

# Falls Assessment Clinics - GPs

Falls assessment clinics provide multi-disciplinary assessment and management for older people with complex falls related presentations. The Geriatrician-lead team consists of an occupational therapist, physiotherapist and nurse.

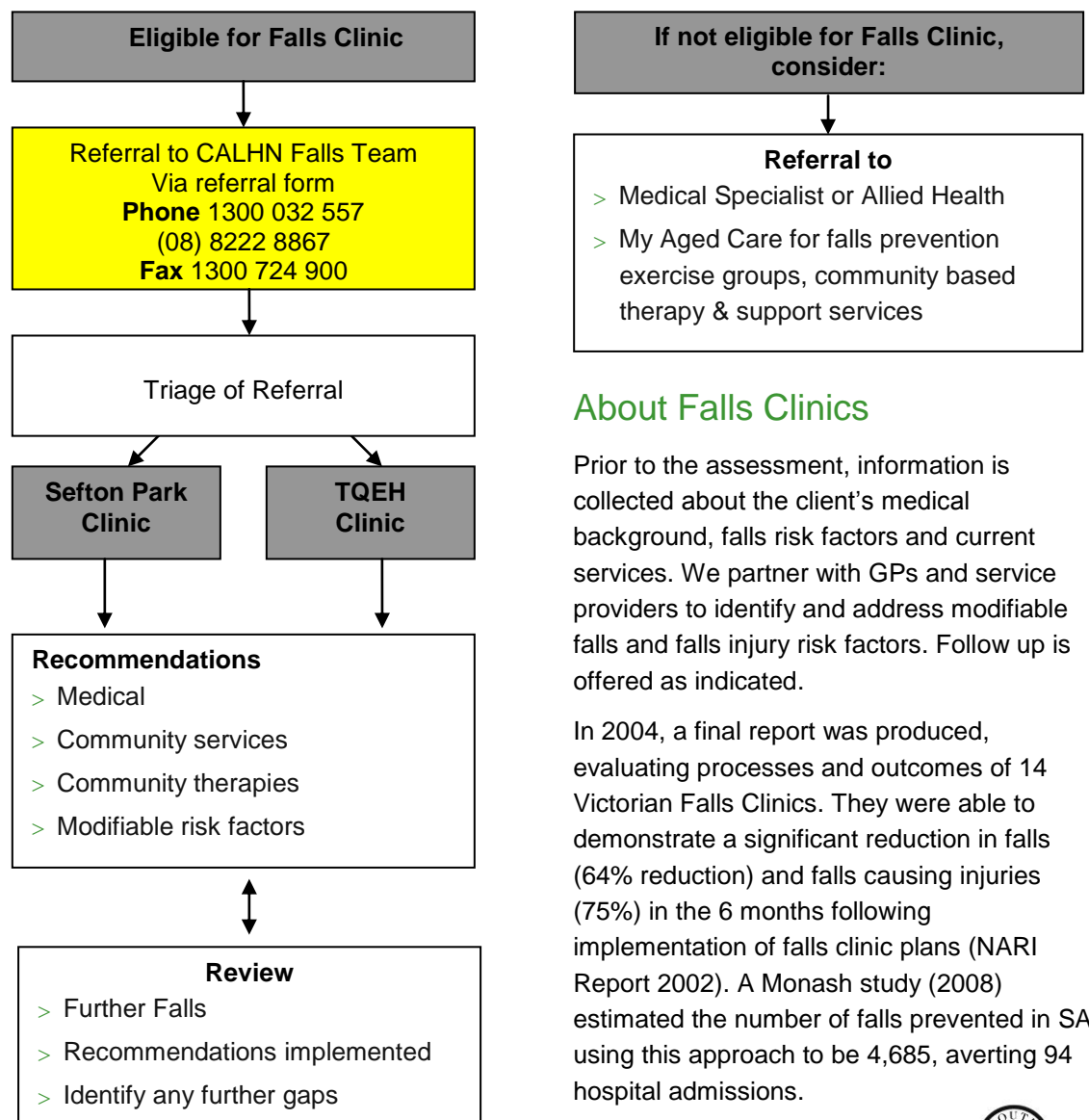
There are 2 Falls Clinics within the CALHN region which are based at Sefton Park and The Queen Elizabeth Hospital.

