Incorporating a Fall Risk Management Program into Your Podiatric Practice

Presented by Josh White, DPM, CPed
Why podiatric physicians should focus on fall prevention

• Most podiatric physicians treat patients at risk for falling
• Four of the leading risk factors associated with falling can be treated by podiatric physicians.
  1. Muscle Weakness
  2. Gait Deficits
  3. Balance Deficits
  4. Arthritis
Patients to look out for - 1

• 65 and older
• Already fallen
• Use assistive devices such as walkers or canes
• Difficulty rising from a chair
• Unsteady on their feet
• Ill-fitting shoes
Patients to look out for - 2

- Abnormal gait is a proxy measure for underlying diseases, which serves as an underlying cause of adverse outcomes.
- Identifying gait abnormalities provides a window of opportunity to institute interventions to slow the progression of gait impairment or reduce risk of secondary outcomes.

Verghese, et al; Epidemiology of Gait Disorders in Community-Residing Older Adults JAGS 2006
Poll #1
Fall Risk Assessment

• The absence of a fall history does not rule out the need to screen for other risk factors for falls.

• Functional lower-extremity weakness, balance impairment and number of risk factors were independent predictors for the transition in status from non-faller to faller.

Modifiable Risk Factors Identify People Who Transition from Non-fallers to Fallers in Community-Dwelling Older Adults: A Prospective Study
Patient Education and Awareness Material

Step Forward & Walk with Confidence

A fall could change your life:
3 out of 10 seniors will fall this year

Do you have a balance problem?

DONT WASTE: Fall prevention can start with an appointment with your doctor for a risk assessment.
A review of your health conditions and current medication could indicate that you have a balance problem that may be improved with an ankle toe orthosis (ATO) such as the Meine Balance Brace.

Office Poster

Patient Brochures
Podiatrist / Supplier In-Person Evaluation Prior to Shoe Selection
Performing evaluation satisfies Medicare requirement to document medical necessity for shoes. Patient visit may be billable as 99213 if there is documented change in patient's condition.

Patient's Name: ___________________________ Date of CDFE: ___________________________
Estimated duration of diabetes: ___________________________ Date of most recent CDFE: ___________________________
Date last seen by MD/DO*: ___________________________
*Medicare requires that for shoes to be covered, the patient must have been seen by the physician managing the diabetes no more than six months prior to when shoes fit.
Do you examine your feet daily?: ___________________________ Changes in medications: ___________________________
Changes in Allergies: ___________________________ Current exercise schedule: ___________________________
Foot Complaints: ___________________________

Review of Patient’s Symptoms (Check all that apply)

FINDINGS MAY INDICATE THE NEED FOR FURTHER EVALUATION, OTHER SERVICES

**Oral:**
- Joint aches/pains
- Deformities
- Softness
- Weakness
- Have you fallen in the past?
- Do you stumble or shuffle when you walk?
- Do you have to touch or hold onto the wall or furniture while walking?
- Do your legs or ankles feel weak or unsteady?

**Vascular:**
- Classification
- Edema
- Temperature Changes

**Endocrine:**
- Excessive Urination
- Excessive Thirst
- Excessive Hunger

**Co-Morbidities:**
- Eyes
- Kidneys

**Derm:**
- Skin Rash
- Purpura (itching)
- Nail Changes
- Scaling
- Ulcers

**Neuro:**
- Numbness
- Tingling
- Parasthesia
- Abnormal Sensation
- High Sensitivity

**NOTE:** If there is evidence of neuropathy, consider nerve fiber density testing, NeuRecovery.

**Peripheral Arterial Disease (PAD) Review**
- Do you have foot, calf, buttock, hip or thigh discomfort (sitting, fatigue, tingling, cramping or pain) when you walk which is relieved by rest?
- Do you experience any pain at rest in your lower leg(s) or foot?
- Do you experience foot or toe pain that often disturbs your sleep?
- Are your toes red, pale, discolored, or bluish?
- Do you have skin wounds or ulcers on your feet or toes that allow to heal (8-12 weeks)?
- Has your doctor ever told you that you have diminished or absent pedal (foot) pulses?
- Have you suffered a severe injury to the leg(s) or foot?
- Do you have an infection of the leg(s) or foot that may be gangrenous (black skin tissue)?

