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A Brief Examination of Starkey's Balance Assessment Tool

Justin R. Burwinkel, Au.D.

Senior Research Audiologist



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Learner Outcomes

- ① Identify the CDC STEADI protocol components
- ② Identify where to find the Balance Assessment tool within My Starkey
- ③ Discuss different patient populations that could benefit from the Balance Assessment tool

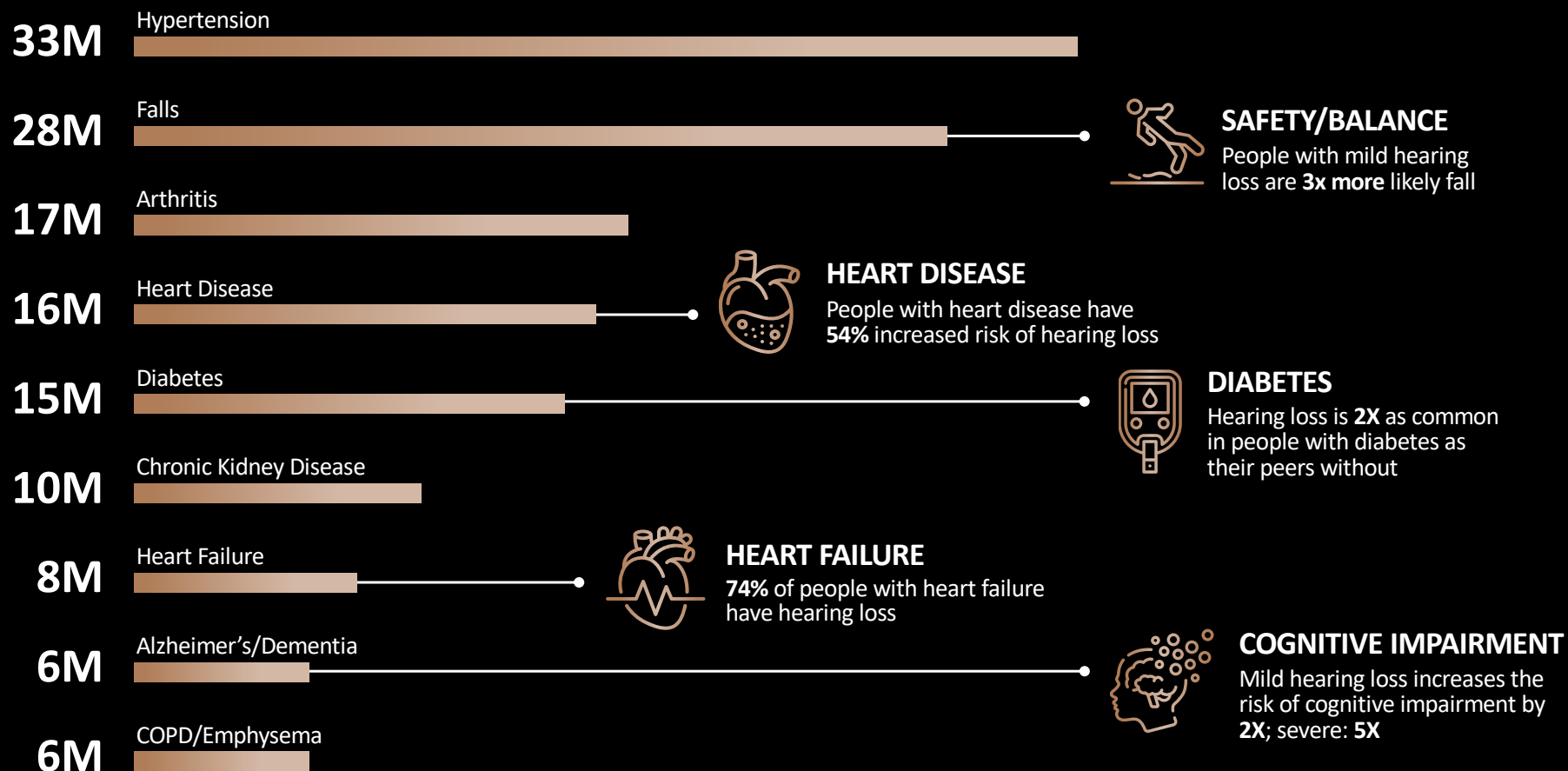
A Brief Examination of Starkey's Balance Assessment Tool

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Hearing loss is **CORRELATED** with most common chronic conditions





“Hearing loss may decrease older adults’ **participation in social activities** and increase the likelihood of developing **depression and anxiety**”

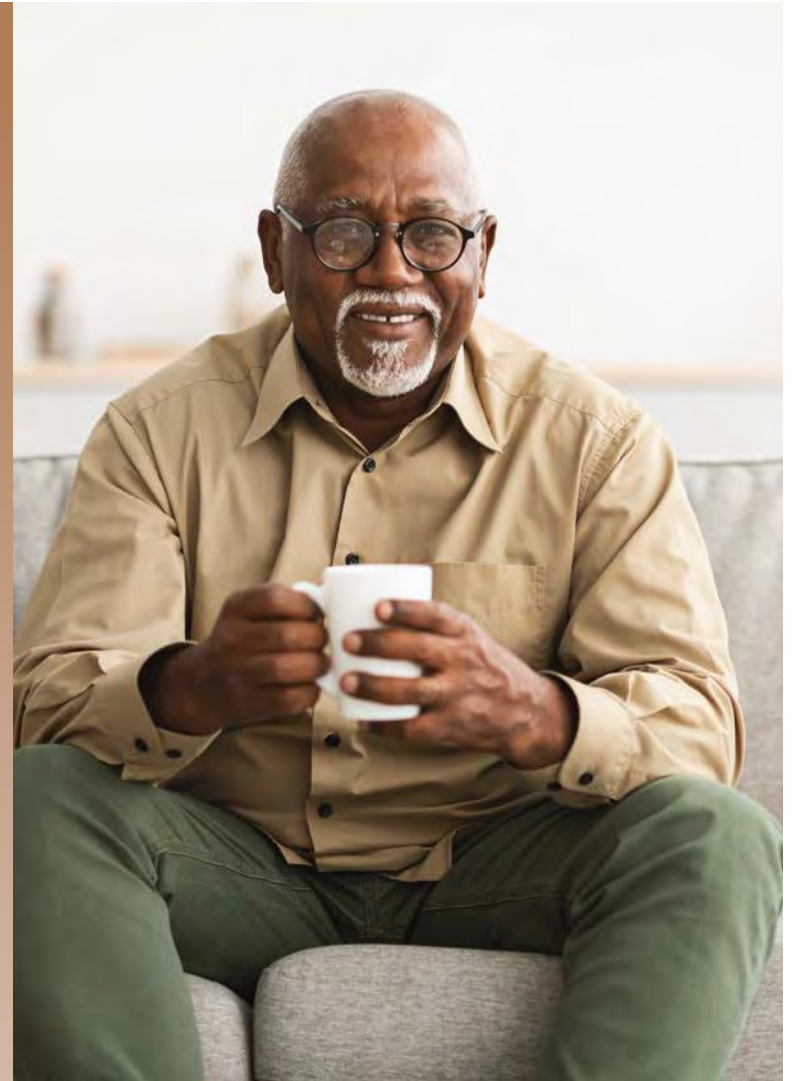
This in turn may **affect cognition, reduce physical activity and competence, and increase risk of falls**”

Agmon M, Lavie L, Doumas M. The Association between Hearing Loss, Postural Control, and Mobility in Older Adults: A Systematic Review. *Journal of the American Academy of Audiology*, 2017; 28(6),575–588.

For every 10 dB increase
in hearing loss, people spend

8.5 minutes
more per day being sedentary

Kuo, P.-L., Di, J., Ferrucci, L., & Lin, F. R. (2021). Analysis of Hearing Loss and Physical Activity Among US Adults Aged 60-69 Years. JAMA Network Open, 4(4), e215484. <https://doi.org/10.1001/jamanetworkopen.2021.5484>





**Adults 60+ spend 80%
of life *sitting down***

Sedentary lifestyle is a risk for
falls due to impact on muscle
function and mobility

Harvey JA, Chastin SFM, Skelton, DA. How Sedentary Are Older People? A Systematic Review of the Amount of Sedentary Behavior. *Journal of Aging and Physical Activity*, 2015; 23(3),471–487.
<https://doi.org/10.1123/japa.2014-0164>.



**30+
minutes**

of physical activity per day
at age 65 *can reduce*
35-40% of falls when older

Paganini-Hill A, Greenia DE, Perry S, et al. Lower likelihood of falling at age 90+ is associated with daily exercise a quarter of a century earlier: The 90+ Study. *Age and Ageing*, 2017;46(6),951–957.
<https://doi.org/10.1093/ageing/afx039>.



“With **the audiologist’s** regular contact with older individuals and their graduate training of the vestibular and balance system, their **importance** in the early identification of fall risk **is undeniable**”

van Rie, K. J., Kanji, A., & Naudé, A. (2022). Professional Guidelines and Reported Practice of Audiologists Performing Fall Risk Assessment With Older Adults: A Systematic Review. *American Journal of Audiology*, 31(1), 243–260. https://doi.org/10.1044/2021_AJA-21-00148

TIME CONSTRAINTS.

LACK OF PRACTICE STANDARDS.

REIMBURSEMENT?

SCOPE OF PRACTICE?

VESTIBULAR.

REFERRALS?

LIABILITY?

INADEQUATE TRAINING.

Reasons Patients Don't Talk to Their Doctor

Belief that falls are a
normal part of aging

That reporting a fall may lead
to **loss of independence**

Not aware of
common fall risk factors

Stevens JA, Ballesteros MF, Mack KA, Rudd RA, DeCaro E, Adler G. Gender Differences in Seeking Care for Falls in the Aged Medicare Population. *Am J Prev Med* 2012;43(1):59-62. DOI: 10.1016/j.amepre.2012.03.008

Stevens JA, Noonan RK, Rubenstein LZ. Older Adult Fall Prevention: Perceptions, Beliefs and Behaviors. *Am J Lifestyle Med* 2010;1:16-20. DOI: 10.1177/1559827609348350

Haddad YK, Karani MV, Bergen G, Marcum ZA. Willingness to Change Medications Linked to Increased Fall Risk: A Comparison between Age Groups. *J Am Geriatr Soc* 2019;67(3):527-533. DOI: 10.1111/jgs.15696

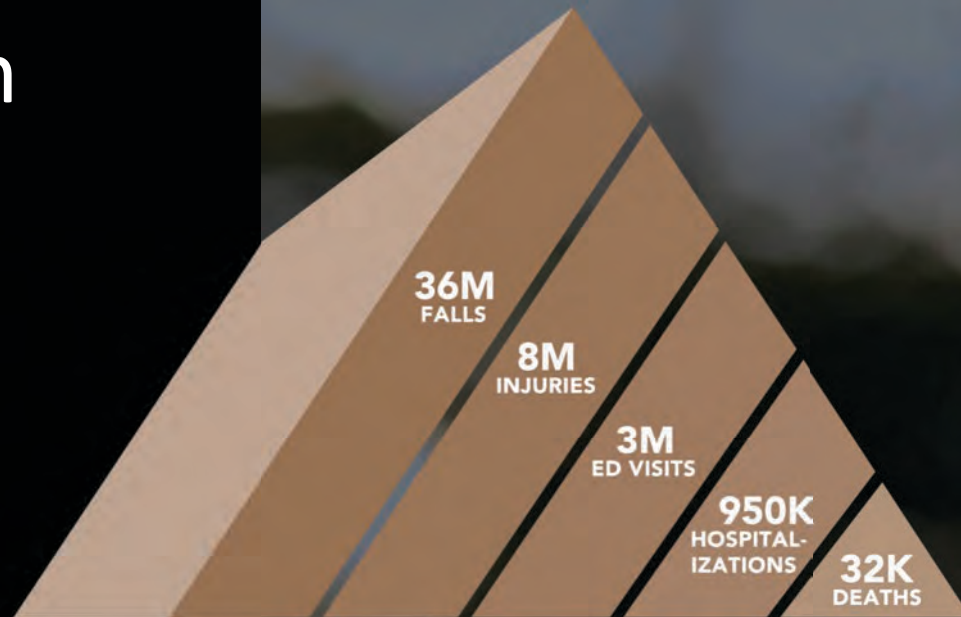


***Falls might not be
a priority for patients***

Less than half of older adults who
fall, talk to their doctor about falls

Falls are Common

Every second
an older adult falls



Data sources: National Vital Statistics System, National Electronic Injury Surveillance System—All Injury Program, and Behavioral Risk Factor Surveillance System.

CDC. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. [cited 2020 July 10]. Available from URL: www.cdc.gov/injury/wisqars. Atlanta, GA: National Center for Injury Prevention and Control.

Moreland B, Kakara R, Henry A. Trends in Nonfatal Falls and Fall-Related Injuries Among Adults Aged ≥65 years—United States, 2012–2018. *MMWR Morb Mortal Wkly Rep* 2020;69(27):875–881. DOI: <http://dx.doi.org/10.15585/mmwr.mm6927a5>

Falls Are Preventable

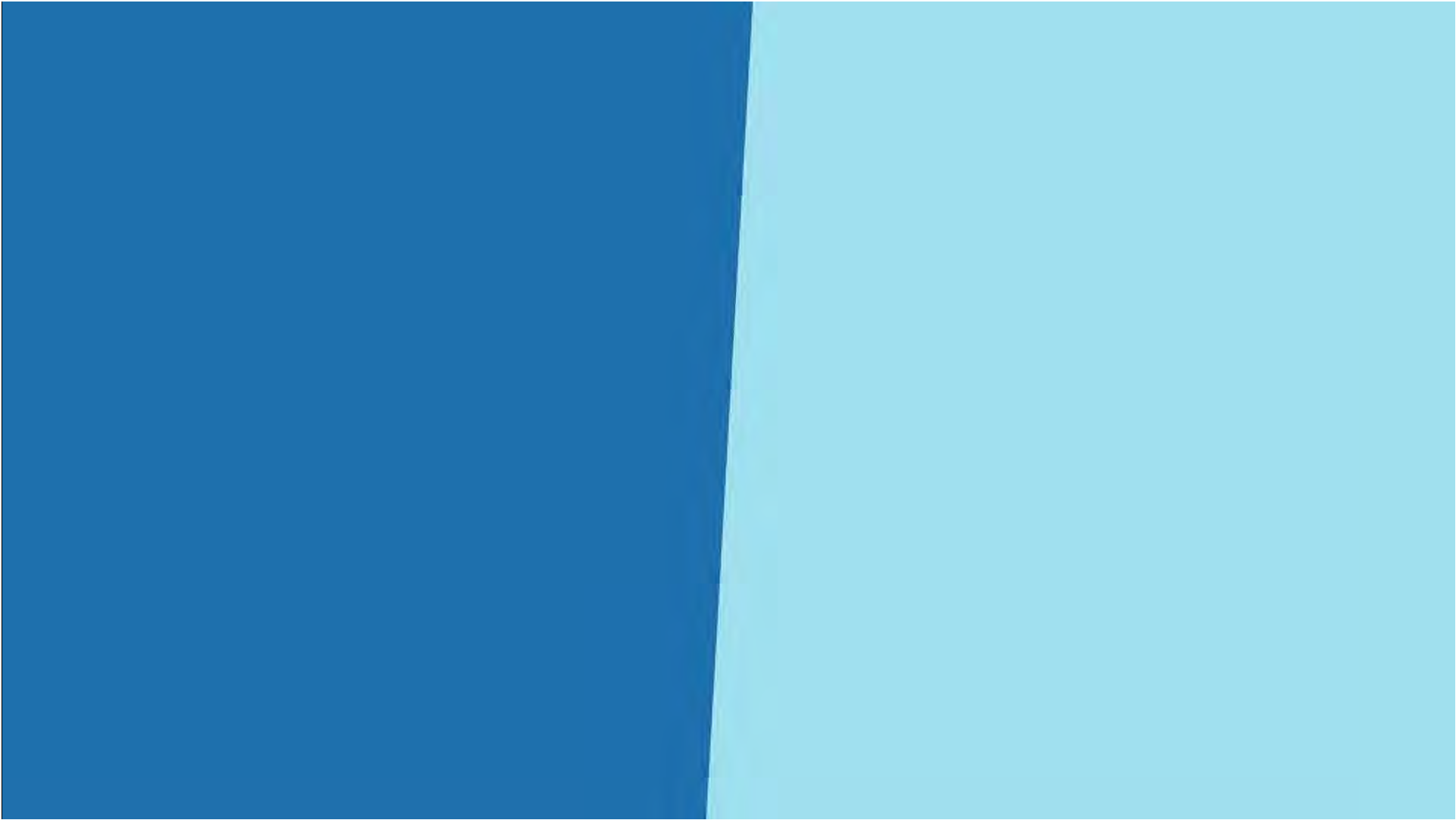


STEADI Stopping Elderly
Accidents, Deaths & Injuries

The **Stopping Elderly Accidents, Deaths, and Injuries (STEADI)** initiative was developed by the U.S. Centers for Disease Control and Prevention (CDC)

STEADI is based on the American and British Geriatrics Societies' Clinical Practice Guideline for Prevention of Falls in Older Persons and designed with input from healthcare providers

STEADI offers tools and resources to help healthcare providers **Screen, Assess, and Intervene** to reduce fall risk



Common Fall Risk Factors

Fall risk increases as the number of risk factors increases

Modifiable Risk Factors

Gait, strength, and balance deficits

Medication side effects

Home hazards

Orthostatic hypotension

Vision problems

Foot issues/inappropriate footwear

Vitamin D deficiency

Comorbidities

Non-modifiable Risk Factors

Age

Sex

Race/ethnicity

History of falls

Moreland B, Kakara R, Henry A. Trends in Nonfatal Falls and Fall-Related Injuries Among Adults Aged ≥65 years—United States, 2012–2018. MMWR Morb Mortal Wkly Rep 2020;69(27):875–881. DOI: [10.15585/mmwr.mm6927a5](https://doi.org/10.15585/mmwr.mm6927a5)

Ambrose AE, Paul G, Haudorff JM. Risk Factors for Falls Among Older Adults: A Review of the Literature. Maturitas 2013;75:51–61. DOI: [10.1016/j.maturitas.2013.02.009](https://doi.org/10.1016/j.maturitas.2013.02.009)

Tinetti ME, Speechley M, Ginter SF. Risk Factors for Falls Among Elderly Persons Living in the Community. New Engl J Med 1988;319(26):1701–7. DOI: [10.1056/NEJM198812293192604](https://doi.org/10.1056/NEJM198812293192604)

Burns E, Kakara R. Deaths from Falls Among Persons Aged ≥65 Years—United States, 2007–2016. MMWR Morb Mortal Wkly Rep 2018;67:509–514. DOI: [10.15585/mmwr.mm6718a1](https://doi.org/10.15585/mmwr.mm6718a1)

Signs of Potential Falls Risk



Frailty



Shuffling of feet or short strides



Slowed walking speed



Reliance on using hands when getting out of a chair



Easily fatigued or winded



Reaching out to furniture or walls for stability or confidence when walking



Use of walking aids, including relying on a companion



Bruises or other injuries

Check Your Risk for Falling

Circle "Yes" or "No" for each statement below			Why it matters
Yes (2)	No (0)	I have fallen in the past year.	People who have fallen once are likely to fall again.
Yes (2)	No (0)	I use or have been advised to use a cane or walker to get around safely.	People who have been advised to use a cane or walker may already be more likely to fall.
Yes (1)	No (0)	Sometimes I feel unsteady when I am walking.	Unsteadiness or needing support while walking are signs of poor balance.
Yes (1)	No (0)	I steady myself by holding onto furniture when walking at home.	This is also a sign of poor balance.
Yes (1)	No (0)	I am worried about falling.	People who are worried about falling are more likely to fall.
Yes (1)	No (0)	I need to push with my hands to stand up from a chair.	This is a sign of weak leg muscles, a major reason for falling.
Yes (1)	No (0)	I have some trouble stepping up onto a curb.	This is also a sign of weak leg muscles.
Yes (1)	No (0)	I often have to rush to the toilet.	Rushing to the bathroom, especially at night, increases your chance of falling.
Yes (1)	No (0)	I have lost some feeling in my feet.	Numbness in your feet can cause stumbles and lead to falls.
Yes (1)	No (0)	I take medicine that sometimes makes me feel light-headed or more tired than usual.	Side effects from medicines can sometimes increase your chance of falling.
Yes (1)	No (0)	I take medicine to help me sleep or improve my mood.	These medicines can sometimes increase your chance of falling.
Yes (1)	No (0)	I often feel sad or depressed.	Symptoms of depression, such as not feeling well or feeling slowed down, are linked to falls.
Total		Add up the number of points for each "yes" answer. If you scored 4 points or more, you may be at risk for falling. Discuss this brochure with your doctor.	

