





Geriatric Fast Facts

Topic: After The Fall

After a **Fall**, it's important to clarify the cause. It can be useful to let the **fitness** or **frailty** of the older patient guide your approach.

<p><u>Fit Elderly</u></p> <ul style="list-style-type: none"> -Physically active -Minimal significant PMHX -No need for mobility aid -No history of falls 	<p><u>Frail Elderly</u></p> <ul style="list-style-type: none"> -More sedentary -Extensive PMHX -Likely uses a mobility aid -Often history of previous falls 
<p><u>Why Did They Fall?</u></p> <ul style="list-style-type: none"> -Mechanical (tripped) -Sudden presyncope/syncope, vertigo or ataxia 	<p><u>Why Did They Fall?</u></p> <ul style="list-style-type: none"> -Multifactorial and often complex (see previous Fast Facts) -May be related to: <ul style="list-style-type: none"> <i>Impaired Input</i> (vision, vestibular input, sensation, proprioception); <i>Impaired Cognitive Processing</i> (delirium, dementia, drugs); <i>Impaired Output</i> (poor foot care, deconditioned muscles)
<p><u>Approach</u></p> <ul style="list-style-type: none"> -True mechanical falls only require assessment of injuries -Suspicion of an acute medical event warrants a workup to r/o underlying pathology -Central vertigo symptoms may warrant CT 	<p><u>Approach</u></p> <ul style="list-style-type: none"> -Efforts should be directed at optimizing the physiological systems (see above) required for safe ambulation -PT/OT assessment of balance, gait, and transfers (ED or at home) -Consider osteoporotic treatment