

CANADIAN STROKE BEST PRACTICE RECOMMENDATIONS

Rehabilitation and Recovery following Stroke

Table 2: Suggested Screening/Assessment Tools for Risk of Falling Post Stroke

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Table 2: Suggested Screening/Assessment Tools for Risk of Falling Post Stroke

Assessment Tool	Time to Complete	Items and Scores	Required Equipment
Stroke Assessment of Fall Risk (SAFR) Breisinger et al. 2014	Unknown	<p>7 fall risk-factors comprised of 4 impairment-based measures (impulsivity, hemi-neglect, static, and dynamic sitting balance) and 3 Functional Independence Measures (transfers, problem-solving, and memory) are measured.</p> <p>Total scores range from 0-49 with a higher score indicating a higher risk of falling.</p>	Several commonly available objects.
Predict-FIRST Sherrington et al. 2010	30 minutes for physical component.	<p>Respondents are measured on 5 risk factors including frequent toileting, central nervous system medications, experiencing a fall in the past year, being male, and inability to perform a tandem stance.</p> <p>Respondents are cumulatively scored across the five risk factors to assess the probability of falling. A score of 0=2% chance of falling, 1=4%, 2=9%, 3=18%, 4=33% and 5=52%.</p>	Several commonly available objects.
STRATIFY Oliver et al. 1997	Unknown	<p>Patients are given five questions about the absence (score of 0) or presence (score of 1) of falls risk factors including previous falls, visual impairments, frequent toileting, agitation, and a mobility score of three or four. Mobility scores are obtained by combining the mobility and transfer scores on the Barthel Index.</p> <p>STRATIFY scores are ranged from 0 (low risk) to 5 (high risk).</p>	Several commonly available objects.
Timed Up & Go Test (TUG) Podsiadlo & Richardson 1991	1-2 minutes	<p>The patient begins in a seated position, is asked to stand and walk 3 metres, turn, walk back to their chair sit back down.</p> <p>Patient is timed with difficulties in mobility monitored by instructor. A time of ≥ 15 seconds indicates an increased risk of falling.</p>	Several commonly available objects.
Modified Motor Assessment Scale (M-MAS) Carr et al. 1985	15-35 minutes	<p>8 items pertaining to balance, mobility and motor function, the latter of which measuring upper arm function, walking, sitting to standing, supine to side-lying, supine to sitting, and hand movements.</p> <p>Each item is scored 0 to 6 with a higher score indicating greater difficulty performing the equivalent item task.</p>	Several commonly available objects along with a low plinth.

References

Breisinger TP, Skidmore ER, Niyonkuru C, Terhorst L, & Campbell GB. The Stroke Assessment of Fall Risk (SAFR): predictive validity in inpatient stroke rehabilitation. *Clin Rehabil* 2014, 28(12), 1218-1224.

Carr JH, Shepherd RB, Nordholm L, & Lynne D. Investigation of a new Motor Assessment Scale for Stroke Patients. *Phys Ther* 1985, 65(2), 175-180.

Oliver D, Britton M, Seed P, Martin FC, & Hopper AH. Development and evaluation of evidence based risk assessment tool (STRATIFY) to predict which elderly inpatients will fall: case-control and cohort studies. *Br Med J* 1997, 315(7115), 1049-1053.

Podsiadlo D, & Richardson S. The Timed "Up & Go": A Test of Basic Functional Mobility for Frail Elderly Persons. *J Am Geriatr Soc* 1991, 39(2), 142-148.

Sherrington C, Lord SR, Close JCT, Barraclough E, Taylor M, O'Rourke S, Kurrle S, Tiedemann A, Cumming RG, & Herbert RD. Development of a tool for prediction of falls in rehabilitation settings (Predict-FIRST): A prospective cohort study. *J Rehabil Med* 2010, 42(5), 482-488.