

Moore Balance Functional Fall Risk Assessment Tool



Patient Name: _____ Date: _____

Circle appropriate score for each section and total the score below.

MBB This icon indicates primary consideration for the Moore Balance Brace.

Parameter	Score	Patient Status / Condition
Vestibular <small>3,5</small> (Dizziness)	0	No complaints of dizziness
	6	Intermittent complaints of dizziness
	10	Dizziness that interferes with ADLs
History of Fall, Near Falls <small>3,4,8,10,11</small> (Past 12 months)	0	No falls
	6	1-2 falls or near falls
	10	3 or more falls or near falls
Peripheral Neuropathy ¹¹ (Proprioception) MBB	0	No sensory deficits
	2	Peripheral Neuropathy (diminished proprioception) MBB
	4	Profoundly neuropathic MBB
Vision Status <small>3,4,8,11</small>	0	Adequate (w/ or w/o glasses)
	2	Poor (w/ or w/o glasses)
	4	Legally blind (advanced eye disease that interferes)
Gait and Balance <small>1,2,3,4,6,9,10,11,13</small> MBB		Have patient stand on both feet w/o any assistance; then walk forward, through a doorway, then make a turn. (mark all that apply)
	0	Normal / safe gait and balance MBB
	2	Balance problem while standing MBB
	2	Balance problem while walking MBB
	2	Decrease muscular coordination
	2	Change in gait pattern when walking through doorway
	2	Jerking or unstable when making turns
	2	Requires assistance (person, furniture/walls or device)
Ankle Strength / Range of Motion ^{7,12} (Postural Control) MBB	0	Normal ankle strength and ROM within normal limits; Postural control within normal limits
	2	Moderate limitation of ankle joint range of motion and strength MBB
	4	Significant ankle joint instability and weakness; poor postural control MBB

Parameter	Score	Patient Status / Condition
Medications <small>2,3,4,8,9</small>		Based upon the following types of medications: anesthetics, antihistamines, cathartics, diuretics, antihypertensives, antiseizure, benzodiazepines, hypoglycemic, psychotropics, sedatives / hypnotics
	0	None of these medications taken currently or w/in the past 7 days
	2	Takes 1-2 of these medications currently or w/in the past 7 days
	4	Takes 3-4 of these medications currently or w/in the past 7 days
	1	Mark additional point if patient has had a change in these medications or doses in the past 5 days.
Predisposing Diseases <small>4,5,10,11</small> MBB		Based upon the following conditions: MBB neuropathy, hypertension, vertigo, MBB CVA, MBB Parkinson's Disease, loss of limb(s), seizures, MBB arthritis, osteoporosis, fractures
	0	None present
	2	1-2 present
	4	3 or more present
Get Up and Go <small>5,9</small> MBB	0	Able to rise in one single motion (no loss of balance with steps)
	2	Pushes up, successful in one attempt MBB
	6	Multiple attempts to get up, but successful MBB
	10	Unsuccessful or needed assistance
Walk and Talk <small>6</small>	0	No deficit in walking while speaking
	6	Inability to maintain normal gait pattern while speaking
	10	Must stop walking in order to speak
Foot Deformity <small>11</small> MBB	0	No foot deformity
	2	Presence of foot problems (e.g. corns, bunions, swelling)
Footwear <small>11</small> MBB	0	Wearing supportive, appropriate footwear
	2	Inappropriate, poorly fitted or worn footwear

Total:

Grading of falls risk: Circle total score

0-9 Low falls risk

Implement actions for identified individual risk factors, & recommend health promotion behavior to minimize future ongoing risk (eg – increased physical activity, medication assessment, good nutrition, footwear assessment, Podiatric specialist referral, home safety education).

10-20 High falls risk

Implement actions for identified individual risk factors, and implement additional actions for high falls risk (Fall Prevention Center referral, home safety assessment and education, medication assessment, footwear assessment, Physical/Occupational Therapy referral, Moore Balance Brace, other assistive devices as needed).

>20 Extreme falls risk

Implement actions for identified individual risk factors, and implement additional actions for extreme risk (Fall Prevention Center referral, implementation of home modification devices [e.g. bathing, toileting and stairs] care giver education, medication assessment, footwear assessment, Physical/Occupational Therapy referral, Moore Balance Brace, other assistive devices as needed).

Fall Risk Assessment Algorithm

FALL RISK SCORE OF 10 OR GREATER



Additional Services Needed

Physical/Occupational Therapy

- ADL Deficits
- History of Falls
- Unsafe Living Environment
- Sensory Deficits
- Impaired Mobility
- Weakness
- Failed Walk-Talk Test

Primary Care

- Vestibular Abnormalities
- Medication changes
- Hypertension/Hypotension
- Seizures

Podiatric Evaluation for MBB

- History of Falls
- Ankle Joint instability or decreased ROM (osteoarthritis, Charcot, CVA)
- Sensory Deficits (peripheral neuropathy, lack of somatosensory feedback)
- Failed Romberg Test (eyes closed)
- Failed Get Up and Go Test

Evaluation for Home Healthcare

- In-Home Rehabilitation
- Home Modification
- Physician/Physical Therapist Team Coverage
- Home Evaluation
- Diagnose Instability Cause(s)
- Footwear Evaluation

- | | | |
|---|------------------------------|-----------------------------|
| 1. The Patient was referred PT or OT for further assessment for fall prevention therapy. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. The Patient was prescribed a Balance AFO with the goals of improving postural sway, increasing ankle ROM and stability while also improving the somatosensory response for fall prevention. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. The patient was educated in detail regarding fall risk and prevention including proper shoe wear use in the home, reducing obstacles in the home and physical exercises to improve strength and range of motion of the foot and ankle. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. The patient was referred back to their PCP for further assessment of vestibular abnormalities. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Physician Signature: _____ Date: _____

References for Moore Balance Functional Fall Risk Assessment Tool:

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12. Sherrington C, Lord SR, Close JC, Barraclough E, Taylor M, O'Rourke S, et al. A simple tool predicted probability of falling after aged care inpatient rehabilitation. *J Clin Epidemiol*. 2011 Jul;64(7):779-86. Epub 2011 Jan 19.
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