This checklist was developed by the Greater Los Angeles VA Geriatric Research Education Clinical Center and affiliates and is a validated fall risk self-assessment tool (Rubenstein et al. J Safety Res. 2011; 42(6):493-499). Adapted with permission of the authors.

Stay Independent
Learn more about fall prevention.



STEADI
Stopping Elderly Accidents,
Deaths & Injuries

Screening Tool *Stay Independent* Brochure

<https://www.cdc.gov/steady/pdf/steady-brochure-stayindependent-508.pdf>

Hearing Loss is an Independent Risk Factor for Falls

1.4X
INCREASE

Incidence of falls for every
10 dB of measured hearing
loss over preceding 12 months

LIN, et al.
2012

2,017 participants
Age 40-69 years

Cross-sectional study

Hearing
Audiometrically confirmed

Falls
Self-reported falls

2024

Burwink and Kao

<i>Stay Independent Question</i>	Sample (n)	Factor	z-value	p-value
"I have fallen in the past year."	193	Age	2.78	0.005
		Historical vertigo	2.05	0.041
"I use or have been advised to use a cane or walker to get around safely."	193	None	-	-
"Sometimes I feel unsteady when I'm walking."	194	Age	2.76	0.006
		Historical vertigo	2.14	0.032
"I steady myself by holding onto furniture when walking at home."	193	Outdoor Activities (Occasionally)	-1.99	0.047
		Outdoor Activities (Often)	-2.24	0.025
		Outdoor Activities (Very Often)	-2.06	0.039
"I am worried about falling."	192	Age	2.65	0.008
"I need to push with my hands to stand up from a chair."	191	Age	3.38	<0.001
		THI Score	2.11	0.035
		Outdoor Activities (Very Often)	-2.19	0.029
"I have some trouble stepping up onto a curb."	193	Better ear QuickSIN SNR	2.41	0.016
		Better ear WRS Score	2.42	0.015
		Outdoor Activities (Often)	-2.39	0.017
		Outdoor Activities (Very Often)	-2.62	0.009
"I often have to rush to the toilet."	191	Better ear QuickSIN SNR	-2.68	0.007
		Age	2.85	0.004
		Historical vertigo	1.65	0.099
"I have lost some feeling in my feet."	194	None	-	-
"I take medicine that sometimes makes me feel light-headed or more tired than usual."	193	Age	2.82	0.005
		Outdoor Activities (Often)	-2.20	0.028
"I take medicine to help me sleep or improve my mood."	192	THI Score	2.27	0.023
		Outdoor Activities (Occasionally)	-2.27	0.023
"I often feel sad or depressed."	192	Age	2.22	0.026
		THI Score	4.45	<0.001

Table 1. Summary of significant predictors of responses to the CDC's *Stay Independent* brochure's questions.

Data Collection and Analysis

Falls risk screening and audiologic data were collected from 378 community-dwelling adults (aged 19.9 to 90.7 years, mean age 69.6 years)

A stepwise linear regression identified audiological factors explaining variance in *Stay Independent* scores

A multiple logistic regression assessed the predictive value of these variables for specific responses to each *Stay Independent* question

Assessments

Pure-tone audiometry, unaided speech recognition tests in quiet and noise

Tinnitus Handicap Inventory (THI)

Montreal Cognitive Assessment (MoCA)

Lifestyle inquiries and case histories

Stay Independent brochure's 12-item questionnaire

STEADI Assessment

The CDC provides a list of common assessments to identify modifiable fall risk factors in at-risk patients:

Evaluate gait, strength, and balance

Identify medications that increase fall risk

Ask about potential home hazards

Measure orthostatic blood pressure

Check visual acuity

Assess feet and footwear

Assess vitamin D intake

Identify comorbidities



AGS/BGS. Summary of the Updated American Geriatrics Society/British Geriatrics Society Clinical Practice Guideline for Prevention of Falls in Older Persons. J Am Geriatr Soc 2011;59(1):148-57. DOI: [10.1111/j.1532-5415.2010.03234.x](https://doi.org/10.1111/j.1532-5415.2010.03234.x)

CDC. Algorithm for Fall Risk Screening, Assessment, and Intervention [online]. [cited 2021 January 19]. Available from URL: www.cdc.gov/steadi/pdf/STEADI-Algorithm-508.pdf. Atlanta, GA: Centers for Disease Control and Prevention.



Exclusive to Edge AI Balance Assessment



Gain an awareness of
your balance with this
self-guided evaluation

Why Offer Balance Assessment?

Balance Assessment is a tool for promoting wellness for all ages and is great for:



Someone who has some early concerns but are not yet ready to see a professional about it

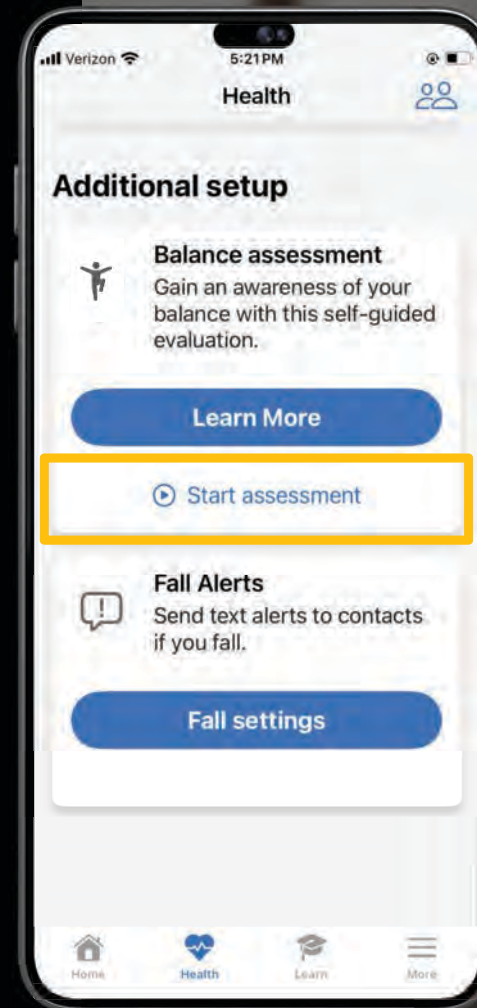


Someone who has already seen a professional and may want to periodically reassess themselves

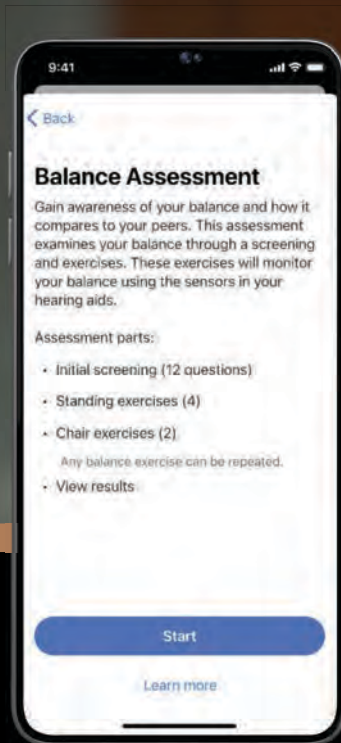
Balance Assessment

During the assessment, the user receives on-screen and voice instructions

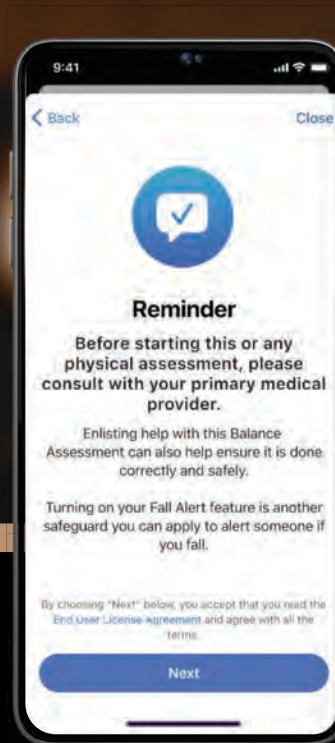
The user can exit, repeat or skip any exercise



