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Inter-Professional Fall Risk Assessment Training for Audiologists and Student Clinicians, in partnership with the American Academy of Audiology

Rebecca Callais, DrOT

Megan Majoué, AuD

Dania Rishiq, PhD

Alison Bevrotte, BA



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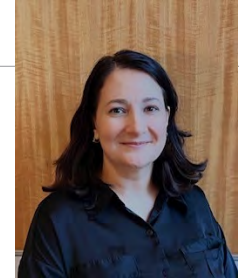
Megan Majoué, AuD CCC-A

Dr. Megan Majoué is an Associate Professor of Clinical Communication Disorders at Louisiana State University Health Science Center New Orleans (LSUHSC-NO). She spent the first several years of her career at the Southeast Louisiana Veterans Health Care System in New Orleans where she served as the vestibular program coordinator. Dr. Majoué's areas of focus include adult and pediatric vestibular assessment and rehabilitation, audiologic assessment, hearing technology and assistive devices, and tinnitus. At LSUHSC-NO, she supervises students in the on-campus faculty practice clinic and in the otology clinic at University Medical Center New Orleans. She is currently serving as a Faculty Senator for LSUHSC-NO and Past-President of the Faculty Assembly of the School of Allied Health Professions. Additionally, she leads the audiology training program for Pediatric Medical Residents at LSUHSC-NO. Her true interest lies in mentoring students, cultivating their growth in both classroom and clinical settings, and fostering their development in the field.



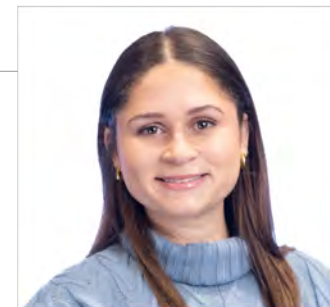
Rebecca Callais, DrOT OTR/L

Dr. Rebecca Callais is an Assistant Professor of Occupational Therapy at Louisiana State University Health Sciences Center New Orleans (LSUHSC-NO). She spent a decade in clinical practice at Culicchia Neurological Clinic, working closely with the Hearing and Balance team, primarily treating clients with vestibular dysfunction. Her areas of expertise include vestibular rehabilitation, cervical and thoracic spine dysfunction, and neurological rehabilitation. Her primary research interests focus on the value of a multidisciplinary and holistic approach to treating vestibular disorders. At LSUHSC-NO, she delivers guest lectures on vestibular rehabilitation to the Audiology, Anatomy, and Occupational Therapy departments. Additionally, she has developed and implemented a clinical practice model within the Occupational Therapy Department that engages students in training the next generation of clinicians.



Dana Rishiq, PhD

Dania Rishiq, Ph.D. is a faculty member at Louisiana State University Health Science Center, New Orleans, who joined the Communication Disorders Department in January 2024. She earned her doctoral degree from the University of Tennessee in Knoxville, TN. Following her graduation in 2013, she had the opportunity to work at multiple research sites such as Starkey, Mayo Clinic, and the University of South Alabama. Her research interests include speech-evoked auditory brainstem responses, cognition and aging, audiologic rehabilitation, and the relationship between cardiovascular health and the auditory system.



Alison Bevrotte, BA

Dania Rishiq, Ph.D. is a faculty member at Louisiana State University Health Science Center, New Orleans, who joined the Communication Disorders Department in January 2024. She earned her doctoral degree from the University of Tennessee in Knoxville, TN. Following her graduation in 2013, she had the opportunity to work at multiple research sites such as Starkey, Mayo Clinic, and the University of South Alabama. Her research interests include speech-evoked auditory brainstem responses, cognition and aging, audiologic rehabilitation, and the relationship between cardiovascular health and the auditory system.



Disclosures

- **Presenter Disclosure:** Financial: Dr. Majoué is employed by Louisiana State University Health Sciences Center (LSUHSC) and receives a salary from this institution. She received an honorarium for presenting this course. Non-financial: Dr. Majoué volunteers for the American Academy of Audiology and serves with the Council on Academic Accreditation (CAA) in Audiology and Speech-Language Pathology. Financial: Dr. Callais is employed by Louisiana State University Health Sciences Center (LSUHSC) and receives a salary from this institution. She received an honorarium for presenting this course. Non-financial: Dr. Callais has no relevant non-financial relationships to disclose. Financial: Dr. Rishiq is employed by Louisiana State University Health Sciences Center (LSUHSC) and receives a salary from this institution. She received an honorarium for presenting this course. Non-financial: Dr. Rishiq has no relevant non-financial relationships to disclose. Financial: Ms. Bevrote is a student at Louisiana State University Health Sciences Center. She pays tuition to LSUHSC and receives a stipend as part of her externship. Ms. Bevrote received an honorarium for presenting this course. Non-Financial: Ms. Bevrote has no relevant non-financial relationships to disclose.
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Limitations/Risks

- The applicability and accuracy of the course content may vary by the clinical, geographical, and cultural context; you should evaluate the course accordingly.
- As healthcare is rapidly evolving, new findings may change the validity of the information presented in this course. Providers should always consult the latest research and guidelines from professional associations.
- The interventions discussed in this course may be limited in generalizability, requiring practitioners to consider specific individual and population factors.
- The course may not cover all possible risk factors, diagnostic methods, or treatment options, and complex cases may require additional considerations.
- Healthcare providers should apply cultural competence and sensitivity to ensure effective and respectful care based on their patients' diverse needs.
- Providers should always evaluate the limitations of diagnostic and screening tools, considering their potential for false results as well as any ethical implications.
- It is the responsibility of course participants to critically evaluate the evidence from multiple sources to guide professional practice.

Learning Outcomes

After this course, participants will be able to:

- Explain the health and financial costs of falls.
- Describe the importance of the audiologist's role in fall prevention.
- Discuss how to apply and implement clinical protocols to prevent falls as outlined in the CDC's STEADI initiative - including fall risk screening, assessment methods, and counseling strategies.

Outline

- ✓ Part I: STATS on falls and STEADI overview
- ✓ Part II: Implementation of an IPE falls risk screening training program
- ✓ Part III: Demonstration of fall risk screeners
- ✓ Part IV: Research and future direction

Fall Risk Checkpoint

Your role in reducing falls

Have you or someone you know fallen in the past year?

