

Interactive Metronome Fall Risk Reduction Program Designing an Exercise Program, Module 3

Patient Name: _____ Date Assessed: _____

Age: _____ Treating Diagnosis: _____

Multifactorial Risk Assessment

Focused History

Detailed description of fall (circumstances, frequency, symptoms)	
Medication review	
Medical history that could be correlated with falling	

Physical Exam

Gait analysis (if ambulation is a goal)	
Balance assessment (tests administered in module 2 could be used here. Include balance with eyes open and eyes closed – does it change?)	
Postural reflexes (when balance is perturbed does patient use ankle, hip, or stepping strategy? Is reaction appropriate relative to balance perturbation?)	
Peripheral nerve function	
Sensation (light touch, deep pressure, vibration)	
Assess cardiovascular status if suspect is involved in falling (heart rate, blood pressure, postural pulse, diastolic blood pressures)	
Visual Acuity	
Vestibular assessment (Oculomotor testing, positional testing)	
Exam feet and footwear (range of motion of feet, evidence of neuropathy, appropriate footwear)	

Range of Motion	Right	Left
Hip flexion		
Hip extension		
Hip abduction		
Knee flexion		
Knee extension		
Dorsiflexion		
Plantarflexion		
Lumbar spine		
Thoracic spine		
Cervical spine		

Strength (list manual muscle test results)	Right	Left
Hip flexion		
Hip extension		
Hip abduction		
Knee flexion		
Knee extension		
Dorsiflexion		
Plantarflexion		
Rectus abdominus		
Obliques		

Functional Assessment	
What ADLs is the patient having difficulty performing?	
Fear of falling?	

Environmental Assessment	
Home safety	
Other environmental factors that could contribute to falling	

Create a patient problem list and assign problems to a system of balance. Each problem may belong to multiple balance systems:

Problem	Musculoskeletal	Proprioceptive	Oculomotor	Vestibular	Cognition

Using the exercise guide located on the materials page, identify exercises that target problem areas.

Balance System	Exercise Name	Check Exercises to Put in Treatment Plan
Musculoskeletal	Leg Squats	
	Lunges	
	Heel Raises	
	Long Arc Quads	
	Tap Ups	
	Lateral Tap Ups	
	Alternate Stepping	
	Stepper with Weight	
	Bridging	
	Abdominal Crunch	
	Postural Alignment	
	Postural Alignment with Marching	
Proprioception	Clock	
	Uneven Surfaces Eyes Open	
	Uneven Surfaces Eyes Closed	
	Clapping with Eyes Closed, Seater	
	Clapping with Eyes Closed, Standing	
Oculomotor	UNO Poster Board	
	Visual Memory	
	Visual Sequencing	
	Recall/Recognition	

Balance System	Exercise Name	Check Exercises to Put in Treatment Plan
Vestibular	Head Movements in Supine	
	Head Movements in Sitting	
	Head Turns with Reaching Across Midline	
	Head Turns with Walking	
	Rolling	
	Sidelying to Sit with Head Rotation	
	Visual Tracking Focal Item	
	In Sitting, Head Stationary, Saccades	
	Using the In-Motion Triggers	
	Seated, Reaching Across and Behind to Target	
Cognition	STROOP Activities	
	Alphabetizing	
	Sorting	
	Sequencing	
	Impulse Control	
	Safety Awareness	
	Selected and Divided Attention	
	Visual Attention	
	Memory	
Communication	Yes/No Question	
	Naming	
	Word Finding	
	Melodic Intonation	
	Intelligibility Drills	
	Picture Identification	
	Following Directions	
	Setting Table	

In Module 4, intensity and frequency of treatment and exercise modification will be discussed. Keep this information as it will be used in the next module.

Questions? Please email dara.coburn@interactivemetronome.com.