# Falls Risk for Older People in the Community (FROP-Com) Screen: Guidelines

**Working together to prevent falls**

***Falls risk screening guidelines developed by:*** National Ageing Research Institute

This screening tool is an abbreviated version of the Falls Risk for Older People in the Community (FROP-Com) tool. The FROP-Com has been investigated for reliability and validity as part of a large randomised controlled trial "Falls Aren't Us". It is currently used in several research studies and in clinical settings. The FROP-Com Screen was developed, based on those items most strongly predictive of future falls risk from the full FROP-Com assessment. The 3-item screen will be more practical and time efficient than performing the full FROP-Com. This will make the FROP-Com Screening tool particularly relevant within busy settings, such as Emergency Departments. The screening tool will enable health professionals and researchers to determine those at greatest risk of future falls, which will in turn inform decision making as to those who will require a full FROP-Com assessment (or other detailed falls risk assessment) and management plan.

These guidelines provide definitions and detail to support the screen, and suggest management options if a specific risk factor is identified.

More information on the FROP-Com Screen is available from NARI at info@nari.unimelb.edu.au.

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# Falls Risk for Older People in the Community (FROP-Com) Screen: Guidelines

These Guidelines are designed to assist health professionals in the use of the FROP-Com Screen. The first section describes definitions and scoring options for the FROP-Com Screen. The second section lists possible interventions to consider if a risk factor has been identified. The third section is a suggested referral map, and a copy of the screening tool, which can be tailored to different settings.

All people aged 65 and over, (50 and over Aboriginal and Torres Strait Islander Peoples), presenting to the Emergency Department should be screened for falls risk.

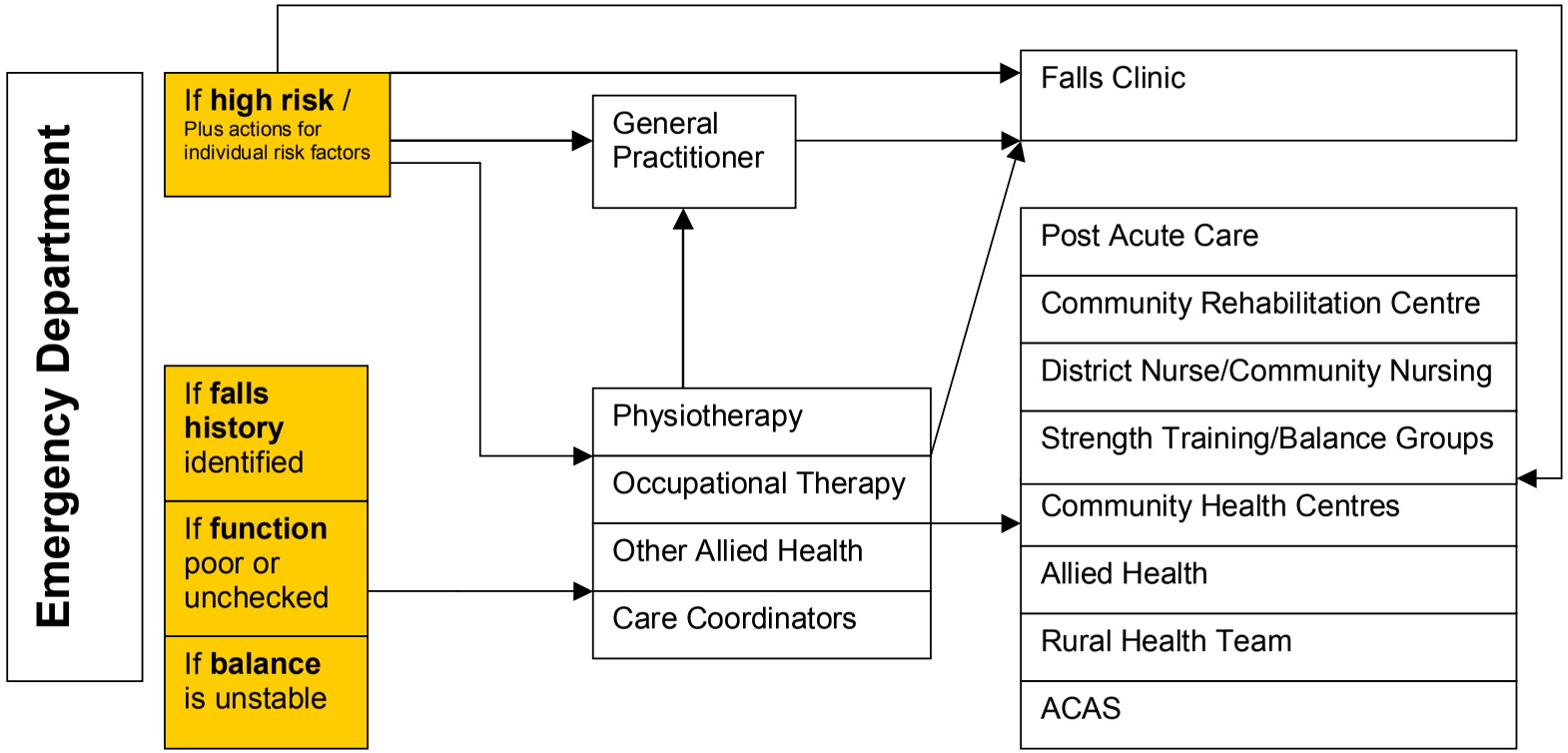
| Question | Scoring guidelines |
|---|---|
| **Falls History** | |
| Question 1 | Use the WHO definition of a fall - ***"An event which results in coming to rest inadvertently on the ground or lower level,".***<br>Current ED falls presentation should be included. Include the terms "slips", "trips", "faints" and "any other accidents" to elicit a complete falls history.<br><br>o *Score as 0 if* no falls in the past 12 months.<br>o *Score as 1 if* 1 fall in the past 12 months.<br>o *Score as 2 if* 2 falls in the past 12 months.<br>o *Score as 3 if* 3 or more falls in the past 12 months. |
| **Function: ADL status** | |
| Question 2 | Ask the person about their ability to shop, perform housework, laundry and cooking prior to the most recent fall.<br><br>o *Score as 0* if the person is completely independent<br>o *Score as 1* if the person requires another person to be present but does not require assistance e.g. shopping with someone else<br>o *Score as 2* if the person requires assistance on most occasions with one or more of the above tasks e.g. being driven to the shops, assistance with the heavier housework<br>o *Score as 3* if the person requires assistance to perform all of the above tasks including smaller household tasks e.g. making the bed, doing the dishes. |
| **Balance** | |
| Question 3 | Observe the person standing, walking a few metres, turning and sitting. If the person uses an aid observe the person with the aid. Do not base on self-report. If level fluctuates, tick the most unsteady rating. If the person is unable to walk due to injury, score as 3.<br><br>o *Score as 0 if* no unsteadiness observed.<br>o *Score as 1 if* the person:<br>➢ appears unsteady performing any of these tasks.<br>➢ is making modifications to appear steady (e.g. an increased level of effort, feet spread apart to maintain balance, or is consistently touching the walls or furniture).<br>o *Score as 2 if* the person:<br>➢ appears moderately unsteady walking and would require supervision to walk safely.<br>➢ is making modifications and still appears unsteady.<br>o *Score as 3 if* the person:<br>➢ is consistently or severely unsteady on walking or turning and would need hands on assistance. |

