

# Falls Risk for Older People – Community setting (FROP-Com)

## Working together to prevent falls



### **Risk assessment developed by:** National Ageing Research Institute

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 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). The tool has been expanded and modified to become the FROP-Com for use in the community setting, and consists of 13 risk factors being rated, most on a graded 0-3 scale. Information has been published on results of the FROP-Com between a group of older people with high falls risk (presenting to an emergency department after a fall) compared to age and gender matched non fallers (Disability and Rehabilitation, 2005: 499-506).

The guidelines suggest management options if a specific risk factor is identified.

The FROP-Com is currently being investigated for reliability and validity, and being used in several research studies and clinical settings. The tool may be modified based on the results of these studies. Therefore if you wish to use the FROP-Com please contact NARI at [info@nari.unimelb.edu.au](mailto:info@nari.unimelb.edu.au) to request the most recent version.

(Downloadable)

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In 2005 the Department of Human Services funded the National Ageing Research Institute to review and recommend a set of falls prevention resources for general use. The materials used as the basis for this generic resource were developed by the National Ageing Research Institute. This and other falls prevention resources are available from the department's Aged Care website at: <http://www.health.vic.gov.au/agedcare>.



**Falls Risk for Older People – Community setting (FROP-Com)**

Personal details

Name: \_\_\_\_\_

Personal Code #: \_\_\_\_\_

Date of Assessment:     /     / 03

**Address:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Marital Status:**

Single / Married (defacto) / Widowed / Divorced (separated) / Unknown (circle)

**Usual living arrangements:** \_\_\_\_\_

**Recent health / community services use:**

- |  |   |
|--|---|
| 1. Community Aged Care Packages/Services ..... Y/N | 2. Community Rehabilitation..... Y/N    |
| 3. Doctors Appointment..... Y/N                    | 4. Doctor Home Visit ..... Y/N          |
| 5. Home Help..... Y/N                              | 6. Home Modifications ..... Y/N         |
| 7. Home Rehabilitation ..... Y/N                   | 8. Linkages Package..... Y/N            |
| 9. Meals on Wheels ..... Y/N                       | 10. OT Home visit..... Y/N              |
| 11. Outpatient Appointment..... Y/N                | 12. Other..... Y/N                      |
| 13. Post Acute Care ..... Y/N                      | 14. Personal Care ..... Y/N             |
| 15. Respite Care..... Y/N                          | 16. District Nursing Services ..... Y/N |
| 17. Physiotherapist Appointment..... Y/N           | 18. Dietician ..... Y/N                 |
| 19. Podiatrist..... Y/N                            | 20. Personal Alarm ..... Y/N            |
| 21. Day Centre..... Y/N                            | 22. Falls and Balance clinic ..... Y/N  |

• Is English the individuals preferred language? If not, what is? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Does the individual have functional English?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>History of falls (0-3points)</b>		<b>SCORE</b>
• Number of falls in the past 12 months? .....	<input type="checkbox"/> Nil in 12 months (0) <input type="checkbox"/> 1 in the last 12 months (1) <input type="checkbox"/> 2 or more in 12 months (2) <input type="checkbox"/> 1 or more requiring hospitalisation (3)	[   ]
• Was an injury sustained in any of the fall/s in the past 12 months? (rate most severe injury due to a fall in the past 12 months)	<input type="checkbox"/> No (0) <input type="checkbox"/> Minor injury, did not require medical attention (1) <input type="checkbox"/> Minor injury, did require medical attention (2) <input type="checkbox"/> Severe injury (fracture, etc) (3)	[   ]
• Describe the circumstances of the most recent fall in the past 12 months. <b>Time of fall:</b> AM / PM (please circle) <b>Location of fall:</b> inside home / outside home / community <b>Direction of fall:</b> left / right / forward / backward / down / can't remember / other <b>Cause of fall:</b> trip / slip / loss of balance / knees gave way / fainted / feeling dizzy or giddy / alcohol or meds / fell out of bed / unknown <b>Injuries:</b>		
<b>Sub total for this page</b>		[   ]

