Moore Balance Functional Fall Risk Assessment Tool

Patient Name: ___________________________  Date: ________________

Circle appropriate score for each section and total the score below.

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Score</th>
<th>Patient Status / Condition</th>
</tr>
</thead>
</table>
| Vestibular  
(Dizziness) | 0 | No complaints of dizziness |
|           | 6 | Intermittent complaints of dizziness |
|           | 10 | Dizziness that interferes with ADLs |
| History of Fall, Near Falls  
(Past 12 months) | 0 | No falls |
|           | 6 | 1-2 falls or near falls |
|           | 10 | 3 or more falls or near falls |
| Peripheral Neuropathy  
(Proprioception) | 0 | No sensory deficits |
|           | 2 | Peripheral Neuropathy (diminished proprioception) |
| Vision Status | 0 | Adequate (w/ or w/o glasses) |
|           | 2 | Poor (w/ or w/o glasses) |
|           | 4 | Legally blind (advanced eye disease that interferes) |
| Gait and Balance  
(Postural Control) | 0 | Normal / safe gait and balance |
|           | 2 | Balance problem while standing |
|           | 2 | Balance problem while walking |
|           | 2 | Decrease muscular coordination |
|           | 2 | Change in gait pattern when walking through doorway |
|           | 2 | Jerking or unstable when making turns |
|           | 2 | Requires assistance (person, furniture/walls or device) |
| Ankle Strength / Range of Motion  
(Postural Control) | 0 | Normal ankle strength and ROM within normal limits; Postural control within normal limits |
|           | 2 | Moderate limitation of ankle joint range of motion and strength |
|           | 4 | Significant ankle joint instability and weakness; poor postural control |

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<th>Score</th>
<th>Patient Status / Condition</th>
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</thead>
<tbody>
<tr>
<td>Medications</td>
<td>0</td>
<td>None of these medications taken currently or w/in the past 7 days</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Takes 1-2 of these medications currently or w/in the past 7 days</td>
</tr>
<tr>
<td>Predisposing Diseases</td>
<td>0</td>
<td>None present</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>1-2 present</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>3 or more present</td>
</tr>
</tbody>
</table>
| Get Up and Go  
(53) | 0 | Able to rise in one single motion (no loss of balance with steps) |
| Get Up and Go  
(53) | 2 | Pushes up, successful in one attempt |
| Walk and Talk | 6 | Multiple attempts to get up, but successful |
| Foot Deformity | 0 | No foot deformity |
| Footwear | 0 | Wearing supportive, appropriate footwear |
|           | 2 | Inappropriate, poorly fitted or worn footwear |

Total: [ ]

Grading of falls risk: Circle total score

0-9  Low falls risk
Implement actions for identified individual risk factors, & recommend health promotion behavior to minimize future ongoing risk (eg – increased physical activity, medication assessment, good nutrition, footwear assessment, Podiatric specialist referral, home safety education).

10-20  High falls risk
Implement actions for identified individual risk factors, and implement additional actions for high falls risk (Fall Prevention Center referral, home safety assessment, medication assessment, footwear assessment, Physical/Occupational Therapy referral, Moore Balance Brace, other assistive devices as needed).

>20  Extreme falls risk
Implement actions for identified individual risk factors, and implement additional actions for extreme risk (Fall Prevention Center referral, implementation of home modification devices [e.g. bathing, toileting and stairs] care giver education, medication assessment, footwear assessment, Physical/Occupational Therapy referral, Moore Balance Brace, other assistive devices as needed).
Fall Risk Assessment Algorithm
FALL RISK SCORE OF 10 OR GREATER

Additional Services Needed

☐ Physical/Occupational Therapy
☐ Primary Care
☐ Podiatric Evaluation for MBB
☐ Evaluation for Home Healthcare

- ADL Deficits
- History of Falls
- Unsafe Living Environment
- Sensory Deficits
- Impaired Mobility
- Weakness
- Failed Walk-Talk Test
- Vestibular Abnormalities
- Medication changes
- Hypertension/Hypotension
- Seizures
- 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 Get Up and Go Test
- 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.

2. The Patient was prescribed a Balance AFO with the goals of improving postural sway, increasing ankle ROM and stability while also improving the somatosensory response for fall prevention.

3. The patient was educated in detail regarding fall risk and prevention including proper shoe wear use in the home, reducing obstacles in the home and physical exercises to improve strength and range of motion of the foot and ankle.

4. The patient was referred back to their PCP for further assessment of vestibular abnormalities.

Physician Signature: ___________________________ Date: ___________________________

References for Moore Balance Functional Fall Risk Assessment Tool:

4. Freeman-Smith C, Bull K, Hough P, Greenwood K, Goldie P. Peninsula Health Falls prevention service; Rehabilitation, Aged and Palliative Care Services. The Peninsula Health Falls Prevention Service developed the Falls Risk Assessment Tool (FRAT) for a DHF funded project in 1999. A study evaluating the reliability and validity of the FRAT has been presented at a number of conferences, and is being prepared for publication. Meds, medical condition, history of falling, vision
11. Russell MA, Hill KD, Day LM, Blackberry, L, et al. Development of the Falls Risk for Older People in the Community (FRoCP) screening tool Age Ageing (2009) 38(1): 40-46 doi:10.1093/ageing/afn196. This assessment tool was developed initially for use with hospitalised older people (the Falls Risk for Hospitalised Older People — the FRHOP). The FRHOP has been shown to have high test-retest and inter-rater reliability, and to have moderate ability to predict falls in older people in hospital (Australasian Journal of Podiatric Medicine, 2004; 99:108