# Suggested options for management of falls risk factors

| Question | Score | Suggested options for management |
|---|---|---|
| **FROP-Com Screen Questions** | | |
| **Falls History** | | |
| Question 1<br><br>*(Those falling in the past are three times more likely to fall in the future than someone who has not had a fall.)* | 0<br><br>1-3 | No intervention.<br><br>• Inform the GP and address individual risk factors. |
| **Function: ADL status** | | |
| Question 2<br><br>*(A person with impaired ADL is twice as likely to fall as someone who does not have such an impairment.)* | 0<br><br>1-3 | No intervention.<br><br>Options:<br>• Refer to an occupational therapist if experiencing difficulty with functional tasks and not receiving the care required:<br>  • Prior to the fall,<br>  • On discharge from the ED.<br>• Refer to a physiotherapist for assessment and exercise to improve function.<br>• Refer to specific services if short / long term need identified (e.g. home help, person care, meal delivery service). |
| **Balance** | | |
| Question 3<br><br>*(A person with a balance or walking deficit is approximately three times more likely to fall as someone without a deficit.)* | 0<br><br>1-3 | No intervention.<br><br>Options:<br>• Refer to a Physiotherapist for assessment and exercises to improve gait and balance, and/or use/change of walking aid.<br>• Refer to an Occupational Therapist if requires an assessment of home environment.<br>• Inform the General Practitioner. |

| | | |
|---|---|---|
| **Overall FROP-Com Screen score** | 0 | No intervention required |
| | 1 - 3 | • Implement management options as per individual risk factors. |
| | 4 – 9 | • Implement management options as per individual risk factors.<br>• Notify GP about patients' high risk of further falls for further referrals and implementation of a management plan.<br>• Refer for further assessment (see pathway below) |

# Improved Practice Referral Pathway
# Identified High Falls Risk Patients



## Falls Risk for Older People in the Community (FROP-Com) Screen

(Affix Patient ID Label)

UR No _____

Surname: _____

Given Name _____

DOB _____

**Screen all people aged 65 years and older (50 years and older Aboriginal & Torres Strait Islander peoples)**

**Date of screen: / /**

| **FALLS HISTORY** | | **SCORE** |
|---|---|---|
| **1. Number of falls in the past 12 months?** | o None (0)<br>o 1 fall (1)<br>o 2 falls (2)<br>o 3 or more (3) | [ ] |
| **FUNCTION: ADL status** | | |
| **2. Prior to this fall, how much assistance was the individual requiring for instrumental activities of daily living (eg cooking, housework, laundry)?**<br>• *If no fall in last 12 months, rate current function* | o None (completely independent) (0)<br>o Supervision (1)<br>o Some assistance required (2)<br>o Completely dependent (3) | [ ] |
| **BALANCE** | | |
| **3. When walking and turning, does the person appear unsteady or at risk of losing their balance?**<br>• *Observe the person standing, walking a few metres, turning and sitting. If the person uses an aid observe the person with the aid. Do not base on self-report.*<br>• *If level fluctuates, tick the most unsteady rating. If the person is unable to walk due to injury, score as 3.* | o No unsteadiness observed (0)<br>o Yes, minimally unsteady (1)<br>o Yes, moderately unsteady (needs supervision) (2)<br>o Yes, consistently and severely unsteady (needs constant hands on assistance) (3) | [ ] |
| | **Total Risk Score** | [ ] |

| **Total score** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Risk of being a faller** | 0.25 | | 0.7 | | 1.4 | | 4.0 | | 7.7 | |
| **Grading of falls risk** | 0 - 3 Low risk | | | | 4 – 9 High risk | | | | | |
| **Recommended actions** | Further assessment and management if functional/balance problem identified (score of one or higher) | | | | Perform the Full FROP-Com assessment and / or corresponding management recommendations | | | | | |

Date: / /

Name _____ Signature _____ Designation _____