

Every 11 Seconds,
an Older Adult Is Treated in
an Emergency Room for a

FALL-RELATED INJURY

Take This Fall Risk
Self Assessment Quiz



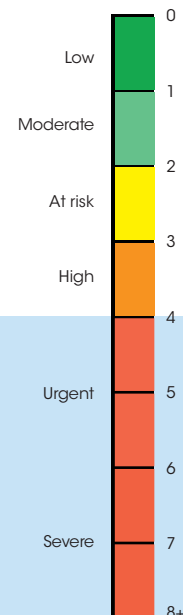
Score Only Your "Yes" Answers —————>

- | | | |
|---------|----|---|
| 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. |

**YOUR
FALL RISK**



**If you scored
4 points or more,
schedule
YOUR FALL RISK
Evaluation Today!**



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