**Rationale for the Original Patient Falls Risk Report**

There are six actionable components of the Patient Falls Risk Report: cognitive performance, foot problems, pain, inappropriate medications, physical activity levels, and falls prevention recommendations. The rationale for each of these components is shown below:

**Cognitive Performance:** Four in five home care clients have some degree of cognitive impairment (Canadian Institute for Health Information, 2018). However, this issue often goes misdiagnosed or undetected (Inouye, 1994; Mueller et al., 2010). Cognitive impairment is also closely related to falls risk. Approximately 60% to 80% of seniors with moderate to severe cognitive impairment fall each year due to issues with executive functioning, memory, and attention which worsen gait and stability (Montero-Odasso, Verghese, Beauchet, & Hausdorff, 2012; Tinetti, Speechley, & Ginter, 1988).

**Pain:** Daily pain affects 60.7% of home care clients in Canada and, due to lack of early detection, half of people experiencing pain do so for a longer than necessary (Canadian Institute for Health Information, 2018; Schofield, 2018). Additionally, compared to those not experiencing pain, older adults with pain have an increased risk of repeated falls due to lack of physical activity, joint pathologies, and the cognitive effects of pain (Leveille et al., 2009; Stubbs et al., 2014).

**Foot Problems:** Four in five of older adults report having at least one foot problem (Nazarko, 2009). Since feet are important for balance, traction, functional ability, gait, and stability on uneven surfaces (Chan & Rudins, 1994; H. Menz & Lord, 1999), there is an important association between foot problems and falls in community-dwelling seniors (H. B. Menz, Auhl, & Spink, 2018). However, foot problems are often deprioritized, overlooked, or undisclosed due to preferences for self-treatment or the belief that they are not serious (Williams et al., 2017; Wilson, Kirwan, Dures, Quest, & Hewlett, 2017).

**Inappropriate Medications:** About 15% of Ontario home care clients use antipsychotic or neuroleptic medications, while 30% use antidepressants, and 40% use hypnotic or analgesic medications (Canadian Institute for Health Information, 2018; Park, Satoh, Miki, Urushihara, & Sawada, 2015). Because of changes in pharmacodynamics and pharmacokinetics, seniors are more susceptible to the falls-related side effects of these medications (Lindsey, 2009), such as orthostatic hypotension, abnormal or impaired muscle movement, and sedation (Lindsey, 2009; Pepersack et al., 2013).

**Physical Activity Levels:** About 36% of Ontario home care clients would benefit from increased physical activity levels (Canadian Institute for Health Information, 2018). Exercise programs can prevent falls by improving balance, coordination, flexibility, stability, strength, and aerobic capacity (Stevens & Burns, 2015). However, many primary care providers struggle to incorporate physical activity screening and counselling into their practice due to a lack of resources, patient interest, and time (AuYoung et al., 2016; O’Brien, Shields, Oh, & Fowles, 2017). Therefore, prompting primary care providers may trigger a conversation with patients who would benefit from more physical activity and support prevention of future falls (AuYoung et al., 2016).

**The AGS/BGS Clinical Practice Guidelines for Falls Prevention in Older Persons:** Many primary care providers are unfamiliar with the valid and reliable AGS/BGS Clinical Practice Guidelines for Falls Prevention in Older Persons or do not use them for addressing falls risk (Howland et al., 2018; Mackenzie & McIntyre, 2019; Mueller et al., 2010; Panel on Prevention of Falls in Older Persons, American Geriatrics Society, & British Geriatrics Society, 2011). However, the AGS/BGS guidelines are actionable, easy to use, and support patient engagement in care planning and decision making.

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