## Table 2: Canadian Stroke Best Practice Recommendations 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)	Unknown	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.	Several commonly available objects.
Breisinger et al. 2014		measured.	
		Total scores range from 0-49 with a higher score indicating a higher risk of falling.	
Predict-FIRST  Sherrington et al. 2010	30 minutes for physical component.	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.	Several commonly available objects.
		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%.	
STRATIFY Oliver et al. 1997	Unknown	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.	Several commonly available objects.
		STRATIFY scores are ranged from 0 (low risk) to 5 (high risk).	
Timed Up & Go Test (TUG)	1-2 minutes	The patient begins in a seated position, is asked to stand and walk 3 metres, turn, walk back to their chair sit back down.	Several commonly available objects.
Podsiadlo & Richardson. 1991		Patient is timed with difficulties in mobility monitored by instructor. A time of ≥ 15 seconds indicates an increased risk of falling.	
Modified Motor Assessment Scale (M-MAS)	15-35 minutes	8 items pertaining to balance, mobility and motor function, the latter of which measuring upper arm function, walking, sitting to standing, supine to sidelying, supine to sitting, and hand movements.	Several commonly available objects along with a low plinth.

Assessment Tool	Time to Complete	Items and Scores	Required Equipment
Carr et al. 1985		Each item is scored 0 to 6 with a higher score indicating greater difficulty performing the equivalent item task.	

## **Reference List**

- 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.