(If yes, please give a more detailed response in the Q&A)

STATS on Falls and STEADI overview

Rebecca Callais, DrOT

**Take a
Stand
Against
Falls.**

Don't let a fall
strip you of your
independence.

www.cdc.gov

Leading Causes of Death

Top 10 Causes of Death Among Older Adults									
1	2	3	4	5	6	7	8	9	10
Heart Disease	Cancer	Chronic Lower Respiratory Disease	Stroke	Alzheimer's Disease	Diabetes	Unintentional Injury	Influenza & Pneumonia	Kidney Disease	Parkinson's Disease

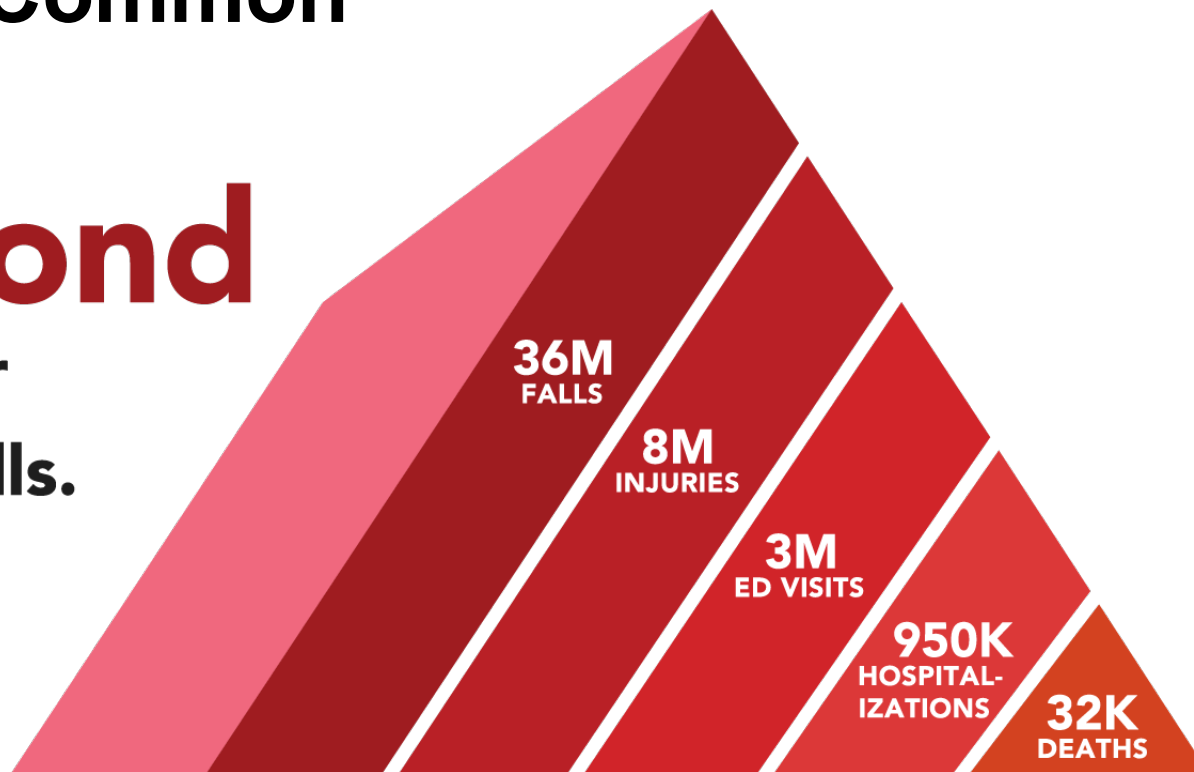
↓

Top 3 Causes of Unintentional Injury Deaths		
1	2	3
Fall	Motor Vehicle (Traffic-related)	Unspecified

CDC (2021)
Data source: National Vital Statistics System

Falls are Common

Every
second
an older
adult falls.



CDC (2021)

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

Falls Might Not Be a Priority for Patients

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

Why?

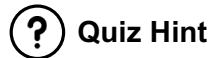
- Belief that falls are a normal part of aging
- Fear that falls may lead to loss of independence
- Not aware of common fall risk factors

Falls Might Not Be a Priority for Providers

Providers also
face barriers to
addressing falls
with older
patients

Why?

- Competing healthcare priorities
- Lack of time during office visits
- Limited fall prevention knowledge
- Limited communication between providers from different disciplines
- Limited reimbursement strategies



Consequences of Falls Among Older Adults

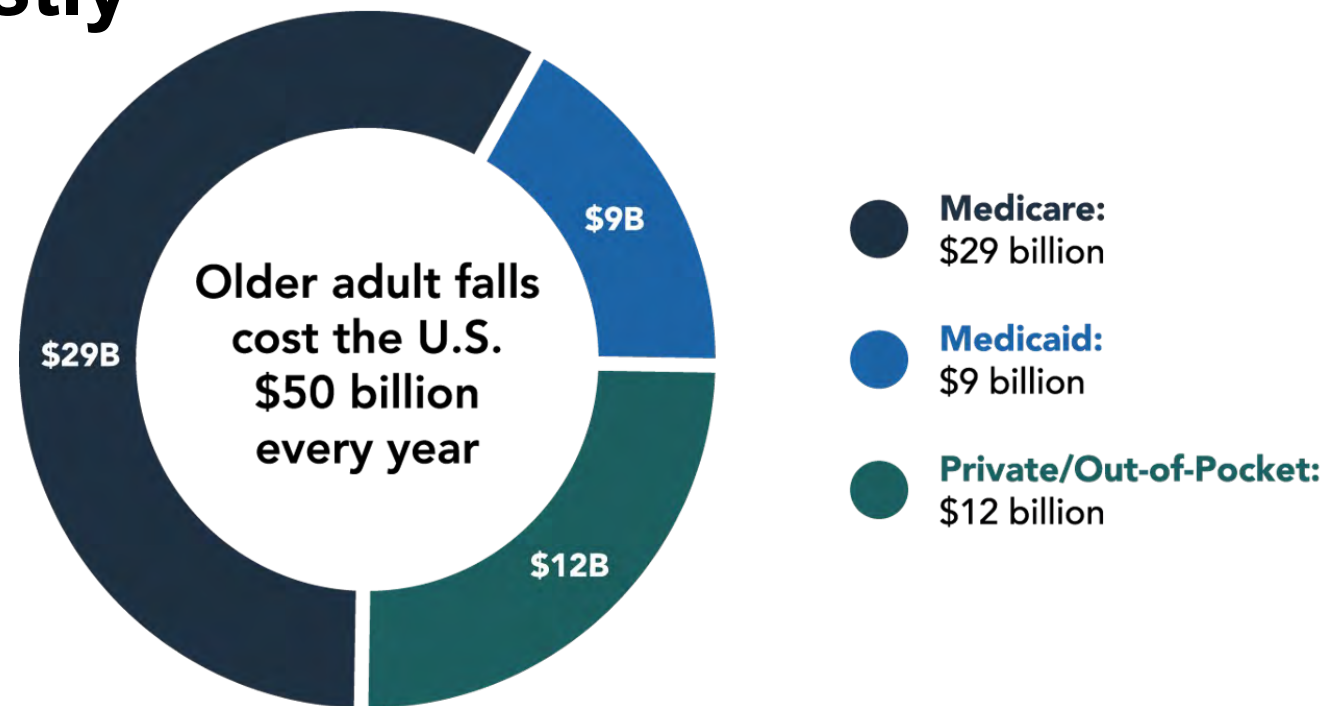
More than 95% of hip fractures are due to falls

