — Act on the results

Not at risk: educate on fall prevention, recommend vitamin D and community exercise, and rescreen annually.

At risk: provide individualized PT for gait, balance, and strength; refer to evidence-based community programs; and coordinate medication, vision, and home-safety follow-up. **Reassess in 30–90 days.**

Health literacy: help patients understand and act

- Use plain language: say “balance test,” not “vestibular assessment.”
- Give one key message at a time and lead with the next action.
- Use teach-back: ask patients to repeat what they will do next.
- Provide large-print, high-contrast handouts and reinforce instructions verbally.

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A Clinician Fact Sheet for Physical Therapists

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Building a Community Fall Screening

Community screenings extend STEADI beyond the clinic, reach older adults who may not seek care, and build referral pathways. Use this framework to plan a safe, welcoming, evidence-based event.

Step 1 — Plan & partner

- Define the goal, audience, date, and location, such as a senior center, library, faith community, or health fair.
- Partner with the **Area Agency on Aging**, senior centers, pharmacies, local PT clinics, and falls-prevention coalitions.
- Choose a space with a clear 10-ft walking path, sturdy armless chairs, and a private area for results.

Step 2 — Prepare tools, staff & safety

- Use the STEADI tools on page 1 and print the Stay Independent checklist in large font.
- Staff the event with PTs/PTAs plus trained students or volunteers; assign one clinician per functional test.
- Gather stopwatches, standard armless chairs, tape or cones for 10 ft, BP cuff, clipboards, and pens.
- Plan for safety with gait belts, clear walkways, seating, water, and an emergency response plan.

Step 3 — Set up stations for smooth flow

- Arrange one-way flow: **Register & consent** → **Screening questions** → **Functional tests** → **Results & education** → **Referral**.
- Reduce wait times and protect privacy at the results station.

Step 4 — Screen safely & respectfully

- Obtain informed consent and explain that screening is not a diagnosis.
- Guard every balance and TUG trial with a gait belt; be ready to assist.
- Use plain-language scripts, teach-back, and a large-print take-home results summary.

Step 5 — Refer & follow up (build local resources)

- Give each participant a personalized results sheet with clear next steps.
- Track referrals and follow up when possible to close the loop.

How to build your local resource list

Evidence-based exercise programs:

- Find programs through your Area Agency on Aging or NCOA, including Tai Ji Quan: Moving for Better Balance, Otago, A Matter of Balance, Stepping On, and EnhanceFitness.

Clinical referrals:

- Use outpatient PT, primary care, pharmacist medication review, vision care, and podiatry as referral options.

Home & community support:

- Include OT home-safety evaluation, Area Agency on Aging resources, eldercare.acl.gov, 1-800-677-1116, and 2-1-1 for local services.

Resources

1. Centers for Disease Control and Prevention. STEADI — Older Adult Fall Prevention: screening, assessment, and intervention tools.
2. Centers for Disease Control and Prevention. Stay Independent checklist and patient fall-risk screening materials.
3. Centers for Disease Control and Prevention. Timed Up & Go, 30-Second Chair Stand, and 4-Stage Balance Test instructions and cut points.
4. American Geriatrics Society. AGS Beers Criteria for Potentially Inappropriate Medication Use in Older Adults.
5. National Council on Aging. Evidence-based falls-prevention programs and community implementation resources.
6. Administration for Community Living. Eldercare Locator and local aging-service referral resources.