**NOTE:** If there is evidence of PVD, consider non-invasive vascular testing

### Physical Exam (Class Findings)

<table>
<thead>
<tr>
<th>Vascular</th>
<th>Right</th>
<th>Left</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dorsalis Pedis</td>
<td>normal, diminished</td>
<td>normal, diminished</td>
</tr>
<tr>
<td>Posterior Tibial</td>
<td>normal, diminished</td>
<td>normal, diminished</td>
</tr>
<tr>
<td>Capillary Refill Time</td>
<td>&lt; 3 sec, &gt; 3 sec</td>
<td>&lt; 3 sec, &gt; 3 sec</td>
</tr>
<tr>
<td>Edema Present</td>
<td>yes, none</td>
<td>yes, none</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Neurological (LOPS)</th>
<th>Right</th>
<th>Left</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision, perception, distance (VA 20/400)</td>
<td>normal, diminished</td>
<td>normal, diminished</td>
</tr>
<tr>
<td>Loss of Patellar Reflex (LORP)</td>
<td>normal, diminished</td>
<td>normal, diminished</td>
</tr>
<tr>
<td>DTR (deep tendon)</td>
<td>normal, diminished</td>
<td>normal, diminished</td>
</tr>
<tr>
<td>Sharp/Dull</td>
<td>normal, diminished</td>
<td>normal, diminished</td>
</tr>
</tbody>
</table>

If there is evidence of neuropathy, consider nerve fiber density testing, NeuRecovery.

<table>
<thead>
<tr>
<th>Dermatological</th>
<th>Right</th>
<th>Left</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hair growth (diseased or absent)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Skin texture (thin, shiny)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Pigmentary changes (discoloration)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Wounds</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Infection Locations (Current, Past)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Onychomycosis</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Interdigital Spaces</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Keratosis (Callus)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Temperature Assessment</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

| Other | | |

If there is evidence of neuropathy, consider nerve fiber density testing, NeuRecovery.
### Review of Patient’s Symptoms (Check all that apply)

**Findings May Indicate the Need for Further Evaluation, Other Services**

**Ortho:**
- Joint aches/pains
- Deformities
- Stiffness
- Weakness
- Have you fallen in the past?
- Do you stumble or shuffle when you walk?
- Do you have to touch or hold onto the wall or furniture while walking?
- Do your legs or ankles feel weak or unsteady?

**NOTE:** If there is a history of falls or unsteadiness, consider fall risk assessment.

**Vascular:**
- Claudication
- Edema
- Temperature Changes

**Endocrine:**
- Excessive Urination
- Excessive Thirst
- Excessive Hunger

**Co-Morbidities:**
- Eyes
- Kidneys

**Peripheral Arterial Disease (PAD) Review**

- Do you have foot, calf, buttock, hip or thigh discomfort (aching, fatigue, tingling, cramping or pain) when you walk which is relieved by rest?  
  - Yes  
  - No

- Do you experience any pain at rest in your lower leg(s) or feet?  
  - Yes  
  - No

- Do you experience foot or toe pain that often disturbs your sleep?  
  - Yes  
  - No

- Are your toes or feet pale, discolored, or bluish?  
  - Yes  
  - No

- Do you have skin wounds or ulcers on your feet or toes that are slow to heal (8-12 weeks)?  
  - Yes  
  - No

- Has your doctor ever told you that you have diminished or absent pedal (foot) pulses?  
  - Yes  
  - No
The Fall Risk Assessment
The Patient Assessment

Factors include:

• Patient's cognitive function
• Judgment
• Vision
• Vestibular function
• Upper body strength
• Physical endurance
• Living environment
# Moore Balance Functional Fall Risk Assessment Tool

Patient Name: ____________________________ Date: ____________________________

Circle appropriate score for each section and total the score below.