<b>Medications (0-3 points)</b>		
<ul style="list-style-type: none"> <li>List all medications currently taken.</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<ul style="list-style-type: none"> <li>Number of prescription medications.</li> </ul>	<input type="checkbox"/> No medication (0) <input type="checkbox"/> 1 –2 medications (1) <input type="checkbox"/> 3 medications (2) <input type="checkbox"/> 4 or more medications (3)	[   ]
<ul style="list-style-type: none"> <li>Does the individual take any of the following type of medication?</li> <li><input type="checkbox"/> sedative   <input type="checkbox"/> antidepressant   <input type="checkbox"/> neuroleptics</li> <li><input type="checkbox"/> central acting analgesic   <input type="checkbox"/> digoxin</li> <li><input type="checkbox"/> diuretics   <input type="checkbox"/> type 1a antiarrhythmic</li> <li><input type="checkbox"/> vestibular suppressant</li> </ul>	<input type="checkbox"/> None apply (0) <input type="checkbox"/> 1–2 apply (1) <input type="checkbox"/> 3 apply (2) <input type="checkbox"/> 4 or more apply (3)	[   ]
<b>Medical conditions (0-3 points)</b>		
<ul style="list-style-type: none"> <li>Does the individual have a chronic medical condition/s affecting their balance &amp; mobility?</li> <li><input type="checkbox"/> Arthritis   <input type="checkbox"/> Respiratory condition</li> <li><input type="checkbox"/> Parkinson’s Disease   <input type="checkbox"/> Diabetes</li> <li><input type="checkbox"/> Dementia   <input type="checkbox"/> Peripheral neuropathy</li> <li><input type="checkbox"/> Cardiac condition   <input type="checkbox"/> Stroke</li> <li><input type="checkbox"/> Other neurological conditions</li> <li><input type="checkbox"/> Lower Limb Amputation.   <input type="checkbox"/> Osteoporosis</li> <li><input type="checkbox"/> Vestibular Disorder   <input type="checkbox"/> Other dizziness</li> <li><input type="checkbox"/> Back pain   <input type="checkbox"/> lower limb joint replacement</li> </ul>	<input type="checkbox"/> None apply (0) <input type="checkbox"/> 1-2 apply (1) <input type="checkbox"/> 3-4 apply (2) <input type="checkbox"/> 5 or more apply (3)  Osteoporosis: <input type="checkbox"/> Unknown <input type="checkbox"/> does not have	[   ]
<b>Sensory loss</b>		
<ul style="list-style-type: none"> <li>Does the client have an uncorrected sensory deficit/s that limits their functional ability?</li> </ul>	Vision                      Somato Sensory <input type="checkbox"/> no (0) <input type="checkbox"/> no (0) <input type="checkbox"/> yes (1) <input type="checkbox"/> yes (1)	[   ]
<b>Feet &amp; footwear</b>		
<ul style="list-style-type: none"> <li>Does the client have foot problems, e.g. corns, bunions, swelling etc.</li> </ul>	<input type="checkbox"/> no (0) <input type="checkbox"/> yes (1) (specify):	[   ]
<ul style="list-style-type: none"> <li>Does the client have inappropriate, poorly fitting or worn footwear?</li> </ul>	<input type="checkbox"/> no (0) <input type="checkbox"/> yes (1) (specify):	[   ]
<b>Cognitive status: (score 0-3 points).</b>		
<ul style="list-style-type: none"> <li>AMTS score</li> <li><input type="checkbox"/> Age</li> <li><input type="checkbox"/> Time to the nearest hour</li> <li><input type="checkbox"/> Address to recall – 42 West St</li> <li><input type="checkbox"/> Current year</li> <li><input type="checkbox"/> Current location (where are we?)</li> <li><input type="checkbox"/> Recognition of two persons (Dr, nurse)</li> <li><input type="checkbox"/> Date of birth</li> <li><input type="checkbox"/> Years of first World War</li> <li><input type="checkbox"/> Name of current prime minister</li> <li><input type="checkbox"/> Count backwards from 20 by ones</li> </ul>	Number of correct responses: <input type="checkbox"/> 9-10 (0 point) <input type="checkbox"/> 7-8 (1 point) <input type="checkbox"/> 5-6 (2 points) <input type="checkbox"/> 4 or less (3 points)  Score: ..... / 10	[   ]
<b>Continence:</b>		
<ul style="list-style-type: none"> <li>Is the individual continent?</li> </ul>	<input type="checkbox"/> Yes (0) <input type="checkbox"/> No (1)	[   ]
<ul style="list-style-type: none"> <li>Does the individual regularly have to go to the toilet in the night (3 or more times)?</li> </ul>	<input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1) (if uses a bottle, rate as 0)	[   ]
<b>Sub total for this page</b>		[   ]