Falls are the leading cause of traumatic brain injuries

Falls and fall injuries increase the risk of nursing home placement

Fall death rates increased about 30% between 2009 and 2018

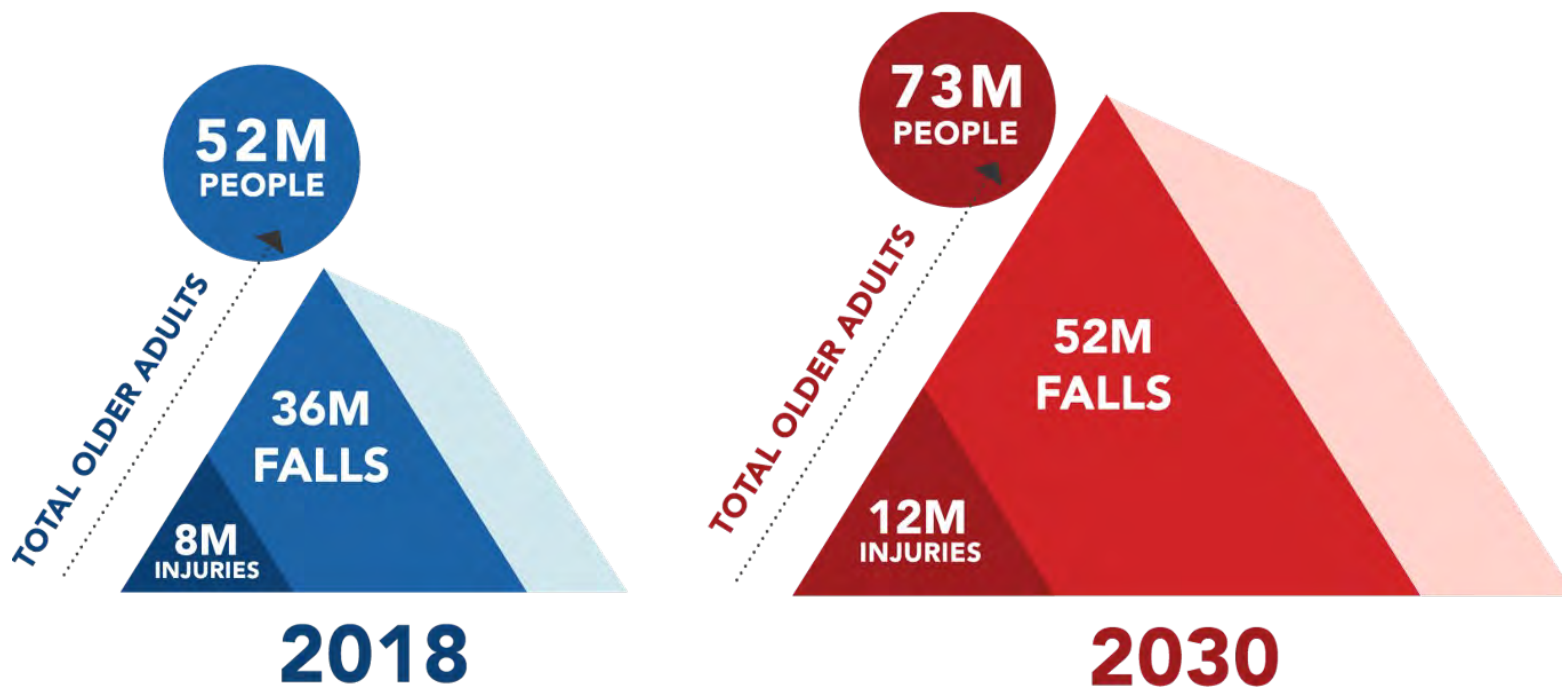
Falls Are Costly



CDC (2021)

Florence C., et al. (2018). Medical costs of fatal and nonfatal falls in older adults. Journal of the American Geriatrics Society, 66(4), 693-698.

Falls Are a Growing Burden



CDC (2021)

Data sources: Behavioral Risk Factor Surveillance System and United States Census Bureau

Common Fall Risk Factors

Modifiable Risk Factors	Non-modifiable Risk Factors
• Gait, strength, and balance deficits • Medications that increase fall risk • Home hazards • Orthostatic hypotension • Vision problems • Foot issues/inappropriate footwear • Vitamin D deficiency • Comorbidities • Hearing loss (Campos, et al. 2023 & Lin et al., 2012)	• Age • Sex • Race/ethnicity • History of falls

STEADI

Stopping Elderly Accidents, Deaths, and Injuries

STEADI offers tools and resources to help providers screen, assess, & intervene to reduce fall risk

Prevent fall-related hospitalizations

Reduce healthcare costs

Improve the lives and independence of older patients



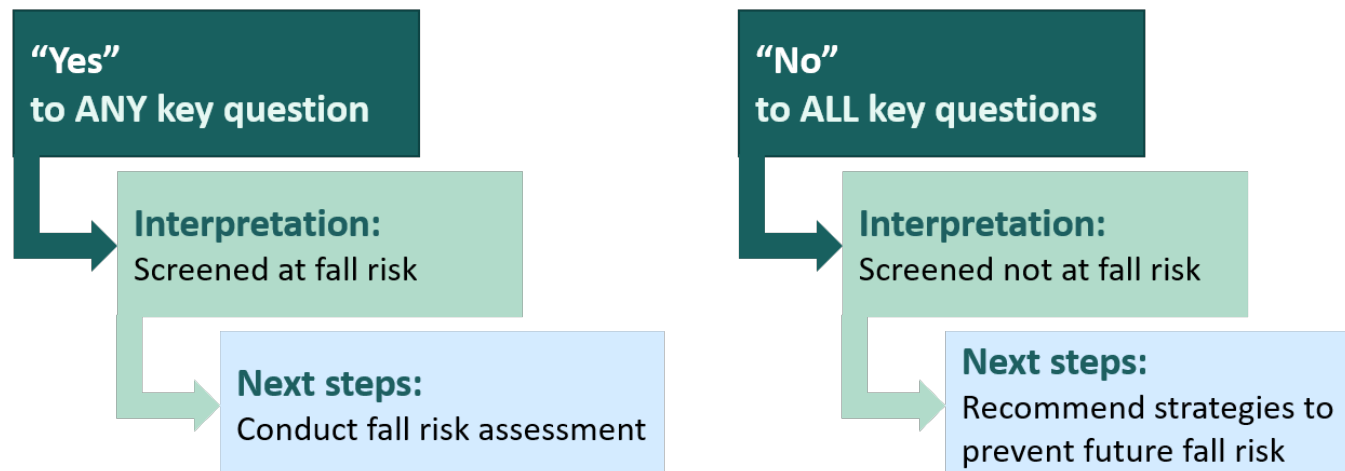
STEADI Algorithm

- If patient is 65 or older, screen
 - Once a year for fall risk or
 - If they present with an acute fall
- Two validated screening tools:
 - The Three Key Questions
 - CDC's *Stay Independent* questionnaire