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Score</th>
<th>Patient Status / Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vestibular</strong> (Dizziness)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>No complaints of dizziness</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Intermittent complaints of dizziness</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Dizziness that interferes with ADLs</td>
<td></td>
</tr>
<tr>
<td><strong>History of Fall, Near Falls</strong> (Past 12 months)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>No falls</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>1-2 falls or near falls</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>3 or more falls or near falls</td>
<td></td>
</tr>
<tr>
<td><strong>Peripheral Neuropathy</strong> (Proprioception)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>No sensory deficits</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Peripheral Neuropathy (diminished proprioception)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Profoundly neuropathic</td>
<td></td>
</tr>
<tr>
<td><strong>Vision Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>Adequate (w/ or w/o glasses)</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Poor (w/ or w/o glasses)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Legally blind (advanced eye disease that interferes)</td>
<td></td>
</tr>
<tr>
<td><strong>Gait and Balance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>Normal / safe gait and balance</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Balance problem while standing</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Balance problem while walking</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Decrease muscular coordination</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Change in gait pattern when walking through doorway</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Jerking or unstable when making turns</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Requires assistance (person, furniture/walls or device)</td>
<td></td>
</tr>
<tr>
<td><strong>Ankle Strength / Range of Motion</strong> (Postural Control)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>Normal ankle strength and ROM within normal limits, Postural control within normal limits</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Moderate limitation of ankle joint range of motion and strength</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Significant ankle joint instability and weaknesses; poor postural control</td>
<td></td>
</tr>
<tr>
<td><strong>Medications</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>None of these medications taken currently or w/in the past 7 days</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Takes 1-2 of these medications currently or w/in the past 7 days</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Takes 3-4 of these medications currently or w/in the past 7 days</td>
<td></td>
</tr>
<tr>
<td><strong>Predisposing Diseases</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>None present</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>1-2 present</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>3 or more present</td>
<td></td>
</tr>
<tr>
<td><strong>Get Up and Go</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>Able to rise in one single motion (no loss of balance with steps)</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Pushes up, successful in one attempt</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Multiple attempts to get up, but successful</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Unsuccessful or needed assistance</td>
<td></td>
</tr>
<tr>
<td><strong>Walk and Talk</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>No deficit in walking while speaking</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Inability to maintain normal gait pattern while speaking</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Must stop walking in order to speak</td>
<td></td>
</tr>
<tr>
<td><strong>Foot Deformity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>No foot deformity</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Presence of foot problems (e.g. corns, bunions, swelling)</td>
<td></td>
</tr>
<tr>
<td><strong>Footwear</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>Wearing supportive, appropriate footwear</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Inappropriate, poorly fitted or worn footwear</td>
<td></td>
</tr>
</tbody>
</table>

Total: __________

## Grading of falls risk: Circle total score

<table>
<thead>
<tr>
<th>Total</th>
<th>Fall Risk Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-9</td>
<td>Low falls risk</td>
</tr>
<tr>
<td>10-20</td>
<td>High falls risk</td>
</tr>
<tr>
<td>&gt;20</td>
<td>Extreme falls risk</td>
</tr>
</tbody>
</table>

- **Low falls risk**: Implement actions for identified individual risk factors, recommend health promotion behavior to minimize future ongoing risk (eg: increased physical activity, medication assessment, good nutrition, footwear assessment, Podiatric specialist referral, home safety education).
- **High falls risk**: Implement actions for identified individual risk factors, and implement additional actions for high fall risk (Falls Prevention Center referral, home safety assessment and education, medication assessment, footwear assessment, Physical/Occupational Therapy referral, Moore Balance Brace, other assistive devices as needed).
- **Extreme falls risk**: Implement actions for identified individual risk factors, and implement additional actions for extreme risk (Falls Prevention Center referral, Implementation of home modification devices (eg: bathing, toileting and stairs) caregiver education, medication assessment, footwear assessment, Physical/Occupational Therapy referral, Moore Balance Brace, other assistive devices as needed).
<table>
<thead>
<tr>
<th>Parameter</th>
<th>Score</th>
<th>Patient Status / Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vestibular</td>
<td>0</td>
<td>No complaints of dizziness</td>
</tr>
<tr>
<td>3,5</td>
<td>6</td>
<td>Intermittent complaints of dizziness</td>
</tr>
<tr>
<td>(Dizziness)</td>
<td>10</td>
<td>Dizziness that interferes with ADLs</td>
</tr>
<tr>
<td>History of Fall, Near Falls</td>
<td>0</td>
<td>No falls</td>
</tr>
<tr>
<td>3,4,8,10,11</td>
<td>6</td>
<td>1-2 falls or near falls</td>
</tr>
<tr>
<td>(Past 12 months)</td>
<td>10</td>
<td>3 or more falls or near falls</td>
</tr>
<tr>
<td>Peripheral Neuropathy</td>
<td>0</td>
<td>No sensory deficits</td>
</tr>
<tr>
<td>11</td>
<td>2</td>
<td>Peripheral Neuropathy (diminished proprioception)</td>
</tr>
<tr>
<td>(Proprioception)</td>
<td>4</td>
<td>Profoundly neuropathic</td>
</tr>
<tr>
<td>Vision Status</td>
<td>0</td>
<td>Adequate (w/ or w/o glasses)</td>
</tr>
<tr>
<td>3,4,8,11</td>
<td>2</td>
<td>Poor (w/ or w/o glasses)</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Legally blind (advanced eye disease that interferes)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Have patient stand on both feet w/o any assistance; then walk forward, through a doorway, then make a turn. (mark all that apply)</td>
</tr>
<tr>
<td>Gait and Balance 1,2,3,4,6,9,10,11,13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------</td>
<td>---------------------</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>Normal / safe gait and balance</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Balance problem while standing</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Balance problem while walking</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Decrease muscular coordination</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Change in gait pattern when walking through doorway</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Jerking or unstable when making turns</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Requires assistance (person, furniture/walls or device)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diseases 4,5,10,11</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Get Up and Go 5,8</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>6</td>
</tr>
<tr>
<td>10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Walk and Talk 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
<tr>
<td>6</td>
</tr>
<tr>
<td>10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Foot Deformity 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
<tr>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Footwear 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
<tr>
<td>2</td>
</tr>
</tbody>
</table>

