**Balance and Fall Risk Outcome Measures for Patients 65 years or Older in the Outpatient Setting**

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Falls are the most common cause of injuries and hospital admissions in older adults, and balance is a potentially modifiable factor known to contribute to falls. Occurrence of falls in older adults contributes to increased morbidity and mortality, exponential healthcare costs, and decreased quality of life. Nearly 1/3 of all adults 65 years and older fall annually due to numerous intrinsic and extrinsic factors including neuromuscular impairments, functional mobility deficits, lower extremity muscle weakness, medication side effects, and environmental obstacles. Fall incidents are the leading cause of unintentional death and are the most common mechanism for fractures and traumatic brain injuries for patients 65 years and older.1-2 Choosing proper tests and measures is a critical part of balance and fall risk assessment. Due to the large amount of outcome measures that have been developed to evaluate balance and predict fall risk, selecting the optimal outcome measure is challenging.3

A significant number of fall risk assessment tools have been identified as having good reliability and good validity for identifying fall potential with community dwelling older adults. Park (2018) performed a systemic review and meta-analysis on diagnostic studies through June 2016 to assess which of these tools best predicts the risk of falls in the elderly. Results suggested that two assessment tools used in combination, as opposed to a single assessment tool, maximizes the characteristics and predictability of each test. Furthermore, it was concluded that for assessing the risk of falls among community dwelling older adults, the Timed Up and Go (TUG) test and the Berg Balance Scale (BBS) should be used in combination to increase diagnostic accuracy of the older adult’s fall risk.4

Lusardi, et al (2017) also performed a systemic review and meta-analysis using posttest probability of the existing literature to assist clinicians with selecting the best diagnostic tool(s) to examine an older adult’s risk of falling. They concluded that the Berg Balance Scale score (≤50 points), Timed Up and Go times (≥12 seconds), and 5 times sit-to-stand times (≥12 seconds) are currently the most evidence-supported functional measures to determine the risk of future falls for community-dwelling older adults.5

A study by McDowell, et al (2020) was designed to explore physical therapists’ and physical therapist assistants’ utilization of evidence-based outcome measures to screen and assess for balance and fall risk in adults 65 years and older within the outpatient physical therapy setting by use of a survey. Numerous representatives for this population, including the American Geriatric Society (AGS), American Physical Therapy Association (APTA), Academy of Neurologic Physical Therapy (ANPT), Academy of Geriatric Physical Therapy (AGPT), and the Centers for Disease Control and Prevention (CDC), states that all individuals over the age of 65 years should be screened for risk of falling, regardless of their condition or diagnosis.6-8  A total of 574 survey responses were recorded, with 205 participants meeting the inclusion criteria for this study. Of the 205 responses, 185 (90.24%) were licensed physical therapists and 20 (9.76%) were licensed physical therapy assistants. Of the 205 participants, 51.71% reported that at least 50% of their caseloads involved patients who are 65 years or older. Only 66.83% of participants reported that they screen balance and fall risk on all patients age 65 years and older, regardless of their diagnosis or condition. The Timed Up and Go (TUG), Berg Balance Scale (BBS), and 5 times sit-to-stand (FTSTS) test were the three most frequently utilized measures, with rates of 86.57%, 68.16%, and 64.18%, respectively. It was noted that there was a significant positive relationship found between years of practice and whether or not patients were screened for balance and fall risk regardless of diagnosis or condition.9

As healthcare professionals, it is in our patients’ best interests to recognize that it is essential that utilization of balance and fall risk outcome measures are incorporated into our practice to improve the standard of care when treating adults 65 years and older in order to improve overall health outcomes for the geriatric population.

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