

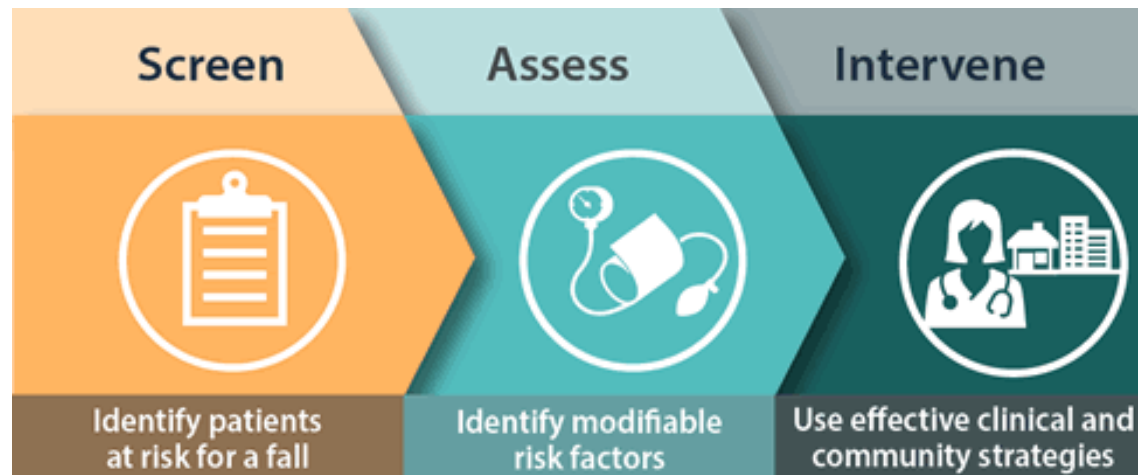


# Iowa Falls Screening Program

Statewide Alignment with STEADI Fall Risk Assessment

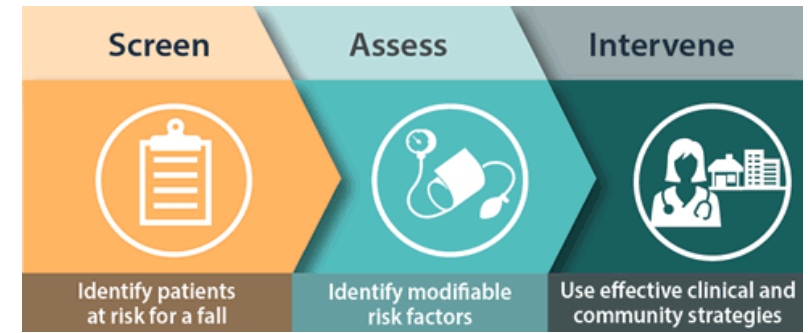
# Creating Standards for Fall Risk Screening Using STEADI

## Bridging Clinic to Community



Screening is the key for Intervention and Prevention

# Outcome Measures (STEADI Risk Stratification)



**Four Things You Can Do to Prevent Falls:**

- 1 **Speak up.**  
Talk openly with your healthcare provider about fall risks and prevention. Ask your doctor or pharmacist to review your medicines.
- 2 **Keep moving.**  
Begin an exercise program to improve your leg strength and balance.
- 3 **Get an annual eye exam.**  
Replace eyeglasses as needed.
- 4 **Make your home safer.**  
Remove clutter and tripping hazards.

**Learn More**  
Contact your local community or senior center for information on exercise, fall prevention programs, and options for improving home safety, or visit:

- [go.usa.gov/xN9XA](http://go.usa.gov/xN9XA)
- [www.stopfalls.org](http://www.stopfalls.org)

## Stay Independent

Learn more about fall prevention.

1 in 4 people 65 and older falls each year.

For more information, visit [www.cdc.gov/steadi](http://www.cdc.gov/steadi)

This brochure was produced in collaboration with the following organizations: VA Greater Los Angeles Healthcare System, Geriatric Research Education & Clinical Center (GRECC), and the Fall Prevention Center of Excellence

2017

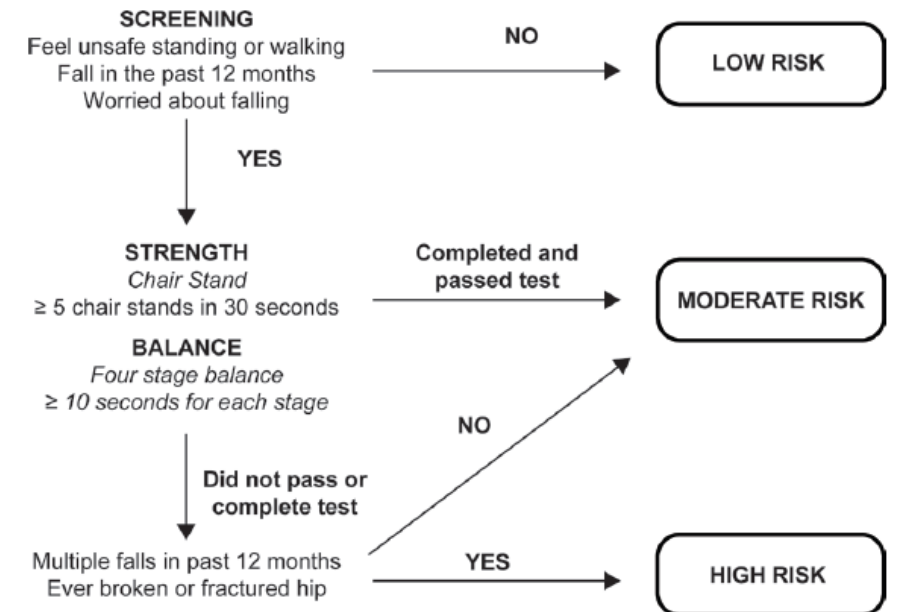


Figure 1 Modified Stopping Elderly Accidents, Deaths and Injuries framework.<sup>19</sup>

# Iowa Falls Screening Program (Screening Levels)

Same  
Process but  
Different  
Depths of  
Screening

|            |  |
|------------|--|
| Level<br>1 | <b>STEADI for Individuals</b> <ul style="list-style-type: none"><li>• Self-Risk Assessment (STEADI Survey)</li></ul>                               |
| Level<br>2 | <b>STEADI for Community Partners</b> <ul style="list-style-type: none"><li>• Survey + Functional Tests</li><li>• Non-Clinical Assessment</li></ul> |
| Level<br>3 | <b>STEADI for Clinicians</b> <ul style="list-style-type: none"><li>• Survey + Functional Tests</li><li>• Clinical Assessment</li></ul>             |

# Level 1 – Self-Risk Assessment

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Conducted by Community  
Partners

# Level 1 – Self-Risk Assessment

**Four Things You Can Do to Prevent Falls:**

- 1 Speak up.**  
Talk openly with your healthcare provider about fall risks and prevention. Ask your doctor or pharmacist to review your medicines.
- 2 Keep moving.**  
Begin an exercise program to improve your leg strength and balance.
- 3 Get an annual eye exam.**  
Replace eyeglasses as needed.
- 4 Make your home safer.**  
Remove clutter and tripping hazards.