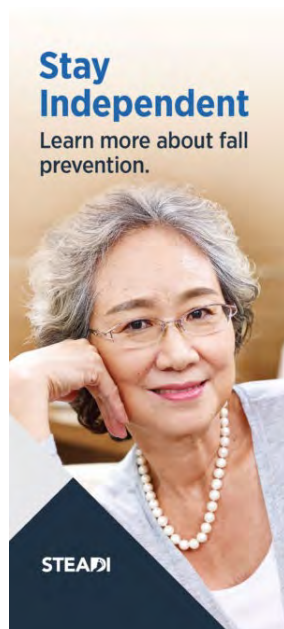
Ask your patient these 3 questions:

1. Have you fallen in the past year?
2. Do you feel unsteady when standing or walking?
3. Do you worry about falling?



✓ STATS & STEADI

Screening Tool: Stay Independent Questionnaire

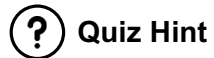


CDC (2021)

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.



Quiz Hint

Results



Score of 4 or more

Interpretation: Screened at fall risk

Next steps: Conduct fall risk assessment

Score less than 4 and patient fell in the past year

Interpretation: Screened at fall risk

Next steps: Conduct fall risk assessment

Score less than 4

Interpretation: Screened not at fall risk

Next steps: Recommend strategies to prevent future fall risk

STEADI Resource: What You Can Do to Prevent Falls

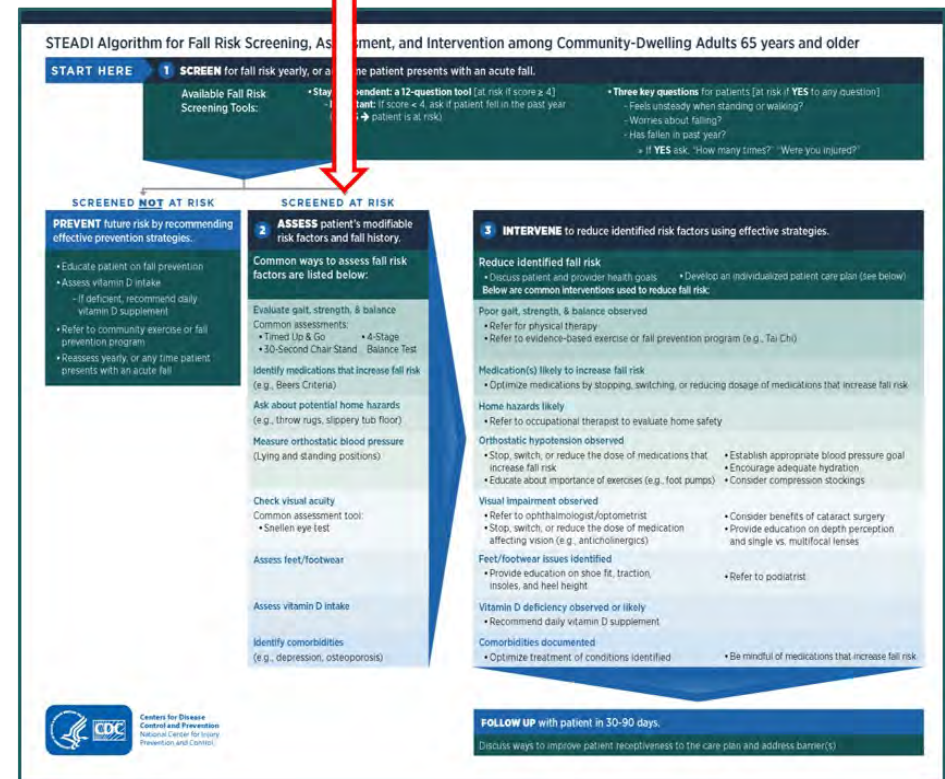
STEADI: Assessment

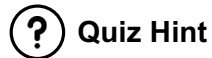
To identify modifiable fall risk factors in at-risk patients:

- Conduct assessments:
 - Evaluate gait, strength, and balance
 - Ask about potential home hazards
 - Identify medications that increase fall risk
 - Measure orthostatic blood pressure
 - Check visual acuity
 - Assess feet and footwear
 - Assess vitamin D intake
 - Identify comorbidities
 - Assess hearing status

CDC (2021)

STEADI Algorithm





Quiz Hint

STEADI: Intervention

STEADI Algorithm



Components of STEADI: Examples

Fall Risk Factor	Assessment	Intervention
Gait, strength, and balance deficits	Conduct tests: • Timed Up and Go (TUG) • 30-Second Chair Stand • 4-Stage balance	PT or OT • Evidence-based fall prevention program

Resources: TUG, 30-second chair stand, 4-stage balance tests

Let's Do Our Part to Prevent Falls

- Learn about older adult fall prevention and STEADI resources
 - Available at www.cdc.gov/steady
- Earn continuing education with an online training on fall prevention
 - STEADI: Empowering Healthcare Providers to Reduce Fall Risk
 - Available at www.cdc.gov/steady/hcp/training
- Hear from other healthcare providers on their STEADI experience
 - Available at www.cdc.gov/steady/success-stories



Fall Risk Checkpoint

Your role in reducing falls

True or False:

The CDC states that all healthcare providers — including audiologists, SLPs, and Mental Health providers, — share responsibility for reducing falls in older adults through routine screening

An Interprofessional Educational Training Program on Fall Risk Assessment

Megan Majoué, AuD



Photo credit: LSU Health New Orleans

Audiology, Older Adults, and Fall Risk

- Audiologists are balance experts responsible for assessing and managing vestibular dysfunction, with their patient base consisting of older adults – a population at high-risk of falling (Rie, et al. 2021).
- Audiologists are in regular contact with individuals with hearing loss who are 3 times as likely to fall (Campos, et al. 2023).
- ~ 1/2 of older adult patients report at least one incidence of a fall to their Audiologist each year (Criter et al., 2013).