**Grading of falls risk: Circle total score**

- **0-9** Low falls risk
  - Implement actions for identified individual risk factors, & recommend health promotion behavior to minimize future ongoing risk (e.g. increased physical activity, medication assessment, good nutrition, footwear assessment, Podiatric specialist referral, home safety education).

- **10-20** High falls risk
  - Implement actions for identified individual risk factors, and implement additional actions for high falls risk (Fall Prevention Center referral, home safety assessment and education, medication assessment, footwear assessment, Physical/Occupational Therapy referral, Moore Balance Brace, other assistive devices as needed).

- **>20** Extreme falls risk
  - Implement actions for identified individual risk factors, and implement additional actions for extreme risk (Fall Prevention Center referral, implementation of home modification devices [e.g. bathing, toileting and stairs] care giver education, medication assessment, footwear assessment, Physical/Occupational Therapy referral, Moore Balance Brace, other assistive devices as needed).
Biomechanical Examination

Clinic Location: ____________________________ Examination Date: ____________________________

Patient Name (Last, First): ____________________________ Examination Start/End Time: _______/______

GAIT
- Normal
- Antaigic
- Stiff Ankle
- Other ____________________________

ARCH APPEARANCE
(Non-weight bearing)
- R ○ High Arch L ○
- R ○ Medium Arch L ○
- R ○ Low Arch L ○

KNEE POSITION
- R ○ Genu Varum L ○
- R ○ Normal L ○
- R ○ Genu Valgum L ○

ARCH APPEARANCE
(Weight bearing)
- R ○ High Arch L ○
- R ○ Medium Arch L ○
- R ○ Low Arch L ○

GENERAL FOOT MOTIONS
- R ○ Restricted L ○
- R ○ Average L ○
- R ○ Loose L ○

FOREFOOT APPEARANCE
- R ○ Normal L ○
- R ○ Adduction L ○
- R ○ Abduction L ○

HEEL DORSIFLEXION
- R ○ Adequate L ○
- R ○ Limited L ○

SUBTALAR - PAIN WITH MOTION
- Inversion
  - R ○ None L ○
  - R ○ Mild L ○
  - R ○ Moderate L ○
  - R ○ Severe L ○

- Eversion
  - R ○ None L ○
  - R ○ Mild L ○
  - R ○ Moderate L ○
  - R ○ Severe L ○

1ST RAY POSITION
- R ○ Plantarflexed L ○
- R ○ Normal L ○
- R ○ Dorsiflexed L ○

HALLUX DORSIFLEXION
- R ○ Rigid L ○
- R ○ Semi-Rigid L ○
- R ○ Normal L ○

HEEL PAIN WITH:
- R ○ Toe Extension L ○
- R ○ Heel Squeeze L ○
- R ○ Subtalar Motion L ○

Was a Fall Risk Assessment performed? ○ Yes ○ No Score: __________

Additional Comments: ____________________________________________

MARK CALLUSES, CORNS, DEFORMITIES BELOW

Examination Performed By: ____________________________

DEVICE RECOMMENDATIONS: Based on my examination findings, I recommend the following devices, or devices of similar design, for this patient:

