

Physical Therapy Fall Screening:
Guidelines for the use of this form follows:

- 1) Screening for Post Fall Assessment, Fall Risk or New Admission
- 2) Basic information is entered as indicated on the form including patient's name, MPI#, Division, Unit, Date of Admission, Date of Birth, and Age.
- 3) Visual Impairment – visual loss that may affect gait and should the corrective eyewear be worn when ambulating.
- 4) When the patient fell, was he or she wearing appropriately fitting footwear.
- 5) Brief history of diagnoses that may affect fall risk. Note recent medication changes.
- 6) Physical Functioning and Structural Problems – use key to evaluate functions as explained in description.
- 7) Test for Balance – use key to evaluate balance as explained in each box. Note whether or not the Berg Balance Test was performed. Berg Balance Test Score documented from full test on the back of the page.
- 8) Range of Motion/Strength – use key to grossly evaluate range of motion/strength of body parts listed.
- 9) Modes of Locomotion – check each if applicable to patient's method of mobility.
- 10) Modes of Transfer – check each if applicable to patient's method of transferring.
- 11) Fall Prevention Education Provided – note whether fall prevention education was given to the patient, family or unit staff members.
- 12) Recommendations – note if skilled Physical Therapy recommended, MD referral recommended or no treatment recommended. Note recommendations for decreasing the patient's fall risk.
- 13) Anticipated Equipment Needs – note any equipment that the patient may need to use to transfer, move about unit, sleep, etc.
- 14) Fall Risk – note whether or not the patient is a fall risk.
- 15) The evaluating therapist must sign, print name and title and date the evaluation.