STEADI is for all healthcare workers, including Allied Health Professionals

But fall risk screening and assessment is not typically included in AuD curriculum



Quiz Hint

Why not?

A systematic review in 2014 discovered most audiology clinics are not providing this service due to ...

- Lack of fall risk assessment training
- Lack of education and experience counseling patients on fall risks
- Audiologists feel like they do not feel it is within their scope (Patterson & Honaker, 2014)

Photo credit: LSU Health New Orleans



IPE Training Program

- **The Training:** two 1.5-hour sessions
 - lectures
 - hands-on activities
- **Evaluation of student competencies**
- **Outcomes assessment:** students' self-perceived confidence ratings pre- and post- training



Photo credit: LSU Health New Orleans

IPE Training Program



Photo credit: LSU Health New Orleans

AuD Student Participants:

17 **LSU Health**
NEW ORLEANS

20 **USA HEALTH**
UNIVERSITY OF SOUTH ALABAMA

Training Team:

1 DrOT + 1 AuD + 1 PhD

Pre-training Survey: Before the falls assessment training, students completed a 9-question questionnaire (Likert-type scale) to rank confidence on different aspects of the fall assessment.

Lecture 1: STEADI Falls Screening for Older Adults: The STEADI Algorithm lecture highlights how to prevent falls, common screening protocols, falls risk factors, effective strategies to reduce fall risks, and supplemental tools and resources for clinicians and patients.

Lecture 2: Biomechanics & Principles of Transfers: Students were trained on proper body mechanics for performing wheelchair transfers using gait belts and varied levels of assistance. Additionally, students were trained on how to manipulate walkers, canes, and rollators.

Hands-On Training: Students observed the OT instructor performing various components of the STEADI screening assessment and biomechanical transfers(**TUG, 30-Second Chair Stand, 4-Stage Balance Test, Sit to Stand Transfer, Stand Pivot Transfer, Scoot Transfer, & Squat Pivot**). Students then broke into partnered off groups to practice on one another.

Student Competencies: Two weeks after completing the educational training, students were assessed on their ability to perform a full fall assessment and transfer maneuvers. Based on their fall assessment results, students had to make the appropriate recommendations.

Post-training Survey: After the educational training and competencies, students completed the same pre-training survey to assess their confidence in performing the fall assessment.

Pre-training Survey: Before the falls assessment training, students completed a 9-question questionnaire (Likert-type scale) to rank confidence on different aspects of the fall assessment.

Lecture 1: STEADI Falls Screening for Older Adults: The STEADI Algorithm lecture highlights how to prevent falls and reduce the risk of injury.

Lecture 2:
mechanics
Additional

Hands-on:
STEADI
Balance
Student

Student
assessment
assessment

1. How confident are you in identifying common risk factors for falls with the older adult population?
2. How proficient do you feel in **choosing** a standardized measure to assess falls risk?
3. How proficient do you feel in **choosing** a standardized questionnaire to assess falls risk?
4. How proficient do you feel in **performing** a standardized assessment for falls risk?
5. How confident do you feel in accurately **interpreting** the results of a standardized assessment to determine falls risk?
6. How confident do you feel discussing fall risk and counseling patients identified as at risk for falls?
7. How confident are you working together in an interdisciplinary team to recommend services/strategies from falls assessment data?
8. How proficient do you feel in utilizing and manipulating a gait belt, wheelchair, and mobility devices in preparation for assisting with patient transfers in a clinical setting?
9. How proficient do you feel in performing safe transfers using proper body mechanics for you and for patients in a clinical setting?

Post-training Survey: After the educational training and competencies, students completed the same pre-training survey to assess their confidence in performing the fall assessment.

Pre-training Survey: Before the falls assessment training, students completed a 9-question questionnaire (Likert-type scale) to rank confidence on different aspects of the fall assessment.

Lecture 1: STEADI Falls Screening for Older Adults: The STEADI Algorithm lecture highlights how to prevent falls, common screening protocols, falls risk factors, effective strategies to reduce fall risks, and supplemental tools and resources for clinicians and patients.

Lecture 2: Biomechanics & Principles of Transfers: Students were trained on proper body mechanics for performing wheelchair transfers using gait belts and varied levels of assistance. Additionally, students were trained on how to manipulate walkers, canes, and rollators.

Hands-On Training: Students practiced the components of the STEADI screening tool (e.g., 4-Stage Balance Test, Timed Up & Go Test). Students then practiced the components of the wheelchair transfer (e.g., 4-Stage Transfer Technique, 4-Stage Squat Pivot).

Student Competency Assessment: Students were assessed on their knowledge and skills. Based on their fall assessment results, students were assigned to different levels of training.

Post-training Survey: Students completed the same pre-training survey after the training to assess their confidence and knowledge.



Photo credit: LSU Health New Orleans

Pre-training
questionnaire

Lecture 1: S
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Lecture 2: B
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Hands-On Training: Students observed the OT instructor performing various components of the STEADI screening assessment and biomechanical transfers(**TUG, 30-Second Chair Stand, 4-Stage Balance Test, Sit to Stand Transfer, Stand Pivot Transfer, Scoot Transfer, & Squat Pivot**).

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Post-training Survey: After the educational training and competencies, students completed the same pre-training survey to assess their confidence in performing the fall assessment.

Photo credits: LSU Health New Orleans

Performance-Based Fall Risk Screening

Alison Bevrotte, BA

Photo credit: LSU Health New Orleans



Demonstration

Timed Up & Go (TUG)

30 Second Chair Stand

4-Stage Balance

✓ Fall Risk Screening

Demonstration 1: TUG

ASSESSMENT
Timed Up & Go (TUG)

Purpose: To assess mobility

Equipment: A stopwatch

Directions: Patients wear their regular footwear and can use a walking aid, if needed. Begin by having the patient sit back in a standard arm chair and identify a line 3 meters, or 10 feet away, on the floor.

NOTE:
Always stay by the patient for safety.

① Instruct the patient:

When I say "Go," I want you to:

1. Stand up from the chair.
2. Walk to the line on the floor at your normal pace.
3. Turn.
4. Walk back to the chair at your normal pace.
5. Sit down again.

② On the word "Go," begin timing.

③ Stop timing after patient sits back down.

④ Record time.

Time in Seconds: _____

An older adult who takes ≥ 12 seconds to complete the TUG is at risk for falling.

Patient _____

Date _____

Time _____ ☐ AM ☐ PM

OBSERVATIONS

Observe the patient's postural stability, gait, stride length, and sway.