**Learn More**  
Contact your local community or senior center for information on exercise, fall prevention programs, and options for improving home safety, or visit:  
• [go.usa.gov/xN9XA](http://go.usa.gov/xN9XA)  
• [www.stopfalls.org](http://www.stopfalls.org)

**Stay Independent**  
Learn more about fall prevention.

**1 in 4 people 65 and older falls each year.**

**Falls can lead to a loss of independence, but they are preventable.**

**Centers for Disease Control and Prevention**  
National Center for Injury Prevention and Control

For more information, visit [www.cdc.gov/steady](http://www.cdc.gov/steady)

This brochure was produced in collaboration with the following organizations: VA Greater Los Angeles Healthcare System, Geriatric Research Education & Clinical Center (GRECC), and the Fall Prevention Center of Excellence.

Distributed by:  
Name of Organization: Iowa Community HUB  
Phone number: 515-635-1285  
Website: <https://iacommunityhub.org/>

**STEADI**  
Stopping Elderly Accidents, Deaths & Injuries

2017

- Distribute and use this customized Stay Independent brochure
  - **References HUB as Contact**
- All clinic and community partners can join (pharmacy, dentists, dietitians, hearing/vision, libraries, community centers, etc.)
  - Encourage distribution
  - Encourage completion
- Form is self-scoring with Instructions at bottom to discuss results with their doctor.
  - **HUB contact info is available**

# Level 2 – Non-Clinical Assessment

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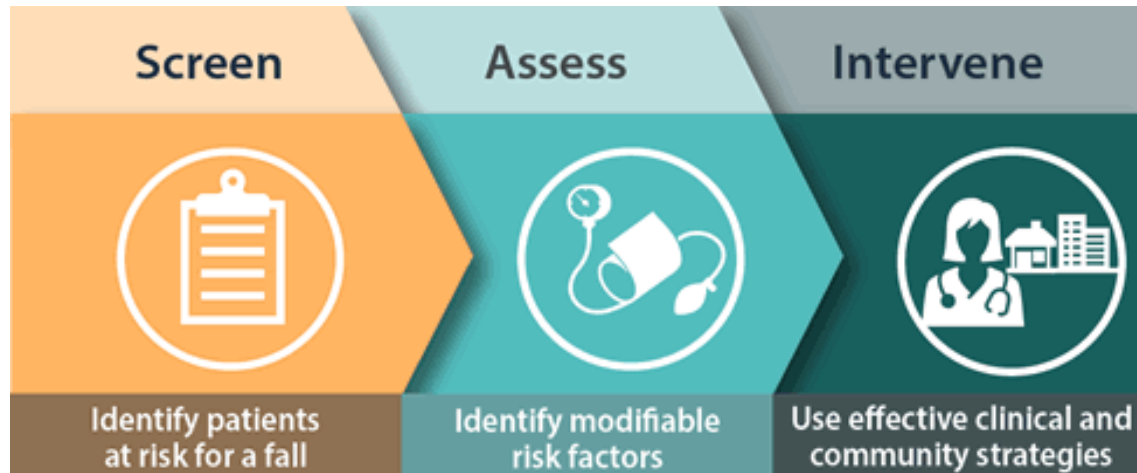
Conducted by or in  
Collaboration with a Trained  
STEADI Evaluator



# Standardized Community-Based Fall Risk Screening Methods



Research Project Supported





# Step 1: Participant Consent



## Participant Information

### Fall Prevention Screening

*A collaborative, community-level collaboration  
to help reduce the risks of falls in Iowa*

Participant reviews *Consent*  
Form for research and  
provides name and  
signature

Thanks for your interest in the Fall Prevention Screening initiative. We are conducting this project in collaboration with the **Iowa Falls Prevention Coalition**, a statewide project coordinated with the **Iowa Community HUB**.

The screening program uses a nationally known process developed by the Centers for Disease Control and Prevention (CDC) to identify possible risks for falling. The screening includes a brief survey and a series of functional assessments that will assess your levels of balance and functional fitness. This information will help to identify your personal needs and will help us suggest exercises and programs that may help improve your function. Participating in the screening will let you decide if you would like to have the information shared directly with physicians or to be contacted by the Iowa Hub about local programs that might be helpful for you.

We would like to use the data collected through the community fall prevention screening across Iowa as part of a research project to evaluate fall risk prevention in older adults. Your name would NOT be used in the project so results would be completely confidential. For us to initiate the process, we need to use your name to create a confidential ID number. **Please print and sign your name below if you give permission to use information from this screening for research purposes.** Please note, you are still able to receive screening even if you do not want your information used for research purposes.

*Please let a member of the screening team know if you have any questions.*

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



### STEADI Screening Form

Name: \_\_\_\_\_ HUB ID: \_\_\_\_\_ Birthdate: \_\_\_\_\_

What is the best way for us to contact you?

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

If you prefer email, do you authorize us to email you regarding your participation in the screening?

(Please circle one of the following): YES NO

Please tell us about your living arrangements (Please circle one of the following):

Live alone Nursing home/residential facility Senior housing With adult children With other family/friends Other \_\_\_\_\_

Number of people in your household (including you) \_\_\_\_\_

Age (Circle One): < 65 65-69 70-74 75-79 80-84 > 85

Sex as Assigned at Birth (Circle One): Male Female Prefer Not to Say

Race / Ethnicity (Circle One or More): White Black Hispanic Asian Other

Do you have a personal physician for health care? Yes No

If you would like us to share the results of your screening with your physician, please provide the name & clinic of your healthcare provider (Can decide at a later point)

Have you had a broken hip before (after the age of 50)? Yes No

This section will ask about your history, function & concerns related to falling. Please answer each of the following questions as honestly as possible

Answer Yes or No for each question

|   | Yes                       | No                        |
|---|---------------------------|---------------------------|
| 1. I have fallen in the past year<br>If Yes, how many times? _____<br>Were you injured? _____ | <input type="radio"/> (2) | <input type="radio"/> (0) |
| 2. I use or have been advised to use a cane or walker to get around safely                    | <input type="radio"/> (2) | <input type="radio"/> (0) |
| 3. Sometimes I feel unsteady when I am walking  | <input type="radio"/> (1) | <input type="radio"/> (0) |
| 4. I steady myself by holding onto furniture when walking at home                             | <input type="radio"/> (1) | <input type="radio"/> (0) |
| 5. I am worried about falling   | <input type="radio"/> (1) | <input type="radio"/> (0) |
| 6. I need to push with my hands to stand up from a chair                                      | <input type="radio"/> (1) | <input type="radio"/> (0) |
| 7. I have some trouble stepping up onto a curb  | <input type="radio"/> (1) | <input type="radio"/> (0) |
| 8. I often have to rush to the toilet   | <input type="radio"/> (1) | <input type="radio"/> (0) |
| 9. I have lost some feeling in my feet  | <input type="radio"/> (1) | <input type="radio"/> (0) |
| 10. I take medicine that sometimes makes me feel light-headed or more tired than usual        | <input type="radio"/> (1) | <input type="radio"/> (0) |
| 11. I take medicine to help me sleep or improve my mood                                       | <input type="radio"/> (1) | <input type="radio"/> (0) |
| 12. I often feel sad or depressed   | <input type="radio"/> (1) | <input type="radio"/> (0) |

Thanks for Completing the Survey. We will compile the information and help you to better understand ways to reduce your risk of falling.

