



QuickScreen® Clinical Falls Risk Assessment Kit

The **QuickScreen®** clinical falls risk assessment is a multifactorial tool which was designed specifically for use in clinical settings. It consists of measures of the following important falls risk factors: previous falls, medication usage, vision, peripheral sensation, lower-limb strength, balance and co-ordination. It has been rigorously tested in a large sample of community-dwelling older people, where it was found to be a good predictor of faller status.

Additionally, the **QuickScreen®** measures exhibited good reliability, demonstrating low measurement error and a high ability to detect change in physical status over time. The assessment has been trialled with general practitioners, practice nurses and physiotherapists, where it was found to be a practical and useful tool for the care and management of older patients.

The **QuickScreen®** assessment is quick and easy to carry out and the assessment kit includes testing instructions and equipment, assessment forms, intervention recommendations and patient information sheets pertaining to each risk factor. The user is able to determine which risk factors exist and to calculate the combined risk increase that these factors present for future falls. The inclusion of this scoring system allows for the identification of people who are at a high risk of falling, so that appropriate interventions can be instigated for the prevention of future falls. The kit also includes an educational DVD on how to use the kit.

The **QuickScreen®** costs \$300 (+GST if applicable) plus postage. Postage for multiple kits will vary and a quote can be provided.



ABN 94 050 110 346

QuickScreen® ORDER FORM/TAX INVOICE—All costs include GST

Name: _____ Number of kits required _____

Address: _____ Postcode: _____

Telephone number: _____

Enclosed Cheque/Money Order for: _____

Please send me an invoice for payment of _____

Please charge my Bankcard/Mastercard/Visa _____

Cardholder number _____ Expiry Date _____ cvv _____

Name of cardholder _____ Signature _____

Fax this form to (02) 9399 1120 or e-mail to fallscreen@neura.edu.au or send to Falls Balance and Injury Research Centre, Neuroscience Research Australia, PO Box 1165 Randwick NSW 2031