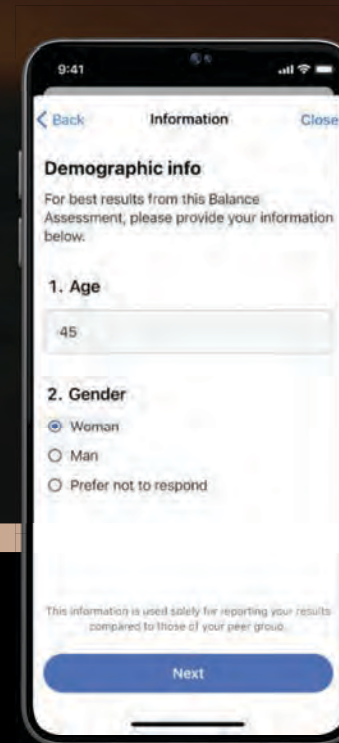
Onboarding



Overview



Safety Reminders



Collect Demographic Info

Part 1

Fall Risk Screening

Validated
self-assessment tool

12 Yes/No questions to
assess balance concerns

Check Your Risk for Falling

Circle "Yes" or "No" for each statement below			Why it matters
Yes (2)	No (0)	I have fallen in the past year.	People who have fallen once are likely to fall again.
Yes (2)	No (0)	I use or have been advised to use a cane or walker to get around safely.	People who have been advised to use a cane or walker may already be more likely to fall.
Yes (1)	No (0)	Sometimes I feel unsteady when I am walking.	Unsteadiness or needing support while walking are signs of poor balance.
Yes (1)	No (0)	I steady myself by holding onto furniture when walking at home.	This is also a sign of poor balance.
Yes (1)	No (0)	I am worried about falling.	People who are worried about falling are more likely to fall.
Yes (1)	No (0)	I need to push with my hands to stand up from a chair.	This is a sign of weak leg muscles, a major reason for falling.
Yes (1)	No (0)	I have some trouble stepping up onto a curb.	This is also a sign of weak leg muscles.
Yes (1)	No (0)	I often have to rush to the toilet.	Rushing to the bathroom, especially at night, increases your chance of falling.
Yes (1)	No (0)	I have lost some feeling in my feet.	Numbness in your feet can cause stumbles and lead to falls.
Yes (1)	No (0)	I take medicine that sometimes makes me feel light-headed or more tired than usual.	Side effects from medicines can sometimes increase your chance of falling.
Yes (1)	No (0)	I take medicine to help me sleep or improve my mood.	These medicines can sometimes increase your chance of falling.
Yes (1)	No (0)	I often feel sad or depressed.	Symptoms of depression, such as not feeling well or feeling slowed down, are linked to falls.
Total		Add up the number of points for each "yes" answer. If you scored 4 points or more, you may be at risk for falling. Discuss this brochure with your doctor.	

To check your risk online,
visit: www.bit.ly/3c4RIW8

This checklist was developed by the Greater Los Angeles VA Geriatric Research Education Clinical Center and affiliates and is a validated fall risk self-assessment tool (Rubenstein et al. J Safety Res; 2011; 42(6):493-499). Adapted with permission of the authors.

Part 2

Balance Assessment

Balance Assessment includes exercises focused on three elements: somatosensory balance, functional lower body strength, and gait

4-Stage Balance Test → **4 Standing Exercises**

30-Second Chair Stand → **Chair Stand**

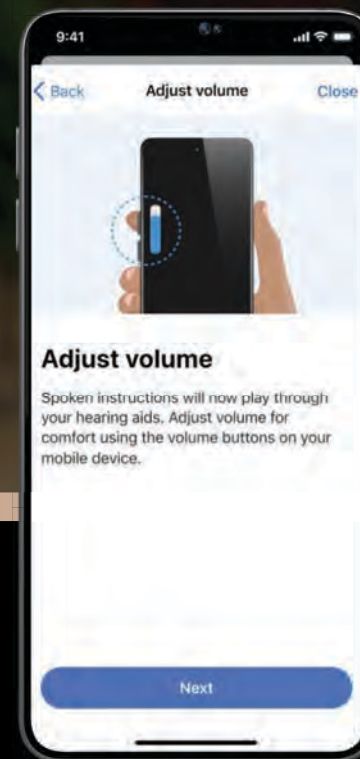
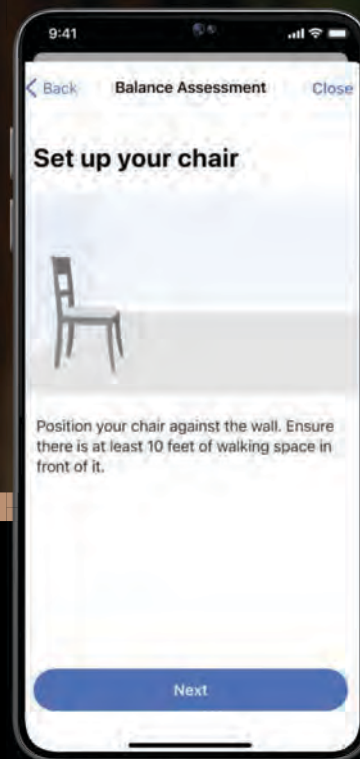
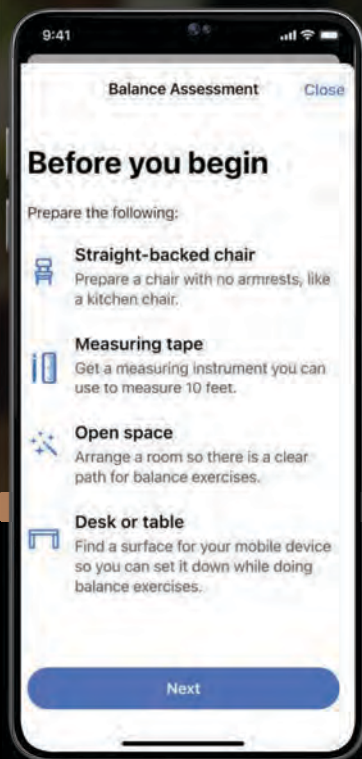
Timed Up & Go → **Timed Stand-Walk**



SCORING

Chair Stand Below Average Scores		
AGE	MEN	WOMEN
60-64	< 14	< 12
65-69	< 12	< 11
70-74	< 12	< 10
75-79	< 11	< 10
80-84	< 10	< 9
85-89	< 8	< 8
90-94	< 7	< 4

Balance Assessment Set Up



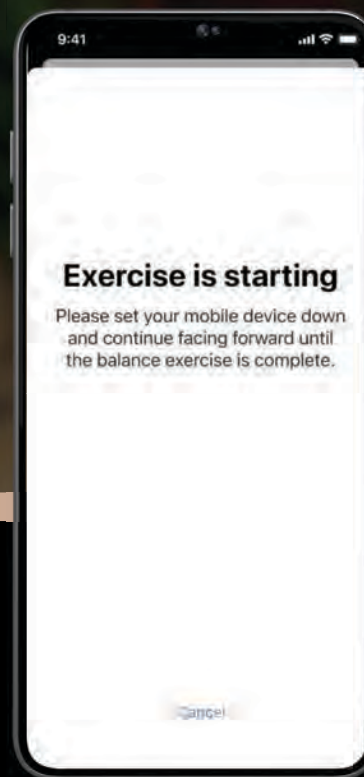
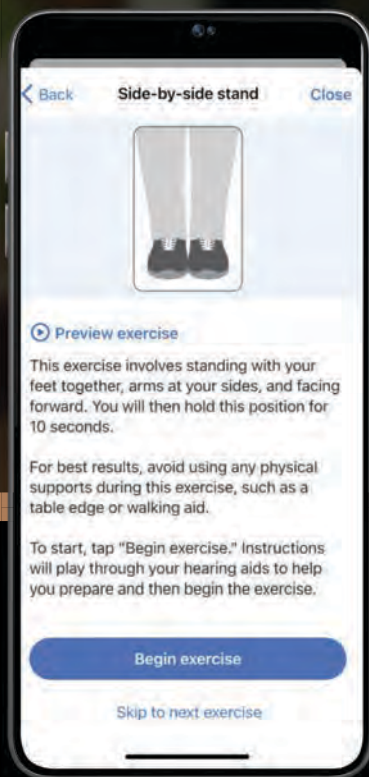
Standing Exercises

Tests to assess static balance

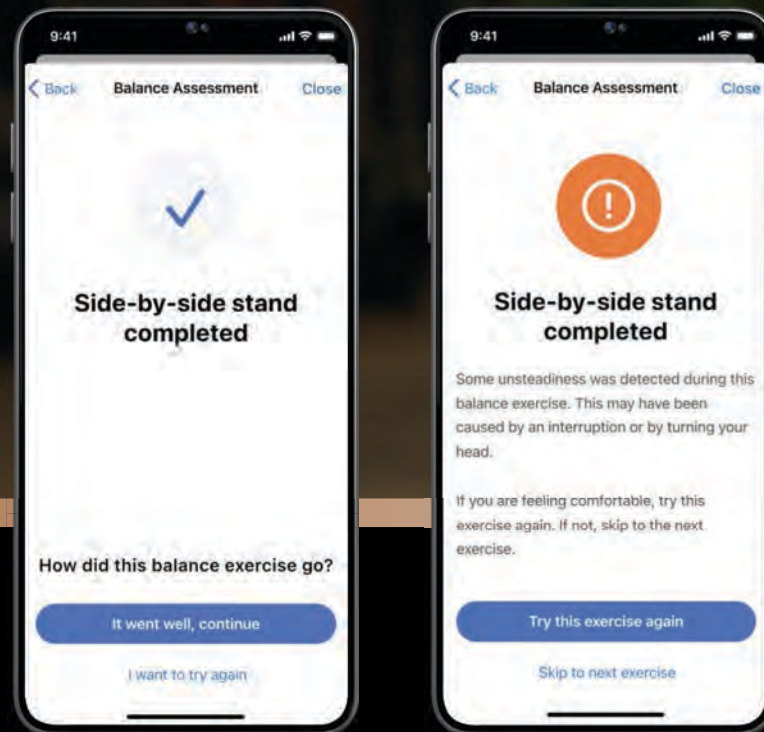
Exercises involve standing still for 10 seconds in different positions



