

**30-Second Chair Stand:** Tests leg strength and endurance by asking the patient to place their hands on the opposite shoulder, crossed, and stand up from a chair to a full standing position in 30 seconds or less. Available at [www.cdc.gov/steady/pdf/STEADI-Assessment-30Sec-508.pdf](http://www.cdc.gov/steady/pdf/STEADI-Assessment-30Sec-508.pdf).

**Timed Up and Go (TUG):** This involves timing the patient as they rise from a chair with armrests, walks 10 feet (with an assistive device if applicable), turns, walks back to the chair, and sits. An older adult who takes  $\geq 12$  seconds to complete the TUG is at risk for falling. Available at [www.cdc.gov/steady/pdf/TUG\\_Test-print.pdf](http://www.cdc.gov/steady/pdf/TUG_Test-print.pdf).

**30 Second Chair Stand:** The provider records how many times the patient can fully stand and sit in 30 seconds. For patients 75–79 years old,  $< 11$  stands in men and  $< 10$  stands in women is considered abnormal and represents an increased fall risk. Available at <https://www.cdc.gov/steady/pdf/STEADI-Assessment-30Sec-508.pdf>.

**4-Stage Balance Test:** Patients are asked to stand for at least 10 seconds with feet beside each other, with insole of one foot touching great toe of other foot, in a tandem stance (heel of a foot touching toes of other foot), and on one foot. Patients unable to hold the tandem stance for 10 seconds are at increased risk of falling. This test can be delivered in conjunction with other measures, such as the 30-Second Chair Stand and TUG, for assessment of postural hypotension, which can help indicate if a patient is at risk of falling. Available at [www.cdc.gov/steady/pdf/4-Stage\\_Balance\\_Test-print.pdf](http://www.cdc.gov/steady/pdf/4-Stage_Balance_Test-print.pdf).

**Berg Balance Scale:** This is a 14-item objective measure that assesses static balance and fall risk in adults. Available at [www.sralab.org/rehabilitation-measures/berg-balance-scale](http://www.sralab.org/rehabilitation-measures/berg-balance-scale).

**Mobility Devices:** Observe a patient's use of assistive devices (e.g., cane, walker) or personal assistance, their extent of ambulation, and restraint use. Evaluate the fit of assistive devices.

- **Cane fitting:** Assess placement of the top of the cane, which should be at the top of the greater trochanter. When the patient holds the cane, their elbow is bent at approximately 15 degrees. Canes are most often used to improve balance but can also be used to reduce weight-bearing on the opposite leg.

- **Walker fitting:** Walkers are prescribed when a cane does not offer sufficient stability. Front-wheeled walkers allow a more natural gait and are easier for patients with cognitive impairment to use. Four-wheeled rolling walkers (i.e., rollators) have the advantage of a smoother, faster gait but require more coordination because of the brakes. Rollators are also good for outside walking, because the larger wheels move more easily over sidewalks.

**Feet and Footwear Evaluation:** Safe elements of footwear include proper anatomical fit, a well-fitting toe box, limited heel height, a sufficiently broad heel, a firm insole and midsole, an outsole with sufficient tread, firm heel counter with snug fit, and an easy and effective closing mechanism. Details available at [www.sciencedirect.com/science/article/pii/S0378512219301318](http://www.sciencedirect.com/science/article/pii/S0378512219301318).

**Measuring Orthostatic Blood Pressure:** Make this part of the assessment protocol and follow the standard procedure. Description available at [www.cdc.gov/steady/pdf/Measuring\\_Orthostatic\\_Blood\\_Pressure-print.pdf](http://www.cdc.gov/steady/pdf/Measuring_Orthostatic_Blood_Pressure-print.pdf).

**CDC STEADI—Three Key Questions.** Patients are at risk if they respond affirmatively to any of the following questions:

1. Do you feel unsteady when standing or walking?
2. Do you have any worries about falling?
3. Have you fallen in the past year? » If YES, ask, “How many times?” and “Were you injured?”

The CDC STEADI guidelines are available at <https://www.cdc.gov/steady/pdf/STEADI-Algorithm-508.pdf>.

**Stay Independent Check Your Risk for Falling:** A 12-item fall risk self-assessment tool that is incorporated into the CDC STEADI initiative. Available at [www.cdc.gov/steady/pdf/Stay\\_Independent\\_brochure-print.pdf](http://www.cdc.gov/steady/pdf/Stay_Independent_brochure-print.pdf).

**The STRATIFY Scale:** One of the most popular and well-studied fall risk assessment tools. It addresses five key factors and uses a point system: History of falling, whether the patient is agitated, visually impaired, needs frequent toileting, and whether patient has transfer and mobility issues. Available at [www.ahrq.gov/patient-safety/settings/hospital/fall-prevention/toolkit/stratify-scale.html](http://www.ahrq.gov/patient-safety/settings/hospital/fall-prevention/toolkit/stratify-scale.html).