BACKGROUND AND PURPOSE: Physical frailty is “a medical syndrome with multiple causes and contributors.” Frailty markers are used to identify an individual’s frailty status, and include weight loss, activity level, exhaustion, grip strength, and walking speed. An understanding of the relationship between frailty status and fall risk may be beneficial for rehabilitative therapists, and may help inform decisions regarding the need for and timing of preventative balance training for older adult patients on the frailty spectrum. The goal of this study is to investigate the relationship between frailty and fall risk at Saint Therese, a continuum care center. Frailty was defined using the Fried Index. Fall risk was assessed by the Berg Balance Scale (BBS), Timed Up and Go (TUG), and the Tinetti Balance Scale (TBS). We hypothesize that there is a relationship between frailty and fall risk.

METHODS AND MATERIALS: This is an observational study. Subjects were recruited at weekly tenant meetings. Inclusion criteria: participants must be greater than 65 years, speak English, and be ambulatory. Subjects who had dementia, were wheelchair-bound, or who were enrolled in an exercise program were excluded. Frailty was defined using the Fried Index and subjects were categorized as non-frail (0 markers), pre-frail (1-2 markers), and frail (3 or more markers). The BBS, TBS, and TUG were also performed.

ANALYSIS: Spearman Rank Order Correlation. RESULTS: The average age was 86.9 years old (14 female, 3 male). Spearman Rank Order Correlation analysis revealed relationships: frailty index status and TUG, r = 0.89 (p < 0.0001); frailty index status and TBS, r = -0.81 (p < 0.001); frailty index status and BBS, r = -0.73 (p = 0.001).

CONCLUSION: Frailty status is strongly correlated with fall risk in older adults.

IMPLICATIONS: These results may impact how rehabilitative therapists approach balance training and fall prevention strategies in older adults on the frailty spectrum.