



Practice Parameter: Assessing patients in a neurology practice for risk of falls (an evidence-based review)

Report of the Quality Standards Subcommittee of the American Academy of Neurology



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ABSTRACT

Objective: To develop a practice parameter for screening methods and assessments of risk for falls pertaining to patients likely to be seen in neurology practices.

Methods: Relevant literature was systematically reviewed and strength of evidence classified based on the American Academy of Neurology's criteria (Level A: established; Level B: probable; Level C: possible).

Results: An increased risk of falls is established among persons with diagnoses of stroke, dementia, and disorders of gait and balance (Level A) and probable among patients with Parkinson disease, peripheral neuropathy, lower extremity weakness or sensory loss, and substantial vision loss (Level B). A history of falling in the past year strongly predicts the likelihood of future falls (Level A). Screening measures have been developed to further assess risks of falls, including functional assessments that may be useful (Levels B and C). Several of these assess overlapping neurologic functions—i.e., gait, mobility, and balance—and there is insufficient evidence to assess whether they offer benefit beyond that provided by a standard neurologic examination.

Conclusions: Patients with neurologic or general conditions associated with an increased risk of falling should be asked about recent falls and further examined for the presence of specific neurologic deficits that predict falls, which include gait and balance disorders; deficits of lower extremity strength, sensation, and coordination; and cognitive impairments. If substantial risks of falls are identified, appropriate interventions that are described in other evidence-based guidelines may be considered. *Neurology*[®] 2008;70:473-479