Side by Side Stand

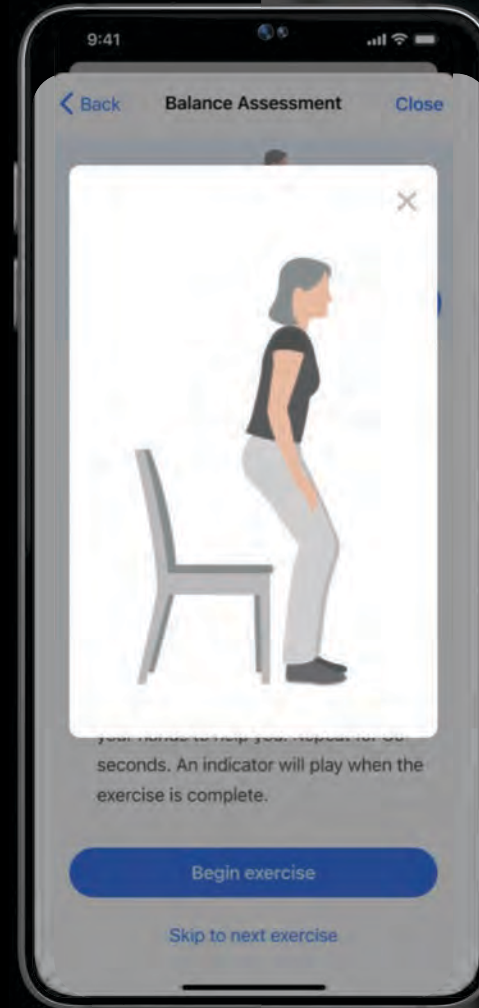


Side by Side Stand

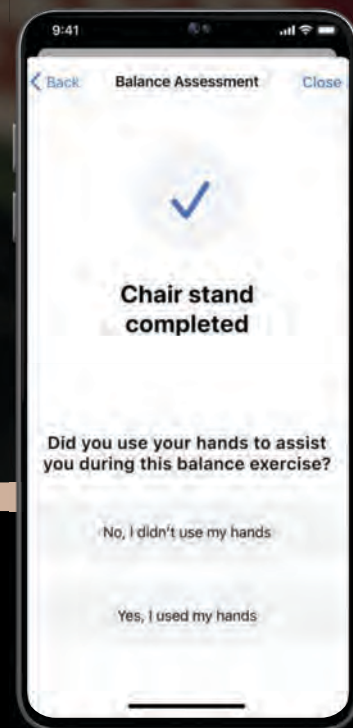
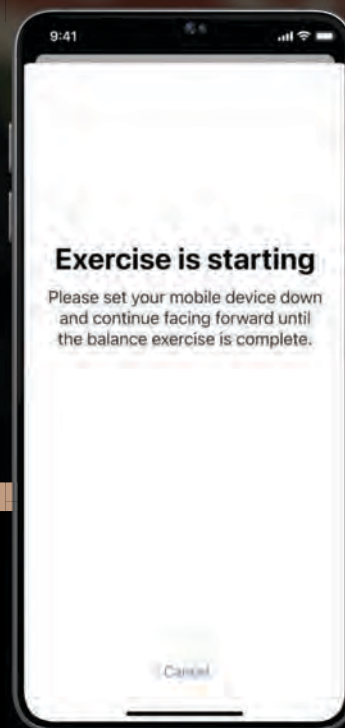
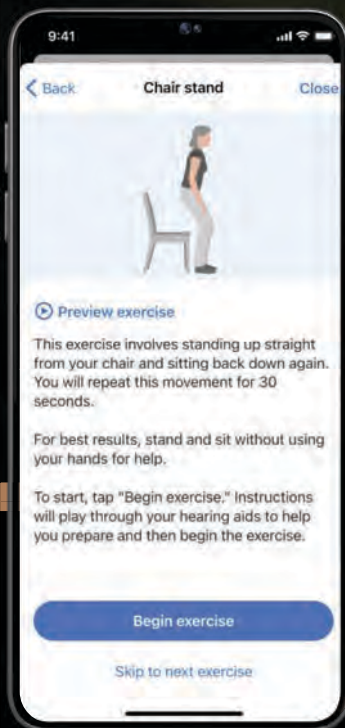


Chair Stand

Timed exercise to see how many times a user can stand from a seated position then return to sitting within 30 seconds

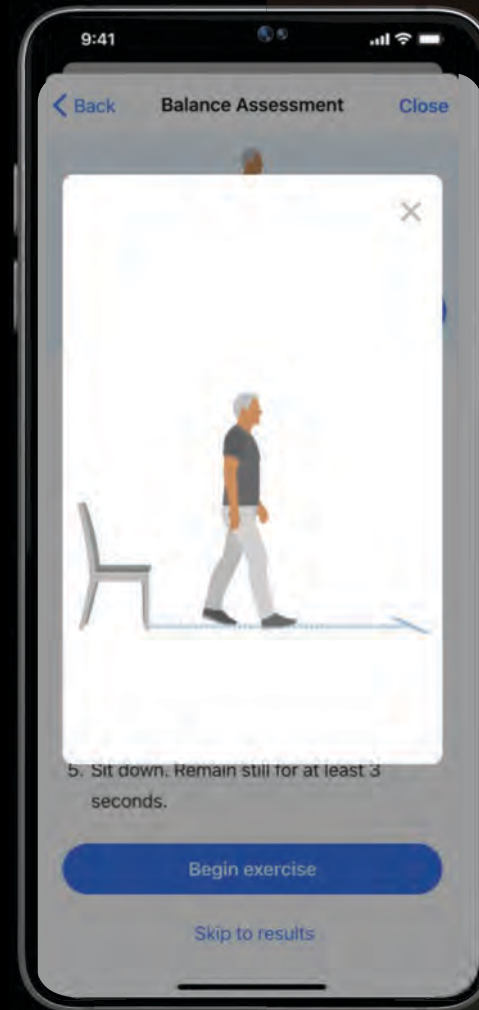


Chair Stand

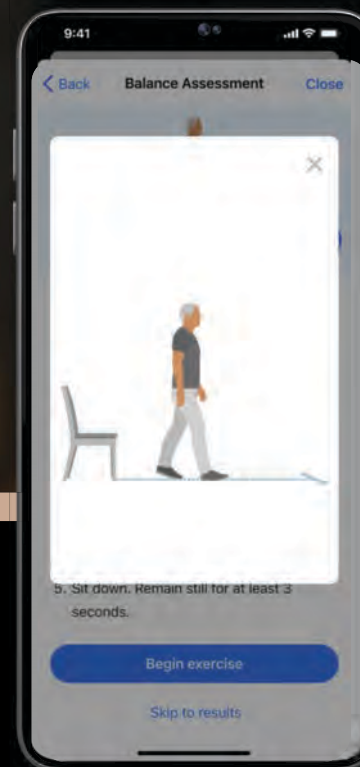
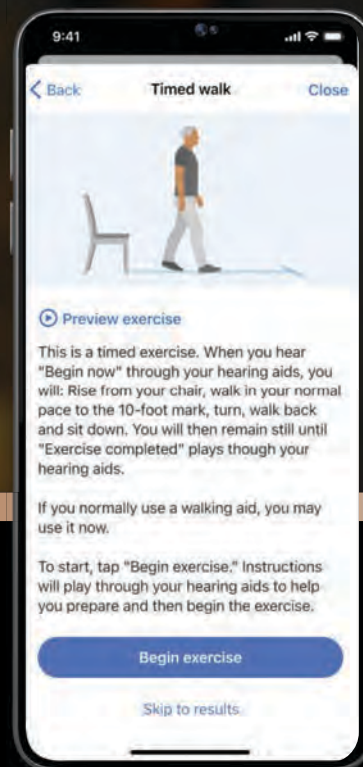
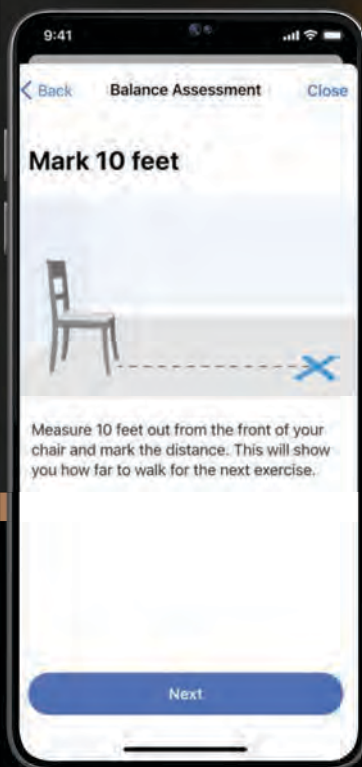


Timed Walk

User stands, walks 10 feet, turns, and returns to a seated position



Timed Walk



Results

Balance Assessment



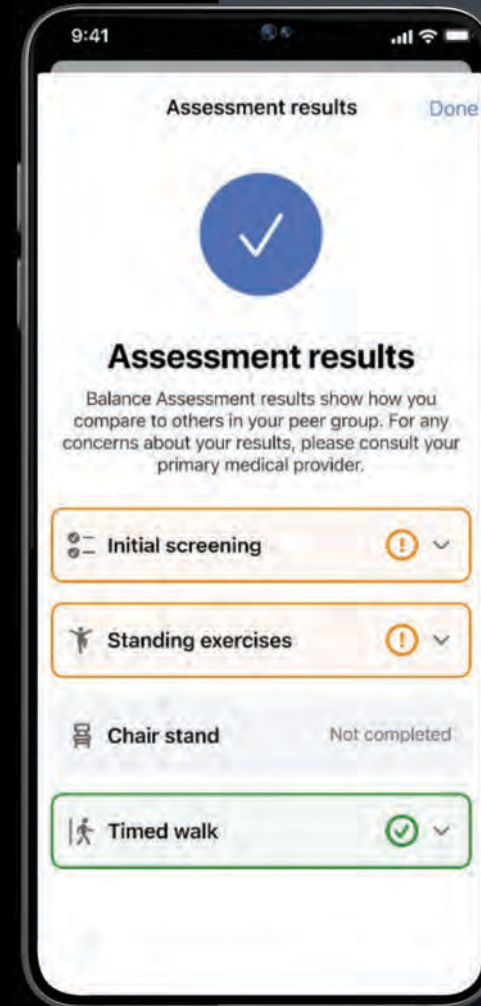
Balance concerns/Inconsistent with peer group



No balance concern/Consistent with peer group

Not completed

Section incomplete or skipped



Results

Balance Assessment



Standing exercises



Total successful: 4/4

These standing exercises were designed to help you assess your upright balance. To ensure a thorough assessment, the exercises gradually increased in intensity. Your score indicates that your upright balance is consistent with others in your peer group. Well done!

Moving during any of the first 3 exercises would have indicated that your upright balance is not consistent with your peers.

For help improving and maintaining your balance, you can practice the Balance and Stability exercises in the Learn section of this app. Before starting this or any exercise program, please consult with your primary medical provider.



Standing exercises



Total successful: 2/4

These standing exercises were designed to help you assess your upright balance. To ensure a thorough assessment, the exercises gradually increased in intensity. Your score indicates that your upright balance is not consistent with others in your peer group.