## STEP 2:

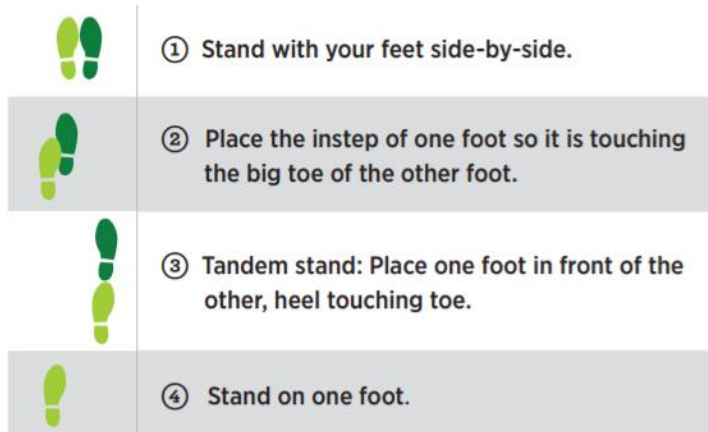
# Completion of STEADI Self-Risk Assessment and Fill Out Screening Form

## (2 Sides)

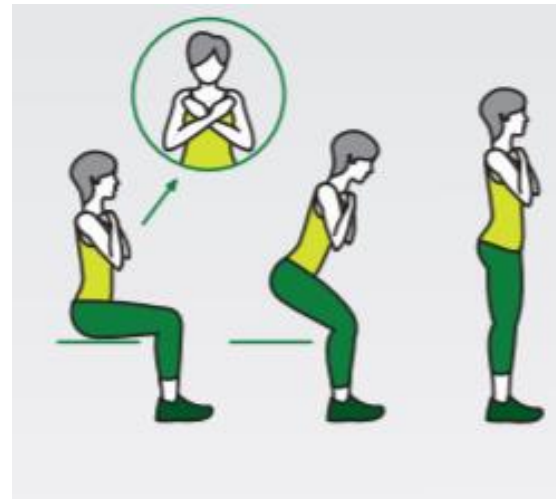
# STEP 3: Conduct STEADI Functional Assessments

**STEADI** Stopping Elderly  
Accidents, Deaths & Injuries

\* STEADI Recommended functional assessments for assessing risks of falling  
<https://www.cdc.gov/steady/materials.html>



4-stage Balance Test\*



30-second Chair Stand\*




Timed Up-and-Go\*

# Step 4a: Share Feedback / Results


- Complete Personalized Report
  - Summarize Score
  - Select Risk Level
- Share Feedback
  - Green (Minimal Risk)
    - Suggest Maintenance
  - Yellow (Moderate Risk)
    - Encourage Action
  - Red (High Risk)
    - Recommend Follow-up

**Avoid Providing Clinical Advice Unless You are a Trained Clinician:** Emphasize importance of a clinical evaluation and encourage them make an appointment with their healthcare provider or a local PT



HUB ID # \_\_\_\_\_

**Iowa Falls Screening Program**  
**Recommendations**





Thanks for participating in this Iowa Fall Screening Program. Regular screening and preventive actions are strongly encouraged to reduce risks of falling. The information below provides a summary of your results and recommendations for you to take action.


- STEADI Total Score (Sum of items on the Stay Independent Survey): \_\_\_\_\_ (values range from 0 to 14)
- STEADI Functional Scores (Sum of Risks from Tests): \_\_\_\_\_ (values range from 0 to 3)
- Overall Risk Score (Weighted risk score based on history, survey and functional scores): \_\_\_\_\_ (values range from 0 to 44)

|   | Recommendations  | Available Local Programs / Referral Options  | Location / Contact Information  |
|---|--|--|---|
| <input type="checkbox"/> Minimal Risk Level | Adopt and maintain regular physical activity to continue to keep risk low.             | <u>Silver Sneakers</u> : This fun program guides participants through exercises designed to increase muscular strength, range of motion, and activity for daily living.  | Lifetime Fitness Center (Story City). <b>Contacts:</b> 515-733-4029<br><a href="http://www.mgmc.org/lfc">www.mgmc.org/lfc</a>   |
| <input type="checkbox"/> Moderate Risk      | Take preventive action by taking steps to improve balance and function to reduce risk. | <u>Walk With Ease</u> : This evidence-based program guides participants through a 6-week progressive walking and exercise program. Local program is led by ISU faculty/students but there is a virtual option. | Programs at Ames Community Center, and on ISU Campus: 515-294-4928; <a href="http://walkwitheaseisu.org">walkwitheaseisu.org</a> , <a href="mailto:walkwithease@iastate.edu">walkwithease@iastate.edu</a> . |
| <input type="checkbox"/> High Risk Level    | Discuss your results with your medical provider or healthcare team.                    | Your doctor will work with you to develop a plan to lower your risk of falls. That might include a referral to a physical therapist to create a personal exercise program.                                     | If you don't have a doctor, you can contact the Iowa Community HUB to help you find a doctor. 515-635-1285 or <a href="mailto:info@iacommunityhub.org">info@iacommunityhub.org</a>                          |

- The guidelines for fall risks are based on guidelines from the Centers for Disease Control and Prevention (CDC) as part of their "STEADI" initiative. The recommendations and referrals are provided as suggestions based on your screening visit. For additional information visit the following CDC web page (<https://www.cdc.gov/falls>) and also consult with your physician.
- Walk with Ease and other evidence-based fall prevention programs may improve function and reduce risks. Visit <http://www.iacommunityhub.org/> or call 515-635-1285 to learn more.









# Step 4b: Complete Referral Document

- Complete Final Screening Referral Form
  - Capture Contact Information
  - Report Total Scores
  - Indicate Risk Rating (Low, Moderate, High)
- Check boxes as appropriate
  - Walk with Ease is appropriate for individuals in Low / Moderate
  - Explain to Participant that they will be contacted by the HUB to assist with questions and program registration
- Send Form to HUB!



