Flex Therapist CEUs

Fall Prevention

Measurement of Fall Prevention Awareness and Behaviors among Older Adults at Home

1. Of particular concern are adults aged _____ years and older, a group that has significantly higher rates of falls and the highest cost per capita for falls.

A. 55
B. 65
C. 75
D. 85

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2. All of the following recommendations for fall prevention in community settings fit within public health's role, except:

A. Promoting a review of medications annually with a physician or pharmacist.
B. Promoting the accumulation of at least 180 minutes of moderate- to vigorous-intensity aerobic physical activity per week, including strength and balance activities at least three days per week.
C. Promoting an annual medical examination.
D. Promoting an annual vision examination.

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3. Proper nutrition is recommended in order to prevent falls, including adequate:

A. Vitamin A
B. Vitamin C
C. Vitamin D
D. Vitamin B12

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4. The identification and removal of home hazards and the installation and use of home safety devices is recommended for fall prevention.

A. True
B. False

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5. Older adults:

A. Are generally aware of the risk of falls in their age group.
B. Perceive the risk to the same extent individually.

C. Are generally aware of the risk of falls in their age group and perceive the risk to the same extent individually.
D. Are generally not aware of the risk of falls in their age group nor do they perceive a risk individually.

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6. Only 44% of respondents were aware that taking _____ or more medications increases risk of falling.

A. 1
B. 2
C. 3
D. 4

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7. Self-reports are useful for gaining insight into a population's physical activity levels, but they are known to underestimate true energy expenditure.

A. True
B. False

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8. Which of the following was found to be the most common assistive feature in the home in the United States?

A. Railings at the home entrances with steps
B. A raised toilet seat
C. Railings in stairways
D. A seat for the bath / shower

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9. It was found that high levels of awareness translated into high levels of behavior.

A. True
B. False

Attitudes of older people with mild dementia and mild cognitive impairment and their relatives about falls risk and prevention: A qualitative study

10. A _____-fold increased falls risk is present in even mild impairment.

A. Two
B. Three
C. Four
D. Five

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11. Which of the following was found to be an intrinsic barrier to activity or exercise?

A. Location
B. Health
C. Time
D. Cost

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12. The view that ‘anyone can fall’ or suffer an accident, maximized the link to personal vulnerability.

A. True
B. False

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13. Studies have found that relatives are important in ensuring the success of interventions.

A. True
B. False

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14. Which of the following was not an openly acknowledged barrier for engaging in interventions?

A. Financial constraints
B. Diminishing cognition
C. Low motivation
D. Unsafe environment

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15. Risk aversion and using ‘being careful’ as a primary coping mechanism can result in deskilling and the individual’s loss of confidence in their capacity to undertake activities of daily living.

A. True
B. False

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16. Participants who expressed increasing caution felt they reduced their hypothetical risk of falls because they were careful, and so did not perceive themselves at risk of falling.

A. True
B. False

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17. Falls prevention strategies of compensation, rehabilitation, and education need to be _____ to be effective.

A. Challenging
B. Low investment

C. Valued as necessary
D. Personalized

Older adult fall prevention practices among primary care providers at accountable care organizations: A pilot study

18. Among older adults, falls are the leading cause of _____ injuries.

A. Fatal
B. Non-fatal
C. Both fatal and non-fatal
D. Falls are not the leading cause of injury among older adults

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19. Even when falls do not require medical attention, the experience can result in fear of falling, which can be psychologically disabling and lead to future falls through physical deconditioning.

A. True
B. False

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20. All of the following were the most frequently cited barriers to fall risk assessment, except:

A. Patient's mental capacity
B. Lack of time
C. More pressing medical problems
D. Lack of educational materials

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21. Among healthcare providers, less than 16%:

A. Asked most or all of their older adult patients if they had fallen in the last year.
B. Referred their older patients to community-based fall prevention programs.
C. Conducted standardized functional assessment with their older patients at least once a year.
D. Provided take-home educational materials about fall prevention.

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22. In a recent study of fall prevention activities undertaken by older adults, after 60 days post-discharge from an emergency department, the largest proportion had:

A. Spoken to their healthcare provider about fall prevention.
B. Participated in a falls prevention program.
C. Spoken to their provider about medication risk for falls.
D. Attempted to contract a community-based falls prevention program.