Doctor Name: ____________________________

Over-the-Counter AFO: ____________________________

Custom AFO: ____________________________

Please schedule the patient to return for fitting in ____________ weeks.
GAIT

- Normal
- Antalgic
- Stiff Ankle
- Other ________________________

KNEE POSITION

- R  O  Genu Varum       L  O
- R  O  Normal           L  O
- R  O  Genu Valgum      L  O

GENERAL FOOT MOTIONS

- R  O  Restricted       L  O
- R  O  Average          L  O
- R  O  Loose            L  O

FOREFOOT APPEARANCE

- R  O  Normal           L  O
- R  O  ADduction        L  O
- R  O  ABduction        L  O

REARFOOT APPEARANCE

- R  O  Normal           L  O
- R  O  Varus            L  O
- R  O  Valgus           L  O

ARCH APPEARANCE

(Non-weight bearing)

- R  O  High Arch       L  O
- R  O  Medium Arch     L  O
- R  O  Low Arch        L  O

ARCH APPEARANCE

(Weight bearing)

- R  O  High Arch       L  O
- R  O  Medium Arch     L  O
- R  O  Low Arch        L  O

HALLUX DORSIFLEXION

- R  O  Rigid           L  O
- R  O  Semi-Rigid      L  O
- R  O  Normal          L  O

1ST RAY POSITION

- R  O  Plantarflexed   L  O
- R  O  Normal          L  O
- R  O  Dorsiflexed     L  O

ANKLE DORSIFLEXION

- R  O  Adequate        L  O
- R  O  Limited         L  O

SUBTALAR - PAIN WITH MOTION

Inversion

- R  O  None            L  O
- R  O  Mild            L  O
- R  O  Moderate        L  O
- R  O  Severe          L  O

Eversion

- R  O  None            L  O
- R  O  Mild            L  O
- R  O  Moderate        L  O
- R  O  Severe          L  O

HEEL PAIN WITH:

- R  O  Toe Extension   L  O
- R  O  Heel Squeeze    L  O
- R  O  Subtalar Motion L  O

Was a Fall Risk Assessment performed?  
O  Yes  O  No  Score: __________

Additional Comments: __________________________________________________________

______________________________________________________

______________________________________________________

______________________________________________________

MARK CALLUSES, CORNS, DEFORMITIES BELOW

[Image of foot areas]
Foot and ankle conditions that increase fall risk in seniors

- Reduced ankle flexibility
- Hallux valgus deformity
- Decreased tactile sensitivity
- Decreased toe plantar flexor strength
- Foot pain

An appropriate Balance shoe can reduce risk for falling and be a valuable “entry point” for the podiatric physician to understand their role in Fall Prevention.

A perfect companion to the MBB
Shoes pose increased risk for falls. Some characteristics include:

• Cause Pain
• Poorly fitting
• Smooth slippery leather soles and heels
• Too thick or too heavy soles
• High heels
• Mules
• Slippers
• Flip-flops
• Sandals
Balance Footwear

• Light weight
• Non-slip soles
• Supportive
• Well-fitting
• Adjustable
• SafeStep shoe catalog
Order Footwear

• Watch patients walk
• Include relevant to fall risk factors in comprehensive diabetic foot exam
• Ensure appropriate shoe style and fit
• Take time to educate patients
Fall Prevention Educational Material:

Exercise Recommendations
Environmental Considerations

Evaluate the home, work and recreation environment for accessibility.
In tight bathrooms, for example, a standard walker prevents access and grab bars may need to be installed as alternative means of support. Certain walker models are designed for use over the toilet; others are flared, allowing closer access to bedside, chair and commode.
Postural Sway

• Increased postural sway is a significant risk factor for falling
• Can be reduced with appropriate footwear and by increased support around the foot and ankle
Postural Sway

• Constant displacement and correction of the center of gravity over the base of support
• Factors found to be correlated with increased postural sway include:
  o Reduced peripheral sensation
  o Poor near visual acuity
  o Slow reaction time
AFO mechanisms of action in improving balance

- Ankle joint stabilization
- Improved proprioception
- Decreased postural sway in frontal plane
- Support of foot longitudinal arch
- Decreased foot pain
- Increased confidence
The Moore Balance Brace

- Increases sensorimotor function via its custom molded shape and textured fabric
- Decreases postural sway
- Provides stabilization in the presence of muscle fatigue, osteoarthritis, and pain
Moore Balance Brace Features