HUB ID # \_\_\_\_\_



## Level 2 Fall Screening Referral Form

Date: \_\_\_\_\_

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

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Care Provider Name: \_\_\_\_\_

Primary Care Provider Clinic: \_\_\_\_\_

Primary Care Provider Phone Number: \_\_\_\_\_

Primary Care Provider Fax Number: \_\_\_\_\_

Physical Therapist Signature: \_\_\_\_\_

| Test  | Results   | Risk? |   |                |           |                                       |                          |   |                          |   |                          |   |                          |
|---|---|-------|---|----------------|-----------|---------------------------------------|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|
| <b>STEADI Survey Total Score</b><br>- Record total survey score (Note: #1 and #2, are 2 pts)<br>- Check Y, if score > 4 | Total Score = _____   | Y / N | <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <b>STEADI Risk Status (circle risk level)*</b><br/> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Low</span> <span>Moderate</span> <span>High</span> </div> </div> <div style="border: 1px solid black; padding: 5px;"> <b>Summary Risk Score:</b><br/>                     _____                 </div>   |                |           |                                       |                          |   |                          |   |                          |   |                          |
| <b>STEADI Individual Items</b><br>- Check w/ X if coded as Yes<br>- Circle Y, if any line checked                       | 1. Fall in Past Yr.? ____<br>3. Unsteady? ____<br>5. Fear of Fall? ____   | Y / N |   |                |           |                                       |                          |   |                          |   |                          |   |                          |
| <b>TUG Tests</b><br>- Record score in seconds<br>- Circle Y if time >12 sec   | Score: _____  | Y / N | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">Recommendation</th> <th style="width: 20%;">Check Box</th> </tr> </thead> <tbody> <tr> <td>Contact Physician for High-Risk Score</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Participate in Falls Prevention Program</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Participate in the Walk with Ease Program</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Contact the HUB for further screening for health-related social needs</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> | Recommendation | Check Box | Contact Physician for High-Risk Score | <input type="checkbox"/> | Participate in Falls Prevention Program | <input type="checkbox"/> | Participate in the Walk with Ease Program | <input type="checkbox"/> | Contact the HUB for further screening for health-related social needs | <input type="checkbox"/> |
| Recommendation  | Check Box   |       |   |                |           |                                       |                          |   |                          |   |                          |   |                          |
| Contact Physician for High-Risk Score   | <input type="checkbox"/>  |       |   |                |           |                                       |                          |   |                          |   |                          |   |                          |
| Participate in Falls Prevention Program   | <input type="checkbox"/>  |       |   |                |           |                                       |                          |   |                          |   |                          |   |                          |
| Participate in the Walk with Ease Program   | <input type="checkbox"/>  |       |   |                |           |                                       |                          |   |                          |   |                          |   |                          |
| Contact the HUB for further screening for health-related social needs   | <input type="checkbox"/>  |       |   |                |           |                                       |                          |   |                          |   |                          |   |                          |
| <b>Sit to Stand Test</b><br>- Record score in repetitions<br>- Indicate Y if < 5 repetitions                            | Score: _____  | Y / N |   |                |           |                                       |                          |   |                          |   |                          |   |                          |
| <b>4-Stage Balance Tests</b><br>- Check line w/ X if for 10 sec<br>- Check Y if unable to do up to the tandem position  | Narrow: _____<br>Semi-Tandem: _____<br>Tandem: _____<br>Single leg: _____ | Y / N |   |                |           |                                       |                          |   |                          |   |                          |   |                          |

\* Make recommendations: Low if no Y's, Mod if Y for Survey but N for function tests

**Additional Comments:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HUB Navigation (Contact)**  
**Renee Allard**  
 Iowa Community HUB Administrator  
 Email: [rallard@iacommunityhub.org](mailto:rallard@iacommunityhub.org)  
 Phone: 515.635.1285  
 Website: [www.iacommunityhub.org](http://www.iacommunityhub.org)

# Step 5: HUB Follow-up



## HUB Navigator

- Contacts participant
- Connects them with a falls prevention program/intervention
- Screens for other health-related social needs and connects them to community resources (i.e. food pantry)
- Shares data with physician if participant approves

### Falls Prevention



#### A Matter of Balance

Specifically designed to reduce the fear of falling and improve activity levels among community-dwelling older adults.

[Learn More](#)

#### Stepping On

Small group falls prevention program for older adults with a focus on balance, strength, and medication and vision review.

[Learn More](#)

#### Tai Chi for Arthritis and Falls Prevention

Tai Chi has a significant protective effect on fall risk among older adults.

[Learn More](#)

#### HARP Program

The Home Hazard Removal Program (HARP) is delivered by an occupational therapist (OT) in an older adult's home to identify hazards and develop a plan to reduce falls.

[Learn More](#)

### Physical Activity



#### Walk with Ease

Improves general health and can safely make physical activity part of one's everyday life. Check out Iowa State University's website to learn more.

[Learn More](#)

# Level 3 –Clinical Assessment

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Conducted by or in  
Collaboration with a Trained  
and Licensed Clinician






## Step 2: Clinician Performs Assessment

- Completes clinical assessment
- Completes STEADI Functional Tests
  - 4-stage Balance Test
  - 30-second Chair Stand
  - 10-foot Up-and-Go
- Using the recommended Falls Screening Form, clinician scores results and indicates fall risk
- Checks boxes for making referrals for other services as needed



HUB ID # \_\_\_\_\_



### Level 3 Fall Screening Referral Form

Date: \_\_\_\_\_

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

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Care Provider Name: \_\_\_\_\_

Primary Care Provider Clinic: \_\_\_\_\_

Primary Care Provider Phone Number: \_\_\_\_\_

Primary Care Provider Fax Number: \_\_\_\_\_

Physical Therapist Signature: \_\_\_\_\_

| Test  | Results   | Risk? |  |   |  |  |     |          |      |                            |  |  |       |  |  |
|---|---|-------|--|---|--|--|-----|----------|------|----------------------------|--|--|-------|--|--|
| <b>STEADI Survey Total Score</b><br>- Record total survey score (Note: #1 and #2, are 2 pts)<br>- Check Y, if score > 4 | Total Score = ____  | Y / N | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"><b>STEADI Risk Status (circle risk level) *</b></td> </tr> <tr> <td style="text-align: center;">Low</td> <td style="text-align: center;">Moderate</td> <td style="text-align: center;">High</td> </tr> <tr> <td colspan="3"><b>Summary Risk Score:</b></td> </tr> <tr> <td colspan="3" style="text-align: center;">_____</td> </tr> </table> | <b>STEADI Risk Status (circle risk level) *</b> |  |  | Low | Moderate | High | <b>Summary Risk Score:</b> |  |  | _____ |  |  |
| <b>STEADI Risk Status (circle risk level) *</b>   |   |       |  |   |  |  |     |          |      |                            |  |  |       |  |  |
| Low   | Moderate  | High  |  |   |  |  |     |          |      |                            |  |  |       |  |  |
| <b>Summary Risk Score:</b>  |   |       |  |   |  |  |     |          |      |                            |  |  |       |  |  |
| _____   |   |       |  |   |  |  |     |          |      |                            |  |  |       |  |  |
| <b>STEADI Individual Items</b><br>- Check w/ X if coded as Yes<br>- Circle Y, if any line checked                       | 1. Fall in Past Yr.? ____<br>3. Unsteady? ____<br>5. Fear of Fall? ____ | Y / N |  |   |  |  |     |          |      |                            |  |  |       |  |  |
| <b>TUG Tests</b><br>- Record score in seconds<br>- Circle Y if time >12 sec   | Score: ____   | Y / N |  |   |  |  |     |          |      |                            |  |  |       |  |  |
| <b>Sit to Stand Test</b><br>- Record score in repetitions<br>- Indicate Y if < 5 repetitions                            | Score: ____   | Y / N |  |   |  |  |     |          |      |                            |  |  |       |  |  |
| <b>4-Stage Balance Tests</b><br>- Check line w/ X if for 10 sec<br>- Check Y if unable to do up to the tandem position  | Narrow: ____<br>Semi-tandem: ____<br>Tandem: ____<br>Single leg: ____   | Y / N |  |   |  |  |     |          |      |                            |  |  |       |  |  |

