

STRENGTH OF RECOMMENDATIONS

Key clinical recommendation	Label	References	Comments
Home hazard assessment and modification is recommended for patients with a history of falls.	A	13	RRR 0.66 (95 percent CI, 0.54 to 0.81), NNT = 5 for prevention of falls
Exercise and physical therapy are recommended to prevent falls and injury from falls.	A	13, 14	RRR 0.86 (95 percent CI, 0.75 to 0.99), NNT = 16 for prevention of falls; RRR 0.67 (95 percent CI, 0.51 to 0.89), NNT = 9 for reduction in number of falls resulting in injury
Patients should receive a multifactorial risk assessment and intervention because it is the most consistently effective strategy to prevent falls.	A	13, 14	RRR 0.82 (95 percent CI, 0.72 to 0.94), NNT = 11 for prevention of falls
Evaluation of medications and withdrawal of medications that increase the risk of falling is recommended.	B	13, 17	RRR 0.61 (95 percent CI, 0.32 to 1.15), NNT = 7 for prevention of falls; risk reduction not statistically significant
Dual-chamber pacemaker placement is recommended for selected patients with carotid sinus syndrome and syncope.	B	13, 18	RRR 0.48 (95 percent CI, 0.32 to 0.73), NNT = 4 for prevention of syncope
Hip protectors are recommended for patients at high risk of falling in an institutional setting.	B	19	
Patients with a history of falls or with risk factors for falling should undergo a formal evaluation.	C	7	

RRR = relative risk reduction; CI = confidence interval; NNT = number needed to treat.

A = consistent, good-quality patient-oriented evidence; B = inconsistent or limited-quality patient-oriented evidence; C = consensus, disease-oriented evidence, usual practice, expert opinion, or case series. For information about the SORT evidence rating system, see page 15 or <http://www.aafp.org/afpsort.xml>.

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