<b>Nutritional status</b> (score 0-3 points)		
<ul style="list-style-type: none"> <li>Has the individual's food intake declined in the past three months due to a loss of appetite, digestive problems, chewing or swallowing difficulties?</li> </ul>	<input type="checkbox"/> No (0) <input type="checkbox"/> Small change, but intake remains good (1) <input type="checkbox"/> Moderate loss of appetite (2) <input type="checkbox"/> Severe loss of appetite / poor oral intake (3)	[    ]
<ul style="list-style-type: none"> <li>Weight loss during the last 3-12 months.</li> </ul>	<input type="checkbox"/> Nil (0) <input type="checkbox"/> Minimal (<1 kg) or unsure (1) <input type="checkbox"/> Moderate (1-3kg) (2) <input type="checkbox"/> Marked (>3kg) (3)	[    ]
<ul style="list-style-type: none"> <li>Number of alcoholic drinks consumed in the past week</li> </ul>	<input type="checkbox"/> Nil (0) <input type="checkbox"/> 1-3 (1) <input type="checkbox"/> 4-10 (2) <input type="checkbox"/> 11+ (3)	[    ]
<b>Environment</b> (score 0-3 points)		
<ul style="list-style-type: none"> <li>Was there anything in the area around where the most recent fall occurred that contributed to the fall (eg, obstacles, uneven path)? If yes, clarify the perceived extent to which the environment contributed. (NOTE: If no falls, leave blank)</li> </ul>	<input type="checkbox"/> No environmental hazards (0) <input type="checkbox"/> Minimal involvement of environmental hazards (1) <input type="checkbox"/> Moderate involvement of environmental hazards (2) <input type="checkbox"/> Major involvement of environmental hazards (3)	[    ]
<ul style="list-style-type: none"> <li>Did the home environment appear safe? (NOTE: only rate if undertaking a home visit assessment, leave blank otherwise)</li> </ul>	<input type="checkbox"/> Yes (0) <input type="checkbox"/> Minimal environmental hazards (1) <input type="checkbox"/> Moderate environmental hazards requiring modification (2) <input type="checkbox"/> Extremely unsafe environment (3)	[    ]
<b>Functional Behaviour</b> (score 0 –3 points)		
<ul style="list-style-type: none"> <li>Observed behaviours in Activities of Daily Living and Mobility indicate</li> </ul>	<input type="checkbox"/> Consistently aware of current abilities /seeks appropriate assistance as required (0) <input type="checkbox"/> Generally aware of current abilities /occasional risk-taking behaviour (1) <input type="checkbox"/> Under-estimates abilities / inappropriately fearful of activity (2) <input type="checkbox"/> Over-estimates abilities/frequent risk-taking behaviour (3)	[    ]
<b>Function</b> (score 0-3 points)		
<ul style="list-style-type: none"> <li>Prior to this fall, how much assistance was the individual requiring for personal care activities of daily living (eg dressing, grooming, toileting)? (NOTE: If no fall in last 12 months, rate current function)</li> </ul>	<input type="checkbox"/> none (completely independent) (0) <input type="checkbox"/> supervision (1) <input type="checkbox"/> some assistance required(2) <input type="checkbox"/> completely dependent (3)	[    ]
<ul style="list-style-type: none"> <li>Has this changed since the most recent fall? (leave blank if no falls in 12 months)</li> </ul>	<input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1) (specify):	[    ]
<ul style="list-style-type: none"> <li>Prior to this fall, how much assistance was the individual requiring for instrumental activities of daily living (eg shopping, housework, laundry)? (NOTE: If no fall in last 12 months, rate current function)</li> </ul>	<input type="checkbox"/> none (completely independent) (0) <input type="checkbox"/> supervision (1) <input type="checkbox"/> some assistance required(2) <input type="checkbox"/> completely dependent (3)	[    ]
<ul style="list-style-type: none"> <li>Has this changed since the most recent fall? (leave blank if no falls in 12 months)</li> </ul>	<input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1) (specify):	[    ]
<b>Sub total for this page</b>		[    ]