- Polypropylene shell provides lightweight support around the foot and ankle
- Easy to reach Velcro straps
- Post designed to maximize balance & stability
- Padded tongue for maximum comfort
- Padded heel & arch
- Custom orthosis provides longitudinal arch support & midfoot stability
Moore Balance Brace Video
Casting for an MBB

- The MBB is best fabricated using mid-calf, STS casting socks
The importance of a good cast

The Moore Balance Brace is custom made to the cast that is sent. Accuracy in casting is a requirement for the brace to fit properly.
Take time to ensure the best results

If you are unsure about the quality of the cast you have taken, take another one. You will save time and money and your patient will appreciate not having to return on another day for a second casting session.
Casting Materials

CONTENT OF CASTING KIT

1. Medium Mid Leg STS Sock (2)
2. Foot Board
3. Casting Foam
4. Scissors
5. Letter Opener
6. Plastic Bag (2)
7. Indelible Pencil
8. Plastic Tube
9. Cutting Strip

• Other items needed:
  o Tape
  o Gloves
  o Water
Poll #2
1. Replace shoe insole with MBB spacer.

2. Place MBB into shoe, snug against the heel.

3. Show the patient how to grasp the MBB so that they can slide their foot into both the shoe and the MBB.
   - If the foot doesn’t slide smoothly into the shoe/MBB, re-evaluate shoe size and width.
4. Show the patient how to grasp the MBB so that they can slide their foot into both the shoe and the MBB.
   - If the foot doesn’t slide smoothly into the shoe/MBB, re-evaluate shoe size and width.
5. Once foot into MBB/shoe, show patient how to adjust the tongue of the MBB and to pull the Velcro straps over and across the ankle.
6. Allow the patient to adjust the tightness of the straps
7. After fastening the 2 velcro straps, the patient should be ready to walk
Additional Services Needed

- Physical/Occupational Therapy
  - ADL Deficits
  - History of Falls
  - Unsafe Living Environment
  - Sensory Deficits
  - Impaired Mobility
  - Weakness
  - Failed Walk-Talk Test

- Primary Care
  - Vestibular Abnormalities
  - Medication changes
  - Hypertension/Hypotension
  - Seizures

- Podiatric Evaluation for MBB
  - History of Falls
  - Ankle Joint instability or decreased ROM (osteoarthritis, Charcot, CVA)
  - Sensory Deficits (peripheral neuropathy, lack of somatosensory feedback)
  - Failed Romberg Test (eyes closed)
  - Failed Get Up and Go Test

- Evaluation for Home Healthcare
  - In-Home Rehabilitation
  - Home Modification
  - Physician/Physical Therapist Team Coverage
  - Home Evaluation
  - Diagnose Instability Cause(s)
  - Footwear Evaluation
Patient Instruction

• Patients often need instruction to learn to use a device proficiently.
• Many patients benefit from referral to a physical therapist for assistance with properly fitting the device and additional training in using it effectively.
Home healthcare services available by prescription

• Skilled nursing
• Physical, occupational and speech-language therapy
• Neuro-rehabilitation
• Infusion services
• Disease and pain management
• Medication management and education
• Patient education to promote self-management
• Treatment for balance problems that can lead to fall risks
Walking for the first time with the MBB

• Require patient to continue using their cane or walker.

• Ask if MBB hurts, rubs or causes any discomfort.
  o If so, check shoe fit.

• Check that straps of MBB not too tight.
  o Most common complaint upon first walking

• Encourage a “break in” period, though don’t prevent continuous use if MBB feels good and offers improved stability.
Walking for the first time with the MBB
Medicare & Medical Necessity

The Social Security Act specifies that “medical necessity” is a prerequisite for Medicare to cover any service. Medical necessity is defined in Sec. 1862. [42 U.S.C. 1395y] (a)

"...reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member."
Chart Documentation: Rx

Rx: Moore Balance Brace (MBB)

Doctor Name: ___________________ Phone: ___________________
Patient Name: ___________________ HIC: ___________________ DOB: / / 

Circle Quantity: [ ] 1 [ ] 2

MBB (OTC, Vestibular)

☐ L1600 Ankle foot orthosis, plastic or other material, custom fabricated
☐ L2220 Addition to lower extremity orthosis, soft interface, below knee
☐ L2330 Addition to lower extremity, boot molded to patient model, for custom fabricated orthosis only

Dx: (check all that apply)