Check all that apply:

- ☐ Slow tentative pace
- ☐ Loss of balance
- ☐ Short strides
- ☐ Little or no arm swing
- ☐ Steadying self on walls
- ☐ Shuffling
- ☐ En bloc turning
- ☐ Not using assistive device properly

These changes may signify neurological problems that require further evaluation.

✓ Fall Risk Screening

Timed Up & Go (TUG)



Video credit: LSU Health New Orleans

✓ Fall Risk Screening

Demonstration 2: 30s Chair Stand

ASSESSMENT

30-Second Chair Stand

Purpose: To test leg strength and endurance

Equipment: A chair with a straight back without arm rests (seat 17" high), and a stopwatch.

① Instruct the patient:

1. Sit in the middle of the chair.
2. Place your hands on the opposite shoulder crossed, at the wrists.
3. Keep your feet flat on the floor.
4. Keep your back straight, and keep your arms against your chest.
5. On "Go," rise to a full standing position, then sit back down again.
6. Repeat this for 30 seconds.

NOTE:
Stand next to the patient for safety.



② On the word "Go," begin timing.

If the patient must use his/her arms to stand, stop the test.
Record "0" for the number and score.

③ Count the number of times the patient comes to a full standing position in 30 seconds.

If the patient is over halfway to a standing position when 30 seconds have elapsed, count it as a stand.

④ Record the number of times the patient stands in 30 seconds.

Number: _____ Score: _____

Patient: _____

Date: _____

Time: _____ ☐ AM ☐ PM

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

A below average score indicates a risk for falls.

CDC's STEADI tools and resources can help you screen, assess, and intervene to reduce your patient's fall risk. For more information, visit www.cdc.gov/steadi

30 Second Chair Stand

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

A below average score indicates a risk for falls.

Video credit: LSU Health New Orleans

✓ Fall Risk Screening

Demonstration 3: 4-Stage Balance

ASSESSMENT

The 4-Stage Balance Test

Purpose: To assess static balance

Equipment: A stopwatch

Directions: There are four standing positions that get progressively harder to maintain. You should describe and demonstrate each position to the patient. Then, stand next to the patient, hold their arm, and help them assume the correct position. When the patient is steady, let go, and time how long they can maintain the position, but remain ready to assist the patient if they should lose their balance.

- ▶ If the patient can hold a position for 10 seconds without moving their feet or needing support, go on to the next position.
- ▶ If not, **STOP** the test.

Patients should not use an assistive device (cane or walker) and they should keep their eyes open.

An older adult who cannot hold the tandem stand for at least 10 seconds is at increased risk of falling. To reduce their risk of falling, you might consider referring them to physical therapy for gait and balance exercises, or refer them to an evidence-based fall prevention program, such as Tai Chi.



✓ Fall Risk Screening

4-Stage Balance Test

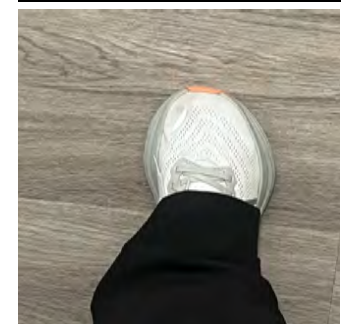
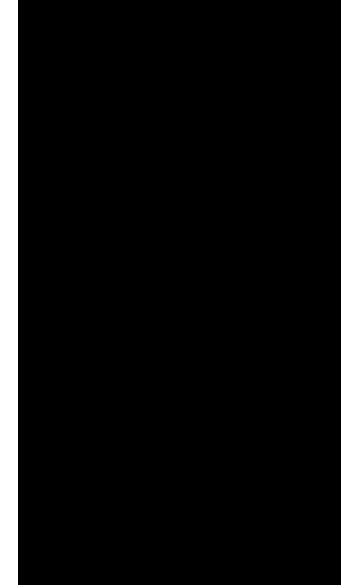
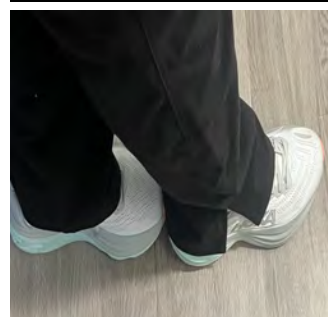
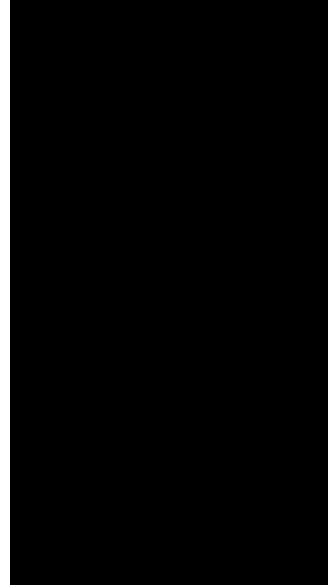
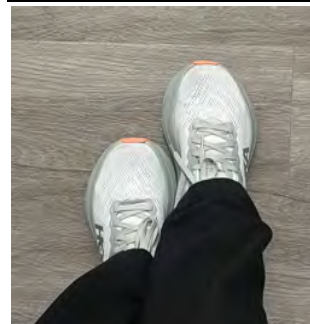
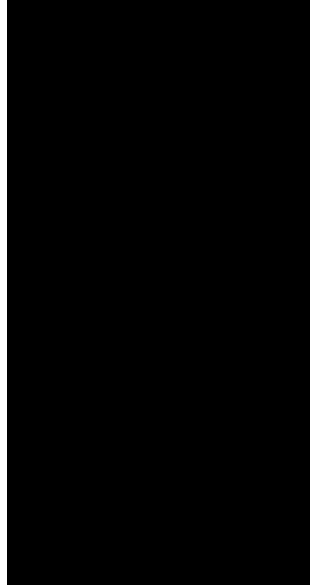
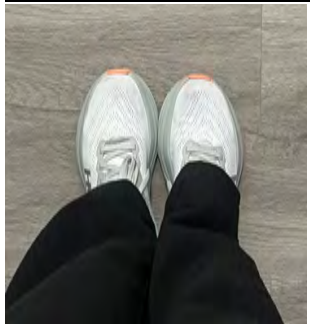


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and
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1	Student will describe the two screening tools for falls risk: The Three Key Questions & the Stay Independent Questionnaire	__/2
2	Student will describe the interpretive scoring for each falls risk screen	__/2
3	Student will administer the 30 sec sit to stand assessment correctly	__/2
4	Student will interpret results of 30 sec sit to stand assessment to gauge falls risk	__/3
5	Student will administer the 4-stage balance assessment correctly	__/2
6	Student will interpret results of the 4-stage balance assessment to gauge falls risk	__/3
7	Student will administer the TUG assessment correctly	__/2
8	Student will interpret results of the TUG to gauge falls risk	__/3
9	Student will demonstrate safe, protective guarding techniques during all assessments	__/3
10	Student will effectively provide interprofessional recommendations based on comprehensive assessments and falls risk	__/5
11	Student will demonstrate how to effectively maneuver gait belt and mobility device in preparation for functional mobility scenario competency	__/4
12	Student will demonstrate safety and proper body mechanics with transfer techniques during functional mobility scenario competency	__/4

Student Competencies: Two weeks after completing the educational training, students were assessed on their ability to perform a full fall assessment and transfer maneuvers. Based on their fall assessment results, students had to make the appropriate recommendations.

