MR. C

• 84-year-old man

• Status post quadriceps tendon repair

• Ambulating with cane

• Wife concerned about his risk of falls
MR. C

- Suspected falls since discharge
- Decreased activity level
- In chair most of the day
- Soon to get a scooter?
MR. C

• Formerly very active
• Gait unsteadiness
• Former boxer
• Veteran
MR. C:
PAST MEDICAL HISTORY

- Non–insulin-dependent diabetes
- Hypertension
- Hypercholesterolemia
- Gout
- Obesity
- Insomnia
- Osteoarthritis
MR. C: MEDICATIONS

- Metformin
- Benazepril
- Amlodipine
- Allopurinol
MR. C: PHYSICAL EXAMINATION

- BP 175/90, HR 65 (supine); BP 152/85, HR 68 (standing)
- Fingerstick blood glucose 380
- Normal heart and lung exams
- Normal abdominal exam (obese contours)
MR. C: PHYSICAL EXAMINATION

- Visual impairment
- Bilateral sensory loss in feet
- Unchanged manual muscle testing
- Right knee crepitus
- Difficulty arising from seated position
MR. C: FURTHER HISTORY

• The patient’s wife reports he hasn’t been sleeping well of late

• On further questioning, the patient admits to feeling “sorry” for his Army buddies, “who are all gone now…and I don’t have much time left myself”
QUESTIONS

• Can you identify at least 4 risk factors in this patient for falling?

• Would a scooter be appropriate for this patient?

• Can you suggest a different assistive device for this patient?
Answers: Can you identify at least 4 risk factors in this patient for falling?

- Unsteadiness of gait after quadriceps tendon rupture
- Comorbid arthritis/gout
- Impaired balance due to diabetic neuropathy
- Obesity and deconditioning
- 4+ medications
- Orthostasis
- Decreased visual acuity
- Depressive symptoms
- Possible cognitive impairment due to boxing history
- Abnormal “Get Up and Go” test
- History of prior falls
Answer: Would a scooter be appropriate for this patient?

- This patient is able to ambulate, and the risks of scooter use would likely outweigh the benefits.

- For example, in a recent article in the *American Journal of Cardiology*, entitled “Effect of motorized scooters on quality of life and cardiovascular risk,” scooter use was found to be correlated with increased cardiovascular risk, even as self-perceived quality of life improved.

- The authors concluded that “interventions, such as scooters, that improve self-perceived quality of life, can have detrimental long-term effects by increasing cardiovascular risk, particularly insulin resistance.”
Answers: Can you suggest a different assistive device for this patient?

• Mobility is strongly linked to quality of life. In this patient, a home safety evaluation would be appropriate, in conjunction with a multidisciplinary care team including PT, OT, physiatry, and nursing.

• Based on the evaluation of the multidisciplinary team, a cane or walker might be selected, both to aid in stability and maximize mobility.

• In the vignette, the type of cane the patient is using is not specified; however, if it is a single-point cane he might do better with another type of cane, such as an offset cane or a 4-pronged cane.
REFERENCES

• The FAB scale, Berg balance scale, and multidirectional reach test: http://www.stopfalls.org/service_providers/sp_bm.shtml


• Lecture on falls: http://www.pogoe.org/km/getdoc/9700


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