Integrated Bone Health and Falls Pathway

1: Presents with a fall

2: Opportunistic case finding

3: Health and wellbeing advice

4: Initial falls/osteoporosis screen

- Medical problem/unexplained fall
  - 5: Focused medical assessment
    - Appropriate medical management
  - Recurrent falls
    - Single injurious falls
    - Single fall with abnormal gait and balance
  - Single explained fall with normal gait and balance

5: Focused medical assessment

6: Multifactorial screen

- Further specialist assessment identified by screen
- Pass completed screening checklist and care plans to single point of access (In development)
1: Presents with a fall

Definition of a fall:

*an event which results in the person coming to rest inadvertently on the ground or other level and other than as a consequence of the following; sustaining a violent blow, loss of consciousness, sudden onset of paralysis or an epileptic seizure.*

Kellog International working group 1987

- Treat any injury due to a fall before an individual enters the falls pathway
- Treat any acute medical condition before an individual enters the falls pathway
- For FFRS refer to the criteria, for how patient enters the pathway
- Undertake focused medical assessment.

2: Opportunistic case finding

Older people in contact with health and social care professionals should be asked routinely (at least once a year) or as part of the Single Assessment Process, whether they have fallen in the past year and asked about the frequency and characteristics of the fall/s.

(NICE Clinical practice guideline for the assessment and prevention of falls in older people, 2004)

Ask the question “Have you had a fall in the last year?”

If “yes” then ask the following 3 questions

1. Did you hurt yourself or need to call a doctor?
2. Were you able to summon help?
3. Are you able to do the things you used to, prior to the fall?

If the patient answered ‘yes’ to question 1 or ‘no’ to questions 2 & 3, then they would proceed to the next step with an initial falls and osteoporosis screen.

Otherwise go to 3.
3: Health and wellbeing advice

Give general advice about:

- Advice medication review
- Lifestyle (Physical and Mental Health)
- Alcohol awareness
- Smoking cessation
- Healthy Eating
- Home Safety / Housing
- Exercise
- Footwear
- Hearing and sight loss
- Avoiding risk
- Access to local sports / leisure facilities
- Information about local voluntary agencies.

Guidance on falls prevention and bone health may be obtained from the Fife toolkit for prevention and management of falls incorporating a screen for bone health.

4: Initial falls / osteoporosis screen

- Take Falls History
- Gait and Balance (see box 4.1)
- Osteoporosis Risk (FRAX - see toolkit).

Medical Problem/Unexplained Fall
Reports of:
- loss of consciousness
- suspected blackouts, unexplained falls, dizziness.
Go straight to Focused Medical Assessment
If indicated, the multifactorial screen can proceed alongside this assessment.

Recurrent falls / Single Injurious fall / Single fall with abnormal gait and balance
Individuals who report:
- Recurrent falls (eg 2 in last 12 months)
- Single fall with gait/balance problems
- Single fall with injury
should go straight to a multifactorial screen performed by healthcare professionals with appropriate skills and experience.
Refer for a full medical assessment

Single Explained Fall
If presenting with a single explained fall (eg clear slip on ice) with stable gait and balance, give Health and Wellbeing advice as per the Fife toolkit for prevention and management of falls incorporating a screen for bone health.
4.1: Examine gait and balance

Assess gait, balance and range of movement.

Assessment tools will include either

- Timed ‘get up and go’ test
- Timed Unsupported Steady Stand (TUSS)

Check use and provide appropriate walking aid.

5: Focused Medical Assessment

History from patient and witness
- Past medical history including history of epilepsy, ischaemic heart disease, heart failure, diseases associated with autonomic neuropathy.
- History of falls and blackouts.
  - Frequency, circumstances and situation, description from witness
  - Prodromal symptoms – light-headed, dizziness, palpitations, chest pain, post-event weakness, disorientation
- Medication history

Examination
- Pulse rate and rhythm
- Lying and standing blood pressure*
  * measuring postural drop
  - Lie patient flat for 5 minutes then take BP
  - Stand patient and observe for postural sway and dizziness
  - Record BP and any symptoms after 1 and 3 minutes of standing
  - Record further if BP is falling after 3 minutes
  - Observe for drop of Systolic BP by 20mmHg, diastolic by 10mmHg
  (ESC guidelines, 2004).
- Auscultate for systolic murmur
- Sensory and motor neurological assessment
- Assess gait
- Anxiety/Depression (GDS).

Basic Tests
U&F, FBC, Calcium, LFT, glucose, TSH & T4, ECG, Urine dipstick and CXR as clinically indicated.
6: Multifactorial screen

This should be performed by a health care professional with appropriate skills and experience using the Fife toolkit for prevention and management of falls incorporating a screen for bone health.

The assessment will include the following:

- Medical Examination
- Identification of Falls History
- Assessment of gait, balance, joint range of movement, and muscle strength
- Footwear examination /check
- Assessment of osteoporosis risk
- Assessment of the person’s perceived functional ability
- Fear of falling
- Assessment of visual impairment
- Assessment of hearing
- Assessment of cognitive impairment
- Assessment of continence
- Assessment of home hazards
- Medication review
- Review alcohol intake
- Nutrition / Dehydration
- Pain assessment

Key:  - information node