

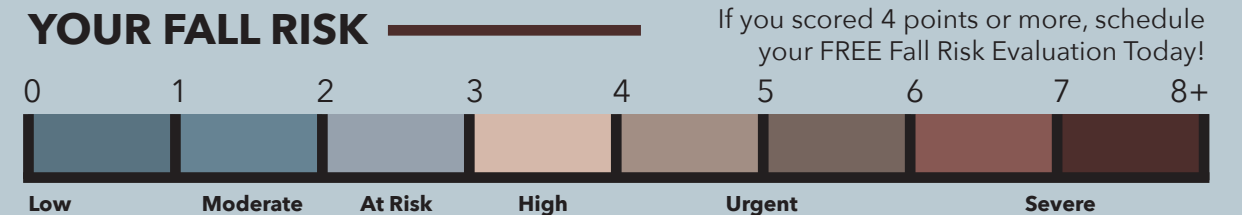
Fall risk assessment



Take this Fall Risk Self Assessment Quiz:

Score Only Your "Yes" Answers

Yes (2)	No	I have fallen in the past year.
Yes (2)	No	I use or have been advised to use a cane or walker.
Yes (1)	No	I sometimes lose my balance when walking.
Yes (1)	No	I worry about falling.
Yes (1)	No	I use my arms to push myself up from a chair.
Yes (1)	No	I sometimes have trouble stepping up onto a curb.
Yes (1)	No	My body sways when standing stationary.
Yes (1)	No	I take short narrow steps
Yes (1)	No	I stumble often or look at the ground when I walk.
Yes (1)	No	I frequently have to rush to the toilet.
Yes (1)	No	I have lost some feeling in one or both of my feet.
Yes (1)	No	My medication makes me feel light-headed or sleepy.



Call today for your free assessment appointment and learn what treatment plans are available for you to gain relief and healing. No referral needed!



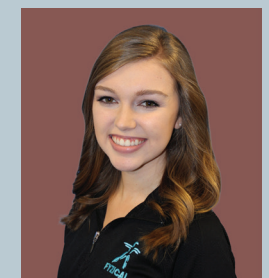
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Physical Therapist



Dr. Sarah Sitzmann-Ruehle
Physical Therapist



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 **FYZICAL**
Therapy & Balance Centers
Spelled different because we are different

*Every 11 seconds,
an older adult
is treated in an
emergency room
for a fall-related injury.*

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