Remaining still during the first 3 exercises would have indicated that your upright balance is consistent with your peers.

For help improving and maintaining your balance, you can practice the Balance and Stability exercises in the Learn section of this app. Before starting this or any exercise program, please consult with your primary medical provider.



Chair stand



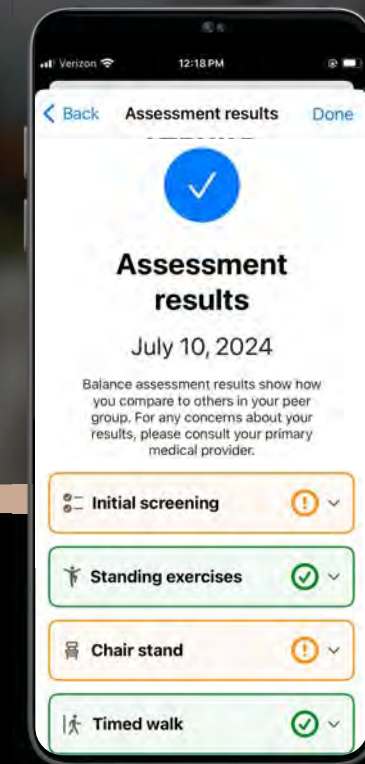
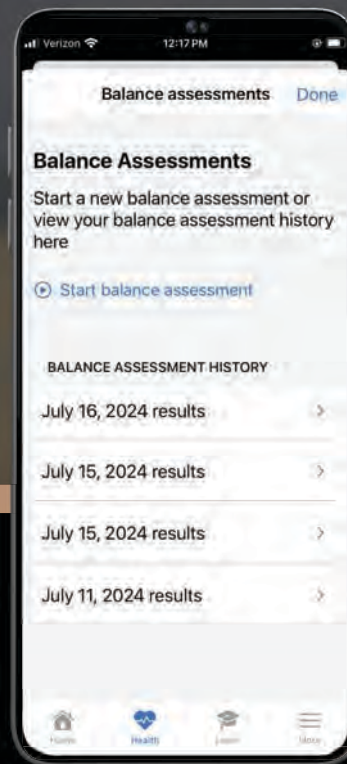
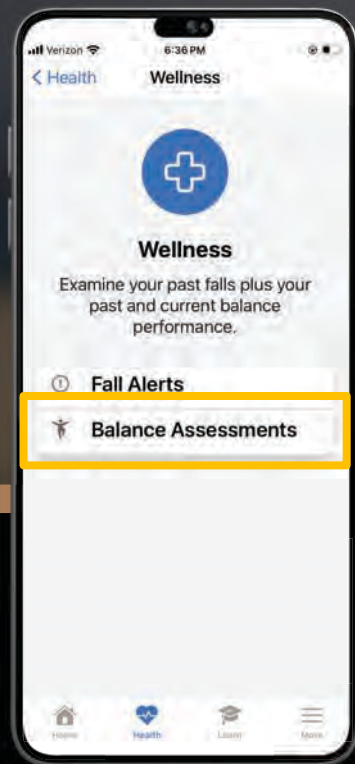
Total sit-stands: 11

This chair stand exercise was designed to help you assess your leg strength, which supports your balance. The number of repetitions you completed indicates that your leg strength is consistent with women but not consistent with men in your peer group. See how you directly compare to your peers below.

AGE	MEN	WOMEN
67	12 reps	10 reps

For help improving and maintaining your balance, you can practice the Balance and Stability exercises in the Learn section of this app. Before starting this or any exercise program, please consult with your primary medical provider.

Results History





Stanford
MEDICINE



Phase 1 Methods

Participants (n=250)
Aged 55-100 years (mean = 78yr)
Sex: 62.4% females, 37.6% males

→ CDC's Stopping Elderly Accidents,
Deaths, and Injuries (STEADI)