## Eligibility:

Client consents and is willing to adopt strategies and interventions recommended.

- > Living in the CALHN region
- > Aged 65 or older or Aboriginal and Torres Strait Islander aged 50 or older
- > History of 2 or more falls in the past 12 months or 1 fall with a serious injury
- > Has not had recent review by geriatrician or multidisciplinary team
- > Multiple co-morbidities
- > Does not have an acute fracture or acute illness (is medically stable).

**Note: Permanent residents of high level care are not eligible for this service**



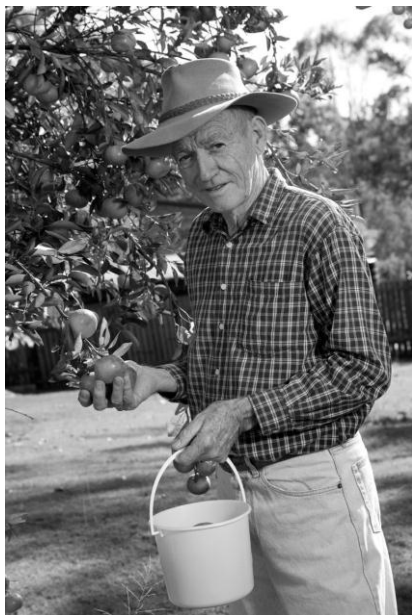
## About Falls Clinics

Prior to the assessment, information is collected about the client's medical background, falls risk factors and current services. We partner with GPs and service providers to identify and address modifiable falls and falls injury risk factors. Follow up is offered as indicated.

In 2004, a final report was produced, evaluating processes and outcomes of 14 Victorian Falls Clinics. They were able to demonstrate a significant reduction in falls (64% reduction) and falls causing injuries (75%) in the 6 months following implementation of falls clinic plans (NARI Report 2002). A Monash study (2008) estimated the number of falls prevented in SA using this approach to be 4,685, averting 94 hospital admissions.



## Case Presentation:



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On a recent visit to his GP, John reported that he was experiencing falls at home. His past medical history included osteoporosis, a previous CVA which affected his vision and IHD. Several months prior, he had undergone cardiac surgery and had remained in hospital for 10 days after developing a chest infection.

Prior to surgery John was independently mobile and used public transport to go shopping and visit the doctor. He managed all his domestic tasks independently.

Since returning from hospital he felt more unsteady on his feet and reported some difficulty rising from a chair. He used a walking stick indoors, steadying himself by holding onto walls and furniture. He had not resumed catching public transport.

### For more information

**CALHN Community Falls Prevention Service**  
PO Box 43, Woodville 5011  
Telephone: 1300 0 FALLS (32557)  
(08) 8222 8867  
Facsimile: 1300 724 900  
[www.sahealth.sa.gov.au/falls](http://www.sahealth.sa.gov.au/falls)

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## The following recommendations were made after a multidisciplinary assessment:

- > Cardiac tests were arranged and his medications were reviewed.
- > Encourage Optometrist assessment to reassess his visual acuity and review his lenses.
- > The Guide Dogs Association referral was made to review his visual fields and teach him visual scanning and safe mobility strategies.
- > The Occupational Therapist arranged a home visit through Domiciliary Care. Numerous hazards were identified including floor rugs, insufficient grab rails in the bathroom, uneven outdoor pathways and cluttered walk areas. Recommendations for equipment to assist in showering, night time toileting and lighting were also made. Ongoing case coordination and cleaning assistance were put in place.
- > The council was contacted to provide John with transport to medical appointments.
- > He was referred to a Day Therapy Centre for Physiotherapy to improve his balance, strength and confidence levels.
- > Information and education regarding hip protectors and personal alarms were provided.

### At review:

- > John did not experience any further falls since his initial assessment.
- > Home modifications were all in place and cleaning assistance continued each fortnight.
- > He continued to attend regular physiotherapy which has helped him to return to his previous mobility. He reported improved confidence levels in managing domestic tasks and resumed catching the bus each week.



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