SHIFT - Falls / Fractures - Diagnosis & Treatment Plan

CCAC

- ☐ Refer all patients at risk for falls to CCAC (request PT, OT, home safety, community resources, community exercise programs, assistive devices)
  **** Write "SHIFT - Falls" on CCAC referral form****

Labs/Tests:

- ☐ EKG ☐ Holter monitoring
- ☐ Other:

Impression:

- ☐ Strength problem ☐ Balance problem
- ☐ Parkinsonism ☐ Severe him/knee OA
- ☐ Other:

Treatment:

- ☐ Patient education handout (Falls prevention)
- ☐ Strength/Balance exercises: ☐ Upper body
  ☐ Lower Body
- ☐ Patient counselled:
  - ☐ Change in medication(s):
  - ☐ Referral for eye exam
  - ☐ Cardiology consult
  - ☐ Neurology consult
  - ☐ Referral to geriatric specialist (refer if patient is experiencing repeated falls in spite of targeted exercise programs)
  - ☐ Other: