FOR CASE MANAGERS

Falls Risk Screening Tool

SP THERAPY SERVICES
CHARTERED PHYSIOTHERAPISTS
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A quick, structured way to flag falls risk in a community-dwelling neurological client. Ask the client to respond Yes or No to each statement below, or complete based on your own observations and those of the wider support team.

Client: _____ Date: _____

		Y	N
1	I've fallen in the past year	☐	☐
2	I use or have been advised to use a cane or walker for safety	☐	☐
3	I sometimes feel unsteady when walking	☐	☐
4	I hold onto furniture to steady myself when walking at home	☐	☐
5	I am worried about falling	☐	☐
6	I need to use my hands to push to stand up from a chair	☐	☐
7	I have some trouble stepping up onto a curb	☐	☐
8	I often have to rush to the toilet	☐	☐
9	I have lost some feeling in my feet	☐	☐
10	I take medicine that sometimes makes me feel light-headed or more tired than usual	☐	☐
11	I take medicine to help me sleep or improve my mood	☐	☐
12	I often feel sad or depressed	☐	☐

Scoring

4 or more "Yes" answers

Indicates the client is at risk of falls.

Fewer than 4, but a fall in the past year

Also indicates risk — a confirmed fall overrides a lower score elsewhere.

A simple physical test

Ask the client to move from sitting to standing from a dining chair without arms, without using their hands, and count how many full stands they can complete.

A score of 12 or fewer indicates a significant probability of falling.

Before the plan is written

A screening tool isn't a substitute for full clinical assessment — but it gives you a quick, consistent way to flag when that fuller assessment is needed, and a shared reference point to raise with the wider MDT.

Want to talk through a specific case?

We're always happy to help. Get in touch any time — no forms, just a conversation.

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