\* Make recommendations: Low if no Y's, Mod if Y for Survey but N for function tests

| Recommendation  | Check Box                |
|---|--------------------------|
| Primary Care Physician to be notified of high risk          | <input type="checkbox"/> |
| See a Physical Therapist                                    | <input type="checkbox"/> |
| See a Pharmacist about medications                          | <input type="checkbox"/> |
| See an Eye doctor for vision                                | <input type="checkbox"/> |
| See a Podiatrist for feet inspection                        | <input type="checkbox"/> |
| Participate in a falls prevention program or Walk With Ease | <input type="checkbox"/> |
| Home assessment for modifications                           | <input type="checkbox"/> |
| Contact with HUB for other health promotion programs        | <input type="checkbox"/> |

**Additional Comments:**

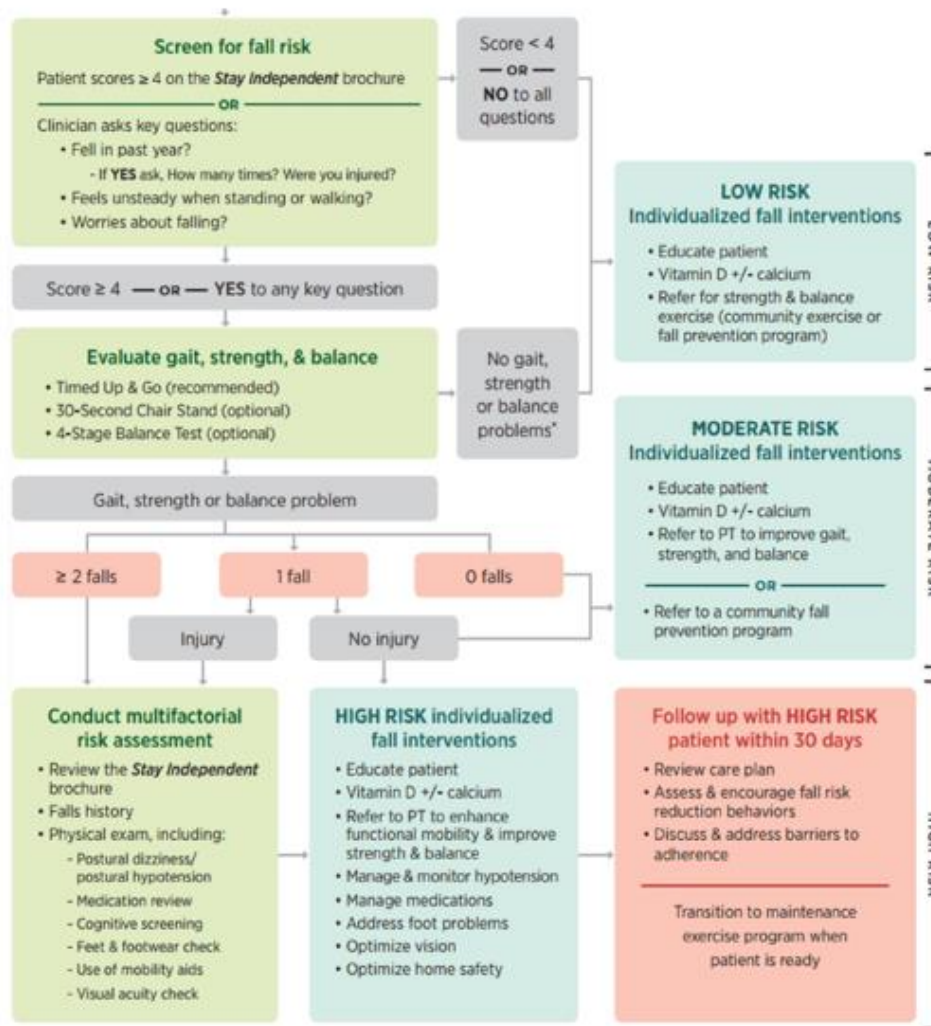
Participate in the Walk with Ease Program

\_\_\_\_\_

\_\_\_\_\_

**HUB Navigation (Contact)**  
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 Website: [www.iacommunityhub.org](http://www.iacommunityhub.org)

STEADI Algorithm Flow Chart Algorithm (Scoring Methodology)\*




**Fall Risk High:** Connect individual with physical therapy evaluation and/or other needed medical services to stabilize condition presently preventing participation.


**Fall Risk Moderate to Low:** Connect individual with falls prevention interventions and other social services as needed by sending scorecard to the HUB for follow-up.

# Step 3: Clinician Makes Referral

- Patient counseled on recommendations for other services if indicated (physical therapy, eye doctor, home assessment, etc.)
- Patient counseled in importance of physical activity and enrolling in a program (AAEBI or other falls prevention program)
- Send Form to HUB!



HUB ID # \_\_\_\_\_



## Level 3 Fall Screening Referral Form

Date: \_\_\_\_\_

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

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Care Provider Name: \_\_\_\_\_

Primary Care Provider Clinic: \_\_\_\_\_

Primary Care Provider Phone Number: \_\_\_\_\_

Primary Care Provider Fax Number: \_\_\_\_\_

Physical Therapist Signature: \_\_\_\_\_

| Test  | Results   | Risk? |  |  |  |  |     |          |      |                     |  |  |       |  |  |
|---|---|-------|--|--|--|--|-----|----------|------|---------------------|--|--|-------|--|--|
| <b>STEADI Survey Total Score</b><br>- Record total survey score (Note: #1 and #2, are 2 pts)<br>- Check Y, if score > 4 | Total Score = ____  | Y / N | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3">STEADI Risk Status (circle risk level) *</th> </tr> <tr> <td style="text-align: center;">Low</td> <td style="text-align: center;">Moderate</td> <td style="text-align: center;">High</td> </tr> <tr> <td colspan="3">Summary Risk Score:</td> </tr> <tr> <td colspan="3" style="height: 20px;">_____</td> </tr> </table> | STEADI Risk Status (circle risk level) * |  |  | Low | Moderate | High | Summary Risk Score: |  |  | _____ |  |  |
| STEADI Risk Status (circle risk level) *  |   |       |  |  |  |  |     |          |      |                     |  |  |       |  |  |
| Low   | Moderate  | High  |  |  |  |  |     |          |      |                     |  |  |       |  |  |
| Summary Risk Score:   |   |       |  |  |  |  |     |          |      |                     |  |  |       |  |  |
| _____   |   |       |  |  |  |  |     |          |      |                     |  |  |       |  |  |
| <b>STEADI Individual Items</b><br>- Check w/ X if coded as Yes<br>- Circle Y, if any line checked                       | 1. Fall in Past Yr.? ____<br>3. Unsteady? ____<br>5. Fear of Fall? ____ | Y / N |  |  |  |  |     |          |      |                     |  |  |       |  |  |
| <b>TUG Tests</b><br>- Record score in seconds<br>- Circle Y if time >12 sec   | Score: ____   | Y / N |  |  |  |  |     |          |      |                     |  |  |       |  |  |
| <b>Sit to Stand Test</b><br>- Record score in repetitions<br>- Indicate Y if < 5 repetitions                            | Score: ____   | Y / N |  |  |  |  |     |          |      |                     |  |  |       |  |  |
| <b>4-Stage Balance Tests</b><br>- Check line w/ X if for 10 sec<br>- Check Y if unable to do up to the tandem position  | Narrow: ____<br>Semi-tandem: ____<br>Tandem: ____<br>Single leg: ____   | Y / N |  |  |  |  |     |          |      |                     |  |  |       |  |  |

\* Make recommendations: Low if no Y's, Mod if Y for Survey but N for function tests

| Recommendation  | Check Box                |
|---|--------------------------|
| Primary Care Physician to be notified of high risk          | <input type="checkbox"/> |
| See a Physical Therapist                                    | <input type="checkbox"/> |
| See a Pharmacist about medications                          | <input type="checkbox"/> |
| See an Eye doctor for vision                                | <input type="checkbox"/> |
| See a Podiatrist for feet inspection                        | <input type="checkbox"/> |
| Participate in a falls prevention program or Walk With Ease | <input type="checkbox"/> |
| Home assessment for modifications                           | <input type="checkbox"/> |
| Contact with HUB for other health promotion programs        | <input type="checkbox"/> |

**Additional Comments:**

Participate in the Walk with Ease Program

\_\_\_\_\_

\_\_\_\_\_

**HUB Navigation (Contact)**  
**Renee Allard**  
 Iowa Community HUB Administrator  
 Email: [rallard@iacommunityhub.org](mailto:rallard@iacommunityhub.org)  
 Phone: 515.635.1285  
 Website: [www.iacommunityhub.org](http://www.iacommunityhub.org)

# Step 4: HUB Follow-up

## HUB Navigator

- Contacts participant
- Connects them with a falls prevention program/intervention
- Screens for other health-related social needs and connects them to community resources (i.e. food pantry)
- Shares data with physician if participant approves

### Falls Prevention



#### A Matter of Balance

Specifically designed to reduce the fear of falling and improve activity levels among community-dwelling older adults

[Learn More](#)

#### Stepping On

Small group falls prevention program for older adults with a focus on balance, strength, and medication and vision review.

[Learn More](#)

#### Tai Chi for Arthritis and Falls Prevention

Tai Chi has a significant protective effect on fall risk among older adults

[Learn More](#)

#### HARP Program

The Home Hazard Removal Program (HARP) is delivered by an occupational therapist (OT) in an older adult's home to identify hazards and develop a plan to reduce falls.

[Learn More](#)

### Physical Activity



#### Walk with Ease

Improves general health and can safely make physical activity part of one's everyday life. Check out Iowa State University's website to learn more.

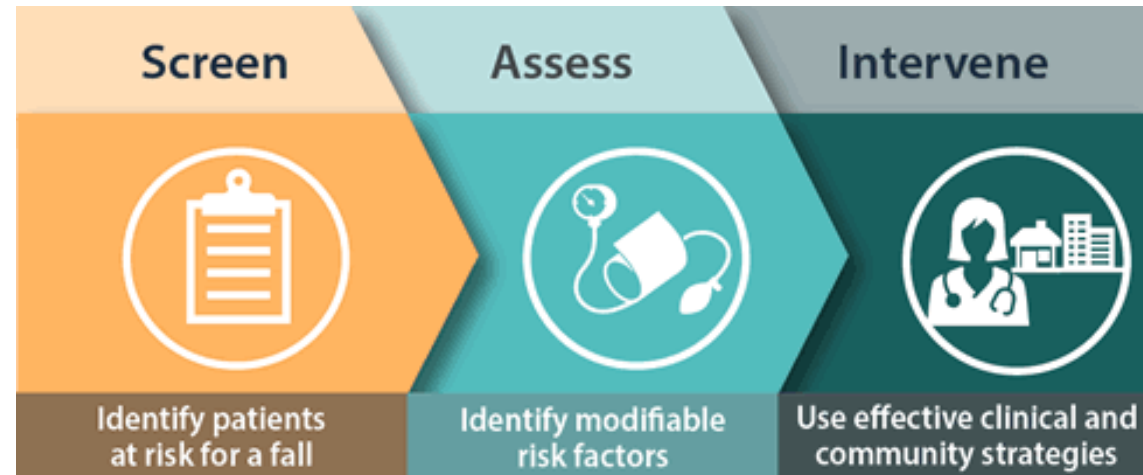
[Learn More](#)



# Community Fall Risk Screening Events



Research Project Supported  
Physical Therapists (Clinician) + Trained Community Partners



# Step 1: Participant Consent



## Participant Registration / Consent

- Trained staff member provides Participant Information handout on clipboard
- Participant reviews *Elements of Consent*) and provides name

## Staff On-Boarding

- Staff member enters name within Workshop Wizard to generate a confidential **Participant ID**
- Staff member records name and **Participant ID** number on printed Survey or provides I-Pad

### **Participant Information**

#### Fall Prevention Screening

*A collaborative, community-level collaboration to help reduce the risks of falls in Iowa*

Thanks for your interest in the Fall Prevention Screening initiative. We are conducting this project in collaboration with the **Iowa Falls Prevention Coalition**, a statewide project coordinated with the **Iowa Community HUB**.

The screening program uses a nationally known process developed by the Centers for Disease Control and Prevention (CDC) to identify possible risks for falling. The screening includes a brief survey and a series of functional assessments that will assess your levels of balance and functional fitness. This information will help to identify your personal needs and will help us suggest exercises and programs that may help improve your function. Participating in the screening will let you decide if you would like to have the information shared directly with physicians or to be contacted by the Iowa Hub about local programs that might be helpful for you.

We would like to use the data collected through the community fall prevention screening across Iowa as part of a research project to evaluate fall risk prevention in older adults. Your name would **NOT** be used in the project so results would be completely confidential. For us to initiate the process, we need to use your name to create a confidential ID number. **Please print and sign your name below if you give permission to use information from this screening for research purposes.** Please note, you are still able to receive screening even if you do not want your information used for research purposes.