Fall Risk/Imbalance
☐ Malaise, weakness (1138.7)
☐ Ataxia, muscle atrophy (781.2)
☐ Vestibular dysfunction (260.2)

DIB of Ankle and Lisfranc
☐ Edema, ankle, dorsiflexion (715.1)
☐ Arthritis, ankle, foot (716.97)
☐ Pain in ankle, foot (719.47)

Lateral Ankle Instability
☐ Instability of joint, ankle, foot (718.87)
☐ Dropfoot
☐ Dorsiflexion (716.29)
☐ Herniated disc (428.9)

Therapeutic Objectives: (check all that apply)

☐ Improve mobility
☐ Improve lower extremity stability
☐ Decrease pain
☐ Reduce risk of falls

Durations of usage: 12 Months

Signature of Prescribing Physician: ___________________ Type I NPI: ___________ Date: / / 

Print additional copies at SafeStep.net  866.712.STEP (7837)
© 2013 SafeStep  Rev. 10/5/12
Chart Documentation: Document of Medical Necessity

Document of Medical Necessity: Custom Molded Gauntlet Ankle Foot Orthotic

Patient Name: ____________________________

HGN: ________________________ DOB: / / 

Prospects: Good  Duration of usage: 12 Months  Circle Quantity: Blended  Universal

MBB (please initial):

☐ L1940 Ankle foot orthosis, plastic or other material, custom fabricated
☐ L2820 Addition to lower extremity orthosis, soft interface, below knees
☐ L2330 Addition to lower extremity, cast molded to patient modai, for custom fabricated orthosis only

I hereby certify that Mr. / Ms. ________________________ qualifies for and will benefit from the product designated above based on the following criteria (check all that apply):

☐ Partial or complete paralysis of one or more leg muscles
☐ Significant weakness, atrophy or gait abnormality
☐ Significant impairment of gait due to pain or ankle / foot deformity
☐ Instability in gait with recurrent syncope or falls

The goal of this therapy (check all that apply):

☐ Improve mobility
☐ Improve lower extremity stability
☐ Decrease pain
☐ Decrease risk for falls

Necessity of Ankle Foot Orthotic (modified to patient modai):

A custom (i.e., prefabricated) ankle foot orthosis has been prescribed based on the following criteria which are specific to the condition of this patient (check all that apply):

☐ The patient could not be fit with a prefabricated AFO.
☐ The condition necessitating the orthosis is expected to be permanent or of longstanding duration (more than 6 months)
☐ There is need to control the ankle or foot in more than one plane
☐ The patient has a documented neurological, circulatory or orthopedic condition that requires custom fabrication over a modai to prevent tissue injury

Additional Notes:

I hereby certify that the ankle foot orthotic described above is a rigid or semi-rigid device which is used for the purpose of supporting a weak or deformed body member or restricting or eliminating motion in a diseased or injured part of the body. It is designed to provide support and counterbalance on the body part that is being braced. In my opinion, the custom molded ankle foot orthosis is both reasonable and necessary in reference to accepted standards of medical practice in the treatment of the patient condition and habitation.

Signature of Prescribing Physician: ____________________________   Type of NPI: ____________________________   Date: / / 

The codes contained herein are not the official position or endorsement of any organization or company, they are offered as a suggestion based upon input from previous customers. Each prescribing practitioner should contact his or her local carrier or Medicare office to verify billing codes, regulations and guidelines relevant to their geographic location.

Print additional copies at SafeStep.net  |  866.712.STEP (7837)
# Chart Documentation: Dispensing Chart Notes

## Dispensing Chart Notes:
Custom Molded Gauntlet Ankle Foot Orthotic

<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>HCN:</th>
<th>DOB:</th>
</tr>
</thead>
</table>

**Date (check all that apply):**

- [ ] Fall Risk
- [ ] DOD of Ankle and Foot
- [ ] Lateral Ankle Instability
- [ ] Dropfoot

**Risk Factors:**
- [ ] History of Fall
- [ ] Muscular weakness
- [ ] Axial, muscular strength deficit
- [ ] Gait abnormality, staggering gait

**Circle Quantity:**
- [ ] Standard
- [ ] Universal

---

1) [Product name] was dispensed and fit at this visit. Patient is ambulatory. There is instability with range of motion that requires stabilization. Due to the indicated diagnosis(s) and related symptoms, the device is medically necessary as part of the normal treatment. The function of this device is to stabilize and improve postural balance. It provides stabilization in the ankle joint and helps reduce the risk of fall. It is expected that the patient will benefit functionally with the use of this device.