Post-training Survey: After the educational training and competencies, students completed the same pre-training survey to assess their confidence in performing the fall assessment.

Pre-training Survey: Before the falls assessment training, students completed a 9-question

1. How confident are you in identifying common risk factors for falls with the older adult population?
2. How proficient do you feel in **choosing** a standardized measure to assess falls risk?
3. How proficient do you feel in **choosing** a standardized questionnaire to assess falls risk?
4. How proficient do you feel in **performing** a standardized assessment for falls risk?
5. How confident do you feel in accurately **interpreting** the results of a standardized assessment to determine falls risk?
6. How confident do you feel discussing fall risk and counseling patients identified as at risk for falls?
7. How confident are you working together in an interdisciplinary team to recommend services/strategies from falls assessment data?
8. How proficient do you feel in utilizing and manipulating a gait belt, wheelchair, and mobility devices in preparation for assisting with patient transfers in a clinical setting?
9. How proficient do you feel in performing safe transfers using proper body mechanics for you and for patients in a clinical setting?

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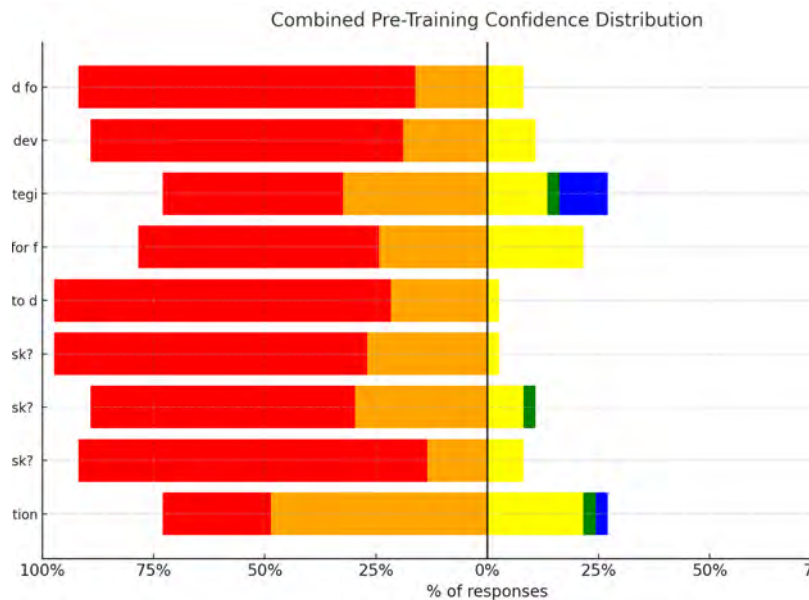
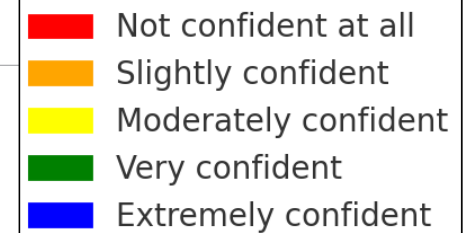
Study Details



Photo credit: LSU Health New Orleans

- Purpose: Investigate student perspectives on participation in a fall risk assessment inter-professional educational training program
- Hypothesis: Incorporation of this educational training into the AuD curriculum will build students' confidence to provide these services to patients following graduation

Pre-Training Confidence Distribution

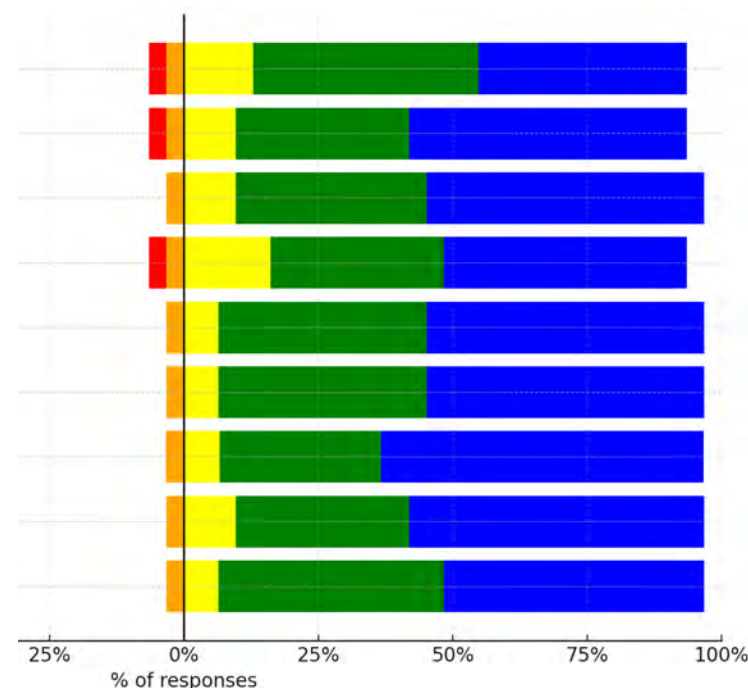
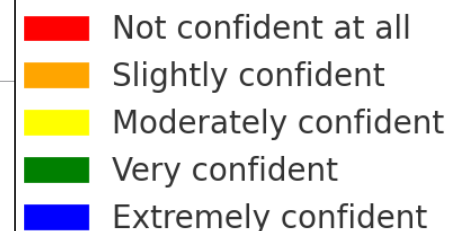


