

PM&R Falls Clinic

PM&R Team:

APP Provider:

Karion Waites, DNP

Attending:

Danielle Powell, MD

Nurse Manager:

Charlotte Pitts, BSN, RN

Admin Support:

Cheryl Taylor

Admin Director:

Tracy Brewer, BSHA

Collaborations:

Geriatrics:

Samina Uddin, MD

Family Medicine:

Erin DeLaney, MD

Pharmacy:

Meagan Fowler, PharmD

Business Operations:

Corey Sprayberry

Location:

Spain Rehabilitation Center

1717 6th Avenue South, First Floor Outpatient Clinic

Birmingham, AL 35233

Scheduling Process:

- Referrals are placed and automatically sent to the PM&R Falls Clinic Message Center
- Cheryl Taylor will review each day and alert Charlotte of new referrals
- · Charlotte will review the referrals to ensure they met the criteria below
- · Charlotte will alert Cheryl Taylor to schedule the patient after she reviews
- Cheryl Taylor will contact the patient and get them scheduled

Criteria Includes:

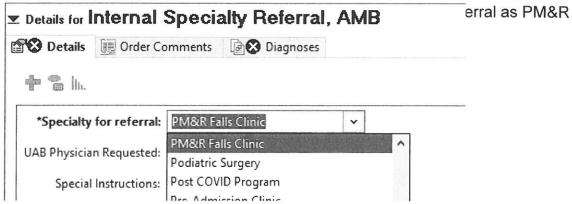
- Aged 60 and over
- Has had at least 1 fall in the past 12 months
 - · Patients who have sustained a fall-related fracture are prioritized
- Has not been diagnosed with a progressive neurological condition (e.g., Parkinson's Disease, Multiple Sclerosis, etc.), and is being followed by a treating service
- Has reasonable cognitive function and has not been diagnosed with dementia or Alzheimer's Disease (MMSE score of 24 or higher)
- Must be ambulatory (with or without an assistive device)
- Has a life expectancy of >1 year
- Able to walk at least 50 feet (with or without an assistive device)
- Can verbally communicate in English or has an interpreter
- Insurance is required





Referral process:

Outpatient Geriatrics and selected Family Medicine physicians will submit an



- Order will go automatically to the PM&R Falls Clinic message center
- Nurse will triage the referral based on the above criteria
- Nurse will complete the Falls Clinic referral process. Make sure all sections are completed, and attach all relevant test results and reports (e.g., DEXA, blood work, bone scan, CT scan, X-rays, etc.), consult reports, and hospital discharge summaries before the appointment is scheduled
- Nurse will let Admin Support know when to schedule the patient

What can the patient expect?

Appointments generally last 1 - 2 hours, providing time for The Falls' team/specialists to consider the following:

- Previous fall history
- Comorbidities or chronic disease
- Polypharmacy, including potential medication or supplement interactions
- Sensory deficits, including vision or hearing loss
- Cognitive impairment
- Arthritis or musculoskeletal pain
- Gait issues, including balance challenges or neuropathy
- Dizziness and lightheadedness, including vestibular imbalance or orthostatic hypotension
- Depression risk and social support
- Nutritional status and potential deficiencies
- Sleep patterns





Home environment and the need for safety adaptations

Examples of recommendations include:

- Education related to the development of a 'personalized falls action plan' what to do if a fall occurs at home.
- Home hazard reduction and home modifications, for example, installation of grab rails, ramps, or box steps.
- Prescription of walking aids, home aids, and appliance equipment to facilitate the performance of daily activities.
- Behavioral modification and education about actions that may be contributing to the risk of falling.
- Medication review/ changes, for example, prescription, over-the-counter, and supplements
- Referral for community support assessment, for example, Home Health Services or Outpatient Therapy Services
- Participation in an exercise program to improve balance, gait, and muscle strength deficits - this can be delivered either as a home, group, or gym program.
- Referral/Advice to visit an optometrist, podiatrist, Geriatric, or other health care providers (at their usual cost).



		(0)011	(4)
These medicines can sometimes increase your chance of falling.	I cake medicine to help me si	No(o)	Yes(1)
or more tired than usual. Side effects from medicines can sometimes increase your chance of falling.	or more tired than usual.	No(o)	Yos(1)
ing in my feet. Numbness in your feet can cause stumbles and lead to falls.	I have lost some feeling in my feet.	No(0)	Yes(1)
to the toilet. Rushing to the bathroom, especially at night, increases your chance of falling.	I often have to rush to the toilet.	No(0)	Yes(1)
I have some trouble stepping up onto a curb. This is also a sign of weak leg muscles.	I have some trouble :	No(0)	Yes(1)
I need to push with my hands to stand up from a chair. This is a sign of weak leg muscles, a major reason for falling.	I need to push with n	No(0)	Yes(1)
alling. People who are worried about falling are more likely to fall.	l am worried about falling	No(0)	Yes(1)
I steady myself by holding onto furniture when walking at home. This is also a sign of poor balance.	home.	No(0)	Yes(1)
Sometimes I feel unsteady when I am walking. Unsteadiness or needing support while walking are signs of poor balance.	Sometimes I feel uns	No(0)	Yes (1)
I use or have been advised to use a cane or walker to get People who have been advised to use a cane or walker may already be more likely to fall.	I use or have been as around safely.	No (0)	Yes (2)
	I have fallen in the past year.	(0) ON	(7) Sa.
Why it Matter	Statements	Yes/No	Circle

Add up the number of points for each "yes" answer. If you scored 4 points or more, you may be at risk for falling.

self-assessment tool (Ruberstein et al. J. Safety Res; 2011: 42 (6) 493-499). Adapted with permission of the authors. This checklist was developed by the Greater Los Angeles VA Geriatric Research Education Clinical Center and affiliates and is a validated fall risk