#### The Timed Up and Go (TUG) Test

**The 4-Stage Balance Test** 

Tear along line and give "Plan of

Care" to patient.

Purpose: To assess mobility	ourpose:	To assess	mobility
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Directions: Patients wear their regular footwear and can use a walking aid if needed. Have patient sit back in a standard arm chair and identify a line 10 feet away on the floor.

Instructions to the patient: When I say "Go," I want you to: 1. Stand up from the chair

2. Walk to the line on the floor at your normal pace

4. Walk back to the chair at your normal pace

5. Sit down again

Stop timing after patient has sat back down and record.

Observe the patient's postural stability, gait, stride length, and sway. Circle all that apply:

Slow tentative pace

Loss of balance Short strides

Little or no arm swing

Steadying self on walls

Shuffling En bloc turning

Not using assistive device properly

An older adult who takes ≥12 seconds to complete the TUG is at high risk for falling.

Notes:		

#### Purpose: To assess static balance

Directions: There are four progressively more challenging positions. Patients should not use an assistive device (cane or walker) and keep their eyes open. Describe and demonstrate each position. Stand next to the patient, hold his/her arm and help them assume the correct foot position. When the patient is steady, let go, but remain ready to catch the patient if he/she should lose their balance. If the patient can hold a position for 10 seconds without moving his/her feet or needing support, go on to the next position. If not, stop the test.

**Instructions to the patient:** I'm going to show you four positions.

Try to stand in each position for 10 seconds. You can hold your arms out or move your body to help keep your balance but don't move your feet. Hold this position until I tell you to stop.

For each stage, say "Ready, begin" and begin timing.

#### Instructions to the patient

other, heel touching toe

V	1. Stand with your feet side by side.	Time:	seconds
4	Place the instep of one foot so it is touching the big toe of the other foot.	Time:	seconds
•	3. Place one foot in front of the		

An older adult who cannot hold the heel to toe, #3, stance for at least 10 seconds is at increased risk of falling.

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ı	Notes:		
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#### The 30-Second Chair Stand Test

#### **Purpose:** To test leg strength and endurance

Instructions to the patient: When I say "Go," I want you to:

- 1. Sit in the middle of the chair.
- 2. Place your hands on the opposite shoulder crossed at the wrists.
- 3. Keep your feet flat on the floor.
- 4. Keep your back straight and keep your arms against your chest.

#### On "Go" begin timing

- If the patient must use his/her arms to stand, stop the test. Record "0" for the number and score.
- Count the number of times the patient comes to a full standing position in 30 seconds
- If the patient is over halfway to a standing position when 30 seconds have elapsed,
- Record the number of times the patient stands in 30 seconds

Number	30076	
<b>Chair Stand</b>	<b>Below Average</b>	Scores

lomen
12
11
10
10
9
8
4
2

**Equipment:** A chair with a straight back without arm rests (seat 17" high), A stopwatch.

5. On "Go." rise to a full standing position and then sit back down again.

6. Repeat this for 30 seconds.



A below average score indicates a high risk for falls

Notes:		



### The Arizona Balance Brace (ABB) addresses muscle weakness and gait instability to help reduce the risk of falls

The **Arizona Balance Brace** is a prescribed, custom-made ankle foot orthosis (AFO) often worn as a pair that is designed to fit easily into shoes.

The ABB is covered by most insurance companies, including Medicare and Medicaid, when used to treat conditions associated with risk factors for falls. It is part of a long-term solution to be used in combination with a Comprehensive Fall Prevention Program which may include physical and occupational therapy, strength training, medication review, annual foot exams and footwear evaluations.

#### The ABB...

- Stabilizes the foot in the presence of weakness and fatigue
- Stimulates skin receptors providing feedback
- Provides ankle support, improving balance and helps avoid falls by reducing postural sway
- Improves foot clearance reducing the risk of tripping
- Easy to put on and remove
- Exceptionally light-weight



The only balance brace clinically proven to reduce postural sway and increase postural stability\*.

\*Clinical Biomechanics Dec 2014. An immediate effect of custom-made ankle foot orthoses on postural stability in older adults, Sai V. Yalla, Ryan T. Crews, Adam E. Fleischer Gurtej Grewal, Jacque Ortiz, Bijan Najaf

#### The ABB is custom made in America!



## **A Guide For Seniors**

**Avoiding trips and falls that may** alter your quality of life.



# Fall Prevention Program

Greetings from the OHI Fall Prevention Program!

You are receiving this information kit because you've been found to be at risk for falling. The good news is that most falls in our senior population are avoidable by following proven, common sense measures that will keep you healthy and independent for many years to come.

Your physician has successfully completed training in the OHI Fall Prevention Program. The program was designed to help medical practitioners identify balance deficits and fall risk and to provide a comprehensive plan of care. With the knowledge they have gained through the OHI Fall Prevention Program, your physician and office staff are at the leading edge of falls assessment and prevention.

By carefully following the guidelines of care provided by your doctor, your risk of falling – or falling again – can be substantially reduced.

The materials in this kit are meant to introduce you to some of the tools and services that your physician may recommend for you. Review the information, ask questions and rest assured that your podiatric medical team is among the most knowledgeable and experienced providers of falls care in the US.