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23. In a recent study of fall prevention activities undertaken by older adults, after 60 days post-discharge from an emergency department, the smallest proportion had:

A. Spoken to their healthcare provider about fall prevention.
B. Participated in a falls prevention program.
C. Spoken to their provider about medication risk for falls.
D. Attempted to contact a community-based falls prevention program.

Experiences of general practitioners, home care nurses, physiotherapists and seniors involved in a multidisciplinary home-based fall prevention programme: a mixed method study

24. About _____ of community-dwelling person over 65 years fall each year.

A. 20%
B. 30%
C. 40%
D. 50%

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25. The fall incidence rate rises by _____ with each decade of increasing age beyond 65 years.

A. 5%
B. 10%
C. 15%
D. 20%

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26. All of the following were the most important barriers to including more seniors, except:

A. A low number of recruiting GPs and HCN's.
B. Divergent opinions of the health professionals towards the aim of the FPP.
C. No perceived need for changes by the seniors.
D. FPP locations too far from seniors' homes.

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27. GPs, PTs, and HCNs, unanimously prioritized first fall prevention as the focus of FPP.

A. True
B. False

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28. Recent findings show that _____ may be strong predictors of adherence in multifactorial FPPs.

A. Physical and cognitive functional abilities
B. Motivation and education

C. Family and community support
D. Healthcare provider discussions about falls, vision, and medications

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29. FPPs for persons at high risk of falling are more cost-effective than for those of low risk of falling.

A. True
B. False

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30. The central message in the recruitment of younger, pre-frail seniors would be that FPP lead to better health and longer independency.

A. True
B. False

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31. Which types of goals are most successful?

A. Positive goals (what to reach)
B. Negative goals (what to avoid)
C. Positive and negative goals are equally successful
D. The success of the type of the goal directly depends on the individual

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32. The information flow between the GP and the MPA and HCN is an important barrier to seniors registering for the FPP.

A. True
B. False

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33. Which of the following is usually a key barrier for seniors to participate in FPPs?

A. The additional step of having to register for a FPP on their own.
B. The distance a senior must travel to participate in a FPP.
C. The program costs that have to be covered by the participants themselves.
D. The motivation of the seniors to participate in a FPP.

Making fall prevention routine in primary care practice: perspectives of allied health professionals

34. Multi-component fall prevention programs that do which of the following, have been found to lessen the risk of falling?

A. Treat underlying conditions that contribute to falls.
B. Incorporate strength and balance exercises.

C. Incorporate home environment modifications.
D. Multi-component fall prevention programs that treat underlying conditions that contribute to falls and incorporate strength and balance exercises and home environment modifications, have been found to lessen the risk of falling.

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35. Which key concept of the Normalization Process Theory is where the new way of working makes sense to people who would be normalizing the practice?

A. Collective action
B. Reflexive monitoring
C. Coherence
D. Cognitive participation

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36. Having an underlying belief in the importance of fall prevention to their practice, is an important motivating factor for doing fall prevention work routinely.

A. True
B. False

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37. Other studies have observed that while older people acknowledge fall prevention as important, many do not consider fall prevention as personally relevant, linking falls to all of the following, except:

A. Advanced age
B. Dependency
C. Physical incapacity
D. Mental incapacity

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38. The workshops presented evidence supporting fall prevention practice around:

A. Exercise
B. Home safety
C. Foot and ankle interventions
D. Evidence was presented supporting fall prevention practice around exercise, home safety, and foot and ankle interventions

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39. Consistent with the NPT concept of _____, AHPs understood what fall prevention encompassed, why preventing falls was important, and what the potential benefits were to both themselves and their clients.

A. Collective action
B. Reflexive monitoring
C. Coherence
D. Cognitive participation

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40. The process of thinking through how normalization could occur and in some cases, committing to moving forward with the new way of working was consistent with the NPT concept of:

A. Collective action
B. Reflexive monitoring
C. Coherence
D. Cognitive participation

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41. Which of the following was evident where AHPs were taking charge on fall prevention within their practice and sphere of influence?

A. Collective action
B. Reflexive monitoring
C. Coherence
D. Cognitive participation

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42. The interview process itself represented an opportunity for AHPs to reflect on the impact of the workshops on routine practice as they identified ways to evaluate whether changes in practice had been worthwhile, describes:

A. Collective action
B. Reflexive monitoring
C. Coherence
D. Cognitive participation
