

February 8, 2011

Neil Calonge, MD
Chair, United States Preventive Services Task Force
540 Gaither Road
Rockville, MD 20850

RE: USPSTF Draft Recommendation Statement on the Prevention of Falls in Older Adults

Dear Dr. Calonge:

On behalf of the American Physical Therapy Association (APTA), we appreciate the opportunity to provide comments on the draft Recommendation Statement of the United States Preventive Services Task Force (USPSTF) for Falls Prevention in Older Adults. APTA commends the USPSTF and their over-arching goal to improve the health of all Americans by the prevention, reduction, and management of disease and impairment.

APTA is a professional organization representing the interests of more than 77,000 physical therapists, physical therapist assistants, and students of physical therapy. APTA's goal is to foster advancements in physical therapy practice, research, and education and to further the profession's role in the prevention, diagnosis, and treatment of movement dysfunctions and the enhancement of the physical health and functional abilities of members of the public. Physical therapists perform evidenced-based screening, evaluations, and assessments for neuromuscular, cardiovascular, pulmonary, and integumentary conditions and provide interventions that impact function and mobility.

Physical therapists are primarily involved in providing clinical services to individuals with impairments, activity limitations, and participation restrictions. In these clinical services, physical therapists play a significant role in secondary and tertiary prevention initiatives, including the prevention of co-morbid conditions that can complicate an individual's rehabilitation goals and return to function in their homes, workplaces, and communities. Specifically, physical therapists play an integral role in falls prevention evaluation, training and strategy development. In addition, physical therapists can serve a consultant role to ensure that the environment in which an individual lives, works, and plays is safe, reduces barriers that might inhibit one's participation, and promotes positive health behaviors through the design of community based programs.

Physical therapists are experts in one of the tenets associated with ensuring that America lives longer and healthier – the promotion of physical activity. Physical inactivity is considered a leading contributor to increased mortality and morbidity in individuals. Increasing physical activity through exercises is influential in maximizing function, health promotion, wellness, risk reduction, and quality of life in all Americans. The benefits of exercise and physical activity have been shown in the reduction of risk for falls.

APTA supports the investigative work that was carried out by the USPSTF for falls prevention in older adults. The perspective of APTA's comments is grounded in 3 key elements: a foundation that prevention is primarily a community based initiative where people are empowered with information and choices that promote healthy behaviors; a priority placed on population based initiatives where the greatest number of individuals are impacted by sustainable, cost-effective, and clinically-effective programs; and, a commitment to enhancing the current evidence base to better rectify needs that are unmet in prevention and health promotion.

APTA applauds USPSTF for its work in creating this draft recommendation statement. We commend the task force for its focus on physical therapy and the role that it plays in reducing the societal burden that falls present as the number one cause of injury among adults ages 65 and older.

Recommendations and Comments:

The following are comments and recommendations by APTA on the Draft Recommendation Statement:

APTA is deeply concerned with the statement that “the benefit is small” for multifactorial risk assessments in Recommendation 2. We recognize that this is a challenging test and outcome to measure. However, we feel that the approach to quantifying the effect of the risk assessment is misrepresentative given the unique considerations for falls prevention evaluation. A risk assessment may, in fact, not be appropriate for every member of the population, but a falls screening as outlined by the American Geriatrics Society and British Geriatrics Society Clinical Practice Guideline for Prevention of Falls in Older Persons (AGS/BGS Guideline) is an important consideration to justify those individuals for which a multifactorial risk assessment is very impactful.

The AGS/BGS Guideline recommends that the multifactorial risk assessment is appropriate for older persons who: 1) present for medical attention because of a fall, 2) report recurrent falls in the past year, 3) report difficulties in walking or balance; or 4) have difficulty or demonstrate unsteadiness during a gait and balance evaluation. Community living older persons who met any of these criteria and were cognitively intact should then undergo management of the identified risk factors. The AGS/BGS Guideline includes a clear algorithm for determining when to administer a multifactorial fall risk

assessment and management. If utilized in this manner, the benefit of the risk assessment can be very significant.

APTA recommends that the USPSTF consider adopting more specific language within Recommendation 2 to clarify when this multifactorial assessment and management is appropriate. This document should attempt to address the difference between a screening and a full *risk assessment*. APTA strongly believes an annual screening of all older adults for fall risk using the AGS/BGS Clinical Guidelines should be recommended. If warranted, a multifactorial assessment would then subsequently be performed. If the USPSTF does not agree that the evidence supports a statement indicating that screening is “recommended”, the authors could highlight that screening is essential to the clinician’s decision-making process to determine whether or not a multifactorial assessment *may* be indicated, and therefore be of high benefit to the older adult.

APTA’s concern with Recommendation 2 is further compounded by the fact that insurance coverage determinations can be affected by USPSTF’s recommendations and respected insight. A falls risk assessment, if broadly deemed minimally beneficial, may prevent those older adults that most need the services from receiving them. *The Patient Protection and Affordable Care Act* (P.L. 111-148), or PPACA, added Medicare coverage for an Annual Wellness Visit. Fall prevention is introduced as a component of “the review of functional ability and level of safety” in the patient’s first annual visit but not explicitly addressed thereafter for subsequent visits. This seems contradictory to the proven evidence that the chance of falling, and being seriously injured in a fall, increases with age, including a fall-related death rate that significantly increases in adults over age 85.¹ Efforts to advocate for falls screening with each annual wellness visit have been met with a statement that fall prevention screening was not recommended for subsequent visits but would be subject to review if the USPSTF found evidence of a need. APTA is of the strong belief that a falls screening, as outlined by the AGS/BGS Guideline, should not be a one-time occurrence, and should occur at every annual visit as a Medicare beneficiary ages. Therefore, APTA strongly recommend the USPSTF emphasize the importance of fall prevention screening for all older adults at every visit, especially those over age 85.

The AGS/BGS Guideline recommendations include “exercise programs that target strength, gait, and balance, such as tai chi or physical therapy is recommended as an effective intervention to reduce falls.” APTA commends the USPSTF for also recognizing several effective community programs. The ability to link and coordinate prevention efforts across providers and settings, from screening and/or acute injury, to rehabilitation and recovery, to evidence-based community services, is crucial. The Division of Unintentional Injury Prevention within the National Center for Injury Prevention and Control, at the Centers for Disease Control and Prevention (CDC), has been able to demonstrate, through targeted pilot studies at the state and local level, the effectiveness of falls prevention programs, such as “*Tai Chi: Moving for Better Balance*,” “*Stepping On*” Falls Prevention Program, and “*Otago Exercise Programme*,” among

¹ U.S. Centers for Disease Control and Prevention;
<http://www.cdc.gov/HomeandRecreationalSafety/falls/adultfalls.html>

others. APTA supports expanding the capacity of these services and increasing their availability to the wider U.S. population given that they are key components to a preventive services strategic plan, especially one focused on high impact quality preventive services that can be linked from clinical care to community-based initiatives. APTA recommends that providers be given more explicit guidance to refer appropriate patients to those evidence-based physical therapy and community-based exercise programs cited in the USPSTF review.

Conclusion:

APTA applauds the work that has been done by the USPSTF in researching falls prevention interventions for older adults, and we look forward to its improvement. APTA stands ready to assist the task force as a resource in the further development of the recommendations statement. If you have any questions or need additional information, please feel free to contact Nate Thomas at natethomas@apta.org or 703-706-8527. Thank you for your consideration of APTA's comments and recommendations.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Scott Ward". The signature is stylized and cursive.

R. Scott Ward, PhD, PT
President

RSW:nl