*Please let a member of the screening team know if you have any questions.*


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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_


# Community Fall Risk Screening Events

- **Step 2:** Participant completes STEADI survey
  - Trained community partner captures the data and sends to HUB
- **Step 3:** PT/Clinician conducts assessment to include STEADI functional tests
- **Step 4a:** Review Algorithm to score results
- **Step 4b:** Review results with participant
  - Share their personal score card with recommendations for next steps aligned with fall risk
- **Step 5:** Complete referral form and send to HUB
- **Step 6:** HUB contacts individual and connects them with best fit program/services



HUB ID # \_\_\_\_\_

**Iowa Falls Screening Program**  
Recommendations




Thanks for participating in this Iowa Fall Screening Program. Regular screening and preventive actions are strongly encouraged to reduce risks of falling. The information below provides a summary of your results and recommendations for you to take action.


- STEADI Total Score (Sum of items on the Stay Independent Survey): \_\_\_\_\_ (values range from 0 to 14)
- STEADI Functional Scores (Sum of Risks from Tests): \_\_\_\_\_ (values range from 0 to 3)
- Overall Risk Score (Weighted risk score based on history, survey and functional scores): \_\_\_\_\_ (values range from 0 to 44)


|                           | Recommendations  | Available Local Programs / Referral Options   | Location / Contact Information   |
|---------------------------|--|---|--|
| <b>Minimal Risk Level</b> | Adopt and maintain regular physical activity to continue to keep risk low.             | <b>Silver Sneakers:</b> This fun program guides participants through exercises designed to increase muscular strength, range of motion, and activity for daily living.  | Lifetime Fitness Center (Story City). Contacts: 515-733-4029<br><a href="http://www.mgmc.org/lfc">www.mgmc.org/lfc</a>   |
| <b>Moderate Risk</b>      | Take preventive action by taking steps to improve balance and function to reduce risk. | <b>Walk With Ease:</b> This evidence-based program guides participants through a 6-week progressive walking and exercise program. Local program is led by ISU faculty/students but there is a virtual option. | Programs at Ames Community Center, and on ISU Campus: 515-294-4928; <a href="mailto:walkwithease@iastate.edu">walkwithease@iastate.edu</a> .                                       |
| <b>High Risk Level</b>    | Discuss your results with your medical provider or healthcare team.                    | Your doctor will work with you to develop a plan to lower your risk of falls. That might include a referral to a physical therapist to create a personal exercise program.                                    | If you don't have a doctor, you can contact the Iowa Community HUB to help you find a doctor. 515-635-1285 or <a href="mailto:info@iacommunityhub.org">info@iacommunityhub.org</a> |

• The guidelines for fall risks are based on guidelines from the Centers for Disease Control and Prevention (CDC) as part of their "STEADI" initiative. The recommendations and referrals are provided as suggestions based on your screening visit. For additional information visit the following CDC web page (<https://www.cdc.gov/falls/>) and <https://www.cdc.gov/steadi/> and <https://www.cdc.gov/steadi/> consult with your physician.  
 • Walk with Ease and other evidence-based fall prevention programs may improve function and reduce risks. Visit <http://www.iacommunityhub.org/> or call 515-635-1285 to learn more.




Story County






# Community Fall Risk Screening Event - Clinician Referral Form



HUB ID # \_\_\_\_\_



## Level 3 Fall Screening Referral Form

Date: \_\_\_\_\_

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

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Care Provider Name: \_\_\_\_\_

