



Service Priorities and Programmes
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**Prevention is better than cure-Use of Elderly Fall Screening Test in Out-patient
Physiotherapy Department**

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Introduction

Fall is common in elderly which often results in hospitalization, disabilities and even death. As per Hospital Authority Statistical Report in 2015, there were 35,521 numbers of inpatient discharges and deaths related to fall. While most patients referred for physiotherapy neurological rehabilitation has various disabilities, for example, muscle weakness, balance and coordination impairment and unsteady gait. The occupied treatment area could be one of the factors leading to fall incidents within the department. Instead of providing treatment after fall, prevention is better than cure. Therefore, Elderly Fall Screening Test (EFST) in out-patient physiotherapy department (OPD) is introduced as a proactive measure to identify high risk patients and prevent falls in 2017.

Objectives

(1)Stratify high fall risk patients using EFST

(2)Reduce fall incidents in OPD

Methodology

EFST, includes 3 subjective items (self-report fall history) and 2 objective items (observation on gait pattern and measurement on gait speed), is used by physiotherapists at initial assessment. Patients with score \geq 2 were stratified as high fall risk and a tag was used for easy identification. Patients and relatives were given brief introduction on environment in first attendance. Relatives were engaged to participate in rehabilitation. Staffs were alert and would provide close supervision to this group during therapy sessions. Training was provided to patient care assistants on preventing and managing fall incidents. Environmental screening and enhancement was done by relocating the equipment, setting up priority seats and designated wheelchair parking zones in waiting areas. Number of falls within OPD is captured in 2017.

Result

There were 1,211 attendances in neurological rehabilitation from January to December 2017. Medical diagnosis includes Parkinson's Disease, stroke, lower limbs weakness and multiple sclerosis. 403 patients (female:191; male:212, 19.53% in each session) were identified as high fall risk with the average age of 71.26. Their modified functional ambulation categories (MFAC) were ranged 3-7 (dependent walker–outdoor walker). Since the introduction of EFST, no fall incident was reported. Physiotherapists had better communication between staff and found that EFST is easy to administer.