3 Observers

Left & Right
Hearing Aids

1

4-Stage Balance Test -> Balance

2

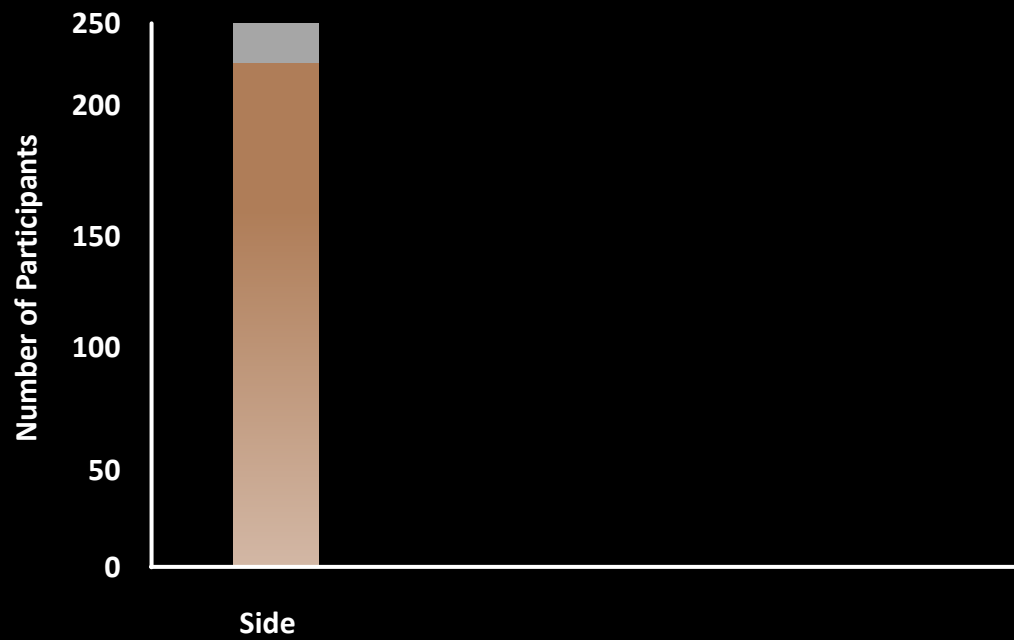
30-Second Chair Stand Test -> Strength

3

Timed Up & Go Test -> Functional Gait

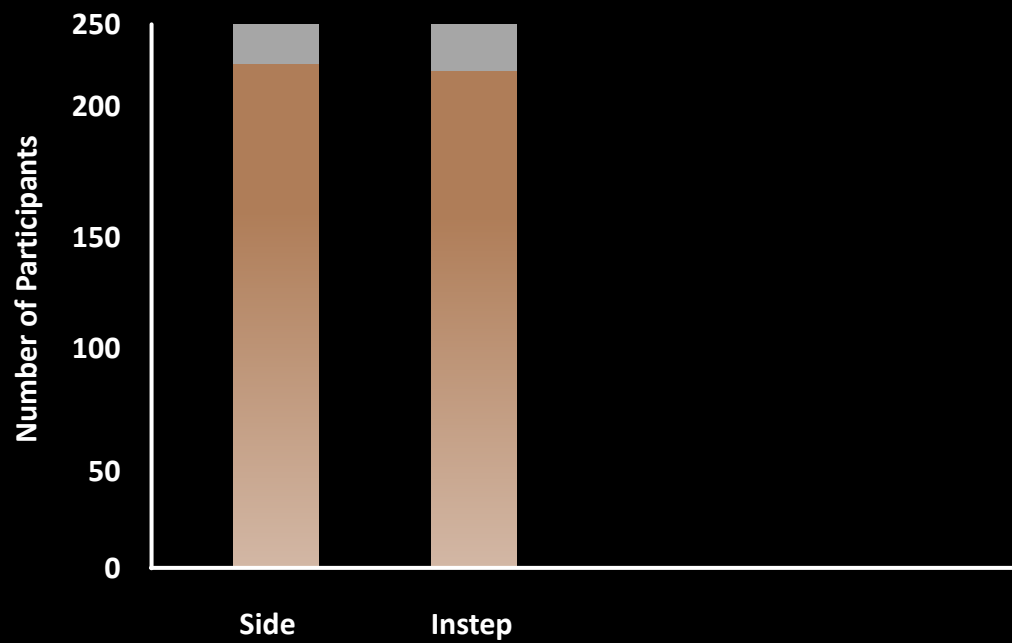


Observers and hearing aids had 93% scoring agreement for the side position



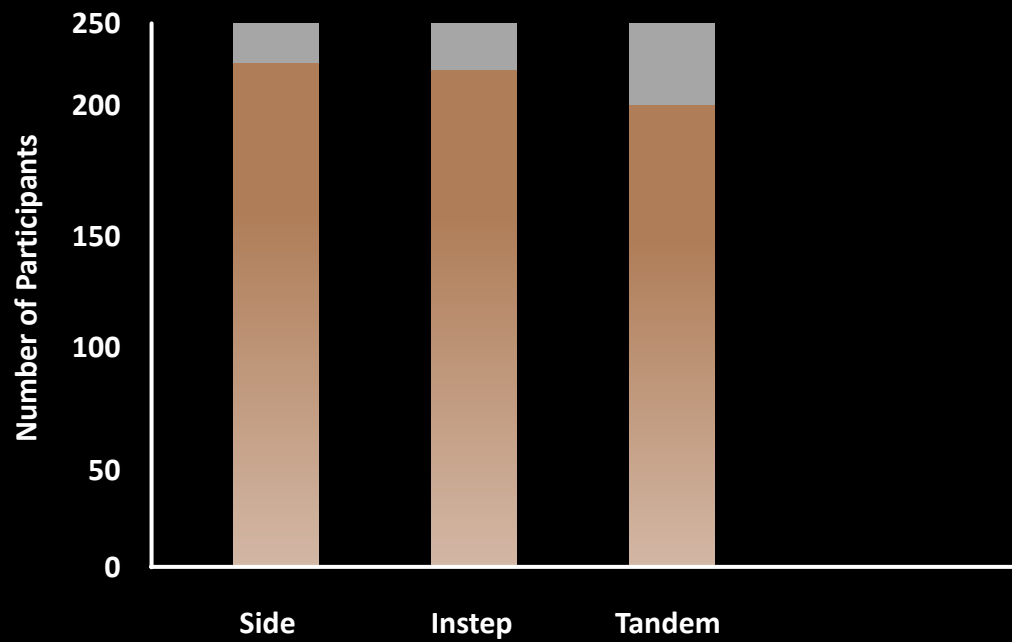


Observers and hearing aids had 91% scoring agreement for the instep position



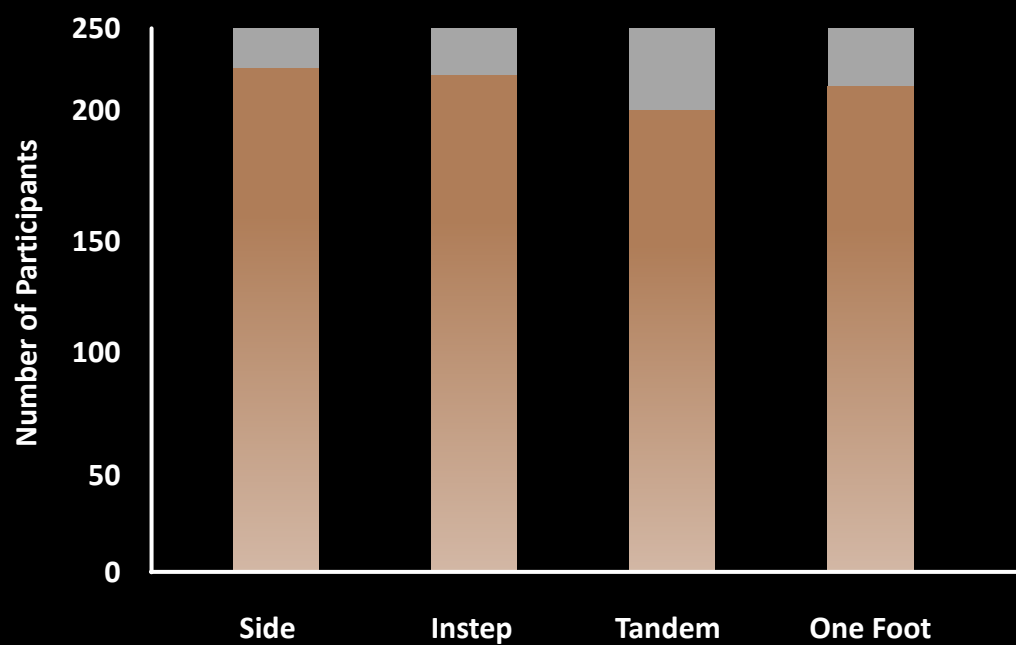


Observers and hearing aids had 86% scoring agreement for the tandem position

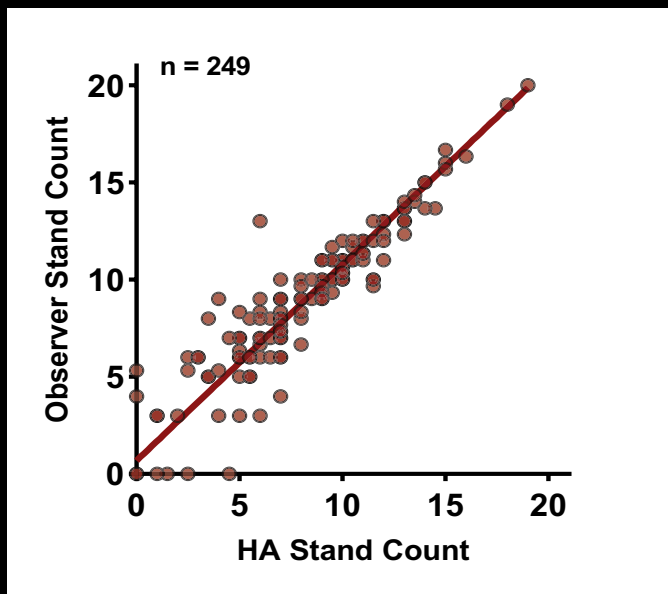




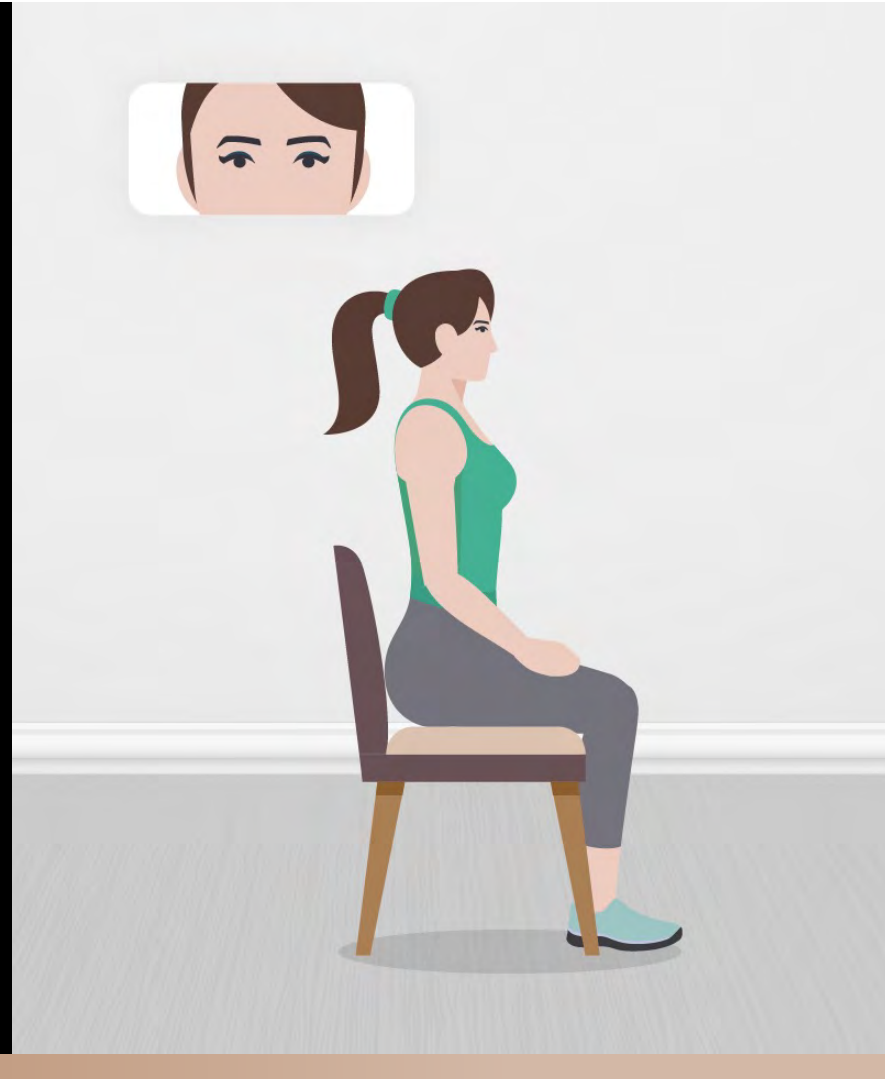
Observers and hearing aids had 90% scoring agreement for the one-foot position



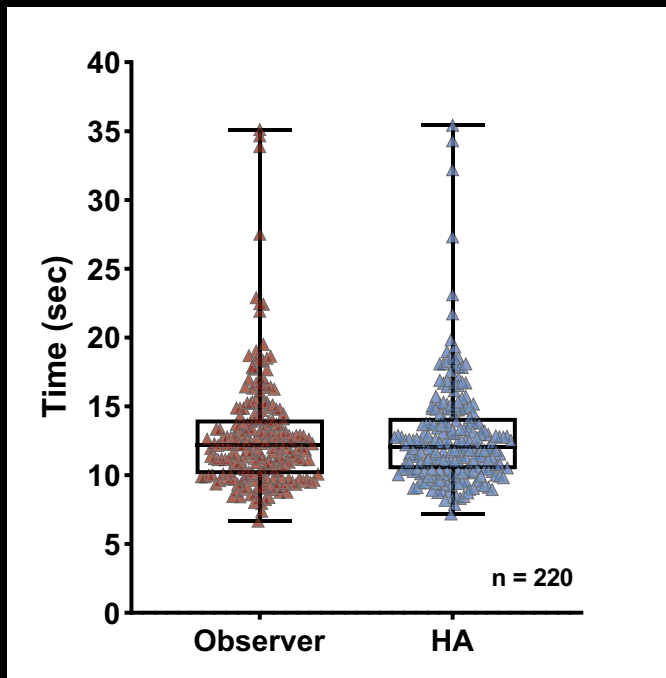
Strong relationship between HA and observer on 30 Second Chair Stand



$(R^2 = 0.93; P < 0.001)$



Mean duration was similar between
HA and observer on Timed Up & Go



No statistically significant difference

($t = 0.94$, $p > 0.05$)

Starkey's Final Field Validation

Development and Validation of Starkey's Balance Assessment Feature

Justin R. Burwinkel¹, Kristen K. Steenerson², Majd Srouf¹, Christy Cloninger², and Chris Howes²

Background

The relationship between hearing difficulties and increased fall risk is well-documented in the literature. One of the studies found that individuals who sought treatment in audiology clinics, specifically, were at a greater risk of falling than their age-matched peers (Cher & Howes, 2016). Lin & Ferruci (2012) also reported a significant association between the severity of hearing impairment and reports of falls, even when adjusting for demographic, cardiovascular, and vestibular balance function.

Fall risk is understood to be multifactorial, and numerous behavioral, physiological, and pathological mechanisms could underlie the reported association between hearing impairment and falls, including: comorbid vestibular, hearing, or cardiovascular pathology; genetic influences; decreased awareness of the auditory environment; divided attentional resources for locomotion and maintenance of postural balance; and frailty, which could be exacerbated by social isolation, depression, physical inactivity, and cognitive impairment (see Agmon et al. for a review).

Despite the well-established links between both advanced age and hearing impairment with fall risk, routine fall risk assessments are inconsistently performed in hearing clinics and other healthcare settings where older adults are commonly seen (Hawland et al., 2018; Patterson & Howes, 2016). Currently, the burden of fall risk screening is largely addressed by primary care providers or gerontologists during Medicare's Annual Wellness Visits (AWV).