Primary Care Provider Clinic: \_\_\_\_\_

Primary Care Provider Phone Number: \_\_\_\_\_

Primary Care Provider Fax Number: \_\_\_\_\_

Physical Therapist Signature: \_\_\_\_\_

| Test  | Results   | Risk? |   |  |  |  |     |          |      |                     |  |  |       |  |  |                |           |  |  |  |                          |  |  |                          |                          |  |  |                                    |                          |  |  |                              |                          |  |  |                                      |                          |  |  |   |                          |  |  |                                   |                          |  |  |  |                          |  |  |
|---|---|-------|---|--|--|--|-----|----------|------|---------------------|--|--|-------|--|--|----------------|-----------|--|--|--|--------------------------|--|--|--------------------------|--------------------------|--|--|------------------------------------|--------------------------|--|--|------------------------------|--------------------------|--|--|--------------------------------------|--------------------------|--|--|---|--------------------------|--|--|-----------------------------------|--------------------------|--|--|--|--------------------------|--|--|
| <b>STEADI Survey Total Score</b><br>- Record total survey score (Note: #1 and #2, are 2 pts)<br>- Check Y, if score > 4 | Total Score = ____  | Y / N | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">STEADI Risk Status (circle risk level) *</th> </tr> <tr> <td style="text-align: center;">Low</td> <td style="text-align: center;">Moderate</td> <td style="text-align: center;">High</td> </tr> <tr> <td colspan="3">Summary Risk Score:</td> </tr> <tr> <td colspan="3" style="text-align: center;">_____</td> </tr> </thead> <tbody> <tr> <th style="width: 60%;">Recommendation</th> <th style="width: 5%;">Check Box</th> <td colspan="2"></td> </tr> <tr> <td>Primary Care Physician to be notified of high risk</td> <td style="text-align: center;"><input type="checkbox"/></td> <td colspan="2"></td> </tr> <tr> <td>See a Physical Therapist</td> <td style="text-align: center;"><input type="checkbox"/></td> <td colspan="2"></td> </tr> <tr> <td>See a Pharmacist about medications</td> <td style="text-align: center;"><input type="checkbox"/></td> <td colspan="2"></td> </tr> <tr> <td>See an Eye doctor for vision</td> <td style="text-align: center;"><input type="checkbox"/></td> <td colspan="2"></td> </tr> <tr> <td>See a Podiatrist for feet inspection</td> <td style="text-align: center;"><input type="checkbox"/></td> <td colspan="2"></td> </tr> <tr> <td>Participate in a falls prevention program or Walk With Ease</td> <td style="text-align: center;"><input type="checkbox"/></td> <td colspan="2"></td> </tr> <tr> <td>Home assessment for modifications</td> <td style="text-align: center;"><input type="checkbox"/></td> <td colspan="2"></td> </tr> <tr> <td>Contact with HUB for other health promotion programs</td> <td style="text-align: center;"><input type="checkbox"/></td> <td colspan="2"></td> </tr> </tbody> </table> | STEADI Risk Status (circle risk level) * |  |  | Low | Moderate | High | Summary Risk Score: |  |  | _____ |  |  | Recommendation | Check Box |  |  | Primary Care Physician to be notified of high risk | <input type="checkbox"/> |  |  | See a Physical Therapist | <input type="checkbox"/> |  |  | See a Pharmacist about medications | <input type="checkbox"/> |  |  | See an Eye doctor for vision | <input type="checkbox"/> |  |  | See a Podiatrist for feet inspection | <input type="checkbox"/> |  |  | Participate in a falls prevention program or Walk With Ease | <input type="checkbox"/> |  |  | Home assessment for modifications | <input type="checkbox"/> |  |  | Contact with HUB for other health promotion programs | <input type="checkbox"/> |  |  |
| STEADI Risk Status (circle risk level) *  |   |       |   |  |  |  |     |          |      |                     |  |  |       |  |  |                |           |  |  |  |                          |  |  |                          |                          |  |  |                                    |                          |  |  |                              |                          |  |  |                                      |                          |  |  |   |                          |  |  |                                   |                          |  |  |  |                          |  |  |
| Low   | Moderate  | High  |   |  |  |  |     |          |      |                     |  |  |       |  |  |                |           |  |  |  |                          |  |  |                          |                          |  |  |                                    |                          |  |  |                              |                          |  |  |                                      |                          |  |  |   |                          |  |  |                                   |                          |  |  |  |                          |  |  |
| Summary Risk Score:   |   |       |   |  |  |  |     |          |      |                     |  |  |       |  |  |                |           |  |  |  |                          |  |  |                          |                          |  |  |                                    |                          |  |  |                              |                          |  |  |                                      |                          |  |  |   |                          |  |  |                                   |                          |  |  |  |                          |  |  |
| _____   |   |       |   |  |  |  |     |          |      |                     |  |  |       |  |  |                |           |  |  |  |                          |  |  |                          |                          |  |  |                                    |                          |  |  |                              |                          |  |  |                                      |                          |  |  |   |                          |  |  |                                   |                          |  |  |  |                          |  |  |
| Recommendation  | Check Box   |       |   |  |  |  |     |          |      |                     |  |  |       |  |  |                |           |  |  |  |                          |  |  |                          |                          |  |  |                                    |                          |  |  |                              |                          |  |  |                                      |                          |  |  |   |                          |  |  |                                   |                          |  |  |  |                          |  |  |
| Primary Care Physician to be notified of high risk  | <input type="checkbox"/>  |       |   |  |  |  |     |          |      |                     |  |  |       |  |  |                |           |  |  |  |                          |  |  |                          |                          |  |  |                                    |                          |  |  |                              |                          |  |  |                                      |                          |  |  |   |                          |  |  |                                   |                          |  |  |  |                          |  |  |
| See a Physical Therapist  | <input type="checkbox"/>  |       |   |  |  |  |     |          |      |                     |  |  |       |  |  |                |           |  |  |  |                          |  |  |                          |                          |  |  |                                    |                          |  |  |                              |                          |  |  |                                      |                          |  |  |   |                          |  |  |                                   |                          |  |  |  |                          |  |  |
| See a Pharmacist about medications  | <input type="checkbox"/>  |       |   |  |  |  |     |          |      |                     |  |  |       |  |  |                |           |  |  |  |                          |  |  |                          |                          |  |  |                                    |                          |  |  |                              |                          |  |  |                                      |                          |  |  |   |                          |  |  |                                   |                          |  |  |  |                          |  |  |
| See an Eye doctor for vision  | <input type="checkbox"/>  |       |   |  |  |  |     |          |      |                     |  |  |       |  |  |                |           |  |  |  |                          |  |  |                          |                          |  |  |                                    |                          |  |  |                              |                          |  |  |                                      |                          |  |  |   |                          |  |  |                                   |                          |  |  |  |                          |  |  |
| See a Podiatrist for feet inspection  | <input type="checkbox"/>  |       |   |  |  |  |     |          |      |                     |  |  |       |  |  |                |           |  |  |  |                          |  |  |                          |                          |  |  |                                    |                          |  |  |                              |                          |  |  |                                      |                          |  |  |   |                          |  |  |                                   |                          |  |  |  |                          |  |  |
| Participate in a falls prevention program or Walk With Ease   | <input type="checkbox"/>  |       |   |  |  |  |     |          |      |                     |  |  |       |  |  |                |           |  |  |  |                          |  |  |                          |                          |  |  |                                    |                          |  |  |                              |                          |  |  |                                      |                          |  |  |   |                          |  |  |                                   |                          |  |  |  |                          |  |  |
| Home assessment for modifications   | <input type="checkbox"/>  |       |   |  |  |  |     |          |      |                     |  |  |       |  |  |                |           |  |  |  |                          |  |  |                          |                          |  |  |                                    |                          |  |  |                              |                          |  |  |                                      |                          |  |  |   |                          |  |  |                                   |                          |  |  |  |                          |  |  |
| Contact with HUB for other health promotion programs  | <input type="checkbox"/>  |       |   |  |  |  |     |          |      |                     |  |  |       |  |  |                |           |  |  |  |                          |  |  |                          |                          |  |  |                                    |                          |  |  |                              |                          |  |  |                                      |                          |  |  |   |                          |  |  |                                   |                          |  |  |  |                          |  |  |
| <b>STEADI Individual Items</b><br>- Check w/ X if coded as Yes<br>- Circle Y, if any line checked                       | 1. Fall in Past Yr.? ____<br>3. Unsteady? ____<br>5. Fear of Fall? ____ | Y / N |   |  |  |  |     |          |      |                     |  |  |       |  |  |                |           |  |  |  |                          |  |  |                          |                          |  |  |                                    |                          |  |  |                              |                          |  |  |                                      |                          |  |  |   |                          |  |  |                                   |                          |  |  |  |                          |  |  |
| <b>TUG Tests</b><br>- Record score in seconds<br>- Circle Y if time >12 sec   | Score: ____   | Y / N |   |  |  |  |     |          |      |                     |  |  |       |  |  |                |           |  |  |  |                          |  |  |                          |                          |  |  |                                    |                          |  |  |                              |                          |  |  |                                      |                          |  |  |   |                          |  |  |                                   |                          |  |  |  |                          |  |  |
| <b>Sit to Stand Test</b><br>- Record score in repetitions<br>- Indicate Y if < 5 repetitions                            | Score: ____   | Y / N |   |  |  |  |     |          |      |                     |  |  |       |  |  |                |           |  |  |  |                          |  |  |                          |                          |  |  |                                    |                          |  |  |                              |                          |  |  |                                      |                          |  |  |   |                          |  |  |                                   |                          |  |  |  |                          |  |  |
| <b>4-Stage Balance Tests</b><br>- Check line w/ X if for 10 sec<br>- Check Y if unable to do up to the tandem position  | Narrow: ____<br>Semi-tandem: ____<br>Tandem: ____<br>Single leg: ____   | Y / N |   |  |  |  |     |          |      |                     |  |  |       |  |  |                |           |  |  |  |                          |  |  |                          |                          |  |  |                                    |                          |  |  |                              |                          |  |  |                                      |                          |  |  |   |                          |  |  |                                   |                          |  |  |  |                          |  |  |

\* Make recommendations: Low if no Y's, Mod if Y for Survey but N for function tests

**Additional Comments:**

Participate in the Walk with Ease Program

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HUB Navigation (Contact)**  
**Renee Allard**  
 Iowa Community HUB Administrator  
 Email: [rallard@iacommunityhub.org](mailto:rallard@iacommunityhub.org)  
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Questions?

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