2) Upon post-dispensing, the device appeared to be fitting well and the patient states that the device is comfortable.

3) Good fit. The patient was able to apply properly and ambulate without difficulty.

4) The goals and function of the device were explained in detail to the patient. The patient was shown how to properly apply, wear, and use the device. It was explained that the device will fit and function best in a specific position and a specific level of support. When the device was dispensed, it was suitable for the patient’s condition and not substituted. No guarantees were given. Instructions were reviewed. Written instructions, warranty information, and a copy of DMEPOS Supply Standards were provided. All questions were answered.

**Additional Notes:**

- [ ] Supplier Signature:
- [ ] Date:

---

The codes contained herein are not the official position or endorsement of any organization or company.
Patient Receipt: Custom Molded Ankle Foot Orthotic

Doctor Name: ___________________________  Phone: ___________________________
Patient Name: ___________________________  HIC: ___________________________
DOB: ____________  SEX: ____________

Circle Quantity: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

M88 (Model Numbers):
☐ 11240 Ankle foot orthosis, plastic or other material, custom fabricated
☐ 12230 Addition to lower extremity orthosis, soft interface, below knee
☐ 122310 Addition to lower extremity, above or below knee, custom fabricated orthosis only

Instructions For Use:

Material failure warranty coverage:
- Hardware, plastic and metal components are covered at no charge for six months.
- All soft material: material covers, Velcro straps and limb support pads, are covered at no charge up to ninety days.

You have been dispensed this custom molded ankle brace to stabilize your foot and ankle in order to prevent pain and imbalance. An AFO often requires a period of adjustment. It is best to wear it for one hour each day and to continue this for two weeks. It should only be removed as specifically instructed. If the brace feels too tight, you may be walking too much. Get off your feet, loosen any straps and elevate your feet until the tightness resolves. If your symptoms do not resolve, please contact our office immediately. Should the double crack or break, remove it and do not use it again until you contact our office.

Steps should be kept clean of clothing fabric to ensure the device is properly secured to your extremity. Applying a thin moisturizer and wearing loose high socks will prevent your skin from irritation.

I understand the office's Compliance Resolution Policy and have been provided with a copy of the Medicare Supplier Standards. I certify that I have received the items indicated. The supplier has reviewed the instructions for proper use and care and provided me with written instructions. I understand that failure to properly care for this item(s) will result in the warranty being voided. This could result in my responsibility for future repair or replacement costs if my insurance policy will not cover these costs. The supplier has instructed me to call the office if I have any difficulties or problems with the device.

Additional Notes: ____________________________________________________________

Patient Signature: ___________________________  Date: ____________

The codes contained herein are not the official position or endorsement of any organization or company. They are offered as a suggestion based upon input from previous customers. Each41ith most practitioner should contact his or her local carrier or Medicare office to verify billing codes, regulations and policies relevant to their geographic location.

Print additional copies at SafeStep.net  866.712.STEP (7837)
060312 SafeStep  Rev. 10/2012
The Moore Balance Brace

• Addresses orthopedic conditions that can affect balance
  o Muscle weakness (728.87)
  o Ankle instability (718.87)
  o Gait abnormality (781.2)
  o Mild dropfoot (738.20)
PDAC Assigned L Codes: Reimbursement fee schedule

<table>
<thead>
<tr>
<th>Code</th>
<th>Reimbursement Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>L 1940</td>
<td>$557*ea</td>
</tr>
<tr>
<td>L 2330</td>
<td>$442*ea</td>
</tr>
<tr>
<td>L 2820</td>
<td>$97*ea</td>
</tr>
</tbody>
</table>

1 MBB = $1,098

$1,098 x 2 MBBs = $2,196/Patient

*Reimbursement fees vary by state
Poll #3
SafeStep
MBB Post-Webinar Starter Kit

• MBB Sample
• STS casting socks
• Fall Risk Assessment Tear off Pad
• Tips on talking to your patients
• Exercise Tri-fold

• Compliance Docs
• Order Forms
• UPS labels
• MBB Patient Brochures
• MBB Poster
• WorryFreeDME Flyer
• SafeStep Shoe Catalog
Schedule a free Training Session with a DME Expert at SafeStep.net
Questions?