However, these visits are underutilized within the healthcare system, with reportedly fewer than 1 in 5 older Americans receiving these not-cost services each year (Centers for Medicare & Medicaid Services, 2017). Given that hearing care professionals often see older patients who are at increased risk of falls, they are well-positioned to integrate fall risk screenings and assessments into their routine practices. These additional steps align with a more comprehensive approach to patient care and represent an opportunity to markedly improve patient outcomes, especially since fall risk assessments may not have been conducted with the patient elsewhere.

Moreover, a study scanning primary care providers (PCPs) revealed that while 96% of providers agree that all older adults should be assessed for fall risk, only 14% are familiar with the U.S. Centers for Disease Control and Prevention's (CDC) Stopping Elderly Accidents, Deaths & Injuries (STEADI) Toolkit, which provides a practical framework for effectively implementing the collaborative fall prevention guidelines published by the American Geriatrics Society (AGS) and the British Geriatrics Society (BGS) (Edworthy et al., 2017). In light of this challenge, there is a critical need for accessible tools that can help address gaps in fall risk management, particularly in settings where regular, comprehensive evaluations are not consistently performed.

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²Starkey University School of Medicine, Department of Otolaryngology/Head and Neck Surgery

Development and Validation of Starkey's Balance Assessment Feature

1

Objective

Evaluate usability and effectiveness in supervised vs. unsupervised environments

Participants

14 total, split into "Demo" (n=7) and "No Demo" (n=7) groups

Method

Clinician-led vs. app-only instructions
Assessed balance, chair stand, TUG, and Stay Independent Scores

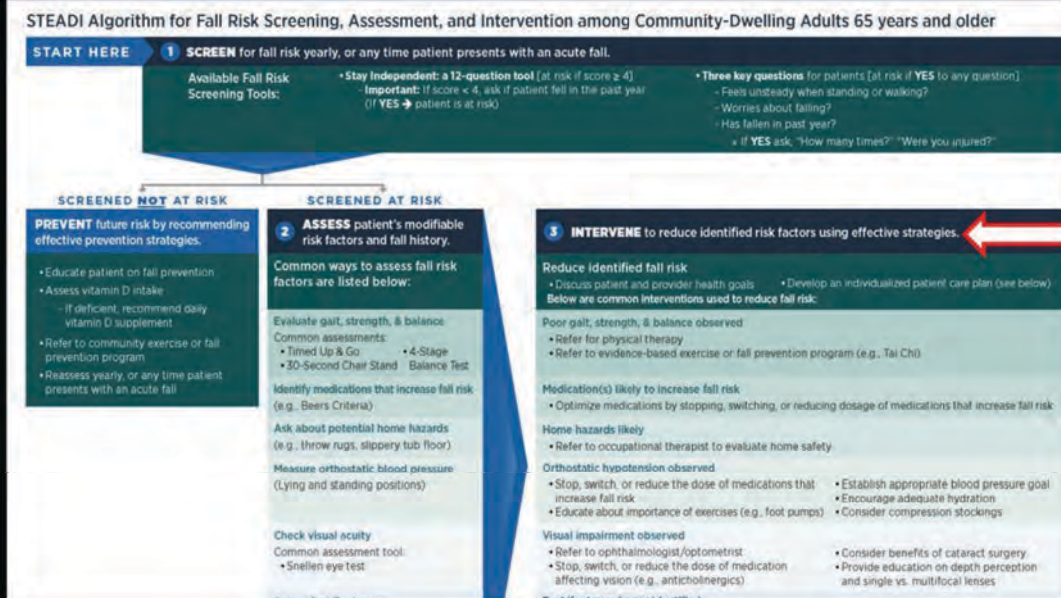
Results

No significant differences in scores across groups or environments

Conclusion

Safe and reliable across settings, though initial guidance may improve user experience

STEADI Intervention



CDC. Algorithm for Fall Risk Screening, Assessment, and Intervention [online]. [cited 2021 January 19]. Available from URL: www.cdc.gov/steadi/pdf/STEADI-Algorithm-508.pdf. Atlanta, GA: Centers for Disease Control and Prevention.

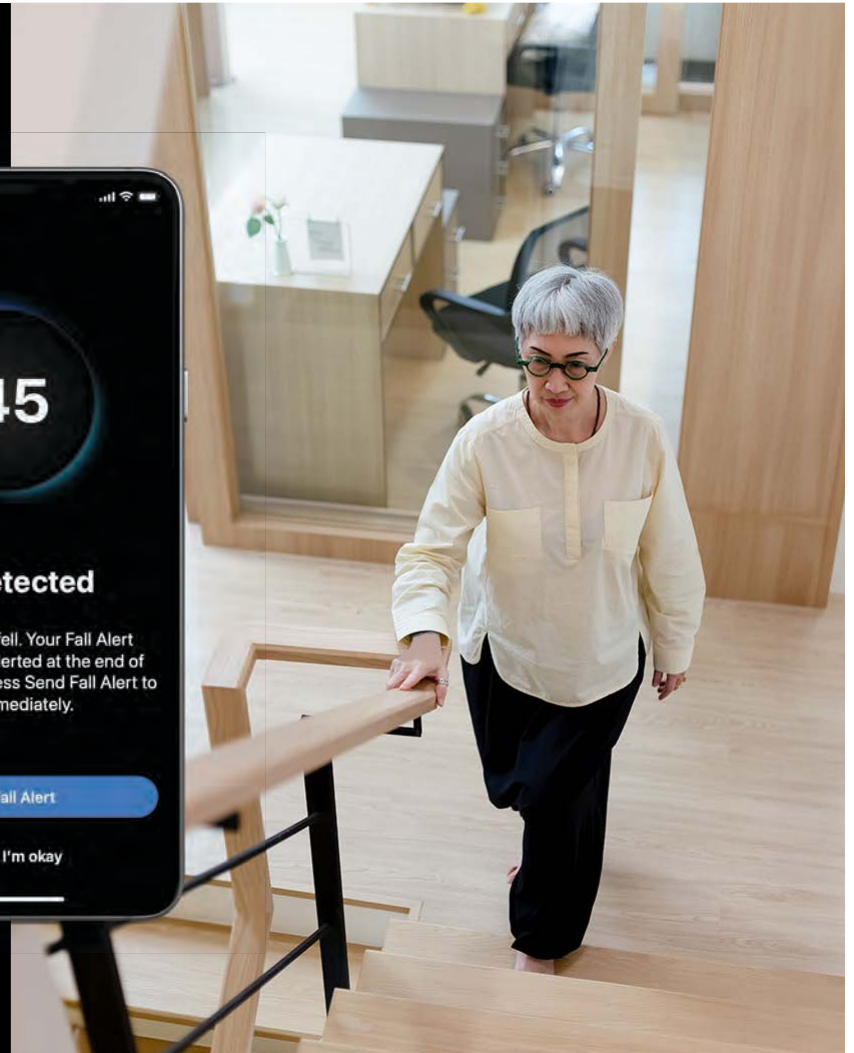
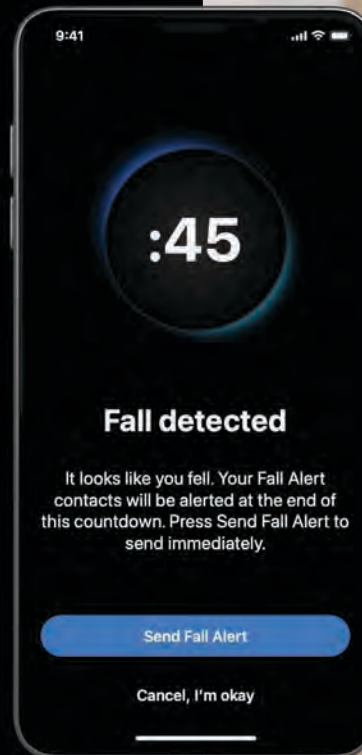


Fall Alert

World's first and only hearing aid with fall detection and alerts

Detects falls and sends alert to selected contacts

Delivers peace of mind and ease of use



Referrals & Recommendations

Primary care/Gerontology

Pharmacy

Use of ≥ 4 medications, sleep aids, diuretics, or anti-depressants warrants a therapeutic review

Pharmacists review and coordinate prescriptions from patients' multiple providers

Physical & Occupational Therapy

CDC & STEADI

Community based programs

Otago Exercise Program

Silver Sneakers

Tai Chi

Stepping On

Stay Active & Independent for Life (SAIL)

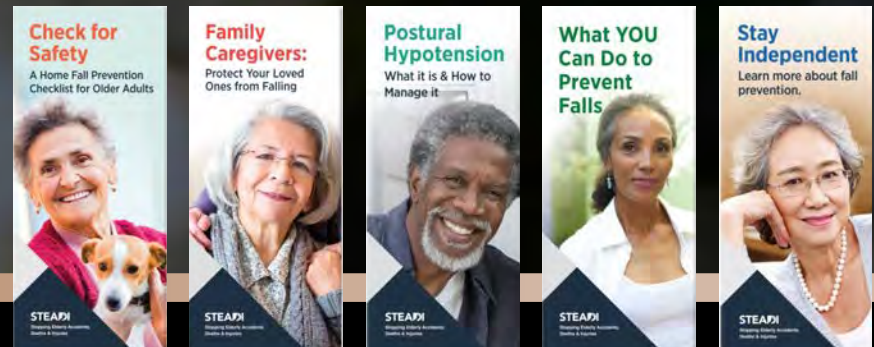
Home Hazard Removal Program (HARP)

<https://ncoa.org/evidence-based-programs>

STEADI Tools & Resources



For clinicians



For patients

<https://www.cdc.gov/steady/>



STEADI Initiative

Can help determine modifiable risk factors and guide interventions

Stanford Medicine

Demonstrated that the STEADI's assessment protocols could be safely and accurately implemented by using hearing aids in a home setting

Balance Assessment Feature

May empower users to detect changes in their balance earlier, enabling them to take timely action

Questions?