<b>Balance</b> (score 0-3 points)		
<ul style="list-style-type: none"> <li>Does the individual, upon observation of walking and turning, appear unsteady or at risk of losing their balance? (<i>NOTE: Rate with usual walking aid. Tick one only, if level fluctuates, tick the most unsteady rating</i>)</li> </ul>	<input type="checkbox"/> No unsteadiness observed (0) <input type="checkbox"/> Yes, minimally unsteady on walking or turning (1) <input type="checkbox"/> Yes, moderately unsteady on walking or turning (needs supervision) (2) <input type="checkbox"/> Yes, consistently and severely unsteady on walking or turning (needs constant hands on assistance) (3)	[    ]
<b>Gait / Physical Activity</b> (score 0-3 points)		
<ul style="list-style-type: none"> <li>Can the individual walk safely around their own home?</li> </ul>	<input type="checkbox"/> Independent, no gait aid needed (0) <input type="checkbox"/> Independent with a gait aid (1) <input type="checkbox"/> Safe with supervision / physical assistance <input type="checkbox"/> (2) <input type="checkbox"/> Unsafe (3)	[    ]
<ul style="list-style-type: none"> <li>Can the individual walk safely in the community?</li> </ul>	<input type="checkbox"/> Independent, no gait aid needed (0) <input type="checkbox"/> Independent with a gait aid (1) <input type="checkbox"/> Safe with supervision / physical assistance (2) <input type="checkbox"/> Unsafe (3)	[    ]
<ul style="list-style-type: none"> <li>If a walking aid is used, list the aid and when it is used.</li> </ul>	Aid..... <input type="checkbox"/> indoors <input type="checkbox"/> outdoors	
<ul style="list-style-type: none"> <li>How physically active is the individual?</li> </ul>	<input type="checkbox"/> Very active (exercises 3 times per week) (0) <input type="checkbox"/> Moderately active (exercises less than twice per week) (1) <input type="checkbox"/> Not very active (rarely leaves the house) (2) <input type="checkbox"/> Inactive (rarely leaves one room of the house) (3)	[    ]
<ul style="list-style-type: none"> <li>Has this changed since the most recent fall?</li> </ul>	<input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1) (specify):	[    ]
	<b>Sub total for this page</b>	[    ]
	<b>Sub total for page 1</b>	[    ]
	<b>Sub total for page 2</b>	[    ]
	<b>Sub total for page 3</b>	[    ]
<b>Total Risk Score</b>		[    ]

**Grading of falls risk:**

- Low falls risk (0)                      0 – 15                      Implement actions for identified individual risk factors, & recommend health promotion behaviour to minimise future ongoing risk (eg – increased physical activity, good nutrition)
  
  - Mild to moderate falls risk (1)       16 – 24                      Implement actions for identified individual risk factors
  
  - High falls risk (2)                            > 24                      Implement actions for identified individual risk factors, and implement additional actions for high falls risk (see overpage)
- (maximum =63)