#### Are you at risk for falling?

- Have you fallen in the past?
- Do you have arthritis in your feet or ankles?
- Do your legs or ankles feel weak or unsteady?
- Do you drag your feet, stumble or shuffle when walking?
- Do you find it necessary to grasp stationary objects, like walls / furniture / rails, to gain balance when walking?

If you answered "Yes" to any of the above questions, you may have a balance problem that could be improved with the use of the Arizona Balance Brace.



Your practitioner is a Participating Specialist in the OHI FALL PREVENTION PROGRAM

# 1 in 4 seniors aged 65 and older suffer a fall each year

#### Why be concerned about falling?

- Falls and fall related injuries are the leading cause of accidental deaths in older people
- Half of seniors who fall, will fall again within a year
- 40% of nursing home residents fall each year, some more than once
- Nearly half of the seniors who fall reduce their activity after a fall
- Most fractures among older adults are caused by falls
- In 2007 over 18,000 seniors died from unintentional fall injuries

### Be prepared when you visit your primary care physician:

- Provide your doctor with a list of your prescriptions and over-the-counter medication, including supplements, and ask if any have possible side effects that may cause dizziness or affect your balance
- Ask about any health conditions that concern you as they may have a direct effect on your balance and manner of walking
- Make note, and tell your doctor, of any falls or near falls you may have had in your home or when involved in an out-of-home activity

#### The importance of addressing risk

The likelihood of slipping and falling should not be ignored or taken lightly. Tripping and falling or losing your balance — due to existing medical conditions such as muscle weakness or loss of feeling (neuropathy) — can have lasting and sometimes fatal results. Returning to normal activity after a fall often takes weeks or months of care and physical therapy to alleviate the pain associated with hip, knee or head injury.

Helping to reduce the risk of falling by making your home safe while providing additional support for weakened muscles is significantly easier than recovering from a fall related injury — and it's pain free. Taking time now to avoid falls may help preserve your quality of life in the long term. And it all starts with a visit to your healthcare provider...

#### MIPS Falls Risk Assessment Tool

Patient.

Quality Measures: 154: Falls Risk Assessment 155: Falls Plan of Care



Date:

On an annual basis sales	very nationt ago CE and over if they have fo	allen in the neet year
	very patient, age 65 and over, if they have fa thout injury, report MIPS Quality Measure 1	· · · · · · · · · · · · · · · · · · ·
NO NEED TO PERFORM F	URTHER ASSESSMENT UNTIL NEXT YEAR.	
Falls History		
Any falls in the past year?	☐ Yes ☐ No	
If yes, how many?		
If yes, any injury?	☐ Yes ☐ No	
MIPS 154 requires balance / MIPS 155 requires all patien	t year or one with injury, patient considered gait assessment and review of one or more pote ts determined to be at increased risk for falls to e attached "Balance and Strength Training Exerc	entially contributing factors. be provided with a "Plan of Care".
Evaluation		
Gait, Strength & Balance	(For MIPS 154, must perform at least one. See opposite	e side for instructions.)
Timed Up and Go (TUG) Test	Increased risk if > 12 seconds	□ Normal □ Increased R
30-Second Chair Stand Test 4-Stage Balance Test	Score based on age and gender Increased risk if full tandem stance < 10 seconds	□ Normal □ Increased R  S □ Normal □ Increased R
-	is, OTCs, Supplements (If yes to any, consider co	
Cognitive impairment		☐ Yes ☐ No
CNS or pyschoactive medicatio		☐ Yes ☐ No
Medications that can cause sec Medications that can cause hyp		☐ Yes ☐ No ☐ Yes ☐ No
Vision		
Acuity <20/40 OR no eye exam i	n >1 year	☐ Yes ☐ No
Medical Conditions		
Problems with heart rate and/o	rhythm	☐ Yes ☐ No
Incontinence		∐Yes ∐No
Depression Foot problems (Specify)		∐Yes ∐No □Yes □No
Other medical conditions (Special	ý)	☐ Yes ☐ No
Postural Hypotension		
·	ım Hg or a diastolic BP of ≥10 mm Hg or lightheadedne	
from lying to standing		☐ Yes ☐ No
Plan of Care (Separate and p	rovide attached handout with goal of increasing mobil	ity & lower extremity stability.)
	ce, strength and gait training instructions	☐ Yes ☐ No
	Vitamin D supplementation	☐ Yes ☐ No
The patient was advised about	ut home fall hazards and advised on benefits of occupa	ational therapy ☐ Yes ☐ No

• If Falls Risk Assessment determines history of falls and includes evaluation and plan of care, patient visit may be billable as 99213.

Consider diagnosis codes:
History of falls: Z79.81 Repeated falls: R29.6

MIPS Falls Prevention Quality Measure Reporting via Registry If documentation of 2 or more falls in past year or one fall with injury, report MIPS Quality Measure 154 as CPT:

- \* 3288F (falls risk assessment documented) and
- \* 1100F (patient screened for fall risk)
- MIPS Quality Measure 155, Falls: Plan of Care
- \* 0518F (falls plan of care documented)

Other abnormalities of gait and mobility R26.89
Dropfoot, acquired M21.371 (Rt.), M21.372 (Lt.)

Adapted from materials developed by the Centers for Disease

M62.81

R26.2

R26.81

Additional copies of forms available, for free, from Arizona AFO and SafeStep.

Difficulty in walking