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8. How proficient do you feel in utilizing and manipulating a gait belt, wheelchair, and mobility devices in preparation for assisting with patient transfers in a clinical setting?
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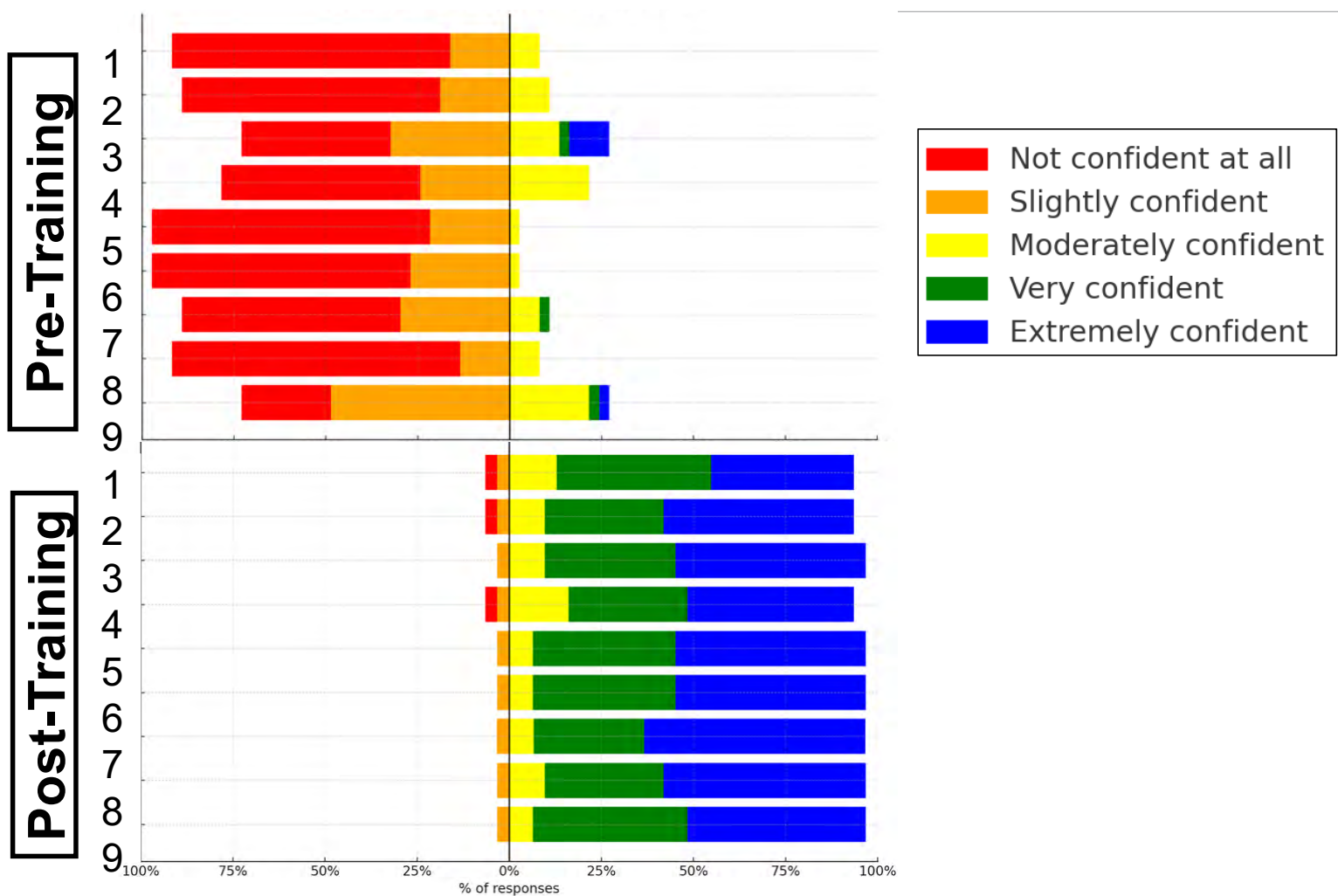
✓ Fall Risk Study

Post-Training Confidence Distribution

1. How confident are you in identifying common risk factors for falls with the older adult population?
2. How proficient do you feel in **choosing** a standardized measure to assess falls risk?
3. How proficient do you feel in **choosing** a standardized questionnaire to assess falls risk?
4. How proficient do you feel in **performing** a standardized assessment for falls risk?
5. How confident do you feel in accurately **interpreting** the results of a standardized assessment to determine falls risk?
6. How confident do you feel discussing fall risk and counseling patients identified as at risk for falls?
7. How confident are you working together in an interdisciplinary team to recommend services/strategies from falls assessment data?
8. How proficient do you feel in utilizing and manipulating a gait belt, wheelchair, and mobility devices in preparation for assisting with patient transfers in a clinical setting?
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✓ Fall Risk Study



Feedback

"I really enjoyed this! I think it's something that most audiologists don't think of or don't think to learn about, so I feel lucky to learn this!"

"I really enjoyed this training! My main takeaways were the body mechanics of transfer maneuvers. I believe this material will be very helpful in the clinic booth."

"Seeing the demonstrations and practicing made me realize how important having knowledge of fall risk and mobility training is."

"Before attending the falls risk and mobility training workshop, I thought falls prevention was mainly the responsibility of physical therapists. I now understand how we all play a role."

Fall Risk Checkpoint

Your role in reducing falls

True or False:

Fall risk screening for older adults can be implemented in my practice

Research & Future Directions

Dania Rishiq, PhD

Photo credit: LSU Health New Orleans



Research & Future Directions

Development

- Didactic lectures
- Hands-on practice
- Case studies
- Simulations



Research & Future Directions

Implement

- Expansion to other AuD programs such as Auburn & Ohio State Universities
- Expansion to SLP and other health professions
- SLP prior to TBI camps at South & multidisciplinary neuro-rehab clinics at LSUHSC



Research & Future Directions

Evaluation

- *Current outcome measures*
 - **Confidence ratings:** Reflect the learner's perceived readiness to perform the task
 - **Competency assessments:** Represents demonstrated ability
- Training enhanced both confidence and competency, supporting students' preparedness to contribute effectively to falls prevention



Research & Future Directions

Evaluation

- Future measures
- Validation of assessment tools/outcome measures
- Measuring long term program success and impact



Conclusion



Photo credit: LSU Health New Orleans

- Education on fall risk screening and mobility training can successfully be incorporated into AuD curriculum
- These tools are essential for health professionals who care for older adults including audiologists
- IPE collaboration can contribute to the successful transition from the classroom to the clinic when working with older adults

Fall Risk Screening IPE Training Program and Materials

- We hope to bring this Fall risk & Mobility training to other AuD programs and clinics
- Gladly share materials for implementation at other universities or clinics
- mpollm@lsuhsc.edu
- rtoups@lsuhsc.edu
- drishi@lsuhsc.edu

THANK YOU!!!!!!



Photo credit: LSU Health New Orleans

Rebecca Callais, DrOT

Megan Majoué, AuD

Dania Rishiq, PhD

Alison Bevrotte, BA



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